

TESTIMONY IN SUPPORT OF A NEW YORK HEALTH ACT
JOINT SENATE AND ASSEMBLY PUBLIC HEARING

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My name is Peter Cook and I am the Executive Director of the New York State Council of Churches. I am here to testify in support of the New York Health Act. I advocate for the Health Act on behalf of those who are under insured, have no insurance and indeed who have good health plans but find the cost and the administrative burden of our private health system to be crushing on them and their employers. Many testifying here today can lay out the clear health and cost benefits of moving to a single payer system. I wish, however, to raise several points which have to do with the resistance to single payer and the complications around transitions.

1. In our system, those who least can afford it, end up with higher deductibles and co-pays than those with more generous health plans. Many who have insurance are threatened with medical bankruptcy. That is wrong. Single Payer would fix this problem.
2. The long term care feature of the New York Health Act is critical and a very welcome addition. For those who are elderly who need skilled nursing, the cost is crushing. Many people can watch their life savings evaporate quite quickly if such care is needed. Long term care insurance is very expensive and can run out in a nursing facility if one is fortunate to have it. To relieve the burden of long term care costs would be huge.
3. In the public discourse, we need to make it very clear that the amount individuals and employers are asked to contribute to the system is in place of health insurance premiums. A common scare tactic is to talk about the taxes involved with single payer and ignore what one will not be paying health insurance premiums.
4. We need to be able to sit down with unions and businesses who have good health plans to discuss their concerns and explore the ways in which a single payer program will improve on what they already have. How much money do we spend on health care that could be spent on higher wages and economically productive investments? Can businesses and unions be shown that people would get better and more comprehensive care at a lower cost?

In a May 13 article in Fortune Magazine entitled "Why Joe Biden is Wrong. Businesses Will and Want to Pay for Medicare for All", Richard Master, founder and CEO of MCS Industries said he was supportive Medicare for All while bemoaning the astronomical cost of health insurance. He noted in 2018, the average premium cost in America was \$6,896 for single coverage and \$19,616 for family coverage. Over 10 years, those costs have increased by 55% nationally. At MCS, they have

200 employees who paid over \$2 million in insurance premiums. That cost is astronomical he notes and only expected to grow. No business owner knows what their cost is going to be one year to the next, which makes it almost impossible to plan for long-term growth. He said he would rather pay a predictable, manageable payroll tax to finance health care than pay impossibly high and unpredictable premiums. I commend the full article to you to get a helpful business perspective on single payer.

We need to be listening more carefully to businesses like MCS which pay their premiums and cover their employees while encouraging businesses that don't provide good health or none at all to participate in the system. Moreover, these businesses which do offer good health insurance should not be at the mercy of health insurances businesses which profit by placing higher cost burdens on other businesses. The New York Health Act would fix that problem.

In my case, I have a pretty good health plan, but it costs my employer nearly 20,000 which means that wage increases are more challenging. The amount of administration and paper work is also a real pain and is costly in time and money. We spend far too much money on administrative costs and CEO salaries that should be directed towards care. The overhead costs for single payer will be considerably less.

We must acknowledge, however, the transition for those with private plans may need to be phased in overtime. A measured transition plan needs to be part of this legislation.

5. Please do not use the failure of single payer in Vermont as proof that it cannot work in New York. This is comparing apples and oranges. Vermont has a much smaller population and more limited resources than in New York which has one of the largest economies in the world. Having served as a pastor in Vermont during the demise of single payer I can tell you that part of the problem was that the proponents did not think through the transition plan and did not offer a counter narrative which created a political vacuum that allowed corporations and lobbyists to employ scare tactics about high taxes without talking about the cost savings which came from eliminating premiums, co-pays, and deductibles.
6. In New York, one of the reasons our property taxes are so high is because we pay so much for municipal health care costs. Darius Shahinfer, the City of Albany Treasurer and Candidate for Albany County Comptroller is perhaps the most eloquent in laying out the high cost of health care on municipalities and we should listen carefully to his counsel.
7. Finally, it is worth noting that farmers and small businesses have much higher health premiums and would benefit tremendously from the stability of a single payer system.

Every person in New York deserves to have access to excellent health care regardless of their income, employment status and physical and mental ability. Now is the time to step up as citizens and elected officials and fix this problem once and for all.