

Testimony of Suzanne Flierl Krull Before the NYS Assembly & Senate Committees on Health

Executive Director, Cuba Cultural Center, Inc.

Coordinating Committee Member NYS Poor People's Campaign: A National Call for Moral Revival

RE: NY Health Act

Thursday, October 10, 2019

Thank you for the opportunity to testify this morning. I am Suzanne Flierl Krull, and I share here today as a person having both personal and professional experience with barriers to accessing necessary health care in NYS. I am a co-founder and the Executive Director of the Cuba Cultural Center, an organization that provides survival programs to families in both Allegany and Cattaraugus Counties. I also serve on the Coordinating Committee for the NYS Poor People's Campaign: A National Call for Moral Revival.

Most of my adult life has been spent in a poor or low wealth household. I have been insured privately, uninsured, and am currently insured under Medicaid through YourCare. I have had to make many of the same choices that other residents of New York State have had to make far too often. I've gone without my own necessary medical and dental care to ensure that my children had access to theirs. Once, when I was uninsured, I didn't have the money to see a doctor while suffering with a respiratory infection. By the time a friend paid for my doctor visit, I had developed pleurisy. I was on restricted activity for months while still caring for young children, and am still susceptible to bronchial infections today due to the lung weakness that was caused by the pleurisy.

I've had to choose between health care and paying other critically important bills, and I have gone into debt to make sure my family members could get the dental care they needed when we didn't have dental coverage. It took many months to pay off those bills, and our dentist didn't want to provide ongoing care until our bill was paid in full. I had to beg him to continue to serve our family while we made good faith efforts to pay off our bill. I still remember the demeaning manner in which his staff spoke to me about our dental debt and family choices.

I do understand the fear that many New Yorkers have about co pay costs and what would happen if I were to lose my coverage and be unable to afford the medications that protect me from life threatening illnesses. Even though I don't currently have high copays for my medications, as an asthma sufferer, and a person who should be carrying an Epi-pen at all times, I've experienced times when my particular insurance company no longer covered the medication the worked best for me. I had to struggle to

breathe with ineffective medications until I could work through the insurance process and get approval for the original medication. Without better guarantees that people like me can get the medication we really need, our fear for the future is very real.

At the Cuba Cultural Center, we hear similar stories with great regularity. We consistently serve some of the 9.9 million NY residents who are poor or low wealth¹. We listen as they share their personal stories of being un- or underinsured, of trying to weave through a complex, inefficient, and at times demeaning health care system while at the same time caring for loved ones who are ill. We learn about the challenges they face navigating between their medical team and the insurance providers who often control personal medical decisions that should really be under the full control of the individual patient and their health care providers.

The counties our center serves - Allegany, and Cataaugus, as well as neighboring Chatauqua, are like most counties in rural New York. Both are considered federally-designated Health Professional Shortage Areas (HPSA). They are also Medicaid Underserved Areas (MUAs), which includes a growing shortage of personal care aides for the elderly and disabled. Many hospitals, nursing homes, and clinics are under-resourced, sometimes lacking basic medical technology. The New York Health Act will ameliorate these shortages by raising reimbursement rates for providers who serve Medicaid and Medicare patients, and by shifting from a patchwork healthcare system where services are determined based on people's ability to pay to a system of planning and budgeting that allocates resources based on need.

As unconscionable as the direct challenges that low wealth people face when accessing quality health care may be, additional layers of oppression make the experience far worse for many marginalized groups. Communities of color², women², and members of the LGBTQ+ communities³ often find it even more difficult to access the health care that they both need and deserve. Systemic racism, xenophobia, gender inequality, wage disparity, ageism, and homophobia place undue and abhorrent barriers upon many people living in NY and elsewhere across the country.

Quality health care is a fundamental human right⁴. That care must be of a type in which the individual has ultimate control of their own medical decisions free from the fluctuations of employment or the interference of private insurers whose main purpose is to make money. The New York Health Act will take medical decision making out of the hands of corporate profiteers and put it where it should be:

between a patient and his medical provider(s). It will provide for a broad range of health care, including vital coverage for things like dental, vision, addiction treatment, mental health services & more. This is the kind of broad, comprehensive coverage that all New Yorkers need.

As a nonprofit administrator of an organization with a small operating budget, I understand the importance of fiscal responsibility and appropriate spending. Even conservative research⁵ demonstrates that the NY Health Act is a feasible plan, given the decrease in waste, reduction in fraud, and the elimination of profiteering from something as basic as providing for the health and wellbeing of New Yorkers. After reviewing the financial projections for the NY Health Act, I believe that the estimated savings of over \$11 billion demonstrates that the bill is not only feasible, but is also wise fiscal management.

Everyone needs quality healthcare. Current disparities in health care access favor the wealthy over the poor, the employer over the employee, and corporations over people. A system that values the health of some of its citizens over others doesn't fulfill its obligation to provide for the general welfare of the whole of society. You have the ability to make the health care system more equitable through the NY Health Act, and we trust that you will fulfill your responsibility to do so. New Yorkers will be watching. Thank you.

Notes

¹<https://www.nysppc.org/resources?fbclid=IwARlRXYuXXZv3d0NI93hMIFxhi2xf48EUIUUV74vOZMz2BkWpU79v5j-glgE>

²<https://www.kff.org/disparities-policy/report/key-facts-on-health-and-health-care-by-race-and-ethnicity/> and <https://www.ncbi.nlm.nih.gov/pubmed/28480588>

³<https://www.kff.org/disparities-policy/issue-brief/health-and-access-to-care-and-coverage-for-lesbian-gay-bisexual-and-trans-gender-individuals-in-the-u-s/>

⁴Article 25 of the UN Declaration of Human Rights. <https://www.un.org/en/universal-declaration-human-rights/>

⁵Rand Corporation: An Assessment of the NY Health Act, [Jodi L. Liu](#), [Chapin White](#), [Sarah A. Nowak](#), [Asa Wilks](#), [Jamie Ryan](#), [Christine Eibner](#) https://www.rand.org/pubs/research_reports/RR2424.html