



## FY2022-2023 Legislative Priorities

### HEALTH ACCESS & EQUITY PRIORITIES

- **Medicaid Expansion for Aged, Blind & Disabled - Part N of Art. VII HMH bill and Both One-House Bills** - NYLAG strongly urges passage of the Governor's proposal to equalize Medicaid eligibility for seniors and people with disabilities, by eliminating the asset test and raising their income limit up to the same level used for younger people under the Affordable Care Act. Setting the income limit for all Medicaid recipients at 138% of the Federal Poverty Level (\$1563/mo. and \$2105/mo. couple) ensures continuity of eligibility; when younger recipients age into Medicare, they will no longer fall off the "Medicaid cliff" as they do now with a Medicaid income limit of only \$934/mo (\$1367 for couples). These changes are *essential to eliminate racial disparities* in health care access. The current asset rules are biased against people of color, who statistics show are less likely to own homes and retirement funds, assets that are given special treatment as exempt from the current asset limit, while cash assets count. See letter in support [here](#).
- **Increase Medicare Savings Program income limits in sync with the Medicaid expansion - Assembly One-House Bill Part SS and S8228/A9245 (Rivera, Gottfried)** - The Qualified Medicare Beneficiaries (QMB) income limit should be increased from 100% to 120% FPL and the SLIMB limit from 120% to 138% FPL since these increases will incur no additional State cost not already included in the Medicaid eligibility expansion under Part N. Increasing the third MSP program limit (QI-1) from 135% to 156% FPL will save money by reducing State EPIC expenditures, and cost New York State nothing because QI-1 is *fully* federally funded. By paying the Part B premium that is now \$170.10/mo. and qualifying all MSP beneficiaries for the 100% *federally-funded* Extra Help subsidy for Medicare Part D, the MSP program is a crucial lifeline.
- **Expand Access to the Essential Plan, Post-Partum Care— Parts Q & S of Art. VII HMH bill** - NYLAG supports the Governor's proposal to expand eligibility for the Essential Plan from 200% to 250% of the FPL, though we urge a further expansion to 300% FPL. We also support the expansion of Medicaid post-partum coverage from just 60 days to one year after giving birth, which would allow for continuity of care and protect new parents from unaffordable medical bills. We urge that this undocumented immigrants continue to be covered in this post-partum expansion.
  - **Enact Coverage for All to expand the Essential Plan to cover all immigrants - A880/S1572 (Gottfried, Rivera) and Both One-House Bills** - Undocumented immigrants are among the roughly one million NYS residents who do not have any form of health insurance coverage -- the "last mile" of achieving universal coverage that has significantly shrank in the last decade.
- **Support expansion of services covered by Child Health Plus and elimination of the monthly premium (Article VII Part U and both One-House Bills)**

- **Repeal MRT II Home Care Restrictions** enacted in SFY 2021:
  - **Repeal the restrictive minimum of three Activities of Daily Living required for eligibility for Medicaid personal care and consumer-directed services -- Senate One-House Part QQ and A5367/S5028** (*Gottfried, Rivera*) -- These ADL thresholds discriminate because applicants must now require *physical* assistance with 3 ADLs; only people with dementia will qualify based on the need for *cueing and supervisory* assistance with 2 ADLs, which is a common need for people with developmental disabilities, traumatic brain injury, visual, and many other impairments. The new restrictions also eliminate the longstanding “Housekeeping” program, which by providing just 8 hours/week of help with household chores, prevents a person with a disability from a fall or other injury that would lead to higher cost care.
  - **Repeal the “Independent Assessor” (Senate One House Part TT)** which burdens the task of assessing the need for Medicaid home care for over 300,000 people with a new massive and problem-ridden bureaucracy operated by Maximus, which will cause huge delays in services. Given the dire nursing shortage there is no capacity to start this program.
  - We also urge **repeal of the lookback and transfer penalty for home care**, which make no sense in light of the repeal of the asset limits, and which will cause further delays and hardship.
- **Repeals the “Global Cap” - A226/ S04120** (*Gottfried, Braunstein*) -on Medicaid spending which, in the ten years since originally enacted in 2011, has become destructive, impeding flexibility needed to respond to urgent needs that increase Medicaid enrollment and spending, such as the COVID-19 pandemic. While we appreciate that the Governor’s budget proposal would improve the formula for setting the cap, the global cap should be repealed and the Medicaid budget should be determined by the normal, public, transparent budget process.
- **Fair Pay for Home Care Act -- S5374A/A6329** (*Gottfried, May*) and **One House Bills** - would increase home care worker wages to 150% of the regional minimum wage. The one-time bonuses proposed in the Governor’s Budget for direct care health workers are a positive step, but sustained changes are needed to improve recruitment and retention of direct care workers.
- **A7807/S85** (*Seawright, Forest/Hoylman*): The LGBT Long-Term Care Facility Bill of Rights will require training for long-term care facilities staff on LGBTQ best practices

### **Protect Consumers from Medicaid Overpayments and Medical Debt**

- **A6474A/S5724A** (*Weinstein/Thomas*): This bill would cap interest rates on consumer debt judgments, including medical debt judgments, at 2 percent. Passed in New York’s legislature last year, NYLAG urges Gov. Hochul to sign it into law. Many patients who are sued by hospitals end up paying a 9 percent interest rate that accrues from the date they received care – sometimes years in the past.
- **A5613A/S4540A** (*Gottfried/Rivera*): NYLAG strongly supports this bill which would help protect benefits recipients’ due process rights and economic security when they are faced with claims for overpayment of Medicaid and public assistance benefits.

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