



October 10, 2019

**Joint NYS Senate & Assembly Public Hearing on New York Health Act
Testimony delivered and submitted by Grant Loomis, Vice President, Government Affairs**

Chairmen Rivera, Chairman Gottfried and members of the panel, thank you for inviting the Buffalo Niagara Partnership to participate in today's hearing. The Buffalo Niagara Partnership is the regional chamber of commerce in Western New York. Our members employ more than a quarter of a million people in the Buffalo Niagara region. The Partnership opposes the New York Health Act.

Ensuring that all New Yorkers have access to affordable healthcare should be the goal of New York State. In an effort to achieve that goal, the New York Health Act upends the current healthcare system for 95 percent of New Yorkers already insured, creating alarming uncertainty for both patients and providers, and putting New York State's finances in jeopardy. Simply put, New York cannot afford single payer healthcare.

The New York Health Act would replace all private insurance and existing government plans, such as Medicare and Medicaid, creating a single, state-run and financed health plan. As a result, Albany will be in charge of the healthcare for all 20 million New Yorkers. In addition to using all existing state and federal healthcare funds, this legislation would require the creation of two new taxes, a payroll tax split between employers (80%) and employees (20%), and a tax on non-payroll income.

According to conservative estimates, the New York Health Act would require more than \$250 billion in new taxes, the largest tax increase in the state's history. To put the \$250 billion figure in perspective, the current state budget is \$175.5 billion. This already scary cost projection would be blown out of the water if wealthy residents decide to leave the state to avoid higher taxes.

The 80 percent employer tax that will be used to fund a portion of the New York Health Act would impact every business in New York State. Employers would no longer have the option to select healthcare plans that make sense for their employees, forcing everyone to use the same government healthcare plan. This kind of expensive, one-size-fits-all approach is exactly why New York is consistently ranked as having one of the worst state business tax climates in the nation. The massive new taxes that would be imposed to fund the New York Health Act will certainly cement that standing, turning jobs and investment away from New York in the process. In a recent survey of Buffalo Niagara Partnership members, 55% said the state was becoming less business friendly. That number has jumped up more than 30% in the last two years. People are voting with their feet. More than one million New Yorkers left this state over the last 10 years. Unfortunately, we believe the New York Health Act will only add to that exodus.

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Some of those people who are likely to leave New York State as a result of the New York Health Act are the 150,000 people expected to lose their jobs working for healthcare insurers according to a report from Gerald Friedman.

According to a report by the RAND Corporation, under the New York Health Act, healthcare use in New York State would rise while patient demand would not be fully met. This troubling premonition would be compounded by the reality that doctors and other medical professionals will leave New York to practice in states with fair reimbursement rates and where decision-making authority is not controlled by the government.

The Partnership believes that New York State should and must focus on ensuring that every New Yorker has access to affordable healthcare. However, it is completely unnecessary to turn our current system upside down and create chaos for millions of people in pursuit of that goal. For these reasons, the Buffalo Niagara Partnership opposes this legislation.

Again, thank you for the invitation to participate in this hearing and for your attention today.

Mahima Iyengar, Third Year Medical Student, University of Rochester School of Medicine and Dentistry

My name is Mahima Iyengar, and I am a current medical student down the street at the University of Rochester School of Medicine and Dentistry, and I'd like to share a story with you.

It was 3 AM.

We walked up to the family waiting area and found over 15 people waiting for us. We had spent the last 5 hours performing surgeries. Removing a spleen. Drilling a hole in his head to give his brain room to swell. Sewing up gashes that went down to the bone. He was not out of the woods yet and we went to go tell his family his status. It had been 5 hours and they had not even seen him yet because he was still being sewn back together.

We sat and talked to them. Told them that it wasn't looking good. Even though we had stopped massive internal bleeding, his brain damage was so severe he may never be the same young man he had been before. We answered question after question from his family and friends about what his life would look like.

And then his mother stopped us to ask - "Can we talk to a social worker?"

We told her that the social worker would not be in until 9AM and asked what we could do for her. She told us, "He has really terrible insurance. He's not going to be able to afford this and we aren't going to be able to afford this and we need to figure out this soon."

How awful is it that a grieving mother, being told just hours earlier that her son had been in a car accident, and then having to find out that he had irreparable brain damage and would most likely never regain consciousness, would have to ask us this question? Instead of being able to grieve she was forced to think about insurance policies and billing and deductibles.

This is what I have been thinking about recently because I am one day away from finishing 2 months on a trauma surgery rotation and the things that I have seen everyday are horrific, and yet things that could happen to any one of us at any moment. A car being t-boned. Falling down stairs. Not wearing a helmet.

Yes, this story is tragic, but I don't want you to hear this and think that only stories of horrific tragedy like this deserve our attention and compassion.

The story of a patient who hasn't been to a dentist in years and is putting it off unless they have tooth pain, because of dental insurance is hard to come by. That story horrifies me.

When a patient asks if we can just prescribe one hypertension medication, do they really need the second one? That horrifies me.

The patient who I am seeing in the ED with a terrible foot ulcer from uncontrolled diabetes, and who *has* insurance, but doesn't go to their primary care doctor because of copays. That story horrifies me as well.

I don't want to practice in a system where GoFundMe is an important payor of healthcare expenses. I don't want to practice in a system where healthcare bills are the number one cause of personal bankruptcy in the US. Younger doctors and those who will be entering practice in the next few years, like myself support Medicare for All bills for good reason. I would love to eventually practice in a state where patients can afford the care I prescribe, where stories like the one I shared are part of the past, and not common occurrence.

This is an urgent issue for me. I'm asking for you to pass the NY Health Act, for NY state to become a leader in creating an equitable and compassionate health care system.