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THE LEAGUE OF WOMEN VOTERS *of New York State*

Testimony Regarding New York Health Bill Submitted to:

**Joint NYS Senate Health Committee and Assembly Health Committee
Wednesday, October 23rd, 2019
Bronx Library Center
310 E Kingsbridge Rd Bronx, New York, 10458**

Good afternoon, my name is Susan Butterick. I am a member of the League of Women Voters of New York State and the League of Women Voters of Westchester Health Care Committee, and a member of the League of Women Voters of River Towns. The League of Women Voters is a non-partisan political organization that encourages informed and active participation in government and works to increase understanding of major public policy through education and advocacy. I would like to thank the New York State Senate and Assembly Health Committee for holding today's hearing and allowing me to speak on behalf of the State League.

Access to affordable, quality health care is pivotal in determining the quality of life for New Yorkers. The League has advocated on behalf of all New Yorkers for over 20 years on the issues of health care, and has lobbied and testified on numerous bills that safeguard public access to health. The League believes that affordable, quality health care should be available to all New York State residents and that health care policies should include equitable distribution of services and the efficient and economical delivery of care.

First, I will focus on the issues of equity, and then address efficiency and cost control. Equitable distribution of services means that individuals should have access to a basic level of care regardless of income, age, health status, geographical location, or any other factor. As long as private health insurance corporations are the middleman between patients and providers, services will not be distributed in an equitable manner. Persons who are less likely to need care will have greater access to coverage, while those who are in need will go without.

The Affordable Care Act has gone far in mitigating some of the shortcomings of private-for-profit insurance, such as refusing coverage to people with pre-existing medical conditions and imposing annual lifetime limits. What's happening now that the ACA is unfolding, there's a lot of cost shifting to the consumer with high deductibles and co-pays. Before the Affordable Care Act was passed, there were 2.9 million New Yorkers uninsured. However, even when the plan is fully implemented according to the Urban Institute of New York, there will be 1.675 million New Yorkers still uninsured. The Affordable Care Act is not a universal plan.

The League opposes a strictly private market-based model of financing the health care system. We

believe that a universal single-payer system such as New York Health is a way to achieve substantial and lasting reductions in the cost of care. By consolidating responsibility and thus accountability for health care into a single-payer system, we will be better positioned to achieve quality health care for all.

In a single-payer system of publicly financed, privately delivered health care for all New York State residents, citizens will decide the level of basic care. Under this system, the long-term health of each person is valued equally. If we opt to cover effective wellness and disease prevention programs now, we will spend less in later years. It will make more sense for us as a group to pay for regular dental care now in order to avoid more costly procedures later in life.

Under the single-payer model, coverage for disease prevention and health promotion programs and services will also make good economic sense. Private health insurers are not motivated to achieve long-term benefits in health status, especially with the employer-based system. The pool of participants in a given plan is transient, individuals change plans as they change employers, and besides, it is all too easy to drop coverage if the costs get too high. The existing system is too shortsighted to make substantial commitment to prevention and wellness programs.

The League supports the standardization of basic levels of service for publicly funded health care programs as a step toward equity. Under the single-payer model, every New York resident would be eligible to enroll. There would be no premiums, deductibles, or co-payment. Coverage would be funded based on ability to pay through a progressively graduated state payroll tax and taxable non-payroll (investment) income. Federal funds now received for Medicare, Medicaid, Family Health Plus and Child Health Plus would be combined with state revenue in a New York Health Trust Fund. The "local share" of Medicaid funding--a major burden on local property taxes--would be ended. It is projected that New York State would save \$11.4 billion under a single-payer system according to the RAND Corporation. All New Yorkers would be covered for all medically necessary services, including: primary preventive, specialists, hospital, mental health, reproductive health care, dental, vision, prescription drug, and medical supply costs. In January 2019 the act was amended to include long-term care - the bill is more comprehensive than most commercial health plans.

Over 2,000 New Yorkers die each year because they do not have adequate health insurance coverage according to Physicians for a National Health Program. When the ACA was fully implemented, based on the number of additionally insured, the estimate dropped to about 1500 death per year. Here in New York we have the opportunity to lead the way in implementing cost-effective, universal health care, effectively making health care a right for all New Yorkers.

Thank you for this opportunity to share our views with you.