My name is Kathy Rosenberg. I am a certified nurse midwife, a member of NYSNA and I support the NYHA. For the past 16 years I've worked at a community based Family Planning Clinic serving low income women in NYC. For more than 40 years our clinic has provided about 15,000 publicly insured and uninsured women access to reproductive health care. Our practice is supported by New York State through Medicaid, Health Grants from sources like The Robin Hood Foundation, and sliding scale fees paid out of pocket by our clients, but this type of funding can be precarious. Recently we lost a significant source of support when the Trump administration prohibited Title X funding for reproductive health clinics that support a woman's right to choose.

The inequities of our dysfunctional healthcare system prohibit me from helping uninsured women get the full scope healthcare they need. While undocumented and therefore uninsured women can receive contraceptive services at our clinic, without Medicaid, patients with chronic health conditions like diabetes or hypertension cannot access Primary Care clinics at our institution. I've been in the unfortunate position of having to deny care many times. Recently I've had to explain to an uninsured patient with abnormal uterine bleeding that I cannot order a diagnostic ultrasound for her, and to another patient who came with a diagnosis of large uterine fibroids, that she can't be referred for a surgical consult within our institution because even though she had Medicaid it was the wrong kind. These are just 2 examples of the cruel institutional barriers facing those who are the most in need and the most vulnerable and who then wind up delaying treatment until a crisis forces them to turn to the emergency room where the care will be more costly and often too late.

Also, I have been personally impacted by the current system. My daughter was diagnosed with a chronic autoimmune disease as a teen. In spite of our good employer provided insurance, we fought many battles over prior authorizations, lifetime caps on services like physical therapy, and having to pay for a year of expensive COBRA coverage when she turned 26 in her final year of graduate school and we were informed she could no longer be insured on our plan. Today her condition is stable, thanks to employer sponsored coverage that pays for the medication which would cost her \$2800 a month if she were uninsured. Still, she has many out of pocket costs. Insurance will pay for expensive knee replacement surgery but not preventative treatments like ongoing physical therapy or stem cell injections. And I worry what would happen were she to lose her job. Health insurance should not be linked to your employer.

A single payer system like NYHA is a solution that will fix our current failing system. We must eliminate the barriers that exist between people and the care they need. Whether you currently have public or employer sponsored insurance, the NYHA will not get between your health care provider and the treatment prescribed for you and it will protect a woman's right to choose. New York can lead the way toward health care justice in our country. Health care that is humane, comprehensive and affordable.