



137-139 West 25th Street  
12th Floor  
New York, NY 10001  
(212) 627-2227  
[www.thenyic.org](http://www.thenyic.org)

New York Immigration Coalition  
Testimony to  
The Department of Health Care Reform in New York State  
Governor's Hearing on Health Care Implementation

May 18, 2011

## I. Introduction and Summary of NYIC's Position

Good Afternoon my name is Jennifer Torres, Manager of Health Advocacy at the New York Immigration Coalition. Thank you for the opportunity to testify today and for holding these hearings. The New York Immigration Coalition (NYIC) is an umbrella policy and advocacy nonprofit organization for about 200 organizations in New York State that work with immigrants and refugees. Since its founding in 1987, the NYIC has become a leading advocate for immigrant communities on the local, state, and national levels, bringing together multi-ethnic, multi-racial, and multi-sector constituencies to pursue a common agenda. Our work includes policy analysis, advocacy, community education, civic participation, voter education, training, and capacity building in the field. As a coalition we urge New York State to take significant steps-including legislation-towards the creation of a Statewide Insurance Exchange under the Affordable Care Act that will take into account the needs of immigrants in New York who are either citizens or lawful residents.

### Summary:

I share the call of others testifying here today, that New York State **must** pass legislation during this 2011 legislative session, in order to create a Statewide Insurance Exchange under the Affordable Care Act. I urge that any legislation developed by the state take into account the over 4.2 million Immigrant New Yorkers who will access and pay for services under the exchange.

## II. NYIC's Recommendations for an Exchange In New York State

In developing legislation, the Governor and the Legislature should be guided by NYIC's recommendations for a New York State Exchange. Our recommendations are as follows:

- A State Health Insurance Exchange with No Wrong Door policies. Ensure that the new Exchange is accessible to all New Yorkers, regardless of immigration status or language spoken.
- Coordinate Screening and Enrollment Among All Programs in the Exchange- Including Public and Private Health Insurance, Affordability Credits, Exemptions from the Individual Mandate, and Financial Assistance Programs.
- Protect and Strengthen the Safety Net Health Care System, and Promote Integrated Care for the Uninsured.

- The exchange must be a governmental entity-Members of the Exchange Board Advisory Committee -- must represent individual consumers, immigrants, Limited English Proficient individuals, and small businesses that will be purchasing insurance in the exchange.
- Consider Merging Individual and Small Business Health Options Program (SHOP).

### III. NYC Recommendations

Within these broad recommendations, the following priorities are essential for ensuring we have an exchange that meets the needs of lawfully residing immigrants and citizens in New York State.

- It is essential that the exchange provide **One-Stop-Shopping For Insurance or Financial Assistance for All New Yorkers.** Many undocumented immigrants are part of families that include lawfully residing immigrants and citizens (“mixed status” families) who will be eligible for public health insurance, private insurance, or subsidies through the Exchange. The Exchange should be a one-stop shop where a family can get information on, and assistance applying for, *all* programs for which their family members may be eligible, including Medicaid, Child Health Plus, Family Health Plus, Emergency Medicaid, Medicaid for Pregnant Women and Adolescents, private insurance, subsidies for private insurance, and the Basic Health Plan (if New York implements one). The Exchange should also facilitate enrollment in and provide information about financial assistance programs at hospitals and community health centers as well as information on where uninsured individuals can access affordable care.
- The exchange should **Prescreen and/or Enroll Uninsured Individuals in Statewide Financial Assistance Program.** Individuals who are not eligible for, are exempt from, or choose not to enroll in health insurance, should be screened for, enrolled in, and given a card for, a statewide financial assistance program. Hospitals and community health centers are already mandated by law to provide financial assistance (e.g. sliding fee scales, charity care, discounted care, etc.) to individuals who lack or have inadequate health insurance. The Exchange offers a tremendous opportunity to standardize application and enrollment for these financial assistance programs.
- The exchange should **Incorporate Prequalification for Emergency Medicaid, as well as an Extension of the Medical Recertification Period for Certain Conditions.** The current variety across hospitals of procedures to administer Medicaid for the treatment of emergency medical conditions (Emergency Medicaid), general confusion and reluctance about using the program, and complex administrative burden hurts patients, results in the misuse of the state’s Indigent Care Pool and other safety net funding, and misses an opportunity to leverage federal Medicaid funding.
  - **Clarify Emergency Medicaid policies and procedures** through administrative directives, provider updates and training, and consumer outreach so as to prevent confusion as to when Emergency Medicaid can be used, and to encourage its use whenever appropriate.
  - **Allow for prequalification of financial eligibility.** Create a restricted scope Emergency Medicaid enrollment category code and allow local district Social Services offices and other community based facilitated enrollers to screen and determine eligibility for individuals who are likely to qualify for Emergency Medicaid coverage based on meeting all of the non-medical state eligibility requirements.

- **Create a clinically-appropriate 12-month medical certification period for coverage of certain treatments and conditions under the state’s Emergency Medicaid program**, as states like California, Connecticut, Maine, Virginia and Washington have done.
- **Ensure that All Limited-English Proficient New Yorkers have Access to All Aspects of the Exchange, and that Immigrants’ Unique Concerns are Proactively Addressed** - 2.3 million New Yorkers are limited English proficient (LEP), meaning they need interpretation and translation services to communicate effectively with the Exchange, government agencies, health insurance plans, navigators, enrollers, as well as health care providers.
- **Minimize Citizenship and Immigration Status Documentation and Verification Requirements**. Streamline verification requirements to correspond with existing programs (Medicaid) when more stringent requirements are necessary to comply with federal law.
- **If Individual and Small Group Exchanges are Merged-** Do so in a way that maximizes the benefits of combining risk pools, but does not subject beneficiaries of small group plans to additional documentation and verification requirements.
  - Enrollment in shop exchanges should closely resemble those of large employers in today’s group insurance market.
    - Unnecessary documentation and verification requirements would result in substantial cost to small business and governments.
  - Additional documentation and verification requirements would put the Exchange at a disadvantage in competing for small business customers if insurance sold outside the Exchange had significantly fewer paperwork burdens.

#### **IV. Immigrant Specific Priorities**

Of the issues I’ve just discussed, I’d like to talk in somewhat more detail about the following issues we believe are important for creating an immigrant friendly insurance exchange in New York State.

##### **Topic I: Promoting Health Equity within the Exchange**

The Exchange should be designed in a way that proactively addresses racial and ethnic health disparities. Language barriers have been proven to impact consumers’ access to health care, resulting in poor health outcomes. 2.3 million New Yorkers are limited English proficient (LEP), meaning they need interpretation and translation services to communicate effectively with the Exchange, government agencies, health insurance plans, navigators, enrollers, as well as health care providers. The Departments of Health and Insurance, as well as the entity that administers the Exchange, should designate language access coordinators responsible for creating and implementing language access policies and procedures. Moreover, it is imperative that competent interpretation and translation services are available at all consumer access points, from the phone to websites to postal mail to in-person assistance. This should include all direct service interactions- including translation of written information about insurance options, cost, enrollment, subsidies, appeals, and other issues.

Additionally, the State should create consistent methods for collection and reporting health data by race, ethnicity and language to identify disparities, monitor efforts to reduce disparities, and ensure compliance with non-discrimination provisions.

##### **Topic II: Streamlining the Insurance Exchange Process in the Exchange**

In order to achieve the central goals of the Affordable Care Act of enrolling over 30 million Americans and ensuring that they are not unfairly denied coverage when they are sick, we must ensure that there are strong consumer assistance and navigator programs to help enroll New Yorkers to select health plans that meet their needs.

In order to accomplish this task the Insurance Exchange Commission must create a program where families can obtain one –stop shop services and assistance applying for **ALL** programs for which their family members may be eligible for, including Medicaid, Child Health Plus, Emergency Medicaid, Medicaid for Pregnant Women and Adolescents, private insurance, and Basic Health Plans.

It is important to note that although undocumented immigrants have been excluded from purchasing insurance in the exchange-that these individuals should not be prohibited under the Exchange developed by New York State from accessing other information or applying for other programs within the Exchange.

The New York Immigration Coalition would like to thank you for the opportunity to testify before you today. We hope that as the Governor and the State Legislature begin to develop legislation that much consideration will be given to the needs of the over 4.2 million Immigrant New Yorkers who access and pay for health services in New York.