



New York StateWide Senior Action Council, Inc

Improving The Lives of Senior Citizens & Families in NY State

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Testimony of Maria Alvarez

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New York StateWide Senior Action Council, Inc.

To the Joint Committees on Health

Public Hearing

on The *New York Health Care Act*

to create state single payer health coverage

**Bronx Library Center
310 E Kingsbridge Road
Bronx, NY**

Wednesday, October 23, 2019

Good morning, my name is María Alvarez. I am the Executive Director of New York StateWide Senior Action Council, a consumer directed, grassroots organization which works to improve the lives of senior citizens and families in New York State.

I want to thank you, Chairman Rivera and Chairman Gottfried and members of the Senate and Assembly Committees on Health for holding these public hearings around the state on such an important topic and giving me the opportunity to appear here today.

Our organization, with chapters throughout the state comprised of senior citizens as well as groups who work with older New Yorkers, has long been a supporter of a Single Payer health system. We have been working on this issue in one form or another for as long as we have been around (48 years), and are gratified to see public hearings accessible to consumers around the state.

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Our members have taken full advantage of this opportunity and have testified in at previous public hearings – one in Albany and the other in Rochester and may have written testimony if they were unable to appear in person.

Over the years, StateWide has helped hundreds of thousands of consumers through two of its programs: our ***Managed Care Consumer Assistance Program***, which helps Medicare beneficiaries to make the most educated decisions regarding their healthcare and prescription drug coverage; the ***Patients Rights Helpline***, which assists patients to assert their rights under NYS law if they happen to find themselves in a hospital or an institution; and more recently with our ***Medicare Health Care Fraud Prevention Helpline***.

As a grassroots organization, our members and our staff interact with the community and are able to gauge the impact of the policies that are implemented. We meet frequently and work to come up with solutions to people's problems, or we see where the systemic inadequacies lie, and come to public hearings and meet with elected officials to seek change. I can tell you that when it comes to healthcare coverage, an efficient Single Payer system would definitely solve a lot of these issues.

New Issue – Having stated that StateWide members and staff have already presented the issues of affordability on previous occasions, today, I would like to present some other developments that we have not discussed, one being of an urgent nature.

- 1. Consumers who qualify for health care but are unable to access health care.** – Over the summer, NY StateWide Senior Action Council with support from the Health Foundation for Western & Central NY and the collaboration of the NY Health Campaign and other grassroots partners,

conducted a series of focus groups across eight counties in Central NY. The focus groups hinges on a recent study from the foundation outlining that 5% of the Central New Yorkers are not accessing health care. We hosted around 100 consumers from different walks and stations in life talking about how they or their loved ones may have qualified for health care, but due to issues of geography, cost, a local healthcare system that is deteriorating to the point that the continuum of services no longer exist in their localities people are not able to get needed services. These focus

groups were open to all ages, but a good number of the participants were senior citizens over the age of 65. While most people might think that senior citizens do not have issues accessing health care, I know that I do not need to tell you that the senior citizens' struggle is increasing now more than ever for a number of reasons:

A. Economics –

2018 Elder Index for New York (Statewide)

Health status	Elder Person			Elder Couple		
	Owner without mortgage	Owner with mortgage	Renter	Owner without mortgage	Owner with mortgage	Renter
Excellent Health	\$24,336	\$39,012	\$27,408	\$33,888	\$48,564	\$36,960
Good Health	\$25,500	\$40,176	\$28,572	\$36,216	\$50,892	\$39,288
Poor Health	\$28,236	\$42,912	\$31,308	\$41,688	\$56,364	\$44,760

Center for Social and Demographic Research on Aging
 Gerontology Institute
 John W. McCormack Graduate School of Policy & Global Studies
 University of Massachusetts Boston

2018 Elder Index for New York (Bronx)

Health status	Elder Person			Elder Couple		
	Owner without mortgage	Owner with mortgage	Renter	Owner without mortgage	Owner with mortgage	Renter
Excellent Health	\$23,472	\$40,716	\$29,148	\$32,112	\$49,356	\$37,788
Good Health	\$24,768	\$42,012	\$30,444	\$34,704	\$53,948	\$40,380
Poor Health	\$27,840	\$45,804	\$33,516	\$40,848	\$58,092	\$46,524

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The average Social Security Check for a retiree in 2019 was \$1,422. Seniors living on Social Security alone (roughly 1/3 of older New Yorkers). For 2020 there will be a 2.8% Cost of Living Adjustment which will go to their Medicare costs. By looking at the above charts, you will see that: a) health care expenses are a huge part of senior’s cost of living; and b) largely, seniors are not making ends meet on their own. Older New Yorkers, especially women and people of color, need subsidies to afford living in their communities. The NY Health Care Act would relieve a lot of this burden by eliminating the costs of deductibles, co-payments, and out of pocket costs for prescription drugs as well as adding important services like care coordination, dental care, vision care, and long-term care.

2. Workforce Shortage – At this moment, in all areas of the state, workforce for home care is a huge issue. No matter what the payment form – Medicaid, EISEP, or Private Pay, there simply are not enough people to work in this, the fastest growing segment of the healthcare industry. In a rural area it could be due to lack of reliable transportation, no network of providers, in an urban area it could be lack of pay, regular hours, in both, we have heard the lack of a career path that would motivate someone to stay in this field. One thing is clear: there is a growing need as the senior continues to grow exponentially, and the systems are not in place to sustain this need. We are glad that Long Term Care is included in this bill and anxious to help on working out a system where funding will be made available to facilitate a viable solution to ensure that people who need care can receive it without having to be sent prematurely to hospitals and nursing homes which are suffering from their own shortage of staffing ratios and deteriorating conditions.

3. AS PLANS ARE EXITING SOME OF THE REGIONS, SENIORS ARE LEFT CONFUSED AND WITH FEW HEALTH CARE CHOICES.

This news has just come in the past few days. In the North Country, Franklin, Essex, and possible Saint Lawrence counties, where the population is more sparse, but the elderly residents makes up a greater percentage of the population, seniors are starting to get notice that Wellcare (Supplemental Plan), one of their 2 providers is leaving the area. I heard yesterday that CDPHP, which is largely from the Capital District, will now start serving that area. However, I have had calls from members saying that the information that they are getting for their new choices may be for

Medicare Advantage Plans. If this is true, it means that companies are trying to inadvertently switch Medicare beneficiaries who have Original Medicare with a supplemental plan to a Medicare Advantage plan which will reimburse the company at a higher rate and it may not be to the advantage of the patient.

I am reporting this in this forum because we will be investigating this further and may need your assistance sorting this out.

BUT it is clear that this confusion and lack of adequate coverage would not exist if the NY Health Act were passed into law. This plan would ensure that every New Yorker would receive comprehensive and affordable and accessible coverage no matter what the circumstances or geographics may be.

Thanks so much for the opportunity to speak.

