




# New York





## 2021 Healthcare Affordability Policy Checklist

### KEY



-  = implemented by state
-  = the state has implemented policies, but could improve
-  = not implemented by state

Polling data repeatedly shows that healthcare affordability is the number one issue that state residents, on both sides of the political aisle, want their policymakers to work on. This checklist identifies areas where New York is doing well and areas where it can improve.





### 1. CURB EXCESS HEALTHCARE PRICES:

- Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices.<sup>1</sup> 
- Create an all-payer or multi-payer claims database to analyze healthcare price inflation, price variation and utilization.<sup>2</sup> 
- Create a permanently convened health spending oversight entity.<sup>3</sup> 
- Create all-payer healthcare spending and quality benchmarks for the state. 





### 2. REDUCE LOW-VALUE CARE:

- Require validated patient-safety reporting for hospitals.<sup>4</sup> **N/A**
- Universally implement antibiotic stewardship programs using CDC's 7 Core Elements.<sup>5</sup> 
- Analyze claims and EHR data to understand how much is spent on low- and no-value services. 

### 3. EXTEND COVERAGE TO ALL RESIDENTS:

- Expand Medicaid to cover adults up to 138% of the federal poverty level. 
- Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.<sup>6</sup> 
- Provide options for immigrants that don't qualify for the coverage above.<sup>7</sup> 
- Conduct strong rate review of fully insured, private market options.<sup>8</sup> 

### 4. MAKE OUT-OF-POCKET COSTS AFFORDABLE:

- Protect patients from inadvertent surprise out-of-network medical bills.<sup>9,10</sup> 
- Limit the availability of short-term, limited-duration health plans.<sup>11</sup> 
- Waive or reduce cost-sharing for high-value services.<sup>12</sup> 
- Require insurers in a state-based exchange to offer evidence-based standard plan designs.<sup>13</sup> 

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Additional detail is available at:

[WWW.HEALTHCAREVALUEHUB.ORG/AFFORDABILITY-SCORECARD/NEW-YORK](http://WWW.HEALTHCAREVALUEHUB.ORG/AFFORDABILITY-SCORECARD/NEW-YORK)

## NOTES

1. Looking Ahead: In April 2021, the New York Department of Health commissioned the development of a price transparency tool—a consumer-friendly website that would provide healthcare pricing for all the state’s care providers in one place. See: <https://patientengagementhit.com/news/state-price-transparency-tool-may-cut-patient-out-of-pocket-costs>.
2. NY has an APCD, however, there is significant room for improvement.
3. New York has a nine-member Drug Accountability Board, created in 2020. See: [https://www.dfs.ny.gov/industry\\_guidance/investigating\\_drug\\_price\\_spikes](https://www.dfs.ny.gov/industry_guidance/investigating_drug_price_spikes).
4. Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) are two common forms of hospital-acquired infections. Data on patient safety reporting is not available for New York. For more information, see: [https://www.cdc.gov/hai/data/portal/progress-report.html#Data\\_tables](https://www.cdc.gov/hai/data/portal/progress-report.html#Data_tables).
5. 94% of NY hospitals have adopted antibiotic stewardship. For more information, see: <https://www.cdc.gov/antibiotic-use/stewardship-report/current.html>.
6. New York has created a Basic Health Program, aimed at giving low-income residents more affordable coverage. See: <https://www.medicaid.gov/basic-health-program/index.html>.
7. NY offers Medicaid coverage to lawfully residing immigrant pregnant women and children without a 5-year wait, uses state-only funds to cover income-eligible children regardless of immigration status and provides some services not covered through Emergency Medicaid for certain pregnant or postpartum women who would otherwise be ineligible due to immigration status. In 2019, New York City offered undocumented immigrants access to health care through a new \$100 million program. NY does not offer Medicaid coverage for undocumented adults.
8. NY’s Department of Financial Services reviews premium adjustments requested by health insurers before insurers can apply the rates. The Department may approve, reject or modify an insurer’s request for a premium rate increase if it is unreasonable, excessive, inadequate or unfairly discriminatory.
9. NY has comprehensive protections against surprise medical billing. ‘Comprehensive’ surprise medical billing protections include emergency departments and hospitals, apply to all insurance types, hold consumers harmless/prevent balance billing and adopt adequate payment standard or dispute resolution process. States with only some of these policies have ‘partial’ protections. For more information, see: <https://www.commonwealthfund.org/publications/maps-and-interactives/2021/feb/state-balance-billing-protections>.
10. The federal No Surprises Act prohibits surprise medical billing in most plans effective January 2022. However, it does not cover ground ambulances which often result in surprise bills for consumers. An analysis by Johns Hopkins University conducted specially for Altarum revealed that 59% of ground ambulance rides in NY charged to commercial insurance plans had the potential for surprise medical billing.
11. NY has banned short-term, limited-duration health plans.
12. New York prohibits the use of prescription drug specialty tiers in the state’s fully insured market and caps cost-sharing for insulin.
13. NY’s Basic Health Program offers standardized benefits and low cost sharing. Standard plan designs in the exchange aim to keep deductibles as low as possible, but only generic drugs have standard copays in the design. NY also prohibits the use of prescription drug specialty tiers in the fully-insured market to reduce financial barriers to care. In 2020, NY limited cost-sharing for insulin to \$100 per 30-day supply for people with state-regulated commercial insurance.



### ABOUT ALTARUM'S HEALTHCARE VALUE HUB

With support from Arnold Ventures and the Robert Wood Johnson Foundation, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization with the mission of creating a better, more sustainable future for all Americans by applying research-based and field-tested solutions that transform our systems of health and healthcare.

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