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The New York Health Act
guarantees

HEALTHCARE FOR ALL

NYSNA members at the January 13–15 Single Payer Conference and rally in New York City

The NY Health Act is the way

Healthcare advocates, unions, public health experts and community supporters from around the country are taking on healthcare inequality with urgent calls for a system that guarantees quality of care for all. What underlies the determination of the single-payer movement today is two-fold: deep concerns about the prospect of cuts in Medicare and Medicaid—government funding that has brought a good measure of guarantee to many; and the experience of millions of U.S. households overcharged in the private health insurance market for numerous years—only to be underinsured.

To nurses, for whom advocacy for our patients' care defines our mission, this issue, coupled with safe staffing, tops our agenda.

Central to this effort for guaranteed healthcare is an understanding that fundamental change in the delivery of services is an absolute must. The **New York Health Act** would transfer the means of administering and paying for care out of the for-profit insurance sector to a non-profit system. Single payer, also referred to as Medicare for All, would replace the health insurance industry with a service whose priority would be simple and

unambiguous: *patient need*. Profit would be taken out of the formula for healthcare access.

The **New York Health Act** does all that.

Patient need the priority

Under a **NY Health Act** system, patients of all ages, presenting a card similar to what Medicare recipients now use, would have access to all care: primary care clinics, mental health facilities, radiology clinics, pediatric prac-

tices—the full range of specialists and hospitals. Patients would continue to see doctors, go to clinics and be admitted to hospitals, as before. Laboratories and pharmaceutical companies would remain in operation. Payment to providers and healthcare companies would be at a fair and adequate rate set by the **NY Health Act** system. Patients would pay through a payroll tax. No deductibles or co-pays. The operating principle of for-profit health insurance—*care deni-*



NYSNA President Judy Sheridan-Gonzalez, RN, spoke at the conference's plenary session.



Erie County Medical Center members from Buffalo in New York City at the Single Payer Conference.



NYSNA First Vice President Marva Wade, RN, addressed the January 13 rally.

als—would disappear along with this industry.

Gone would be the price gouging that's come to define U.S. healthcare. Uniformity would both bring down costs overall and induce greater equality in patient care.

The New York Health Act

The **New York Health Act** (A. 4738 / S. 4371) would create a Medicare for All system. It would establish a comprehensive program of universal healthcare coverage for all residents of New York State. It is sponsored in the NYS legislature by Assemblymember Richard Gottfried and State Senator Bill Perkins, two stalwarts in the fight for equal-

ity of healthcare in New York. The Assembly Health Committee passed the **New York Health** bill on February 14, for the second year.

Trends in national healthcare expenditures and public health outcomes run parallel in New York. This state spends almost \$200 billion on healthcare, with billing expenses and administrative costs eating up a substantial portion of that total. **New York Health** would save an estimated \$44.7 billion in the first year alone, or nearly \$2,200 per person, as for-profit insurance industry overhead would no longer be a factor.

"Ability to pay" is the cornerstone of **New York Health**. It would be funded through a progressive payroll tax, graduated according to income and on certain non-payroll income. Assemblymember Gottfried told the *New York Times* that he sees a plan in which there would be no income tax on the first \$25,000, an income tax of nine percent on income between \$25,000 and \$50,000, graduating to a 16 percent tax on income over \$50,000. For households making less than \$75,000 the relief would be immediate, as they effectively have been priced out of healthcare access. But millions of others in New York would also benefit. Over 98% of New York households would spend less on healthcare under **New York Health** than they do now, say economists.

The effects of a healthier population in New York are immeasurable,

both in economic and social terms. Undoubtedly, millions of lives can be improved and *many thousands saved* with the guarantee of quality healthcare access in New York.

The trust that nurses have earned with the public places us in a unique position to provide leadership on this critical measure.

Overview

The U.S. healthcare system eats up more than \$3 trillion a year, an amount that translates to \$9,267 per person. By comparison, Germany spends \$4,819 and Japan just \$3,713. Yet of the three, Japanese on average live longer—83 years; Germans average 81 years, while the average for an American is below 79.

Fundamental to the critique of the U.S. commercial health insurance business is that as much as 20 cents of each premium dollar goes to administrative charges, such as advertising, overhead and other costs, while other industrial countries allocate *just one penny* to these expenses. In other words, hundreds of billions of dollars are diverted from patient care to the for-profit health insurance business in the U.S. annually, with lower life expectancies adding insult to injury.

Dr. David Himmelstein of Harvard Medical School, a leading **New York Health Act** advocate, points out that the health of average white Americans is in jeopardy: between 1999-2013, death rates for white Americans, age 45-54, went up. And while the gap between white Americans and African Americans has been closing, it remains more than three years. One reason for this appalling difference is equal access to care. The *International Journal of Health* reported in February that New York City hospital patients who are minorities, uninsured or receiving Medicaid are "strikingly under-represented" at the city's private academic medical centers.



NYSNA Secretary, Anne Bové, RN, led a workshop on state coordination.



Pat Kane, RN and NYSNA Treasurer, at January 13 rally

The New York Health Act

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Overall, by Himmelstein's estimate, one-third of Americans are inadequately insured, with 25 million lacking coverage even with the implementation of the Affordable Care Act.

The simple fact is that there is a profound disparity between rich and poor in terms of healthcare access and length of life. The *Journal of the American Medical Association* recently reported that the gap in life spans between rich and poor widened in the U.S. between the years 2001-2014. The richest one percent of American men lives 15 years longer than the poorest one percent; for women, the gap is 10 years.

In a continuing and disturbing trend, one-third of Americans forewent a necessary visit to the doctor or a prescribed medicine because they could not afford them, according to a report of the Commonwealth Fund. The same report indicated that patients delayed treatment for heart attacks because of the costs of treatment.

Medical expenses are overwhelming, just when you most need care. Medical bills continue to be the largest cause of personal bankruptcy.

A national conference

Over the weekend of January 13-15, more than 50 NYSNA nurses took part in an extremely significant gathering on the road to healthcare equality—the “NYC Single-Payer

Strategy Conference.” NYSNA was there with many other NY Health advocates, including Healthcare-NOW!, Labor Campaign for Single Payer Healthcare, and One Payer States, as well as other unions, elected officials, and religious and consumer groups.

During the course of the three-day conference, at rallies, plenaries and workshops, NYSNA leadership played an important role. NYSNA First Vice President Marva Wade, RN, called the conference to order.

It was a familiar role for Wade, as she has tirelessly traveled in New York State, speaking and testifying about the necessity of a single-payer system, decrying the inequality that results from a system of for-profit health insurance. “With nearly 500 people registered from 36 states, this is our largest conference yet,” she said. “It shows the continuing commitment that our constituencies have to finish the job and make healthcare a right for everyone in America.”

Also present were NYSNA Second Vice President Anthony Ciampa, RN, and NYSNA Secretary Anne Bové, RN.



Anthony Ciampa, RN, and NYSNA Second Vice President, spoke at the conference.

NYSNA President Judy Sheridan-Gonzalez, RN, was among several who addressed the opening plenary. “Healthcare is a human right!” she declared. “Single payer has the potential to turn the tables and move us to something special, patients over profits, and end the monster of disparity.”

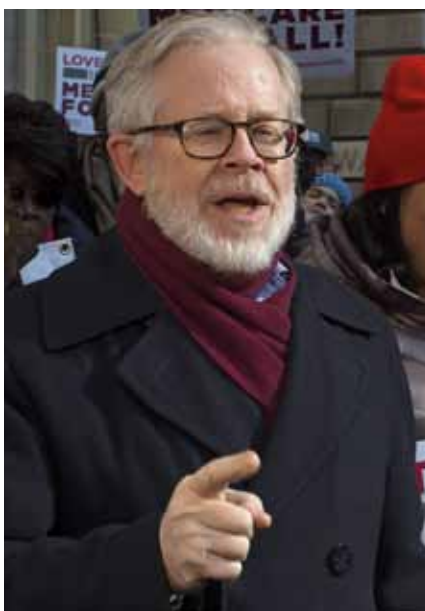
Against this backdrop, NY Health advocates are pressing forward.



Sarah Chmura, RN and NYSNA Board Member of Erie County Medical Center, seated next to Commissioner Mary Bassett, MD, NYC Department of Health & Mental Hygiene

FAQs

- This state spends almost \$200 billion on healthcare, with billing expenses and administrative costs eating up a substantial portion of that total.
- **New York Health** would save an estimated \$44.7 billion in the first year alone, or nearly \$2,200 per person
- Over the last decade, the cost of employer-sponsored family health insurance premiums in New York rose by an average of 92%.
- Rising premiums translate to lower wages, reduced benefits, more restrictive health coverage eligibility, and less affordability for employees who get health coverage through their workplace.
- In New York over the last decade, employees' required premium contributions as a percentage of their income roughly doubled.



Assembly Member Richard Gottfried at the January 15 rally