In New York State, these programs include:

- **Medicare**: Federal health insurance for older adults (aged 65+) and people with disabilities who have worked and paid income taxes for at least 10 years.7
- **Medicaid**: Health insurance for individuals and families with low incomes, funded by both NYS and the federal government.8
- **Child Health Plus**: Health insurance for any child who does not receive coverage through a parent’s employer, jointly funded by NYS and the federal government.9
- **NYS Essential Plan**: Health insurance for individuals and families with low incomes who do not qualify for Medicaid or Child Health Plus. The majority of funding has been from the federal government, with a smaller proportion from NYS.10
- **NYS Health Exchange**: For people with incomes above the threshold for Medicaid and the Essential plan (and who do not receive insurance from an employer), private insurance is sold on the NYS Health Exchange. To make plans more affordable, federal subsidies are available to reduce costs based on the individual’s or family’s income.11

**Subsidized Health Insurance Promotes Health And Health Equity In New York And Across The U.S.**

Government programs that improve access to health insurance are important for the health of individuals and families, as well as the quality of local health systems and the health and economic wellbeing of the broader community.

**Access To Affordable Insurance Impacts...**

**...THE HEALTH OF INDIVIDUALS.**

**ADULTS**

Access to affordable health insurance enables people to use health care more appropriately and improves health outcomes. Adults with health insurance are:

- More likely to receive primary and preventative health care (such as screenings for diabetes, depression, high cholesterol, and HIV, as well counseling around healthy eating and exercise);12, 13, 14
- Less likely to have chronic conditions such as high blood pressure and high cholesterol;15
- More likely to be able to effectively manage and control existing chronic illnesses, such as diabetes and depression; and16
- Afforded greater access to prescription medications, which enables them to take their medications as directed and avoid serious health complications.16

**FACTS & STATS:**

- 17% of New Yorkers are enrolled in Medicare.2
- 6.5 million New Yorkers rely on Medicaid or Child Health Plus.3
- 50% of children in NYS receive health insurance through Medicaid or Child Health Plus.4

The Affordable Care Act, which expanded eligibility for Medicaid and created the NYS Health Exchange, cut the rate of uninsured New Yorkers in half.5, 6

**ECONOMIC IMPACT OF ACCESS TO HEALTH INSURANCE:**

People are healthier when they have access to insurance. When people are sick, they often have to miss work. This not only results in lost productivity, but also in lost wages, both of which hurt the economy.36
CHILDREN
Improving children’s access to health insurance through programs like Medicaid and Child Health Plus also provides benefits, such as:

• Improved access to preventative care, including dental care and immunizations.\(^{17,18}\)
• Reduced child mortality.\(^{15}\)
• More likely to be able to effectively manage and control existing chronic illnesses, such as diabetes and depression; and\(^{15, 16}\)
• Reduced risk of disability, obesity and hospitalizations in adulthood.\(^{19}\) and
• Improved educational outcomes [e.g., reading scores, high school and college completion].\(^{20, 21}\)

...HEALTH EQUITY.
In the US, people with low incomes have less access to health care than people with higher incomes.\(^6\) Furthermore, systemic racism and discriminatory policies have resulted in limited access to health care in many communities of color.\(^{22, 23}\) Government programs that make health insurance more accessible reduce disparities in rates of health insurance coverage and access to care.\(^{24, 25}\) For example, while the Affordable Care Act increased health insurance coverage across most socioeconomic and racial groups, low income communities and Black and Latino communities saw greater gains in coverage expansion, which reduced the overall gap in coverage between these communities and wealthier or white communities.\(^{26, 27}\)

...THE FINANCIAL SECURITY OF INDIVIDUALS AND FAMILIES.
Affordable health insurance protects people from high medical bills that can lead to crippling debt and bankruptcy and can reduce their ability to afford other basic necessities, like food or a home.\(^{27}\) Evidence suggests that improved access to health insurance through government programs can contribute to higher credit scores, fewer past-due debts, and fewer problems paying medical bills, especially among families with low incomes and in communities of color.\(^{20, 28, 29}\)

...THE STABILITY OF LOCAL HEALTH SYSTEMS.
Emergency departments (EDs) in the US are required by law to treat all patients, regardless of their ability to pay.\(^{31}\) As a result, many people who visit the ED in need of medical care do not have insurance and cannot afford the high bills they receive. This “uncompensated care” causes funding shortfalls for hospitals. However, reducing the proportion of the population that is uninsured increases payment to hospitals and health care organizations, which can improve financial performance and reduce risk of hospital closure, especially among hospitals that provide care to underserved populations [e.g., low income communities, rural communities, and communities of color].\(^{32}\)

...THE WELLBEING OF THE BROADER COMMUNITY.
Even those who have insurance benefit from programs that increase the proportion of people in their community covered by health insurance. Insured people living in communities with a large proportion of people who are uninsured report less access to quality health care and less social cohesion [e.g. perceived trust of neighbors], compared to insured people living in communities with a smaller proportion of the population that is uninsured.\(^{33, 34, 35}\)

The New York City Department of Health and Mental Hygiene (DOHMH), the Fund for Public Health in New York, The United Hospital Fund, and The New York Academy of Medicine (the Academy) together lead the New York City Population Health Improvement Program (PHIP). With funding from the New York State Department of Health, the NYC PHIP aims to support regional and local planning related to population health and health equity. As part of the PHIP, the DOHMH and the Academy launched Designing a Strong and Healthy New York City (DASH-NYC), which aims to facilitate information sharing and partnerships across sectors to advance efforts related to the social determinants of health and promote health equity for all New Yorkers.

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