

## **Guarantee the Survival of the Healthcare Safety-Net: Let Us Get It Right for All New Yorkers!**

The Coronavirus-19 pandemic has highlighted a truth that has been somewhat ignored historically – the dangerous racial and social inequality in the distribution and availability of hospital and health care services in the state of New York.

The high morbidity, hospitalization, and mortality rates in black and brown, immigrant, and largely low-income areas have highlighted the need for immediate action to restore equity in the distribution of health care resources. We must ensure that the fair and equal distribution of resources necessary to respond to the ongoing COVID pandemic and the already inherent health and other problems in these low-income, immigrant and communities of color.

Given the shocking disparities in the impact of the pandemic, this is the year in which these changes must be made so that we can once again understand New York as a caring and considerate state. A state that provides the resources to care for all our residents, including the most vulnerable residents

Efforts over a period of many years to fairly redistribute health care funding and other resources have been largely overrun by interests with money and political clout that drowns out the legitimate cries and interests of communities in greater need of resources.

This unfair, unequal, and intolerable systemic bias is no longer tolerable. We therefore call on the State of New York to take immediate action to implement the following simple steps to guarantee the continuing survival of the safety net hospitals in our communities and provide vital services needed in our communities:

The following priorities offer an important start and can be smoothly addressed and enacted.

- ✓ **Target Indigent Care Pool and Disproportionate Share Hospital (ICP/DSH) funding to Essential Safety Net Hospitals:** This funding is supposed to support hospitals providing a disproportionate share of health care services to low-income Medicaid and uninsured patients, but in New York this funding is widely distributed to hospitals that do not need it or do not deserve it. The distorted distribution of funds harms the public and private safety net hospitals that serve low-income, immigrant, communities of color, and rural communities. ICP/DSH funding should be exclusively directed to hospitals that meet the definition of Enhanced Safety Net Hospitals under PHL Section 2807-c(34).
- ✓ **No Medicaid cuts to Enhanced Safety Net Hospitals:** Enacted and proposed reductions in Medicaid spending disproportionately affect low-income, medically vulnerable and communities of color. We cannot reduce Medicaid funding to Enhanced Safety Net Hospitals during a pandemic that has ravaged our most vulnerable people.
- ✓ **Medicaid reimbursement rates should be increased to support safety net hospitals** – Safety net providers rely heavily on Medicaid funding, which pays much less for services than private insurers, and which unfairly underpays for services that are used by vulnerable communities and not provided by private hospital systems.

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## Supporting Organizations (in formation)

