



Passing the New York Health Act for Racial Justice

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Although the Affordable Care Act (ACA) and various state-level efforts have expanded access to healthcare in New York, [one million](#) New Yorkers still lack health insurance. Even those who are insured often experience unreliable access to care, inadequate financial protection from illness, and unmanageable out-of-pocket costs, which can result in severe, lifelong health and financial stressors. Crucially, those who are un- or underinsured are disproportionately people of color, further exacerbating racial health inequities.

There is, however, an opportunity to make transformative change—the state legislature can pass the New York Health Act, a single payer proposal for New York State, which would greatly expand healthcare access and protect the health and wellbeing of all New Yorkers.

Healthcare Access in New York

There are significant barriers to getting high quality healthcare in the state, which endangers the [physical and mental health](#), along with the financial wellbeing, of New Yorkers. Those without adequate insurance are left without access to quality care or financial protection when they seek care, leading to premature death, preventable illnesses and hospitalizations, medical debt, damaged credit, and even hospital-imposed home liens.

Further, the reliance on Medicaid to cover healthcare costs for low-income New Yorkers has proved inadequate—[Medicaid](#) enrollees have been shown to experience more limited physician networks and longer physician wait times than their privately insured counterparts, and coverage gaps leave individuals without coverage for needed services. Moreover, those who are privately insured also face challenges—insured New Yorkers experience some of the highest insurance [premiums](#) in the country, and often face prohibitive and rising deductibles as well. At the same time, safety net providers who serve the largest number of uninsured individuals suffer from inequitable funding solutions that fail to support uncompensated care.

Racial Inequities in the Healthcare System

The challenge of healthcare access affects many New Yorkers, but people of color and low-income families are consistently [the most affected](#). For example, people of color are among the most likely to be uninsured and more likely to be on Medicaid. [Further, healthcare financing strategies have perpetuated inequitable financing](#) of safety net hospitals and clinics that serve a disproportionate number of people of color and low-income individuals. Thus, the current healthcare system is segregated by both race and ethnicity, as well as class, and has been described as an apartheid healthcare system in which some receive substandard care.

Ballooning healthcare costs are also increasingly shifted onto families and individuals. Coupled with the racial pay gap and the economic oppression of people of color, particularly Black communities, these high costs place a heavy burden on people of color who require care. In these ways, lack of equitable access to healthcare widens the racial and ethnic disparities in health that characterize New York—disparities that were recently [exacerbated](#) by the COVID-19 pandemic. Acting now to ensure equitable access to quality healthcare could help to reverse the growing health burdens imposed by the pandemic and close persistent racial health inequities in New York.

Single-Payer Healthcare

Many point to the changes brought about by the ACA as evidence of adequate healthcare access. Although the ACA did expand coverage and protections for patients, it also further entrenched the role of private insurers and legitimized tiered-health insurance practices that maintain a system of access to care (and financial protection) that is based on one's ability to pay. Instead, the New York Legislature should look to make innovative and transformative change.

The New York Health Act would create a state-sponsored, single-payer health program that would provide comprehensive coverage to all residents of New York—patients would no longer have to contend with deductibles, co-payments, or surprise out-of-pocket costs. This program would equalize coverage, eliminating the inequity of the current healthcare system and allow all residents to access high-quality healthcare. Further, according to one [study](#), the implementation of a single-payer system in New York is feasible and would lead to a net savings of 2% in healthcare spending within the first ten years of implementation.

The passage of the New York Health Act would demonstrate an important and decisive step toward desegregating our healthcare system and addressing racial disparities in healthcare access. As New York State Health Commissioner Mary T. Basset once [said](#), “there is no doubt in my mind that the system that will root out racism in healthcare will be a publicly financed, single-payer system.” New York leaders should take this opportunity to enact real, lasting change and create a healthier, more equitable healthcare system for all New Yorkers.

Recommendations

New York's political leadership can support the passage of the New York Health Act in several ways:

Bring the bill to vote. The bill currently has majority support among democratic representatives, making now a politically opportune time to bring the bill to vote.

Increase political pressure. NY leaders who support the New York Health Act should pressure Senate Majority Leader Andrea Stewart-Cousins and Assembly Speaker Carl Heastie to bring the bill to vote in 2023.

Show your support. Co-sponsors of the New York Health Act should publicly re-affirm their support for the bill.

Spread the word! Leadership can play a larger role in educating New Yorkers about the New York Health Act, specifically highlighting how the bill could help address racial disparities in healthcare access.