CITY COUNCIL
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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH

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Chairperson

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A P P E A R A N C E S (CONTINUED)

Marjorie Cadogan
Executive Deputy Commissioner at the Office of Citywide Health Insurance Access at the New York City Human Resources Administration

Sonia Angell
Deputy Commissioner for Division of Prevention and Primary Care at New York City Department of Health and Mental Hygiene

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A P P E A R A N C E S (CONTINUED)

Nora Chaves
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Paul Casali
Big Apple RX Prescription

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Pierre Devaud
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Mauricio Garcia
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CHAIRPERSON JOHNSON: Good afternoon. I'm Corey Johnson, Chair of the Health Committee. I want to turn the start of this meeting over to the Speaker of the New York City Council. I'm very grateful that she's here today, Speaker Melissa Mark-Viverito.

SPEAKER MARK-VIVERITO: Thank you, Council Member Johnson, and I want to say good afternoon to everyone that is here. Thank you for being here, and I'm Council Member Melissa Mark-Viverito, Speaker of the New York City Council. I want to thank Council Member Johnson for holding this hearing and highlighting the important issue of health care in our city and for doing so as we approach the new open enrollment period for health insurance under the New York State Marketplace. I also want to take a moment to express my appreciation to the advocacy community, the navigators, the health care workers and all the hundreds of local organizations for the tremendous efforts in connecting New Yorkers to health care. These efforts, along with those of other leaders in government, the city's Department of Health and Mental Hygiene, the Health and Hospital's

Corporation, and the Human Resources Administration among others as well as the State have made New York City one of the leaders nationally in getting people enrolled in health care. The upcoming open enrollment period, which begins November 15 and ends February 15 is another bit of the apple, an opportunity to make health insurance a reality for more New Yorkers. I'm pleased that this hearing is happening today to talk about all the work that the city and the advocacy community are going to undertake. Council Member Johnson is going to talk in more detail about an exciting campaign that he's leading which will have the Council take an active role during this enrollment period. The Council will do what it does best, connect constituents with local grassroots efforts and hopefully touch upon every community in the city. There's a lot of work to be done. Rates of insurance by community vary widely across the city. For example, the Upper East Side has the lowest uninsured rate in the city at 2.6 percent, while nearby East Harlem, my district, has an uninsured rate of 16.5 percent, so more than six times the rate of uninsured just by going across 96th Street. And the neighborhoods of North Corona,

Bushwick North, East Elmhurst, Elmhurst and Corona comprised the top five neighborhoods with the highest uninsured rates all above 25 percent. According to DOHMH Community Health Survey, nearly 40 percent of adults who speak Spanish as their primary language at home did not have health insurance in 2012. We need to pull together as a city to address these disparities. However, I feel that this also an important opportunity to pause, step back, and look at the larger picture of health care in the city. The Affordable Care Act, or Obamacare as it is often care, highlights two essential facts. First, health care is a basic necessity and should be affordable to everyone. Second, health insurance is not possible for everyone. Under the ACA, millions of Americans will be left without health insurance, mainly undocumented persons who are prohibited from enrolling in either the Health Exchanges or Medicaid, with a few exceptions for women and children. Practically, in New York City, this translates to roughly 625,000 New Yorkers who don’t have this basic right and won’t have it no matter how hard we work through this upcoming enrollment period. Moreover, we know that undocumented persons aren’t the only

ones facing barriers. Experts suggest that some 85 percent of noncitizens in New York are eligible for either private or public health insurance, and that this group is essential to enrollment efforts. Yet, language access is still a major hurdle as is education awareness and outreach. This is a massive problem for our health care system. How are we going to care for these individuals and at what cost to our public institutions? But above all, this is a problem with so many human dimensions. It's not only an immigration issue, it is a poverty issue, a women's issue, a children's issue, and LGBT issue, and fundamentally, a human rights issue. The city needs to begin to come to grips with this problem. I know we're going to hear from a lot of advocates today about some of the limitations and some of the success stories. I encourage folks to keep this conversation going and to think beyond this enrollment period about these larger issues. So, I look forward to working with the health care community to tackle these problems, and I look forward to the testimony that will be provided in this hearing. Thank you, Chair.

CHAIRPERSON JOHNSON: Thank you, Madam Speaker. Good afternoon, again. I'm Corey Johnson, Chair of the Health Committee in the New York City Council. Again, I want to thank Speaker Melissa Mark-Viverito for joining us today and for partnering with me to ensure the Council is doing everything it can to increase health care access. Today, the Committee is holding a hearing on the Affordable Care Act and the broader topic of access to care. While the city and state did fairly well in the first enrollment period for the ACA, we all know that we can do better. The city enrolled close to half a million people in insurance through these efforts. We know that there are still hundreds of thousands more who are eligible, but uninsured. This hearing is intended to be a meeting of the minds. There are a number of advocates, navigators and providers in this room, true experts in this field. We're also joined by the Department of Health and Mental Hygiene, the Health and Hospitals Corporation and representatives of the Office of Citywide Health Insurance Access, who together, with these advocates and the Council paint the picture of the key players on the ground who can make a difference. Excuse me. In New York

City, black and Asian-Pacific Islander adults are more likely to be uninsured, and Hispanic adults are more than twice as likely to be uninsured than white adults. A report by the Empire State Pride Agenda found that 31.2 percent of gay and lesbian people lack health insurance versus 24.6 percent of heterosexual people in poverty in New York City. As the Speaker mentioned, as I'm sure advocates will make clear today, we're going to have to focus our efforts on Immigrants if we're going to take--if we're going to seriously make a dent on uninsurance [sic] rates. I hope that all of us can work together to ensure that every eligible person understand what they're eligible for and gets covered by February 15th, 2015. We all have lessons that we've learned from the first enrollment period and things that we know that we can do better. As the Speaker mentioned, the Council wants to help build on the amazing work that many of you have already begun. In the weeks and months ahead we want to help facilitate partnerships within communities and educate New Yorkers on enrollment. The Council wants to partner with navigators, health advocates and community based organizations to hold targeted events to reach key

constituencies. Our plan is to arm Council Member's offices with a targeted, well-thought out and culturally sensitive materials to guide constituents on enrollment options. We will direct constituents to local enrollment events and organizations that do the follow-up of actually enrolling people. We will be a resource and a collaborative partner to local organizations to help spread the word and to boost enrollment, and we're going to remain engaged in a very meaningful way throughout the open enrollment period between November 15th, 2014 and February 15th, 2015 by collaborating with the amazing and robust community of experts that are here in New York City. I know today is going to be an important learning opportunity about how the Council can be an effective partner in these efforts. While the short term goal's an important one, this is just one piece of the ever evolving puzzle for accessing care. Undocumented persons, with few exceptions are barred from accessing insurance on the marketplace, even for private unsubsidized coverage. HHC disproportionately carries the burden of uninsured patients in New York City. As of February 2014, approximately 70 percent of all uninsured patients

who received outpatient services in city hospitals did so within the HHC system. We have to address this issue. HHC will like continue to be a magnet for the uninsured, and we have to address this issue if we're going to continue to keep our amazing public hospital system alive. And for those who are eligible for insurance, enrollment is just the beginning. Some people simply can't afford to enroll through the marketplace or can't keep up with their premiums and deductibles once they are enrolled. We also know that many people who have insurance don't use it, either because they don't see the importance of using it or the complexities of coverage are viewed as too immense to tackle. I hope this hearing is the beginning of a conversation on how we can all work together to insure New Yorkers are not just obtaining insurance, but also participating in regular check-ups, screenings, immunizations, and chronic care management to live long, healthy and happy lives. I want to acknowledge my colleagues here on the Health Committee who have joined us, Council Member Robert Cornegy from Brooklyn. I also want to thank my Legislative Director Louis Sheldon-Brown [sic], the Health Committee Counsel, Dan Hayfits [sp?], the

Policy Analyst for the Health Committee, Crystal Pond [sp?], and Krilean Francisco [sp?], the Finance Analyst for the Health Committee for their work in preparing for this hearing. I also again want to thank Speaker Mark-Viverito and all the advocates for their work on this important issue and bringing us to today. And with that, I want to--we've also been joined by Council Member Koo. Council Member Cornegy is so tall that I couldn't see Council Member Koo. That's typically a problem here at the New York City Council. I want to turn it over to the representatives that we have here today from these different agencies. We are going to have a PowerPoint presentation. We've been joined by Doctor Sonia Angell, who is the Deputy Commissioner for the Division of Prevention and Primary Care at the New York City Department of Health and Mental Hygiene. We've been joined by Marjorie Cadogan, who is the Executive Deputy Commissioner at the Office of Citywide Health Insurance Access at the New York City Human Resource Administration, and we're joined by Marlene Zurack, the Senior Vice President and Chief Financial Officer at the New York City Health and Hospitals Corporation. Before we start the

presentation, we are going to swear you all in. So, if you all would please raise your right hand? Do you affirm to tell the truth, the whole, and nothing but the truth in your testimony before this committee and to respond honestly to all Council Member questions? Thank you very much, and I turn it over to you. Before each of you begin your testimony or the PowerPoint presentation, this committee hearing will have a transcript associated with it, so if you could please introduce yourself or reintroduce yourself each time you speak, I would appreciate it. Thank you very much.

MARJORIE CADOGAN: Thank you very much. Thank you also, Speaker Mark-Viverito and Chair Johnson. We are very pleased to be with you today, and with me, I am Marjorie Cadogan, the Executive Deputy Commissioner, as you indicated, of the Human Resource Administration's Office of Citywide Health Insurance Access. We are glad for the opportunity to join you in an important discussion about where we are as a city since the first cycle of open enrollment pursuant to the ACA and what our opportunities are to boost access to coverage and care as we approach the second cycle, which starts on

November 15th. With me here today are Sonia Angell, the Deputy Commissioner for the Division of Prevention and Primary Care at the Department of Health and Mental Hygiene and Marlene Zurack, the Senior Vice President and Chief Financial Officer for the New York City Health and Hospitals Corporation. Each of our agencies and we as colleagues work collaboratively to maximize the availability of coverage and care for our fellow New Yorkers and to help ensure the successful implementation of the Affordable Care Act for our fellow New Yorkers as well. You'll be hearing form our agencies, first from myself with regard to some background on the ACA and the work of our office to engage New York City consumers and small business owners regarding their available health insurance options, the work of Department of Health and Mental Hygiene that complements our own outreach and education efforts through its education and awareness efforts with media campaigns, outreach through its divisions and offices, and its own available enrollment assistance staff, and certainly the work of HHC to make the operation of the new marketplace in New York State and the change in administration of the Medicaid

program accessible to and seamless for the patients in communities that it serves. Before going into greater depth about OCHIA's work and our collective plans to meet these opportunities, I want to provide a little bit of background for you. This slide gives you a road map to the content of the presentation, but first let me tell you a little bit about the ACA and some key facts that you need to be aware of. Implementation of the Affordable Care Act and its operation in New York State is executed by the state. It is the state's health department by executive order that administers the New York State of Health, which is the official marketplace, and makes public health insurance programs including Medicaid and Child Health Plus for children through age 19 available to New York City residents as well as private health insurance options for New York City residents and fro small businesses. Since ensuring access to health insurance has always been a longstanding priority for the city, we here and our partners in the audience are committed to ensuring that all residents know about and get assistance with the coverage and benefits available in the ACA. Simultaneously, with the implementation of this new

marketplace by the state, the State Department of Health is also centralizing and assuming responsibility for the Administration of the Medicaid program. So you will see in the course of the presentation some changes in the various pathways that New Yorkers pursue in order to get health insurance. For most city uninsured under age 65, there are new health insurance obligations grounded in the individual mandate to get coverage or possibly pay a penalty if you are not eligible for an exemption or otherwise can't meet that mandate and new options to get help in obtaining coverage through tax credits or other financial assistance. Small businesses have their own marketplace with coverage options tailored to their needs and the ability to get a special tax credit through the New York State of Health to purchase coverage in the marketplace. Larger businesses, particularly businesses that have over 100 employees are required to offer affordable and adequate coverage to full time workers and their dependent children or face the penalty that'll be enforced for the first time in 2015. This slide gives you a snapshot of the benefits and the financial assistance that is available through the

New York State of Health by virtue of the passage of the ACA. We have expanded Medicaid coverage. The national threshold has been raised such that single individuals with an annual income of slightly over 16,000 and families of four with earning 32,000 can qualify for Medicaid. There is also available tax credits for individuals to be able to help them with the cost of premiums for private health insurance, and you can see the income levels for single adults and families as well there, and for a subset of the population with incomes for singles under 29,000, and for families of four under 59,000 there is not only the tax credit financial help, but cost-sharing assistance to help address out of pocket expenses like deductibles and co-pays for purchasing insurance in the New York State of Health. This slide gives you a snapshot of who the New York State of Health serves. It mainly is available to individuals under 65 in New York State and businesses with 50 or fewer employees. It's important to know that the New York State of Health is the predominant pathway for coverage for New York City residents under age 65. It is available, as you've noted in your preliminary remarks, to citizens or lawfully present immigrants

who can get coverage through the New York State of Health, but it should be noted that undocumented children can access Child Help Plus through the New York State of Health and there are limited and select benefit programs that undocumented immigrants can if they meet certain eligibility criteria access in the New York State of Health, such as Medicaid for the treatment of emergency medical conditions. They can qualify for that as well as Medicaid for prenatal care. As I mentioned earlier, the change in the landscape with regard to health insurance has given each of the wings of New York City residents and small businesses new pathways with regard to getting insurance. So, I've mentioned the New York State of Health, but for individuals who are 65 or older or need Medicaid by virtue of qualifying for coverage due to a disability or blindness or in particular, waiver programs, they still need to seek Medicaid coverage through HRA. And we still will be handling those Medicaid applications. There also is a private health insurance market, which is still very robust and available to those who want to deal with that market directly. For small businesses, similarly, I mentioned the small business marketplace. There is

still a private marketplace that small businesses can access through insurance agents and brokers, and there are privately run exchanges that will help facilitate insurance for small businesses. I want to talk to you now a little bit about the work of our office and some of the background information that we use to drive our planning and our work going forward in this season. OCHIA works to connect New York City residents and small businesses to coverage and care in a number of ways. We use a broad network of public and private partners in coordinating a citywide outreach effort now called NYC Health Insurance Link to reach residents in small businesses where they live and where they work to educate them about health insurance and how they can make their best coverage choices and decisions. We have developed and maintained a web resource also known as NYC Health Insurance Link to provide timely, accessible information about available public and private health insurance options and to help New Yorkers become more familiar and educated about the ACA. We administer a number of special projects to improve access to coverage and care, including outreach to young adults and teens about a particular

Medicaid program that they can qualify on their own for sexual and reproductive health care, known as the Family Planning Benefit Program, and we also conduct policy research and analysis to inform our ongoing efforts. This slide will give you a sense of the layers of partnerships that we built. We understand that none of this work is done by city government alone, but all of us here and particularly our office works through a variety of partners including city agencies that are the closest to us such as the Department of Education, including my colleagues from the Department of Health and Mental Hygiene, the Small Business Services and other agencies to be the first platform of where we find the uninsured and connect them to coverage. We also work with navigators, certified application counselors, certified financial enrollment counselor, facilitated enrollment counselors, community organizations, and small business organizations to conduct the kind of outreach education and provide enrollment assistance. We work with all of those partners to build systematic strategies for outreach and we work with them to garner data and to monitor that work, and we also serve as a local educational hub for residents

and partners through our website and through our materials, which I think you all have folders that you can see the materials that we make available to consumers and assistors alike. This slide represents information that has been shared by the New York State of Health through its June enrollment report that shows the enrollment progress for New York City through the open enrollment period. What you'll see here is that there have been fairly robust enrollment overall in New York City, more Medicaid enrollment than private health insurance coverage compared to the rest of the state, and the majority of enrollments as reflected by this data were in Brooklyn and Queens, two of the boroughs with the largest numbers of uninsured. This is a snapshot that only focuses on open enrollment. There is more recent data that my colleague Sonia Angell will bring to your attention during her presentation. What I want to focus on now is some of the things that we have learned from this report that help our planning and our strategy with regard to work going forward. There's not a lot of demographic detail that has been made available through the state's reports, but one of the things that people can voluntarily provide in

the New York State of Health through the application process is information on whether they're Hispanic or not. So you'll see on this slide side by side the information provided through the New York State of Health report with regard to the breakdown of Hispanic and non-Hispanic. You'll note that there's nine percent of the participants in the New York State of Health who did not report their ethnicity, but comparing that to the breakdown of non-Hispanic and Hispanic uninsured. It's important to note this because it is very clear that the majority of the uninsured in New York City at least by virtue of the 2012 American Community Survey data are Hispanic, and important population for us to reach. Another characteristic importantly that we can draw from the open enrollment report and that can be shared by applicants on their application is their preferred language. According to the 2012 American Community survey, about 42 percent or 436,000 New York City residents reportedly have limited English proficiency and a significant portion of them speak Spanish. This slide shows that representation on the left hand side of the slide, the pure language diversity in the city, but based on the data from the New York State

of Health report, enrollment in the marketplace indicates that 80 percent of residents did not indicate a language preference other than English. The absence of more detailed data about language in that report and our own understanding of the language diversity in New York City makes it critical for us to help New York City residents that have limited English proficiency be aware of their public obligations and their options under the ACA. Language access is particularly important now, because during the first open enrollment, the New York State of Health website, an online application was only available in English. People could apply over the phone to the call center in other languages. The state has begun to recognize this critical need, and during open enrollment this year we've been advised that the health insurance application on the New York State of Health website will be available in Spanish. Not all of the content on the website will be in Spanish, but the application in that functionality will be available in Spanish. So let us go forward to talk about the kind of things that we have been thinking about at the Office of Citywide Health Insurance Access that presents some

opportunities to create new pathways to educate and enhance coverage for New Yorkers. We can do that through enhancing health insurance help and information for New Yorkers and building awareness, education and enrollment campaigns that emphasize our need to reach immigrant and limited English speaking populations in New York City. One of the things that is a bit of low hanging fruit is a law that was passed in a prior Administration but still on the books today known as Local Law One, which creates an obligation for certain city agencies to provide their clients through a variety of needs that they provide information with a brochure about information on health insurance. We are working to update that brochure to be current in its information with regard to the marketplace, and to make it available to the agencies that have the obligation to share it so that they can get this information out broadly in their distribution of applications and other information. We are also looking to engage additional agencies beyond the ones that we have been working with, DOE, DOH, the Health Department, Small Business Services to include other parts of agencies like the Financial Empowerment Center and agencies contracted by DYCD to

help them also work to spread the word and information about the opportunities and benefits in the marketplace and ways to access health insurance. This final slide will give you a snapshot of the efforts that are ongoing in our own office with regard to outreach and education and the partnerships that we use to get the word out to consumers in small businesses. With regard to small business outreach, we have been doing work from September through an event that's planned for November 14th in the Bronx to educate small business owners, those who are thinking about starting a business, those who have a small business, those who are looking to grow a small business understand the opportunities in the marketplace. As you can see, we've had an event in Harlem and a number of events in Manhattan and doing the event in November in the Bronx. We do training throughout the city and tabling events at CUNY sites. We work very closely with CUNY to educate CUNY students, and we also work with ACS to educate their contracted early childcare directors. Finally, in the spirit of working on the ground in immigrant communities, we are working on a number of events that take us to particularly Spanish speaking

communities. Today, actually, some of my staff is doing training with a new enterprise that has started in Queens, the Grameen PrimaCare Entity, and is working to train their health coaches who will be working with that community, Latino community, to educate them about their options and opportunities with health insurance. On November 18th, we're doing an event in Bushwick in partnership with the Bushwick Senior Service Center to educate the Latino speaking population in that community about the opportunities not only with regard to health insurance, but a broad array of services for immigrant populations, and were similarly planning events for East and Central Harlem along those lines. That gives you a picture of some of the work that has started with the Office of Citywide Health Insurance Access, but there is more certainly being done by my colleagues that they will tell you about.

SONIA ANGELL: Thank you so much. Good afternoon, Madam Speaker, Council Member Johnson and members of the Committee. I am Sonia Angell and a Deputy Commissioner for the Division of Prevention and Primary Care at the New York City Department of Health and Mental Hygiene. I am very pleased to

have just rejoined the Department of Health in this position, and I thank you very much for the opportunity to testify before you today on the topic of Affordable Care Act and how we're working to increase access to care. So, although the New York State Department of Health operates our marketplace, the New York City Department of Health and Mental Hygiene plays a role in ensuring the successful downstate implementation of the marketplace. We work to maximize the opportunities New York City residents have to get better access to coverage and to care. We do this by monitoring the implementation and assessing the impact on New York City. This includes analyzing policy such as marketplace rules and their impact on special and vulnerable populations. We conduct surveillance activity, such as monitoring measures of health care access using the Department of Health and Mental Hygiene data sources, and we do field surveys to determine barriers to enrollment, access to care, and knowledge of the Affordable Care Act. We work to increase education and awareness which includes citywide insurance enrollment campaigns, and we provide insurance enrollment assistance through the Department of Health certified

application counselors. We have 38 CAC's providing enrollment related activities throughout the city. In early 2014, Mayor de Blasio asked Commissioner Bassett to launch a citywide campaign aimed at increasing insurance enrollment through the new marketplace. The Department of Health worked in partnership with our colleagues at the Human Resources Administration to create and implement a campaign that was meant to complement efforts conducted by the state of New York. The campaign objectives were to first increase awareness and outreach among the uninsured about the availability of no cost and low cost health insurance options available through the New York State marketplace to increase enrollments by the end of the open enrollment period, especially amongst those vulnerable populations and to provide assistance through 311 to help people locate in person navigators and CAC's to provide them assistance and enrollment. The Get Covered campaign ran for a little over three weeks in March, leading up to the close of the open enrollment period. The campaign included media outreach such as subway, newspaper, radio and TV ads. It also included social media

outreach as well as public enrollment events. As you'll see here, we have examples that show you posters that New Yorkers saw during their subway commutes throughout the city during that period. The campaign was evaluated through two methods. First, by surveying people directly and also by analyzing 311 call volume data. Before launching the campaign we did a telephone survey of a random sample of New York City adults with household incomes below 100,000 per year to screen for uninsured and to establish baseline demographics. A follow-up survey was conducted a month after the campaign ended to gauge the effectiveness of the campaign. This slide shows some of the top line results indicating success of the campaign. Forty-four percent of those surveyed recalled seeing our Get Covered campaign. Twenty-seven percent recalled seeing Today's the Day, which was the New York City State's statewide campaign. The survey showed that the campaign provoked those who saw one or more adds to both think and to act on their own or their family's behalf related to health insurance status. It motivated people to stop and think about insurance, 70 percent of those respondents. Eighty-three percent of the uninsured

pre-campaign said that the ads provoked them to think about their own or their family's health insurance, and it motivated people to act. Seeing the ads motivated 44 percent of respondents to encourage others to enroll, and 10 percent of respondents said they visited the New York State health website. The second method we used to evaluate the media campaign was analyzing 311 call volume by date. This slide shows the call volume in the days leading up the deadline to enrollment as they relate to our media campaign components. Our earned media was a Univision spot featuring our Spanish-speaking health insurance spokesperson Anita [sic] Rera [sic], and created a visible interest in Spanish-speaking population to seek out more information as you can see by the surge of that moment. Just a few minutes ago, HRA presented, our colleagues at HRA presented some New York City data from the first enrollment period which ended April 15th. I'd like to share with you some additional data. Recently, the state has released data through the public zip code look-up tool. We're currently analyzing this data more extensively, but we know that since enrollment ended in April, total New York City enrollments through the

New York State marketplace have increased to a total of 862,000 enrollments, as of September 19th. This slide offers a snap shot of the zip code level enrollment data with additional information about the uninsured from our community health survey. Let me walk you through this. The blue background shading on the map indicates the total number of people that self-reported as uninsured in 2013 by UHF neighborhood based on our agency's community health survey data. The overlay grey dots indicate the number of people who enrolled through the health insurance marketplace in both public and private--for both public and private coverage from October 1st, 2013 to September 19th, 2014 by zip codes, and we illustrate them here as they correspond with the UHF neighborhoods. All of these data presented here are just for adults over age 18. The goals of the 2015 outreach campaign are to increase awareness and enrollments among New York City residents, as we'll be repeating this campaign this time around. Particularly, we'll be focusing on increasing enrollments by lower income New Yorkers during the open enrollment period. We also plan to provide enrollment support services including services

through 311, in person assistors, and education on how to enroll. So key activities for this upcoming campaign will include enhancing our media efforts by adding a texting strategy. Currently, plans include providing those who opt in to receive personalized information in a text. This could include information like where the closest navigators or certified application counselor is relevant to their location and also provide reminders for events that they may be interested in. We also plan to increase television ads and earned media. As we saw from the 311 call volume last year, the TV spots were highly effective at reaching the public and we'll plan to repeat those. We will increase the timeline for our outreach efforts. The outreach for the 2014 campaign was only over about three weeks. Outreach for the 2015 campaign will run from mid-December through February with an extended scope of activities through the use of newly trained volunteers. And we're also going to emphasize new partnerships. We'll establish them to help support the department's outreach and education. The department plans to work together with community groups and faith based organizations to help inform and empower them to discuss the ACA

and health insurance with their own constituents. Our goal is to increase awareness through channels in communities that are trusted information outlets. The Affordable Care Act specifically excludes approximately 11 undocumented individuals in the United States from benefitting from any of its provisions. So, the descriptions that I provided earlier will not reach this population effectively. These individuals, these undocumented individuals, are excluded from Medicaid. They cannot purchase on the state marketplace and therefore will continue to constitute a significant portion of the remaining uninsured. We know that undocumented immigrants are more likely to live in poverty and be uninsured when compared to documented immigrants and US born populations. Nationally, studies show that undocumented immigrants have substantially lower access to care and use fewer health services. They face high out of pocket costs due to low rates of insurance and they are not eligible for affordable coverage programs. In New York City, the undocumented population is estimated to be almost 500,000 individuals, and experts estimate that at least 50 percent are uninsured. At the behest of the Mayor and

coordinated by the Deputy Mayor for Health and Human Services, advocates and city officials were convened to address the issue of immigrant health care access. Their goal is to improve access to health care for New York City's immigrant population. So having shared with you a bit about how we're working to increase enrollment in ACA and also to address the issues related to accessing care for those who are undocumented, I'd like to share with you just a brief overview of the resources that we think that you will find quite useful. There's just a host of information that your constituents can access. In New York City, they can call 311 to find an in-person assister, or they can visit the Department of Health website to find information about enrolling and coverage options in multiple languages. Statewide and the New York State of Health website allows online enrollment and provides useful information, and the New York State call center can help individuals enroll on line, answers questions, and help to find an in-person assister when it's needed. You often help spread the word by posting information on your website about open enrollment, pushing out resource information through your social media,

having public flyers with information available in your office and helping to spread the word about the text campaign. We'll share more information about this texting campaign as it becomes available in the future and look forward to engaging with you on this. The Department of Health has public flyers and fact sheets that can be used by City Council Members. The New York State of Health website also has flyers on their website that can be printed and used. The HRA office of Citywide Health Insurance Access has a variety of fact sheets also to help New Yorkers make informed health decisions and flyers alerting New Yorkers about upcoming neighborhood enrollment events that can be broadly circulated. Additionally, there is an online zip code data tool, which we utilized earlier in the math that I showed you, that's provided by the State of New York that you can go to where you can see health insurance data broken down by zip code. That may be of interest to you and your constituents. So with that, thank you, and I'd like to pass it over to our colleague.

MARLENE ZURACK: Hi, good afternoon. Thank you to the Committee. I'm Marlene Zurack from the New York City Health and Hospitals Corporation.

As Chair Johnson mentioned, we are in many ways the largest safety net in the country and provide a large share of the hospital based care for the uninsured. That being said, prior to the ACA, we have conducted the HHC options program. Features of which include a massive program to assist our patients in applying for Medicaid. So, preparing HHC for the exchanges really was a twofold challenge. One, preparing for the major changes that happened to the Medicaid program that my colleague Marjorie mentioned, where by there were two pathways for applying for Medicaid, the traditional pathway through HRA and the new pathway through the portal. Through our HHC Options Program, our staff assists our patients to apply for Medicaid. Both those patients who are coming on a regular basis for outpatient care, as well as the patients that come in for an admission, the inpatients. So, for HHC, the challenge was how do we maximize the opportunities for our patients who were formerly uninsured to qualify for the qualified health plans. It's just sort of new coverage, and how do we adapt to the changes in Medicaid? And we wanted to seize this opportunity to do more than just sort of take our existing work processes and deal

with the new procedures. We wanted to figure out a way to make this really patient friendly, because there's a lot of opportunity here because the application process was intended to be much easier than the former process. So, we worked. We got a interdisciplinary group of staff together in several work groups to figure out what we needed to do adapt our old Medicaid assistance program to be the new ACA based program, and it was a big challenge, because we actually have a lot of staff and we had to get them trained really quickly. We had to adapt, you know, work flows that had been developed over 30 years, and in conjunction with HRA who worked very closely with us in adapting our work flows, we had to adapt our IT systems to be user friendly as well as we were very concerned that we preserved the HHC Options program, which is really our gateway to access to care at HHC. So, that being said, the preparation involved, writing new policies and procedures, as I said earlier, intended to make them more patient friendly. We developed new scripts for staff. We had a very close collaboration with our Plan Metro Plus, who had the same challenges, because their Medicaid process was changing, and they had introduced many products

on the exchanges which were very successful and they wanted to make sure that they could get to as many people as possible. As I said, we worked very closely with HRA in the establishment of the new work flows, and HRA continues to be a major partner in our Medicaid application process, as HRA continues to be the pathway for the non-magi or a significant portion of the Medicaid population. We had to get 570 of our staff trained and certified as CACs [sic] within the span of about two or three months, and we were able to enroll patients, including bilingual counselors. We developed a program where we would start to use tablets where you could go side by side with an iPad or a surface with patients and so that we could help the patients apply on the portal. I know some of the folks, the other navigators have probably had similar issues as we have. In certain cases, we had to get people email accounts whom had never had email accounts. This is just kind of our challenge. We conducted from central office onsite visits to all the hospitals to make sure that everyone knew what they needed to do and to share best practices and evaluate readiness. We contracted with the Community Service Society as well as some other navigator

programs and had folks come and spend a day in our hospital once a week or so, as much as they could spare navigators to assist us. We held a series of briefings for our community advisory boards at various HHC facilities. The State takeover of Medicaid occurred at the same time as the ACA enrollment. This was a little bit of a challenge for us. We did have to--it was a little confusing at first, which application goes to which source. There were some hiccups in the start-up, and I'll get to that a little bit later. Metro Plus, we think did a stellar job of enrolling people in QHP and had enrolled 56,000, although we will talk about the fact that some of them wound up not being able to pay, etcetera, which I think the Chair of the Committee mentioned is an issue. As well, Metro Plus continued their Medicaid enrollment application process. HHC, during the period up 'til September, we enrolled 24,000 through HRA, through our old process, and then another 21,000 for Medicaid through the portal. Thirteen hundred ninety were the qualified health plan enrollments that occurred through the portal. Now, HHC Options is our program where we educate our patients on their ability to obtain government funded

insurance, and for those that are unable or for some reason are not able to obtain that insurance, we reduce their fees to what is affordable given their income. So we were very concerned that this financial assistance program be maintained and preserved and that people understood that. We do offer materials in multiple languages for HHC Options program, and it is the ultimate fallback for access because anyone in New York is eligible and information is kept quite confidential. The challenges, so we had several challenges in adapting to these new processes. As I said, we had, you know, 570 folks who needed to be trained, and these are folks who had been working in some cases 30 years in the same process, having to learn how to do it in two or three months, and the staff at HHC were superb and adapted amazingly, all passing and getting certified. We did have some problems. There was increased turnaround time. There still is for obtaining retroactive Medicaid coverage. It is important to realize enrollment and coverage are not the same. The applicants have to pay for their premiums. Some of the Metro Plus folks that were eligible were unable to pay for premiums and ultimately dropped out

making their first payments, but not able to make their subsequent payments. Ongoing in training and education has been necessary for new staff, and also we rushed folks through the training, so we had to do some retraining, but we're able to do that. We're using resources from Maximumus [sic] and Metro Plus as well. And also it's been a challenge to get access to timely data. When all of our applications went through HRA, HRA gave us, you know, immediate responses and reports on the status of every application, and it's harder to get the data from the state than it was, although they've been really, really helpful and we're working with them to get reports. And one final statement, for those folks who do not--whose documentation could not be submitted electronically, there are some significant delays in getting them through and getting them eligible. And that concludes my report.

CHAIRPERSON JOHNSON: I want to thank all three of you, I think, for a very comprehensive presentation today that gives us a look back on the current efforts that the city is undertaking and what the past enrollment efforts looked like. You know, this is very complicated. It's not easy to explain.

There are a lot of numbers associated with it. There is significant challenges in how the city interacts with the state and federal governments. There are lots of different options and programs. So, there's a lot to look at and a lot to do on this. I want to thank you all for your preparation for today's hearing. I have some questions. Before I get to those I want to acknowledge other folks that have joined us. We're joined by Council Member Inez Barron from Brooklyn. We had with us before Council Member Brad Lander from Brooklyn, and we're joined by the majority leader of the council from Queens, Jimmy Van Bramer. So I'm going to ask a few questions, then I want to throw it to my colleagues who I know have some questions, and then I'll come back to get in as many as I can. And I would appreciate it if at the end of your answering the questions, if you would stay or at least have some folks from your respective agency stay to listen to the conversation that occurs today, especially from the advocates who are doing so much of the work on the ground. So, I wanted to understand from all three of you your perspectives on in what way do you believe that this upcoming enrollment period may be more challenging than the

previous enrollment period? The populations that we're going towards, the folks that were not able to be captured or enrolled during that first enrollment period, and tackled onto that, given that there was a focus in the presentation on immigrant communities, particularly what are some of the challenges that you see around working, having government work with immigrant communities. Whoever wants to start can start. Again, just please identify yourself for the record.

MARJORIE CADOGAN: Chairman Johnson, I think I'll start. Marjorie Cadogan from OCHIA. I think you've already, even in your question, started to cite some of the nuances of the second cycle of open enrollment. I think there's always excitement with something that's very new, and in the first cycle it was very new, and that had its own challenges, but now we have somewhat of the new, and a new new, and let me explain that. We, as you said, have had some robust enrollment, but not everybody has been reached who could take advantage of the benefits and financial assistance that's available by virtue of the ACA. We don't believe there's been sufficient penetration in immigrant communities and

that, working in those communities mean working with partners and working with agencies of trust for those individuals and families to understand that this is a opportunity, an obligation, a benefit that will not affect their household, their status or other issues that generally give them concern. I think the other issue that we will confront in this cycle is as much as we've done great enrollment, both through HRA generally for those folks who cannot access the exchange and the marketplace and those who have, the next frontier that we must confront this cycle is the renewal and recertification of those individuals who have gotten coverage through the New York State of Health, and those messages about the importance not only of getting coverage, but keeping coverage and taking the steps that you need to take once you get notification about what you must do to renew or recertify, that message is also very important to get out, not only through government, which we will. We expect that the New York State of Health will be sending very soon if they have not already a flurry of letters to individuals about their opportunities to renew, but again, trying to get information out in accessible ways, in the language that people can

understand and the languages that are familiar to folks so that they know that that is a step that they need to take to keep the coverage that they have now found.

SONIA ANGELL: I would just follow briefly, because that was excellent. I think it touched, a response touching many of the parts that we would absolutely agree with in our observation through the work that we've been doing at the Department--

CHAIRPERSON JOHNSON: [interposing] Dr. Angell.

SONIA ANGELL: Oh, excuse me.

CHAIRPERSON JOHNSON: That's okay.

SONIA ANGELL: Yes, Doctor Angell from Department--

CHAIRPERSON JOHNSON: [interposing] Thank you.

SONIA ANGELL: of Health. I would reinforce this issue of language and access and engagement of particularly vulnerable communities. I think you mentioned the undocumented. We need to really understand how to reach that population effectively, and as mentioned, there will be this

taskforce looking at other ways of providing access for that population. I also want to note that for those who can engage in the current resources that the Department of Health has many materials in other languages including Spanish, Chinese, Russian, Haitian and Creole. So we do have already on hand a number of ways in which we can reach the special language needs of the vulnerable populations.

MARLENE ZURACK: Marlene Zurack from HHC. I think my colleagues have touched on almost all the points I would have said, but I would add at some point I think we need to think about the affordability question and the question of the folks who clearly are not eligible for subsidies or purchase on the exchange who were left out of the exchange, but also the folks for whom even with the subsidies, the premiums are really challenging, and I think we have to think about that.

CHAIRPERSON JOHNSON: Yeah, just a comment on that. I mean, this of course hearing today is looking at the Affordable Care Act where we are post-rollout and how we can boost access during this next enrollment period, not to muddle what we're talking about here today, but we're operating in a, I

think, somewhat rigid set of regulations that were given to us under the Affordable Care Act. My personal belief is in a single payer system and granting access to everyone who needs it, you know, so it's affordable for every human being. And you know, for me health care is a human right, a civil right, and people should not be left out regardless of their immigration status or their ability to pay, but that is sort of an aside, but I think an important thing to say during the course of this conversation, the conversations as we move ahead. I wanted to understand what some of the federal and state restrictions are on outreach and education for navigators. I know there's money that's set aside. CSS as was mentioned has a contract, a grant to do navigation, but the navigation itself is navigation when you come in to enroll. There is not money set aside, my understanding, for particular targeted outreach and education, government monies to do that. Is that correct?

MARJORIE CADOGAN: Let me answer that carefully. There certainly is money that's been allocated on the federal level and then circulated through the state with regard to the state's

marketplace for navigation services and the state pays for that. There also is a community assistance program that is similarly federal money circulated through the state, and we have the community health advocates in New York State across the state that provide essentially post-enrollment assistance with regard to grievances and other issues. There is a challenge in terms of the scope of outreach that needs to be done in a city as diverse and as large as New York City. And certainly, it is the challenge that we face in our office being a very small office but working with multiplicity of partners that we work with. I think we take on the role of trying to maximize the partnerships that we can build at every level with all of the partners, not only navigators, but certified application counselors who do not receive any state or federal money, but are paid by the organizations who employ them, be it HHC where there will be certified application counselors within our Medicaid offices and they are certified application counselors with other providers who are also providing enrollment information and assistance. So there, beyond the navigators, there are other resources, and there is the work that we are doing to

engage with faith based organizations, community organizations and others to build their capacity to also provide information. So, yes, the resources are slim, but the laborers are many and we're trying to broaden that as much as possible.

MARLENE ZURACK: So, our CAC [sic] program that I was referring to was essentially a conversion of our existing Medicaid a conversion of our existing Medicaid application program, which is partially funded by Medicaid dollars. It's not fully funded. So there is some funding for our CAC folk, but there was no additional funding to get trained as CACs etcetera. We bore that, and there's only partial funding. And that funding, I believe will expire after the completion of the transfer from the city to the state of Medicaid. So we actually might lose money at some point.

CHAIRPERSON JOHNSON: Do you feel like you have the data necessary from the most recent data that has been released and all the data that's been compiled? Do you feel like you have accurate hard data to reach the populations that are most difficult to reach? Do we have the numbers and data that we

need? If you could just introduce yourself. Just turn the mic on.

CAROLINE HEINDRICHS: Hi, I'm Caroline Heindrichs. I'm also with the Department of Health and Mental Hygiene. As we spoke about earlier, there has been more recent data released by the state, the zip code look-up tool. We have had conversations with the state knowing that they have greater cuts of that zip code tool that are not released to the public. Having that, those greater cuts and being able to share them is really valuable to outreach efforts, not only for us the Department, but I think also for advocates who Marjorie pointed out are doing that type of on the ground work. So, I would say that the zip code look up tool, giving us enrollments and some data as of September of this year is helpful. Getting more recent updates as well as more cuts of that data and cuts that we're able to share not only within our agency, but with other enrollers would be really valuable.

CHAIRPERSON JOHNSON: You know, because I think the numbers that the Speaker mentioned, if I can find them here, were pretty staggering. First of all, the statistic 89 percent of the uninsured

currently in New York City have no idea about this upcoming enrollment period. It's a pretty depressing number, and I think shows that there's a lot of work to do between now and November 15th and then throughout the enrollment period. I know during the last enrollment period it was towards the tail end of the enrollment in March where we saw the highest number of people signing up, and maybe that's because we ramped up efforts throughout or because people did realize that it was coming to an end, but the statistics, if I can find them here, based on geography. The Upper East Side, lowest uninsured rate in the city, 2.6 percent. While East Harlem has an uninsured rate of 16.5 percent, and in Queens and Brooklyn, North Corona, Bushwick North, East Elmhurst, Elmhurst and Corona, top five neighborhoods, highest uninsured rates all above 25 percent. I mean, you want to talk about health disparities in New York City and communities of color bearing the brunt of not getting the access to care and services they need. The numbers don't lie, and so what I'm trying to understand is with those percentages, knowing that, and even with having it pulled by zip code now with the latest data that came

out, do you feel like that's going to inform your ability to target geographically the places that have lagged behind on signing up and enrolling, and also doing outreach because those neighborhoods are primarily, not entirely, Spanish-speaking neighborhoods, and do you have the necessary staff and resources and materials to communicate to folks in their language of choice?

MARJORIE CADOGAN: Chairman, I'm going to take a stab at that and my colleagues can add respectively. As Caroline pointed out, we are glad to have the zip code data because it does give us a first cut at programmatic enrollment because that's what we see, how many folks in each zip code are enrolled in the various programs, be they Medicaid, Child Health Plus or the private coverage, but it does not give us as much of a picture of who these people are by age, by ethnicity and other cuts, which are hard to find actually through the New York State of Health because the questions about those issues on the application are voluntary and they're not always answered. So we may not get the fullest picture of that, but if we could get more of that it would tell us exactly what cohorts of individuals and

populations in the city we are missing and who we need to emphasize our materials to. That being said, as the Department of Health mentioned, their language access for their materials with regard to the fact sheets that we created, you have some in the folders in front of you. We do those fact sheets in eight languages besides English. We have included Urdu and Bengali, recognizing the emerging and growing populations that have language needs in the city. Do we have enough resources, not really, we could always use more given the size of the city. We are looking to maximize our partnerships to have the best reach that we can--

CHAIRPERSON JOHNSON: [interposing] I think that's key.

MARJORIE CADOGAN: given the resources that we have.

CHAIRPERSON JOHNSON: Yeah, I mean, given that we have a number of advocates, social service organizations, advocacy groups, health care providers who have expertise in their individual communities and are competent in a way in communicating with those communities, I think it's incumbent upon us as government officials to be partnering with folks on

the ground that can do this work. I mean, I was very disturbed to hear, and it's not your fault, but I was very disturbed to hear that the state marketplace website now woopie [sic], has the application in Spanish, but nothing else, when we know based on the numbers that Hispanic New Yorkers are people that are suffering from not being insured and all the hardships that go with that for individuals and their families. It seems like such. I'm sure we could find a number of people in this room today that would volunteer to translate the website into Spanish. It could take less than a day to get it done. What do we need to do as a city to bring pressure to bear on the state to make sure that these resources are accurate and available for not just Spanish speakers, but for the panoply of different communities that are out there that need access through their language of choice?

MARJORIE CADOGAN: I would answer that by saying that this hearing is one of the things that will continue to do that and to have the dialogue about the important needs in New York City.

CHAIRPERSON JOHNSON: Who decides that?

MARJORIE CADOGAN: Who decides, I'm sorry?

CHAIRPERSON JOHNSON: Who decides what's going to be offered on the website? I mean, it's the State Department of Health?

MARJORIE CADOGAN: It is the State Department of Health that operates and administers the New York State of Health, and not to defend, because the State can defend itself, but the one thing that we have to keep in mind is that creating a marketplace that is available for individuals that allows them to access financial assistance in obtaining health coverage that monitors that, that sends them information about renewal, is not a small task. And also, having created a Spanish website, our NYC Health Insurance Link website at one time was in Spanish. That is quite a task to translate a website fully in Spanish in a way that it will be accessible to the variety of Spanish-speakers that you have in New York City or New York State.

CHAIRPERSON JOHNSON: I understand.

MARJORIE CADOGAN: That doesn't--that does not mean--

CHAIRPERSON JOHNSON: [interposing] But to be --but to--

MARJORIE CADOGAN: [interposing] that it should not be a priority. I'm not minimizing.

CHAIRPERSON JOHNSON: Government needs to act in a responsible way.

MARJORIE CADOGAN: I'm not minimizing it.

CHAIRPERSON JOHNSON: And it is irresponsible of government knowing these rates of uninsured and the communities where the highest rates are to not be doing all we can to facilitate the access to vital information. And so I think it's pretty egregious actually that after the first enrollment period when we got new statistics in this intervening time, something wasn't done to correct this. I'm happy to write as Chair of the Health Committee to the State Department of Health with hopefully the support of my colleagues and I'm sure the Speaker, though I will check with her, to bring this to bear, and I think it would be helpful given that New York City is the largest of course municipality in the state and in the country that our city agency partners similarly advocate to the State Department of Health to take care of this as well.

MARJORIE CADOGAN: We have consistently been raising the issue of language access in our dialogue with the state about information and health with regard to health insurance. I think some of that pressure as well as the pressure from the community at large, the advocacy community and others has helped to hasten their work thus far, but I would agree, it is a priority that needs to be met, and we certainly would love your help in getting information out that we provide in languages to your communities and constituencies that need it.

CHAIRPERSON JOHNSON: So I'm going to ask a couple more questions, but I know my colleagues I'm sure have other things to do, then I want to throw it to them, and then I'll come back because there's still a lot to go over and then I really do want to hear from all of you that have come today to testify with your own expertise on what we should know about. So I understand that New York State is a unique place with deferred action status for allowing people to be eligible for health insurance that have deferred action status. What plans do you have if any to reach out to these individuals and educate them on that opportunity? What's the number? Is it 68,000?

There's a--it's in the briefing, but there is a significant number of people that actually have deferred action status, and I want to understand how many of them--have we targeted them? And what's our plan to target them? And I think it's a key demographic that we should try to education on their opportunity.

MARJORIE CADOGAN: Chairman, I think we have started to have--

CHAIRPERSON JOHNSON: [interposing] It's 86,000.

MARJORIE CADOGAN: We've started to have conversations with the Mayor's Office of Immigrant Affairs about the best way to strategize and target our neighborhood based immigrant focused outreach. While we haven't developed a concrete plan with regard to DOCA [sic], population specifically, I will say that our strategy with regard to outreach and immigrant communities is a twofold effort. Again, we know how important health insurance is, but for many families of the things that are important to them are getting their children to school, maintaining their work, maintaining their household, and health insurance is a opportunity and obligation that they

will get to when they see its importance. So in many of the events that we are trying to develop on our own and in partnership with other organizations, community based and otherwise, we are also trying to bring a panoply of services that is relevant to immigrant communities regarding status and other issues, and also as we start to move into the new year with the opportunities for outreach and information that come with the municipal ID card, we will also try to parallel, do outreach around that issue to communities that will find that card of most value and be looking at other services that they should access as well.

SONIA ANGELL: I would note that we at the Health Department have not targeted this population, specifically, this community specifically, but it is something that the Immigrant Access Taskforce and the Mayor's Office of Immigrant Affairs is considering specifically.

CHAIRPERSON JOHNSON: And I mean, I appreciate that. I, in my very productive good working relationship with the Health Commissioner Doctor Bassett, who I admire greatly and think she's done an incredible job in her first year, I would

just say that, you know, you have a 51 member body that represents some of these diverse communities across the city, and many of the members of this body are the folks that are probably closest on the ground with the exception of the advocates that are doing the day to day work to these communities and they come to Council Members very regularly and seeking support and information and services, and so I know that the taskforce has a lot of fantastic people on it, especially some of the advocates that are here today, but I would just say that I think it's important to--I know there's going to be a process and you guys still haven't wrapped up all of your work, but it would be helpful to include the Council in a meaningful and real way. I know you've had many meetings already, but I think it would be helpful to include us given that, you know, this Speaker has focused significantly on the immigrant population of New York City and the needs associated to that, and the work we've done first in the budget and also legislatively has reflected that. So it would be helpful to actually include the Council in on these things so that hopefully we don't just get a final

product, but that we have some input in say on the work that the taskforce is doing.

SONIA ANGELL: Thank you for that offer and absolutely as you mentioned Commission Bassett is passionately interested and concerned about this population, very actively engaged and we would absolutely welcome and engage you earlier as well. So thank you for that.

CHAIRPERSON JOHNSON: And I have one more question and then I want to turn it over to two of my colleagues that have questions. I want to understand a bit more what the role of 311 is in this. So, I'm uninsured. I see or I saw one of the subway ads on signing up and getting covered. I call 311 and I say, "Hi, I'm calling because I'm uninsured and I saw an ad on the subway." What happens at that point? Who does it get directed to after a New Yorker calls and says, "I'm uninsured. I need help signing up."

MARJORIE CADOGAN: I think a number of us can answer the question, so we may do this as a tag team. So, as individuals call 311, whether they've seen part of the city campaign or they're just uninsured and interested in getting information, the 311 operator, particularly during the enrollment

seasons, but even beyond that will be able to do a look-up by zip code to be able to direct them to the organizational place that they can go to to get in-person assistance with regard to navigating their health insurance needs. This has generally always existed and both the Health Department and HRA have invested a great deal of time in working with 311 so that their operators would be providing that accurate neighborhood based information to really help people take action and find assistance.

CHAIRPERSON JOHNSON: So who gets that information? Who does the 311 report go to, which city agency? It goes to HRA?

MARJORIE CADOGAN: There is result reports that go to HRA and DOHMH.

CHAIRPERSON JOHNSON: Both?

MARJORIE CADOGAN: Both.

TANYA SHAH: The only thing I'd like to--

CHAIRPERSON JOHNSON: [interposing] If you could just introduce yourself.

TANYA SHAH: Tanya Shah, City Department of Health and Mental Hygiene. I just wanted to add because I worked very closely with our partners at OCHIA on actually this enhanced 311 capability. So

as Marjorie mentioned, 311 was always able to direct somebody to some resource, but with the New York State of Health Marketplace, with some of the technical glitches that we saw emerging early in the marketplace as well as a gap that we felt that people may still not feel that they could call the center or may not because the website for example was not in multiple languages easily find an in-person assister. The capability that we really worked to enhance was curating the New York City CAC and navigator resources and creating a locator tool for 311 that the operators could use that were also, that was also available on a website. Folks could look at by zip code, navigators and in-person assisters, certified application counselors in their neighborhood but also find somebody to help them in the language they preferred, and I think that was a real ease of use enhanced capability that we're continuing to work on and update as we learn more information about the footprint in New York City that will be offered in the 2015 enrollment period.

CHAIRPERSON JOHNSON: So, are city agencies ever making referrals to some of the advocates that are here in the room who have been

doing this type of work? You know, let's take an example, someone who's primary language or the community they identify with is the Bengali community, does then the city try to refer them to an appropriate community based organization that works with the Bengali community?

TANYA SHAH: 311 is not limited to our certified application counsel footprint. It is to reflect a robust citywide network of in person assisters. If we come across somebody who has a need in their zip code and there isn't an easily available city resource we can hook them up to right at that point, we do refer to the other navigators and CAC organizations. So just to be clear, not every advocate group may be a certified application counselor or a navigator. So we specifically refer to an enrollment assister that can help them with the whole process.

CHAIRPERSON JOHNSON: So we should have confidence that if we as Council Members tell-- someone walks up to us at a subway stop and says, "I'm uninsured, I need help." I could say to that person, "Call 311, tell them you're uninsured, and you're going to be accurately directed to an

appropriate CBO or government partner or agency to help you get enrolled."

TANYA SHAH: We believe that we did the work to validate the list. We're continuing that now because that list has changed since last year to this year. So now, we are in the phase of updating it, but we validated the navigator list. We are only putting certified application counsel organizations that we can get a hold of ourselves first and understand their hours of operation as well as the languages that they offer to be included in that tool.

CHAIRPERSON JOHNSON: Thank you.

MARJORIE CADOGAN: There's actually one thing that I wanted to add with regard to that respect, and that our office has administered for some time a citywide outreach effort in partnership with city agencies that makes assisters available in programs, in sites, in offices that are operated by city agencies. So we have worked in partnership with DOHMH, but we've worked for example with the Department of Education to have assisters at schools, during parent/teacher nights and other occasions where it was appropriate to get to parents to be able

to inform them and connect them to health insurance. We continue that work now. So, in addition to the 311 opportunity, which is certainly direct, there also are opportunities that occur at city agencies at the Workforce One centers that SBS operates, where again, we work with the assisters and organizations, many of whom are represented in this room to have that on the ground access for folks to enroll in coverage when they are taking care of the city business, and we have to do it with the navigator, CAC, certified facilitated enroller footprint that exists across the city.

CHAIRPERSON JOHNSON: I would request, and hopefully it's not too difficult to pull together, a list of which city agencies are you actively partnering with and under the mandate of Local Law One to expand the use of Local Law One to inform residents about ACA coverage and the pamphlets that are being given out at city agencies, at city--when they seek city services to also again understand which city agencies are participating and then what way because potentially the respective chairs of certain committees could work with the Commissioners they work most closely with and even get that done in

an even better way. I want to recognize we've been joined for a while now by my colleague Council Member Rafael Espinal from Brooklyn. We had been joined before by Council Member Mathieu Eugene from Brooklyn and also Council Member Maria Deal Carmen Arroyo from the Bronx. A few of them had to leave to go to other places. Hopefully, they'll be back, and I want to first pass it to my colleague Council Member Cornegy.

COUNCIL MEMBER CORNEGY: Thank you, Chair Johnson. Thank you Deputy Commissioners for being here and staying so long and listening to these questions. I had a few questions, but in the interest of time I'm going to keep mine specific. I'm the Chair of Small Business for the New York City Council, and I'll keep my question directed in that area. I was wondering if you could briefly describe for me a small business's role and responsibility as it relates to the Affordable Care Act for their employees.

MARJORIE CADOGAN: Unlike larger businesses or businesses with more than 100 employees, small businesses which are defined in New York State as businesses that have employee number for two to 50 do not have a requirement to provide

health insurance. However, recognizing that this is a state where many individuals who are working in small businesses are uninsured, we have already worked to educate small businesses around the opportunities to get coverage and the benefits of that, and the state has created a special small business marketplace where businesses of that size can access coverage from a select group of insurers and it is the only place where small businesses can access the small business tax credit to help defray the cost of premiums for that coverages. Small businesses in general in New York State and in New York City have worked with the broker community around health insurance and health insurance has always been an issue in terms of cost, but the marketplace is working in the spirit of the ACA to try to address administrative simplicity as well as assistance on cost for small businesses.

COUNCIL MEMBER CORNEGY: So, thank you. For me, those numbers sometimes seem to vary in terms of what constitutes a small business. So, the numbers that you dictated for language purposes have been considered microbusinesses. So small business is a 100 and over, let’s just say. Can you detail the

roles and responsibilities for them in the Affordable Care Act?

MARJORIE CADOGAN: In the Affordable Care Act starting in 2015 in terms of enforcement of the employer mandate businesses 100 and over will be required to provide health insurance for fulltime workers and their dependents, or to pay a penalty if those workers seek coverage in the marketplace, but again, for businesses then in 2016 that are 50 up to 100 will have the same obligation to provide coverage. So it's been a kind of staggered phased enforcement of the employer mandate, but again, for New York State insurance purposes, and I recognize that there are different standards of size of small business between city, state, federal government, and for businesses that are two to 50, those are small businesses and don't have that mandate imposed on them.

COUNCIL MEMBER CORNEGY: So, I guess the next question for me is who is responsible for disseminating that information to those businesses and how do you feel that dissemination process has been?

MARJORIE CADOGAN: The small business marketplace is a marketplace created by the state. The state has been working to disseminate that information. I think that small business owners are focused on their business, in the first instance and spend most of their time focused on their business, so it is often difficult to get small business owners attention around things that are not going to enhance their bottom line. That being said, there is more that can be done to make small businesses aware that this opportunity and the financial help that will help them, particularly ones that may not have been able to offer health insurance before is available to them. And we would welcome your help with that as well.

COUNCIL MEMBER CORNEGY: So, we have a resource for that help, which I'll mention in a second, but is it--it was my understanding that SBS had some degree of responsibility in the roll out of information and education in the first stage.

MARJORIE CADOGAN: We have always worked in partnership with SBS. They do not as part of their charter as an agency have formal responsibility, but they have been a hand in glove

partner with us in getting information out about the activities, the materials. You will note in your folder there is information specifically for small businesses that we make available in the nine languages I mentioned, and they are a part of that. They make that information available in their business solution centers. They make that information available in the Workforce One sites. So they are an active partner in that work in cascading that information out.

COUNCIL MEMBER CORNEGY: Well, you should know that the City Council has also decided to take a very active role, and we were very aggressive in getting, immobilizing SBS's services and we have a new initiative called Chamber on the Go, which actually takes information directly to business in the five boroughs, and the Affordable Care Act information is included in that. However, having no one really be specifically responsible for it, I'm finding that some businesses are not getting the information as needed and as we roll out in '15 and '16, very concerned with small business participation in the Affordable Care Act based on the information getting out or lack thereof.

MARJORIE CADOGAN: We would welcome the opportunity to work with you, to work with the Council. We work with a number of partners, not only SBS but bids, chambers, local development organizations, Borough President offices; we're doing an event with the Borough President, a Bronx borough event in November. We are looking for opportunities to get this information out to small businesses.

COUNCIL MEMBER CORNEGY: Thank you.

CHAIRPERSON JOHNSON: Thank you, Council Member Cornegy. Council Member Barron?

COUNCIL MEMBER BARRON: Thank you, Mr. Chair. To the Committee, thank you. I didn't hear all of your testimony, but I've been looking through it. I first want to start out by saying I agree with the Chair that we should have single-payer insurance so that everyone gets health care, is a right, and I want to say that the outset, it need not be tangential. It needs to be at the very core, and certainly that's not what you're doing, but we would hope that as you take that position, that's the position that you advocate and push that as well. Now, we know that everyone is required to have insurance or pay a penalty, and for this year, the

enrollment period ended March or perhaps April if you had problems. So for those persons who did not sign up, if they go for health care without having insurance, what type of penalty can they expect to pay? What is the penalty?

MARJORIE CADOGAN: The penalty in 2014 is 95 dollars or one percent of one's income, whichever is greater. The penalty escalates as we go into 2016. I believe in 2015 the penalty will be somewhere around two percent or upwards of slightly over 300 dollars with smaller scale for the uninsurance of children, but the other thing that is important to note and, again, information and outreach and awareness is key, is that individuals may be able to seek exemptions if they meet the criteria of those exemptions, which include not being, not having coverage because I've lost a job, change in life circumstance. I got married. I had a child, etcetera. Those are instances that may exempt people from the penalty because they were not able, could not find affordable health coverage. So, it's important for folks to be aware of that exemption opportunity, and that they must act quickly to seek those exemptions. And the thing that you should

know, Council Member Barron, is that our office administers a website known as NYC Health Insurance Link. The web address is part of the resources in your packet, and that website has information for folks about exemptions and how they can access them.

COUNCIL MEMBER BARRON: Thank you. Apart from the exemptions, how can we encourage people? As your report talks about, it's going to be even harder to get people to come on and sign up during this second enrollment period if they didn't do it during their first year. The documentation or the briefing material indicates that it's going to be more of a challenge. Simply to remind people that they have to renew to keep their premiums paid, but for those who didn't sign up this year, and how aren't entitled to an exemption, perhaps they just felt, "Well, gee, I can get pass with it as long as I can because my health is good." Is there something that we can look at or that we can suggest that would lighten that burden? I think you said 300 dollars or two percent, and does it escalate each year? Because I can imagine there are people didn't sign up this year and are going to try not to sign up next year, and it's

going to be a mountain that they can't surpass, they can't surmount. They won't be able to get over it.

MARJORIE CADOGAN: The penalty started small, relatively speaking, because 95 dollars is not a small amount of money if you don't have it, but it starts small, but in 2016 it goes up to upwards of slightly over 600 dollars. So it is important for folks to know that the investment that they will make in coverage and primary care and preventive care will be more of a return to them than having to report their uninsured status to the IRS on their tax form and pay that penalty.

COUNCIL MEMBER BARRON: I'm going to have to reach out to my Congressman and my Senator to see how we can't address that situation, because I think there's still going to be people who don't have it, who are going to try to get by without doing it and it's going to be a real problem for them. And the second question I have is, you talk about the FQHC's and the HHC option. So, if a person has not signed up, and they now need care, can they get it at the point of their needing the care, and would that then prevent them from having to pay a penalty or?

MARLENE ZURACK: So, at HHC, you can join HHC Options regardless of signing up, not signing up. It's really not linked. So you will be able to access HHC's services at very affordable levels. There's nothing we can do about the federal tax penalty.

COUNCIL MEMBER BARRON: So that does not absolve you--

MARLENE ZURACK: [interposing] No, we couldn't--

COUNCIL MEMBER BARRON: [interposing] from not having had--

MARLENE ZURACK: [interposing] No, no, it doesn't. It doesn't. Right, exactly, it does not absolve you. It doesn't count as if you're insured for that purpose.

COUNCIL MEMBER BARRON: Okay, thank you.

CHAIRPERSON JOHNSON: Thank you, Council Member Barron. I wanted to ask if there are any options for unaccompanied minors.

SONIA ANGELL: So, I would note that the unaccompanied minors, all minors qualify for CHIP. So they do--they can access care and be insured, and we are currently assisting and enrolling

unaccompanied minors as they go to immigration courts. We have enrollers there at the site to assist them and to provide information for them also at linking into the services. So it's very important for people to know that these children actually are eligible for care and should absolutely seek it.

CHAIRPERSON JOHNSON: That's great to hear. I'm glad that the city's doing that. That's fantastic. Do we have an estimate how many unaccompanied minors are currently, the city is currently working with or what the population currently is in New York?

SONIA ANGELL: So, as you know I've joined more recently so I'm asking my colleagues for the most recent number. So, in the last two weeks we've seen about 50 and half of those have been--250, excuse me, and half of those have been uninsured. So it's been a really important point of contact to get those children the access and care that they need.

CHAIRPERSON JOHNSON: I am very grateful that DOHMH is all over this and is working to get these children insured so they get the health care that they need.

MARJORIE CADOGAN: Chairman, if I might add, it is so important that we have the benefit of having the enrollment assistance that DOH can provide, but I think equally important is that message that should go out to families. Undocumented children are eligible for health insurance--

CHAIRPERSON JOHNSON: [interposing] Absolutely.

MARJORIE CADOGAN: and can get it.

CHAIRPERSON JOHNSON: Absolutely.

MARJORIE CADOGAN: That is a message that we've been carrying as a city and it is even more important now because we do have the resources and assistance to help people get their children insured.

CHAIRPERSON JOHNSON: Absolutely, and I'm really glad to hear the commitment from you all on that and the work you've already been doing. What can we be doing to educate families with mixed immigration status, with children or other family members that may be eligible for Child Health Plus or other options? What type of work can we be doing or is currently being done to educate those type of families?

MARJORIE CADOGAN: I think we're going to another tag team on this.

CHAIRPERSON JOHNSON: That's fine. The more the merrier.

MARJORIE CADOGAN: I think that's another place where we have collectively, certainly made the point to our colleagues at the state that information and education for mixed immigration status households is important in a city like New York, because there are so many opportunities that could be lost if individuals who have status in one family member and don't have status in another believe that none of the family members can access coverage. So it's important that the message go out that folks seek out information, assistance, make a call to 311, make a call to the call center, seek out the coverage that may be available to them through the New York State of Health.

TANYA SHAH: The only other thing I would add is just learning from our last campaign, we saw earned media in some of these immigrant communities was really effective, and I think if there is an opportunity for Council Members to have earned media to echo this message as part of that when they're

talking about health issues or general issues that there are a lot of benefits that mixed families, immigrant families can access in New York City, and to continue that message we think reaches a high volume of this population.

CHAIRPERSON JOHNSON: Thank you. I believe I touched on this earlier, but I just want to understand and if you don't have all the answers today it's totally fine, I just want to see if you guys have already formulated real specific plan on how you are going to work with community based organizations in a very specific way in reaching the people that are hardest to reach, the communities that are most difficult to penetrate and gain access to and educate. Is there a real plan to get that done? Because I think it's really important given that the folks that didn't sign up the first go around are probably going to be harder to touch this second go around.

MARJORIE CADOGAN: We would agree with you, Chairman, that that is some of the most important work that needs to be done across the city, and my response to you is that we are continuing to develop our plans, but at the core of that is

partnerships. So for example, some of the work that we do at our office is a regular meeting where we bring together city agency staff and navigator organizations, community based organizations, chambers, bids, etcetera to really update them, provide them resources, to have them talk about best practices and be able to carry back to their communities the kind of information and support that they need to best assist individuals with regard to their coverage needs. We also do a lot of work and are called to training and information sessions with community based organizations that are trying to educate their staff as they engage in other social services or human services with individuals to be able to carry that message to them. So we're doing that work as part of it. The other thing that we are doing concretely and working to do in East and Central Harlem is again to engage community organizations at the grassroots level to build events with them but also to help educate their staff so that we leave capacity in the community for them to carry this information and work within the most hard to reach to help them maximize their coverage.

SONIA ANGELL: I would add to that also that this whole issue of community engagement is absolutely a foundation. I think as you hear Doctor Bassett speak and as we act throughout our community in every facet of what we do. It's one of the most important, I would say, sort of changes in orientations of the Health Department as we start to work at really making sure that that is an absolute priority and that this work continues in that same vein. So as part of our 2015 campaign there is a specific component that's related to working with community based organizations, faith-based organizations. We know these are the communities in which the populations trust messages, and they are incredibly important to empower and to be a part of the process, not just partners, but to be really engaged leaders in the process. Towards that end, we're going to be holding partner engagement meetings at the Department of Health to actually bring them into the fold to increase their knowledge, share information about what they need to be able to be really active in components of this campaign. So, really important to us.

CHAIRPERSON JOHNSON: I completely agree with that, and I am really grateful that you already have some plans and the work that you did before. I think that, you know, we are separate branches government, which is important, but when our values and our shared goals align, we should work together to have an even more hopefully impactful experience on things. And so it would be helpful that we all share information, that we understand how we can work together leading up to the enrollment and through the enrollment period. I think that's really key and important. I don't know how closely. I assume it's great, but I don't know how closely you work with all of these great organizations that are here today and that have been doing this work a long time, but we should all work together throughout this process to make sure that as many people as possible enroll. I have some questions for HHC. I want to understand. You know, we are so lucky to have the best public hospital system in the country located here in New York, and as I said in my opening HHC really is the first line of defense for undocumented folks here in New York City, 70 percent of whom I believe are treated at HHC facilities throughout the state.

Seventy percent are treated at HHC facilities. I wanted to understand what the financial implications would be of a successful enrollment and coverage for people who aren't insured, and how much--are there any projections on what successful enrollment and coverage would do to HHC's improved financial outlook?

MARLENE ZURACK: Thank you. So in our current financial plan, we're estimating by 2019 an additional 100 million dollars in revenue through expansion in coverage. However, we're also projecting several hundred million dollars in disproportionate share funding reductions. So while we will get new revenue as many of our patients do sign up for insurance and also for us that piece that was the Medicaid expansion is quite important here, but Congress used our funding to fund this program nationally, where which in essence redistributes to the rest of the country. So, while we--the more we get, the more people we sign up the better, and our current projections are worth 100 million dollars by 2019. We will lose three times that in disproportionate share funding because that was the funding that the feds cut in order to fund the ACA.

CHAIRPERSON JOHNSON: Given that we have a new Medicaid waiver, and I know all the decisions haven't been made on how it's going to be doled out and appropriated across the state, the city and state will be embarking on a transformation on how Medicaid services and health care in general will be delivered at hospitals trying to decrease hospitalizations. Is there any discussion or attempts to review and scale up HHC health insurance options?

MARLENE ZURACK: So, I actually want to do a little plug while I'm here, since you have mentioned this which is a little bit off that topic, and I will answer your question, but I want the Council to be aware that the current legislation that funds indigent care in New York State expires December 31st, 2015, and that's the legislation that distributes the indigent care or disproportionate share funding between the public's and the voluntary hospitals in New York. And currently, that distribution is based on you said an old situation. So a propo of our expectation that way we will get many more people insured. We still will continue to care through our HHC Options program for significant number of immigrants and others who can afford the

ACA and we will lose disproportionate share funding. It's very important that we all keep our eye on December 31st, 2015 to make sure that whatever is reenacted by the state of New York appropriately directs the funding, and you mentioned the 70 percent number, to the place where the services are provided. That being said, in terms of the waiver and the DSRIP program, which is the eight billion dollar waiver program for the public hospitals. There's something called Project 11, which is a project that is intended to increase outreach for uninsured populations and Medicaid low user populations, and we will be submitting a program for that. And we actually are looking at HHC Options program to make it more attractive and we will be meeting with a lot of the folks, community advisors that you have been talking about to help us with that as well.

CHAIRPERSON JOHNSON: And I know you mentioned that as part of HHC's engagement in the last enrollment period you held briefings at your CAB's to let folks know about what was going on. Beyond the briefings for the Community Advisory Boards are there any other roles that you can think

of for the CABs in terms of helping out with enrollment efforts?

MARLENE ZURACK: Aside from the briefings, well, I actually--that would vary from hospital to hospital, how much they've used their CABs, but I wanted to remind you because I did say it rather quickly, we did invite the navigators into our hospitals, and actually Community Service Society did, you know, they did spend a day, I think, at two of our hospitals a week during that open enrollment period. And our hospitals reached out to other CBOs that had navigator contracts to see if they would come on site. I think that people were stretched and didn't really have time to do that, so we kind of fended for ourselves on that with our own CAC's. So of course we're very open to it, but I kind of think the reality for us was we're kind of like trying to get as--given our staffing to help people as much as we possibly could, and I believe the navigators were pretty strapped as well. So we were asking for folks to come on site, and we did get, I believe, one day a week at Lincoln and one day a week at one of our other facilities from CSS. And I think Elmhurst had a different community organization maybe do dinner

meetings or something like that. So folks were trying to engage people, but people were very busy.

CHAIRPERSON JOHNSON: I think we should think about, and I'm happy to work with you Marlene and John and Laray [sp?] and other folks about maybe putting together a plan around engaging individual CABs.

MARLENE ZURACK: Sure.

CHAIRPERSON JOHNSON: Because I know every hospital and HHC facility is different--

MARLENE ZURACK: Right.

CHAIRPERSON JOHNSON: on how to engage them in their anchored communities in getting more people aware and enrolled in this next period.

MARLENE ZURACK: Right, and actually, John, did you want to? No? Yeah, sounds great.

CHAIRPERSON JOHNSON: Great. Thank you. I just have a few more questions for DOHMH, and then you know, there are lot of people that are here to testify. I'm sorry it's taken so long, but I feel like this is the opportunity to get a lot of this information out there and there's a lot to talk about. So, Doctor Angell, what are some of the activities that the Center for Health Equity will be

implementing around coverage and care, and do you plan on linking the work that's already done at the Center for Health Equity with greater enrollment efforts in this next period depending on the people that you see? Are there going to be people there that are going to be able to enroll, that are navigators that are going to be able to do this type of work at the Center for Health Equity?

CAROLINE HEINDRICHS: I think that's a great question.

CHAIRPERSON JOHNSON: If you could introduce yourself.

CAROLINE HEINDRICHS: Sure, sorry. Caroline Heindrichs from New York City Department of Health and Mental Hygiene. We spoke a little bit earlier about how we're going to be having the engagement type of partner meetings at the Department of Health as part of our campaign outreach efforts this upcoming campaign, and I think that that really stems from the work that you've spoken about with the new Center for Health Equities and their establishment within the Department and this new emphasis on making sure that community feedback is intrinsic into what we do. And so, I would say that

the Center's work is very much a part of our campaign plans for next year. Staff from the center sits in on all of our planning meetings, are actively engaged, and so you know, the part of the campaign where we're really pulling in community members to help us both spread the word as well as inform our efforts, I think that that's really where that piece is pulled in.

SONIA ANGELL: I would just also add that the District Public Health offices are now located within CHE, within the Centers for Health Equity. They are a stable long term investment in the community, and built around that and within that is its engagement in community based organizations, communities of faith. So, all of that is really garnered and brought to the resources that we have as we think about this campaign. The campaign itself is something that brings in expertise across the entire agency. So they are very much a central part as we work with our division across other divisions. It's all part of the same.

CHAIRPERSON JOHNSON: So what's exactly happening at the DPHO's [sic]? I mean, what is the plan? I walk into a DPHO. I'm uninsured. It's

during the enrollment period. What happens? Is there someone there?

SONIA ANGELL: We do. We have nine certified application counselors spread out across the DPHO's that are providing resources that are requested for people for in person assistance in enrolling.

TANYA SHAH: The other thing I just wanted to add is we do train all the DPHO staff. So we, as the Office of Health Insurance Services within the DOHMH have gone to each of the DPHO's, trained all staff, given them a script that they know exactly how to direct someone to enrollment services. We're also working with them in our strategy as Doctor Agnell mentioned, and we'll continue to develop the capabilities and integrate enrollment into whatever the DPH's are doing in those communities.

CHAIRPERSON JOHNSON: I mean, I think it would be helpful just in listening to all of this, that I hope this is all true. I'm not saying it's not, but there should be some way for self-evaluation to understand what the capabilities are. So it may be worth having DOHMH and HRA and HHC doing some, what is it called, mystery shopping? Where you have

someone show up, they're from the Department. They go and act like they're someone who is there to get signed up and to see what their interaction is, to see if people are actually trained to understand where there are some deficiencies. I don't know if there are any efforts that are being done on that, but it would be nice to maybe have, at least at the beginning of the enrollment period, some mystery shopping so that that could inform what happens at the tail end of the enrollment period.

SONIA ANGELL: I think it's really important when you're saying I appreciate that your comment is about evaluating not only numbers but the quality that people access over time, and we will take counsel in that and think more carefully about that. We are currently putting together our evaluation plan for the upcoming campaign and think very carefully about that comment and really appreciate it.

CHAIRPERSON JOHNSON: Great. So, I mean, I'm sure there are going to be other questions that come up, given there's been a lot that's been discussed today. I wanted to hear lastly on how, what you think the City Council could be doing to

support the type of work that you all are doing currently and that may happen over the course of the enrollment period, how we can best work together to get the highest number of people enrolled? How do you see that partnership, I hope it's a partnership, moving forward?

MARJORIE CADOGAN: So I think I'll start, Chairman. It is a partnership. The only way that I think we can get this done individually as agencies and collectively as a city is through partnership, partnership with many of the organizations you've mentioned and that are here in the room, and partnership with Council Members themselves. So, we would be happy to work with you as you are engaging your community forums to speak about the opportunities to get and keep health insurance, to be able to convey information, share materials, to work with you to provide messages on any of the social media channels that you use to encourage people to like our Facebook page. We do have a Facebook page, NYC Health Insurance Link, where we put out information and messages about coverage and we do try to heighten the intensity of that during open enrollment, so I would encourage people to come to

that page or to come to the DOH website for information. And certainly, to help us as we are building more and more robust partnerships in your communities and as we're going out to do events in Bushwick and East and Central Harlem, and hopefully in the future in Flushing other parts of the city where we want to be able to be working hand in glove with trusted organizations and trusted leaders to be able to speak to the community.

CHAIRPERSON JOHNSON: Just quickly on that, do you expect the vast majority or a majority of people to enroll online this time around?

MARJORIE CADOGAN: I think what we saw, and I don't know that we had the breakdown for New York City necessarily because this report was statewide, was that the majority folks who enrolled in the New York State of Health did so through an assister, and I would hazard a guess just given the diversity in terms of culture and language particularly in New York City that I am not sure that we're going to see a significant bump up in the use of the electronic means, but certainly the continued need for that one on one assistance for folks to feel comfortable and to have access frankly to be able to

navigate this electronic means that will be somewhat scary for some.

SONIA ANGELL: I would just like respond also to your first question about how we might work together, and I think one of the--in addition to the excellent response already received is that we really do see our collaboration with you all as an opportunity to amplify the message and to get it to communities that we may not be reaching immediately. We would be more than welcome to share our resources and to be engaged at invitations to participate in education and in training. We also, though, in the same vein would be very interested to hear about barriers that you may be hearing from your constituents along the way so that we can really dynamically think about how we should be responding to those. So I think this information exchange is also a critical part of it, beyond the partnering to share and reach communities that are difficult to reach in other ways.

MARLENE ZURACK: So I would like to take you up on your offer for that meeting, and I would like to also include our Metro Plus Health Plan because they have the most fore-strength for this

period to actually be out there. Our folks are in our facilities. And I also would like to use that meeting to take you up on your offer to advocate with the state for certain data that we're not getting, etcetera, etcetera, and certain process. There are some process improvements, particularly for folks that don't have, you know, all the documentation online and have to do some manual processes. So that would be very helpful.

CHAIRPERSON JOHNSON: So, I look forward to having the City Council advocate to the state to improve the way things currently are, and I also look forward to ensuring that in December of 2015 that the indigent funds that are being doled out are doled out in a fair and proportionate way to the folks that are actually providing those services, as it's up for renewal, and I'm sure we'll work on that together over this next year plus. I just want to thank you all again I think for an incredibly comprehensive look at where we were, the different engagement that you all did the last go around and what the plans are for this go around. It is the City Council's plan to do a lot during these three months, and we are going to try to do something in every council district, in

every borough, in every community that needs it, working with the local organizations that are already doing that work on the ground. Some of it may be individual Council Members having their own meeting. Some of it may be Council Members cosponsoring events that some of the advocates are already having in those districts, and at the events you already have in Bushwick, it may be worth asking Council Members Reynoso and Espinal if they want to cosponsor that even with you, and--

MARJORIE CADOGAN: [interposing] We have already started that engagement.

CHAIRPERSON JOHNSON: Great. So, I think that we should sit down together, look at what our plans are, how they overlap, how we can be helpful. I could just say that in my experience that the best way to actually get information out in local communities are through the email list of local elected officials who have the list of block associations and community boards and tenant organizations and civic associations, and all these groups that are doing this local work on the ground, and also local community newspapers as well that local neighborhoods really rely upon. So, I look

forward to that, and also it's good to hear that there's already current engagement with many of the CBO's, but it may be worth sometime in the next few weeks at the beginning of the enrollment and then towards the middle of the enrollment. We aren't going to be able to have another hearing like this, just given what the calendar looks like for the rest of the year, but it may be worthwhile that all of us come together maybe one day for a couple of hours, a few hours, and look at how it's been going, where there could be targeted improvements in working with the advocates that are doing this type of work with HHC, with HRA, with DOHMH, with the Council and also with the CBO's that are doing this work. We all come together. I'm happy to have it here at City Hall downstairs in the member's lounge and to figure out what we need to be doing through the end of the enrollment period. So, I want to thank you all. I really appreciate all the work you put in to preparing for today, all the work you've already done, and I know we're going to be seeing a lot of each other from November 15th to February 15th. So, thank you very much.

MARJORIE CADOGAN: Thank you so much for the opportunity.

CHAIRPERSON JOHNSON: And it would be great if you all could stay or have folks from you respective department stay. So, we are going to get right into the folks that have so, that have been so patiently waiting. So we're go to start off--okay. Will you pull an extra chair over? Thank you. So we're going to start off with, and I apologize in advance if I mispronounce your name, I don't apologize if you have bad handwriting. The first person is Cesar Andrade, Becca Telzak, Claudia Calhoon, Alice Berger. We have two of Alice Berger. Okay, great. So that's the first panel, and then on deck just so you're ready, Nora Chaves from the Community Service Society, Sandra Jean-Louis, Kate Linker and Tasha Williams. That will be the next panel. If you have testimony that you'd like to submit, please give it to the sergeant who can give out copies. And again, please introduce yourself for the record. Also, there are--how many people do we have testifying today? So we have more than 20 folks, which is great. I want to hear everyone, but it would be helpful--I'm not going to put--I'm going

to put people on a three minute clock. If you go over the three minutes it's fine, but just try to be mindful that there's a lot of folks here today and we want to have the ability to hear from everyone. So, if the sergeant could put three minutes on the clock, and introduce yourself. In whatever order you want, you can begin.

ALICE BERGER: I didn't have to change the good morning to good afternoon.

CHAIRPERSON JOHNSON: Yes.

ALICE BERGER: It started as good afternoon. I'm Alice Berger, Vice President of Health Care Planning at Planned Parenthood of New York City, and I'm very pleased to be here today to provide testimony on ACA access to care issues. Planned Parenthood, PPNYC, thanks our strong supporter Chair of the New York City Council Committee on Health, the honorable Council Member Corey Johnson for his leadership in convening this hearing, and we'd also like to thank Speaker Melissa Mark-Viverito, the Committee on Health and the entire City Council. PPNYC serves more than 50,000 patients annually in our health centers that are currently located in four boroughs. We're proud to announce that a new health

center in Queens is currently under construction and due to open in the spring of 2015. Queens, as we all know, has traditionally been an underserved borough, and we expect to serve about 17,000 patients each year at our new center when it's fully operational. As a safety net provider, we know well the realities many New Yorkers face as they struggle with numerous barriers to accessing care. Often it's the social determinants of health that's been said many times before, income inequality, language access, immigration status that prevent many New Yorkers from receiving the care they need. We also understand that a city as diverse as ours access to quality to health care varies greatly among different neighborhoods and communities. Planned Parenthood is committed to continuing to serve communities that depend on our services the most in providing access to quality health care in culturally competent settings. Since 2000, PPNYC has provided on site insurance enrollment assistance to all of our clients in need, and since the ACA all of our entitlement staff are now certified application counselors and offer one to one counseling in enrollment in both the public and private programs. Over the years we've

assisted thousands of our clients in obtaining Medicaid coverage and are thrilled now to offer the range of qualified health plans to those eligible. Fourteen years of experience has shown us that combining health care service delivery with often same day enrollment assistance is essential to fully provide for our client's needs. Despite the achievements of the ACA, barriers to access are still prevalent. A portion of our patient base remains uninsured due to financial hardship. Our entitlement counselors report that many clients were not income eligible for Medicaid often report that even with tax credits, the cost of premiums keep coverage out of reach. More ever, some of our clients opt to purchase the high deductible lower premium plans, and even with extensive explanation on how these plans work, we're concerned that many will be significantly effective by the high out of pocket cost once they start to access care. We recommend that the city and state closely monitor the relationship between these plans and utilization of health services. In addition, we urge New York City to consider the ways it can help break down the economic barriers--am I at three?

CHAIRPERSON JOHNSON: You may continue.

ALICE BERGER: Okay, wow. Okay, let me go right--other patients remain uninsured or fearful to use their coverage due to confidentiality concerns. One example is the unresolved issue of the explanation of benefits, the EOB's that are mailed home and addressed solely to the policy holder. The ACA benefit of extending coverage to young adults is to be applauded, but for a young adult who is seeking confidential services, sending the EOB to the parent or guardian can discourage young people from using their health coverage. Okay, and the other--

CHAIRPERSON JOHNSON: No, no, don't worry about it. You can take your time.

ALICE BERGER: Okay, I'm almost--

CHAIRPERSON JOHNSON: I want to--

ALICE BERGER: [interposing] I'm like two minutes away.

CHAIRPERSON JOHNSON: I want to hear from all of you.

ALICE BERGER: We're trying to be respectful.

CHAIRPERSON JOHNSON: No, you may read whatever you feel is appropriate without rushing

through. I think it's important that everyone felt heard.

ALICE BERGER: Okay, thank you. And yet, all of these young adults continue to turn to PPNYC for services. We turn no one away and are committed to protecting our client's confidentiality. We find ourselves having to use limited family planning grant dollars to subsidize patient's care. We urge the city to work with the state to resolve the COB issues. Another significant barrier, and one that is really not as widely known, exists for patients who are enrolled in the Fidelis Care Qualified Health Plan. Due to the Catholic ethical and religious directives that restrict Fidelis from providing comprehensive reproductive health service, Fidelis has contracted with a third party on the market place, Unified Life, who in turn contracts with a limited network of providers. The proviso is that Unified Life can only contract with those that are and have been part of the Fidelis network. This automatically precludes and Fidelis QHP patient from using their insurance coverage to access care at any Planned Parenthood within New York State. We have potential clients calling on a daily basis to make an

appointment, who must then be told that we are unable to accept their insurance because we don't have a contract with Fidelis Unified Life. As mentioned before, we turn no one away, but we have to inform of Fidelis QHP member that they will likely have to pay out of pocket for their services, since we are an out of network provider. We urge the city and state to revisit this contractual arrangement and implement a similar system that exists for Medicaid and Child Health Plus for Fidelis members. And lastly and most importantly, many New Yorkers as we've said all this morning remain ineligible for coverage under the ACA. Immigration status should not preclude anyone form obtaining coverage and accessing care. It is a basic human right and the correct public health stance. We must do more to reach immigrant communities that are eligible for health insurance but are unaware of their options, and we, like a lot of our colleague community agencies urges the New York City Council to include the five million dollars for the Access Health New York Initiative in the New York City budget. We thank you very much for the opportunity to testify.

CHAIRPERSON JOHNSON: Thank you very much.

REBECCA TELZAK: Hi, I'm Becca Telzak. I'm the Director of Health Programs at Make the Road New York. I want to thank the City Council's Committee on Health, Council Member Johnson and the Speaker for having us here today and for giving us the opportunity to testify. As you know, Make the Road is a not for profit organization with neighborhood based community centers in poor immigrant neighborhoods in New York City and Long Island. We're in Bushwick, Brooklyn, Jackson Heights, Queens, Port Richmond, Staten Island, and Brentwood [sic] Long Island. With over 15,000 members, Make the Road provides legal and support services and engages in litigation, community organizing and policy advocacy in various areas. So today, in my testimony I'd like to discuss the navigator program, consumer assistance programs, access to care for undocumented immigrants, and language access, all of which are essential to reaching and assisting immigrant communities. So, as we spoke about before, starting in October of last year, immigrants in small businesses were able to enroll in public and private insurance through the marketplace. Many uninsured individuals, especially

immigrant communities tend to trust and feel more comfortable seeking assistance from organizations in their own communities. So, Make the Road supports the state's navigator program, which awarded funding to community based organizations to provide this assistance for both individuals and small businesses. Many of the grants were awarded to groups that are located in low income immigrant communities and speak the same languages as the community members in those neighborhoods. Make the Road is one of these navigator organizations. Since the beginning of last year's open enrollment we've enrolled around 2,500 individuals into health insurance through the marketplace, the majority of which are Latino immigrants and Spanish-speakers. So Make the Road also requests that the city dedicate funding to consumer assistance programs and ensures that this funding includes money for outreach and educational activities. While the navigators provide an extremely valuable service, consumers also need post enrollment consumer assistance programs. Make the Road is part of the Community Health Advocate program, CHA, which since 2010 has served 130,000 New Yorkers in 11 languages and worked with the

vulnerable and underserved communities throughout the state. As more and more individuals enroll into insurance through the New York State of Health, consumer assistance programs are essential to ensure that consumers who obtain coverage through the exchanges have somewhere to turn if they questions or face issues with their coverage. Navigators will assist consumers with enrollment only and are not funded to assist enrollees with problems with accessing services, dealing with bills, or getting the health care they need. So I want to share a story of one of our clients and members who came to me with Make the Road for consumer assistance. And so her name is Gladys, and she collapsed from a stroke and was rushed unconscious to the hospital and immediately transferred to receive specialty treatment that saved her life, but when she returned home to recover, the bills started piling up. Gladys received medical bills for over 138,000 dollars because she had been treated by doctors not covered by her insurance plan. Desperate, she turned to CHA advocates at Make the Road. Advocates helped her access hospital financial assistance and negotiated her remaining bills to about 8,000 dollars. She was

finally relieved and could go back to work and take care of her three children without worrying about the bills. New York City used to have a very successful consumer assistance program called NYCAP [sic], which then became a statewide program. I'll finish up.

CHAIRPERSON JOHNSON: I want everyone to give their testimony for the record. I think what everyone has to say is important. I want to make sure that it's enshrined in the City Council's record. So don't rush. Take your time. Say what you have to say. Everyone else that came before you got plenty of time, and you all, for the work that you do on a daily basis and being here today participating deserve the opportunity to testify fully, feel heard, and say what you want to say.

REBECCA TELZAK: Thank you.

CHAIRPERSON JOHNSON: So, breathe, take your time, and say exactly what you want to say.

REBECCA TELZAK: Okay, thanks. So, NYCAP used to consist of 26 community based organizations at its height, and used to receive four million dollars in funding from the city. When the program was dismantled in 2010, the city was lucky to receive federal money to continue the program, and it turned

into a statewide program called, CHA, Community Health Advocates. At its height, the CHA program annually provided education and health coverage assistance services through a network of 30 based community groups and 34 chambers of commerce, and other employer serving groups to approximately 65,000 New Yorker in all 62 counties of the state. As of July 2014, CHA received 2.5 million dollars from the federal government to fund 15 organizations, but unfortunately this funding ends in June. This funding no longer covers outreach and educational activities that are central to ensuring marginalized communities that are able to access care. It is essential that this funding for consumer assistance programs continue to ensure that individuals who enroll into insurance through the marketplace can access post enrollment assist, and to assist those who are not eligible for insurance to access low cost care. Make the Road likes to thank the state for the changes to emergency Medicaid so eligible individuals can now prequalify for emergency Medicaid through the marketplace and renew every year. This allows individuals to have emergency Medicaid before the actual emergency takes place. This helps decrease the

burdensome barriers that an immigrant faces in accessing the program, while dealing with the emergency itself. Make the Road as a navigator organization has prequalified almost 400 individuals into emergency Medicaid so far. However, undocumented adult immigrants are left behind since they are not eligible for insurance through the marketplace, besides emergency Medicaid. Make the Road believes that there needs to be other ways to increase access to care for undocumented immigrants. While prequalifying [sic] for emergency Medicaid is a step in the right direction, we believe that there should be other ways to provide coverage to these undocumented immigrant adults. In order to ensure that immigrant communities can access information about the New York State of Health as you spoke about before, it's important that the information is provided in the languages the communities speak. The website and all notification should there be translated as required by the executive order 26. This will be essential to ensure that immigrant communities are able to enroll in health insurance. We're looking forward to the website being translated into Spanish by open enrollment this November. New

York City's been a leader in promoting access to health care for immigrant communities. We hope that the city continues to honor this commitment and we look forward to working with you on an ongoing basis to make sure that we increase access to care for all communities in the city. Thank you for considering our recommendation.

CHAIRPERSON JOHNSON: Thank you very much.

CLAUDIA CALHOON: Good afternoon. My name is Claudia Calhoon, and I'm the Health Advocacy Senior Specialist at the New York Immigration Coalition. I'd like to thank, especially thank Council Member Corey Johnson and the health committee for convening this important hearing, and I'd also like to extend our thanks to the Speaker and to the entire City Council for everything that they've done for immigrant communities in New York City. The NYIC is and advocacy and policy umbrella organization for more than 150 organizations across the state working with immigrants and refugees. We, in the Health Advocacy program, which I work with, the NYIC works especially through our health collaborative which is made up of community based organizations that serve

immigrants, and they provide us a crucial source of feedback about on the ground health barriers for immigrants and what's going on in enrollment and outreach and health care services. And this conversation today has actually been an amazing discussion of the many, many of the issues that we work on and it's been great to have such a good platform for people to discuss all the complex issues that determine immigrant health access and barriers. But I'm going to illustrate just some of the challenges that immigrant communities face by talking about a story from a member of our health collaborative. The Academy of Medical and Public Health Services in Brooklyn serves a large Latino and Asian immigrant population in Sunset Park. Very recently they saw middle aged gentleman who was a Spanish-speaker who was suffering from severe abdominal pain, and he was afraid to go to the doctor because he didn't think he could afford it, and they were able to direct him to a safety net provider who could provide fee scaled services, but if he hadn't been come in contact with that community based organization he wouldn't have known where to go. It has been a really exciting time in the state.

Obviously there's many, many accomplishments with the enrollment, Affordable Care Act enrollment. More than 1.5 million New Yorkers statewide have enrolled in the New York State of Health, and that includes into Medicaid and Child Health Plus, and many, many immigrants because of the work of organizations like Make the Road and our colleagues in the People's Budget Coalition. Unfortunately, we also know that many immigrants remain uninsured who are eligible and that additionally, undocumented immigrants have been explicitly excluded from federal robust coverage that is funded by the federal government. I think what's important to remember and what we tell immigrant communities is regardless of immigration status, everyone in New York City actually has options for health care, but many don't know what those options are. And as many people have talked about, while state funded ACA navigators are available to assist with enrollment, the state does not fund them to go and do outreach and education, public education on health care access. Additionally, there is no-- currently no funding stream that would support someone to drive people to safety net facilities specifically. So for that reason, along with our

colleagues and the People's Budget Coalition, we are going to be this year urging New York City to fill the gap by state and federal government by funding Access Health NYC with five million dollar commitment. Access Health NYC is going to serve two functions. It will complement the work of state funded ACA navigators by linking individuals who are eligible for those services to them, and then it'll also link those who cannot enroll in ACA coverage to existing safety net health care services like HHC and like federally qualified health facilities. The initiative will support community based organizations to dedicate staff to outreach activities in their communities that they serve and that many people have already said how important it is for there to be culturally competent organizations that the individuals in the communities look to for information, especially about public benefits. So we look forward to working with the City Council this year to create mechanisms to improve outreach and education about health access, and when budget times comes, we'll call in the counsels or direct resources into their districts and the communities that they serve by fully funding Access Health NYC. And I

think the big message that we'll want to talk about is that better information about comprehensive insurance coverage and timely primarily preventive and specialty care is going to lower health care costs and is going to improve health care outcomes for all New Yorkers. Thank you.

CHAIRPERSON JOHNSON: Thank you.

CESAR ANDRADE: Good afternoon. My name is Cesar Andrade. I'm an undocumented immigrant from Ecuador and a member of the New York State Youth Leadership Council. We are a undocumented youth led organization that works to advocate for the rights of undocumented immigrants. A lot of our recent work is focused in advocating for equal access to higher education via the New York Dream Act Campaign, but we also know the importance of having access to health care for our community. That is why I'm here today, to share with you my experience and suggestions on what the city of New York needs to do to help the undocumented population quality health care. But before I get into the details, however, I do want to congratulate the state, the city, and many of you here today who have played a pivotal role in aiding the enrollment of hundreds of thousands of people so

that they could gain health insurance. It is a great accomplishment, but as we all know, the job is not finished. We still have much work to do. As of 2012, 1.2 million people statewide were uninsured and struggled daily to take care of their health as well as navigate the daily ups and downs of life. This number has decreased over the past two years, but many still lack insurance. It is estimated that approximately 625,000 undocumented New Yorkers are without insurance. As we all know, undocumented immigrants were excluded from the Affordable Care Act. This is why the city and the state have even more of an imperative to act and finish the job. The city and state have already done a lot to make health services available to the undocumented population, emergency Medicaid, sliding scale, HHC and Medicaid for eligible DOCA [sic] recipients, but as I can attest from personal experience and from friends and family, many do not know what options are available to them. Many are also overwhelmed by the barriers they must face. This is another issue that the city needs to address and play a leadership role. Currently, there are already examples that exist from which we can learn from and use as guidance. Just

recently, the County of Los Angeles created a program called My Health LA, which will benefit the estimated 400 to 700,000 undocumented immigrants in the county that do not have insurance. A big step like this is something the city needs to work towards, but it does not all have to be about big changes. We have in place many services already that can be provided in regards to health care to the undocumented population. For example, I have recently just gained coverage because I learned through my job at the New York State Health Foundation that because I was DOCA recipient I could qualify for state funded Medicaid. Almost all of my peers are not aware of this. So, yes, we need to expand health care options for undocumented immigrants, but we also need to inform them about what options they already have. In the end, sickness does not discriminate, so neither should having health insurance, and a city will always be a better city when all of its residents are healthy. Thank you.

CHAIRPERSON JOHNSON: Thank you, Mr. Andrade, for your story and for being here today and for getting health insurance.

CESAR ANDRADE: Yes.

CHAIRPERSON JOHNSON: It's a good thing. Everyone deserves it. So, I do have some questions for you all. Let me just find them here. So, I assume that you all have worked or currently have navigators that are doing work with the populations that come to your facilities or work with your organizations. I wanted to hear your thoughts on if--I'm sure your navigators are great, but the navigators that are generally out there, are they culturally competent to the communities that they're serving, and are they linguistically accessible to the communities that they're serving, and if they're not, what do you think is necessary to bridge that gap? Anyone my answer, if you could just please identify yourself for the record.

REBECCA TELZAK: I'm Becca Telzak with Make the Road. I think--I know at Make the Raod, when we hire our navigators we obviously need to make sure that they are bilingual English and Spanish speakers to be able to serve the Latino Immigrant communities that we work with. We also provide trainings on cultural competency, and I think, I would say that a lot of the community organizations that our navigators do similar things. I think they

also, they hire based on the languages that they need and the communities they work on. I think they ensure that the communities that their staff are trained on cultural competency issues specific to those communities. I know there's also talk--there will be hopefully more cultural competency trainings that the state will provide for all navigators, which I think would give a great base for to continue those conversations.

CLAUDIA CALHOON: We are not a navigator organization, but our health collaborative has several that attend, and I really agree with Becca. I think that the navigator funding did flow immigrant-serving organizations, definitely in New York City, and I think that's a big reason for some of the success that we have seen. And I think that the immigrant serving organizations sort of had the expertise that we're able to become navigators. They really are able to offer a really welcoming comfortable space where immigrants feel like we work at the American Family Service Center, and we work with several others. So I think that really they're able to do some good work. I think there's two challenges. One is that there are small

organizations that probably didn't have the capacity to become navigators and probably wouldn't have the capacity to offer that kind of service, but can still help with this work and that's one reason why Access Health NYC would sort of be a way to provide them some support in order to get the--help like play a role in getting the word out, and then I think that--it's hard for me to speculate on sort of like more broadly what the quality of navigators overall are for different communities, but I think that we can--I think that the state can continue--has an opportunity to continue to strengthen, you know, statewide what the service that--the cultural competence of the services that are offered.

CHAIRPERSON JOHNSON: Just one quick thing for Claudia as a follow up and then Alice, happy to have you weigh in as well. So your organization, the New York Immigrant Coalition, estimated that approximately 85 percent of immigrants in New York City are eligible to sign up through the marketplace.

CLAUDIA CALHOON: That was a number that we were looking at sort of at the outset of a--

CHAIRPERSON JOHNSON: Do you think that number's accurate?

CLAUDIA CALHOON: I think that number is--I think that I would have to look at it, but I think it's--I think it came from a good source.

CHAIRPERSON JOHNSON: Okay, because the reason why I ask that is that the numbers that I read off earlier about the uninsured in East Harlem, in Corona, in Elmhurst, in predominantly minority neighborhoods are pretty astounding, and I'm just wondering what needs to be done and what the plans are from community based organizations to actually do that outreach and get to those folks and hook them up with navigators. If 85 percent of folks are eligible, there is a huge population out there that's eligible that's not being connected, and it's incumbent upon us to get them connected.

CLAUDIA CALHOON: I mean, I think the challenge with data right now is that we're just in the first year of the Affordable Care Act, and I think that the--I don't know of good data on sort of how, what--if those percentages have changed yet, and that's a really big task to figure that out. Sort of how many people have been reached, I don't feel like

we have good information about that, and that creates a challenge in terms of doing programming. Hopefully that is something that will emerge soon, you know, through all the different people that are thinking about this. But I think going back to your question, really what needs to happen is the community based organizations need resources so that they--and community based organizations in those neighborhood need resources so that they can help reach the people who haven't been reached.

CHAIRPERSON JOHNSON: And Alice, you can go back to the first question I asked about the cultural competency and people being linguistically accessible when it comes to navigators, and also answer that question.

ALICE BERGER: Okay. Okay. They're sort of interrelated, because I think there's a couple of things to say. I think we sort of need although the function is quite similar, make a distinction between navigator which are state funded agencies and certified application counselors of which there are probably three times as many statewide, and certainly within New York City. And I think that the lack of funding to the CAC's really, I mean, it piggy backs

on what we're saying in terms of just that you have a lot of community based organizations that are immersed in the community and have very strong linkages with just diverse populations of those 25 percent that you're referencing, but often times just can't dedicate the resources because there is no funding attached to it at all. So, that's the first thing I would say, and that's sort of been in the, kind of in the scheme from the very beginning. The other thing I would say is that there is tremendous also too sort of confusion about so much emphasis has been on the special enrollment period that we have clients even, and these are the ones that are walking through our doors who are eligible for Medicaid, but somehow think that Medicaid is special enrollment. So it's only limited for those three months or five months as it was initially. So I think that the materials and the outreach materials really have to emphasize given that the majority of people that we're talking about who are uninsured are probably Medicaid eligible, because that's the way the demographics work out in the city. So, I would say those two things are, you know, sort of contribute a lot to it.

CHAIRPERSON JOHNSON: And Medicaid, you can enroll anytime.

ALICE BERGER: Exactly, exactly.

CHAIRPERSON JOHNSON: The only enrollment window that we're talking about is for the New York marketplace exchanges.

ALICE BERGER: For the qualified health plans.

CHAIRPERSON JOHNSON: For the qualifying health plans.

ALICE BERGER: And even with that, that if you have a qualifying life even that changes, if you've lost your job, you know, or if your spouse has passed away or anything that changes, you can, assuming you're eligible, you actually can apply even for the private health insurance 12 months out of the year.

CHAIRPERSON JOHNSON: Yeah, you can qual--outside the window--

ALICE BERGER: Outside the window, exactly.

CHAIRPERSON JOHNSON: that we've been specifying. So is there any feedback that you call can share that you've received about 311 as a

resource on enrollment information? Do you ever hear, "Oh, yeah, I called 311 and they gave me information." No?

REBECCA TELZAK: We were one of the organizations that connected with 311 to be a naviga--they were going to refer people to us. I don't--I'm not sure. I think when the clients then are referred to us they don't necessarily come and say came through 311 first, and so we're not quite sure who those are per say, but.

CHAIRPERSON JOHNSON: It would be helpful to hear just to benefit the city actually to hear if you actually have received people who have said they've come in through 311, so we understand what that is. I mean, I'm going to try to pull the numbers and work with the Administration to see what do the statistics say on the number of people that have called 311 saying they're uninsured and what are the outcomes of that, but I was wondering if you had anything on that. And besides the neighborhoods that I've mentioned with the highest uninsured populations, where else do you all think the uninsured populations are in the city that we should be focusing on that people may be overlooking? You

know, there's been recent focus on the West-African communities on the north shore of Staten Island and in the central Bronx, given what's been happening around bias related to Ebola. And what methods do we need to actually reach some of these communities that may be a little more insular and more difficult to actually reach out to?

REBECCA TELZAK: Okay, I mean the areas you mentioned are definitely key areas that need to be targeted more. Another area that you just mentioned, Staten Island. I know we recently opened an office in Midland Beach in Staten Island to do some post hurricane Sandy work, and that's been an area with large uninsured rates, and we've been doing a lot of our enrollments in Staten Island out in that area. So we've been sending our navigator out there several days a week to do enrollment. I guess in terms of the methods to target those communities, I think one of the things we use at Make the Road is a Perma Thorda [sic] program, and so it's a train the trainer model where we've trained community members to be the ones going out in the community and doing the outreach and referring people to apply for insurance. And so they go to health fairs, they go

to events, they go to schools, they go to farmer's markets and they are the ones who are having initial conversation and they're from the community that they're going to and can really relate to the people they're working with and talking to, and kind of talk about some of the mess [sic] that may exist and make them feel more comfortable than actually coming into an office to meet with a navigator.

CLAUDIA CALHOON: I think that another strategy that has been mentioned today is working through ethnic the media, which I think is really important and a good way to get to some of the--they might be newer immigrant communities that are a little bit more insular. But I also think that that the thing about ethnic media is it's very important to engage them as allies and getting the right information out, because we have heard reports of ethnic media creating confusion around eligibility and enrollment and also around consequences for immigration processes. So engaging them as allies, and also making sure they have the right information is really key, and they're not creating misinformation.

ALICE BERGER: I think I would also say that when you look at the first list that came in terms of sort of a year ago, the language, although it attempted to be sort of a, you know, different literacy level, assumed that people even knew what insurance was, and I think that when you talk about a lot of the communities that you referenced to, there has been no family experience with insurance, particularly folks that have come over within in the last x number of years, and if their country of origin does not have an insurance system like ours it's really like apples and oranges. So I think that the whole way it even gets described about what it means to sign up has to be very much sort of reflective of the different communities and the diversity that we see. Also, too, I think that our experience and I'm sure my colleagues to the left here is that because you have so many mixed status families still that, you know--overriding fear about the relationship of applying for a public benefit and just the risk to you know, immigration status is also very high, and that sort of continually needs to be addressed. And then also to just say is that, you know, women are usually in families where there is a

woman present. Women are usually the ones that make the decisions about health care, and so very targeted work within, again, those sort of high need communities is sort of the way to go, and usually reaps the most benefits.

CHAIRPERSON JOHNSON: I want to thank you all very much for your testimony here today and all the work that you do on a daily basis in the city and helping folks. We're going to call our next panel up. Nora Chaves from the Community Services Society, Sandra Jean-Louis, Kate Linker, and Tasha Williams. And the folks that are on deck will be Esther Lok from the Federation of Protestant Welfare Agencies, Anthony Feliciano from The People's Budget Coalition and CPHS, and Lorraine Gonzales-Camastra from The People's Budget Coalition. So you may begin. Please introduce yourself and feel free to spend time getting through your testimony.

NORA CHAVES: Hello? So, thank you for holding this hearing. My name is Nora Chaves, and I am the Director of the Community Health Advocates at the Community Services Society. So thanks for convening the hearing. I would like to start by saying that the Community Service Society commends

Governor Cuomo and the New York State of Health Marketplace officials for their extraordinary success in the implementation of the Affordable Care Act in New York State. Under their leadership as of September 30th, 2014, more than 1.5 million New Yorkers have enrolled in health insurance. CSS is a 170 year old organization that seeks to address the root causes of economic disparity. We sponsor the state's largest navigator program consisting of a network of 33 community based organizations, chambers of commerce, and other small business serving groups. Together we offer enrollment services in 61 out of 62 counties. In addition, CSS and its partners, the Empire [sic] Justice [sic] center, Medicare Rights Center and the Legal Aid Society administer community health advocates, CHA, an all payer consumer assistance health program which provides post enrollment help to the insured and uninsured New Yorkers. My testimony today we focus on the need to fund post enrollment consumer assistance services through community based organizations so that New Yorkers can effectively use their new coverage, and the need for additional outreach in underserved communities. The ACA has worked no place better than

in New York, which has implemented arguably the finest health insurance shopping website or marketplace in the country. A major driver of New York's successful marketplace launch was the state's decision to invest robustly in community based navigator groups. Now, we have to make sure that health insurance--sorry. Now, health insurance needs to work for consumers. Health coverage must translate into access to timely and appropriate care. The ACA has brought tremendous new rights for New York's health insurance consumers, but from their perspective, the health insurance system remains complicated. Both the newly covered as well as those who have been covered for years often need help from understanding insurance concepts like deductibles, co-payments, co-insurance, maximum out of pocket costs to following complex processes to resolve insurance disputes and with filing complaints and appealing plan's decisions. A recent case Kaizer [sic] Family Foundation survey of more than 800 navigator assister programs found that 90 percent report that enrollees return for additional post enrollment insurance assistance. This report is collaborated by our navigators anecdotal [sic]

reports of high numbers of returning clients who after successfully enrolling seek additional help with issues such as finding in-network providers, requesting plan cards, resolving the issues, or understanding communications from their plans. Consumers with no previous health coverage experience are also likely to need help navigating their coverage upon enrollment. Indeed, in recognition that consumers often need post enrollment help with their insurance coverage, Congress built two kinds of consumer assistance programs into the ACA. First, the ACA created the navigator program specifically to help consumers enroll in coverage through the new marketplaces. Second, the ACA established state consumer assistance programs, or CAPs, which respond to consumer's questions about myriad of insurance issues including how to use advance premium tax credits, how to navigate health plans, and how to appeal denials of services as described in their carriers explanation of benefits to--sorry--or how to understand their explanation of benefits. Other functions as mandated by the ACA include assisting with complaints and appeals, educating consumers about the right and responsibilities under their

health plans, collecting, tracking and quantifying problems and inquiries encountered by consumers and resolving problems with the premium tax credits. The ACA explicitly requires to refer--for navigators to refer consumers to CAPs for help with the ongoing challenges of using health insurance coverage. In 2010, New York State designated community health advocates, CHA, as our state's CAP. Services provided by CHA are unique and they are not redundant of the services provided by navigator groups. CHA is an all payer model which provides one stop shopping for consumers who could access most [sic] program services through a central help line or at one of the 21 community based organizations operating in neighborhoods where consumers live and work. The CHA program has been louded [sic] nationally as the leading model of a consumer assistance program by the Kaizer Family Foundation, the National Governor's Association, Families USA, and HHS. Since October 2010, CHA has handled over 170,000 cases for New Yorkers and 19,000 for small employers, saving them approximately 13 million. CHA was originally a New York City funded program called the Managed Care Consumer Assistance Program or the MCAP, and it

operated between 1998 and 2010. MCAP was funded by the City Council, which allocated two million for the program and leveraged these resources with federal Medicaid matching funds for a total program funding of four million. With this funding, CSS and its specialist partners trained and provided technical support to a network of 26 community based organizations to provide direct assistance to health care consumers in over 10 languages across diverse communities in New York City. After more than a decade of building capacity in CBO's and serving almost 150,000 New York City residents, NYC MCAP had to be dismantled when the City Council funding was eliminated for the fiscal year 2011. The defunding of New York City MCAP coincided with the availability of ACA funds for CAPs. Consumers, throughout the state, benefitted from New York City's MCAP infrastructure and expertise by transforming MCAP into a statewide program under the name of CHA. In 2010, CHA's initial funding was through a grant through New York State by the US Department of Health and Human Services through a dry appropriation in the amount of 2.3 million. CSS was able to incorporate into CHA's statewide network, some of the former New

York City MCAP agencies, but New York City received fewer resources because the funding had to be distributed across the entire state, whereas 61 percent of the consumers served by New York City MCAP were from racial and ethnic minorities, and 70 percent of the services were provided in languages other than English. Fifty-seven percent of the CHA services had been received by Caucasians and 75 percent of CHA services have been provided in English. The transition of CHA from a city network to a statewide network has brought valuable services to Upstate communities that needed them dearly, but New York City lost important resources for its underserved communities. Congress has not continued to fund CAPs, but fortuitously, New York's state leaders have continued to fund the program with exchange establishment grant funding which is due to expire in June 2015. New York City should restore funding for CHA and leverage the infrastructure and expertise that CHA has developed for several years to ensure that consumers who receive services from navigator have somewhere to go for help with their post enrollment needs. City funding for CHA is necessary to recover the linguistic diversity that

the network once had and to ensure that these needed services are available to communities of color. Funding for CHA will also support consumer assistance services for people transitioning out of the marketplace, like those who become eligible for Medicare and to those who are not eligible to obtain coverage through the New York State of Health and need assistance accessing local services and hospital financial assistance. Finally, it is important to remember that the uninsured rate among racial and ethnic minorities continues to be disproportionately higher than their white counterparts, and additional effort is needed to reach out to these underserved communities. Navigators and community based organizations are natural allies to achieve this goal. The city should consider funding navigator and community based organizations to conduct outreach and education in hard to reach communities. By doing so, the city could leverage their existing knowledge and connections with these communities where they are recognized as trusted resources. Thank you.

CHAIRPERSON JOHNSON: Thank you, Ms. Chaves. That was very helpful actually to understand the history a bit more surrounding the MCAP and CHA

and what happened back in 2010. I look forward to talking to CSS more about that and what we can do on this. So, thank you. Whoever wants to go next can go next. Just introduce yourself.

SANDRA JEAN-LOUIS: Good afternoon, Chairperson Johnson and members of the Committee on Health. My name is Sandra Jean Louis, and I'm the Director of Access to Health and Food Benefits at Public Health Solutions. On behalf of Public Health Solutions, I would like to thank you for the opportunity to provide testimony today regarding Public Health Solution's experience in the roll out of the Affordable Care Act and how we can boost access to care as we approach the next enrollment period. I would like to begin my testimony today sharing the story of Juanita Martinez, one of our PHS navigators who is here with me today. Ms. Martinez worked in our Connecting Kids to Coverage project team funded by the Centers for Medicare and Medicaid CMS. The goal of the project is to find eligible but unenrolled Hispanic children and their families in Northern Queens, including Corona, Jackson Heights, East Elmhurst, Flushing, and Long Island City and to help them sign up for Medicaid and Child Health Plus.

Juanita introduces her enrollment sessions by saying, "I would not be alive today if it wasn't for the Affordable Care Act. In 2013, I was rushed to a hospital and all the while I was lying in the stretcher my concern was not about my life or my family, my concern was how am I going to pay for this? I am here because a navigator helped me enroll on the marketplace and be part of a managed care plan. Now, a year later, I am standing here ready to help you just as I have been helped. At that time I was very confused as to what the Affordable Care Act was, what plans were available and how it would help me. A navigator like those at Public Health Solution is able to help you with any questions that you might have. Regret can be expensive, but a health plan does not have to be. This year, the marketplace has many more plans and options available. The Affordable Care Act has a plan that works for you. Once you enroll, you are afforded the peace of mind that when the time comes you are able to get the help that you need for yourself and for your family. In 2013, my health seemed helpless. Today, you and I can work together for a healthier future. I am

Juanita Martinez. I am a navigator with Public Health Solutions. Come enroll with me."

CHAIRPERSON JOHNSON: Thank you Juanita for being here.

SANDRA JEAN-LOUIS: My name again is Sandra Jean-Louis, and I am the Director of the Access to Health and Food Benefits Program at Public Health Solutions, through which I manage a team of more than 20 health insurance navigators and community health workers. For the past 56 years, Public Health Solution has been working to protect and improve community health for the most vulnerable New Yorkers. Each year, we provide a wide range of direct services to over 80,000 individuals and families in New York City, including reproductive health care, WIC services, early intervention service coordination, home visiting to new mothers, and benefit enrollment. The vast majority of those we serve are low income women, infants, and children, many of whom were born in a country outside of the US, residing in some of the highest need neighborhoods in Queens, Brooklyn and the Bronx. Over the past 13 years, the access to Health and Food Benefit Program has been on the frontline of helping

New Yorkers obtain health coverage. First, as part of the New York State facilitated enrollment program and since October 2013 as an in-person assister navigator agency funded by the New York State to assist New Yorkers with their insurance education enrollment needs on the New York State of Health, the official health plan marketplace. Since 2000, we have helped close to 100,000 individuals obtain free or low-cost health coverage. As you know, the role of navigator is to assist New Yorkers with the health insurance sign up process step by step. Our navigator serve all New York City boroughs and Long Island with a concentrated effort in Queens. As the Director of the program, I support their work. I shared Juanita's pitch today, both to highlight what has been at the core features [sic] is success over the years as well as to illuminate the barriers to enrollment and how they can best be addressed. The key to a health insurance enrollment success is two pronged. Our navigator are embedded with PHS community based WIC centers and other community based sites giving them ready access to a large population of hard to reach eligible but unenrolled population, but as importantly, our navigators are the bedrock on

which our enrollment work is anchored. We deliver quality services to our clients through a multilingual and multicultural navigator staff who just like Juanita, not only speak the language and understand the culture of the communities in which they work, but also have often lived the day to day experience of the low income uninsured population. Because of their deep roots in the community and their personal connection with the clients they serve, our navigators enjoy their work and have remained with the program for a long time ensuring continuing [sic]. As a result, our client trust us and come back to us for more help. For example, if they did not receive their insurance card, need to report a change in income, add a family member on their insurance, need to renew their insurance or to introduce us to a family member or friend who also needs assistance. As a testament to this commitment, when we transition to the navigator agency last year, we have several members of the staff who had already been with the program for multiple years, two senior navigators Fatima Tobar [sp?] and Kelly Wong [sp?] for over eight years, Kadria Gahami [sp?], another senior navigator who also speaks five different

languagesf for nine years, and finally our program manager, Wen Wang [sp?] for ten years. Our management teams supports the staff work, ensuring that their marketplace questions are answered promptly and that they receive ongoing crucial training such as health literacy and public speaking to improve their performance so they provide the highest quality services to clients. The first year of about [sic] the insurance [sic] enrollment on the marketplace has been successful due in large part to the hard work of the many navigators, certified application counselors, and other community based organizations represented here today. As the state's numbers indicate, more than one million people have newly obtained health insurance over the past year, but much remains to be done to each remaining uninsured New Yorkers. For the most part, those who enrolled last year were the easiest eligible population to enroll, the low hanging fruits, so to speak. Most of the population that remains to be enrolled this year is likely the hardest to reach, the population with the most barriers. They are the individuals and families with the same concerns and barriers that often face the clients who Public

Health Solutions Serves. Among these are fear, confusion, and misinformation about applying for and receiving public benefits, language barriers, confusion about eligibility rules related to immigration, and fear of legal ramifications, including sponsorship, public charge and deportation, lack of knowledge about the US health insurance system in general, difficulties in understanding subsidies and how they could impact taxes, long work hours limiting access to navigators, and reluctance to accept government assistance. These members of our community are those who for example fear that they will have to reveal their own immigration status on a child's application who report employers being unwilling to provide verification of income required to complete and application and who lack a computer or internet service to apply or recertify online. In addition, this month the state will start sending renewal notices via post or email to those who enrolled during the last open enrollment period to notify them that they must renew their insurance on the marketplace. Although the renewal process is supported by electronic data matching process to verify enrollees income, the process is not a simple

one and many people will need education and assistance to make sure they maintain their coverage for the upcoming year. This is a very technical program which is often difficult to understand. For example, anyone who purchased a qualified health plan, or QHP, last year should renew their insurance between November 15th and December 15th to have insurance for the next year. Those who enrolled in a QHP, whose income didn't match successfully with the federal data hub who agree with the information in the state notice and have their plan available will be renewed automatically. Those who disagree with the federal income data in their notice and have unavailable plan will need to access their account to make the necessary changes and renew. Those, lastly, whose data could not be verified through the federal data hub will need to upload the necessary income documents to support their renewal application. For those on Medicaid with year round enrollment, enrollees will receive their notice 90 days prior to their renewal due date and will follow a process similar to those enrolled in QHP's. So two different messages and timelines, and all in all, this is a pretty complicated process even for the savviest

amongst us. We look forward to collaborating with City Council members and other partners who continue to address these issues and to support New Yorkers to enroll in, renew, and utilize their insurance coverage. Collectively, we need to do the following: One, address misconceptions related to immigration status. We're working with partners such as Empire Justice, the New York Immigration Coalition, and CUNY Law School to hold an educational forum for lawyers in Northern Queens to help address some of our client's immigration concern. The forum will focus particularly on our client's fear of legal ramifications related to immigration, including the issues of sponsorship, public charge and deportation, and will provide clarification on rules for participating lawyers. If successful, such a forum could be replicated throughout the city in council district with many immigrants and we would be interested in collaboration on these forums. Two, assess clients with the renewal process. Given the complexities of the renewal process and the confusion it may create for many families, we are implementing a systematic text message campaign to reach out to those who may receive renewal notice from the state,

inviting them to call their PHS navigator for assistance with the renewal process. Three, education clients about using their new insurance plans. Despite the fact that many New Yorker have an insurance card for the first time, this does not mean that families have immediate access to care. Many newly insured individuals have additional barriers to accessing care beyond securing insurance coverage, including choosing a primary care provider in their selected health plan, knowledge about when to visit a primary care provider, and navigating insurance utilization including co-pays, premiums and deductibles. We are planning to pilot a project where we will train community health workers to have a more in depth educational session about post enrollment use of health insurance once our clients have applied with a navigator. We hope this pilot will help inform a larger plan to address this issues more systematically in the future. Four, address the needs of individuals who are not eligible for insurance coverage. Although the marketplace has expanded health insurance options for thousands of New Yorkers, there remains 625,000 residents who remain ineligible because they are undocumented. In

order to promote true citywide access to care, we must continue to develop solutions to bring coverage and care to these families. In most known western cultures from which many immigrants have come, people seek care services when they have an urgent medical issue such as long lasting fevers, cough, or gastrointestinal problems. As a result, the immigrant population's first contact with the US healthcare system is often an expensive visit to the local hospital emergency room for such urgent issues which may be best treated at primary care centers where care can be provided for a fraction of the cost of an emergency room visit. We must look for solutions that help us reduce the cost of urgent care visits for these New Yorkers and see how they can best be connected to primary care after. And finally, host open enrollment kick-off events. The media buzz around open enrollment is likely to create confusion for both the uninsured and newly insured, many of whom may not understand what the open enrollment period means for them. We are planning a large open enrollment event in Northern Queens on November 15th where trained community health workers and navigators can educated the public. Our

navigators will also be equipped to assist with health insurance application on site, but our experience is that people do not come to public places with the necessary supporting documents they need to start their application. Therefore, during the event we will focus mainly on education and on scheduling future appointments. From day one, Juanita's work and dedication as an IP [sic] navigator has been impeccable, even stepping in to help manage our community health workers in Northern Queens, while Priscilla Dejesus [sp?], our Queens manager, was out on a medical leave. Juanita has since been promoted to a more senior position. Together, she and Priscilla are planning open enrollment event in Northern Queens on November 15th. They have connected with several potential partners, but we are looking forward to collaborating with you and the other organizations present today to make sure that all New Yorkers have health insurance coverage and access to health care. And if I can make a shameless plug here, we're also still identifying a large space with substantial foot traffic to hold our open enrollment event in Queens and are open to suggestions from partners here today.

Thank you for the opportunity to speak today on behalf of Public Health Solutions, our staff, and the individuals and families we serve to bring to light some of the key challenges as well as most promising opportunities we have to leverage the Affordable Care Act. Thank you.

CHAIRPERSON JOHNSON: Thank you, Ms. Pierre [sic] Louis, that was a lot, but it also was very helpful.

SANDRA JEAN-LOUIS: Thank you.

CHAIRPERSON JOHNSON: And I think very substantive and gave some very specific recommendations. I also want to particularly recognized we've been joined with today who may not be testifying, but who are the people we're talking about.

SANDRA JEAN-LOUIS: Yes.

CHAIRPERSON JOHNSON: And who are doing the work and who are getting people signed up and they deserve to be recognized. I want to recognize Ms. Martinez, Ms. Tobar, Ms. Wong, Ms. Berhani [sp?], and Ms. Wang who are all here. If I forgot any of you I apologize, but you all deserve a round of applause for the work that you all do--

[applause]

CHAIRPERSON JOHNSON: in getting people covered. I appreciate it, you spending the day here with us and listening to this important testimony. So thank you very much for the great work you all do for New Yorkers day in and day out. We here at the Council really appreciate it. And now, we can go to our two other panelists.

KATE LINKER: I, Kate Linker, and my colleague Tasha Williams are the President and Vice President of the Board of Greater NYC Change, which is an all-volunteer social advocacy organization incorporated in New York State. We're extremely pleased to speak this afternoon about Get Covered New York, a project of the Health Care for All New York Coalition and Greater NYC for Change that was established in 2013 to further the enrollment of members of underserved communities under the ACA. In 2012, estate and national plans for enrollment were being developed. It became clear to me as a community organizer that little attention had been paid to actually locating the uninsured, particularly city residents in underserved communities who historically have not trusted government outreach

efforts such as the National Census. These individuals might be immune to a standard public information campaign. They would likely find the state website, then in construction, both dizzying and impossible to use. They would particularly likely benefit from the reassurance that volunteers who have no financial interest could provide in shepherding them toward enrollment. In early 2013, with fellow organizers including Tasha Williams, I took my concerns to several organizations in the Health Care for All New York Coalition. Together, we developed and enrollment campaign in which HCFANY [sic] would provide necessary health-related expertise with Greater NYC for Change providing volunteer resources and modern campaign techniques. We developed a logo and a tag line, "Volunteers connecting you to affordable health care", easy to use branded materials in English in Spanish and a website. We directed the uninsured to a HCFANY member organization, the Community Service Society of New York with a large and robust navigator network in the City and the information hotline of its afility [sic] Community Health Advocates. We also directed those who could to use the website to enroll at New

York State of Health and others to their neighborhood navigators whenever possible. Our program involved canvasing and ID'ing the uninsured in local context extending from street fairs and Latino music festivals to soup kitchens and church community rooms, a database that could be updated as enrollment progressed and multiple points of contacts, including a post card mailer, emailing and phone banks. Regular high volume phone banking proved important. We called again, and again, and again until the individuals confirmed that they had met with a navigator and often after they confirmed that they had completed enrollment. And unlike most political campaigns, we were thanked again, and again for following up.

CHAIRPERSON JOHNSON: I don't know what you're talking about.

[laughter]

TASHA WILLIAMS: My name is Tasha Williams and I'm here with Kate Linker today. Using 120 trained volunteers, Get Covered New York has moved almost 4,000 city residents, most of them from communities of color, from uninsured status to enrollment. We believe it provides a model that can be scaled up and used by local elected

representatives working with CBO's and other local institutions to achieve high levels of coverage in their communities and build stronger local health infrastructures. Get Covered New York connected with several churches in East and Central Harlem to leaflet at their community events and food banks. For example, we worked closely with the lay ministers at First Corinthian Baptist Church to offer the greater Harlem community an information session one week, and the next week an enrollment fair. Get Covered also participated in events targeting clergy in Harlem and Brooklyn, such as speaking at an information breakfast for clergy leaders organized by the office of Congressman Hakeem Jeffries. In attendance were ministers of diverse faiths whom we assisted in connecting their parishes to local navigators. The Council is undoubtedly aware that faith based organizations are often established in their communities as trustworthy purveyors of help to those in need. They skillfully perform outreach to the poor and working class New Yorkers every day with soup kitchens, food banks, and family social service programs. Many FBO's have clergy and lay staff whom the community seeks out for counsel and who are

intimately familiar with the needs of their congregation and the surrounding communities. We therefore ask the council to especially consider supporting future activities that partner with faith based organizations to amplify enrollment. Thank you for inviting me today.

CHAIRPERSON JOHNSON: Thank you very much to all of you. I think everyone that's testified so far had delivered something distinct, important, and key in understanding how we do this better, what the Council should take in looking into the budget next year, and also who we need to partner with in outside communities. This is--having one hearing today is not enough time to talk about all the issues surrounding getting enrolled, answering questions, making sure we're being culturally competent. I just want to thank all of you. I want to especially thank my dear friend Kate Linker who I adore and love, who's amazing, but all of you for the work that you all do on a daily basis and I look forward to the council partnering with you all, not just in this three month open enrollment period for folks who are uninsured and qualify for the plans we're talking about, but also going into next year and looking at larger

issues that we can tackle through the budget process as was mentioned by the Community Services Society, Ms. Chaves, and also on other issues that are going to continue to pop up whether it be around immigration or premiums or deductibles or not understanding what health insurance actually is. There's a lot of work to do. It's complicated. It's not easy. It's not easy to always understand even for those of us that do it. So, I really--I'm not going to ask questions, not because I don't have any, but because we have a lot of people that are still going to testify and I want to give them the time to speak and be heard today as well. Thank you very much. So next up we are going to have Jason Lippman from Amida Care, Esther Lok from the Federation of Protestant Welfare Agencies, Anthony Feliciano from the People's Budget Coalition, CPHS, and Lorraine Gonzales-Camastra from the People's Budget Coalition, CDFNY. On deck we have Noilyn Mendoza from the Coalition for Asian American Children and Families, Heidi Siegfried from the Center Independence of the Disabled, Chris Norwood from the People's Budget and Health People, and Mark Hannay from Metro New York Healthcare for All Campaign. Whoever wants to start

may start. Again, I want everyone to feel totally heard. If there are things that you don't feel like you need to read, that would be helpful, but if you feel like we need to hear you, feel free to speak out. I'm here to listen.

JASON LIPPMAN: Thank you. Good afternoon, Chairperson Johnson and distinguished members of the Committee. Thank you for the opportunity to testify on the roll out of the Affordable Care Act and recommendations to improve access to care. My name is Jason Lippman and I'm the Director of Public Policy and Government Relations at Amida Care. Amida Care is a citywide community sponsored not for profit special needs health plan. Through our innovative care models, community of providers, and understanding of the individual and their needs, we have generated a number of successful outcomes for ensuring access and retention to care. Our primary concern with the Affordable Care Act is that HIV SNPS are not listed on the New York Health Exchange Marketplace. This means that people living with HIV/AIDS who qualify for Medicaid under ACA expansion cannot access the full continuum of care and services offered by SNPS, which include effective

care coordination, comprehensive medical and behavioral health supports as well as innovations to sustain undetectable viral loads and avert the spread of new infections. SNPS are also effective at providing early treatment for people living with HIV who are also co-infected with fatal diseases like Hepatitis C. Unfortunately state Medicaid rates do not reflect the exorbitant and rising cost of these medications, which create additional barriers to treatment. I would like to focus on four areas of interest that Amida Care is addressing to increase access to care. One is the end of AIDS. We are actively involved in Governor Cuomo's plan to end new HIV infections in New York State by 2020, and are represented on his taskforce to end AIDS by our President and CEO Doug Worth [sp?]. Second is integrated care. We are working to advance integrated mental health, substance use and primary care service models in the community to create better outcomes in care for people with multiple chronic needs. The third is crisis services and transitional housing. We are proposing the creation of more crisis and respite beds for hospital diversion, and step down units to ease transition from hospital back to the

community. And the fourth one is a consumer development workforce initiative. I would like to highlight an initiative for an improved and modernized consumer workforce for people living with HIV/AIDS, severe mental health and substance use disorders who are healthy and want to work. This involves the development of innovative job training and placement programs to expand the use of certified peer outreach, health coaching, escort and health navigation services. These jobs would help to reach individuals who are at risk of falling out of care or need to be linked to health and behavioral services they need. People with lived experience are vital resources in building new care access points. Our experience with these types of initiatives also show positive economic and community benefits. We look forward to exploring these ideas more with the City Council. I thank you for your time and am available to answer any questions that you may have. Just one more thing. I submitted written testimony which has more details on the items that I highlighted too. Oh, great.

ESTHER LOK: Great, alright. So, good afternoon Chairman Corey Johnson. My name is Esther

Lok and on behalf of the Federation of Protestant Welfare Agency, I like to thank you for the opportunity to testify today. First, I want to point out why the Federation of Protestant Welfare Agency, FPWA, is an important voice on this issue. We are an antipoverty policy advocacy nonprofit organization with a membership network of nearly 200 human services and faith based organizations, and most of them are located in the city. Each year, through its network of member agency, FPWA reaches 1.5 million New Yorkers of all ages, ethnicity and denominations. We strive to build a city of equal opportunity that reduce poverty, promotes upward mobility and creates shared prosperities for all New Yorkers. And in this spirit, FPWA believes that New York City must ensure that all New Yorkers have access to health care. Despite efforts to increase access to health care services in the city, disparities persist in low income and immigrant communities as well as for people with disabilities. Opportunities to access, preventive screening and early treatment of chronic illness will not only increase an individual's ability to maintain family and work responsibilities. It would also reduce high utilization of expensive

emergency care. I wanted to focus my oral testimony and the third page of my written document. We feel very encouraging to see that the neighborhoods most in need of health care are responding to the offerings of the Affordable Care Act. In particular, like you've mentioned a number of times, that some of these neighborhoods, for example Bushwick, North Bushwick, Williamsburg, Northeast Queens also overlap with areas where there are high utilization of emergency departments and large numbers of foreign born residents, meaning immigrants. Never the less, it is estimated that approximately 927,000 remain uninsured after the first year of open enrollment period, indicating that more work needs to be done. And throughout testimony, listening to different groups, I realized that people are calling different estimates of how large the uninsured population is, and I wanted to point out that this number that FPWA used comes from the Urban Institute based in Washington D.C., which was commissioned by the New York State Department of Health to conduct a reform simulating model, and based on that simulating model that they did in 2012 and updated in 2013, there are roughly about 1.4 million people who are uninsured in

New York City. And I also included the breakdown by borough in terms of the rough number of how many people will be uninsured in different borough. For example, there will be roughly about 177,000 people in the Bronx and 271,000 people in Brooklyn. As we continue to connect New Yorkers to health care we must develop strategies that are tailored to the characteristics of the uninsured population. The report that I referenced earlier developed by the Urban Institute based in Washington D.C. was the first of its kind that had some breakdown of demographic information, age, education level, income level of what the uninsured population looks like by district. So, we know that about 86 percent of them have income under 138 of percent of federal poverty level. Half of them do not speak English. Half of them only completed high school or have less than high school education, and roughly about 25 percent are between 45 and 64 years of age. Because of the large composition of the low income individuals and families in this pool, it would be reasonable to assume that most of them would be eligible for Medicaid and other free or low cost health care options rather than enrolling into a qualified health

plan. FPWA strongly encourages the City Council to use the second open enrollment period of the Affordable Care Act as an opportunity to provide education and outreach. And we also encourage the Council Members as they were planning for the district event will use those opportunities to also talk about other options such as the HHC options, the federally qualified health plans, health centers and explain, help do a little bit more education on the ground about what having a health insurance means. We also recommend the Mayor and the City Council to allocate funding for Access Health NYC initiative. This is a proposal that will provide resources for community based organizations to become hops [sic] for health information and care options and to provide culturally competent education and outreach to the uninsured population. In fact, if you look at the 2014 open enrollment report, you see that they-- one set of data that I find really useful is like they categorize how many, the number of successful applications through broker, through website, through certified application counselor and through--I forgot what's the third one, but my point is that the use of in person assistance was much higher around those who

enrolled in Medicaid. There are 50 percent of the enrollment were completed through the in person assistance, and this highlights the role as well as the importance of the one on one support that will be required moving forward to engage the uninsured population, especially those that this will be the first time they had some formal interaction with the health care system. And we--I also wanted to highlight some of the needs in terms of pre-enrollment and post-enrollment, some of the education that will be needed, because there are currently really not enough resources to address these kind of education, for example, like what you mentioned earlier, like what does it mean by having health insurance, and how do you--and some of the panelists mentioned about like building trust is very important, learning more about the other options, and so we believe that the Access Health NYC would be a good way to build infrastructure for community based organizations that already have solid relationship with the immigrant and the hard to reach and the marginalized communities is work the investment. Thank you for the time. Thanks.

CHAIRPERSON JOHNSON: Thank you.

LORRAINE GONZALES-CAMASTRA: Good afternoon. My name is Lorraine Gonzales-Camastra. I'm the Director of Health Policy at the Children's Defense Fund New York. Thank you to Council Member Johnson and to other members of the City Council's Health Committee for the opportunity to share testimony regarding New York City and implementation of the Affordable Care Act. I have copies here, I apologize.

CHAIRPERSON JOHNSON: Yes, thank you. The sergeant will get it. Thank you very much.

LORRAINE GONZALES-CAMASTRA: Okay. The Children's Defense Fund, Leave No Child Behind Mission is to ensure every child a healthy head, fair, safe and moral start in life and successful passage to adulthood. As requested, my testimony today will address where New York City stands post-roll out of the ACA, and how we can enhance access to care for consumers. CDFNY has been a long time supporter of community based health insurance enrollment and has acted in a capacity for more than a decade to monitor enrollment trends, providing technical assistance to community based organizations who conduct outreach and enrollment throughout New

York State. While we can acknowledge that New York State has had tremendous success in enrolling more than one million New Yorkers in its health insurance marketplace, and in achieving an uninsured rate of less than six percent for children statewide, Obama Care's intent of providing all those eligible for access to affordable quality care has not yet been realized. At this time in New York City and State, we need to ensure that hard to reach families who are becoming acculturated to new complex systems have the support necessary for successful insurance enrollment, retention and acquisition of health services. The following are specific recommendations for ensuring optimal enrollment and access to care in New York City. Number one, in addition to the capacity secured for enrollment services via state approved navigators and certified application counselors or CAC's, resources for outreach and education in local communities need to be secured. Specifically, for city communities where a large number of uninsured remain, the allocation of resources for outreach and education should be prioritized. Two, in tandem with additional monies allocated for outreach and education. There needs to

be allocation of resources for consumer assistance, for post enrollment questions and case management. In a study published this year by the Kaizer Family Foundation, since the advent of marketplace enrollment in October 2013, a vast majority of enrollments had a boomerang effect with consumers returning to navigators who assisted enrollment with further questions and case management needs. Currently, neither state navigator nor CAC programs receive resources for post enrollment case management. Given the demonstrated need for case management support, securing resources at the city level to allow for programs to effectively serve consumers in this capacity can be hugely impactful by serving a currently unmet need. Number three, outreach and education specialists informing community residents about options for health care coverage and access should at a minimum speak the seven most commonly utilized languages in New York State. Collectively state residents speak more than 175 languages. More than 2.4 million New Yorkers speak a language other than English at home. Of that 2.4 million, 95 percent comprise state residents who primarily speak Spanish, other Endo-European [sic]

languages, Chinese and Russian. Provision of enrollment documents in the primary languages other than English spoken fluently by city and state resident promotes health literacy for children and families of diverse ethnicities and backgrounds. Furthermore, ensuring that enrollment materials are available in the most commonly utilized languages in New York State other than English is vital to working toward the elimination of health coverage disparities among families whose primary household language is other than English. We encourage the City Council in coordination with the state to invest in providing the coverage and access documents in languages most spoken across the Council person's district. And finally, in an effort to optimize gateways to health insurance coverage and ensure that uninsured lower income individuals and families are being linked to a pathway for enrollment, we recommend that New York City agencies that offer enrollment support for the supplemental nutrition assistance program, or SNAP, in cash benefits automatically link any consumer who may be uninsured to a navigator or CAC for assessment and enrollment in health insurance. In conjunction with this recommendation for system streamlining we

specifically encourage the Council and the Mayor's Office of Immigrant Affairs to work together in optimizing the gateways to health insurance coverage recently created through their unaccompanied minor initiatives. In closing, we commend the amazing strides made to date in ACA implementation in New York State, enrolling more than 1.5 million New Yorkers. Given the success, we feel next efforts must focus on connecting consumers to access points for primary and specialty care. In order to realize the spirit of the law enacted via the Affordable Care Act, we can't fall short of effectively achieving the desired outcome to successfully enroll and retain consumers in health insurance plans in order to grant all Americans access to health care and optimize health outcomes. One of the critical responsibilities a consumer assistance and case management support should be to ensure that every consumer enrolled in care can successfully navigate the health insurance system and have all health needs addressed. We are hopeful for the Council's support in these efforts. Thank you.

CHAIRPERSON JOHNSON: Thank you very much, Ms. Gonzales-Camastra.

ANTHONY FELICIANO: Good afternoon. My name is Anthony Feliciano. I'm the Director of the Commission of the Public's Health System, a lean and mean citywide health advocacy organization. I'm actually going to shorten my testimony. We like to thank Chairman Corey Johnson and the members of the New York City Council Committee on Health as well as the Speaker Melissa Mark-Viverito, Louis Sheldon Brown [sic], Dan Hayfits, and Crystal Pond [sp?] for this important and timely hearing. CPH coordinates the People's Budget Coalition with our partner from Federation of Protestant Welfare Agencies. We're over 30 plus organizations and unions that come together to advocate for preserving and expanding our city's public health programs and services. It is true that affordable care has increased coverage for many New Yorkers. However, we can't lose sight on the many communities who have not benefit from health care reform because of lack of information or confusion regarding eligibility and options and from simply being left out. One of--we think there are many solutions and strategies to addressing barriers to coverage and care. One of the major ones that we've been pushing for with PBC has been Access

Health NYC, which you have heard many times today. Why Access Health NYC? Any insurance card--having an insurance card does not guarantee access to care, first of all. Also, over the summer, CPH had gathered feedback on opportunities and challenges that community based navigators faced in the implementation of the Affordable Care Act. We drew on their experience to draft a set of recommendation for policy makers consider for improving efforts to help people get insurance coverage, and mind you, because of the sensitive nature of the state contracts with these navigators, this is all anonymous. All the navigators that we had spoken with through surveys attributed major delays to three challenges. They were one, explaining the health insurance options. People have various needs and it takes time to explain all the options. Number two, challenges with the New York State of Health system and existing databases. For example, if someone qualified for Medicaid and had picked an insurer, it would take at least a month before the person would get the card. That was just on the average. For undocumented pregnant women, the New York State of Health computer system used--would not let you pass

the identity screen, preventing any further navigation. So that was another aspect. Another challenge of delay was submission of documents for eligibility determination. Persons that were being helped many times did not have the necessary documents needed to determine eligibility. Client's income could not be verified was another issue. Income could not be matched with what was the state's portal system. Other times they have to deal with delay from the state to verify quickly and provide timely determination, especially if it related to immigration status. Any problem associated with the processing and the application, the navigator could not proceed until the state provided an answer to what was the problem. We know that this area has been a lot--addressed by many of our advocates, partners, and hopefully that will change. The other major issue was that there are no real funds available from the state nor from foundations to support these community based organizations, especially the smaller on the ground CBO's to actually do the outreach and education around coverage and knowing how to navigate the health care system. Marketing alone from the state and city

would not suffice. We all have different health care needs. Our finances and our families can be positively or negatively impacted by what choice we make on how we get our health care paid for. So, enrolling health insurance can be challenging to choose the plan that's right for us and our family. Communities that serve unbiased and accurate answers to our questions from a knowledgeable source with our best interest in mind. Access to Health also can complement and create an infrastructure to address pre-enrollment challenges that you heard before and post-enrollment challenges. Access to Health can also scale up existing improving community driven and successful efforts around barriers to coverage and care for immigrant families. There are still four very distinct fears that deter immigrant individual and families from applying for coverage. One is that receiving health care benefits would result in them being considered public charge and prevent them from obtaining permanent residence. That's one fear. A second fear often presents among mixed status families, such as US born children living with undocumented parents. It's that applying for coverage for eligibility family members may expose

other family members to the risk of deportation. Another fear is the third, the lack of awareness around other options for the undocumented to guest services, like HHC Options, Emergency Medicaid. And the fourth is undocumented immigrants fearing to be deported if they access the city health care services. That is why it's so important to have CBO's on the ground doing the education and outreach. Access to Health can also be important too to informing people about charity care, which is the free or loss [sic] care provided by hospitals. Other major reasons for resources for outreach and education around coverage and care are there's a pool of federal funds that go to hospitals. I mentioned it before, the charity care, which is the disproportionate share hospital program, under which hospitals [sic] are able to receive at least partial payment for providing care to the uninsured and the underinsured. There's been this assumption under the ACA that everyone is going to be insured, and they have made cuts to these DISH [sic] and so it'll be important that through Access Health could be a bridge to connecting those still without health insurance, because that assumption is not true. We

still have many that are uninsured and who have limited resources to pay for care. Other areas, particularly also emphasize that families obtain Medicaid and CHIP coverage, they often receive health education and connect to other social services which contribute to an overall increase of a standing of health and broadly improving the quality of life. Hispanic men, younger adults, people with low income and residents of the South Bronx, South Brooklyn and West Queens, which you heard before, are more likely than others to lack insurance and a regular provider, and having insurance reduces the likelihood of adults not seeking medical care due to cost and receiving regular care in the emergency department. We want to make sure that people use other types of services, particularly primary preventive health care. Finally, having a regular provider is associated with better patient provider communication, and that can only be done and the CBO's can have the resources and the capacity to actually do the education and outreach. Thank you.

CHAIRPERSON JOHNSON: Thank you to all of you, and I especially want to thank the People's Budget Coalition for working so hard on this for so

long, engaging early in the process heading into the budget next year, and engaging with the organizations that are doing this on the ground work. I appreciate you guys staying around, being patient, testifying. We get to do a lot of work together and I look forward to working on this and many other things. So thanks again for being here today. Next set, Mark Hannay, Noilyn Medoza, Heidi Siegfried, and Chris Norwood. On deck is Anthony Shih from the New York Academy of Medicine, Elizabeth Howell from Community Health Care Network, and Raji Manjari Pokhrel. Hopefully I said that right. Okay. So you may go in whatever order you'd like, and again, I may ask the folks that just came before didn't read their entire testimony, but if you feel like you have to, you may, though it would be helpful for you to just deliver the most important points that you don't think have been covered yet today, because there is still a lot of other people that need to speak, and we've been here since 1:00 p.m. So, please introduce yourself and start your testimony. I think it needs to--the light needs to be on.

CHRIS NORWOOD: Good evening.

CHAIRPERSON JOHNSON: Good evening.

CHRIS NORWOOD: I'm Chris Norwood, the Executive Director of Health People, which is a peer health education organization in the South Bronx, actually proudly in the Speaker's district. I would like to quickly but pointedly look at the poorest sickest community in the United States and look at what we see with access now. I'm going to address three populations. The first is re-entry populations from state prisons. In our district, the state sends, disproportionately sends people and they are not connected to care. We managed to start a small outreach program with funding from foundation, Elton John Foundation, and in four months with the small part time outreach program, we have gotten 156 reentering citizens Medicaid cards, another 125 health insurance. We have placed 49 in mental health services and 45 in substance abuse services. This is quite startling, I think. I mean, startling even to me, and I think it underscores the vision of Access New York that people now in their communities where there are these populations which have just been left without access, and if it's the reentry population it's particularly critical. I also wanted to look at the question of having health insurance, but then

what services are paid for. The South Bronx and other poor communities have extraordinary rates of diabetes. There's a program called the National Diabetes Prevention Program, which is 22 sessions of education that reduces the risk that someone who already has high blood sugar will get diabetes by 60 percent. We have been able, again with a small grant, this from the New York State Health Foundation, to start to those classes for three public housing complexes in the South Bronx, and I'm very happy to say the first class is halfway through. They've lost an average of eight pounds each. But, in New York State, only a couple of small health insurance companies Upstate will pay even part of the cost of this. I mean, the cost is so little compared with the prospects that people with high blood sugar will actually get diabetes, but you can't, you know under current health insurance, deliver something that is probably the most critical preventive education service that poor communities in New York could have. In that public housing we've done door to door assessment, and 30 percent of people already have diabetes, and another 31 percent have pre-diabetes. Finally, I'd like to look at what happens

with city monies, or monies that the city controls, and I'd like to look at the incredible bias and how it's been inherited, but the Ryan White funding has been distributed in New York. That is a special federal aids funding for people with high needs during the past Administration and we are left with this situation now. Through seven years of recontracting, they took--they closed 50 programs in the Bronx and Brooklyn and moved that funding to Manhattan so that finally 60 percent of the community funds, which come from the federal government for AIDS, which are given to this city on the basis of how many cases they have. So, the cases in Bronx, Brooklyn and Queens brought in most of that money to the city, but most of the money was given to Manhattan agencies over a period of years. They did that recontracting, and during that period something really disturbing happened to death rates in New York City, which is that the percentage of deaths in the Bronx and Brooklyn kept increasing in those years, and the percentage of AIDS deaths in Manhattan kept going down.

CHAIRPERSON JOHNSON: Thank you for your testimony.

CHRIS NORWOOD: Okay.

CHAIRPERSON JOHNSON: I appreciate you being here. Thank you.

HEIDI SIEGFRIED: Okay, I'm Heidi Siegfried. I'm the Health Policy Director at Center for Independence of the Disabled in New York, and we're a nonprofit founded in '78 whose goals is to ensure a full integration and independence and equal opportunity for all people with disabilities by removing the barriers to participation in the community. We have offices in Union Square and also in Cue [sic] Gardens in Queens. We help people with disabilities understand enrolling and navigate private and public safety net health programs including commercial and public health insurance, free and low cost coverage alternative. We advocates informally, file and request exemptions, exclusions, do grievance process and appeals, fair hearings, help people get replacement ID cards. We negotiate bills, you know, all kinds of stuff, and we also do policy work and advocate for optimal coverage including, especially for people with disabilities, coverage that includes sufficient home care hours, medically necessary durable medical equipment and access to all

of the drugs that people need because these are areas where health plans are really trying restrict. The people we serve use all types of insurance, so they also use clinics. We help people with Medicaid, and this includes Medicaid buy-in and medically needy Medicaid, which is Medicaid with a spend-down, which is not currently available through the New York State of Health marketplace. We help people with Medicaid manage care, long term care, Child Health Plus, Epic [sic], ADAP, Medicare, everything, FQHC's. During that first enrollment period we got a small navigator grant subcontract to help people enroll, and we have six benefits counselors that were trained as navigators and they speak English, Spanish, Cantonese and American sign language, and we have other languages that our staff speak, but they weren't trained as navigators. So, people with disabilities do tend to be disproportionately insured, you know, because they need insurance, and you know, they're likely to have health conditions that require it. And it's disproportionately public insurance, too, but we were surprised to find out--unfortunately the Urban Institute did not bother to look at the number of people that might be uninsured that had

disabilities, so we had to go to Cornell and ask them to supplement the information. We found out there were 44,000 uninsured people in New York City who had disabilities, and this includes vision impairments, hearing impairments, cognitive impairments, ambulatory disabilities. The Robin Johnson [sic] Foundation has been sponsoring message research to kind of look at who is it that we need to enroll in this second enrollment period that hasn't been reached during the first, and you know, they'll probably be still around in the third. And you know, what they're really finding out is that people really want insurance, but they don't think that they can afford it. So this is, you know, this is low income people that are not taking advantage of what's out there. People with disabilities have a lower median income and a high poverty rate. Our poverty rate is actually twice the poverty rate of people without disabilities. In fact, it's the only population who had an increase in poverty this year other than, I think, Native Americans also did. So, it's really important that we have research to do outreach to people with disabilities and other disproportionately low income populations who still don't know about the

available health insurance options or that there is financial help to lower premium costs, in-person assistance to help them complete the enrollment process. So as members of the People's Budget Coalition, we are also advocating for funding for Access Health in New York City to get the word out to people. The Affordable Care Act does recognize people with disabilities as a health disparities population, which means that our outcomes are worse and, you know, we experience discrimination, and they've recommended that disability status be measured by using the American Community Survey questions, which is what our friend at Cornell used, you know, deaf, blind, mobility, cognitive. But he New York State of Health, despite our recommendation in 2012 that they ask these questions, is not doing that. So we don't really know what--we don't have the kind of data that we have about enrollment that we do for like language and race and ethnicity. Hopefully, when the ACS data comes out on the uninsured, and I think this is like all of us are going to kind of be waiting to try to see who is still uninsured, you know, we'll get a better picture of that. So, you know, it's important that our

outreach be, you know, that our outreach workers be familiar with all the health coverage and care options and be both culturally competent and disability literate. And the final thing that I just wanted to bring up, because for people with disabilities, Access has a very special meeting and we know that once you get coverage it doesn't mean you access to care, and we also know that providers that we want to see often say they're accessible, but they aren't. You don't find out until you get there that the office is not accessible. They don't have equipment that's accessible, and they may not have communication abilities or they may just not be disability literate. So, this is another area that we would really like to see New York State of Health identify this so that people can know when they have coverage and want to go to care, or they can pick a provider that's going to be able to meet their needs.

CHAIRPERSON JOHNSON: Thank you, Heidi.

NOILYN ABESAMIS-MENDOZA: Good afternoon. My name is Noilyn Abesamis-Mendoza, I'm the Health Policy Director at the Coalition for Asian-American Children and Families. I want to thank the Health Committee and Chairperson Johnson for holding this

important hearing. CACF is a policy advocacy organization. We have a membership base of about 50 Asian led and Asian serving community and social service organizations serving the very diverse APA community. CACF also is a correlating agency of Project Charge, which is a collaborative devoted to improving health care access for Asian-Americans in New York City. In July 2013, CACF along with 16 of our Project Charge partners were awarded a five year state contract to serve as in-person assisters and navigators for the New York State of Health. Within our network there are 46 navigators speaking 26 different languages. When the passage of the ACA happened in 2010, everyone was asking what does this mean for me? The question becomes even more pressing for the Asian-American community, the state's fastest growing racial group. Prior to the Affordable Care Act one out of five Asian-Americans were uninsured, and among those that were uninsured in our community, 70 percent were immigrants. Additionally, 29 percent of Asian-Americans live in poverty and 32 percent are limited English proficient. We at CACF, we recognize the tremendous gains that have happened through the Affordable Care Act and the full implementation of

it. In fact, in the most recent New York State of Health enrollment report that was released in July 2014, 15 percent of their enrollees identified as Asian-Americans, or about 135,000 people. New York is a model and a leader for our health programs and initiatives, and we have a tremendous opportunity to strengthen these coverage options for our residents and to ensure that uninsured individuals and families will have access to an existing safety net. We strongly urge our elected officials to continue this commitment to guaranteeing health care access to its resident and not to retrench on the promise of covering the uninsured. I wanted to go over three specific recommendations that we feel would increase access for our community. First is we want to ensure that limited English proficient individuals and families are able to meaningfully access the New York State of Health and that this marketplace meets the needs of Asian-American individuals and families. The New York State of Health has developed a number of strategies to address LEP populations. That is the setup of a multi-language customer call center, as well as outreach materials in the top six languages as required by the state EO. Additionally,

there are plans for the enrollment portal to be eventually translated into Spanish as many have said previously. However, there are a number of challenges. We feel in the Asian-American community that targeted outreach and education severely fell short in the last open enrollment towards our community. In most instances, posters, fact sheets, government presentations and budgets for media engagement were not culturally competent. In fact, outreach materials were only translated into Chinese and Korean, and I have one example where even in the materials that were translated, they were not usable. So in the Korean materials we found out because of a character spacing issue, that when you looked at it in Korean, it was actually not legible. So many of our Korean partners did not end up using health education materials that were provided by the state. The lack of adequate language assistance and targeted culturally competent marketing for our community led to considerable misinformation and confusion, and in some cases, deterred many from enrolling even if they were eligible. This required many of our community based organizations to fill these gaps by translating and correcting existing marketplace materials, often

without financial support or funding. Bilingual navigators also spend additional time happening Asian LEP [sic] consumers because there was no translated applications, forms, or notices or other printed materials translated into their languages. And in particular, we found this to be particularly the case for smaller emerging communities. Our consumers also face problems related to identity proofing and income verification. Consumers require more assistance using their insurance once they were enrolled, and navigators were made to translate benefit packages and provide one on one training on how to navigate a health care system, such as choosing a position and book appointments. The duties of navigators often went above and beyond just enrollment assistance. Additionally, we want to call for the promotion of options for the remaining uninsured and I believe many of the speakers talked about his before. Asian-American communities are also part of mixed status families. We feel like it's very imperative that a clear and stronger message must be sent out by both New York State and New York City that individuals and families can seek affordable coverage options without fear of impact of their immigration and be assured

protections of the personal information as well as what their rights are as health consumers. Lastly, we're calling for the funding of Access Health NYC that will fund community based organizations to link individuals to care. While the state has invested conservatively in supporting CBO's to serve on various enrollment assister roles, the state contract restricts our funding to only enrollment services. In order to outreach and education activities, CBO's either had to fundraise, divert resources, or provide activities pro-bono. So for example, CACF, we applied to a private foundation in Florida, and we received a very small 50,000 dollar grant. We then redistributed it to nine organizations, and so if you can imagine 50,000 among nine organizations, it's not a lot. It's very meager, but they did a lot with very, very little. The burden has fallen on and continues to fall on community based organizations to spread the word about health care coverage offerings because the state failed to adequately target many hard to reach communities such as Asian-Americans. The key to a successful program to link underserved individuals to care are community based organizations that speak to them in languages and in the manner that they can

understand. So we are calling for the City Council to put 500 million for a new initiative, Access to Health NYC, which would fund CBO's to link individuals to information of options both on the marketplace and for those that are not eligible about options outside of the marketplace. Council Member Johnson, I also wanted to let you know in your packet I included two reports. One is a national report. That has been done also with Project Charge that has specific recommendations of what can be done to better outreach to the Asian, Pacific-Islander community. Thank you.

CHAIRPERSON JOHNSON: Thank you, Ms. Mendoza.

MARK HANNAY: Good afternoon. My name is Mark Hannay. I'm Director of the Metro New York Health Care for All campaign. We're a citywide coalition of community groups and labor unions that have been working together on health care reform for over 20 years. Thank you Chairman Johnson for holding this hearing today on this important topic. I'm going to summarize my testimony rather than read it. The first page just sort of talks about our work on health care reform. We've been focusing on the

Affordable Care Act before it was a gleam in any presidential candidate's eye in 2007. So, it's been a long haul. We're really glad we've gotten as far as we have, and we really want to commend the state on the enormous job that they've done. The fact that 1.6 million New Yorkers almost have coverage now that didn't before out of 2.7 uninsured is really quite extraordinary. What I'd like to do instead in summarizing today is to just offer some recommendations for how Council Members and other city agencies can maximize, help us all work together to get the biggest bang for our buck, so to speak, in the coming enrollment period. Engaging the stakeholders at the community level, particularly local community based organizations. We've heard a lot about that today. Holding public events that highlight the importance of locating the uninsured and directing them to enrollers, making basic information available about New York State of Health in both written materials, online platforms, and where we people can get additional information and assistance. Training your frontline staff to interact with the public on the basics of health insurance, why health insurance is important and

where people can get information and assistance. Focusing on constituencies that are hard to reach and disproportionately uninsured as well as those in medically underserved communities. And some message points that are important to get out there and when communicating with constituents, the importance of having health insurance for both peace of mind as well as to protect one's own family's finances, assuring people that the enrollment and renewal processes can be relatively easy especially when using personal assistance services. Emphasizing net financial assistance is available for most uninsured people and I think the state's data shows that the vast majority of people who enrolled in new coverage did get some form of financial assistance. Either they got Medicaid, which was completely no cost, or they got advanced premium tax credits, or they have even gotten some cost sharing reductions, depending on their family income. Stressing that the new--this is a whole new world in health insurance now that these plans are new. They offer comprehensive coverage. The market is much better than it was before, and well more organized, that that peaks people interest to kind of check things out who may

have had previously a bad experience with trying to access or use health insurance. Reminding people that free in-person assistance is available. We find that's a big motivator, and mobilizing people to take action by calling attention to deadlines, for example, the December 15th deadline for change, any changes people want to make around renewals. If they don't want to keep the current plan they're enrolled, and February 15th for new enrollment. And to broaden the focus of your reference beyond just enrollment per say to around where people can get help once they are enrolled in trouble shooting problems with health plans they may have, where those who for whatever reason remain uninsured can get access to services, and where those who are already insured, what they need to know about renewing their or changing their coverage during the upcoming period. Some broader closing recommendations: Developing a comprehensive and integrated program so it's not just piece meal and scatter shot. Linking health insurance outreach and enrollment activities to other similar activities for other public programs such as food stamps, public assistance, social security, the senior citizen rent increase exemption program, SSI and so forth.

Continue--give all of this, it's also important to stress that we still must continue our support for our safety net providers in this city. For whatever reason, they're going to be a cadre of people that are not going to get coverage in place, and we need those resources to provide services for them, particularly but not limited to the Health and Hospitals Corporation. And finally, two things, prioritizing this outreach enrollment activities. We've got roughly a three month period to focus on this and get the ball rolling and do it really well, and take another big bite out of those who are yet uninsured. And finally, as part--another organization that has also been part of the People's Budget for Coalition for Public Health, we call on the Council to support and move forward the Access Healthy NYC proposal that has been developed during the coming budget cycle that will start in the late winter and spring, and we want to thank you and commend you, Chairman Johnson, for your leadership on pushing it as far as it's gotten within the council process so far. And I'll just close by saying we stand ready to work with you and other member of the council, the city agencies and so forth, the Mayor's

Office to really make this coming open enrollment period and post enrollment period work for New Yorkers so that we can, when all is said and done within the three year period that the state has projected for an intensive outreach effort and enrollment effort. We can really, you know, get that uninsured rate down here in New York to minimal levels.

CHAIRPERSON JOHNSON: Thank you. Thank you all for being here today. Thank you for sticking around to testify, and for your comprehensive, thoughtful, and substantive testimony before this committee. Thank you very much. Okay, next up, Anthony, Doctor Anthony Shih from the New York Academy of Medicine, Elizabeth Howell from the Community Health Care Network, Raji Monjari Pokhrel, and also Paul Casali from Big Apple RX Prescription. Did Elizabeth How--is Elizabeth Howell here? So you may begin in whatever order you'd like. Please just introduce yourself for the record. Thank you.

RAJI MONJARI POKHREL: Hello everyone. My name is Raji Monjari Pokhrel, and I'm honored to be testifying today, and this is also my first time,

so if my thoughts get stranded, especially I haven't had lunch. So please bear with me.

CHAIRPERSON JOHNSON: Me either. I'm hungry. Not good for your health. Keep going.

RAJI MONJARI POKHREL: My name is Raji Monjari Pokhrel, and I am a social worker and a health care navigator at Adhikaar working with Nepali speaking population in Queens, in Queens, Elmhurst, Woodside, Jackson Heights. Our members our domestic workers, nail salon workers, low income wage earners, mostly immigrants and new immigrant the last 15 years who have come into this country. We've been working in this community for almost ten years providing direct service around issues like work place justice, helping our members with wage theft issues around labor trafficking. We provide weekly English workshops. We also provide language assistance to members at hospitals, social service agencies. We became a navigator site to provide our community direct service signing up for health insurance and be able to provide feedback. We speak Nepali, English, Tibetan. We're proud to say that since last open enrollment period, Nepali has become one of the several newest most requested languages in the

marketplace hotline. I took the navigator training last September, and I remember the first client I tried to sign up. They were American citizen, but couldn't get verified, and after three years of-- three hours of trying, we found out that their name on the social security card was different than their current name, because they had gotten married, but that was many decades ago. And things have improved a lot since then, but remains true even now is that the time that navigators invest with each consumer goes beyond just enrollment. Even consumers who understand English are unable to decipher the complicated language in letters they receive, and at times navigators ourselves cannot understand either. We strongly recommend using plain English in all of the correspondences that is sent to enrollees. Recently, as the renewal letters have started coming, those are also really confusing. And so we've been spending a lot of time again with people that we enrolled several months ago to look through the letters and trying to understand and fill it out in a proper way so that they don't have problems in the future. For community based organizations like ours, not only do we serve Nepali speaking population, but

also community at large who come to us because they live close by us. So, we're not only--so geographically and demographically we are serving a bigger community. For those individuals who cannot speak or read English, we spend time with them to explain everything, because for them we're the first resource, and they already have existing relationships with us, and we have also become the face of New York State of Health Marketplace. We need support for programs like Access Health NYC to provide timely and quality assistance to our members in our community. Navigators at community based organizations aren't new hires. I think this is a really important point. I was working there and the other two navigators at my site were also already working there, and the fact that we're navigators, we became a site, is because we already were working in the community, and this matter of health insurance is about human rights for us. And because we have prior knowledge of the community and the issues, we are also a connection of the community for you, and we will continue to be. We need more support and funding for outreach in our community, not just for enrollment, but to explain what health insurance

means. Having a health insurance card is not enough to stay healthy. This might sound like common sense, but for a lot of our members who have had Medicaid even before ACA was here, a lot of them do not have primary care. They just think that if they have health insurance, when there's an emergency situation they don't have pay in hospitals, but we want to change that. Outreach needs to be done to create awareness around preventive care. One of the things that's really helped in the last year has been our monthly group meetings with all the members in the CACF cohort, all the navigators. Being able to call our partner organizations to trouble shoot has been the biggest help. We talked a lot about language access today, but only access is not enough. Language access needs to go beyond consumers getting information. They need to be able to converse, ask questions and be heard. We hear a lot from our members that when they go to hospitals, their inquiries are left unanswered even when there's interpreters present on the phone or in person. So, hospitals also need to train doctors and health providers around the ACA. Another issue we have with languages for navigators, when we have called

hotlines, sometimes they have demanded--they want to use their own interpreters, which I think is kind of backwards, because the fact that we are navigator site and we speak the language means that we can provide that access. So we want to facilitate rather than create--rather than adding more time to the whole process of putting someone in through a hotline through another phone. So I think that there's a disconnect, and we think, we as navigators and community based organizations can bridge this gap because we work in the community and we speak the language and understand the issues. We also talked a lot--the DOHMH also talked a lot about, the representatives from there talked a lot about engaging CBO's like Adhikaar. I think that engagement needs to be both ways. DOHMH needs to come into our community to learn about us and from us ways of organizing that have been tried and tested and successful, so that they can go back and implement it in their plans moving forward. Like for example, now that we know that Nepali is one of the languages that a lot of people call to, I think if we could work together to start translating and we can vet those materials so that example that Noilyn gave, things

like that don't happen where even though there is translated materials, they can't be used. I think, and last of all, I want to wish everyone happy Devali [sic].

CHAIRPERSON JOHNSON: And to you.

RAJI MANJARI POKHREL: I did not expect to spend my day here today, but I'm glad I got to speak. Thank you.

CHAIRPERSON JOHNSON: Thank you very much for sticking around and testifying.

PAUL CASALI: Good evening, Mr. Chair, and everybody present. My name is Paul Casali. I'm the Program Manager for the Big Apple RX Prescription Discount Card, and I just wanted to briefly talk about the card today as a useful tool that New Yorkers can use to try to stay healthy and to get big discounts on their prescription drugs, whether they have health insurance or not in many cases, and I'll go into that a little bit later. But I'll just give a brief overview of the card. The Big Apple RX card is administered by Catamaran, which is a national pharmacy benefits manager, and it is overseen by the New York City Department of Health and Mental Hygiene. It launched in May of 2011 under former

Mayor Bloomberg, and it provides discounts on prescriptions to consumers at over 2,300 chain and independent pharmacies in all five boroughs in New York City. It can also be used in all 50 states and Puerto Rico. There is no personal information or enrollment required to use the card, and the card never expires, and it has no limits on the amount of times you can use it. Since its launch in May of 2011 over 27 million dollars in prescription costs have been saved by consumers in all five boroughs, and over 850,000 prescriptions have been processed with the Big Apple RX card. So the savings that the card provides breaks down to an average of 47 percent. That translates in up to 75 percent savings on generic prescriptions and 18 to 20 percent savings on brand name prescriptions. Anyone and everyone can use the card, regardless of age, income, citizenship or health insurance status. Those with health insurance can use the card to provide discounts on prescriptions that their insurance plans and formularies may not cover, or they can use the card if the price with the discount is less expensive than their co-pay, and many people who have high deductibles for their insurance plans use the Big

Apple RX card as well. The only drawback is that the card cannot be used to get a discount on your co-pay. So it's an either or situation. You use either the Big Apple RX card or your prescription drug benefit. Also, Medicare Part D participants can use the card to save the money in the infamous donut hole where they pay full out of pocket price for their prescription medications. So what is covered by the Big Apple RX card? It's all prescription medications and medical supplies. So, any drug that you have a prescription for is eligible for the discount. It's also for over the counter medications with a prescription. So if your doctor will write a prescription for you for say Ibuprofen, you're eligible to use the card for the discount. Smoking cessation aids and diabetic supplies with a prescription, and also flu shots at any pharmacy without a prescription. You do not need a prescription to get a flu shot, but if you were to go to any chain or independent pharmacy and get a flu shot there, you would receive an average savings of 30 percent off the cost of the flu shot. To use the card, you simply take a card with you along with your prescription to a pharmacist, and you will pay the

discounted price when you pick up the prescription at the point of sale, which is the pharmacy. Getting a card is simple.

CHAIRPERSON JOHNSON: I am very glad you're here.

PAUL CASALI: Yes.

CHAIRPERSON JOHNSON: But this is not entirely relevant to the hearing today.

PAUL CASALI: Okay.

CHAIRPERSON JOHNSON: So, I love Big Apple RX. I'm excited about the card. There are going to be future opportunities for us to work together, but his hearing is focused on the Affordable Care Act and enrollment.

PAUL CASALI: Right.

CHAIRPERSON JOHNSON: So, I'm happy to distribute this information and make sure my colleagues get it and that we get it out to New Yorkers. I just want to move on, not because it's not important.

PAUL CASALI: Sure.

CHAIRPERSON JOHNSON: But because there are other people here to speak specifically on enrollment and what we can learn from that. So I

appreciate that you've been here today, and I wanted you to talk a little bit about the card, but I just want to move on because we only have a few more minutes actually--

PAUL CASALI: Sure.

CHAIRPERSON JOHNSON: Okay?

PAUL CASALI: Absolutely.

CHAIRPERSON JOHNSON: Thank you very much.

PAUL CASALI: Thank you, Chairman.

CHAIRPERSON JOHNSON: Thank you.

ANTHONY SHIH: Good evening. My name is Tony Shih, I'm the Executive Vice President of the New York Academy of Medicine. We're an independent not for profit organization that has been advancing the health of people in cities since 1847. We do this through research, education, community engagement and policy leadership. We thank the council for the opportunity to testify. We are here today because we're concerned about the health of New Yorkers and want to support you in your efforts to build an effective outreach campaign for the upcoming open enrollment period. Our testimony is grounded in our expertise in urban health and the work that we

recently completed analyzing health related data and conducting over 60 focus groups and 50 key informant interviews across the city in order to better understand community health needs. So we would like the Council to consider the following five key points. First, as you and others have mentioned, within New York City we find that uninsurance rates very several-fold by very small geographic regions. So for instance, at the zip code level we found uninsurance rates that varied by three to six fold within a single borough. This suggest that a very geographically targeted campaign may yield the most impact if you have limited resources. Secondly, as you are well aware, New York is one of the most diverse cities in the world. This brings particular challenges to any public outreach campaign. We conducted many focus groups that targeted diverse immigrant populations. Each group had a unique perspective on health and health care. This suggests that your outreach campaign will need to be tailored for many different cultures and languages, and partnering with established CBO's as you have mentioned is an effective way to do this. Thirdly, during our focus groups, we heard a consistent theme

about cost worries. Now, we know that New York has one of the most generous income eligibility levels for Medicaid in the nation and that the marketplace offers substantial premium subsidies for low income individuals and families. It's actually unclear whether or not there's a misunderstanding about the levels of support available or that even subsidized premiums remain prohibitively high or that copayments and deductibles are unaffordable. I think clarifying this would be helpful for your campaign. Fourthly, we heard from our focus groups that insurance coverage alone does not equal access to care. Not only is there uneven distribution of health care resources across the city, but cultural and linguistic barriers to care are significant, especially among the immigrant populations as mentioned. Finally, as a council that is concerned with the health of New Yorkers, we ask that you recognize that there are many other factors that impact health other than health insurance. Although the ACA is most well-known for its provisions to expand health insurance coverage, there are also important provisions that seek to improve the quality and value of the health care delivery system as well

as to encourage prevention and promote population health more broadly. These latter investments move attention away from the treatment of disease to disease prevention and health promotion. So for instance, the ACA created the new prevention and public health trust fund to provide national and sustaining investments in prevention and public health. Under this fund there exists various grant programs that provide important opportunities for broad multi agency collaboration to promote community health. Additionally, under the ACA, the government modeled multi agency collaboration with the creation of the national prevention council. Involving sectors beyond health, such as housing, education, and transportation is critical because they are all important to determinants of health, particularly in dense urban environments such as New York City. Again, we applaud you in your efforts to expand health insurance coverage in New York City and hope that equal attention is paid to broader efforts to improve our city's health population. Thank you for your time and attention.

CHAIRPERSON JOHNSON: Thank you Doctor for being here today and for sticking around. I

really appreciate that the Academy sent you and that you all weighed in. So thank you very much.

ANTHONY SHIH: It's our pleasure. Thank you.

CHAIRPERSON JOHNSON: Thank you. And thank you to all of you for being here. Our last panel, Pierre Devaud, Ben Thomases [sp?], and Mauricio Garcia. Okay. You may begin. Just please introduce yourself for the record.

PIERRE DEVAUD: Hello. I'm Pierre Devaud form the Brooklyn Chamber of Commerce. I am the Director of the IPA Navigator Program at the Brooklyn Chamber of Commerce in Brooklyn, New York. Today, I'll be delivering testimony on behalf of the Brooklyn Chamber President and CEO Carlos Asura [sp?]. Carlos personally sends his best to you, Council Member Johnson.

CHAIRPERSON JOHNSON: And I send mine to him.

PIERRE DEVAUD: Lovely, I will share that. The Brooklyn Chamber of Commerce is a membership based business assistance organization, which represents the interest of almost 1,900 member businesses. The Brooklyn Alliance is the not for

profit economic development organization of the chamber, which works to address the needs of businesses through direct business assistance programs. We commend this committee for examining the impact the Affordable Care Act has had on New York City. We appreciate the great importance you've placed on understanding where New York City stands post roll out and how we can boost access to care in the coming open enrollment period and beyond. We are thankful to our elected officials and the New York State Department of Health for having been awarded a navigator grant in July of 2013. The Brooklyn Chamber of Commerce, through it's not for profit organization, the Brooklyn Alliance, was awarded the contract to provide in person health insurance assistance services in Brooklyn to both individuals and small businesses. Since then, the chamber has partnered with the Brooklyn Public Library, seven separate branches, the Arab-American Association, the Brighton Neighborhood Association, and the North Flatbush Business Improvement District to facilitate in person enrollment services in English, Spanish, French, French Creole, Russian, Cantonese and Mandarin. We also meet business owners on site to

discuss health care options for their employees. Since the launch of the Affordable Care Act on October 1st, 2013, the chamber has seen almost 3,000 customers with over 2,000 people currently enrolled. You might wonder why a thousand of our customers are not enrolled. There are a number of reasons. This could be some of which have been referenced earlier in this hearing, unwillingness to sign up in the first place, nonpayment of premiums or not having submitted appropriate documentation, income, immigration, etcetera. We pride ourselves on delivering a phenomenal customer service experience by keeping close tabs on all the lives we are responsible for after enrollment, including after enrollment. There is a strong need for additional participation of small businesses that could benefit from the chambers' resources through its IPA Navigator Program. Available tax credits cut the cost of offering insurance by as much as 50 percent. When New York State made its initial forecast of enrollment through the first three years, it speculated that 40 percent of enrollments would be members of a small group receiving insurance through their employer. At this time, less than five percent

of paying subscribers are members of a small group statewide, but the Brooklyn chamber has effectively promoted the small business options and is successfully persuading business owners to consider the value associated with small group health insurance through the New York State of Health. When the question of purchasing health insurance through the New York State of Health was posed in the chambers 2013 member issue survey, 89 percent of respondents, Brooklyn Chamber members, said that either they would not be purchasing or were unsure if they would be purchasing insurance for employees through the marketplace. We believe that employers should have access to quality affordable health insurance for their employees if and when it supports their business interests. While some businesses may not find a match with their insurance needs in the marketplace, it is evident that they could benefit from the chambers' new role of providing clarity of the small business marketplace, since this has been a major concern for business owners in our annual survey for several years running. Thank you for your time and attention.

CHAIRPERSON JOHNSON: Thank you, Mr. Devaud for being here all day to deliver your testimony and give Carlo [sic] my best. Thank you.

MAURICIO GARCIA: Good evening, and thank you Chairperson Johnson. My name is Mauricio Garcia, and I'm the Director of Seedco's Health Navigator Program in New York City, and I also support our house navigator, our Health Access initiatives nationwide. Seedco appreciates the opportunity to present testimony today to City Council. I'm going to do some paraphrasing. Seedco's a national nonprofit organization that advances economic opportunity for people, business, and communities in neeed. Prior to the implementation of the Affordable Care Act, Seedco operated for many years in New York State Department of Health funded Medicaid Facility Enrollment Program in New York City. That program was enhanced by Seedco's own technology or in Benefits Online, a user-friendly benefit screening tool that allows clients to be screened for and apply to 18 different benefits available in New York City, including health insurance, food stamps, home energy assistance, and the earned income tax credit. EBO, as it's called, allows users to track and monitor all

participants screened and provides simple and direct steps for clients to complete the application process. From 2005 through just before the first open enrollment period, Seedco's network of community partners assisted more than 180,000 households to receive an estimated 300 million dollars' worth of benefits. In 2013, prior to the start of the first open enrollment period, Seedco was awarded funding to lead navigator consortia in four states, here in New York City, Maryland, Georgia, and in Tennessee. In each of these four states and in New York City, Seedco worked with community partners who had a strong affinity group relationships such as LGBTQ, immigrant, young invincible, and non-English speaking populations. To support our navigator programs nationally, Seedco created an online data tracking system compliant with HIPPA and other relevant laws and regulations. We use data on a weekly and monthly basis to manage our four navigator programs and for deeper more long term analysis. As a result of this data and in light of the diverse environments in which we operated in during the first open enrollment period, Seedco commissioned an evaluation study to learn about barriers and facilitators to health

insurance navigation. That study was conducted by the researchers at the University of Georgia College of Public Health. The primary purpose of this evaluation was to identify factors associated with the success of facilitated insurance enrollment by navigators in Seedco's four states. The findings can be used by Seedco and other navigator entities as well as policy makers to inform program design and navigator training protocols as well as to increase successfully enrollment of consumers in future enrollment periods. This study was released last week and is available at our website, Seedco.org, and I have copies of the reports highlights for you today. The complexity of choosing a health plan was one of the greatest challenges navigators faced in working with consumers to provide effective enrollment assistance. The study we just completed found that 28 percent of consumers we served across all four states report having trouble understanding documents from doctors or pharmacists at least some of the time. Continuous training for our navigators was helpful and necessary. Seedco incorporated interactive health literacy trainings into its navigator training in all four states. Navigators

practice with health literacy experts, translating terms like premium or copayments or provider network into easily understandable phrases and languages. Seedco believes that providing this training is a best practice that should be adapted by navigators throughout New York. Financial literacy was also an issue for consumers we served. Only about one in ten consumers report having any access money beyond what they needed for expenses at the end of each month. More than 15 percent of consumers reported not knowing their typical monthly financial status and these consumers disproportionately failed to complete the enrollment process. These findings of the University of Georgia study emphasized importance of a link between helping consumers understand and manage their budgets, their day to day budgets, and helping them enroll and maintain health insurance. Seedco has recently assumed responsibility for operating the ASSA [sic] platform, an online financial empowerment resource for human services professionals developed by the Apsen Institute, and with this powerful tool we are working to integrate financial empowerment services into many of our programs including our navigator programs. In order

to boost access to care for New Yorkers, Seedco makes the following recommendations. We recommend the development of a more integrated benefits outreach and enrollment strategy. Many New Yorkers are eligible for multiple benefits such as Medicaid, SNAP, and home energy assistance. When applying for these benefits, New Yorkers are required to submit the same information on multiple forms and expend much time and effort doing so. A more integrated benefits outreach and enrollment strategy is needed to ensure New Yorkers conveniently access and use the public benefits they are eligible. The creation of a marketplace diminish HRA's role in processing Medicaid application presenting new challenges to implementing this type of integrated approach. Yet, there remain a variety of opportunities for the city to reassert its role and offer New Yorkers more seamless access to a diverse array of benefits. While Access NYC, the city's free web based benefits screen tool allows New Yorkers to screen themselves for over 30 city benefits, it does not however provide application assistance to clients, and as a result still requires clients to visit multiple offices to apply for benefits. This creates a complex and time

consuming maze of forums, websites and government offices. An integrated process using a technology like EBO would allow hardworking New Yorkers to maximize the limited time they have available to enroll in multiple benefits at the same time. We also urge the city's leadership to integrate public benefits outreach and enrollment into a variety of city services such as DHS home base sites, Workforce One career centers, and financial empowerment centers. New Yorkers access these services in an effort to achieve financial stability for their households, so they are logical sites for benefits outreach and enrollment services. We also recommend the creation of public awareness campaigns that build on positive consumer response to the ACA and navigator. The University of Georgia study found that consumers wish they had known about in person assistance sooner. Most learned about navigators through word of mouth or from agency referrals. There is an opportunity for city agencies, the council, and navigator providers to work together to make sure that all New York City neighborhoods are exposed to messages about free high quality enrollment assistance. There's also a need to

describe in very concrete terms who navigators are, what services they offer and how they can be reached, and that they can accommodate consumer's schedules. One way to accomplish this may be to create events in which satisfied consumers tell their stories at community forums. Other ways may be to create web or television advertisements or pamphlets with testimonials about positive experiences with navigators. We look forward to working with the City Council and city agencies to spread this important message. Thank you.

CHAIRPERSON JOHNSON: Thank you, Mr. Garcia. Thank you, both of you, for enduring a long day. You were here as long as I've been here. So thank you. And we look forward to working with both of you on the small business perspective and also from the navigator perspective in making sure that we enroll more New Yorkers and are also sensitive to the needs of small businesses. So, thank you very much, and with that almost five hours later, this hearing is adjourned.

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date October 30, 2014