

Testimony in support of A5248/S3577 New York Health Act

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Ladies and gentlemen of the New York State Senate and Assembly,

Thank you for accepting my testimony in support of the New York Health Act (NYHA) A5248/S3577. I have lived and worked in New York State since 1984 as a faculty member of the State University of New York and as a Nurse Practitioner in a variety of practice settings in Plattsburgh as a member of NYSNA. My doctorate is in Health Administration. As a state employee and union member I have always enjoyed excellent health insurance coverage. But more and more of my fellow New Yorkers cannot say the same thing.

Over these 35 years, healthcare costs nationally have risen from 10% of gross domestic product to over 18%. Per capita healthcare costs in 2017 dollars have risen from less than \$2000 to almost \$11,000 over the same time period (<https://www.healthsystemtracker.org/chart-collection/u-s-spending-healthcare-changed-time/#item-on-a-per-capita-basis-health-spending-has-grown-substantially> 2017). Many employers have stopped offering health insurance as a benefit and others only offer high-deductible plans that minimize the employer contribution.

This has resulted in more uninsured and underinsured New Yorkers, many of whom fall into the ALICE group – ‘asset limited, income constrained, employed’. While poverty is defined as an income of \$11,000 for an individual and \$23,000 for a family of four, the ALICE threshold, where no supplemental government services are needed, is \$23,000 for an individual and \$60,000 for a family of four. \$60,000 requires two fulltime workers earning \$15/hour each. Needless to say, there are many North Country families (indeed many rural families throughout New York) who fall below the ALICE threshold. NYHA would free these families from fear of medical bankruptcy.

But NYHA would help many New Yorkers who have insurance, too. Medicare pays the first 80% of some healthcare costs, but that leaves 20% for the individual. In my case, I was able to convert my unused sick time from the state to pay for this secondary coverage, but most Medicare recipients aren’t as fortunate and must purchase their Part B coverage from their retirement income. NYHA has that covered.

Because healthcare is a human right, healthcare expenses should be paid for through a single payer system much like our local fire or police departments. But who says healthcare is a human right? WHO, that’s who! The World Health Organization in its 1946 constitution declared “... the highest attainable standard of health as a fundamental right of every human being.” (<https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>).

Who else will benefit from NYHA? Health care providers ranging from individuals to large hospital chains would be able to eliminate much of their billing services since they would be dealing with a single payer and a single form. Just this week CVPH in Plattsburgh announced it is dropping its relationship with WellCare Medicare Advantage due to unnecessary delays in approving common tests. This decision negatively affects 3100 Medicare recipients in Clinton, Essex and Franklin counties. (employee email from CVPH)

And because the New York Health Act would cover every New Yorker, hospitals and individual providers would be able to budget more reasonably for income and expenses. There would be no unpaid care. This is particularly important for New York's rural hospitals that are at constant risk of closing. Placid Memorial Hospital in Lake Placid closed several years ago, and Massena Memorial Hospital in Massena is presently on shaky ground financially.

Further, new medical and dental providers could be attracted to rural parts of the state by the guarantee of income with all New Yorkers in – nobody out. The inclusion of dental care is significant! Good dental hygiene slows or prevents heart disease and kidney disease.

New York's businesses would benefit from single payer as they would no longer be burdened by negotiating healthcare plans with insurers. The video Fix It: healthcare at the tipping point (<https://fixithehealthcare.com/>) explains the benefits to business, making them more competitive.

Individuals would have the freedom to make job choices without considering health insurance.

New York unions would no longer have to negotiate healthcare benefits and could focus contract negotiations on workplace issues knowing their healthcare would not be on the chopping block.

The only group to suffer with NYHA is the healthcare insurance companies. In this instance, we must consider them like steam engines or paddle wheel river boats. Their time has come and gone. They have outlived their value to society and are now a burden. Eliminating health insurance companies would return almost 20% of all healthcare dollars to care rather than to expenses and profits of the insurance industry (and obscene CEO salaries).

(<https://www.healthcare.gov/health-care-law-protections/rate-review/>) With historically low unemployment rates, the jobs lost there could be recycled into beneficial jobs providing care and services rather than denying them.

Medicare has been an outstanding success, so single payer can work in America. I have no doubt New York Health will be a success as well, and will set a benchmark for other states to follow. The courage to take this giant leap for all New Yorkers is all that's needed, and I encourage all of you to take the next step and support the New York Health Act A5248/S3577.

