

## **Health Equality Bill – F.A.Q.**

### **What is the Health Equality bill?**

The Health Equality bill (S5785/A07699) ensures that all patients receive affordable, quality health care at New York hospitals regardless of their type of insurance. The bill:

- (1) Prohibits hospitals from steering patients into different care settings based on insurance type, and requires that patients seen in hospital-based clinics be treated by integrated care teams, including attending physicians who provide supervision to resident doctors.
- (2) Requires that patients receive information about the availability of hospital financial assistance programs through a notification on the hospital’s website and through its physician referral line.
- (3) Requires hospitals to make best efforts to negotiate with Medicaid managed care plans to ensure that all medical providers are eligible to treat patients with these plans.

### **Why is this bill important?**

As it stands, patients seeking care at NY hospitals, particularly those attached to medical schools, are siphoned into a two-tiered system of care depending on their insurance type. Patients with private insurance are seen in private doctor’s offices called “Faculty Practices” while patients who are on public insurance or are uninsured are seen in the “Clinic” system.

There is a big difference in the quality of care provided to patients in these two different settings. Patients in the clinic tend to be seen by student doctors and residents, who rotate in and out of the clinic every few weeks. In contrast, patients seen in the faculty practices tend to be seen by board-certified physicians. Patients in the clinics tend to lack access to their doctors during emergencies, while patients seen in the faculty practices do not. These differences in care have a big effect on care continuity and coordination, and likely contribute to different health outcomes for patients seen in the different settings. The clinic system isn’t bad per se, it just doesn’t receive the resources and support it needs to provide patients with the best care possible.

This bill would eliminate this separate and unequal system of care in favor of an integrated system that delivers the highest quality care to all patients, not just those who can afford it.

### **You say this system is discriminating based on race, why?**

The clinic system is designed to primarily serve low-income patients and in New York City this population is predominately people of color. By separating patients based on payment type, the result is de-facto racial segregation, where black and Latino patients are seen in clinics and white patients are seen in private doctor's offices. We believe that separate is never equal and that this structure, whether intended or not, has a disproportionately negative impact on communities of color. Racial and ethnic health disparities are widely documented and we feel a responsibility to change harmful policies that allow these disparities to persist.

### **Shouldn't publicly insured or uninsured patients be grateful for the care they already receive?**

The hospitals affected by our legislation have benefited from millions of dollars in federal and state funding. In taking money from taxpayers, they obligate their institutions to provide care to the publicly insured and uninsured populations. In advocating for this bill, we are simply asking for an equitable distribution of services to the populations who need them most. Moreover, this bill would help to make sure that federal and state dollars go towards providing the most efficient and best quality of care possible.

### **Will the new system of care that this bill calls for really work?**

Yes! There are several top notch hospitals across the nation, including Massachusetts General Hospital, Brigham and Women's Hospital, the Mayo Clinic, and Seattle Children's Hospital, that do not separate patients according to insurance status and deliver the same high quality of care to all patients in an integrated setting. There are even some specialty departments within hospitals in New York City that provide fully integrated care – without negatively affecting the quality of care provided to all patients.

**For questions on this legislation or how you can support please contact Alyssa Aguilera from New York Lawyers for the Public Interest at [aaguilera@nylpi.org](mailto:aaguilera@nylpi.org) or 212.244.4664.**