

Testimony in support of A5248/S3577 New York Health Act

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Ladies and gentlemen of the New York State Senate and Assembly,

Thank you for reading my testimony in support of New York Health Act A5248/S3577. I am a nurse practitioner who has lived and worked in New York State since 1984. Over these 35 years, healthcare costs nationally have risen from 10% of gross domestic product to 18%. Per capita healthcare costs in 2017 dollars have risen from less than \$2000 to almost \$11,000 over the same time period (<https://www.healthsystemtracker.org/chart-collection/u-s-spending-healthcare-changed-time/#item-on-a-per-capita-basis-health-spending-has-grown-substantially> 2017).

These increases are a result of many factors including improved medical technology and new medications, but they have also been accompanied by a shift of costs from insurance companies to individual consumers as many employers have stopped offering insurance as a benefit. This has resulted in uninsured and underinsured New Yorkers. (While the percent of uninsured fell to approximately 5% of the population due to the Affordable Care Act or Obamacare, the ongoing undermining of that act will no doubt force the number back up) The uninsured or underinsured population is mostly from age 18 to 64. Below 18, there is coverage through the Child Health Insurance Program or CHIP and above 65 there is Medicare.

But health insurance does not equal healthcare! As Dr. David Himmelstein of Physicians for a National Health Program (PNHP) has said “Health insurance is only very partial protection. I liken it to a hospital gown that looks like coverage until you actually inspect it.” For this reason, over 500,000 families end up in bankruptcy each year because of medical bills. (<https://www.cnbc.com/2019/02/11/this-is-the-real-reason-most-americans-file-for-bankruptcy.html>)

The deductibles, copayments, denials and finally loss of insurance when one loses their job are the open backside of that hospital gown. Deductibles and copayments, while once thought to slow the growth of health care costs, have only shifted more cost on to consumers, leaving more profit for the insurance companies. These increasing consumer costs are much of the reason for medical bankruptcies. Having insurance gives one the illusion of total coverage until one must use it. Then, it’s quickly apparent how little is covered for many individuals.

Insurance is the wrong model for covering healthcare costs. Insurance works very well for protecting one’s investment in discretionary spending, like that on automobiles, boats or homes. But healthcare is not a discretionary item. It is expected that there will be healthcare expenditures in everyone’s life, and we are even encouraged to engage in preventive maintenance of our health. Therefore, insurance companies should be eliminated from the healthcare delivery system in favor of single payer.

Because healthcare is a human right, payment for healthcare expenses is much like paying for fire protection - it's a societal expense and should be paid for through a single payer system much like our local fire department. Once the issue of payment is off the table, then we can direct our attention to delivering healthcare services to all New Yorkers. Call it socialism if you like, but so are our military, police, firefighters, libraries, public schools, roads and bridges, and many more.

But who says healthcare is a human right? WHO, that's who! The World Health Organization in its 1946 constitution declared "...the highest attainable standard of health as a fundamental right of every human being." (<https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>). It does not say health insurance is a human right, so let's eliminate the middleman and deliver the promise of healthcare for all New Yorkers by passing.

Insurance companies have a fiduciary responsibility to provide profits to their shareholders. Since their only earnings are the dollars they collect for health care premiums, denying services is the only way to enhance their profits and provide the greatest return for their shareholders. The multitude of insurance companies vying for those premium dollars shows just how lucrative this industry is. They add no value to the quality or quantity of health care available – they merely cream off a percentage for moving money.

The health insurance industry does not have a constitutional right to existence. Corporations are not people and therefore inherently have no constitutional rights. Eliminating health insurance companies would return almost 20% of all healthcare dollars to care rather than to expenses and profits of the insurance industry. (<https://www.healthcare.gov/health-care-law-protections/rate-review/>) The jobs lost there could be recycled into beneficial jobs providing care and services rather than denying them.

Meanwhile, providers ranging from individuals to large hospital chains would be able to eliminate much of their billing services since they would be dealing with a single payer. A small private medical practice that currently has several people doing coding and billing and then dealing with denials while sending different forms to multiple different insurance companies could do the same job with the person checking patients out at the end of the visit. The visits would be coded based on the providers documentation and would be sent to a single agency. Large hospital chains would reap similar benefits.

And because the New York Health Act would cover every New Yorker, hospitals and individual providers would be able to budget more reasonably for income and expenses. There would be no unpaid care. This is particularly important for New York's state university hospitals, especially downstate medical Center, which serves a particularly vulnerable population.

New York's businesses would benefit from this single payer plan because they would no longer be burdened by negotiating healthcare plans with insurers. The video [Fix It:](#)

healthcare at the tipping point (<https://fixithealthcare.com/>) explains the benefits to business, making them more competitive.

And New York unions would no longer have to negotiate healthcare benefits. Teachers associations across the state could focus contract negotiations on workplace issues knowing their healthcare benefits would not be on the chopping block.

Individual taxpayers could have new freedom to make job choices without the worry of their new health insurance company denying coverage for some chronic condition or routine medication. Their families would not be impacted by job changes because every individual would be covered – not the family.

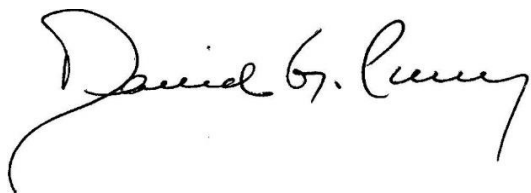
The only group to suffer with this plan are the healthcare insurance companies. In this instance, we must consider them like steam engines or paddle wheel river boats. Their time has come and gone. They have outlived their value to society and are now a burden.

But there are other issues to consider as New York does not exist in a vacuum. Many of the healthcare facilities in the north east corner of the state, such as my employer in Plattsburgh, belong to the University of Vermont Health Network. Implementation of the New York health act would have to assure continuity of care to this, and other, rural parts of the state. I expect there are similar issues along the other state borders and perhaps even along the border with Canada. The inclusion of regional health councils in the legislation should make that possible.

And portability will be a major issue from the start. There are many ‘snowbirds’ who will need assurance of payment for services in their Winter homes.

But Medicare has been an outstanding success, so single payer can work in America. I have no doubt New York Health will be a success as well. The courage to take this giant leap for all New Yorkers is all that’s needed, and I encourage all of you to take the next step and vote A5248/S3577 out of committee.

Sincerely,

A handwritten signature in black ink that reads "David G. Curry". The signature is written in a cursive style with a long, sweeping underline that extends to the left.