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#### **October 31, 2019**

**Oversight: Health Access in New York City, and the Roll Out of NYC Care**

**Int. No. 1668:**  By Council Member Levine, the Speaker (Council Member Johnson), and Council Members Rivera, Kallos and Chin

**Title:** A Local Law to amend the administrative code of the city of New York, in relation to establishing a health access program

**Res. No. 0918:**  By Council Members Adams, Chin, Rosenthal, Koslowitz, Rivera, Gibson, Ampry-Samuel and Kallos

**Title:**  Resolution calling on the State of New York to pass, and the Governor to sign, S.3900/A.5974, an act to amend the social services law, in relation to coverage for health care services under the basic health program for individuals whose immigration status renders him or her ineligible for federal financial participation

**I.** **Introduction**

Today, the Committee on Hospitals, chaired by Council Member Carlina Rivera, and the Committee on Health, chaired by Council Member Mark Levine, will hold a hearing on universal health access in New York City. The Committees will hear Introduction Number 1668 (Int. 1668), a local law to amend the administrative code of the city of New York, in relation to establishing a health access program, as well as Resolution Number 918 (Res. 918), calling on the State of New York to pass, and the Governor to sign, S.3900/A.5974, an act to amend the social services law, in relation to coverage for health care services under the basic health program for individuals whose immigration status renders him or her ineligible for federal financial participation. The Committees will also discuss NYC Care, a health care access program that guarantees low-cost and no-cost services to New Yorkers who do not qualify for or cannot afford health insurance, provided through New York City’s Health and Hospitals Corporation (H+H).[[1]](#footnote-2) Witnesses invited to testify include representatives from the Department of Health and Mental Hygiene (DOHMH), H+H, Federally Qualified Health Centers (FQHCs), advocacy organizations, and community-based organizations.

**II. Background**

Although the Affordable Care Act provided insurance to millions of Americans, roughly 4.7 percent of New Yorkers remained uninsured in 2018.[[2]](#footnote-3) According to the 2018 Community Health Survey conducted by DOHMH, roughly 12 percent of New York City adult residents do not have health insurance,[[3]](#footnote-4) and other estimates conclude that roughly 600,000 New York City residents are uninsured.[[4]](#footnote-5)

According to a 2018 report from the Mayor’s Office of Immigrant Affairs (MOIA), there are an estimated 560,000 undocumented individuals in the City and only 42 percent (about 235,000) are insured, leaving 324,800 without health insurance.[[5]](#footnote-6) This number is expected to rise due to the United States Department of Homeland Security’s (DHS) intention to alter the definition of “public charge,” which would discourage immigrants and their families from accepting public benefits, including public health insurance.[[6]](#footnote-7)

The Impact of Being Uninsured

Lack of health insurance can have a devastating impact on individuals, their families, and communities. In 2017, one in five uninsured adults in the U.S. went without needed medical care due to cost, and studies show that those without health insurance are less likely to receive needed preventative care and services.[[7]](#footnote-8) Of the uninsured adults in 2017, 45 percent reported being without health insurance because of cost, 22 percent had lost or changed their employment, and 9 percent were not offered health insurance by their employer or were ineligible for coverage.[[8]](#footnote-9) Compared to those with public or private insurance, those without insurance are more likely to postpone seeking care due to cost, have no usual source of care, and postpone or do not obtain needed prescriptions due to cost.[[9]](#footnote-10) Individuals who identify as Hispanic are the most likely to be uninsured (19 percent), followed by those who identify as Black (11 percent), White (7 percent), and Asian (7 percent).[[10]](#footnote-11)

In 2017, uninsured adults under age 65 were over twice as likely as those with insurance to have problems paying medical bills (29 percent vs. 14 percent), and nearly two thirds of these uninsured adults were unable to pay their medical bills at all (65 percent).[[11]](#footnote-12) These costs are either taken on by the individual, which can result in medical debt, or by the providers, who will remain largely uncompensated.[[12]](#footnote-13)

In April 2015, the Hastings Center and the New York Immigration Coalition released a report analyzing access to health care for those who are undocumented.[[13]](#footnote-14) The report highlights the current gaps in our health care safety net in New York City.[[14]](#footnote-15) For example, currently adults who are undocumented and are not Permanently Residing Under Color of Law (PRUCOL) are only eligible for Emergency Medicaid, which is limited in its scope and doesn’t provide coverage of necessary services and items.[[15]](#footnote-16)

NYC Care

H+H remains the largest provider of health care to New Yorkers who are uninsured.[[16]](#footnote-17) In 2014, “approximately half of the uninsured hospital stays and emergency department visits in the City occurred in the H+H system—a disproportionate share relative to every other health system in the City.”[[17]](#footnote-18) H+H remains committed to providing care to all individuals, regardless of their ability to pay. H+H provides a plethora of specialty care services, including care for those with asthma, cancer, geriatric needs, sickle cell, mental health needs, and HIV/AIDS.[[18]](#footnote-19) H+H also provides women’s health, sleep disorder, rehabilitation, vision, and many other services.[[19]](#footnote-20) Although H+H offers comprehensive specialty care services, accessing these services in a timely fashion is sometimes challenging; for example, as of February 2018, a person could wait up to six months to receive an appointment for specialty care services.[[20]](#footnote-21)

To help those they serve, specifically individuals who are uninsured, H+H and the Mayor’s Office announced the launch of the NYC Care program earlier this year, which has since been rolled out in the Bronx.[[21]](#footnote-22) In addition to all of the services H+H has always provided to the uninsured community, those who are enrolled in NYC Care receive a membership card, can choose a primary care provider, and are given access to customer service representatives for assistance accessing care.[[22]](#footnote-23) Those who are uninsured yet eligible for health insurance will receive assistance enrolling in insurance in an effort to lower the number of visits to H+H by uninsured, yet insurable, patients.[[23]](#footnote-24) NYC Care promotes the use of primary and preventative care, which can help enrollees avoid unnecessary emergency room visits and promote better health outcomes and access.[[24]](#footnote-25)

The Bronx is NYC Care’s first site, with plans to expand to all five boroughs by 2021.[[25]](#footnote-26) A recent study by New York City’s Independent Budget Office (IBO) points out that NYC Care, which relies just on H+H facilities, is limited in its ability to impact all of New York City’s most vulnerable districts.[[26]](#footnote-27) For example, Queens Community District 7, which includes the neighborhoods of Flushing, Murray Hill, and Whitestone, does not have any public hospital facilities, yet had the highest uninsured rate in the entire City in 2017 (5.5 percent).[[27]](#footnote-28) Similarly, Brooklyn Community District 7, which includes Sunset Park and Windsor Terrace, had an uninsured rate of 12.4 percent and no nearby public hospital facilities.[[28]](#footnote-29)

Previous Health Access Initiatives

In October of 2015, Mayor de Blasio announced the “Direct Access” health initiative to provide reliable coordinated access to affordable care for immigrants who are excluded from federal and state support.[[29]](#footnote-30) This initiative eventually became the Action Health NYC initiative, a one-year pilot program in coordination with H+H, which was launched in the spring of 2016 and ended its one-year demonstration on June 30, 2017.[[30]](#footnote-31) Eligible participants were at least 19 years old, earned less than $23,760 for a single person or less than $48,600 for a family of four, without insurance, and not eligible for Medicaid or other health insurance through the New York State of Health Marketplace.[[31]](#footnote-32)

Along with Action Health NYC, there have been other initiatives to meet the needs of New Yorkers who are immigrants. For example, in Fiscal Year 2016 the Council launched the Immigrant Health Initiative, which focuses on decreasing health disparities among foreign-born New Yorkers by focusing on the following three goals: improving access to health care; addressing cultural and language barriers; and targeting resources and interventions.[[32]](#footnote-33) The $1.5 million initiative has helped undocumented New Yorkers across the City access health care and legal services.[[33]](#footnote-34) Additionally, in June 2014, Mayor Bill de Blasio launched the Task Force on Immigrant Health Care Access with the goal of increasing access to health care services among immigrant populations.[[34]](#footnote-35) The Task Force identified key barriers to health care access and recommended steps the City can take to help immigrants overcome them.[[35]](#footnote-36)

In October 2015, the Task Force released a report of its findings and identified six major barriers to health care access for immigrants: (1) lack of affordable care; (2) inadequate cultural and linguistic competency among health care providers; (3) limited service delivery and provider capacity; (4) lack of knowledge and understanding of care and coverage options available for immigrants; (5) lack of access to high-quality interpretation services; and (6) lack of knowledge and understanding of language and translation services available to immigrants and health care providers.[[36]](#footnote-37) To address these barriers, the Task Force formed recommendations, including to create a direct access health care program to provide uninsured immigrants and others with access to coordinated primary and preventive health care services, expand the capacity of the New York City health care system to provide culturally and linguistically competent primary and preventive health care services to immigrants, conduct public education and outreach on health care and coverage options for immigrants and the organizations that serve them, and to increase access to high-quality medical interpretation services.[[37]](#footnote-38)

FQHCs

Currently, FQHCs do not participate in the NYC Care program. FQHCs are community-based health care providers that receive funds from the Health Recourses & Services Administration (HRSA) Health Center Program.[[38]](#footnote-39) FQHCs provide primary care in underserved areas.[[39]](#footnote-40) They must meet strict requirements, such as providing care on a sliding scale basis based on a patient’s ability to pay, operating under a governing board that includes patients, and providing care to all individuals regardless of their ability to pay.[[40]](#footnote-41)

According to the Community Health Care Association of New York State (CHCANYS), New York City has over 500 sites that are a part of FQHCs, and these sites serve 1.3 million patients, or one out of every seven New Yorkers in the City.[[41]](#footnote-42) Most people who visit FQHCs receive Medicaid or coverage through the Children’s Health Insurance Program (CHIP), amounting to 63 percent of total patients as of 2019, while 14 percent are uninsured, 18 percent have commercial insurance, and 5 percent have Medicare.[[42]](#footnote-43) Most patients (75 percent) identify as Latinx or Black, and 91 percent of patients live at or below 200 percent of the federal poverty line (FPL).[[43]](#footnote-44) In the April 2015 report by the Hastings Center and the New York Immigration Coalition, they recommend FQHCs and H+H ambulatory centers, networked with specialists and services available in H+H centers, can together improve access to primary and preventive health care, and to specialty care and other services, through primary care medical homes.[[44]](#footnote-45)

Efforts to Expand the Essential Plan

Section 1331(a) of the Affordable Care Act (ACA) directs the Secretary of Health and Human Services to establish a Basic Health Program that provides an option for states to offer particular health coverage.[[45]](#footnote-46) New York State’s Basic Health Program is known as the Essential Plan, and the plan is a lower-cost health insurance option for individuals with family incomes between 138 and 200 percent of the FPL and for individuals with family incomes below 138 percent FPL who are lawfully present in the United States but do not qualify for federally financed Medicaid due to their immigration status.[[46]](#footnote-47)

As of now, more than 400,000 immigrant New Yorkers have not benefited from new coverage options, such as the Essential Plan, because of their immigration status.[[47]](#footnote-48) State Senate bill S.3900, sponsored by Senator Gustavo Rivera, and State Assembly bill A.5974, sponsored by Assemblymember Richard Gottfried, would provide adult immigrants whose status makes them ineligible for federal coverage with access to health insurance coverage that is equivalent to the coverage offered to their citizen or lawfully present counterparts.[[48]](#footnote-49) While the cost to the State to accomplish this goal is estimated to be over $500 million, if it were implemented, the State would be saving close to the same amount in emergency Medicaid spending.[[49]](#footnote-50) By providing health care to all individuals, regardless of immigration status, the bill would improve public health and access to health care.

**III. Bill Analysis**

**Int. No. 1668**: A Local Law to amend the administrative code of the city of New York, in relation to establishing a health access program.

The bill would require the City to develop and administer a program that would offer individuals in every community district a medical home–a model of providing care where participants have a primary care physician or practitioner to help develop, direct, and coordinate their treatment, testing, and service–and assign each participant a patient navigator. The patient navigator would assist with coordinating primary and specialty care, accessing medication, and understanding/minimizing costs.

**IV. Conclusion**

During the hearing, the Committees will discuss the importance of health access in New York City, and the need to improve access to care, especially for New Yorkers who are immigrants. The discussion will focus on improving access to comprehensive and local health services for all New Yorkers who are uninsured, while remaining mindful that the issue of access is interlinked with health care quality and equity.

Int. No. 1668

By Council Members Levine, the Speaker (Council Member Johnson), Rivera, Kallos and Chin

..Title

A Local Law to amend the administrative code of the city of New York, in relation to establishing a health access program

..Body

Be it enacted by the Council as follows:

Section 1. Title 17 of the administrative code of the city of New York is amended by adding a new chapter 19 to read as follows:

CHAPTER 19

Health Access Program

§ 17-1901 Definitions. For purposes of this chapter, the following terms have the following meanings:

Covered health care services. The term “covered health care services” means professional medical services by primary care practitioners, including preventive, primary, diagnostic, and specialty services; inpatient and outpatient hospital services, including acute inpatient mental health services; diagnostic and laboratory services, including therapeutic radiological services; prescription drugs, excluding drugs for uncovered services; and any other services determined by the department.

Department. The term “department” means the department of health and mental hygiene or such other agency or entity as the mayor may designate.

Health access program. The term “health access program” means a public program to provide access to health care.

Medical Home. The term “medical home” means a model of providing medical services, in which participants shall have a primary care physician or primary care practitioner, as such terms are defined in section 901 of the public health law, to help develop, direct, and coordinate their plan and course of care and health management, including referrals for testing and specialty services, and management of chronic conditions and diseases.

Patient navigator. The term “patient navigator” means an individual who assists participants in the health access program to access and move through the program.

Telemedicine service. The term “telemedicine service” means a system that allows health care professionals to evaluate, diagnose, and treat patients using telecommunications technology.

§ 17-1902 Health Access Program. a. The department shall, consistent with any applicable federal, state or local laws, develop, and administer a health access program. No individual shall be excluded from the health access program due to his or her immigration status, employment status, or a preexisting medical condition.

b. 1. The health access program shall offer individuals a medical home and shall assign each participant a patient navigator.

2. Medical homes shall be operated by medical service providers, which shall include facilities operated by New York city health and hospitals corporation and federally qualified health centers, as such term is defined in section 1395x(aa) of title 42 of the United States code, and may include other not-for-profit and private medical service providers, selected by the department in accordance with quality and other criteria established by the department. The department shall ensure that providers offer culturally responsive care that meets the primary cultural and language needs of those they serve. In selecting medical homes, the department shall prioritize providers of family medicine.

3. The department shall ensure that a medical home is provided in each community district and that at least one participating acute care hospital providing specialty services is provided in each borough. The department, one year after the effective date of the local law that added this section, shall issue a report to the Speaker of the City Council and post on the department website listing any community districts in which the department failed to establish a medical home as well as any borough in which the department failed to provide an acute care hospital and the reasons for such failure.

c. The department shall maintain a telemedicine service providing access for participants 24 hours per day, seven day per week.

d. Providers shall be required to connect to a regional health information organization for the electronic exchange of clinical information.

e. The health access program may impose a sliding scale fee schedule based on an individual’s ability to pay for medical services provided but may not charge a participation fee.

f. The department shall maintain a website accessible to the public with information about enrollment, covered services, and applicable costs.

g. The department may enter into contracts or agreements with third parties to implement the provisions of this chapter, including administering the health access program and managing communication with participants.

§ 2. This local law takes effect 180 days after it becomes law.

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Proposed Res. No. 918-A

..Title

Resolution calling on the State of New York to pass, and the Governor to sign, S.3900/A.5974, an act to amend the social services law, in relation to coverage for health care services under the basic health program for individuals whose immigration status renders him or her ineligible for federal financial participation.

..Body

By Council Members Adams, Chin, Rosenthal, Koslowitz, Rivera, Gibson, Ampry-Samuel and Kallos

Whereas, According to the New York State Department of Health, Section 1331(a) of the Affordable Care Act (ACA) directs the Secretary of Health and Human Services to establish a Basic Health Program that provides an option for states to offer particular health coverage; and

Whereas, New York State is one of only a few states that offers a basic health program to eligible residents, otherwise known as the State’s Essential Plan; and

Whereas, Individuals with family incomes between 138 and 200 percent of the Federal Poverty Level (FPL) and individuals with family incomes below 138 percent FPL who are lawfully present in the United States but do not qualify for Federally financed Medicaid due to their immigration status are eligible for the Essential Plan; and

Whereas, According to a 2018 report released by the Department of Health, the Essential Plan has provided nearly 740,000 New Yorkers with affordable health insurance and generated $1 billion in State savings since it was first available in 2016; and

Whereas, As of 2019, 790,152 individuals were enrolled in the Essential Plan; and

Whereas, The Essential Plan saves New Yorkers an estimated $632 million a year; and

Whereas, Of those enrolled in the Essential Plan, about 63 percent (495,228) reside in New York City; and

Whereas, About 41 percent of Essential Plan enrollees are lawfully present immigrants who are not eligible for federal financial participation through Medicaid; and

Whereas, One may qualify for the Essential Plan if they are a U.S. citizen, legal permanent resident, lawfully present resident, or in a valid, nonimmigrant status, such as a visiting student with a valid visa; and

Whereas, The most common reason for enrollees’ Medicaid ineligibility is that they have been in the country for less than five years; and

Whereas, Although the Affordable Care Act provided insurance to millions of Americans, roughly five percent of New Yorkers remain uninsured; and

Whereas, According to the Department of Health and Mental Hygiene, as of 2017, there are 704,000 uninsured adults in New York City; and

Whereas, According to the Mayor’s Office of Immigrant Affairs, there are an estimated 560,000 undocumented individuals in the City; and

Whereas, Of those who are undocumented, only 42 percent (about 235,000) are insured, and 324,800 are without health insurance; and

Whereas, S. 3900/A. 5974, sponsored by Senator Gustavo Rivera and Assembly Member Richard Gottfried, would amend the social services law to expand coverage for health care services under the Essential Plan to individuals whose immigration status renders them ineligible for federal financial participation; and

Whereas, S. 3900/A. 5974 would build upon the current Essential Plan structure by creating a state-funded Essential Plan for all New Yorkers, regardless of immigration status, up to 200 percent of the FPL; and

Whereas, According to the Community Service Society of New York, it would cost the state $532 million to create such a program; and

Whereas, Health care is a human right, one that all individuals, regardless of their immigration status, possess; now, therefore, be it

Resolved, That the Council of the City of New York calls on the State of New York to pass, and the Governor to sign, S.3900/A.5974, an act to amend the social services law, in relation to coverage for health care services under the basic health program for individuals whose immigration status renders him or her ineligible for federal financial participation.

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