

"NEW YORK HEALTH ACT" PUBLIC HEARING, ALBANY, NY, MAY 28, 2019

COMMENTS

I am a resident of Albany and a labor activist in Albany County. I am writing to urge legislators to adopt the proposed "New York Health Act" (A5248, S3577).

The current state of health care in New York and the rest of our nation is unacceptable. On average, we are paying twice as much for health care as our counterparts in most developed countries. The cost of health care is billions more than it should be. Working people are paying for outlandish administrative costs, mega profits for insurers and hospitals and bloated CEO salaries while doctors and health care providers are devoting millions of dollars dealing with billing and collecting issues for a panoply of private insurance companies. Health care has become a commodity within the context of a capitalist market system generating profit based on the suffering of others. The health care system, if it can be called that, is not truly addressing the needs of many people—in some cases with dire consequence.

The New York Health Act will provide health coverage to all New Yorkers without deductibles, co-pays, restricted networks, out of network charges, or other out-of-pocket expense. It would include all medically necessary care (including home and nursing home care) and any benefit currently required by state insurance law or provided by the current state public employee health plan, Medicare or Medicaid or added later by the plan. The NYHA will cover everything included in the state public employee benefits package.

Many unions have long-standing collective bargaining agreements under which the employer pays the cost of all, or nearly all, health benefits. The New York Health Act proposes language requiring that whatever percentage of the health benefit premium a public sector employer now pays, the employer must pay at least that percentage. In addition, the law specifies that any savings by a public sector employer will be allocated to wages or benefits, with the allocation subject to collective bargaining for organized employees.

Retiree concerns are also addressed in the New York Health Act. A retiree who remains a NY resident will have much better coverage (including long-term care) and lower cost than today. The Act would also pick up Part B premiums and any Medicare co-insurance. If a NY resident is temporarily out of state and requires health care, NY Health pays for it. If a retiree moves out of state, the employer or fund can continue to provide health coverage, unaffected by the Act.

Proposed legislation does not perfectly address every single concern and I am sure this is true of the New York Health Act. It is clear, however, that the sponsors have spent much time fine-tuning its content in a responsible manner with the intent of broadening support for adoption. In addition, it is also clear to me that the sponsors remain open to possible amendments which do not detract from the power and force for social good which the New York Health Act will engender if adopted.

Bill Ritchie

