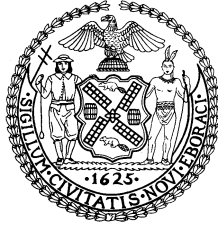


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**The City of New York
Community Board 8 Manhattan
Health, Seniors, and Social Services Committee
Thursday, May 9, 2019 - 6:30PM
92nd Street Y, Warburg Room
1395 Lexington Avenue**

Please note: The resolutions contained in the committee minutes are recommendations submitted by the committee chair to the Community Board. At the monthly full board meeting, the resolutions are discussed and voted upon by all members of Community Board 8 Manhattan.

Resolution for Approval

Item 1: Unanimous

Minutes

CB8M Members Present: Lori Bores, Barbara Chocky, Billy Freeland, Lorraine Johnson, Rita Popper, Peggy Price, Barbara Rudder, Tricia Shimamura, Lynne Strong-Shinozaki

Public Members: David Menegon, Ellen Polivy

The Health, Seniors Social Services Committee held a panel discuss on the proposed NY Health Act that will provide universal health care to all New Yorkers. The purpose of the meeting was to inform our community about this bill.

The first panelist, a patient advocate, spoke of the overwhelming financial issues that a patient with a serious illness must endure with our current healthcare system: the high cost of drugs, high copays, and high deductibles forces those with chronic illnesses to skimp on their medications, and choose between paying the mortgage and taking their drugs.

State Senator Gustavo Rivera, the Chair of the Senate's Health Committee and sponsor of the bill in the Senate, and Assembly Member Richard Gottfried, the Chair of the Assembly's Health

Committee and designer and sponsor of the bill in the Assembly, gave detailed information about what the bill will cover. Millions of New Yorkers with health care still cannot get proper medical care because of the high costs. Hospitals spend millions on bureaucracy and lost income from uninsured patients. The NY Health Act will fundamentally change how health care is delivered in New York. It will cover every New Yorker regardless of income, status. The program is more inclusive than any other insurance coverage- Medicaid, Medicare, State health policy plans, with no copays, deductibles, out of network costs. Insurance companies today charge the same for everyone, regardless of their income. This program mandates that an employer pays 55% and the employee depending on the income, similar to the income tax. If a New York resident travels or goes to a facility for needed care outside the state, the program will cover the care.

Health care will be cheaper because the pool of people sharing the costs and risks are much larger, and it will be easier to negotiate drug prices. Private insurance companies spend about 18% on non-health care costs, and this program will spend between 2% and 5%. Chronic diseases will be controlled because there will be more access to care. Hospitals will not have to absorb the costs of uninsured patients. Doctors will be more willing to accept the insurance because most will be better paid than now. Although this program will be paid with an added tax, the out of pocket costs for most New Yorkers will be far less.

Dr. Henry Moss has been active in efforts to include long-term care in the NY Health Act, which is now part of the bill. It is available for all NY residents without premiums or cost sharing and is at least as generous as the Medicaid package. Medicare does not cover long-term care. Instead of sending those who cannot perform basic tasks to an institution, often forcing them to live in a shared room, with fixed meals, little care and little stimulation, the Long term Care portion prioritizes care in the community and at home. Middle age New Yorkers will know that personal care will be there if needed. For younger adults, it means that they will not have to forgo their career or family obligations to care for a relative, and they will get the relief from caring for a loved one with dementia, cancer, etc. For personal aides, who today suffer from poor pay, no medical insurance, and no chance for improvement, the Act will ensure conditions will improve.

The RAND Corporation studied and concluded although long term care is expensive it will add little to the Healthcare Act because the pool of all New Yorkers, both young and old, will share the cost, and as we move away from expensive care in nursing homes. There is some concern

this will encourage an influx of out of state residents to come to NY for the cheaper care, but documentation shows, as New York added new programs, this does not happen.

Mark Hannay is the Executive Director of Metro New York Health Care for All, an organization that advocates for health care reform, he stressed that this bill is a framework to work with. It will take time to work through political and process development. Over time, the Act has improved and become more accepted politically, and it is through panel discussions such as the one Community Board 8M held that more New Yorkers will understand the New York Health Act. The Act has passed in the Assembly for the last four years. At this time, 30 senators are for the bill, but seven more are need to pass in the Senate. At this time, some private hospitals, and a few unions have reservation, but with discussion, it is expected to get approval. Once it is voted and the Governor signs the bill, it will take about two to three years before it is implemented.

The following resolution was unanimously passed:

CB8 Resolution in support of the New York Health Act A.5248 /S.3577

Whereas, In May 2018, The New York City Council passed resolution No. 470 calling on the State Legislature to pass the NY Health Act and for the Governor to sign it.

Whereas, we support the City Council resolution (attached)

Whereas, the 2019 bill has additional provision of covering Long Term Care.

Whereas, The Rand study shows that even with the addition of Long Term Care, the New York Health single payer system will significantly reduce health care costs to the State and to residents of New York State and provide more comprehensive services.

Therefore, be it resolved that CB8M calls on the State Legislature to pass and the Governor to sign the New York Health Act of 2019 A.5248 /S.3577

Adopted by a vote of 11-0-0

In Favor: Yes 11-Board members: Lori Bores, Barbara Chocky, Billy Freeland, Lorraine Johnson, Rita Popper, Peggy Price, Barbara Rudder,, Lynne Shinozaki, Tricia Shimamura.

Public members in favor: David Menegon, Ellen Polivy

City Council Res. No. 470 passed May 2018

Resolution calling on the State Legislature to pass and the Governor to sign A.4738-A/S.4840-A, legislation that would establish the New York Health program, a universal single payer health plan for all New York State residents.

By The Speaker (Council Member Johnson) and Council Members Rodriguez, Espinal, Torres, Grodenchik, Levine, Perkins and Barron

Whereas, *New Yorkers have experienced a rapid rise in the cost of health care and coverage in recent years; and*

Whereas, *this increase has resulted in a large number of people without health coverage or with reduced coverage; and*

Whereas, *Despite the more than 4.3 million people acquiring coverage through the New York Health Plan Marketplace as of February 2018, an unacceptable number of New Yorkers have no health coverage, and many more are severely under-insured; and*

Whereas, *According to data released by the Centers for Disease Control and Prevention, (CDC) in 2018, New Yorkers' uninsured rate was 4.9 percent in 2017; and*

Whereas, *Voluntary and public hospitals, health centers and other providers who care for patients regardless of their ability to pay, now experience substantial monetary difficulties due to treating the uninsured or under insured; and*

Whereas, *Patients and health care professionals are sometimes pushed into medical care decisions based on what the insurance company will cover rather than what patient and provider agree is the best course of treatment; and*

Whereas, *A.4738-A/S.4840-A, sponsored by Assemblyman Richard Gottfried and Senator Gustavo Rivera, would create a universal single payer health plan called New York Health to provide comprehensive health coverage for all New Yorkers; and*

Whereas, *Every New York resident would be eligible to enroll, regardless of age, income, wealth, employment or other status; and*

Whereas, *Under New York Health, coverage would be publicly funded and there would be no premiums, deductibles, or co-payments; and*

Whereas, The benefits of the New York Health program would include comprehensive outpatient and inpatient medical care, primary and preventative care, prescription drugs, laboratory test, rehabilitative, dental, vision and hearing; and

Whereas, A.4738-A/S.4840-A would authorize health care providers to form organizations to collectively negotiate with New York Health and providers would be paid in full by New York Health; and

Whereas, the plan would develop and phase in alternative payment methods to replace fee-for-service systems, which incentivize volume but not necessarily quality; and

Whereas, the plan would develop and phase in alternative payment methods to replace fee-for-service systems, which incentivizes volume but not necessarily quality; and

Whereas New York health would be paid for through a progressively-graduated payroll tax (supplemented heavily by employers) and a progressively-graduated tax on other taxable income; and

Whereas, Federal waivers would be sought that would allow funding for Medicare, Medicaid, Family Health and Child Health Plus to be folded into a New York Health Trust Fund along with State funds; and

Whereas, the single-payer New York Health plan would drastically increase access to health care and improve health outcomes for residents in New York; now therefore, be it

Resolved, That the Council of the City of New York calls on the State Legislature to pass and the Governor to sign A.4738-A/S.4840-A, legislation that would establish the New York Health program, a universal single payer health plan for all New York State Residents.

Barbara Rudder, Chair