



Principles to Support New York's Medicaid Program and Advance Health Equity

We the undersigned are local, community-based organizations representing, serving and working with New Yorkers who rely on our state's Medicaid program in various ways, especially during the current COVID-19 pandemic. We are representative of groups led by Black, Indigenous, and People of Color (BIPOC), Latinx, Asian and Pacific Islanders, immigrants, seniors, people with disabilities, LGBTQ+ people, individuals and families experiencing homelessness, people who are incarcerated and/or have a history of interaction with the criminal justice system, parents, middle- and low-income communities, and essential workers.

Our groups all believe in and support the mission and promise of Medicaid. Medicaid is not a problem for our state, it is part of the solution to the larger problems facing our health care system. New York has every reason to be proud of our Medicaid program, built over decades under governors and legislatures from both sides of the political aisle. More New Yorkers are turning to Medicaid during the current pandemic. We oppose funding cuts to the program. We also oppose any changes that reduce eligibility or benefits or increase financial barriers that limit access to care. New York has good reason to be proud of its Medicaid program. Now is not the time to allow it to erode. As our state leaders consider budget proposals affecting its future, we put forth the following principles for action.

Inclusion. New Yorkers need a health care system that works for everyone. The coronavirus pandemic has shone a spotlight on the flaws in New York's health care delivery system. Medicaid is the backbone of that system, providing health coverage to approximately six and a half million New Yorkers. It is essential to meeting the health, well-being and social service needs of the many diverse individuals and families across our state. It is also an essential support for our health care safety net.

Community Focus. New York remains overly invested in health care institutions, especially hospitals and nursing homes, instead of investing in a community health care safety net and infrastructure. We cannot afford to keep pouring money into large institutions when essential community-based primary and preventive care and long-term care services are woefully under-financed. Medicaid funding must support the basic health care needs of our state's most marginalized individuals and communities, including primary and preventive care, chronic disease management, home and community-based services and supports, and integrated behavioral health services. In addition, our systems of care must reflect the lived experiences and the cultural values and beliefs of the people and communities being served.

Racial equity. Health equity requires that we recognize the central role of social determinants of health in maintaining healthy individuals, children and families, and communities. Equity in health care delivery requires a full understanding of the part that racism and other systemic biases play in creating and perpetuating social, economic and political barriers. Our state's health spending priorities must address the disproportionate adverse effects the coronavirus pandemic has had on low-income communities, people of color, immigrants, people with disabilities and other groups experiencing discrimination across our society. The economic disruption caused by the pandemic has drastically increased unemployment and loss of health insurance, leading to higher rates of poverty, increased risk of evictions, food insecurity, and toxic stressors impacting mental health. Inequities in health care have long existed, but they are impossible to ignore now. Protecting and strengthening Medicaid is key to reaching greater equity.

Economic Justice. State budget justice is essential to addressing health care equity across our state. Ongoing public investment in Medicaid is necessary to preserve and improve access to quality services. Medicaid funding must be based on people's need for care and not on arbitrary spending limits. Only with increased taxes on those New Yorkers with the most income and wealth can we create a Medicaid program and health care system that is equitable and just for all of us.

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