

The New York Immigration Coalition Testimony on NYC FY 2016 Budget

Claudia Calhoun, MPH

March 23, 2015

Good Afternoon, my name is Claudia Calhoun, and I am the Health Advocacy Senior Specialist at the New York Immigration Coalition. I'm here today to urge the Council to include **\$5.5 million** for an important new initiative called Access Health NYC in the FY 2016 budget. Access Health NYC is a key priority of the People's Budget Coalition for Public Health and represents an intensive collaboration of the five lead organizations: Coalition for Asian American Children and Families, Commission on the Public's Health System, Community Service Society, Federation of Protestant Welfare Agencies, and the New York Immigration Coalition.

I'd like to start by thanking the Chair and members of the New York City Council Committee on Health, Councilmember Corey Johnson, and City Council Speaker Melissa Mark-Viverito for their extraordinary commitment to making sure all New Yorkers can access the health services they need.

The NYIC is an advocacy and policy umbrella organization for more than 150 multi-ethnic, multi-racial, and multi-sector groups across the state working with immigrants and refugees. Our members serve communities that speak more than 65 languages and dialects. The NYIC Health Collaborative brings together-immigrant serving organizations from the frontlines of the battle to improve health access. We hear stories from our members on a daily basis about the urgent need for funding for immigrant groups to conduct outreach and education about health access in their communities.

Access Health NYC is a city-wide proposed funding initiative to support new education and outreach efforts on health care coverage and services for all New Yorkers. \$5.5 million will support lead agencies to fund, train, monitor/evaluate, and provide technical assistance/guidance to local CBO's as well as support a consumer helpline. Access Health NYC will serve two important functions: it will improve health access by linking individuals who are eligible for Affordable Care Act (ACA) coverage to enrollment and post-enrollment services; and will link those who cannot participate in ACA coverage to existing safety net health care such as HHC and Federally-qualified Health Center facilities.

Enrollment for eligible populations

As part of ACA implementation, New York State awarded federal funds to networks of community-based organizations statewide to serve as "Navigators" to assist with applications for health insurance plans offered on New York State of Health, the state's ACA marketplace. Many of these organizations are here today and have been pivotal in linking eligible immigrants to coverage. But the state did not provide support for public education and outreach. We are asking the city to fill this gap in order to address several key barriers that keep eligible populations from taking advantage of existing programs:

- Language access is one key challenge. 23% of New York City's population over the age of 5 are limited English proficient, meaning that they need interpretation or translation in order to communicate effectively. A little over half of that population speaks Spanish;

the other half speak nearly 150 other languages and dialects.¹ Health Collaborative members like POMOC, which has been serving the Polish-speaking community for more than 30 years, inform us that language access keeps eligible members of their community from signing up for coverage.

- A second set of barriers relates to fears about using health insurance. Unfounded fear of immigration consequences of accessing and using health care services continue to discourage immigrants. During a time of stalled immigration reform and record deportations, it is not surprising that immigrants have been hesitant to access government services and programs. Immigrants need to hear that they can safely apply for benefits for themselves and for their families and that using public health insurance such as Medicaid will not have immigration consequences. Specifically, young people eligible for Deferred Action for Childhood Arrivals (DACA) need to know that they are eligible for Medicaid if they meet the income requirements. And although President Obama's Executive Order is currently delayed by an injunction, once it is lifted and the DACA expansion and implementation of Deferred Action for Parents of American Citizens and Lawful Permanent Residents (DAPA) moves forward, it will be important for all New York City-based applicants to know that they may be entitled to Medicaid.
- Related to those concerns, are the challenges of navigating the system for mixed immigration status families. Many families in New York are in this situation, meaning that some members are undocumented while others are US citizens or otherwise lawfully present. Within a particular household, different family members can be eligible for distinct benefits.

The need for post-enrollment services

We also hear from Collaborative members that even after eligible individuals are enrolled in coverage, they continue to need what we call "post-enrollment" assistance. As we all know, insurance can be confusing for those of us who have a fair amount of sophistication with the health system. Questions about what to do with insurance once you have it, and how to get the best out of the health system can be very challenging for immigrants, especially those who are low-English proficient. Many immigrants who recently signed up have insurance for the first time. Tasks like getting prior authorization, appealing denials, and resolving billing disputes are especially tough for populations that are new to health insurance. Part of our \$5.5 million request is to support the Community Health Advocates (CHA) Helpline to assist consumers with using their coverage. Incorporating helpline services will strengthen Access Health NYC's ability to help immigrant communities across the range of eligibility and enrollment categories, providing seamless resource for all immigrants in finding and using the healthcare system.

Services for those who are not eligible for coverage

Despite the fact that undocumented immigrants are not eligible for most forms of public coverage, they still have a range of options for services in New York City. Individuals can get very affordable care at HHC facilities through HHC Options, HHC's fee-scaled, charity care program. They can get heavily discounted care in their community at Federally Qualified Health Care Centers. Undocumented immigrants can get coverage for certain emergency and life threatening conditions by pre-certifying for Emergency Medicaid through the New York State of Health Marketplace. All children up to age 18 can get Child Health Plus and all pregnant women regardless of status are eligible for Medicaid, also through the Marketplace. But, for all the reasons I noted above, many undocumented immigrants are unaware that these programs exist, or are afraid to use them. Access Health NYC will educate immigrants about their options for accessing care, and ensure that immigration status does not prevent any New Yorker from accessing the medical care they need.

Why CBOs need support for this work

One of the key elements of the Access Health NYC campaign is that CBOs are the key to addressing these challenges. CBOs of all sorts (both navigators and not) are being called upon to do this work whether they have funding or not. They are already fielding questions about health insurance, and being asked to translate documents, and called upon for help from individuals looking for services and information. CBOs need resources to be able to meet these demands from their communities. Unfortunately, immigrant-serving CBOs are often underfunded. They don't have the financial flexibility or the capacity to perform these tasks without support. CBOs are trusted by the community and are the best equipped to get the word out to individuals and families that they serve.

For instance, the Academy of Medical and Public Health Services serves a large Latino and Asian immigrant population in Sunset Park, Brooklyn and provides free health screenings and referrals to the community. They report that the majority of individuals don't know what resources are available to them, and that many are afraid to even ask. They recently told me about Brooklyn resident who spoke only Spanish who had severe abdominal pain related to an old hernia operation who didn't want to go to the doctor because he didn't think he could afford it. AMPHS was able to link him to a health care facility with sliding scale fees. Without the Academy of Medical and Public Health Services to let him know about available services, he would not have been able to see a doctor.

Another Health Collaborative member is the South Asian Council for Social Services, an organization that works in Queens to address the social service needs of the underserved South Asian and Indo-Caribbean communities. Last fall they worked with woman who speaks a rare South Asian language and was in immediate need of mental health services. Before they found SACSS, the family was unable find a therapist/counselor who spoke the same language or an interpreter. Through their contacts in the community, SACSS was able to connect the family to a counselor who spoke her language. This family had been desperate, and without SACSS' specific knowledge of service providers in this rare language, this woman would still be in need of mental health services.

In conclusion, I'd like to highlight our belief that New York City offers a rich network of resources for coverage and access. But they only are helpful to people if they know about them. Access Health NYC will help immigrants understand what their rights are and for what programs they qualify. For this reason, the NYC is advocating for \$5.5 million for Access Health NYC from the City Council. Our vision is that close to 80% of the funds be re-granted to CBO's to conduct 10 provider training events each and support 30 targeted education and outreach events throughout the city and to provide consumer assistance to New York City residents. We look forward to working with the City Council to create mechanisms to improve outreach and education about health coverage and access

Thank you.

ⁱ Source: U.S. Census Bureau, 2011 American Community Survey <http://factfinder2.census.gov/faces/tableservices/j>