

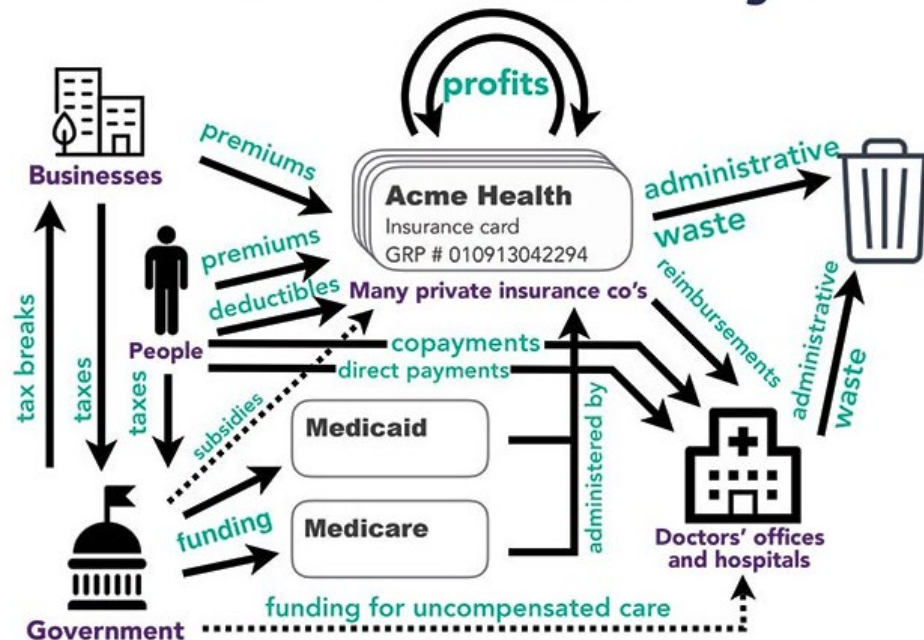
COVID-19: A case for the New York Health Act & *improved* Medicare for All

Katie Robbins, MPH



Our broken healthcare system

Our Current Healthcare "System"



IT'S A MESS!

Source: PNHP-NY Metro and Campaign for NY Health

New Yorkers are suffering

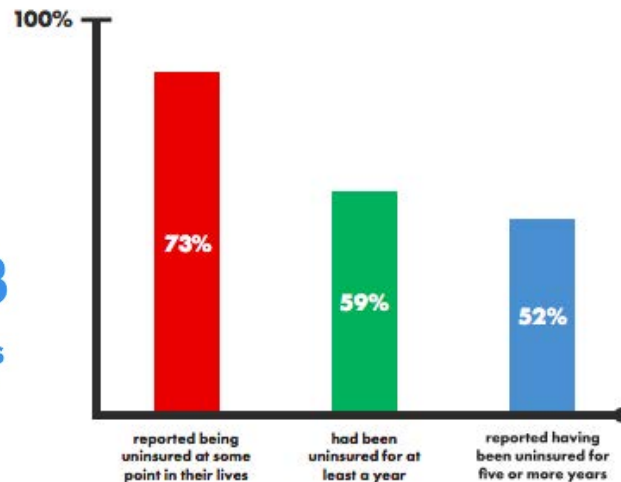
FROM COVERAGE TO CARE: A PEOPLE'S REPORT ON HEALTHCARE IN NEW YORK STATE



of all privately insured respondents reported skipping or delaying at least one type of care because of cost.



1 OUT OF 3
RESPONDENTS DEVELOPED
MORE SERIOUS CONDITIONS
BECAUSE OF DELAYED CARE



https://d3n8a8pro7vhmx.cloudfront.net/pnhpnymetro/pages/7901/attachments/original/1558914810/FromCoverageToCareNYS_Report.pdf?1558914810

The New York Health Act (NYHA)

NEW YORK HEALTH IS A UNIVERSAL, COMPREHENSIVE PLAN THAT WOULD:



Provide quality care to every New Yorker regardless of immigration status, income, wealth or employment status.



Eliminate financial barriers to healthcare—i.e., no out-of-pocket costs, premiums, copays, deductibles, coinsurance or out-of-network charges.



Cover all medically necessary care, including dental, vision, mental health and reproductive care.

+Long-Term Care!

- Single payer healthcare for NY state
- (Gottfried A5248a/Rivera S3577a)

Coronavirus: A case for single-payer healthcare

Coronavirus: A case for the New York Health Act

PROBLEM CAUSED BY COVID-19*



Not enough nurses and physicians to treat infected patients



People delaying or skipping medical care because of cost, resulting in spreading of the virus



Self-insured employers refuse to cover COVID-19 testing costs, despite Gov. Cuomo's regulation ⁽²⁾

HOW NYHA HELPS SOLVE IT



Nurses and physicians will no longer spend 48% of their time on bureaucratic tasks, leaving more time for patients ⁽¹⁾



Patients have no out-of-pocket healthcare costs to worry about



All medically necessary testing is funded by NY Health

Coronavirus: A case for the New York Health Act

PROBLEM CAUSED BY COVID-19*



Workers going to work when sick out of fear they may lose their job and health insurance



Not all patients can afford the medication or vaccine when it becomes available



High death rates, especially in patients with poor health



Immigrants fear testing and treatment because of "Public Charge" crackdown

HOW NYHA HELPS SOLVE IT



Healthcare is guaranteed and no longer tied to jobs, but must be combined with a universal paid sick leave benefit



There will be no payments, co-pays or deductibles for these treatments



Emphasis on preventative care leading to a healthier population



All NY residents are covered regardless of immigration status

How can we learn from this crisis and make change so we are ready when it inevitably happens again?

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#PassNYHealth #GoBoldOnHealthcare #MedicareForAll



@NYHCampaign



@campaign4nyhealth

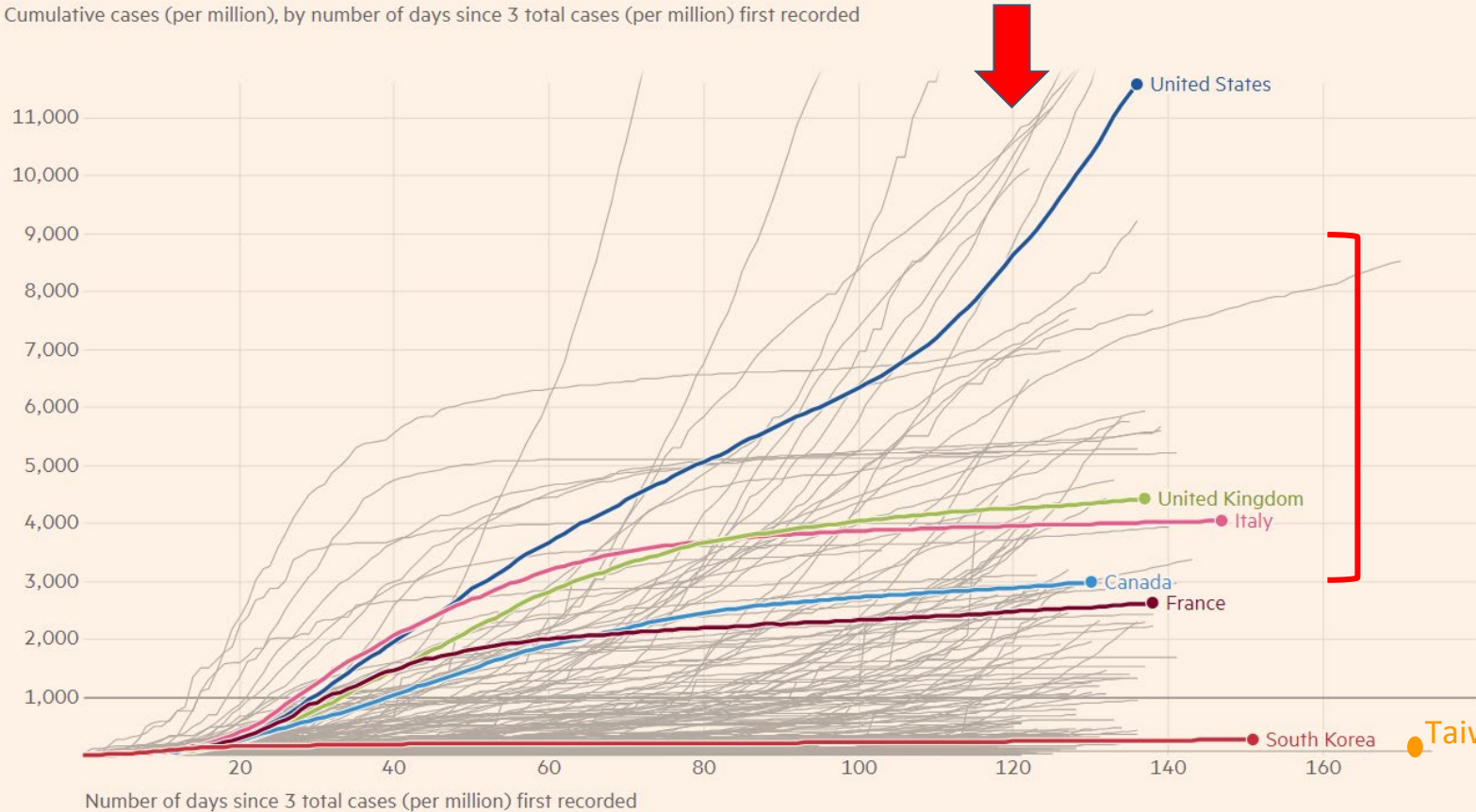


@CampaignForNewYorkHealth

How is the U.S. Responding to COVID-19?

Cumulative confirmed cases of Covid-19 in United States, Italy, United Kingdom, Canada, France and South Korea

Cumulative cases (per million), by number of days since 3 total cases (per million) first recorded



Source: Financial Times analysis of data from the European Centre for Disease Prevention and Control, the Covid Tracking Project, the UK Dept of Health & Social Care and the Spanish Ministry of Health. Data updated July 21 2020 6.09pm BST. Interactive version: ft.com/covid19

The U.S Response to COVID-19

- Inadequate testing of population
 - Painfully slow ramp up of testing
 - As of March 25th:

The US trails other countries in number of coronavirus tests conducted per million people



*First case reported on same day (Jan. 21st)

Source: COVID Tracking Project, news reports, government websites

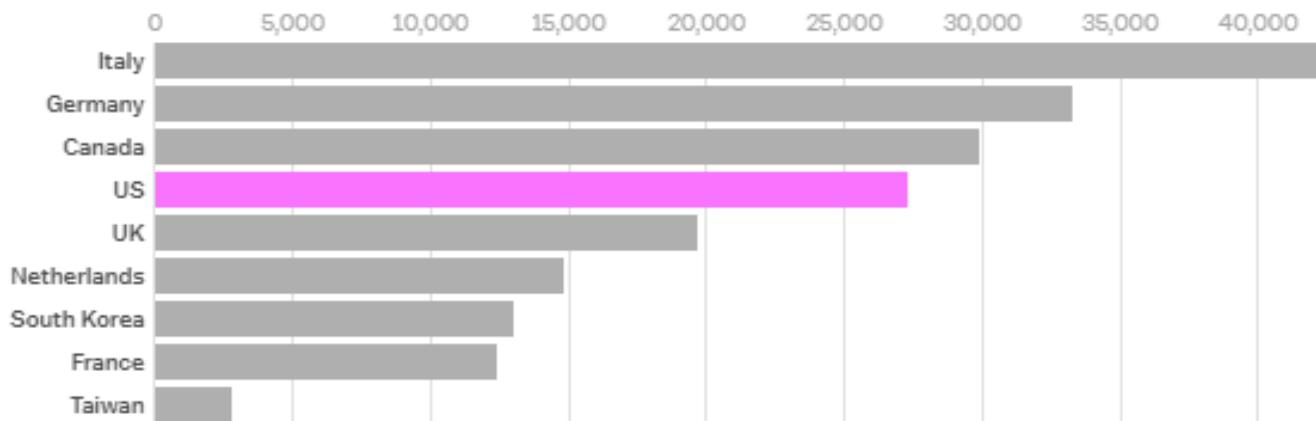
Vox

<https://www.vox.com/policy-and-politics/2020/3/13/21178289/confirmed-coronavirus-cases-us-countries-italy-iran-singapore-hong-kong>

The U.S Response to COVID-19

- Inadequate testing of population
 - Painfully slow ramp up of testing
 - As of June 1st:

How the US compares to other countries in coronavirus tests conducted per million people



Source: COVID Tracking Project, news reports, government websites; updated May 11 with latest available numbers.

Vox

<https://www.vox.com/policy-and-politics/2020/3/13/21178289/confirmed-coronavirus-cases-us-countries-italy-iran-singapore-hong-kong>

The U.S Response to COVID-19

- Inadequate testing of population
 - Dr. Anthony Fauci, head of the National Institute for Allergies and Infectious Diseases, said the U.S. health system just isn't designed for universal testing. “The system is not geared to what we need right now – what you’re asking for,” Fauci told a House committee on Thursday. “That is a failing. It’s a failing. Let’s admit it.” He added: **“The idea of anybody getting (a test) easily the way people in other countries are doing it, we’re not set up for that.”** Do I think we should be? Yes. We’re not.”

https://abcnews.go.com/Politics/trump-responsible-testing-problems-things/story?id=69590286&cid=social_twitter_abcn

The U.S Response to COVID-19

- Confusion and worry over who will pay for testing and treatment
 - In early March President Trump stated that private health insurers will cover the cost of testing AND treatment
 - This was incorrect and quickly clarified by insurers that they are only covering testing
 - New legislation (Families First and CARES Act) states that testing and treatment will have no cost-sharing but patients are still receiving large bills
 - Cost-sharing only waived if a COVID-19 test is given

<https://www.npr.org/sections/health-shots/2020/04/29/847450671/covid-19-tests-that-are-supposed-to-be-free-can-ring-up-surprising-charges>

COVID-19 Care and Coverage

▼ Am I covered if my family or I get COVID-19?

Yes. Your plan will cover diagnosis, testing, and treatment associated with COVID-19, including:

- **COVID-19 diagnostic visits:** Cigna is waiving out-of-pocket costs for COVID-19 visits with in-network providers whether at a provider's office, urgent care center, emergency room, or via virtual care, through July 31, 2020.
- **COVID-19 testing:** Cigna is waiving out-of-pocket costs for COVID-19 FDA-approved testing. Only a health care provider or hospital can administer the test and send the sample to an approved lab for results.
- **COVID-19 treatment:** Cigna is waiving out-of-pocket costs for all COVID-19 treatment through July 31, 2020. The treatments that Cigna will cover for COVID-19 are those covered under Medicare or other applicable state regulations. The company will reimburse health care providers at Cigna's in-network rates or Medicare rates, as applicable.*

*This COVID-19 treatment policy applies to customers in the United States who are covered under Cigna's employer/union sponsored insured group health plans, insured plans for US based globally mobile individuals, Medicare Advantage and Individual and Family Plans (IFP). Cigna will also administer the waiver to self-insured group health plans and the company encourages widespread participation, although these plans will have an opportunity to opt-out of the waiver option. <https://www.cigna.com/coronavirus/individuals-and-families>

The U.S Response to COVID-19

- Private health insurers explanations of what is and is not covered for COVID-19, each company has different stipulations

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reserve force and serve their communities during the COVID-19 pandemic. The new policy will provide paid leave and benefits for up to 3 months of volunteer service.

Centene has created a provider support program to assist its network providers who are seeking benefits from the Small Business Administration (SBA) through the CARES Act. As part of the provider program, the company has launched a dedicated online portal where providers can research benefits they may be eligible for and work directly with experts to apply for them.

The company will provide resources to aid providers in grant writing and business loan applications, among other key activities. The program will help providers apply for various benefits, including small business loans, a paycheck protection plan and various grants for which they may be eligible.

Centene has also created a comprehensive financial aid package in response to the unprecedented needs of safety net providers including Federally Qualified Healthcare Centers, behavioral health providers and community-based behavioral health organizations, and long-term service and support organizations operating on the front lines of the pandemic.

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The program will help providers apply for various benefits including small business loans, a paycheck protection plan and various grants they may be eligible for. In addition to the online portal, the Company will provide partners with access to webinars and one-on-one consulting with key experts.

The U.S Response to COVID-19

- Prohibitive costs of testing/treatment for suspected COVID-19

A Miami man who flew to China worried he might have coronavirus. He may owe thousands. *Miami Herald*

A teacher who showed coronavirus symptoms was charged \$10,000 for her ER visit — and was never even tested for the disease BUSINESS INSIDER

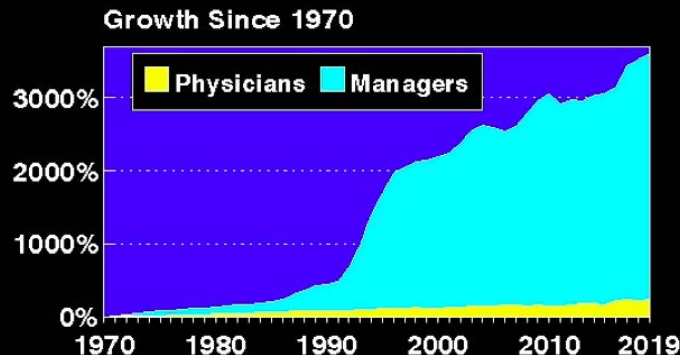
Total Cost of Her COVID-19 Treatment:
TIME **\$34,927.43**

The U.S Response to COVID-19

- Profits over patients and healthcare workers
 - Hospitals laying-off workers
 - Hospitals, agencies, and states competing with each other for PPE
 - Nurses and other health workers forced to work in unsafe conditions, at risk of exposure to virus



Growth of Physicians and Administrators 1970-2019



Source: Bureau of Labor Statistics; NCHS; and Himmelstein/Woolhandler analysis of CPS
Note - Managers shown as moving average of current year and 2 previous years

The U.S Response to COVID-19

RATIONING

In Washington State, where at least 378 people have tested positive and 31 have died, public health officials spoke of having to **ration** the tests and living hand-to-mouth with testing supplies. “At this time we are limiting testing to preserve availability for our most vulnerable,” said Debra Carnes, a spokeswoman for PeaceHealth Columbia Network, a nonprofit health system that operates clinics in Washington, Oregon and Alaska. -NY Times (1)

down. Even in Washington state, where 31 people have died, health officials have had to **ration** test kits. -The Guardian (4)

If that's the case, then why are we still facing such strict limitations on who we can test? There isn't a clear answer, but it seems to be a function of a woefully inadequate supply of test kits. In other words, what few tests we do have are being **rationed** for the people who need them most, like those requiring hospital admission.

-NPR (3)

Officials say the rules are necessary because without enough supplies to cover everyone in their state who may want to be tested, they must **ration** the COVID-19 tests. “The aspirational goal is that, ultimately, COVID-19 testing would be available for anyone with upper-respiratory symptoms who wants to be tested. However, at the state level and at the national level, we do not have individual supplies,” Kris Ehresmann, the infectious-disease chief for the Minnesota Department of Health, said at a press conference yesterday. -The Atlantic (2)

The U.S Response to COVID-19

- BAD POLICY: Budget cuts and lack of expansion of health programs such as Medicaid
 - Governor Cuomo is pushing cuts of \$2.5 billion from NY Medicaid budgets
 - Cuomo's cuts change Medicaid procedures which disqualifies NYS from receiving \$6 billion in relief funding from the federal government
 - **14 states have not expanded Medicaid**

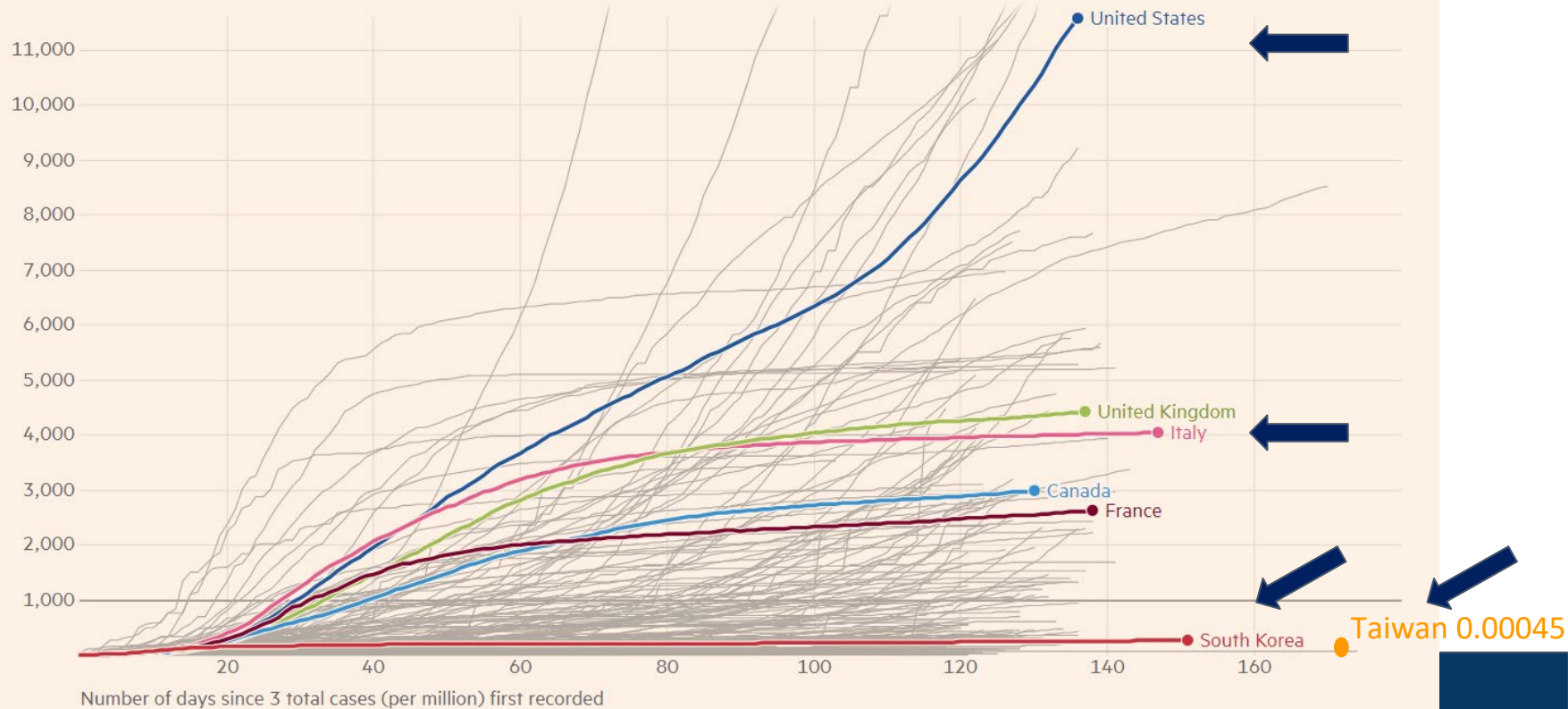
The U.S Response to COVID-19

- Health insurance STILL tied to employment
 - It is estimated that 27 million people are newly uninsured after losing their job during COVID-19
 - If an employee dies, their dependents and family members lose their health insurance as well

How are other countries responding to COVID-19?

Cumulative confirmed cases of Covid-19 in United States, Italy, United Kingdom, Canada, France and South Korea

Cumulative cases (per million), by number of days since 3 total cases (per million) first recorded



Source: Financial Times analysis of data from the European Centre for Disease Prevention and Control, the Covid Tracking Project, the UK Dept of Health & Social Care and the Spanish Ministry of Health. Data updated July 21 2020 6.09pm BST. Interactive version: ft.com/covid19

Italy

- More widespread testing than US
 - Allows accurate situational analysis
- Payment for all medical care through the single-payer system
- # New cases slowing compared to US
- Healthcare system set up for universal treatment
- 3.2 hospital beds per 1,000 (2.8 in US)

United States

- Inadequate testing of population
- Confusion and worry over who will pay for testing and treatment
- Prohibitive costs of testing/treatment for suspected COVID-19
- Lack of resources needed to treat everyone affected by COVID-19
- Government loan of \$1.5 trillion to banks
- Budget cuts and lack of expansion of health programs such as Medicaid

Italy's Response to COVID-19

“But for all their fears, Italians don’t have to worry that tests won’t be available, or that they’ll have to pay for those tests, or for any of their care. They don’t have to fear that if they seek help now, they’ll get a surprise bill later or that medical costs will bankrupt them.” - Alice Speri
Italian expat

South Korea

- Aggressive testing
- Payment for all medical care through the single-payer system
- Allocation of resources to hard-hit areas
- Government reimbursing medical facilities for financial losses from quarantines
- 12.3 hospital beds per 1,000 people (2.8 in US)
- Prior public stockpile of 13 million antiviral doses and new ICU beds nationwide

United States

- Inadequate testing of population
- Confusion and worry over who will pay for testing and treatment
- Prohibitive costs of testing/treatment for suspected COVID-19
- Lack of resources needed to treat everyone affected by COVID-19
- Government loan of \$1.5 trillion to banks
- Budget cuts and lack of expansion of health programs such as Medicaid

1) <https://www.latimes.com/world-nation/story/2020-03-14/south-koreas-rapid-coronavirus-testing-far-ahead-of-the-u-s-could-be-a-matter-of-life-and-death>
2) <https://www.voanews.com/science-health/coronavirus-outbreak/south-korea-shows-world-how-slow-spread-coronavirus>
3) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3845460/>

South Korea's Response to COVID-19

"The gov't is covering the financial costs for related testing and treatment instead of saddling individuals with those expenses. The gov't is also reimbursing medical facilities for losses incurred from imposed quarantines." - South Korean Government Briefing

"By aggressively testing, South Korea's coronavirus outbreak may have appeared dire at first, but it eventually helped authorities allocate resources to the worst-hit areas and provide early treatment to infected individuals." - Journalist in South Korea

1) <https://www.latimes.com/world-nation/story/2020-03-14/south-koreas-rapid-coronavirus-testing-far-ahead-of-the-u-s-could-be-a-matter-of-life-and-death>

2) <https://www.voanews.com/science-health/coronavirus-outbreak/south-korea-shows-world-how-slow-spread-coronavirus>

Taiwan's COVID-19 Situation

- Close proximity and high travel volume to and from China makes it at high risk for large outbreak
- Original models predicted Taiwan would have some of the highest case numbers
- Only 462 cases and 7 deaths as of today (population of 23 million)

Taiwan

- Aggressive testing immediately
 - Integration of National Health Insurance database with customs and travel database
- Payment for all medical care through the single-payer system
- Government invested \$6.66 million USD in production of medical equipment
- Prior government spending to increase doctors, ICU beds, and public health response
- 3.2 hospital beds per 1,000 (2.8 in US)

United States

- Inadequate testing of population
- Confusion and worry over who will pay for testing and treatment
- Prohibitive costs of testing/treatment for suspected COVID-19
- Lack of resources needed to treat everyone affected by COVID-19
- Government loan of \$1.5 trillion to banks
- Budget cuts and lack of expansion of health programs such as Medicaid

Taiwan's Response to COVID-19

“Taiwan’s health insurance lets everyone not be afraid to go to the hospital. **If you suspect you have coronavirus, you won’t have to worry that you can’t afford the hospital visit to get tested,**” she said.

“You can get a free test, and if you’re forced to be isolated, during the 14 days, **we pay for your food, lodging and medical care,**” Kolas said. “So no one would avoid seeing the doctor because they can’t pay for health care.” - Kolas Yotaka Taiwan government spokesperson (1)

“The U.S. has enormous capacity,” says Wang, the Stanford professor. But he notes that it **“needs to mount a coordinated effort, like Taiwan,** because the infection impacts many aspects of society and really affects people’s lives.” (2)

1) <https://www.nbcnews.com/health/health-news/what-taiwan-can-teach-world-fighting-coronavirus-n1153826>

2) <https://time.com/5802293/coronavirus-covid19-singapore-hong-kong-taiwan/>

What do nations controlling COVID-19 well have that the US doesn't?

- **Single-payer healthcare**
 - **Provides nations with a unified health system to quickly and effectively tackle pandemics by:**
 - Caring for everyone
 - Infrastructure to support universal need
 - Aggressive early testing
- **Government investment in the healthcare system- not healthcare budget cuts**
- Social protections for people affected by COVID-19
- Taiwan, South Korea- hard hit by SARS
 - SARS exposed the cracks in their systems and they learned from them to ensure the same mistakes were not repeated

People of all ideologies are embracing Medicare for All

Table COR11: *Has the coronavirus outbreak made you more or less likely to support universal health care proposals, where all Americans would get their health insurance from the government?*

Demographic	Much more likely	Somewhat more likely	Neither more nor less likely	Somewhat less likely	Much less likely	Don't Know / No Opinion
Adults	26% (561)	15% (340)	35% (772)	2% (49)	10% (214)	12% (265)
Favorable of Trump	16% (139)	12% (104)	39% (345)	4% (37)	20% (177)	10% (91)
Unfavorable of Trump	35% (411)	19% (218)	34% (395)	1% (11)	3% (34)	9% (108)
Very Favorable of Trump	18% (108)	9% (51)	35% (205)	4% (22)	25% (150)	9% (56)
Somewhat Favorable of Trump	10% (32)	18% (53)	46% (140)	5% (15)	9% (27)	12% (35)
Somewhat Unfavorable of Trump	24% (48)	20% (39)	41% (81)	2% (4)	4% (8)	9% (18)
Very Unfavorable of Trump	37% (363)	18% (179)	32% (314)	1% (7)	3% (26)	9% (90)

- Support for Medicare for All is increasing across multiple demographics