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Ensure Immigrants' Access to Health Care: Preserve the Safety Net & Uphold the Law

Access to health care is a critical issue for all New Yorkers. It's a major issue for immigrants because they are much less likely to work in jobs that provide health insurance benefits. Noncitizens are three times more likely than citizens to lack insurance and are less likely to seek medical care, including emergency care. Furthermore, many immigrants lack clear information about their rights to health care and are either barred from enrolling or are afraid to use government insurance programs.

The city must continue to invest in the health care safety net to provide uninsured New Yorkers with the preventive, primary, and specialty care they need to stay healthy. In the face of our economic downturn, the need for the health care services provided by the city's Health and Hospital Corporation (HHC) will only increase as more New Yorkers lose their jobs and insurance coverage and face declining incomes. (HHC reports serving an increasing number of uninsured patients for the third straight year.) While the passage of national health reform will bring needed oversight to the health insurance industry and provide more affordable health insurance to millions (including naturalized citizens and legal immigrants) who currently go without insurance, it will also exacerbate HHC's financial insecurity by diverting funding it currently receives for serving a large proportion of New York City's uninsured residents to help pay for reform. New York City must safeguard

HHC's vital services. Funding must be restored by the City Council to HHC for Child Health Clinics as well as Mental Health, Mental Retardation, and Developmental Disability funding.

Already disproportionately uninsured and facing unique concerns and barriers to health care and health insurance, immigrants have been the subject of significant misinformation in the national health

Recommendations

- Safeguard Health and Hospitals Corporation (HHC) funding and other critical health funding in the budget.
- Fund the NYIC's Immigrant Health Access and Advocacy Collaborative.
- Require HRA and local chain pharmacies to meet their communication assistance mandates.
- Create a workforce development initiative. Fund training and scholarships to enable bilingual and bicultural individuals to enter the health, mental health, and social work professions.

reform debate, which played into false public perceptions about immigrants' use of health care and public health insurance. Furthermore, new policies excluding undocumented immigrants from buying insurance in the new insurance exchanges will exacerbate the health care and coverage disparities between citizens and noncitizens and create even more confusion and uncertainty in immigrant communities. The political and public discourse around immigrants

and health reform was largely negative and exclusionary—explicitly encouraging a polarization between citizens (portrayed as deserving of health insurance) and noncitizens (portrayed as a burden on taxpayers), even though most noncitizens pay the exact same taxes as citizens.

As New York City grapples with both an increasing number of uninsured residents and the prospect of implementing federal health care reform, it is critical that the city do more to bring immigrants into the health care and insurance systems. Immigrants need accurate information from trusted sources in a language they can understand, in order to overcome their fears about enrolling in public health insurance programs and to manage any chronic conditions before these become emergencies. New York City should invest in community-based consumer assistance programs that serve the uninsured, like the proven successful model of the NYC's Immigrant Health Access and Advocacy Collaborative.

The failure of hospitals, pharmacies, and Medicaid offices to communicate with limited-English proficient New Yorkers in a language they can understand remains a serious problem that results in medical harm and lack of access to care. More resources and higher priority must be devoted to improving communication in the city's health care and public benefits systems. With better communication, New York can prepare for public health emergencies, deliver high quality, cost-effective care, and reduce medical errors.

Finally, a workforce development initiative is needed to bring more bilingual New Yorkers into the health and mental health fields. Thousands of New Yorkers have the desire to enter the healing professions, and the city should provide training and scholarships to cultivate a culturally and linguistically competent health care workforce.



Detailed Recommendations:

Safeguard Health and Hospitals Corporation (HHC) funding and other critical health funding in the budget.

- Restore \$6.1 million for Child Health Clinics. In 2009, the 24 clinics provided 84,000 preventive and primary care visits for 31,000 young patients. Child Health Clinics provide children and adolescents a “medical home” and help enroll more children in public health insurance.
- Restore \$1.4 million for Mental Health, Mental Retardation and Developmental Disability funding. HHC operates six Child Development Clinics facilities that provide critical mental health and developmental disability services to vulnerable residents.
- Restore \$3.1 million for nurses in elementary schools with fewer than 300 students. School nurses can see about 48 children or more a day, providing critical and efficient services.
- Restore \$1.6 million for Mental Health Treatment for Children Under 5. Since 2004, this City Council initiative has enabled eight providers in the five boroughs to provide cost-effective consultation, treatment, training, and supervision for mental health needs of young children.

Fund the NYC's Immigrant Health Access and Advocacy Collaborative. This unique consumer assistance partnership between the NYC, legal services groups, and immigrant community groups helps newcomers navigate the health care and insurance mazes, connects thousands of uninsured New Yorkers to a regular source of quality affordable medical care, and helps them resolve insurance and billing problems.

Require HRA and local chain pharmacies to meet their communication assistance mandates. Hold the Human Resources Administration (HRA), which administers public benefits programs for New York City residents, accountable for providing appropriate communication with limited-English proficient New Yorkers who seek public benefits, including Medicaid, as required by Executive Order 120 and Local Law 73. Hold local chain pharmacies accountable for complying with the New York City Language Access in Pharmacies Act of 2009.

Create a workforce development initiative. Fund training and scholarships to enable bilingual and bicultural individuals to enter the health, mental health, and social work professions.