Policy Changes That Would Alleviate Racial Health Disparities Seen During the COVID-19 Pandemic

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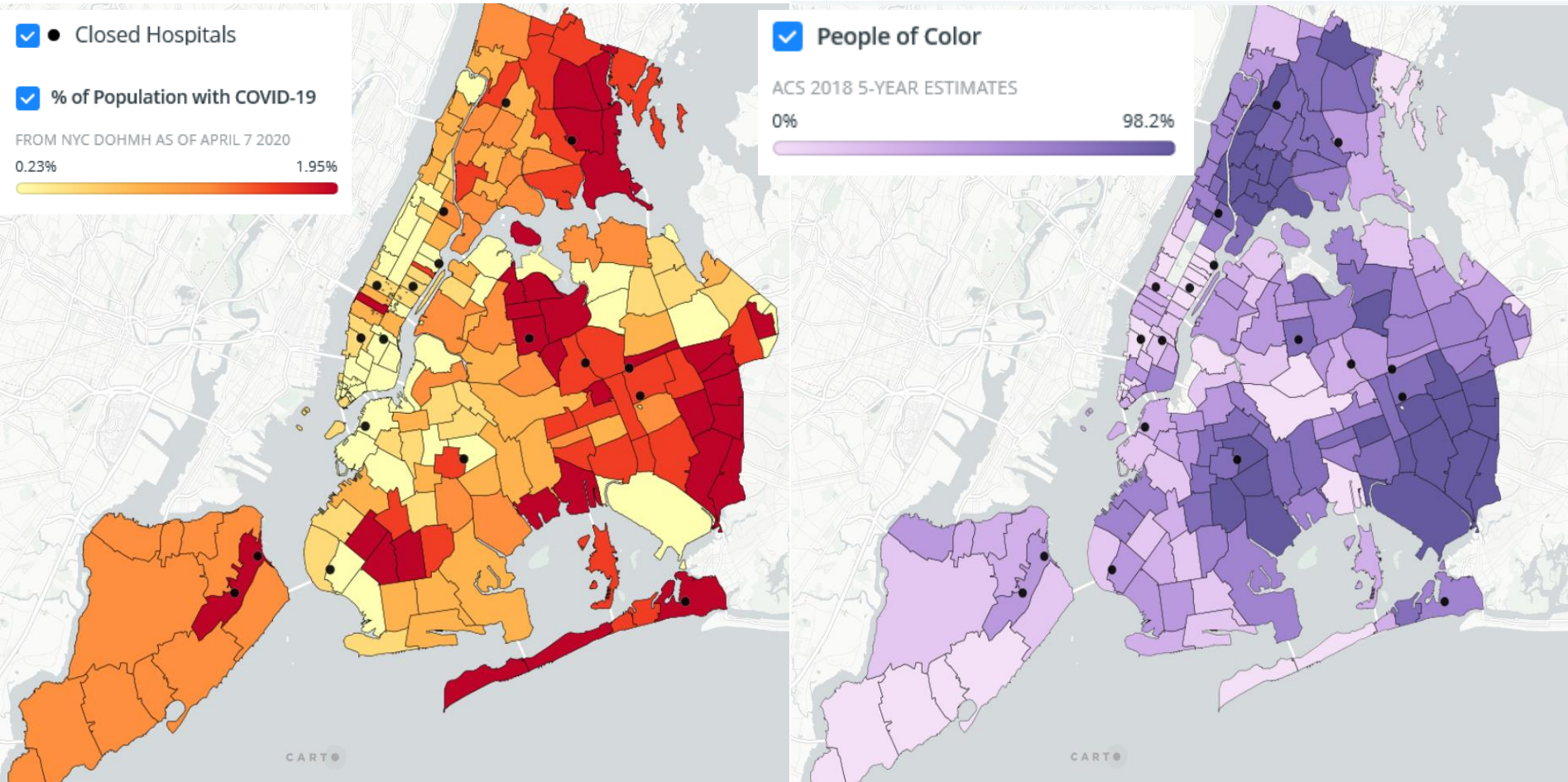
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Where have all the hospitals gone?
Hospitals were closed in areas where people of color live, areas now being ravaged by COVID-19

Closed Hospitals

% of Population with COVID-19
FROM NYC DOHMH AS OF APRIL 7 2020
0.23% — 1.95%

People of Color
ACS 2018 5-YEAR ESTIMATES
0% — 98.2%

Source: Leah Afridi and Chris Walters, "Land Use Decisions Have Life or Death Consequences," Association for Neighborhood & Housing Development, April 10, 2020.

www.cssny.org

Hospital bed closures have been based on neighborhood wealth – not neighborhood needs

Borough	Beds per 1,000 People	COVID-19 Cases per 1,000 People
Manhattan	6.4	12
Bronx	2.7	27
Brooklyn	2.2	17
Staten Island	2.5	25
Queens	1.5	22

https://www.bloomberg.com/graphics/2020-new-york-coronavirus-outbreak-how-many-hospital-beds/

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Short-Term Policy Recommendations

Coverage4All

- **S3900/A5974** would expand the Essential Plan to all New Yorkers regardless of immigration status
- **S8357/A10474** would do this but limited to people who have or had suspected COVID-19

Protecting consumers from unfair medical billing and collections practices

- **S8365/A10506** would stop collection activity during the pandemic, stop interest from accruing on medical debt, and cap future interest on medical debt at the U.S. Treasury rate; would also extend premium grace periods
- The Patient Medical Debt Protection Act (**S6757/A8639**) would cap interest rates, force hospitals to comply with financial assistance policies, hold patients harmless for surprise out-of-network bulls when their provider directories are wrong, and limit the time hospitals have to sue patients

Support safety-net providers

- Target indigent care pool funding to true safety-nets

Long-Term Policy Recommendations

Universal Health Coverage

• The New York Health Act would eliminate disparities in the ability to pay for health care and disparities in the income hospitals receive for providing care

Global hospital budgeting or rate setting

• Stop letting "free market" forces dictate where health care infrastructure is maintained or created – return to old system of rate setting (New York Prospective Hospital Reimbursement Methodology)

Restore health planning that is responsive to communities

• Certificate of need process should include impact assessments on equity and access to care