
NEW YORK HEALTH ACT

What's new in the 2019 Version of the New York Health Act

1. Fully includes long-term services and supports (LTSS), with priority for the most integrated community-based services and supports.

Services will be based on the extensive existing, progressive services offered through New York's Medicaid program, including individualized assessment of the need for assistance with activities of daily living and priority for home- and community-based services. As with medical services under the NY Health program, there will be no means testing or cost-sharing (deductibles, copays, or coinsurance) in connection with long-term services and supports.

2. Confirms that the program will be implemented even in the absence of federal waivers.

Federal waivers will be sought to make the program easier to implement. However, the program works even if waivers are not received. The bill includes technical mechanisms that will work in the background, not affecting how NY Health works for patients and providers. Federal funds will continue to flow to New York, as they do now, and the NY Health program will be able to avail itself of them.

3. Prior authorization for services will be no more restrictive than under Medicare Part A and Part B, for services otherwise covered by Medicare A or B.

Statutory language ensures that the NY Health program will be no more intrusive in the decisions that providers and patients make than the "traditional" Medicare program, which has almost no prior authorization requirements at all.

4. Retraining assistance will be provided for impacted workers, with up to two years of unemployment coverage.

Extensive support will be given to those workers whose jobs no longer exist as a result of ending insurance company bureaucracy and reducing health care provider administrative burdens. They will receive retraining and job placement assistance with funds provided by the program and will be eligible for up to two years of unemployment coverage.

(over)

5. The first \$25,000 of wages and income will not be taxed.

Low-income people who today qualify for the Medicaid program and face little or no cost in receiving health care will not have to pay under the NY Health program. This is part of assuring that financing will be highly progressive based on ability to pay.

6. Confirms that if any public employee retiree health benefit is not covered by NY Health, the retiree benefit will continue, and public employee retirees who move out of state will not lose their retiree health benefit.

NY Health will expand the health care benefits that retirees receive today. It does not affect any other benefits they currently receive. The NY Health Act would have no effect on private retirement benefits, but under federal law a state cannot tell private employers what benefits to provide.

7. Labor unions can provide care coordination services and be paid for them.

The NY Health Act provides that every resident of New York will be entitled to care coordination services, in seeking and receiving services in the health care system. This care coordination can be provided by an individual provider, such as a primary care physician, by a health care organization such as a medical group or a community health center, or by a labor union if it wishes to provide that service to its members. The care coordinator, whether an individual or an organization, will be paid by NY Health for providing this service.

8. Mediation and arbitration will be provided in the event of a breakdown in negotiations between provider organizations and the NY Health program.

The NYS Department of Health will oversee and direct the NY Health program, including setting reimbursement rates and methods for providers. The NY Health Act allows health care providers to form organizations to negotiate with the program about those issues. The amendments provide for mediation and arbitration if they don't reach agreement.

9. Representatives of older adults and persons with disabilities are added to the Board of Trustees and the Regional Advisory Councils.

The Board of Trustees, along with Regional Advisory Councils, will oversee the program and provide input from residents and patient advocates as well as the range of stakeholders in the health care system.

For further information, contact the **Campaign for New York Health:**

www.nyhcampaign.org