

Testimony

Senator Rivera, Assembly Member Gottfried, and members of Health Committees: I'm grateful to you for holding this Hearing, and to all the groups and individuals who have come to share their stories in support of the New York Health Act. I hope this is the first of hundreds of Statewide Hearings.

"I'm sorry, Mom, I shouldn't have gone to the doctor," my son says – when we find out we owe \$500. towards his \$4000. deductible for the ENT to do a five-minute procedure to diagnose his sinus infection. My 24-year-old son works as an intern for a non-profit, and doesn't qualify for employer health insurance, so I've kept him on my family plan.

Like so many families, ours is stuck in a For-Profit Health Insurance System that gifts and exploits people who are trying to stay healthy, or who are navigating terminal illnesses and everything in between.

I'm not representing the Dramatists Guild per se, but here as a member of this Guild of playwrights in NYC. The Guild isn't able to offer healthcare for its members – when someone has a health crisis, the hat's passed, and special funds for emergencies are raised for members who need that. And you try never to ask twice. Like many of my Guild colleagues, I self-pay into an ACA family plan for myself and my son.

I've been curious if other New Yorkers are as frustrated as I am with this For-Profit system, so for the past couple years, I've collected healthcare stories from folks on street corners, in their driveways, at their front doors –Most people had a story to share, and wanted to talk. I'll include some of those here too.

While listening to folks' stories, it occurs to me that we New Yorkers (and Americans) are conditioned to treat Healthcare like it's a commodity. But at least when you buy a car through payment plans, you opt for fixed payments. You work that into your household budget, and figure out ways to absorb that monthly cost. But all bets are off with Commercial Insurance plans: There are hidden costs, and tricks and trapdoors. You cannot stay on top of these.

So here's some of my story:

My son and I are relatively healthy at the moment. Through my plan he's able to have access to an HIV prevention drug (the generic of which does not yet exist yet, so without my plan, he would not be able to receive this). A shout-out here to NYHA-endorsing Callen Lorde and their LGBTQ health advocacy. But the monthly lab fees – I pay out of pocket for – they're passed on to our deductible -which we never ever meet in any given year.

Since I enrolled in the ACA, five years ago, when my employer's insurance ended, **my annual premiums have increased each year – they now amount to 30 % of my annual after-tax income**, and the deductibles (for both of us) can go as high as 2% in addition to that 30%. Currently, my son and I are "allowed" one "well visit" each. And for myself, one mammogram.

And this doesn't include the \$40 co-pays for office and screening visits – should we get sick or injured --and it doesn't include our annual vision and dental exams. It's not in the interest of the Insurers to cap any of this: Costs will increase every year.

As you all know, by design, *The New York Health Act* includes a Progressive Tax that's based on ability-to-pay and is income appropriate – a far cry from the “hidden” costs, and gouging payments so many of us spend out now –and -- it will include *comprehensive healthcare*.

Anybody who laments that the *New York Health Act's Progressive Tax* is a burden needs to pull out their calculator and add up what they currently shell out -- *and* include with that, lost wage increases due to employers scrambling to meet skyrocketing plans – *and*-- the insecurity that goes with not knowing if your PCP or specialists will suddenly “drop out” of your “network” in this churning system--- When you lose your doctor, you have to start from square one with a new doctor, with fresh costs for co-pays and deductibles. Those costs need to be calculated in also.

And soon, we'll all be notified by our Insurers that our premiums will go up 7-15% (“due to the increased costs of prescription drugs and administration fees--and the stock line they give us year after year.”)

A note about Insurers' so called “increasing administration fees”: If your Insurer is United Healthcare, your administrators are most likely based in Malaysia. Mine were. Those jobs are outsourced. My current Insurer appears to have hired American admins –but here's the thing: We do most of our own administrating now: Because Providers' info is not interfaced with the Insurer's info. If you need a specialist, or if you need to find out if a lab takes your plan – you have to call the Insurance company – with pen in hand and get a list of Providers. And then you have to call Providers, to make sure they take your plan, as the Insurers cannot or will not keep their list of Providers current.

Additionally, we have to decipher the incoming coded Insurance Statements – to try to track how or if amounts are correctly applied to deductibles. That's a lot of administrating.

Here are some other stories: And you all know how the NYHA would address every one of these dilemmas – but I'll share that part too for those who don't:

My daughter is one of the millions of New Yorkers who has benefited from Medicaid expansion. However, when she broke her fibula (she's a Roller Derby skater), we sweated it out, hoping the surgeon who would re-assemble her ankle, was a good one. She lucked out: She got a great surgeon. One titanium plate and eleven screws later – my daughter can walk and can skate – but it could have been a very different outcome. **(Under the NYHA, patients can choose their doctors and specialists).**

I met an anxious mom whose daughter with special needs is about to turn 27 and will “age out” of their ACA family plan. **(No one “ages” out of the NYHA. It covers everyone, regardless of age, income, gender, and gender identification, documentation status, employment status).**

I spoke with a father who stood in front of his house, next to his camper – ready to leave home because he couldn't continue to face the agony of trying to help his opioid addicted son – after shelling out massive amounts of money for rehabs – he was close to bankruptcy. **(The NYHA would address the Opioid and Mental Health crisis in a way our current system can't and won't. Recovery is not in the For-Profit model.)**

And I spoke with a man who was having vision problems, but had skipped annual eye exams because his employee insurance didn't cover those. He finally went to an ophthalmologist –and paid out of pocket to find out he was in the early stages of aplastic anemia – this is a cousin to leukemia, and it can be spotted early on through eye exams. **(The NYHA considers eyes important parts of the body, and vision care is included.)**

I also spoke to an Upstate Public School Teacher whose District is buckling under the costs of providing Health Insurance packages for contracted teachers. Her friend is a Leave Replacement – a trend many school districts follow in hiring highly qualified, certified teachers to cover for long-term absent contract teachers – like “gig” workers – these Leave Replacements are offered offered paltry plans –of \$1700. from year to year, even though they carry all the responsibilities of contract teachers. **(As you know, the NYHA would cover all teachers, thus removing health care plans from the Collective Bargaining Table -- And you also know this would have a positive impact on property taxes.)**

And, last --- there was the woman who moved here from France, lost her job, lost her health insurance, found a job, got health insurance with that job, but broke her arm in the interim. She sat with a broken arm for two weeks until her new job and insurance kicked in. Being used to the healthcare French citizens enjoy, she could not fathom the culture of deprivation with which our country treats medical care. **(The NYHA would not require somebody with a broken arm to sit on their sofa until they can be treated for it.)**

The woman from France got it right. This For-Profit system is about deprivation.

On the other hand, under the NYHA, when people won't have to spend their time fighting for care, and living hand to mouth as they try to meet treatment costs – think of how much more productive people would be – the innovation that would happen – and how morale would soar.

We're all counting on you to AMPLIFY this critical bill, and to stay on it until it's signed by the Governor and passes into law. And we'll work with you to garner support. The days of “Oh, I don't need that, I got mine, I'm good.” are over. We have to start thinking in terms of We, and Us, and Our for our collective surviving and thriving. Let's do it.

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Thank you!

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