

Take Note



Free breast cancer screenings

In New York State each year, almost 15,000 women are diagnosed with breast cancer and nearly 2,700 women die from it. **But many women do not get the screenings that can save lives because they lack access, insurance or information.**

The good news:

Governor Cuomo and the New York State legislature have taken a major step in making breast cancer screenings more widely available and free for women.

- ✓ Local providers will now offer weekend and evening screenings.
- ✓ The number of providers offering these services will increase.
- ✓ There will be at least one mobile mammography van in each county.
- ✓ Local providers will carry out outreach efforts and programs.

Call the hotline!

To make an appointment for a free screening, or for more information, call 1-866-442-CANCER (2262)

These are free breast, cervical, and colorectal cancer screenings and diagnostic services for women and men who live in New York State who:

- ✓ meet income and age eligibility requirements
- ✓ do not have health insurance; or
- ✓ have insurance, but have a cost share that prevents them from using these services.



EARLY DETECTION IS THE BEST TREATMENT.

BREAST CANCER IS THE MOST COMMON CANCER AMONG WOMEN IN NEW YORK.



SUCCESS STORY: The ACA in New York State

The Affordable Care Act (ACA), popularly referred to as Obamacare, is President Obama's signature health reform law that was enacted on March 23, 2010. New York State took a strong lead in implementing the law by expanding Medicaid and opening a state health insurance marketplace, New York State of Health, in 2013. Three years later, New York continues to be one of the biggest success stories in the country in the implementation of universal health coverage.

Statewide coverage

Before the ACA, 20 percent of adult New Yorkers (approximately 1.2 million) were uninsured.¹ Since the Marketplace opened in 2013, this number declined by nearly 850,000 (the uninsured rate dropping from 10 percent in 2013 to 5 percent in September 2015).² Of the remaining uninsured, 58 percent were eligible for free or subsidized coverage in 2015, the majority eligible for Medicaid.³

Expanding Medicaid

After New York accepted Medicaid expansion under the ACA, Medicaid grew by 13 percent, and by January 2014 had covered almost all non-elderly adults up to 138 percent of poverty level. Prior to this, coverage for adults without dependent children was limited to those below 100 percent of the poverty level. In May 2015, nearly 6.5 million people were covered by Medicaid.⁴

Controlling costs

Seventy-four percent of New Yorkers who signed up for health insurance in the Marketplace qualified for a tax credit.

In 2015, individual premiums continued to be more than 50 percent lower on average than before the Marketplace was established.⁵

New Yorkers have also saved money through new rules requiring insurance companies to spend at least 80 cents per dollar on health care or improvements to care, rather than administrative costs. If not, they must provide a refund.⁶

For the first time, insurance companies are also required to publicly justify any premium increase of 10 percent or more. Nationwide, the number of such requests has dropped from 75 percent to 14 percent.

Removing limits

The ACA has banned lifetime limits for care, bringing immense relief to patients with cancer and other chronic diseases. Over 6 million New Yorkers (including over 2.5 million women and over 1.6 million children) no longer have to worry about lifetime limits. The law also ended annual limits starting in 2014.⁷

The ACA has also banned discrimination against people with pre-existing

conditions, benefiting over 8.6 million non-elderly New Yorkers (including about 1 million children). And women can no longer be charged more because of their gender.

Covering preventive services

Insurance plans must now provide coverage without cost sharing for preventive health services such as pap smears and mammograms for women, colonoscopy screenings for colon cancer, and flu shots. Over 4.5 million New Yorkers with private health insurance have benefited, including over 1.8 million women.

Expanding mental health and substance use care

The mandatory 10 essential health benefits require most health plans to cover mental health and substance use disorder services, extending this care to nearly 3 million New Yorkers.

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The ACA in New York State CONTINUED FROM PAGE 1

Strengthening Medicare

The ACA has saved New Yorkers with Medicare over \$1 billion on prescription drugs. In 2014, it averaged \$1,076 per beneficiary. In 2015, people in the Medicare 'donut hole' received a 55 percent discount on covered brand name drugs and a 35 percent discount on generic drugs. This coverage will increase until the coverage gap is closed.⁸

Protecting children

In 2011, to prepare for ACA implementation, New York expanded Medicaid for children ages 6 to 19. States are required to maintain Medicaid

eligibility for families under 133 percent of poverty, and in CHIP until September 30, 2019. Under the ACA, over 150,000 young adults in New York can stay on their parents' insurance until age 26.

Covering undocumented immigrants

Nearly 457,000 of New York's uninsured are undocumented immigrants.⁹ They face a much higher uninsured rate and undocumented adults are not eligible for Medicaid coverage. However, eligible individuals can now be pre-certified for Emergency Medicaid to cover emergency medical conditions. The State is being asked by advocacy groups to

use the savings, once it implements the Essential Plan, to expand care to low-income undocumented adults.¹⁰

The Essential Plan

In 2016, New York launched the Essential Plan (the Basic Health Plan) for low- and moderate-income New Yorkers, through the Marketplace. It offers comprehensive coverage for a monthly premium of \$0 to \$20. Even those with health insurance can enroll as long as they meet the requirements. There is no deductible, but there may be a small co-pay for doctor visits, hospital stays, and prescription drugs. The Essential Plan is another step that New York is taking towards ensuring that all New Yorkers have the health insurance they need.

8. <http://www.hhs.gov/healthcare/facts-and-features/state-by-state/how-aca-is-working-for-new-york/index.html>.
 9. <http://hcfany.org/over-half-of-uninsured-new-yorkers-are-eligible-for-health-coverage-assistance/>.
 10. <http://www1.nyc.gov/assets/home/downloads/pdf/reports/2015/immigrant-health-task-force-report.pdf>.

1. <http://www.nyc.gov/html/doh/downloads/pdf/epi/databrief43.pdf>.
 2. <http://info.nystateofhealth.ny.gov/news/press-release-ny-state-health-ends-2016-open-enrollment>.
 3. <http://hcfany.org/over-half-of-uninsured-new-yorkers-are-eligible-for-health-coverage-assistance>.
 4. <https://www.healthinsurance.org/new-york-medicaid/>.

5. <http://info.nystateofhealth.ny.gov/sites/default/files/2015%20NYSOH%20Open%20Enrollment%20Report.pdf>.
 6. <http://www.hhs.gov/healthcare/facts-and-features/state-by-state/how-aca-is-working-for-new-york/index.html>.
 7. <http://www.hhs.gov/healthcare/facts-and-features/state-by-state/how-aca-is-working-for-new-york/index.html>.

Notes from the frontline

Shirley Newsome is a proud homemaker worker and an 1199 member. She works long hours and raises a family, and yet makes sure she participates in advocacy actions on issues ranging from Medicare funding for hospitals to immigrant rights. Here, she speaks with HEP's Healthcare Advocate in Long Island, **Luis Valenzuela**, about her work and why being on the frontline for social change matters to her.

Shirley: As homemaker workers we have a great responsibility to our clients because they depend on us. There are nursing homes that people can go into but they choose to stay at home. And it's a good thing because this is where they are familiar with. I go to their homes no matter what the weather or travel conditions are. I live and work in Long Island so public transportation is a problem.

In February this year, they were expecting a big blizzard. I had the opportunity to do overtime, 8:00 p.m. to 8:00 a.m. Overtime is very important. When I came home that morning, the electric people were there. They said, "I'm sorry we have to shut your lights off." I knew that the blizzard was going to be that day. I began to make phone calls, and you know people don't have money. My last resort was to call the landlord. I told him, you know I am never late. I have an emergency, and I told him what it was. And he said, "Absolutely. I'm going to give you a couple of weeks."

It's not like we don't like what we are doing, or need a handout. Most of us make \$18 – \$20,000 a year. But higher wages will really put us on the map. We'll be able to take our families out, probably help our children go to school. And we'll be able to give back to the community. I once had to borrow money just to get back to work. I think that bothered me more than the light bill. I sat for a little while and cried.

Luis: I saw you at different lobbying events, for example, to protect Medicare and adequate funding for graduate medical education training in hospitals.

Shirley: I try to go to everything. I try to work more nights so I am free during the day. I also do phone banking for different events. I have been fortunate to be able to arrange my schedule when I get advance notice. I try to stay connected because I have been in other fights that have taken a long time and I hear people talking about how important it is for their lives.

Luis: I remember you going down to Washington D.C. for the fight for immigrant rights; you had a cold and you still went down.

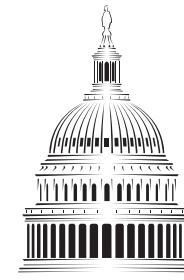
Shirley: I do believe that there should be some sort of immigration policy reform. I feel strongly because we are all immigrants. And I don't remember ever seeing things the way they are now. No one wants to pass a law, no one wants to come together just to talk about it.

In my neighborhood we are all mixed-in there. So we all have the same concerns. My mother is Cherokee and my father is mixed, his mother was Italian and his father was Black. Talking in service with all of them was how I got involved in immigrant rights.



A lot of people weren't fluent in the language. They said, "Why you don't go and let us know how things go." It's very important that everyone has a chance to become an American citizen. It shouldn't be where we don't want any more immigrants coming to this country. They are the ones that built this country. And so I went and I learned more, saw and heard things that I didn't even know.

I had a job once that was much better but I lost it during the recession. I kept looking for work and nothing happened. So I said to myself I have to reinvent myself. Whatever is there I am going to take it. And that's how I got involved with homemaker. I am not saying I am going to stay here forever, but I will say it has just been an adventure. I've met some of the nicest clients. They are funny and have stories. Stories that ordinarily you wouldn't know about, I guess people call it history. Because some of them are 80 and 90 years old. Their minds are so clear, and they remember things in the past more than they remember now. I am enjoying myself. I am.



HEP opposes federal cuts to providers

Earlier this year, President Barack Obama released his budget plan for the federal fiscal year 2017, and shortly afterward the House Budget Committee Chairman Tom Price (R-GA) released the House budget plan. The Senate did not release a budget resolution. Both budgets contain significant, damaging cuts to hospitals and providers.

With a short Congressional calendar, it is looking more likely that rather than pass a budget, Congress will pass continuing resolutions to fund the government. The House and Senate Appropriations Committees have already begun working on appropriation legislation. However, policy proposals such as cuts to hospitals and other providers contained in the budget proposals can always be taken up in other legislative priorities.

President Obama's proposed budget

Significantly, the President proposed a \$17.8 billion cut to graduate medical education (GME), which would severely harm the ability of New York's academic teaching hospitals to train the next generation of physicians. Other negative cuts in the President's proposed budget include reducing Medicare bad debt payments from 65 percent generally to 25 percent for all eligible providers over three years starting in 2017. This means that hospitals and providers that care for patients who are unable to pay would see significantly less reimbursement for those services from the Medicare program.

The President also proposed several changes to the Medicaid program, including extending the Disproportionate Share Hospital (DSH) cuts one year, through 2016, saving \$6.6 billion. These cuts greatly impact New York hospitals that care for a large proportion of uninsured, Medicaid, and low-income Medicare patients.

HEP was pleased that the President did not include additional site-neutral cuts that would cap payments to hospitals for certain outpatient services at the significantly lower rate paid to private physicians or ambulatory surgery centers.

The President's proposed budget did contain positive components. He extended Medicaid payments for primary care services delivered by certain physicians through 2017 while expanding the scope of providers eligible for increased payments. Additionally, he extended the Children's Health Insurance Program (CHIP) through 2019. Finally, the President requested \$1 billion over the next two years to fight cancer and \$1 billion over two years to fight prescription drug and heroin abuse.

Federal advocacy

HEP is fully engaged in opposing these dangerous cuts to protect New York's hospitals and healthcare providers. We have, and will continue to, weigh in with the New York delegation, Congressional leadership, and the Obama Administration to express our concerns.

We welcome your feedback! Please email us at info@hepnewyork.org