

Opposing A Full Repeal Of The Affordable Care Act Without A Comparable And Immediate Replacement Plan That Is Ready For Implementation

Referred to: The Public Health and Social Services Committee (Chairman Lopez and Legislators Allen, Belfiglio, Heppner, and Roberts)

Legislator Chris Allen, Deputy Chairman of the Health and Social Services Committee, and Legislator Belfiglio offer the following:

WHEREAS, prior to the enactment of the Affordable Care Act, ACA, in 2010, United States' Consumers of health insurance plans were contractually subject to pre-existing condition clauses that excluded them from receiving medical treatment and coverage for all types of illnesses and medical conditions including potentially deadly ones like cancer; and

WHEREAS, prior to 2010 and the enactment of the ACA, most health insurance policies did not cover dependents of the primary insured customers up to the age of 26, and it was not a required provision of all U.S. Health Insurance Plans; and

WHEREAS, prior to the enactment of the ACA, it was not a requirement of health insurance plans to have no lifetime-based coverage limits; and

WHEREAS, the enactment of the ACA provided opportunities for tens of millions of Americans to obtain health insurance through the open exchange even if they had pre-existing conditions; and

WHEREAS, millions more Americans obtained health insurance since 2010 and the enactment of the ACA through the open exchange market and through the Federal Government's expansion of Medicaid funding to State Governments to cover state residents who qualify for health insurance coverage because of their income level; and

WHEREAS, since 2010 and the enactment of the ACA, the rate of uninsured Americans has declined from 18.2% in 2010 to 10.5% in 2015; and

WHEREAS, although financial assistance is available for uninsured individuals to offset costs associated with obtaining insurance plans off of the open exchange market, not everyone qualifies for subsidies or free coverage, and an estimated 46% of uninsured adults state that they did not purchase health insurance because it was too expensive; and

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WHEREAS, the rates of uninsured Americans are much higher in states where the income thresholds are at a lower income level in order for state residents to qualify for state-provided health insurance and in states that refused to expand their state programs under the expansion of federal funding to Medicaid under the ACA; and

WHEREAS, most low-cost catastrophic-based health insurance plans provide no medical coverage or treatment until a high annual and yearly deductible is met which typically exceeds \$7,000-\$14,000 per plan year; and

WHEREAS, since 2005, New York State pays 50% of the unreimbursed costs associated with acute care and long-term care of Medicaid patients in respective New York State counties including Ulster County; and

WHEREAS, if the current Congress and Executive Branch change the existing and established Medicaid reimbursement methodology of dispersing Medicaid funding to individual states like New York, then Ulster County could lose out on significant amounts of funding, as New York State could change the current fixed-rate formula through which it reimburses counties resulting in potentially higher property taxes and a reduction in government services; and

WHEREAS, if the ACA is fully repealed without an immediate replacement plan in place that does not exclude consumers of health insurance plans because of pre-existing conditions or to those who are dependents of the age of 26 and under, 23.1 million people could lose their health insurance, including 1.4 million young adults on parents' plans; and

WHEREAS, a full repeal of the ACA without an immediate and comparable replacement plan would cause many residents of New York and Ulster County to lose their health insurance, as an estimated 2.7 million New Yorkers would lose coverage, including 19,850 individuals in Ulster County; and

WHEREAS, a full repeal of the ACA without a comparable and immediate replacement plan and a change in the Medicaid reimbursement system would cause New York State to lose \$595 million in additional Medicaid funding which gets distributed to New York counties and helps to lower county-level property taxes; and

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WHEREAS, Ulster County would lose \$2,935,566 in allocated annual funding; and

WHEREAS, some employers have responded to employer-based mandates that require employers to provide insurance to employees who work 30 hours-per-week by reducing workweek hours to under 30 hours per week which has created an entire new class of working poor who do not earn much income, have no insurance, and are unable to apply for insurance through their states of residency because they make too much money to qualify for State-provided insurance; and

WHEREAS, the Ulster County Legislature believes that the residents of New York State and Ulster County should be eligible to keep their existing insurance plans available to them under the ACA and have the opportunity to obtain insurance plans under the open exchange market, or apply for the current insurance coverage benefits available to residents of Ulster County through New York State and Ulster County Social Services; and

~~RESOLVED~~ ~~WHEREAS~~, the Ulster County Legislature urges Congress and the Executive Branch to examine assisting individual states to implement indigent care-based medical clinics that are based on a sliding scale of income levels which would provide medical treatment to those who are still uninsured, as such clinics exist in the State of Colorado and other states, and are currently funded by Federal Medicaid funding; now, therefore be it

RESOLVED, that the Ulster County Legislature opposes a full repeal of the Affordable Care Act without a comparable replacement plan to be immediately put in its place that allows consumers of health insurance to not be charged more for pre-existing conditions or to be discriminated against for pre-existing conditions and to have a continuance for insurance plans to have no lifetime coverage caps, and for plans to allow for dependents aged 26 and under to stay on the primary insured's plan; and, be it further

RESOLVED, that the Ulster County Legislature urges Congress and the Executive Branch to research and examine how the rates of catastrophic health insurance plans can be reduced, for such plans to have lower spending caps prior to coverage and treatment plans kicking in, and for such plans to provide basic annual health screenings and check-ups for men's and women's health issues; and, be it further

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RESOLVED, that the Ulster County Legislature urges Congress and the Executive Branch to examine how improvements can be made upon the gaps (also known as the “donut hole”) that exist in co-pay based coverage that Medicaid has for prescription drugs which forces such recipients to pay out-of-pocket costs for certain prescription drugs that are not fully covered under Medicaid; and, be it further resolved

RESOLVED, that the Clerk of the Ulster County Legislature shall forward copies of this resolution to U.S. Senators Charles Schumer and Kirsten Gillibrand, U.S. Congressman John Faso, Hon. Governor Andrew Cuomo, and the New York State Association of Counties (NYSAC),

and moves its adoption.

ADOPTED BY THE FOLLOWING VOTE:

AYES:

NOES:

Passed Committee: Public Health and Social Services as amended on February 27, 2017

FINANCIAL IMPACT:
NONE