



## **Public Hearing: Increasing Access to Health Insurance Coverage and Moving Toward Universal Healthcare Coverage: Defining Goals and Identifying steps**

*November 2, 2007*

*The New Yorker Hotel*

Good morning, my name is Cornelia Jervis and I would like to thank Health Commissioner Richard F. Daines, M.D., Superintendent of the Insurance Department Eric R. Dinallo, and Assistant Deputy Secretary for Health and Human Services Joseph Baker for this opportunity to testify on increasing access to health insurance coverage for the 2.8 million uninsured and the millions of underinsured people living in New York State.

I am the Senior Policy Associate at Gay Men's Health Crisis ("GMHC"). GMHC is a not-for-profit, volunteer-supported and community-based organization committed to leadership in the fight against AIDS. As the oldest AIDS service organization, GMHC provides services to nearly 20,000 men, women and children and their families every year. Our clients mirror the diversity of the epidemic – close to 60% of our clients are people of color – with 33% identifying as black and 29% identifying as Hispanic. Additionally, 50% of our clients identify as being lesbian, gay or bisexual and approximately one-quarter of our clients are female. Further, the vast majority of our clients live at or below the poverty level. GMHC provides a comprehensive array of services and programs including, HIV prevention and education, onsite and offsite confidential HIV testing and counseling, food and nutrition programs, case management, legal counseling and representation, mental health and substance use services, support groups, workforce development, and programs targeted to reach the one in four New Yorkers who are living with HIV and AIDS and are unaware of their status.

Guaranteed universal access to life saving medications, treatment and HIV prevention education is essential for the health and quality of life of all New Yorkers. GMHC has long recognized the importance of regular, routine, accessible and affordable primary care as a means of preventing transmission for those at risk of contracting HIV and for slowing the progression of HIV to AIDS. Studies have shown that providing accessible treatment and medicinal therapy for the newly diagnosed keeps individual viral loads suppressed, delays the weakening of the immune system that permits opportunistic infections, and reduces the spread of HIV by curbing infectiousness by 60 percent.

For these reasons GMHC supports the important points made by advocates for universal, comprehensive, accessible, culturally competent and high-quality health coverage in New York. In addition, we would like to share some policy recommendations that are of particular concern for people living with serious and chronic illnesses such as HIV and AIDS.

As you may know, New York remains at the epicenter of the HIV epidemic in the United States. According to the last available statistics, between 180,000 and 250,000 New York State residents live with HIV and AIDS and thousands of New Yorkers become newly infected each year. At the same time, federal funding for HIV has not kept pace with the epidemic and the ever-inflating costs of treatment and services has increasingly shifted to the states.

With an estimated 2.8 million uninsured New Yorkers and millions more underinsured, the reality is that a large number of people living with HIV and AIDS are uninsured whether they know their status or not. HIV rates continue to rise among groups that have been traditionally underserved. Women, youth, people of color, low income and homeless individuals, injection drug users, immigrants and those that are formerly incarcerated – have significantly less access to comprehensive primary health care.

We applaud efforts made by Governor Spitzer in support of legislation preserving Medicaid eligibility for incarcerated New Yorkers. Additionally, we wish to thank the Governor for his leadership in fighting for expanded SCHIP eligibility. However, more still needs to be done. As New York State embarks on a “building block approach” to expanding universal health care we must remain committed to improving existing public health care programs as they have been very successful in keeping people living with HIV and AIDS engaged in our health care system.

### **Strengthening Medicaid**

Strengthening Medicaid is essential to assuring that more New Yorkers gain access to and utilize primary health care. Some of the needed improvements include increasing Medicaid reimbursement rates so that more primary care and dental health providers accept Medicaid.

Additionally, two years after the Medicare Part D rollout, prescription drug cost sharing remains an issue for many GMHC clients. High cost-sharing associated with Medicare’s Part D prescription drug program place many life sustaining prescription drugs out of reach. Prescription drug co-pays, even if nominal, are substantial for many of our clients who take upwards of 10 to 20 prescription drugs per day. Additionally, people who have Medicare due to their disability and Medicaid because of their limited income and assets have been denied life-sustaining medications from pharmacies because they did not have cash in hand. In expanding universal health care coverage we must breakdown barriers to treatment and guarantee access to prescription drug coverage for all.

*Recommendation:* For several years, GMHC and our coalition partners have been fighting to expand the Elderly Pharmaceutical Insurance Coverage Act to low-income adults with chronic illnesses and/or disabilities who are under the age of 65. This change in law would assure critical prescription drug coverage to 40,000 more New Yorkers statewide. The pooling of the various government health care plans to negotiate lower prescription drug costs would further work to make this plan better fiscal policy.

## **ADAP**

The AIDS Drug Assistance program (“ADAP”) currently saves thousands of lives by providing life-saving HIV drugs and services to over 22,000 New Yorkers living with HIV and AIDS who are low income, uninsured or who lack sufficient prescription drug coverage. New York has one of the most comprehensive ADAP programs in the country and this is significant because 85% of New Yorkers who receive ADAP benefits are currently uninsured. However, the fiscal impact of New York’s ADAP program increases consistently every year while federal contributions over the last couple of years have remained flat.

*Recommendation:* Funding for ADAP needs to be increased in order to address the continued growth in the number of uninsured people in New York who have HIV. Additionally, the eligibility requirement for ADAP should be reviewed and ADAP should be expanded to cover among other things, emergency room services which are essential for providing the full continuum of care for individuals who are chronically ill.

## **HIV Special Needs Plans and Mandatory Managed Care**

For the last couple of years HIV beneficiaries have been voluntarily enrolling in managed care HIV Special Needs Plans and this voluntary enrollment should be continued. GMHC has strong concerns about the use of managed care as a universal approach for the delivery of care for all Medicaid beneficiaries, especially for those with complex health care needs like HIV and AIDS. Thus far, HIV SNP enrollment has been low and the lack of access to a client’s doctor of choice and the all too frequent severing of the doctor-client relationship is too problematic for many people with complex health care needs. Without a doubt, any current attempt to transition to mandatory HIV SNP enrollment will have a profound and deleterious impact on the lives of people living with HIV and AIDS. The success of HIV SNPS depends on understanding the complex care needs of people living with HIV and AIDS and creation of a system that maintains an inviolable standard of care that exceeds the care and treatment outside of managed care.

*Recommendation:* Before any attempt is made to implement mandatory HIV SNP enrollment we ask for the establishment of a taskforce to gauge evidence of improved health outcomes and to assure that quality of care is being routinely provided to people living with HIV and AIDS who are currently enrolled in HIV SNPS.

## **Immigrant Health Care**

GMHC supports universal access to health care coverage for all those who reside in New York State and firmly opposes any denial of medical care and treatment to immigrants. The reality is that access to and utilization of primary and emergency health care remains a major obstacle for a significant number of immigrants living in New York State. The complex and onerous documentation, enrollment and recertification process that all applicants face are an insurmountable barrier for many immigrants. Language barriers due to inadequate translation and communication assistance services in the Medicaid and social services offices precipitate the low levels of public insurance enrollment among immigrants.

*Recommendation:* In order to improve health care utilization for HIV positive immigrants we must work towards simplifying and streamlining the Medicaid eligibility, application, and renewal process.

Undocumented immigrants are currently ineligible for most public assistance benefits including Medicaid, housing assistance, and food stamps. The denial of these most basic assistance programs is particularly detrimental to immigrants living with HIV and AIDS. Beyond the need for life sustaining HIV medication and primary care, many people living with HIV and AIDS suffer from other co-morbidities such as renal disease, cancer, heart disease, mental health and/or alcohol and substance use impairments for which treatment and continued care can only be covered by Medicaid.

*Recommendation:* In realizing Governor Spitzer goals of universal health care coverage, access to primary health care treatment and services must be guaranteed for all immigrants regardless of their status.

### **Simplifying the Health Care System**

We commend Governor Spitzer for attempting to increase the number of people eligible for health care but we would like to emphasize the need to make our health care infrastructure simpler. The reality is that New Yorkers in need of benefits whether it be for health care, housing, food assistance, or other services navigate on a daily basis an overwhelming number of bureaucracies. Further, as indicated in recent news reports, many people lacking health insurance are unaware that they may qualify for public assistance. Additionally, even if they have coverage many New Yorkers are unable to obtain the health services they need because of the challenges created by our fragmented and confusing health care/managed care delivery system. For people weakened with HIV or other chronic illness or disabilities completing the application process and accessing services often proves to be needlessly burdensome and prohibitive.

*Recommendation:* GMHC supports the recommendation of our coalition partner, Medicaid Matters – a statewide Medicaid consumer coalition – to expand universal health coverage from the point of view of patients and providers in order to reach out to all uninsured or underinsured New Yorkers. Our state should provide uniform access to a consumer assistance program that is customer-friendly, culturally appropriate, and accessible in a consumer’s language of choice. A health ombudsprogram would not only help people maintain coverage, it would also provide navigational assistance and problem resolution for people as they attempt to access health services.

### **Conclusion**

We, along with our health advocate coalition partners look forward to working together with Governor Spitzer and his administration to realize our mutual goals of health care coverage for all New Yorkers. Thank you once again for convening this hearing and for allowing us to testify on behalf of New Yorkers living with HIV and AIDS.