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COMMENTS ON THE NEED FOR A FEASIBILITY STUDY OF A
NYS SINGLE-PAYER HEALTH PLAN. Submitted to the Joint
Senate and Assembly Public Hearing A.5248/S3577

We very much appreciate the opportunity to submit comments on providing all New Yorkers with a single-payer health care system. We thank both Assemblyperson Gottfried and State Senator Rivera for holding these joint hearings. We applaud your efforts in seeking to guarantee all New Yorkers high-quality medical care. Moreover, we share your belief that it is incumbent on all of us, legislators, health-care providers and health-care consumers, to undertake all necessary "due diligence" before moving ahead with a single-payer health plan.

In particular, we would like to address ourselves to why it is so important that the legislature include in its "due diligence" a full-blown, legislatively authorized and funded *feasibility study* of any proposed NYS single -payer health system.

In making this recommendation, we are drawing upon our decades of work in the campaign to transform the predecessor of the Long Island Power Authority (LIPA), the Long Island Lighting Company

(LILCO), into a non-profit, municipal power company that could cut rates, implement safe energy strategies, and act as an economic-development force for the LI economy. We are fortunate that in our State there is an established process for extending public control of important economic sectors. New York State Municipal Law 360 requires and authorizes that prior to any vote on the municipalization of a private utility (electric, water, etc.) an independent, professional and situation-specific **feasibility study** must be prepared. In essence, these studies enable the development of follow-on legislation utilizing the most case-specific information available. In the case of LILCO in the mid-1980s, the Suffolk County Legislature voted for such a study which was prepared and released publicly under Municipal Law 360. This feasibility study documented how a publicly-owned alternative to LILCO would operate and what rates would be. As the public-power campaign moved forward on Long Island, the administration of Gov. Mario Cuomo stepped in and legislation creating LIPA was passed by the Legislature.

The usefulness and timeliness of a legislatively-authorized feasibility study related to health-care legislation in our state could not be more relevant right now. Who could **reasonably** be opposed to looking at the factual "**feasibility**" of solving our health-care crisis? The impartial vetting of all the issues, including revenues and costs and supply and demand and access, would go a long way to addressing the reasonable, unanswered questions about the "real numbers" in transforming a major part of the state economy and the reasonable, unanswered questions as to "how will this affect me and mine." (For example, an impartial study could address the pressing concerns of the

thousands of New Yorkers employed in this sector as to how this legislation could affect their jobs. Expert thinking on the employment impacts of health-care reform during this crucial period of public debate would be helpful.) A non-partisan, apple-pie, fact-finding approach could stimulate deliberative debate enabling the emergence of an informed state-specific consensus that could help rally public and institutional support and move past the powerful opposition this legislation faces.

Additionally, we believe that such a feasibility study would serve as a "confidence builder." It is sad to say but must be acknowledged, in a New York minute, that the public is drenched in skepticism about publicly-run services, such as the MTA. That perception is an undeniable element in the health-care conflict. It is important to allow the public as well as all stakeholders to see that government could indeed handle such a sweeping overhaul of our health system. The nuts and bolts of a single-payer delivery system would be there for all to see and evaluate fairly. All concerned parties deserve a transparent, well-considered, thorough-going plan describing what the new health delivery system would look like, how it would be organized, administered, and operated, and perhaps most importantly, financed. While privately-financed preliminary studies of the NY Health Act are very positive, we need to know what would be involved in the actual transition to a NYS specific single-payer healthcare system. In short, we need a feasibility study as the next step in developing a credible "blueprint" for the transition to and operation of a single-payer system.

It seems to us both logical and good public relations to seek public and legislative support for a comprehensive study prior to seeking legislative action on something that has never been done before on the scale that the NY Health Act proposes. We need to avoid the outcomes that occurred in California and Vermont where single-payer proposals failed when the respective legislatures balked after previously undefined financial, tax, and other politically-unpalatable impacts of their proposed health-care reform plans became known. Ironically, the refusal of these states to pass legislation enacting their own original reform proposals could be seen as unintentionally proving correct all those who say such systemic changes to a state's health-care system are a pipe dream, nothing more. Not a happy ending.

As you are well aware as skilled public servants and advocates, successful campaigns place the needed evidence right up front while the public is debating the issue and contending with strong and persuasive forces on all sides. Would legislation authorizing a full-blown, fact-finding **feasibility study** be a way forward? We think so.

Respectfully,

Marge and Fred Harrison