

MEMO OF SUPPORT

A5248 By Assembly Member Gottfried S3577 By Senator Rivera

An act to amend the public health law and the state finance law, in relation to enacting the "New York health Act" and to establish the New York Health Plan

The New York State Nurses Association (NYSNA), representing the interests of 43,000 registered nurses (RNs) and the patients they serve, enthusiastically supports the New York Health Act, which would establish a comprehensive program of universal healthcare coverage for all residents of New York State. This bill would provide all residents with healthcare coverage without regard to age, income, health or employment status. Benefits would include all medically necessary health services including preventive and primary care, hospital care, dental, vision care, prescription drugs, mental health, addiction treatment, long-term care and support services, and rehabilitative care. When healthcare funding is so uncertain, the New York Health Act provides a solution in creating a unique funding stream to protect against federal cuts, while guaranteeing high quality healthcare to all residents, building on the most popular parts of the healthcare system.

The Crisis in Health

The implementation of the Affordable Care Act has been an important step in recognizing the crisis we face, however it does not go far enough towards providing equitable and universal healthcare. Despite Washington's efforts to undermine the ACA, enrollment in New York's public health insurance programs are surging. As of February 2019, over 4.7 million New Yorkers had obtained insurance via the state's new healthcare exchange, with more than 3.7 million of those (nearly 80%) enrolling into Medicaid or Child Health Plus.¹ Thus the most successful part of the ACA for New York has been the expansion of the (underfunded) single payer model.

For many of those that do have private health insurance, high costs continue to remain a barrier to care. Both private plans purchased through the exchange and employer provided coverage leave patients in the hands of for-profit insurance companies. These companies are beholden to shareholders seeking to maximize profits – not patient care. Increasingly, high deductibles and co-pays are forcing even New Yorkers with insurance to forgo necessary healthcare, adding to their risk of illness and disease.² Studies have repeatedly shown that failure to seek preventative care results in higher costs and worse health outcomes. Our current system incentivizes such behavior resulting in thousands of unnecessary deaths.³

The Crisis In Costs

If our healthcare system does not kill you, it is likely to bankrupt you. The U.S. stands alone as the largest and most advanced economy on the planet, yet we continue to fiscally punish the most vulnerable in our population

¹ NY State of Health, Press Release Feb 9, 2019 [available at: <u>https://info.nystateofhealth.ny.gov/news/press-release-ny-state-health-announces-record-setting-sign-ups-2019-more-47-million-new]</u>

² Gallup Poll: Rifkin, Rebecca. *Cost Still a Barrier Between Americans and Medical Care*. Nov. 28, 2014 [available at: <u>http://www.gallup.com/poll/179774/cost-barrier-americans-medical-care.aspx]</u>.

Friedman, Gerald. Economic Analysis of the New York Health Act. March, 2015 [available at: http://www.nyhcampaign.org/study].

when their health fails them. Medical bills stand as *the largest cause of personal bankruptcy.*⁴ Thus our system penalizes our population when they become sick and injured. If Washington cannot act, New York State must rise to the challenge.

Healthcare expenditures in New York already totaled \$163 billion in 2009, the second highest in the nation.⁵ And total healthcare spending in New York is projected to rise by more than \$100 billion by 2020.⁶ New Yorkers are seeing the impact of these rising costs everyday. The average cost of an employer-provided family plan in New York has risen to over \$17,500 – a figure that does not include thousands of dollars in deductibles, co-pays, and prescription drug costs.⁷

Our private insurance system is flush with waste. By eliminating billing expenses, administrative costs in the insurance industry, monopolistic pricing of drugs and medical devices, and fraud, the Act would save over \$70 billion in 2019, and savings are projected to increase over time.⁸ Even after expanding coverage to the uninsured, removing barriers to access, and correcting the underpayment of Medicaid services, according to the RAND Corporation, total health care spending would be similar in 2022 as with the status guo and become 3% lower by 2031, but when you consider all residents – regardless of immigration status – would be covered and many providers would see improved reimbursements, this proposal clearly provides a better deal to the people of New York.⁹

Public expenditures on programs like Medicare, Medicaid, and Child Health Plus are already projected to account for more than half of the population of New York by 2019.¹⁰ If you add in the costs of insuring public employees, the number jumps to near 60%. These funds can be spent even more efficiently if they were pooled together with new funding to cover the rest of the population. Additional funding would be financed with assessments collected by the State based on ability to pay. Payroll assessments would be graduated according to income, and there would be a progressively graduated assessment on non-payroll taxable personal income (e.g., capital gains, dividends and interest). These would fund healthcare in New York while reducing the burden on the sick, the poor, and the middle class. While the largest savings would go to working households earning less than \$185,000 each year, over 90% of New York households would spend less on healthcare under the Act than they do now with savings of \$1500 - \$3000 going back into New Yorkers pockets. This fair funding mechanism is expected to boost the New York economy, creating an estimated 200,000 jobs.¹¹

This would also result in significant savings for hospitals as employers, meaning dramatic improvements for our members. When compared with the healthcare costs in our current collective bargaining agreements (both private and public sector), thousands of dollars a year per nurse could be redirected into wages, retirement, or other benefits.

Every day, nurses in New York care for patients in the midst of a broken healthcare insurance system. We see New Yorkers who rely on the emergency department as their primary entry point for care. We see New Yorkers who delay treatment until they are so ill they must lose work time and be hospitalized. Our current healthcare system has failed to adequately prevent disease, promote health, and protect our children, the disabled and the elderly. As nurses, it is our duty to support legislation that would remedy this.

The New York Health Act would reform healthcare in New York and serve as an inspiration for the rest of our country. It would put more money in the pockets of nearly all New Yorkers, including nurses, small businesses, municipalities and the state. Most importantly, by reducing the number of New Yorkers without healthcare and removing financial barriers to accessing care, these improvements would save thousands of lives each year.

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⁴ "Medical Bankruptcy: Still Common Despite the Affordable Care Act." David U. Himmelstein, Robert M. Lawless, Deborah Thorne, Pamela Foohey, and Steffie Woolhandler. American Journal of Public Health, March 1, 2019 (online Feb. 6, 2019). DOI: 10.2105/AJPH.2018.304901

⁵ NYS Health Foundation: Healthcare Costs & Spending in NY State. 2014 [available at:

http://nyshealthfoundation.org/uploads/resources/health-care-costs-in-NYS-chart-book.pdf].

⁶ Id.

⁷ Friedman Study, *Supra* n. 3.

⁸ Id.

⁹ RAND Corporation: An Assessment of the New York Health Act: A Single-Payer Option for New York State, August 2018, available at

[[]https://nyshealthfoundation.org/wp-content/uploads/2018/07/NYHA-single-payer-research-brief-final.pdf]

¹¹ Id.