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RE: MAY 28 JOINT HEARING ON THE NEW YORK HEALTH ACT

I am submitting this statement in support of the New York Health Act. (I am not able to attend the May 28 hearing in Albany, because I have a severely disabled daughter and it's extremely difficult for me to travel far from home.) New York State needs to set an example for the rest of the country, and ensure quality health care for all of its citizens! We need to de-couple health care from employment, in order to protect older folks like me, who have been forced out of the labor market but are too young for Medicare. We also need to include OPWDD services under the umbrella of the NYHA, and halt DOH's current plan to force the OPWDD population into managed care.

I'm an attorney, with a degree from Harvard Law School (class of 1986). With all my advantages in life, I never expected things to turn out this way . . . but my career prospects and earning capacity were severely compromised by the arrival of my daughter, almost 29 years ago, in 1990. My daughter was born almost 3 months early, and has severe cerebral palsy as a result. I left the work force for six years after my daughter was born, to be her primary caretaker. During that time, my marriage fell apart. I was finally able to get back to work in 1996. I accepted a part-time position at a major NYC law firm, working for the same partner and client for over 20 years, until January of this year. I stuck with the job because it afforded me the flexible schedule that I needed, in order to attend to my daughter's ongoing needs. I made sure to work enough hours to qualify for the high-quality, employer-provided health insurance that the firm offered.

My working conditions deteriorated significantly after the 2008 financial crisis. I managed to hang on to my job, but was required to assume greater responsibilities, and work longer hours (for the same salary), to cover for attorneys who had been laid off during the financial crisis. I basically hated the job by that point. By 2012, the ONLY reason I was keeping my job was for the health insurance. (By that time, I had remarried and added my new husband to my health insurance policy.) As a 50-something, aging female lawyer -- with extremely narrow work experience -- I didn't think I could find another position that would offer *both* the flexible schedule *and* the health insurance that were so critical for me and my family.

I finally left my job in January 2019. I wasn't fired -- but the work I had been doing for over 20 years was taken in-house by our client, and I felt that I had no choice but to leave the firm at that point. My husband is now on Medicare. My disabled daughter is on Medicaid and receives services from OPWDD. As for me, I opted to continue my health care coverage under COBRA, but I have no idea what to do when that runs out.

I know that my situation is far from dire. I'm OK financially without the employment income . . . but I need to have health insurance. I'm 60 now, with some age- and stress-related "preexisting conditions." When my COBRA coverage runs out, I will hopefully be able to buy a policy on

the Exchange, until I am eligible for Medicare. But I will never be able to find coverage on the Exchange that is as good as my former employer's coverage. If "Medicare for All" is currently out of reach – then we at least need some kind of Medicare "Buy-In" for folks like me. That is, older workers who have been forced out of the labor market before age 65, with no realistic prospects of finding decent employment (or employer-provided health insurance) again.

Finally, on behalf of my daughter and all other recipients of OPWDD services: We need assurances from legislative leaders that the New York Health Act will cover all of the Home and Community Based long-term-care services that are currently provided under the auspices of OPWDD. OPWDD, together with the NY Department of Health, are still moving forward with an ill-conceived scheme to transition this extremely vulnerable population to managed care. There is no evidence to support the contention that managed care will provide better care for this population, or will be less expensive than the current Fee-For-Service model currently in effect for OPWDD services. Disability advocates were thrilled to hear that "traditional" long-term-care services would be covered immediately, if the NYHA takes effect. But we need to take the next step. The roll-out of managed care for the OPWDD population must be stopped in its tracks. The Legislature has the power to do this, and to hold OPWDD accountable for its disgraceful treatment of family "stakeholders." At the same time, the NY Health Act must be expanded to include HCBS waiver services, if and when it is enacted.