

Health Story Testimony in Support of



**New York Health Act (A 5248, S3577)**



Offered to Joint Senate & Assembly Health Committees Hearing, May 28, 2019

As Maurice Chevalier sang, “I’m so glad I’m not young anymore,” I’m so glad for my single-payer healthcare. Many expensive illnesses, surgeries and procedures have been covered by Medicare and MediGap. I’ve healed without going bankrupt.

Here in the Bronx too many seniors (whose numbers increased by 26% in the past decade) choose between rent or food and medications.

I’m Barbara Estrin, I’m active in the Bronx HealthREACH, formed because the Bronx has the worst health metrics in our state. Healthcare stresses Bronx seniors and their families who juggle work, elder and child care. Seniors worry about children: circles of fear. NY Health’s LTC would ease so much.

In the 2019 open enrollment period, CMS pushes Advantage plans, sending weekly messages for “Trump Medicare,” for-profit insurance advertisements disguised as government advisories. In their charts, traditional Medicare comes out ahead only once — “you can choose your doctor.” But there’s the rub.

In June my friend — on an Advantage Plan — discovered she has uterine cancer. She needed a hysterectomy. Quickly, she had to find an in-network surgeon to coordinate with an in-network hospital. Hours on the phone. Her insurer offers no hospital-doctor matches in NYC. In Yonkers only one in-network surgeon has privileges. NY Health, has no networks: you choose your physician; you choose your hospital.

The day before her surgery, she still had not received authorization. Phone calls and administrative blather took hours of her doctor’s time, even more of hers. The surgery was a success. But what if some cancer cells escaped? She had to search for an in-network oncologist, wasting additional weeks of time.

Then she searched for an in-network doctor for necessary post-surgery radiation. A cat scan found something tiny on her lung. She needed a repeat scan — so her Advantage plan made her wait another three weeks. Under traditional Medicare, she’d have had the test immediately. Under NY Health, her doctor would have coordinated her care from the beginning.

That small something is still there. Her plan requires her to wait for yet another authorization for yet another series of tests.

She lives under three clouds: fear of cancer, fear of financial ruin, anxiety over authorizations. NY Health would lift two of those clouds, reducing her depression and her doctors’ frustration. She’d be free to focus on getting well.

I urge you to actively support NY Health — and pass it into law.

Respectfully submitted by Dr. Barbara L. Estrin  
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