

## A health-care program NYC must save

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New York City has nationally recognized experience delivering health care services and programs to vulnerable and diverse communities. (iStock)

The Affordable Care Act has helped more than 4.7 million New Yorkers connect to health-care coverage through the New York State of Health Marketplace. That’s something we can all be proud of. But the ACA’s inherent promise of greater health equity still leaves many people struggling with health-care costs — especially in New York City, which has a high cost of living and a more diverse population.

For example, almost 60% of New York City residents had a health care cost problem last year — that’s a rate almost 15 percentage points higher than experienced by comparable consumers elsewhere in our state, according to a [survey](#) issued last month by Altarum and released by the Community Service Society. New Yorkers are forced to make bad choices because of their affordability burdens, such as skipping tests or treatments, delaying going to the doctor, cutting pills in half or skipping doses altogether, and avoiding going to the doctor entirely.

An important factor for New York City residents is our diversity; race, ethnicity, LGBTQ identity, language and immigration status exacerbate the barriers that we face in our complex health system. Just imagine the challenges of making the most of your health-care coverage if you don’t understand your coverage rules, or have never appealed a medical bill, or are afraid of filing a complaint because of your immigration status? The barriers to accessing mental health and substance use care are even bigger because of the stigma often associated with receiving treatment.

These struggles are often lost on the average New Yorker. After all, New York is known for pioneering progressive health-care policies that have helped transform our health care system and led to advancements in health care coverage for some of our most vulnerable populations. For example, New York created “Health and Recovery Plans” to provide additional supports to help people with serious mental health conditions and substance use disorders achieve recovery.

Even so, the gaps in our health care system are real, especially for low-income New Yorkers, communities of color, consumers with special needs and those in culturally and linguistically isolated communities.

Here's the good news: New York City has nationally recognized experience delivering health care services and programs to vulnerable and diverse communities.

Between 1998 and 2010, New York City funded its own City-wide consumer assistance program called the Managed Care Consumer Assistance Program — a model adopted for the nation under the ACA, but then opposed by the Republicans during their anti-ACA wars. The program assisted the city's most vulnerable populations, who struggle to navigate complex coverage rules, complaints and appeals processes, and medical bills by themselves. MCCAP served around 140,000 residents with all types of insurance coverage, in all five boroughs, offering services in 10 different languages, through a grassroots collaboration of 26 community-based organizations administered by the Community Service Society of New York.

Better yet, MCCAP was a financial “twofer. Every dollar allocated by the City Council was matched by the federal government — so the City Council's \$2 million for MCCAP instantly became a \$4 million program to expand and enhance health care services to New York City residents. In 2010, MCCAP was dismantled when City Council funding was abruptly eliminated when hard budget choices were made during the Great Recession.

While New York State leaders in Albany were able to secure some ACA federal and state funding for a statewide look-alike program called Community Health Advocates — bringing valuable services to people upstate — New York City consumers have significantly less funding than before. The elimination of City Council funding meant New York City lost important resources for its underserved communities. Today, fewer than half of the former MCCAP CBOs continue to provide services under the CHA program.

Restoring MCCAP would help the city in its fight against racial and ethnic health disparities. The program's community-based organizations were rooted in critical communities as demonstrated by its statistics: 61% of MCCAP clients were racial and ethnic minorities, and 70% of MCCAP services were provided in languages other than English.

As the city continues deliberations on a \$92 billion municipal budget, we urge the City Council to consider restoring funding for MCCAP in next year's budget. By bringing the program back, the Council will be helping our most vulnerable populations, including people with mental health conditions and substance use disorders, access quality health care programs and services from trusted and experienced organizations with deep ties to the communities they serve. At a time when immigrants, people of color and health care are under attack by the Trump administration, let's do all we can to reduce costs and improve access to health care for underserved New Yorkers.

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