



New York City Council

Hearing on the New York City FY2015 Executive Budget

Friday, June 6, 2014

Testimony of **Jackie Vimo**, Director of Health Advocacy
The New York Immigration Coalition

My name is Jackie Vimo, and I am Director of Advocacy at the New York Immigration Coalition (NYIC), an umbrella organization for over 150 groups across New York State that work with immigrants. I am here today to urge the Council to include **\$5 million** for the new **Access Health NYC Initiative**, which has been proposed by the City Council Health Committee Chair, Corey Johnson, in the FY2015 New York City budget. This initiative would support a desperately needed grassroots community education program about options for health coverage and care for New Yorkers, regardless of income or immigration status.

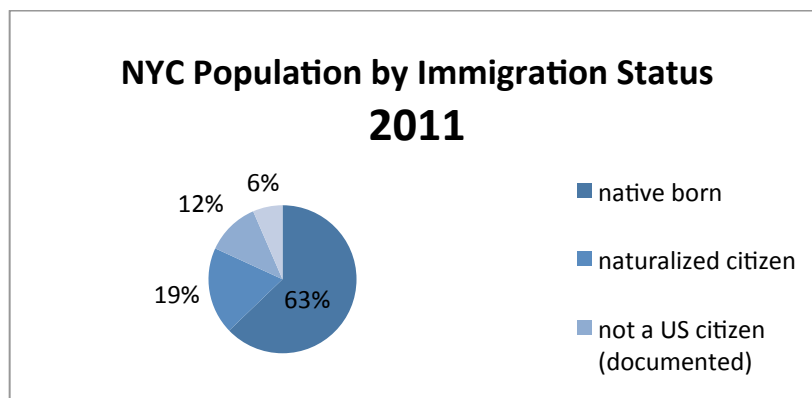
The NYIC represents many community-based organizations that are on the frontlines of serving immigrant communities, and we hear stories from our members on a daily basis about the urgent need for funding for immigrant groups to conduct outreach and education about health access in their communities. Earlier this week, I received a message from Sudha Acharya of the South Asian Council on Social Services (SACCS) in Flushing, Queens, who told me a story about a priest from a nearby temple who spoke only Tamil. His family is eligible for public health insurance coverage, but he did not know how to access health services for himself and his two children, and he would not have been able to access care if SACCS had not been there to reassure him that it was safe to use health services and to inform him about his rights in a language he could understand. Unfortunately, there is no state or federal funding to do outreach to New Yorkers like this Tamil-speaking priest. This is exactly the kind of service that would be funded through the Access Health NYC Initiative.

It has been an exciting time for health issues across the nation and here in New York City. Nearly one million New Yorkers statewide have enrolled in the New York State of Health (NYSOH), New York's state-run health insurance markets, since the new marketplace launched last October. Unfortunately, many immigrants remain uninsured because of language and other barriers, and undocumented immigrants have been explicitly excluded from federal reform. Although everyone, regardless of immigration status, has options to access health care in New York, many immigrants are confused

about their options – and many don't even know that they *have* options. While state-funded Navigators are available to assist with enrollment, the state did *not* allocate funding for public education and outreach. We urge New York City to fill in the gap left by the state and Washington by including **\$5 million** for the **Access Health NYC** City Council Initiative.

The Need for Public Health Education in Immigrant Communities

Immigrants experience great disparities in terms of access to health coverage and confront major obstacles to accessing care. In New York City, noncitizens (both undocumented immigrants and those with legal status) tend to be uninsured at higher rates than their citizen counterparts. This persistent inequality must be addressed if New York hopes to create a healthier New York City.



Many people are not aware that the great majority of immigrants are actually eligible to participate in public health programs, including the new health insurance exchange. New York City's population is approximately **8.25 million immigrants**, approximately **15% of which is uninsured**.¹ New York City's residents include over 3 million immigrants (37% of the population), about 1.6 million of whom are naturalized citizens,² 962,000 million of whom are lawfully residing but not citizens, and 535,000 of whom are undocumented.³ Therefore, **approximately 83% of immigrant New Yorkers are either citizens or legal residents and *thereby eligible to participate in New York's Health Benefit Exchange***.

Although most immigrants are eligible for publicly-supported coverage, many remain uninsured at rates higher than their non-immigrant neighbors. Noncitizens⁴ constitute a disproportionately high percentage of the uninsured,⁵ including those who are eligible

¹ U.S. Census Bureau Current Population Survey, Annual Social and Economic Supplement, 2011

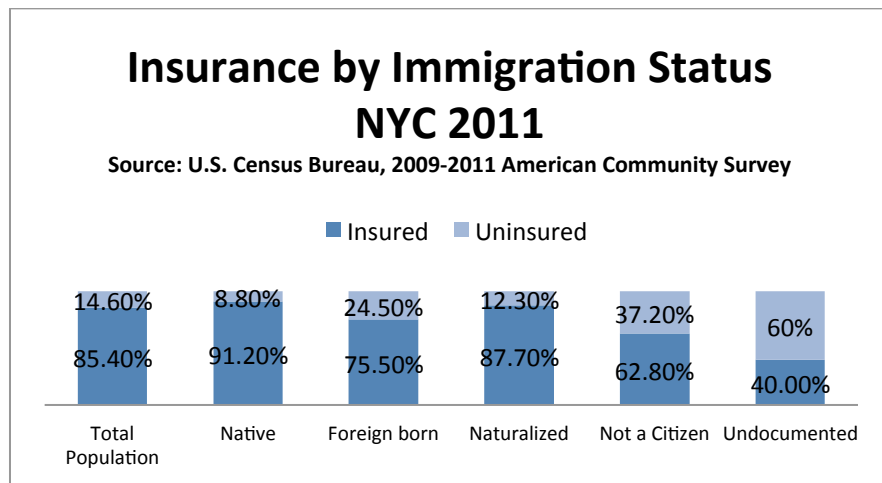
² Migration Policy Institute, <http://www.migrationinformation.org/DataHub/state.cfm?ID=NY#3>

³ <http://www.pewhispanic.org/2011/02/01/unauthorized-immigrant-population-brnational-and-state-trends-2010/>

⁴ Noncitizens refers to immigrants who are not naturalized citizens – this includes undocumented immigrants, legal permanent residents and immigrants on temporary visas or who are in the process of adjusting their status. The term immigrants will be used in this paper to encompass both naturalized citizens and noncitizens.

⁵ Ibid.

for public health insurance but are not enrolled.⁶ New York City’s noncitizens are more than *four times* as likely as citizens to lack health insurance:⁷ whereas **8.8% of native-born New Yorkers are uninsured**, 24.5% of foreign-born residents are uninsured, and **37.2% of noncitizens lack health insurance**.⁸ There are many reasons for why immigrants are more likely to be uninsured. These include: higher rates of employment by small businesses that do not offer insurance, an underutilization of public insurance programs due to a lack of awareness of their rights, concerns about immigration consequences of accessing such services, and language and other barriers. The purpose of the new Access Health NYC program would be to help immigrants and other uninsured New Yorkers overcome the barriers to coverage and care. Enrolling eligible immigrants in coverage is crucial for public health in New York City, but also for New York City’s budget. The Health and Hospital Corporation (HHC), is the city’s safety-net hospital system. Uninsured New Yorkers who get sick will end up in HHC facilities, thus passing the bill to the City.



Sources: U.S. Census Bureau, 2011 American Community Survey; Passel, Jeffrey. “The Size and Characteristics of the Unauthorized Migrant Population in the US: Estimates based on the March 2005 Current Population Survey.” Pew Hispanic Center March 17, 2006

Meanwhile, language continues to pose a major barrier to health care for New York City’s Immigrants. Over **1.8 million New York City residents** over the age of 5, or **23%** of New York’s population over the age of 5, are limited English proficient (LEP), meaning they need interpretation or translation services to communicate effectively.⁹ A little over half of that population speaks Spanish; the other half speak nearly 150 other languages and dialects.¹⁰ New York needs to reach out to these communities in languages that they can understand – *Access Health NYC* would speak to immigrants in

⁶ Holahan, D., Cook, A., Powell, L. “New York’s Eligible but Uninsured,” United Hospital Fund, 2008.

⁷ Ibid

⁸ Ibid

⁹ Source: U.S. Census Bureau, 2011 American Community Survey <http://factfinder2.census.gov/faces/tableservices/j>

¹⁰ Ibid

their own languages by funding immigrant organizations to do education within their own communities.

Although access to insurance coverage is an option for many, there are still many New Yorkers who will remain uninsured. The majority of the uninsured will be citizens and legal immigrants who are eligible for insurance but not enrolled, as well as individuals who still cannot afford the cost of health insurance, and others who are exempt from the individual mandate or who choose to pay the tax penalty rather than enroll in coverage.¹¹ However, the share of the uninsured population who are undocumented immigrants will likely grow as the in the coming years – they are specifically excluded from the new coverage benefits of the ACA and are already excluded from most public health insurance programs.

Despite the fact that undocumented immigrants are not eligible for most forms of public coverage, they still have options for coverage in New York City, including:

- “HHC Options,” a program of the NYC Health and Hospitals Corporation
- Federally Qualified Health Care Centers, and other safety net providers
- Pre-certification for Emergency Medicaid (good for one year); and
- New York’s “Child Health Plus” program for all children and youth up through age 18
- Medicaid for pregnant women

However, many undocumented immigrants are unaware that these programs exist, or are afraid to use them. Access Health could educate undocumented 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. In addition, many families in New York are “mixed-status,” meaning that some members are undocumented while others are US citizens or otherwise lawfully present. In many cases, undocumented parents of US citizen children do not enroll them in the public programs they are eligible for because they are unaware of them, or because they are needlessly afraid of immigration consequences. Access Health NYC could reach out to undocumented and mixed-status families to educate them about their health care rights.

Reducing Coverage and Access Disparities: Access Health NYC

For all these reasons, we urge NYC to include \$5 million for Access Health NYC in the FY2015 city budget. Access Health NYC is a new proposal for a city-funded initiative to support community-based organizations (CBOs) that serve immigrants and other medically underserved populations. It will enable them to do outreach and public education in their communities about options for health care coverage and care,

¹¹ Ibid

particularly for the uninsured. The requested allocation of \$5 million would allow **65 organizations to apply for grants of \$75,000 (average minimum)**, and provide adequate additional resources for training and program oversight. Grants would be awarded through a competitive bidding/RFP process, and could be multi-year. Ideally, grants would be allocated based on the number of uninsured per borough, and targeted to communities with high numbers of uninsured.

As part of the Affordable Care Act, New York State awarded federal funds to networks of CBOs statewide to serve as “Navigators” to assist with applications for health insurance plans offered on New York State of Health, the state’s new health benefits exchange marketplace. Unfortunately, this funding cannot be used to conduct basic public education and community outreach. Access Health NYC would augment the state’s Navigator program by supporting outreach programs on health coverage and care available to all New Yorkers, regardless of immigration status, and refer them to Navigators and other experts to enroll in coverage.

Many immigrants rely on CBOs to provide information about public programs in culturally competent ways. Unfortunately, immigrant CBOs are often underfunded and cannot do public outreach and education for free. It is these organizations that are best equipped to get the word out to their communities, and the city should provide them resources to do this crucial work. Better access to comprehensive insurance coverage and timely primary and preventive care will lower health care costs and improve health outcomes for all New Yorkers! Access Health NYC is good for the city’s health and good for the city’s budget. The NYIC gives Access Health NYC our strongest possible support, and we urge the Council to fund this important initiative.