AN ACT to amend the public health law and the state finance law, in relation to establishing New York Health

The New York State Nurses Association (NYSNA), representing the interests of registered nurses (RNs) and the patients they serve, supports New York Health, 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 medically necessary health services including preventive and primary care, hospital care, dental, vision care, prescription drugs, mental health, addiction treatment and rehabilitative care.

Prior to implementation of the Affordable Care Act almost 2.9 million New Yorkers were uninsured in 2011. Over 330,000 New Yorkers have enrolled in health care coverage through the state Exchange, making strides towards providing coverage for the uninsured. The ACA will not, however, go far enough towards providing equitable and universal health care. For many of those that do have health insurance, many are under-insured. Employer-based health plans that provide coverage through private, for-profit insurance companies create a patchwork system that does not guarantee access to necessary health insurance because beneficiaries may be denied care due to restrictions on provider networks and services. Increasingly, uninsured and under-insured New Yorkers have to forgo necessary health care, adding to their risk of illness and disease. Studies have shown that the uninsured are more likely than those with health insurance to die prematurely, to have their cancer diagnoses later in the disease process, to die from heart failure, heart attack, stroke or from a severe injury. In 2004, the Institute of Medicine estimated that nationally, 18,000 adult deaths a year could be attributed to a lack of health insurance.

Lack of health insurance can create significant financial burdens for families and is also a major contributor to personal bankruptcy. In addition, large segments of the population lacking health insurance leads to the inefficient use of the healthcare delivery system, e.g. emergency departments, resulting in increased financial strain.

As is the case across the United States, rising healthcare costs in New York have put increasing financial pressure on the privately insured and on state-funded public health plans. Personal healthcare spending

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in New York, across all payers, was $6,535 in 2004.\(^3\) This spending level places New York among the five highest healthcare spending states in the country.

Under New York Health, the current system of healthcare coverage would be replaced by a comprehensive program financed through existing federal, state and local sources. Health care would no longer be paid for by insurance companies charging premiums, deductibles and co-pays, which are currently imposed regardless of ability to pay. Instead, New York Health would be paid for through two assessments—a payroll assessment, and a non-payroll income assessment.

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 county property taxes—would be discontinued.

Other states have started on a path towards implementing single payer healthcare reform. In May 2011, Vermont’s governor signed a universal healthcare bill into law with the goal of creating the first single payer healthcare system for America. Between 2004 and 2008, healthcare spending in Vermont grew at an annual rate of 8% - three percentage points higher than the national rate.\(^4\) Other states working on creating similar single payer health plans include California, Maryland, Oregon, Montana, Minnesota, Pennsylvania, and Wisconsin.\(^5\)

New York Health will achieve savings through the consolidation of healthcare expenditures into a single, publicly-sponsored insurance program. Such a program would eliminate administrative waste, including excess insurance company administration and costs of billing and collecting for hospitals. It also provides stability to New York’s hospitals, freeing up resources for patient care. The savings would be used to finance the expansion of health insurance coverage for the nearly 3 million New Yorkers lacking health coverage, and the many million more with inadequate coverage.

Every day, nurses in New York care for patients in the midst of a broken healthcare delivery system. We see uninsured New Yorkers who rely on the emergency department as their primary access into the healthcare system. We care for uninsured 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; to promote health; to protect our children, the disabled or the elderly.

NYSNA supports the goal of a healthcare system that meets the needs of all New Yorkers. New York Health would replace our current system of multiple, inefficient and inadequate plans, with a more equitable healthcare coverage and payment system that would save lives and direct New York’s scarce healthcare dollars towards providing universal access to high quality, cost-efficient care for all New Yorkers- regardless of their age, income, health or employment status.

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\(^5\) The Vermont State Health Care Expenditure Analysis Report can be found: http://www.bishca.state.vt.us/sites/default/files/2008-EA-Report-FINAL.pdf