

## **Immigrants' Day of Action in Albany, March 2, 2010**

# **ENSURE ACCESS TO HEALTH CARE FOR ALL**

The recent economic downturn has had a devastating effect on working families in New York, with more and more people losing their jobs and their health coverage. New York State's unemployment rate is hovering around 9%, with nearly 850,000 New Yorkers out of work. At least 2.3 million New Yorkers already are living without health insurance, and their ranks are growing.

Noncitizen New Yorkers are much more likely to be uninsured than citizens—three times as likely, in fact (34% vs. 11%). They are also more likely to be low-income: more than half of New York City's immigrant households survive on incomes below 200% of the federal poverty level, or roughly \$44,000 a year for a family of four.

Limited-English-proficient immigrants face further obstructions to health care in the form of language barriers. Many uninsured immigrants forego health care for as long as possible, out of fear that they cannot afford the bill or will suffer immigration consequences. Those diagnosed with chronic conditions often forsake care because of inability to pay.

### **Improve Implementation of Two Landmark Laws**

The NYC promotes policies that improve immigrants' access to affordable health care and mitigate immigrants' unique concerns about using the health care system. The NYC strongly supported passage of New York's landmark 2007 Hospital Financial Assistance Law as a critical first step toward making health care more affordable for all uninsured, low-income New Yorkers. But hospitals' implementation of the law varies widely, and uninsured immigrant community members report little improvement—many private hospitals violate the law by not notifying patients about the availability of financial assistance, requiring onerous documentation to apply, offering only a fraction of the discount required by law, and referring uninsured patients to public hospitals.

The NYC also strongly supported hospital language access regulations passed in 2006, requiring hospitals to offer free interpretation and translation services to patients who do not speak English very well, but many hospitals' implementation of that law has been similarly weak, particularly for non-Spanish-speakers.

Uninsured and limited-English-proficient New Yorkers have yet to feel the beneficial impact of these landmark laws. The NYC recommends that the Department of Health monitor and enforce the 2007 Hospital Financial Assistance Law and the 2006 Hospital Language Access regulations, and promote key improvements to hospitals' implementation of the laws, including streamlining financial assistance applications. The NYC also supports financial incentives for hospitals that follow the law: 100% of the Indigent Care Pool should be allocated based on services actually provided to uninsured patients, and the state should enable Medicaid reimbursement to hospitals, clinics and community health centers for language assistance services.

### **Further Reforms**

The FY 2011 Executive Budget seeks to continue to improve New York's highly regarded public insurance programs by eliminating onerous obstacles to coverage and increasing the usage of public data sharing. The NYC supports these proposals and recommends other improvements, including creating a buy-in option for Family Health Plus for small businesses and residents with higher income levels and improving utilization of restricted-scope Medicaid for the treatment of medical emergencies.

Finally, for nearly a decade, the NYIC and its community-based member organizations have documented unique barriers to health care and coverage faced by immigrant New Yorkers. The contentious national health reform debate has only exacerbated immigrants' concerns and confusion about their rights to health care and coverage. New York State should support culturally and linguistically competent outreach and community education efforts about immigrants' rights to affordable health care, exemplified by the NYIC's Immigrant Health Access and Advocacy Collaborative.

### **Recommendations:**

1. **Increase access to affordable health and mental health care for uninsured, low-income New Yorkers by improving implementation of the Hospital Financial Assistance Law (HFAL).**
  - A. Allocate 100% of Indigent Care Pool money to hospitals based on their compliance with the HFAL and services provided to actual uninsured patients.
  - B. The Department of Health should monitor and enforce hospitals' compliance with the Hospital Financial Assistance Law.
  - C. The Department of Health should require hospitals to allow community members to be screened for financial assistance *before* they seek services or receive huge bills.
  - D. Expand the HFAL to require that emergency medical transportation services and private doctors who are contracted at covered hospitals offer financial assistance to low-income New Yorkers.
2. **Move toward universal health coverage** through New York's Partnership for Coverage initiative. New York State should preserve its public health insurance coverage for everyone who is currently eligible, and expand its model insurance programs toward achieving universal coverage for all residents of the state.
3. **Expand eligibility for Family Health Plus.** As a first step, New York should build on the Family Health Plus program. The state should create a viable, affordable FHP buy-in program for small businesses and individuals up to 400% of federal poverty level. The FHP Employer Buy-In Program proposal in the Executive Budget must be improved to ensure affordable enrollee premiums.
4. **Improve access to health care and coverage for limited- English proficient New Yorkers.**
  - A. Enable federal Medicaid reimbursement for interpreting and translation services for limited-English-proficient patients at hospital, clinics, and community health centers. (A733 Gottfried / S3740 Duane).
  - B. The Department of Health should monitor and enforce the 2006 Hospital Language Access regulations, and monitor and enforce local districts' and the NYC Human Resources Administration's compliance with obligations to provide free interpretation and translation services.
  - C. Establish a statewide language access policy similar to New York City's Executive Order 120.
  - D. Adopt legislation to require all pharmacies in New York State to provide language assistance services, including translation of medication labels and interpretation services during medication counseling.
5. **Support culturally and linguistically competent community-based efforts to educate immigrants about their rights to health and mental health care.** The NYIC's Immigrant Health Access and Advocacy Collaborative is a successful model to improve and expand access to quality, affordable health care for immigrants. The Collaborative blends extensive training and technical assistance with direct client advocacy and community education to counter widespread misinformation and confusion, address immigrants' unique concerns, and ultimately, to empower immigrants to utilize cost-effective preventive, primary, and specialty care rather than delaying obtaining care until more costly emergency treatment is required.
6. **Streamline and improve utilization of restricted-scope Medicaid for emergencies.**
  - A. Enable prequalification for Medicaid for the treatment of medical emergencies. Establish a community screening and enrollment process to enable low-income immigrants to receive a Medicaid card that can be presented in case of a medical emergency.
  - B. Extend medical certification periods to 12 months for certain conditions.
  - C. Consider reforms to address the shortage of long-term and rehabilitative services for uninsured individuals.