

Whereas, Often for specialty care outpatient visits, a referral is required by the healthcare provider treating the patient which sometimes results in patient steering; and

Whereas, The American Medical Association (AMA) Journal of Ethics asserts that segregation based on insurance is often a “de facto proxy for segregation by race,” as in New York State, for example, about 80% of the 4 million nonelderly Medicaid recipients identify as Black, Hispanic, Asian American, or another non-white race or ethnicity; and

Whereas, In New York City alone, about 4,437,456 New Yorkers are enrolled in Medicaid, the majority of whom are people of color; and

Whereas, Many studies have pointed to Medicare recipients experiencing greater barriers to scheduling appointments as compared to privately insured individuals, since community safety-net medical facilities are usually over capacity and operating with a tighter budget due to lower reimbursement rates from Medicaid and large rates of care for patients that are uninsured; and

Whereas, This obstructs vulnerable New Yorkers’ access to timely outpatient care and increases the risk of poor health outcomes, exacerbating inequalities in our healthcare system; and

Whereas, To improve healthcare outcomes and ensure equitable health access for minority and indigent populations, it is crucial to address patient steering and promote access to equitable outpatient care in both community and private hospitals and medical facilities; now, therefore, be it

Resolved, That the Council of the City of New York calls on the New York State legislature to pass, and the Governor to sign, legislation to promote equitable access to outpatient care and prohibit patient steering practices.

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