



**Testimony of the New York Immigration Coalition  
Joint Legislative Public Hearing on 2021 Executive Budget Proposal: Health/Medicaid**

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My name is Max Hadler and I first wish to express my gratitude to the committee chairs, Assemblymember Richard Gottfried and Senator Gustavo Rivera, for the opportunity to present this testimony and for their championing of access to affordable health insurance coverage for all New Yorkers regardless of immigration status. I submit this testimony as the Director of Health Policy of the New York Immigration Coalition (NYIC) and as a co-leader of the Coverage4All campaign, a statewide effort of more than 140 organizations to expand coverage to the hundreds of thousands of undocumented New Yorkers who the state refuses to acknowledge in its health coverage planning even as it leans on them to help New York pull through the worst pandemic in recent history.

We have been fighting for more than five years at the NYIC and through the #Coverage4All campaign for the state to make undocumented adults eligible for coverage. But the calculus has changed in the past year, making the urgency greater than ever. As we continue to fight recurring COVID-19 surges and a sluggish and inequitable vaccine rollout, we are reminded of the disparate impact of the pandemic on communities of color. Among these are the immigrant New Yorkers who represent one-third of the state's entire "essential" workforce, subjected to greater exposure to COVID in order to feed families - their own and others - and keep New York running. And yet 400,000 undocumented New Yorkers continue to suffer the indignity of a discriminatory health insurance system that prohibits them from obtaining full coverage.

The state took an important first step early in the pandemic - at the prodding of the Coverage4All campaign, Assemblymember Gottfried, and Senator Rivera - by covering COVID-19 testing, evaluation, and treatment under Emergency Medicaid, for which low-income undocumented New Yorkers are eligible. But this limited coverage is insufficient. The recovery from COVID-19 is often long and arduous, with recurring symptoms and need for rehabilitative therapies. Emergency Medicaid does not cover this care, and New Yorkers are suffering as a result.<sup>1</sup> A temporary and urgently needed solution is to extend full coverage through the state's Essential Plan to any income-eligible undocumented New Yorker who has had COVID-19. This is a low-cost, temporary solution to help the thousands of people who have suffered the worst of the pandemic and are unable to get help in their recovery. The cost of this coverage would be \$13 million, and it would be a one-time cost assuming that the public health emergency ends during this fiscal year (the coverage would expire 60 days after the end of the emergency). In effect, though, it would cost just half that amount since extending coverage also reduces the uncompensated care burden of New York's health care providers by nearly

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<sup>1</sup> <https://newrepublic.com/article/159550/covid-symptoms-outlast-insurance>

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\$3,000 per person per year.<sup>2</sup> This proposal is represented in Assembly Bill A1585 and Senate Bill S2549. The Legislature should pass this bill along with a commensurate budget allocation immediately.

Despite the fierce urgency of this COVID-related bill, Governor Cuomo's executive budget proposal is silent on covering people who have had COVID-19 and are not currently eligible for insurance. The budget adds insult to injury in noting that the state has saved \$1.5 billion by shifting lawfully present immigrants from state-funded Medicaid to the mostly federally-funded Essential Plan. In many cases these are the family members of the 400,000 undocumented New Yorkers who remain excluded from the system. This \$1.5 billion in savings should be reinvested in the same communities the savings came out of to provide Essential Plan eligibility to people who are currently ineligible. We hear all the time that the price tag of Coverage4All is too great. But it isn't funding that is lacking - it is the Governor's and Legislature's priorities and courage that are lacking.

We must start immediately with covering those who have suffered the most from the pandemic, and then focus on more permanent solutions such as a state-funded Essential Plan for undocumented adults (A880/S1572) on the path to passing and fully implementing the New York Health Act.

### **Additional priorities**

Beyond urgent action to cover undocumented New Yorkers, the NYIC firmly supports increased equity in our health system, including equitable funding for the health care safety net that so many immigrant New Yorkers rely on (in part because of the state's continuing refusal to create universal coverage). These demands include:

- **Restore Article 6 public health program matching funding levels for New York City to 36 percent.** Two years ago the state singled out New York City for a significant cut in matching funds from 36 to 20 percent with the idea that the City would make up the difference. In the face of the worst pandemic in a century, public health programs in New York City suffered a 15 percent cut this year. Governor Cuomo has now proposed deepening the cut to New York City by an additional 10 percent. At the same time that he looks up to the federal government to support New York State with relief funds, he looks down on New York City and tells it to fend for itself. The Governor's proposal is deeply hypocritical in addition to being poor public health funding policy. Just to reiterate, the Governor has proposed cutting by 10 percent the funding for public health programs in the state's largest city in the midst of the worst public health crisis in more than 100 years.
- **Protect existing public hospital funding and allocate Indigent Care Pool (ICP) funds exclusively to Enhanced Safety Net Hospitals.** The executive budget proposed eliminating ICP funding for public hospitals. This is backward thinking and any cut to public health care systems should be rejected. Rather, the state should move to more effectively target limited resources toward the communities and providers that need them most, and increase Medicaid reimbursement rates to these Enhanced Safety Net Hospitals.

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<sup>2</sup> [https://www.urban.org/sites/default/files/publication/98805/2001925\\_state\\_based\\_individual\\_mandates\\_2.pdf](https://www.urban.org/sites/default/files/publication/98805/2001925_state_based_individual_mandates_2.pdf)



- **Delay the proposed “340B carveout”** and ensure community health centers and safety-net providers who rely on the prescription drug program and its funding can continue to provide vital services in immigrant communities across the state.

Thank you for the opportunity to submit this testimony. For any follow-up, please contact Max Hadler at [mhadler@nyic.org](mailto:mhadler@nyic.org).