



Health Coverage in New York:

How Will Health Reform Help?

President Obama signed into law a historic package of health reforms that will dramatically improve the state of health care in New York and across America. The new health reform law will guarantee that everyone—businesses large and small, seniors, children, those who currently have insurance, and those who don't—have access to health coverage they can afford. The new law will address many of the problems in New York's health care system so that residents will be able to obtain and keep high-quality, affordable coverage that meets their needs.

In this report, we discuss major gaps in New York's current health coverage system—gaps that allow insurers to charge premiums that are unaffordable for New York families and businesses and to make obtaining care difficult even for those who have insurance. We also discuss the significant ways that health reform will address these gaps, providing help to residents across the state.

Issue: Affordable Premiums for Middle-Class Families

What Happens Now?

New York families are facing higher and higher costs for health insurance. Over the past decade (2000 through 2009), family health insurance premiums for New York workers rose 6.4 times faster than their median earnings.¹ One of the reasons premiums have become so burdensome for middle-class families is that they include a “hidden health tax”—on average, \$1,017 for each family with coverage in 2008.² This is the extra cost that families with insurance pay to make up for the care that doctors and hospitals provide to the uninsured.

How Will Health Reform Help?

New Yorkers with moderate incomes (up to \$88,200 for a family of four in 2009) will receive sliding-scale subsidies to use toward the purchase of a high-quality health insurance plan.³ This will protect New York families from having to spend too great a share of their incomes on health insurance premiums. And, as residents gain coverage, the hidden tax will diminish, making premiums more affordable for those who have insurance now.

Issue: Coverage for the Uninsured

What Happens Now?

Nearly one in three New York residents under the age of 65 (31.4 percent) were uninsured for one month or more during 2007-2008.⁴ People with low incomes, along with those who are self-employed or who work for small employers, are especially likely to be uninsured.

How Will Health Reform Help?

Under health reform, 1,806,000 New York residents will gain coverage by 2019.⁵ The path to coverage will depend on each resident’s situation: Some will enroll in coverage through their employers, while others will obtain coverage through a new marketplace, called an exchange, in which insurers must play by new rules to make sure that consumers receive quality coverage. People who earn too little to purchase coverage now will finally be able to obtain the care they need. And covering more residents will help reduce insurance premiums for New Yorkers who already have coverage (see “Affordable Premiums for Middle-Class Families” above).

Issue: Help for Small Businesses

What Happens Now?

Small businesses in New York have to struggle harder each year to provide coverage for their workers: Small business coverage is often more expensive than coverage for larger businesses.⁶ In 2008, less than half (42.6 percent) of New York businesses with fewer than 10 workers (and 72.6 percent of those with 10 to 24 workers) offered health insurance to their employees, whereas nearly all firms with 50 or more workers (97.5 percent) offered coverage.⁷

How Will Health Reform Help?

Small businesses in New York will receive tax credits to help with the costs of covering their workers. And, new exchanges (see “Coverage for the Uninsured” on page 2) will provide a marketplace where small businesses can shop for coverage that is comprehensive and affordable. Exchanges will make premiums more reasonable and predictable for small businesses, which are currently left to fend for themselves in an open market with few protections.

Issue: Annual and Lifetime Caps on Coverage

What Happens Now?

Currently in New York, a health insurance policy may stop paying your claims if you exceed an annual or lifetime cap on your coverage. Therefore, if you or a family member becomes sick and needs significant medical care, you may “run out” of coverage and have to foot the bills on your own.

How Will Health Reform Help?

Insurance companies will be prohibited from placing annual or lifetime caps on New Yorkers’ insurance policies, making sure that they aren’t left out in the cold if they get sick.

Issue: Out-of-Pocket Costs

What Happens Now?

Even when they have insurance, New York residents often have to spend a great deal out of their own pockets to obtain the health care they need. These out-of-pocket expenses come in the form of deductibles, copayments, and other cost-sharing. In 2009, 773,000 non-elderly New York residents with insurance were in families that spent more than 25 percent of their pre-tax income on health care.⁸ Such high out-of-pocket costs are what drive many American families into debt—and even bankruptcy.

How Will Health Reform Help?

Insurance plans will have to place caps on how much New Yorkers are required to spend out of their own pockets for care. These caps will be set on a sliding scale, so that lower-income people will have greater protection from out-of-pocket costs. And New Yorkers will also receive income-based help for paying copayments and other cost-sharing.

Issue: More Affordable Coverage for Medicare Enrollees

What Happens Now?

Currently, New York seniors and people with disabilities who are enrolled in the Medicare Part D drug program face a gap in coverage called the “doughnut hole.” This means that they may pay up to \$3,610 out of their own pockets in 2010 for prescriptions, on top of their annual Part D premiums. In addition, many preventive services that are covered in Medicare come with out-of-pocket copayments, co-insurance, and deductibles that discourage the state’s 2,877,270 Medicare beneficiaries from using them.⁹ And lastly, the Medicare hospital trust fund is projected to be insufficient to pay full benefits by as soon as 2017.

How Will Health Reform Help?

Health reform will gradually eliminate the Part D doughnut hole by providing discounts on all drugs; the discounts increase each year until the doughnut hole closes entirely by 2020. Preventive care will also be more affordable for people with Medicare: All copayments, deductibles, and co-insurance for preventive services under Medicare will be eliminated. Other improvements, including extending the Medicare hospital trust fund by nearly a decade and strengthening assistance to low-income beneficiaries, will also make it easier for people with Medicare to obtain care, both now and in the future.

Endnotes

¹ Kim Bailey, *Costly Coverage: Premiums Outpace Paychecks in New York* (Washington: Families USA, 2009).

² Kathleen Stoll and Kim Bailey, *Hidden Health Tax: Americans Pay a Premium* (Washington: Families USA, May 2009).

³ The health reform bills that were passed by the House and the Senate, as well as the President's proposal for health reform, all include subsidies to help families earning up to 400 percent of the federal poverty level (\$88,200 for a family of four) pay their premiums.

⁴ Kim Bailey, *New Yorkers without Health Insurance* (Washington: Families USA, March 2009).

⁵ Calculations on file with Families USA. Families USA used national estimates of the reduction in the number of the uninsured from the Congressional Budget Office's analysis of the Health Care and Education Reconciliation Act of 2010 to arrive at state-by-state estimates of coverage gains. 2019 estimates of the uninsured were apportioned across the states, assuming that coverage gains would occur relative to the share of total non-elderly uninsured individuals residing in each state.

⁶ Beth Levin Crimmel, *Medical Expenditure Panel Survey Statistical Brief #231: Premiums, Employer Costs, and Employee Contributions for Private Sector Employer-Sponsored Health Insurance, Single Coverage by Firm Size, 1996-2006* (Washington: Agency for Health Care Research and Quality, January 2009).

⁷ Agency for Healthcare Research and Quality, *Medical Expenditure Panel Survey—Insurance Component, 2008, Table II.A.2: Percent of Private-Sector Establishments that Offer Health Insurance by Firm Size and State: United States, 2008* (Washington: AHRQ, 2008).

⁸ Kim Bailey, *Too Great a Burden: Americans Face Rising Health Care Costs* (Washington: Families USA, April 2009).

⁹ Kaiser Family Foundation, *Total Number of Medicare Beneficiaries, 2008* (Washington: Kaiser Family Foundation, July 2008), available online at <http://www.statehealthfacts.org/comparetable.jsp?ind=290&cat=6&sub=74&yr=63&typ=1&sort=a>.

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