



**HEALTHCARE ADVOCACY  
FIVE-POINT PLAN  
2018**

# Insurance Denials

- Providers and Patients are facing increased denials and delays of payments for medical procedures- often previously authorized
- One hospital system has budgeted \$100 million in denials and employs 3,000 to chase claims
- Increased denials to one local hospital is major factor in need for financial merger
- Bloomberg article 5/3/18: “Health Insurers Had Their Best Quarter in Years, Despite the Flu”
- Managed Care stocks have risen 300% between 2010-2017, compared with S&P rise of 136%
- Bill A.1129/S.3568 would limit health plan denials for conditions that arise concurrent with conditions for which an authorized treatment is being administered

# Transparency on Insurance Plans Held by Patient

- Require insurers to issue insurance identification cards that contain the most basic elements needed for patients and providers to understand and access benefits:
  - Type of insurance (e.g., HMO, PPO, Indemnity)
  - Network affiliations
  - Co-pay requirements
  - Billing address and contact information
  - Electronic submission information
- Information often isn't shared until after a claim has been submitted, denied and appealed, a process that delays payment and wastes the resources of the healthcare providers, insurers and regulators.
- Bill A/8063/S.5779 would require health plans to make readily available information about the patient's specific insurance product.

# Proposed Nurse Staffing Ratio Legislation

- Legislatively mandating staffing ratios would undermine real-time patient care decisions, deny hospitals and nursing homes the workforce flexibility they need to improve care, and adversely impact other members of the health care team
- National experts including American Nurses Association and American Organization of Nurse Executives oppose mandatory staffing as do local healthcare unions.
- In California, the only state to mandate hospital-wide nurse staffing ratios, there is no reliable evidence that they improve care.
- New York State has already enacted the Nursing Care Quality Protection Act.
- Oppose A.1532/S.3330 and any similar legislation.

# Medical Malpractice Reform

- New York State has the most expensive annual malpractice liability insurance in the country.
- A recent study by WalletHub found that New York is the third worst state for doctors in large part due to malpractice
- New York had the highest malpractice payouts in the nation at \$617.9 million in 2017
- Recent passage in New York of Laverne's law will further increase the cost of medical liability
- Pass legislation putting in place caps on pain and suffering liability

# Create a “Healthcare Reinvestment Act”

- Model after banking industry Community Reinvestment Act (CRA).--Health Insurers to return portion of profits to re-balance marketplace by premium reduction and/or investment in care delivery.
- Hospitals in New York State are not-for-profit by law. Large managed care companies are for-profit, driven by shareholder value. Dividends vs. taking care of “grandma”?
- As a result of recent federal tax cuts, BCBS Tennessee has announced \$50 million investment to lower members' premiums and improve patient tools.
- Create legislation to establish a healthcare reinvestment fund or require insurers return to not-for-profit status