

ZeZlie Blyden, Brooklyn, NY 11205, Council District 35, Council Member Crystal Hudson.

Good morning, Madam Chair De La Rosa, and members of the Civil Service and Labor Committee. My name is ZeZlie Blyden, and I live in Council District 35. I'm a NYC Municipal Retiree, from Brooklyn Public Library with 32 years of service. I'm also a member of DC 37 Retirees Association. Thank you for the opportunity to speak.

It was always said "working for the city, the pay might be low, but the benefits are good"

We are here today because, The Municipal Labor Committee and The City want the City Council to change Administrative Code 12-126, that has been in existence since 1967. Code 12-126 protects Retirees and future retirees equally. I'm no longer a union member, but my benefits were earned and paid for. However, my former union DC37 seeks to take away my Traditional Medicare and have me pay for GHI Senior Care. This City Council and Administrative Code 12-126 are my only wall of protection as a Retiree.

The reasons given for wanting this change are:

1. Amending the code will allow "Choice" in the Retirees Health plans. But we already have Choices Right Now. The Active employees have eleven choices. And, Retirees have fourteen health plans to choose from.
2. It will allow The MLC and The City the ability to offer Pay-Up options for retirees, Senior Care. When The Medicare Advantage Plan was rolled out I least year, I decided to opt out because MAP wasn't as good as Traditional Medicare. But, to keep my medical

plan, I would have to pay \$191.00 monthly for GHI Senior Care. Paying \$191.00 monthly would have been a financial burden with my modest pension. And GHI only accounts for 20% of my medical expenses.

3. By transferring Retirees into a Medical Advantage Plan, it would help stop the depletion of the Stabilization Fund.

MAP Verses Traditional Medicare

- Medicare Advantage is “Managed Care” by a For-Profit Corporation.
- A For-Profit Corporation cares about profits. Do they truly care about your health.
- Providers can drop out of a Medicare Advantage Network at any time.
- Not all Providers accept Medicare Advantage. A Provider who accepts Medicare does not have to accept Medicare Advantage. You might not be able to keep your doctor.

{Among other Reasons}

The Stabilization Fund is used for active workers, not for Retirees. Retirees are former union members, and our benefits have been earned and paid for already. Retirees should not be used, by taking away our benefits to solve the problem of the Stabilization Fund.

- Just an ending Mention:
- There are 102 Unions, but The MLC is run by the two largest Unions, DC37 and the UFT. They are the MLC with a controlling vote of 2/3 to pass a motion.

As a Retiree, The City Council and the Administrative Code 12-126 is my only Protection to Preserve my Benefits. Thank you

From: Shooky <minshooky522@gmail.com>
Sent: Friday, January 6, 2023 6:09 PM
To: NYC Council Hearings
Subject: [EXTERNAL] 12-129

I am against amending 12-129. Please vote NO

A. Mapeso

Abby London

New York, NY 10011

NYC Council

Committee on Civil Service and Labor

Attn: Honorable Carmen De La Rosa, Chair

January 10, 2023

Dear Honorable City Council Members,

I urge you uphold Administrative Code 12-126 and **not** to amend it. Amending this code would destroy the very fabric of health services that binds the many social, racial and income classes of civil service workers in our city. The passing of this code was a major step, a progressive step, in trying to dissolve the income divisions within health care services and benefits. Please do not go backwards and recreate these class divisions again.

As a Day Care worker in Greenwich Village, Inwood, and on the Lower East Side, and later as an elementary school teacher in East Harlem and the Upper East Side, I came to understand what the differences in health benefits truly meant to the lives of workers and parents.

I am committed to the improvement and expansion of Medicare and fighting for “Medicare for All.” And I understand what a great health plan, Senior Care, is to aging civil servants. So I cannot conceive going into privatized healthcare, making profits for the already super rich.

So it is with great pain that I see my, and other union leaders, with the mayor, again creating a false narrative about what a rosy future we will have under Aetna. These very leaders told us in virtual town halls during the first Alliance roll out the very same thing. But when we started to fight via the courts their story suddenly changed to “it was a bad roll out” or bad info from the Alliance. Please don’t take away our ability to continue to fight and devise alternatives that will benefit retirees and in-service workers.

Respectfully,

Abby London,

Retired Teacher, 76 years young

From: Adam Cooper <acooper21@nyc.rr.com>
Sent: Monday, January 9, 2023 6:51 PM
To: NYC Council Hearings
Cc: acooper21@nyc.rr.com
Subject: [EXTERNAL] PROTECTING Admin Code 12-126 PROTECTS RETIREES

Dear Council Member,

The City Council is being threatened that if they don't amend the statute to force retirees into the Medicare Advantage, the Mayor will do that on his own. Amending the statute does the same thing! Why should the City Council amend the law if the Mayor will do this anyway? Why do his dirty work? Let the Mayor take the political hit for hurting retirees and remove City Council Members from the ire of retirees and constituents in their next election. If the Mayor does this act, the Retirees will be able to challenge and win this in court where we have been successful because the City has violated the law and this is his way around it. If the City Council amends this Administrative Code, they will affirmatively be hurting retirees and preventing us from winning this in Court. Don't prevent us from winning again in court. We served our time as employees and have a right to enjoy our time as retirees with proper care that we earned and paid for.

Don't buy the Big Lie. Don't amend the Code, protect it like every City Council before you has against a greedy Mayor. Protect 12-126. Scheinman has no jurisdiction over the City Council nor the Retirees.

We request that you do NOT support the bill being introduced on January 9th by Civil Service and Labor Chair DeLaRosa.

Thank you for protecting us from financial peril and losing our healthcare.

Adam Cooper, DOE Teacher

From: kaufman618@verizon.net
Sent: Wednesday, January 11, 2023 5:14 PM
To: Testimony
Subject: [EXTERNAL] Please keep Administrative Code 12-126 as originally written

Dear Honorable City Council Member,

My name is Adele Kaufman. I worked for the Dept. of Education for 27 years and retired over 20 years ago. My husband and I have medical conditions that require us to see our doctors on a regular basis. I loved teaching! At my final UFT consultation before retirement, I was told about the medical coverage that the city promised and provided retirees and their spouses. I am upset that the city wants to change what I was promised to a Medicare Advantage plan. I did my due diligence and did research and spoke to my doctors about MAPs. I read articles about MAPs in AARP magazine and the NY Times. There is financial corruption in some MAPs, including Aetna, the plan the city is considering. The plan we have now gives the doctors more flexibility in treating elderly patients. All my doctors indicated that they take traditional Medicare and do not participate in the MAPs. I don't want a for-profit company to dictate what procedures my doctors may or may not perform. There are so many procedures that need pre-authorizations in MAPs. I never thought my peaceful retirement years would be so stressful. I don't want to be forced into a plan that is inferior to the one which was promised to me and that I have now.

Mr. Sheinman was chosen and paid by the MLC to give his opinion, it is only his opinion and not binding. There wasn't any dialog between all parties involved.

Many NYC retirees, are the same age as your parents, grandparents or even great grandparents. We worked hard our whole lives to make NYC the great city it is now. We deserve the best medical care possible determined by our physicians not determined by strangers who work for a profit making company. One day, you could possibly be in our shoes. What plan would you choose for yourself or your aging family members. A plan that meets your needs (what we have now) or a mediocre plan such as Medical Advantage Please make your decision based on what you would do when you get to be in the late 70's or 80's?

The unions, City, and the Organization of NYC Retirees should work with each other to see how we, retirees, could hold on to the plan we have now. The City and unions (MLC) talks about doing the right thing for the retirees. Their words say one thing—their actions show another. Shame on them!

There is a lot of misinformation out there that came from the City and the unions (MLC) Please be open minded. Get all the information about the plan we have now and the MAP plan. Please do your due diligence before voting. A promise made by the City and the unions, should be a promise kept.

It is despicable that the City and MLC has turned their backs on the most vulnerable, aging retirees—all who have worked for many years as loyal employees and only expected what they were told in retirement. Thank you for your time and consideration on this very important issue.

I grew up and attended public schools in the Bronx, have lived in Manhattan since 1981, and retired in 2017 after twenty-three years' teaching at John Jay College of Criminal Justice, CUNY.

My personal experience makes me aware that the City is peddling a myth by assuring retirees that the Aetna Medicare Advantage Plan will allow us to keep all the doctors whom we've been seeing with traditional Medicare and Senior Care. The cardiologist whom my husband and I have both seen for over twenty years feels morally obligated to accept Medicare patients, but he will not participate in any Medicare Advantage Plan. Patients in those plans are required to pay his standard Upper East Side, Manhattan fees upfront. Since we could not afford the thousands of dollars a year that we'd need to pay out-of-pocket to continue seeing him, the Aetna Plan would force my husband and me to replace the cardiologist whom we've trusted ever since he rescued me in 2001 from life-threatening mistreatment that two doctors were giving me for arrhythmia. The prospect of having to find a replacement is made additionally stressful by my husband's having developed an incurable arrhythmia in 2007 that sensitive and highly intelligent care has thus far kept under control.

From personal experience, I also know that at yesterday's hearing, the City's extolling of the multiple levels of appeal available under the Aetna prior authorization process ignored the crucial fact that the effectiveness and life-saving potential of treatments may diminish or even be totally erased during the time spent to obtain prior authorization. Since summer 2020, I've suffered from chronic pain and decreased mobility caused by pinched nerves. For about six months, cortisone injections were effective because the absence of a prior authorization requirement under traditional Medicare made it possible for injections to be promptly administered when my pain and lack of mobility flared up. By contrast, my physical medicine and rehabilitation doctor informed me that the delays caused by patients' need to obtain prior authorization under Medicare Advantage Plans often rendered the injections less effective. Medicare Advantage Plans' onerous prior authorization requirements also often resulted in injections' being denied unless patients paid thousands of dollars out-of-pocket for each one.

I've also had severe migraines since 2005 and when their numbers rose to over twenty a month in summer 2021, I began a regime of Botox injections every three months that has thus far abated the frequency and severity of the migraines. Last spring, however, my neurologist was unable to determine whether the Alliance Medicare Advantage Plan ("MAPP") would differ from traditional Medicare by requiring prior authorization for the injections. This makes me fear that Aetna's Medicare Advantage Plan would require prior authorization, especially because even if injections were approved, the prior authorization process could result in interruptions of the regular quarterly schedule that I've been told I must adhere to for Botox to continue to alleviate my pain. Additionally, if Aetna's prior authorization process were to result in a denial, I'd be left with the untenable choice of paying an unaffordable thousands of dollars apiece out of pocket for injections four times a year or returning to the hell of more days with migraines than without.

Hence, despite the City's representations, my personal experience convinces me that the proposed amendment to Section 12-126 would split City retirees into two classes: those able to afford \$2400-odd per year per person or \$4800-odd per couple to remain in traditional Medicare and Senior Care and enjoy excellent health care, and less affluent retirees forced to accept the second-rate healthcare that the City would provide for free with a Medicare Advantage Plan. Please protect us from this pernicious two-tier system by voting no to amending 12-126. All City retirees deserve to keep the excellent health care benefits that we were promised and worked hard for and that so many of us desperately need.

-Adina Schwartz

Adrian Singleton

Jackson Heights NY 11372

Adrian.Singleton@gmail.com

January 12, 2023

City Councilors,

As an active municipal employee in the Mayor's Office of Environmental Remediation I am writing in strong opposition to Intro 874.

I urge the Council not to support the Mayor's and the Municipal Labor Committee's attempt to force City retirees into a Medicare Advantage plan and undermine the health benefits City workers have been legally entitled to for decades.

The campaign from the administration and the MLC has described this proposed change to administrative code 12-126 as a way to "preserve choice" for retirees in their health care. In fact, the premium that will be attached to traditional Medicare (Senior Care) if the change goes through will be out of reach for many retirees on their incomes and would make it infeasible for them to remain with their current standard of care. Medicare Advantage has also been the subject of much reporting regarding fraud with the program and I am very concerned that this will be functionally the only option for many retirees who have been legally guaranteed a certain standard of benefits for decades.

As active workers, we have been told by union leadership that it is necessary to put the Medicare Advantage switch in place in order for the City to fund our raises, or that we will be forced into paying health care premiums if the switch does not go through. I strongly object to retirees and active workers being pitted against each other when the City and unions could pursue other options. Retirees and the Professional Staff Congress have identified several alternative approaches to lower healthcare spending such as the City creating a self-insurance plan or all City workers' union welfare funds being consolidated for better leverage and group purchasing. I urge the Council to meet with these groups and hear about their proposals. For other active workers like myself, this change to the administrative code opens the door for our own healthcare benefits to be altered or for more "classes" to be created with diminished health care benefits, such as new hires. The City is already hemorrhaging workers, and gutting benefits will make it even more impossible to hire and retain talent while our essential agencies are already dangerously understaffed.

The Council should not play into the Mayor's and the MLC's plan to get around their legal obligations to retirees and should not pass Intro 874.

Thank you,

Adrian Singleton

Project Manager Geologist
NYC Mayor's Office of Environmental Remediation

From: L Adriana P <adrianapin69@gmail.com>
Sent: Tuesday, January 10, 2023 8:57 AM
To: NYC Council Hearings
Subject: [EXTERNAL] NO TO AMENDING CODE 12-126!!!

NO TO AMENDING CODE 12-126!!!

Adriana Pineda

PROTECTING ADMINISTRATIVE CODE 12-126

PROTECT RETIREES

Dear Honorable Council Members,

By now I know you have read many letters about not amending the code. I am writing you to tell a personal story why not keeping traditional Medicare would be devastating to me, my husband, and many more retirees.

More than three years ago my husband was diagnosed with bile duct liver cancer. If it wasn't for the quick action by Memorial Sloan Kettering, he would not be alive today. All the testing was done in a matter of a short period of time. Since the three operations he underwent, the two hospital stays for very bad reactions to chemo, a pump inserted in his abdomen and monthly visits to Sloan he is in remission for this very rare cancer. They continue to test him with scans often.

As for me, I was diagnosed with colon cancer this past year. I had major surgery with many tests before and after my surgery. I am still under the care of my surgeon, gastroenterologist, and oncologist. I also have Crohn's disease and many autoimmune ailments. Every month my husband and I see numerous doctors.

To be included in this hardship I will tell you: I was a police officer in the NYPD. I worked undercover and anticrime in the 1980's. I was next on the list to be promoted to Sergeant. Unfortunately, on a surveillance operation I was injured severely in my knee when we spotted the subject in a homicide, and went to arrest him. I spent 10 days in the hospital. I was retired on a line of duty injury the following year. I loved my job. Now, when both my knees need replacement, and I am most times in a wheel chair, I cannot get it replaced due to all my

health issues. The one thing I was grateful for was that my health care was free as promised by Administrative Code 12-126.

Now that we are on traditional Medicare it is a blessing that I don't have to wait any time to get tests done. If we had to wait and get denied and have to appeal to get our tests and not be able to see our preferred doctors under the Advantage plan, I know that we would not be here to see future grandchildren.

My love for the City had to be great. I graduated with a Master's Degree from Brooklyn College. I could have had a good paying job in the private sector. Instead, I became one of the finest, knowing that the pay was low, but to serve this city was of the utmost importance. We were promised free health benefits for rest of our lives. Please protect Administrative Code 12-126. Too many retirees will suffer and possibly die if we are forced into an Advantage plan. The City is spreading lies.

I appreciate your support. Thank you for protecting from the financial and health perils if we lose what was promised.

Adrienne I. Bellay – retiree 1986

Molly17766@aol.com

**TESTIMONY BEFORE CITY COUNCIL COMMITTEE ON
CIVIL SERVICE AND LABOR
JANUARY 9, 2023**

Good Morning. My name is Adrienne Leaf. I am the Director of the Retirees Chapter of the NYC Managerial Employees Association. And I am submitting this testimony on behalf of myself and the 650 retired managers who are members of our organization. I am submitting my testimony online as I recently had surgery to my foot and ankle and was in a rehabilitation center for almost 2 months in a wheelchair and unable to walk. I am now recovering at home and slowly building up my ability to walk again.

As we age, health care becomes a more significant aspect of our lives. As city managers, we are not included in labor negotiations between the city and the municipal labor unions as we are not a union but a member association. Even though whatever agreements are reached usually are replicated for city managerial staff.

I am sure you have heard from other witnesses about the impact this change to the City's Administrative Code Section 2-126 will have on the 200,000+ retirees and their spouses. I would like to share with you the concerns of MEA members which have been shared with me over the past year, as we struggled to obtain information on what this new program would look like and its impact on our members and all other city retirees. We are still struggling with these issues as retirees have filed a lawsuit against implementation of Medicare Advantage, in which the City has not prevailed, the appeals process, in which the City has not prevailed, and now this new attempt by the City and the MLC to preclude retirees from having any choice in their health care provider insurance.

Significant issues for our members include:

- When will retirees receive the specifics of the new insurance provider, Aetna, that the City and MLC have selected since the initial provider, Alliance, dropped out
- Will the requested changes to Sect. 12-126 still allow retirees the option to “opt out” of Medicare Advantage when the cost of opting out, especially for married retirees who must pay \$191/month times two or \$382/month for coverage that was virtually free for years. For many retirees the choice of opting out is really no choice at all – their City pensions are so low they simply can’t afford it so in effect they are being forced into a Medicare Advantage Plan. In fact the Judge hearing the retirees lawsuit ruled the City could not charge retirees who opt out of Medicare Advantage these monthly fees. That ruling was upheld by the Appeals Court. This current plan by the City and MLC is an attempt to go around the court decisions which upheld the retirees’ position. If that option remains available a two-tier situation will result – higher paid workers can afford to “opt out” while many retirees who held lower-paying jobs for years and as a result have small pensions will have no choice but to go into Medicare Advantage. Those lower paid retirees are largely women and minorities.
 - The availability of doctors and hospitals with the new plan, not just for our members who live in the metropolitan area, but the 25% who have retired to other states in the US. Will their doctors and hospital be participating? Many have asked their doctors and some number of doctors (and hospitals) were totally unaware

- of the new Plan and what new requirements would be placed on them and their office staff.
- The requirement for pre-approval by the Plan for numerous tests and procedures which is not currently required by Senior Care. Will this cause delays in delivery of needed health care? Will there be rejection of tests or procedures which are costly? How long will an appeal of the rejection take and who will be deciding whether the test or procedure is medically necessary when our doctors clearly think it is?
 - How will patients who are currently being treated for acute medical conditions such as cancer have continuity of care if their current doctor and/or hospital decide not to participate in the plan?
 - How will the plan add all the new patients and their doctors into their existing data systems to ensure a smooth transition from members' existing health insurance to the new program?

In light of all the continuing unresolved issues, the NYC Managerial Employees, Retiree Chapter, requests you appoint a "blue ribbon" panel of experts not affiliated with the City and the MLC, to explore other options to reduce the City's financial obligations for employee and retiree health insurance. Alternative cost savings have been suggested by the PSC/CUNY Proposal and the NYC Organization of Public Service Retirees. The Independent Budget Office (IBO) in their December Newsletter has looked at revenue and expenses of the FY23 budget and finds the shortfall is half of what OMB projected it would be in their Executive Budget based on actuals for the first two quarters of the Fiscal Year. While they will continue to monitor actuals v. Plan, this trend might continue into the outyears, therefore providing an opportunity to look at other health care savings for the City without resorting to implementing a Medicare

Advantage program for all retirees. Since the process of changing Sect. 12-126 and implementing a new Medicare Advantage provider will take months, it seems like a pause to look at other alternatives would be prudent and worthwhile. The MEA Retirees Chapter urges you to consider this option and reject any changes to Sect. 12-126.

Thank you for allowing me to provide this testimony on behalf of the members of the NYC Managerial Employees Association.

From: Agnieszka Warsicka-Hussain <sailorka13@gmail.com>
Sent: Tuesday, January 10, 2023 10:09 PM
To: Testimony
Subject: [EXTERNAL] Please DO NOT Amend Adm code 12-126

Dear Council Persons,

As a public school paraprofessional , I am appalled that NYC officials and my union, the UFT, are attempting to strip the retirees of this city of the healthcare that they worked for as city employees. Choosing to work for NYC should be rewarded with what was promised—the same healthcare coverage that we have as current workers. That was the deal. It’s used as a recruitment tool—that when you work long and hard for this city, you’ll be taken care of. That when you retire, you will keep the healthcare you received when you became a city employee; the city’s healthcare coverage gives city workers stability that should continue into retirement.

Stripping those who worked long and hard for this city—from teachers, to firemen to DC 37 workers—of their long-promised healthcare coverage is shameful. Medicare coverage is national healthcare that all people over 65 enjoy. Privatizing the healthcare of seniors will lead to unwanted health outcomes and ultimately will not save the city money.

As a paraprofessional who is still working, I also know that once this administrative code, 12-126, is amended, active teacher’s health benefits (as well as all city workers’) will begin to be chipped away. The door will be opened for weakening of our healthcare and benefits. There will always be those in power who will work to dismantle the NYC workers’ health coverage, (unless we stand up and fight back...)

As your constituent, I want you to stand with our New York City retirees in opposing changes to the City's **administrative code 12-126**.

Sincerely,

Agnieszka Warsicka Hussain

Brooklyn, NY 11201
District 33

The **INTENT** of 12-126 is to isolate and prevent retiree benefits from being negotiated i
Since 1967 retiree benefits have been protected

Unions **DO NOT** Represent Retirees yet they are trying to reduce benefits while
professing to aid them

Retirees are not represented as they are no longer employed nor can they vote on contracts

Changing the code will allow such negotiations and **GIVEBACKS** for raises
Unions have not negotiated net raises since the late 60's

The court ruling does not state one plan but **UP TO** the costs of one plan, HIP
MLC is incorrectly trying to twist the ruling to one plan only- period

Supplemental plans cover only 20% that Medicare doesn't – it is less expensive
In fact retiree supplemental premiums are about one third of active premiums

No one knows what's in the MA plan being advanced- **Pass It to See What's in It!**

MA plans are notoriously poor per CMS with delays in treatment and overcharges

Lack of networks and low reimbursements in **non metro areas**

Recruitment and Retention of city workers will be impacted by reduced benefits

**UFT “borrowed” \$1.2 billion from the Stabilization fund expecting ALL NYC
Retirees to PAY**

Alaine Klein

Dear City Council and all Public Officials,

January 10, 2023

I am 76 years old, and a retired NYC Employee. I had over 28 years service as an employee of FDNY. It was only after I reached my 60's did some medical issues become apparent. My doctors detected two serious conditions. One a heart irregularity that so far has required a few surgical procedures, and constant monitoring. The other condition was a mass on the lungs, probably asbestos-related, that was either a result of my FDNY service, or that as a US Navy engineering rating during Nam. The lung condition has also required some surgical procedures and constant monitoring. Both conditions cause weakness and difficulty in performing everyday tasks.

Since age 65 I have been enrolled in Traditional Medicare and GHI Senior Care as the secondary coverage. I am satisfied with this coverage. Eight months ago doctors detected a heart valve had deteriorated to the point where another surgical procedure was needed to fix it. Within a day the procedure was approved and scheduled, and my heart valve was replaced without delay or prolonged wait time. All was successful and my condition improved. I later received an itemized statement for the hospital procedure of a couple days. The total cost was over \$145,000 and all but a \$300 deductible (for Blue Cross/ Blue Shield) was owed. Had I been in Medicare Advantage I wonder if this procedure would be covered, or if so, as quickly as it was done. When I first enrolled in Medicare for a couple months, I was mistakenly placed in a Medicare Advantage Plan. It was terrible, my doctors were hassled for standard medical tests and procedures they needed to perform. I got out of that plan as fast as I could.

I strongly disagree with any plans to force us retirees into a lesser plan than we have. It could almost be seen as discrimination against disabled seniors who have no recourse or representation by a union, etc. I urge the NYC Council and all other Public Officials to protect the Health Care we had earned with our service. Had I been in an "Advantage" plan during my recent hospitalization and rapid treatment and correction, I wonder what the cost might be, and if it would have been approved and even if I'd still be alive today.

Albert Trojanowicz

Middle Village NY 11379-1818

January 10, 2023

Dear Esteemed Councilpeople,

I'm a public school teacher and proud union member, but am appalled that NYC officials and my union, the UFT, are attempting to circumvent due process by amending Administrative Code 12-126. If this happens, the City and union will be able to strip the retirees who were long-serving municipal employees of the healthcare that they worked for... and were promised. Retirees were to retain the same healthcare coverage that we have as current workers. But now, many in power want to take this away and amend the administrative code to prevent any redress by those affected.

Stripping those who worked long and hard for this city is shameful. Only the preservation of 12-126 would stop this from happening, by allowing us recourse to sue if such a move was made. If retirees are pushed into Medicare Advantage, a privatized program, the healthcare of seniors will lead to unwanted health outcomes and ultimately will not save the city money.

As a teacher who is still working, I also know that once this administrative code, 12-126, is amended, active teachers' health benefits (as well as all that of all city workers) can be chipped away. The door will be opened for the weakening of our healthcare and benefits. I do not know why my union is pushing for rules that will hurt its own members, but you and our other councilpeople are truly the last line of defense against this happening.

As a born-and-raised New Yorker and teacher of 18 years, I ask you to stand with our New York City retirees in **opposing changes to the City's administrative code 12-126.**

Sincerely,

Alex Stimmel

Brooklyn, NY 11233

District 36

From: Alexander Hagan <alhagan49@gmail.com>
Sent: Saturday, January 7, 2023 9:39 PM
To: NYC Council Hearings
Subject: [EXTERNAL] City Council Testimony on section 12-126 of the Administrative Code

https://docs.google.com/forms/d/e/1FAIpQLScxie9oEoHU38ZhkuqEPzRN2n_t1_cK1txaU87U7nDoRfhpSQ/vi_{ewform}

For some reason it's easy to find the time to complain but hard to find the time to say "thank you". I don't know why. Maybe it has something to do with human nature? Humans seem to love to complain.☺
Anyway....I would like **to** thank the members of the committee *in advance* who have the strength to buck the MLC and vote with the NYC Organization of Public Service Retirees organization to **preserve 12-126 of the NYC Administrative Code**.

I personally sent emails to all of the 51 members of the City Council, and called many of their offices. Everyone has not yet responded. Those that did *seemed* supportive, **but** there was at least a hint of trying to keep one foot on the boat and one foot on the dock. Generally when you try that, you wind up in the water!

I will **not** be able to attend the hearing on Monday. If I was to testify, I would simply say there are 3 main reasons that I oppose changing section 12-126 of the Administrative Code: Discrimination, Promises Made and Unnecessary Transfer of Wealth

A. Discrimination against any group is wrong. Be it *racism, sexism, ageism* or any other "ism", it's morally repugnant. The plan to force retirees into a Medicare Advantage Plan is ageism at its most ugly. Remember **if** the Medicare Advantage Plan was truly better....or even good, the MLC and City would NOT have to force medicare eligible (older) retirees to take it. The plan could just be offered, and the retirees would opt to take it on their own. The better the plan was, the more retirees would opt in.

B. The main reasons that I took the test to become a member of the FDNY in 1971 were the promises of:
1. a good pension
2. no layoffs
3. certain medical benefits for the rest of my life.

How were those promises honored?

1. Just before I was appointed in September of 1973 the State Legislature created a *new pension tier* (tier 2) with lesser benefits than I was expecting.
2. On July 1, 1975, after risking my health and life protecting the good folks of Harlem, I was *laid off* for 14 months!
3. Now my Medicare and GHI Senior Care are in grave jeopardy.

I hope that the members of the City Council restore my faith that *at least one* of the promises made to me and many thousands of others will be kept!

Failing to do so will likely have an **adverse impact on recruiting new applicants for every city agency**. Potential workers will see that the goalposts may always be moving in a way that will hurt them and their families. Remember: if you want to be trusted, be trustworthy!

C. My final point is that adopting this plan is simply a **huge transfer of wealth into corporate coffers**. Remember that whatever company or consortium of companies is awarded the contract will take money that should have gone to providing medical care for older retirees and funnel it into profits and obscene bonuses for the corporate titans. Is that what the City Council wants? Is that "progressive"?

Respectfully,
Alexander Hagan
FDNY 1973-2014

Oakland Gardens, Queens NY, 11364

From: ooo222xxx@yahoo.com
Sent: Wednesday, January 11, 2023 3:58 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Do not amend Administrative Code 12-126

To Whom It May Concern,

Alexander Liao

Pawling NY

33 years teaching at Park West and Humanities High Schools

22 years retired

Please oppose amending Administrative Code 12-126. As an aging retiree direct physician care is vital to health without facing pre-authorization gate keepers.

My sister needed to change from a Medicare Advantage Plan because she could not see required specialists.

Sincerely,

Alexander Liao

From: Lambrou, Alexis <alambrou@bhsec.bard.edu>
Sent: Monday, January 9, 2023 10:12 AM
To: Testimony
Subject: [EXTERNAL] PROTECTING Admin Code 12-126 PROTECTS RETIREES

To Whom it May Concern,

The City Council is being threatened that if they don't amend the statute to force retirees into the Medicare Advantage, the Mayor will do that on his own. Amending the statute does the same thing! Why should the City Council amend the law if the Mayor will do this anyway? Why do his dirty work? Let the Mayor take the political hit for hurting retirees and remove City Council Members from the ire of retirees and constituents in their next election. If the Mayor does this act, the Retirees will be able to challenge and win this in court where we have been successful because the City has violated the law and this is his way around it. If the City Council amends this Administrative Code, they will affirmatively be hurting retirees and preventing us from winning this in Court. Don't prevent us from winning again in court. We served our time as employees and have a right to enjoy our time as retirees with proper care that we earned and paid for.

Don't buy the Big Lie. Don't amend the Code, protect it like every City Council before you has against a greedy Mayor. Protect 12-126. Scheinman has no jurisdiction over the City Council nor the Retirees.

We request that you do NOT support the bill being introduced on January 9th by Civil Service and Labor Chair DeLaRosa.

Thank you for protecting us from financial peril and losing our healthcare.

Alexis Lambrou
In-Service Teacher, 4 years

--

Alexis Lambrou, She/They [\[why pronouns?\]](#)
Art Department - Photography, Media Literacy
Bard High School Early College Manhattan
alambrou@bhsec.bard.edu

Allison1974@hotmail.com

At this time, I am requesting that city council must not change 12-126 and leave Healthcare for municipal workers as is. I am a New York City Teacher. I appreciate your consideration.

Sincerely,

Allison Otero

Hello.

My name is Alon Adika and I am a teacher with a disability working for the NYC Department of Education. I am extremely worried and perplexed by the attempt to change Administrative Code 12-126.

I do not understand why taking our health care protections out of the law is even being considered. It seems like this will open a can of worms that may prove devastating to us and our families. Furthermore, I do not understand why there is an attempt to push retirees into a private, and for profit, Medicare Advantage plan.

We dedicate our careers to public service and expect to receive stable benefits both in-service, and in retirement as promised to us. Please do not give away our legal protections.

Thank you.

Alon Adika

From: New York City Council <no-reply@council.nyc.gov>
Sent: Thursday, January 12, 2023 7:52 AM
To: Testimony
Subject: [EXTERNAL] Mon, Jan 09 @ 9:30 AM - Committee on Civil Service and Labor

Attendee will be: Submitting written testimony

Attendee name (Zoom name): Alphonse

Corrente Attendee email

alphonsecorrente@gmail.com Attendee phone number:

Hearing: Mon, Jan 09 @ 9:30 AM - Committee on Civil Service and Labor Subject of testimony: Not amending Administrative Code 12-126 to keep worked for, earned health benefits. As a retired NYCDC 27yr, 10yr retiree I am concerned that you realize the importance and protection and reason for this rule. Unions and city have engaged in secret bargaining of a fund allotted for healthcare, using it for other purposes and completely turning the healthcare benefits for all upside down. Coming up with no replenishment, promised savings, while excluding all involved or affected shows no legitimate effort to correct this problem. To change health benefits, privatizing it to receive a subsidy is an easy fix, rewarding actions that erode worked for benefits and sets a pattern to take away any worked for, earned and negotiated benefit. I almost wish I was not a former city employee to have the council members realize the scope and reality of these actions that have an effect on the lives of everyday retired, older, American city workers. Due to the nefarious actions of a few, it seems that legal litigation (as before) is necessary to have people in charge, act in a proper fiduciary manner to use funds properly as intended and continue the respected operation of this great city. Please do not amend code 12-126. Thank you for your support.

Organization: Self

Organization if "Other":

If a testimony was uploaded, it will be in the attachments.

From: Amanda Vender <amanda.vender@gmail.com>
Sent: Wednesday, January 11, 2023 8:18 PM
To: Testimony
Subject: [EXTERNAL] No to amending Code 12-126

To the NYC Council,

I am a public school teacher and public school parent in Queens. I have been teaching English as a New Language for eleven years in Elmhurst and Corona. I'm also the UFT chapter leader at my school.

Please do not amend Code 12-126, the code that protects our health care insurance. Health care is a basic human right. City workers and retirees should not have to worry about increased costs for their basic needs.

Please do not change this code that has protected our health care rights for 60 years.

Sincerely,

--
Amanda Vender

Jackson Heights, NY 11372

From: Amy Alter <a.alter29@gmail.com>
Sent: Saturday, January 7, 2023 9:23 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Retirees Healthcare!

As a retired special education teacher I am outraged at how we have all been treated and threatened and in essence thought of as useless people (to you!!!).

We are a group of highly skilled professionals who have worked tirelessly to ensure that future generations will be protected because we have educated and nurtured so many children! We paid our dues in low salaries and blood , sweat and tears and now this is how we are treated?

Whoever is behind all of this should be ashamed of themselves!

What about all the money that was taken from our pension money without our permission-that's okay?

At this stage of our lives you are giving us inferior medical care? We never gave any child or parent inferior care-I guess educators are people you think don't deserve any thought or recognition!

After watching the "circus" in our House of Representatives you would think there is a need for more teachers to ensure our country can recover from all this nonsense- you will lose teachers if you carry through with this advantage plan!
Amy Alter

Sent from my iPhone

From: awein4@aol.com
Sent: Monday, January 9, 2023 11:00 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Administrative code 12-126

I strongly support the amendment to the administrative code 12-126. I am also wondering why anyone who is against the amendment code, is against offering a choice of health plans to New York City retirees. Dr Amy and Arnold Weintraub

Dear Council Persons,

Vote NO do NOT want them to change Admin Code 12-126.

As a public-school teacher, I am appalled that NYC officials and my union, the UFT, are attempting to strip the retirees of this city of the healthcare that they worked for as city employees. Choosing to work for NYC should be rewarded with what was promised—the same healthcare coverage that we have as current workers. That was the deal. It's used as a recruitment tool—that when you work long and hard for this city, you'll be taken care of. That when you retire, you will keep the healthcare you received when you became a city employee; the city's healthcare coverage gives city workers stability that should continue into retirement.

Stripping those who worked long and hard for this city—from teachers to firemen to DC 37 workers—of their long-promised healthcare coverage is shameful. Medicare coverage is national healthcare that all people over 65 enjoy. Privatizing the healthcare of seniors will lead to unwanted health outcomes and ultimately will not save the city money.

As a teacher who is still working, I also know that once this administrative code, 12-126, is amended, active teacher's health benefits (as well as all city workers') will begin to be chipped away. The door will be opened for weakening of our healthcare and benefits. There will always be those in power who will work to dismantle the NYC workers' health coverage, (unless we stand up and fight back...)

As your constituent, I want you to stand with our New York City retirees in opposing changes to the City's **administrative code 12-126**.

Sincerely,
Amy A. Brown

Testimony Before the City Council Committee on Civil Service and Labor, January 9, 2023
Amy Schwartz

As a NYC retiree, I am writing to request that the Council preserve the retirement health insurance that I earned during nearly 28 years of service to NY as an Assistant DA in Manhattan. I strongly object to the city's efforts to force me and other retirees into a Medicare Advantage program and the current effort to amend Section 12-126 of the Administrative Code to facilitate that change.

As you know, the city is attempting to force retirees into a Medicare Advantage plan for budgetary reasons. For many, Medicare Advantage is far inferior to original Medicare (also called traditional Medicare) plus a Medigap policy (usually Emblem Senior Care for NYC retirees). Medicare Advantage plans require time-consuming and problematic pre-approval for all kinds of procedures and tests and in general are accepted by many fewer providers. Moreover, Medicare Advantage plans have the incentive to deny care as not medically necessary, even when that same procedure or test would have been approved under traditional Medicare standards. One study by the Inspector General of the US Department of Health and Human Services found that 13 percent of procedures denied by Medicare Advantage plans would have been allowable under traditional Medicare programs. *See Office of the Inspector General, US Department of Health and Human Services, Some Medicare Advantage Organization Denials of Prior Authorization Requests Raise Concerns About Beneficiary Access to Medically Necessary Care* (April 27, 2022) ("We found that, among the prior authorization requests that MAOs denied, 13 percent met Medicare coverage rules; in other words, these services likely would have been approved for these beneficiaries under original Medicare (also known as Medicare fee-for-service).") (available at <https://oig.hhs.gov/oei/reports/OEI-09-18-00260.asp> (last visited January 9, 2023)). For more background as to the disadvantages of Medicare Advantage, *see e.g.*, : Burns, *Journalists expose significant problems with Medicare Advantage plans*, Association of Health Care Journalists: Covering Health: Monitoring The Pulse off Health Care Journalism (November 30, 2022) (available at <https://healthjournalism.org/blog/2022/11/journalists-expose-significant-problems-with-medicare-advantage-plans/>) (last visited January 9, 2023); Clark, *The Medicare Advantage Trade-Off: Saving Money, Losing Access*, Med Page Today (October 13, 2022) (available at <https://www.medpagetoday.com/special-reports/exclusives/101213>) (last visited January 9, 2023).

The city's first effort to force retirees into a Medicare Advantage plan failed because city unlawfully attempted to impose a \$191 per month per person fee on those who chose to stay on existing Medigap coverage through Emblem Senior Care. The city's first effort was challenged in court by the NYC Organization of Public Service Retirees ("NYCOPSR") and it was struck down both by the judge of first instance and on appeal. The courts found that the city was precluded by Section 12-126 of the City Administrative Code from imposing the \$191 surcharge on those who opted out of the Medicare Advantage proposal. Section 12-126(b)(1) as it stands requires that "The city will pay the entire cost of health insurance coverage for city employees, city retirees, and their dependents, not to exceed one hundred percent of the full cost of H.I.P.-H.M.O. on a category basis." Since the \$191 cost of the Emblem Senior Care Medigap program is below the full cost of the HIP-HMO program, Supreme Court judge Lyle Frank held in March 2022 that the City could not impose that cost on retirees, and his ruling was upheld on appeal.

To circumvent this ruling, the Mayor and the MLC are now trying to get the City Council to amend Section 12-126 so that the city can impose a fee of its choosing on those who opt out of Medicare Advantage. The city is threatening to eliminate all options other than Medicare Advantage if this change is not made. The NYCOPSR, which defeated the city's first proposal in court, is confident that if the city

carries out this extreme plan (really, a nuclear option), that policy can also be defeated in court. In contrast, if the City Council amends Section 12-126, retirees will be at the mercy of the Mayor and the Municipal Labor Committee without any public (or Council) review or input. The Council could also choose to exercise its legislative authority to prevent the City from going forward with its plan to eliminate alternatives to Medicare Advantage.

Many city jobs are already hard to fill because the salary is so much worse than the private sector. That's certainly true for legal jobs. When I left the DA's office after nearly 28 years of service, my final salary was less than I could have earned as a *first*-year associate at many of the law firms where I could have chosen to work instead. One of the things that makes city work more attractive was the benefits, including health care in retirement. Taking away the guarantee of satisfactory health care in retirement not only is bad faith treatment of all those who worked for many years with the expectation that they would receive the promised benefits, it is also a disincentive for people to work for the city in the future.

This whole situation was apparently caused by a union-brokered raid on the health insurance stabilization fund in order to fund teacher raises some years ago. The city's interest in the Medicare Advantage plan is motivated by the large federal subsidy available for Medicare Advantage that is not available for Medigap plans.

The NYCOPSR has identified other ways of saving funds and the city has shown no interest in exploring other options. Instead, the city is colluding with the unions that negotiated the original deal to give teachers raises at the expense of the health stabilization fund and, ultimately, at the expense of retirees. The so-called arbitration decision by Martin Scheinman is a recommendation, not a binding document, and it reflected input only from the Municipal Labor Committee and the city, not from retirees. And for that matter, I was never a union member so the MLC never even represented me to begin with.

Please fight to let retirees keep intact the health insurance they earned. Oppose the amendment to Section 12-126 and oppose any effort by the city to limit the health care options available to retirees. The city and the MLC claim that the Medicare Advantage plan negotiated for retirees is actually better than traditional Medicare plus a Medigap policy like Emblem Senior Care. If that is the case, then retirees will be drawn to choose it on their own, rather than needing to be forced into it.

Amy L Schwartz

From: AMY PERLMUTTER <apmk01@verizon.net>
Sent: Saturday, January 7, 2023 7:07 PM
To: Testimony
Subject: [EXTERNAL] 12-126

PLEASE DO NOT AMEND 12-126.

Thank you.

Mike Krokondelas, NYC Teacher
Amy Perlmutter, Retiring NYC School Counselor

Sent from my iPhone

Good morning Council Members, My name is Ana Juarbe and I am a New York City Retiree.

As a senior with medical concerns, I am appalled and worried by the attempts to eliminate and change City Retirees choice of earned health benefits. I worked for over 25 years with CUNY, DOHMH and HRA and at this late stage in my life I expect the benefits earned and promised and not a switch. Twice we have been to court and twice a Judge responded that it is illegal to take what was put into law. Before Mayor Adams' election he called the attempts to take away our superior earned benefits a "Switch and ~~Base~~^{Base}." Today Mayor Adams is trying to get you to do his dirty work by changing the law. But we are here to request you stand with City Retirees and current City employees to keep Administrative Code 12-126 as it stands. Changes proposed to the Administrative Code 12-126 will jeopardize our quality healthcare. Original/traditional Medicare and Senior Care provides us with the quality of care we all deserve. We can see specialist as we need, our doctors' decisions are not second guessed, prior approvals are not denied and we can see doctors as medically necessary when we travel to other states. Medicare Advantage Plans place more approvals and stress on doctors and patients especially when elderly patients require more and frequent procedures.

After retirement, I worked as a volunteer at a non-profit Medicare rights call center for approximately 5 years. We received many calls from enrollees in Medicare Advantage Programs and family members who had problems and concerns about their Medicare Advantage Plans. Most often enrollees were upset with unexpected delays for approvals already provided by their doctors, denials or delays with MRI's and other procedures required for care, many had concerns with prior approvals for medications. I also listened to complaints about early post-acute care terminations from skilled nursing institutions and reduced physical therapy sessions which patients were entitled to receive.

Recently the DHHS published the findings of an investigation into claims denials for members of MAPs, The report states “ a central concern about the capitated payment model used in MAP is the potential incentive for Medicare Advantage organizations to inappropriately deny access to services and payment in an attempt to increase their profits. During 2014-2016 MAPs overturned 75% of their own preauthorization and payment denials. It is not a surprise the Kaiser Family Foundation research verifies there is a higher switching rate of seniors from Medicare Advantage Plans to Original/traditional Medicare which is single payer direct from the federal government.

Medicare Advantage Plans (MAPs) are not for healthcare they are private structures for profit. Batt & Applebaum from Cornell University have been studying the private equity corporations and their research show the increasing control by private equity corporations of MAPs with the goal of profit and not healthcare. The change we need is more transparency about the ownership structures of Medicare Advantage Plans and NYC healthcare institutions that control healthcare for the profit of corporations.

As our representatives in the City Council we want your support and leadership to maintain choice and quality of health care for City Retirees, and current City employees. Ultimately it is lower wage workers, women, black, brown people who will be most hurt and impacted. Do not support changes to Admin Code 12-126! Keep NYC Admin Code 12-126 as is and let it serve as a model for quality of health care for NYS. Moreover, don't cut healthcare costs on the backs of municipal retiree instead look at the long-term solutions suggested by CUNY PSC.

I strongly urge you to Vote No to proposed changes to Administrative Code 12-126!

A. Juarbe

From: Andrea Dapolito <andap11001@gmail.com>
Sent: Saturday, January 7, 2023 9:45 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Fwd: NYC Retiree Health Coverage

To the Honorable Members of the City Council:

>> You are being misinformed and misled regarding the Scheinman OPINION. It is not a ruling, despite the attempts to portray it as such. It is merely propaganda being fed to the City Council and Mayor in order to deceive them under the guise of saving money. It will result in retirees being stripped of the healthcare they earned during their years of active service to NYC. These members gave up increases in salary when the city was in dire straights and worked for wages that were not commensurate with those in private industry. All for what-to now be sold out with substandard healthcare at a time it's needed the most?? The MLC was willing to sell out the retirees in order to garner raises for active members. Is this how business should be conducted- at the expense of those that served this city for years? The retirees have presented ways of saving \$300. million that was presented to the OMB- has that info been given to the city council? Is OMB afraid of providing the city council with the information necessary to make an informed decision? I implore you to let Administrative Code 12-126 remain in effect and remind you that one day the city council members will also be retirees.

>> Please do the right thing for the retired members of the MLC.

>>

>> Respectfully submitted,

>> Andrea Dapolito

>> Retired member of the Council of School Supervisors and Administrators

>>

>> Sent from my iPhone

From: prien@aol.com
Sent: Wednesday, January 11, 2023 4:53 PM
To: Testimony
Subject: [EXTERNAL] Andrew Eiler Testimony opposing INtro 874
Attachments: Andrew Eiler comments on Intro 874.wpd

Testimony of Andrew Eiler before the Civil Service and Labor Committee meeting held on January 9, 2023 in opposition to Int. 874

I am Andrew Eiler, retired Director of Legislative Affairs for the Consumer Affairs Department now residing at 15th Street in New York City. I thank you for the opportunity to submit my comments to the Civil Service and Labor Committee to urge you to oppose enacting Intro 874 to drastically revise Ad Code Section 12-126 that now guarantees health care coverages for NY City employees and retirees.

Intro 874 would drastically revise the City's statutory promise "to pay the entire cost of health insurance coverage for city employees, city retirees, and their dependents" up to "one hundred percent of the full cost of H.I.P-H.M.O. on a category basis." It would do so by authorizing as an alternative that for "any class of individuals eligible for coverage by a plan jointly agreed upon by the city and municipal labor committee. . .,[as] a benchmark plan for such class," not more than only "the full cost of such benchmark plan as applied to such class."

I know my language doesn't track grammatically, but I'll explain it later.

This slick language shifts the City's obligation to pay for health care coverage for its employees, retirees and dependents by adding to the City's promise to pay the amount spelled out in the law an alternative that for some class of person to be identified later the promise would be for no more than only "the full cost such benchmark plan applied to such class" while retaining for others what the law now spells out as the City's promise to them.

Such a provision leaves to anyone's imagination what, if anything it includes. It's like going from the city assuming the full cost of health care coverage for its employees and retirees up to a designated maximum to the city offering its employees a pig in a poke to be determined later.

So let's examine a bit closer the pig the City and MLC are stuffing into this poke.

First, while the amending language makes it appear the City is for now planning to keep its original promise to pay the full cost of health care coverage as now required for some unknown others who would not be included in the alternative to be offered, by adding the new formula as an alternative to the existing law that remains in place clearly exposes that the alternative the City is proposing would offer retirees less than what the current law now promises them.

The rules of logic dictate this to be so for were it otherwise, and the alternative were to be equal to the promises the current law makes, it would be unnecessary to offer it as an alternative while keeping intact the original promise to others to whom the new offer would, but only for now, not apply.

Thus all the representations and promises made by the City and the MLC about how the proposal is intended to keep retirees whole while also realizing cost savings for the city is pettifoggery at best if not outright deception at worst.

Second, by creating the alternative for a (meaning any) class of beneficiaries to be specified later, the proposal breaks up the pool of beneficiaries to be covered within a single risk pool that equally includes all employees, retirees and dependents into at least two distinctly different risk pools, one including those who for now, and I stress now, would continue to be covered under the current language, and the other under whatever class the City and the MLC agree on for whom the City's obligation to cover the cost would depend on what benchmark plan was crafted to be determined later for that class.

But the splitting of the risk pool that the amendment would allow doesn't stop here for there is nothing in it that would prevent the City from coming up with various other classes to be covered under different kinds of plans for other specified classes that offered different coverages for such other classes. It's easy to imagine the City coming up with separate classes for first responders as a group or as separate classes for police, fire fighters and emergency services; for teachers, sanitation workers, nurses, etc., etc. ad nauseam.

Allowing for the possibility of breaking up the current universal risk pool for all city employees, retirees and dependents that treats them all equally into separate risk pools identified by various classes that are created starts exactly the same process of breaking up the universal statewide risk pool the Blues had for years maintained in each state under which individual and family coverage was offered for the same rate for all participants. That was until the single state-wide pools were fragmented when commercial insurers began to break it up by signing up large corporations to cover under group policies thousands of its employees who in one fell swoop were removed from the statewide pools the Blues continued to cover. And by removing from the pool the actively employed who had the lowest rate of illnesses instantly raised the cost of covering the remaining members who included the older age groups who needed more and costlier health care than the employed population who had been removed. This break up of the universal state-wide insurance risk pool for health care coverage by the Blues is what eventually destroyed it as the health insurer offering low cost statewide health care coverage to all residents of a state.

Enacting this plan would put the city's universal obligation to provide health care coverage on an equal basis to its employees, retirees and their dependents on this road to ruin.

It's amazing the MLC bought into a plan which, if Intro 874 were enacted adds enormous bargaining leverage to the City by pitting unions against each other fighting over different health care classes for various unions the City could craft to hand out differential packages to different union classes that would have them fight each other over who gets what benefits rather than be able to bargain as a unified collective under the current law that statutorily requires all union members be treated equally with respect to the health care coverages the City provides them.

Finally, both the representatives of the City and the MLC continued to reiterate they were urging the Council into promptly passing the bill to ensure they could craft a plan acceptable for an insurer to provide the coverage that would be the sole way to protect the retirees retaining their choice of plans that was likely to be lost were it left to the courts to decide the issue, and that this was the only way to realize the expected \$600 millions in costs savings for the city by enabling the City to offer Medicare Advantage plans that was purportedly necessary under the various rulings on this subject by courts and arbitrators.

Once examined, its clear and obvious the proponents were making conflicting if not contradictory claims.

First, their explanation of the "savings" makes it clear it is to be realized not by reducing the cost of care, but solely from the City not having to pay the cost itself but by receiving a federal subsidy that was expected to be provided for covering the cost of health care insurance for Medicare eligible beneficiaries. What was left entirely unsaid, however, was that were this subsidy available, it would be only under the condition that Medicare eligible beneficiaries are enrolled in Medicare Advantage Plans. The unstated fact and truth is that to get the subsidy, the City cannot afford to give its retirees the option to remain in Traditional Medicare, but must, instead, by hook or crook corral them into enrolling in Medicare Advantage Plans.

The City tried it by hook when it unveiled the plan that failed that indeed gave retirees the option to remain in the City's Elder Care option, but only by paying a hefty monthly fee that forced them

to give up the health care benefit that Ad Code Section 12-126 promised the City would provide.

The plan failed for two main reasons. First, the courts barred the City from implementing it as it was rolled out for reasons I will leave lawyers to argue. Second, however, the plan failed because of the large number of retirees who opted out (just over 50,000 of around 250,000) retirees that prompted the insurer to back out from offering the plan.

While little was said about exactly what prompted the insurer to back out, it's not hard to fathom it.

To price the plan, the insurer undoubtedly did so based on the known experience for all the Medicare eligible retirees under the City's plan that provided the insurer a clear cost curve for covering those beneficiaries.

When up to 20% of retirees opted out of the plan, it ruined that cost curve because the insurer lacked definitive information about the cost experience of those who opted out compared to those who remained. Was it the high cost risks who remained and low cost risks who left, or was it otherwise.

The hefty fees that opt outs had to pay to do so points to the answer. Since only the higher income beneficiaries could afford to opt out, and the health of higher income individuals usually tends to be better than of lower income individuals, the opt outs were likely to include the healthier and less costly beneficiaries than those who could not afford to do so. This would skew the experience curve for those who remained to higher than for all the persons within the entire group. Walking away was likely to have been an easy choice for the insurer.

So the second time around the City's is trying it by crook. To do so, it enlisting the City Council to change the law to enable them to craft an alternative plan that may stand up in court that also necessarily keeps to an absolute minimum the number of retirees who will be able to opt out remain in Traditional Medicare. That opt out choice would be having to give up entirely the health care coverage the City promised to pay for and buying their own Medicare Sup policy in the open market. If whatever plan is crafted keeps to a minimum the number who feel prompted to forego all City health care coverage, then the experience of the minimal number of opt outs will be too small to affect significantly the experience curve on which the insurer prices the coverage.

Thus contrary to all the comments by the Administration and the MLC, giving retirees options to opt out while still retaining coverage the City promised them cannot be on the table because it didn't work the last time.

While the proponents claimed their intention was to preserve choice of plans for retirees, they entirely avoided identifying the circumstances under which the plan they had in mind would enable beneficiaries to opt out and for what other plans.

And then to tout how they have striven mightily to reduce out of pocket costs far below that charged by Medical Advantage plans by limiting them to around \$1,200 compared to the many thousands more charged to non-Medicare recipients, they ignore that this is a misleading if not false savings claim because for Medicare eligible recipient, a Medical Advantage plan is merely a Medicare Supplement policy that covers only the 20% of Plan B costs not covered by Medicare. By contrast Medical Advantage plans for non-Medicare beneficiaries applies to all of their medical expenses starting with the first dollar. Thus it's not how much lower the out of pocket cost is under Medicare Advantage plans for Medicare Eligible beneficiaries that counts for comparing that cost, but how the \$1,200 out of pocket costs for Medicare eligibles that covers only the 20% not covered by Medicare compares to the out of pocket costs for non-Medicare eligible beneficiaries whose insurance is to cover their medical expenses starting with the first dollar (minus deductibles, etc.)

Thus when MLC representatives touted they had protected retirees being switched to Medicare Advantage plans by limiting the out-of-pocket costs to \$1,200 compared to the thousands more that applied to non-Medicare beneficiaries, they left out a key fact. The \$1,200 out of pocket limit for Medicare eligible beneficiaries covers only the 20% not covered by Medicare. But the \$1200 out of pocket limit for Medicare eligible retirees in a Medicare Advantage plan is only for

the 20% not covered by Medicare while Medicare covers the remaining costs. That \$1200 out-of-pocket for Medicare eligible beneficiaries is thus the equivalent of \$6,000 dollars for out-of-pocket costs of non-Medicare beneficiaries that provides coverage for health care services Medicare covers for Medicare eligible beneficiaries.

So the \$6,000 out of pocket equivalent is indeed better than the around \$7,500 that most Medicare Advantage plans have for individual coverage for non-Medicare beneficiaries. It is, however, not the best when the lowest out of pocket costs for Medicare plans comes in at \$4,900 for 2023 plans as laid out in the 2023 Medicare guidebook.

And the \$1,200 limit is allegedly “guaranteed” for only a few years. No telling by how much the insurer can then raise it thereafter.

Come to think of it, in my experience at the Consumer Affairs Department, a commonly encountered practice was for businesses to make low-ball offers to snag customers and then jack up the price considerably after having hooked them when they had few real options to opt out. That’s how I see this great offer of limiting out-of-pocket costs to \$1200 to show how the MLC was protecting retirees, and all are best advised to do the same.

While the bill and explanations of it leaves mainly to the imagination to what extent the City plans to strip from city employees and retirees the health care coverage the law promised them for performing their duties, it’s outlines and purpose were exposed by the failed plan the City attempted to implement, and by the proponents of the bills acknowledging they are aiming to shift retirees from Traditional Medicare to Medicare Advantage plans they touted provided even better coverage and benefits than retirees received from Traditional Medicare with the goodies those plans make available to them.

When the key differences between the two plans are compared, it’s easy to see why its retirees exercised extremely sound judgment by refusing the city’s offer to shift to Medicare Advantage plans.

One critical difference I can point to is that unlike Medicare Advantage plans, Medicare does not require providers to obtain prior authorization for health care services they perform. The Medicare program thus does not intrude into the doctor patient relations with respect to what services doctors conclude a patient needs.

Thus contrary to the arguments made against government-sponsored health insurance programs that they would put the government between patient and their doctors, it is, instead, the so called “free market” insurance programs that directly place insurers with a vested interest in saving costs by denying coverage directly between patients and their doctors

How the Medicare Advantage Plan pre-authorization requirement affects treatments of patients was exposed by a U.S. Department of Health and Human Services Office of Inspector General (OIG) report released earlier last year. The findings in the report revealed Medical Advantage Organizations (MAOs) refused to authorize services in 13% of cases and they denied payment for 18% of claims that met Medicare coverage rules.

These findings greatly conflict with the Administration’s claims that denials of care under pre-authorization rarely occur and that never addressed the issue of payment denials by Medicare Advantage plans.

But the double whammy of denial of care as a result of the pre-authorization requirement and the denial of claims by providers for services explains why many doctors refuse to accept Medicare Advantage plans for their services to avoid embroiling themselves in disputes with the insurers about the services they rendered their patients. It is such disputes with insurers that cuts patients off from their regular doctors when they are forced to switch from Traditional Medicare to Medicare Advantage Plans. But that’s precisely what the City’s plan would require them to do under the health insurance coverage likely to be available to them under the proposed benchmark plan.

Medicare instead reviews the claims providers submit for services and then approves payment up

to allowable limits for services that are deemed appropriate for the specified illness being treated. This after service review is designed to weed out bloated or excessive claims for services. Medicare not only disallows claims for inappropriate treatment but also for fees exceeding allowable maximums. This is an extremely valuable protection for beneficiaries which will be lost with the proposed switch

It is on this very point about how the plan being crafted would enable retirees to retain their doctors because all participants who accepted Medicare would be able to bill for their services to the Medicare provider the City selects that it's proponents misled the Council to allay fears about how switching the to Medicare Advantage plan the City selected would not do so.

For while it is true that all providers who accept Medicare could bill for their services to the Medicare Advantage plan the City selects, the proponents never affirmed that all providers would do so. Nor did the proponents point to anything included in their plan that would require them to do so. Thus their implied representation that retirees would retain their choice of providers since all who accept Medicare could bill for services to and be paid by the Medicare Advantage plan the City selected is an entirely empty promise unless the City could point to any mechanism that would require all those providers to do so and continue providing services to their former patients as they did before under Medicare.

The very fact they failed to affirm it proves it is not so, and they are making an entirely empty promise with their implied claim that because providers could, they indeed would so and continue providing services as before.

Denying appropriate medical care for patients and denying payments to physicians that meet Medicare coverage and even Advantage Plan billing rules in part explain how up to mid-2022 “the Big 7 for-profit insurers [that] control 69% of the Medicare Advantage market,” . . . made \$43.8 billion in profits” that is 7.1% of the “. . . \$620.6 billion in revenue [they took in], much of it from taxpayers.”

Thus contrary to the Medicare program which takes nothing for profits from the fees the public pays for Medicare, private health insurance companies skimmed 7.1% of their revenue from premiums that went toward hefty profits that benefit shareholders without delivering an ounce of care for beneficiaries.

Then on top of this, the September 2022 Report of the Urban Institute noted that payments by Medicare for the Part A and Part B coverages MA plans provide “. . . were 104 percent [of] TM [payment for the same services].” So it actually costs Medicare more to have health care services covered by private insurers than if it had done it itself.

And finally, there is the study by the Center for American Progress who calculated that “administrative excess for [for billing and insurance-related (BIR)] costs amounts to \$248 billion annually,. . . “ The report notes that in “. . .one of the most thorough reports on U.S. administrative costs related to billing and insurance in 2010,” the National Academy of Medicine (NAM) “. . . concluded that the BIR costs totaled \$361 billion in 2009 – almost \$466 in current [2019] dollars among private insurers, public programs and providers, amounting to 14.4% of U.S. health care spending at the time. And while, among other providers, such BIR costs account for . . .12.3 percent of spending on private insurance; . . .[but only] 3.5% of public programs, including Medicare and Medicaid.” Thus it costs almost four times as much for administrative costs to operate the private insurance option than to have Medicare do it by itself

Thus by all relevant measures, Medicare Advantage Plans cost far more than Medicare to cover the health care needs of city employees and retirees while denying needed care and failing to pay providers for services that would be readily paid by Medicare.

This is some plan the City wants to force its retirees to take.

Finally, I would like to point to the oddly crafted language of the of Intro 874 that would insert a disjunctive independent clause in the law that, unlike the sentence being amended, lacks both a subject that identifies who, and a verb (pay) that identifies what the law would specify the subject is presumably obligated to do.

This textual ambiguity obscures both the purpose of the amendment and what the City's obligation would be should the presumed federal funding source for paying the cost of health care benefits for municipalities dry up. Since the Republicans who have finally organized the House of Representatives are determined to slash spending for social programs, including Medicare, this is not an idle issue with respect to how this amendment could affect what health insurance coverages retirees could count on were this amendment adopted.

It is, however, clear that this proposal is intended to require that any retiree who for excellent reasons outlined above would prefer to remain in Traditional Medicare surrender entirely the medical insurance coverage the city had by law promised to pay for them. It would instead require them either to submit to Medicare Advantage plans as the sole source of coverage for medical services the City had promised to pay for no matter how inadequate and more costly they are for beneficiaries than Traditional Medicare, or to forego entirely the health care costs the City promised to cover and obtain on their own in the open market a Medicare Sup policy to pay for costs not covered by Medicare.

Some plan the City is seeking to foist off on their retirees.

There is a better and more honorable alternative the City could look to for other funding streams to help balance the budget. The City should explore self-insuring the cost of medical coverage for its employees and retirees rather than paying hefty premiums to private insurance companies. This has for years been done by large corporations. Doing so would immediately reduce the cost of the coverage by lopping off 7.1% the insurers retain from the premium the city pays for their profits that buys no health care and by reducing billing and insurance related costs from 12.3% for insurance companies to the 3.5% for Medicare. That extra cost also buys no health care for beneficiaries.

Eliminating those excess costs would produce real savings in providing health care services for all Americans rather than fiddling with various plans that simply shift among different participants the costs the private market imposes for provided health care services for Americans.

Thank you for this opportunity to urge you to oppose adopting Intro 874.

Testimony of
ANDREW EILER
residing at 200 East 15 Street
on January 9, 2023
before the New York City Council
Committee on Civil Service and Labor
on Into 874

From: Andrew Graf <ajgfire@earthlink.net>
Sent: Sunday, January 8, 2023 2:24 PM
To: NYC Council Hearings
Cc: ajgfire@earthlink.net
Subject: [EXTERNAL] Medicare

I am providing this testimony to the NYC Council to express my opposition to the Councils bill to amend Section 12-126 of the NYC Administrative Code. I am retired from the NYC Fire Department after 35 years of service.

I want to keep my current insurance I don't want to be forced into a Medicare Advantage plan with a narrow network of specialists and hospitals, as well as the hundred of pre-approvals the plan typically require and which Medicare does not. Many of the specialists accept NO Medicare Advantage plans also doctors and hospitals are allowed to drop out of Medicare Advantage plans each year and many do because of the harm to patients from delayed care due to pre-approvals. The burden created by pre-approval process and the consequent delayed payments in contrast doctors and hospital that accept traditional Medicare continue to accept it Medicare Advantage Plan would have a negative effect on my overall health.

For nearly 80 years municipal workers have been able to rely on the city to meet its obligation to cover their health insurance cost in retirement and Senior Care has done it well, without premiums, co-pays, or prior authorizations. Please do the right thing and reject the proposed change to the Administrative Code 12-126.

Sincerely, your constituent,
Andrew J. Graf

Sent from my iPad

January 9, 2023

To whom it may concern:

NYC Council must not change 12-126 and leave healthcare for municipal workers as is. NYC Council must not change 12-126. Leave municipal healthcare as is. NYC cannot solve its financial woes on the backs of retirees and municipal workers.

Respectfully,

Andromahi Eliodromytis

From: anita smielowitz <smielowitz@gmail.com>
Sent: Wednesday, January 11, 2023 10:09 AM
To: Testimony
Subject: [EXTERNAL] Don't amend code 12-126 Retirees Medicare plan.

Retirees deserve a financially stable health care system. We were promised that Medicare and GHI would cover our medical care during our retirement years

We are now 80 and 88 with many health issues. Marty Smielowitz was a teacher at IS 44 and Brooklyn Automotive for over 30 years. His dedication was unwavering he was called Mr Smiley for his work ethic and devotion. Now when we need it most DONT LET US DOWN.

The co-pays are onerous as well.

Please help us!!

Anita Smielowitz

Brooklyn. NY 11223

Sent from my iPhone

Dear Honorable City Council Members:

My name is Ann (Annie) Brickel and I am a retiree from the Department of Education. I worked at James Monroe High School, Morris High School, Adlai E. Stevenson High School and the Foreign Language of Global Studies (FLAGS) in various roles: teacher, guidance counselor and college counselor for nearly forty years.

The City Council is being threatened that if they do not amend **Admin Code 12-126** to force retirees into Medicare Advantage, the Mayor will do that on his own. Amending the statute does the same thing! Why should the City Council amend the law if the Mayor will do this anyway? Why do his dirty work? Let the Mayor take the political hit for hurting retirees and remove City Council Members from the ire of retirees and constituents in their next election. (I may no longer live in NYC, but I have four adult children, one grandchild, relatives, and friends who do, and they vote!) If the Mayor does what he is threatening and you do NOT amend the Administrative Code, the Retirees will be able to challenge him and win this in court where we have been successful twice, lastly with five judges in the Appellate Court. If the City Council amends the code, it will be the Mayor's way around the rulings and it will affirmatively be hurting retirees. It will force retirees to again take legal action; this time it will be against you as well. We served our time as employees and have a right to enjoy our time as retirees with the proper care that we earned, paid for, and were promised by this law.

I believe that you are aware of the fact that the Scheinman Report is NOT a "ruling." It is paid propaganda which the Mayor and the President's of the UFT and DC37(who make up the largest portion of the MLC), are hoping to dupe the City Council into believing. It is not a decision, it is not a ruling, it is not binding! It's an opinion!

The retirees, through the NYC Organization of Public Service Retirees, have identified at least \$300 million in cost savings that offer an alternative solution for the city worker and retiree healthcare impasse. The Office of Management and Budget (OMB) knows about some of these savings options, and has NOT implemented them nor informed the City Council. OMB is is unaware, nor do they want to hear about other cost saving measures. HOW CAN THE CITY COUNCIL MAKE A DECISION IF THEY ARE NOT BEING PROPERLY INFORMED BY OMB? Please reach out to the NYC Organization of Public Service Retirees for real facts! The MLC doesn't want you to know they sold out ALL of our healthcare for raises! Yes, that includes you!

Admin Code 12-126 is what gives us choice and is protected by a defined price threshold set in a city law. If your insurance costs less than the threshold, you are covered. If not, you pay up. Changing the code eliminates the choices and protections we've enjoyed for over 55 years. It allows us, especially the most vulnerable, to keep traditional Medicare and does not FORCE anyone into the private, for profit Medicare Advantage system. The SAME system that is being called into question, by recent front page headlines in the NY Times and even by Congress, detailing their huge profits and less than quality care.

NYC Retirees have dedicated our lives and our careers to public service. We were never in it for the pay, but like you, to serve the people (for me, the children and parents) of our great city. Do not give away the legal protections and stable benefits we were guaranteed.

I am requesting that you do NOT support the bill being introduced on January 9th by Civil Service and Labor Chair DeLaRosa. Do not amend Admin Code 12-126.

Sincerely,

Ann (Annie) Brickel
Retiree, NYC Department of Education

From: Sg170a <sg170a@aol.com>
Sent: Thursday, January 12, 2023 6:14 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Please do NOT amend administrative code 12-126

Dear City Council,

My name is Anna Leong. I was a NYC public school teacher for 34 fours years, and have been retired for 20 years. I live in Manhattan, District 1.

Please do not amend administrative code 12-126. Amending the code will force NYC retirees to choose between the Medicare Advantage Plan or else pay a \$192 monthly premium to stay on regular Medicare, which would be a financial burden.

Empire BlueCross Blueshield withdrew their Advantage plan this past July. I believe it was due to the controversy, because so many retirees opted out of the plan, and the City could not give Empire a commitment for numbers and a start date.

At first, an Advantage plan may sound appealing because of the little perks offered. But many of us found out that our doctors were not participating, AND pre-authorizations could delay or deny needed treatment.

A few years ago, my brother had a life-threatening stroke. My sister-in-law had just switched to an Advantage Plan. Getting pre-authorizations from the Advantage plan was an extra layer of stress and troublesome. The last straw was when the plan said my brother could not use the rehabilitation facility at the hospital, because that rehab was not a participating facility. The closest one was an hour drive away. In addition, they would not approve the number of physical and occupational therapy sessions that the doctor had prescribed. If you do not know, therapy after a stroke makes a huge difference in the recovery process. The idea an hour's drive each way to be by my brother's side for long days was so stressful at an extremely difficult time. My sister-in-law used the once in a lifetime switch back to Medicare.

Please leave administrative code 12-126 as is, and let NYC retirees choose the premium-free health care (including Medicare) that they prefer.

Sincerely,
Anna Leong
sg170a@aol.com

01-10-23

Dear Council Chair DeLaRosa,

My name is Anna M. Berry, I have worked for the City over 35 years in public service. I am and always have been a proud union member. I retired June 2019 and received my retirement package like many others and was informed there would be no changes. Now that we are retired we are being told otherwise. I feel like we're being penalized for retiring. As you know Retirees are on a fixed income and already paying a portion for Medicare B and now we might be forced to join a plan that will cost us almost \$200 more a month. We have fought, earned and negotiated the right to have good health care at no extra cost to us when we retire. So why is it now the MLC and the City trying to force and rush us into something we can't afford or totally understand.

It seems all parties have been involved in this decision making except the ones it will affect. Retirees have not been involved in any decision making or even asked to sit in on any meetings. Arbitrator Scheinman's, opinion is not an Order, decision or ruling. It's his Opinion! We are reaching out for your support and to VOTE NO on amending the Administrative Code 12-126 into law.

We thank you, The Council Committee, Speaker Adams and Council members for giving us the opportunity to be heard and seen.

In Solidarity

Anna M. Berry

AFSCME/DC37 Retiree Association

Executive Board Member

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

MARGARETANN BIANCULLI, JANET KOBREN,
MERRI LASKY, PHILLIS LIPMAN, BARRY
SKOLNICK, and the NYC ORGANIZATION OF
PUBLIC SERVICE RETIREES, INC., on behalf of
themselves and all others similarly situated,

Plaintiffs,

v.

THE CITY OF NEW YORK OFFICE OF LABOR
RELATIONS, the CITY OF NEW YORK,
EMBLEMHEALTH, INC., and GROUP HEALTH
INCORPORATED (GHI),

Defendants.

Index No.:

CLASS ACTION

AFFIDAVIT OF ANN ANESTA

STATE OF NY)
COUNTY OF Nassau) ss.:

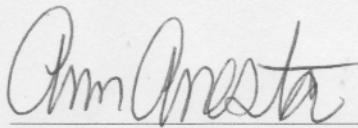
Ann Anesta, being duly sworn, deposes and says under penalty of perjury:

1. I was a city employee for 36 years before retiring on June 30, 2015.

While an employee, I was represented by the Council of School Supervisors and Administrators.

2. I worked as the Director of Student Services for a network of 24 high performing schools in Districts 26 and 29. I diligently worked at this job for the 30 required years plus an additional six with the understanding that I would be taken care of with a pension and health coverage in retirement. Since retirement, I feel like I have been set adrift.

3. My husband and I are on a fixed income.
4. The imposition of new, unexpected co-pays has had a life-changing effect for me and my husband on our spending. I have pushed out my annual physical and plan on going every 18 months instead of every 12 going forward. I have also delayed blood work because I need a variety of tests and have been trying to convince my doctors to get all of the samples they need from one visit to avoid additional co-pays. It has been a difficult process, and I still have not succeeded, so I have not been able to get important blood work done.
5. I have also delayed other lab work, including a mammography.
6. My husband is being treated for metastatic cancer, and the radiation, doctors' visits, lab work, and immunotherapy all have associated co-pays, which really add up.
7. If the co-pays continue, we will have to give up other important expenses. For instance, my husband and I like to take road trips together but have been forced to cut back because of the additional expenses associated with these co-pays. On top of that, I have cut back on other everyday expenses, including salon appointments. These co-pays are having a serious effect on our quality of life.

By: 
Ann Anesta

From: Anne <anne31@mindspring.com>
Sent: Saturday, January 7, 2023 11:05 AM
To: NYC Council Hearings
Subject: [EXTERNAL] PROTECT Admin Code 12-126

To our City Council on January 9, 2023 hearings for Admin Code 12-126.

We have paid into social security all of our working lives with the knowledge that we would have good health care coverage with Medicare when we retire. The Advantage Plus coverage is not a good health care plan. It is an insurance company watching their bottom line. Advantage Plus requires their subscribers to request permission for essential medical tests and even choosing a doctor. How can that be a better plan? As a NYC employee (retired) working at below wages then private sector with a promise of good retirement benefits, I feel the City has turned their backs on loyal retired employees because of the City mishandling of health funds and now we have to adjust in our "golden years". I implore the City Council to protect Admin Code 12-126.

Thank you. Anne Bozzolo, retired DOE, DC 37.

Submitted to the NYC Council Committee on Civil Service and Labor,
hearing date January 9

by: Anne Hayes, NYC Retiree

I urge the City Council to stay the course and protect the City of New York retiree's Senior Care insurance.

I whole heartedly agree with CCM Brewer's statement made in December 2022:

'The NYC Organization of Public Service Retirees won a Manhattan Supreme Court ruling that found the City's attempt to force retirees to pay a \$191 per month fee to keep their Senior Care plan was illegal. An Appellate Court unanimously sustained the retirees' victory and said that Administrative code 12-126 requires that the City pay for employees' and retirees' health insurance up to a defined dollar cap. That cap is currently about \$800 per person per month; and the Senior Care plan costs only \$191 per person per month.

The unions and the City want the City Council to change the administrative code to eliminate the cap – just for seniors. That would force retirees into a Medicare Advantage plan that would cost the City nothing. The arbitrator's recommendation further suggested that if the City Council didn't change Administrative Code 12-126 within 25 days, the City would simply kill Senior Care. Either course would have the same impact on retirees: they would no longer get Senior Care from the City, would no longer be guaranteed access to their doctors, and would have to endure dangerous prior authorization protocols imposed by a private insurance company (there are no such prior authorization hurdles under traditional Medicare or Senior Care).

Council hearing: Int 0874-2023: Monday 1/9/2023, 9:30 AM

To Members of the New York City Council:

My name is Anne Hunter and I am a City worker at the Brooklyn Botanic Garden. I am writing in strong opposition to Intro 874. I urge the Council not to support the Mayor's and the Municipal Labor Committee's attempt to force City retirees into a Medicare Advantage plan and undermine the health benefits City workers have been legally entitled to for decades.

The campaign from the administration and the MLC has described this proposed change to administrative code 12-126 as a way to "preserve choice" for retirees in their health care. In fact, the premium that will be attached to traditional Medicare (Senior Care) if the change goes through will be out of reach for many retirees on their incomes and would make it infeasible for them to remain with their current standard of care. Medicare Advantage has also been the subject of much reporting regarding fraud with the program and I am very concerned that this will be functionally the only option for many retirees who have been legally guaranteed a certain standard of benefits for decades.

As active workers, we have been told by our union leadership that it is necessary to put the Medicare Advantage switch in place in order for the City to fund our raises, or that we will be forced into paying health care premiums if the switch does not go through. I strongly object to retirees and active workers being pitted against each other when the City and unions could pursue other options. Retirees and the Professional Staff Congress have identified several alternative approaches to lower healthcare spending such as the City creating a self-insurance plan or all City workers' union welfare funds being consolidated for better leverage and group purchasing. I urge the Council to meet with these groups and hear about their proposals. For other active workers like myself, this change to the administrative code opens the door for our own healthcare benefits to be altered or for more "classes" to be created with diminished health care benefits, such as new hires. The City is already hemorrhaging workers, and gutting benefits will make it even more impossible to hire and retain talent while our essential agencies are already dangerously understaffed.

The Council should not play into the Mayor's and the MLC's plan to get around their legal obligations to retirees and should not pass Intro 874.

Sincerely,

Anne Hunter, Brooklyn Botanic Garden, DC37

Dear Speaker Adams and Council Members,

I am writing to request you NOT to agree to amend Administrative Code 12-126.

Like thousands of City government retirees I am horrified at the idea that the City Council is being pressured to amend a code that will allow the Mayor to change the terms of our labor agreement that promised us Medicare and a supplemental health insurance upon retirement.

Martin Scheinman, who chairs a committee tasked with addressing the delivery and cost of health care to municipal employees and retirees, issued an opinion that traditional Medicare should be switched over to a Medicare Advantage program. As far as I am aware, this opinion has no legal standing as it was not based on arbitration that included retiree organizations--it is simply a proposal. It should be noted that retiree organizations have proposed alternate money-saving solutions to this drastic and unfair switch.

Considering the number of negative articles written over the last year about Medicare Advantage programs, it is not surprising that the majority of retirees wish to remain in traditional, government provided Medicare programs as opposed to privately-run, profit-making Medicare Advantage programs. We worked for the City for many years and when we retired we breathed a sigh of relief that Medicare was there for us. As we age, we expect more health issues to arise, and we are grateful to have guaranteed health care that does not rely on gatekeepers to opine on whether or not we require treatment. And, on the other hand we do want these profit making institutions to claim that we are sicker than we really are so that they can claim even more reimbursements (see various articles in the New York Times on this topic). One of the people who gave testimony yesterday was a teacher at Baruch who is an expert in Medicare and Medicare Advantage programs. She explained and clarified in detail the differences in how funding works in both programs and she ended up by stating that private insurance companies running

medical programs such as Advantage, are governed by the same rules that they use in commercial insurance; and they are profit-making organizations. Another retiree who spoke at the hearing on January 9th said that her many doctors have told her that they will not participate in an Advantage plan. This is what many of us fear. At this stage in our lives, even if we are lucky enough to be healthy now, we are aware of the need for medical care of the highest quality, and for continuity with the health care providers we currently rely on.

If the Council agrees to amend the Administrative Code 12-126, they are opening the door for the Mayor to make changes detrimental to retirees', and possibly to current employees' health care. The fact that the previous Mayor made a deal with labor unions to provide raises based on savings in retiree health benefits, and the fact that the current Mayor is pushing the same agenda, is a disgrace. There has to be a way that all stakeholders can work together to address the budget gap without harming people who most need protection. We need to have the option to retain traditional Medicare.

Please do not agree to the proposal to amend the Administrative Code 12-126 that is being brought to the floor on January 4.

Thank you for considering the implications of this action and the impact on those of us who gave our service to New York City.

Anne Kelly

Retired as IT Director from the Department of City Planning

1/9/23 CITY COUNCIL Hearing: Civil Service and Labor Committee

Testimony: Anthony J. DiLeonardo , Retired NYC Sanitation, Local 831, Resident Council District 23

My name is Anthony J. DiLeonardo, I am a retired, 21-year veteran of the Department of Sanitation. I live in District 23, represented by Councilwoman Linda Lee. When I was hired, I was a starving artist, freight handler, a stage 3 cancer survivor with no health insurance coverage. Daily News columnist, Pete Hamill urged me to take the DSNY job with one word: **BENEFITS**. I'm grateful to him.

In my 21-year career I earned my benefits and paid into them weekly. DSNY is a daily grind, on a good day it's a decathlon, on a bad day a chain gang. Y2K, 9/11, Ground Zero, Hurricane Sandy, 3 Historic Blizzards and hellish record setting heatwaves, I bit the bullet and worked them all----for the **BENEFITS**.

I won't bore you with a list of all my injuries, but doctors were able to remove a 6-inch chunk of glass from my left eye ---because of the **medical benefits** I earned.

This debt is way past due, Harry Nespoli and Michael Mulgrew can't cover their markers and are using a high-priced Spin- Doctor, Martin Scheinman to hustle city workers and retirees out of our healthcare and force us into what man call **MEDICARE DISADVANTAGE**. Only honorable men accept blame and take responsibility.

Don't make any short sighted or hasty decisions, you are also city employees and will eventually find your selves in this situation or should I say **PREDICAMENT**.

In the past two decades, the word HERO has been over used. But on January 19th The City Council be True HEROES to over ONE MILLION people when you vote NOT To amend Administrative Code 12-126.

With your permission Speaker and Council member Adrienne Adams, I want to begin this piece by thanking you and the other honorable members of the New York City Council for giving me and others the opportunity to weigh in on this issue. Mayor Adam's idea to strip us of retirement benefits that all municipal workers depend on, as we move into our Retirement Years on a fixed income while living in one of the most expensive cities, if not the most expensive city on earth to live in. We all currently are living in a recession, off the chart rising costs in every section within our city. We now find ourselves in the position of living paycheck to paycheck, with no opportunity to save and with no hope of relief!

Mayor Adams should know that this is an absolutely horrible idea. If the City Council gives him what he wants, the consequence for us will be the equivalent of a heinous cold-hearted crime!

Mayor Adams knows that municipal workers are not paid a living wage. He knows that many of us need government entitlements to make ends meet financially. He also knows that the majority of municipal workers here supported his candidacy for mayor. He knows that we pulled out the vote for him. We donated heavily financially to support him. He also knows that we went door to door and stood on streets passing out his campaign materials as well. Having to write this statement saddens me, and what saddens me most is the fact that none of this should be happening to us. Mayor Adam's knows only too well our financial conditions.

I want every council member of New York City to know that the mayor, by giving the City Council, the opportunity to open up "Administrative Code 12-126," is the equivalent of opening up a New York State, Constitutional Convention. Tantamount to opening "Pandora's Box." Do any of us really want this to happen?

Changing the aforementioned administrative code would not benefit the (stakeholder) whether current or future retirees! All of us stand firmly against this horrible administrative move. Know that we will not stand silently and accept it. We will fight, in every court necessary.

Note that the State of New York has held nine (9) constitutional conventions, over the years.

Note, you really don't need these dates or information below-

- 1776 –1777. •1801, 1821, 1846, 1867–1868, 1894, 1915, 1938, and 1967; a Constitutional Commission in 1872–1873; and a Judicial Convention in 1921.)

The members/voter's (knew or know) the consequences each time situations like this arise!

The member's/voters/retirees will not forget the politicians who will vote in favor of the Mayor's desire now, regarding changing Administrative Code 12-126. We will not forget because the proposed change will impact our retirement years which will put a financial burden on us during our senior retirement , not to mention placing a medical premium on us as well!

This proposal only benefits Harry Nespoli, Chairperson MLC; Henry Garrido, Co-Chairperson, MLC and Executive , of District Council 37, and finally Mr. Mulgrew, Executive Vice-Chair of the MLC, and leader of the Teacher's union.

Please give the retirees the chance to fight and win in court, with the current version of the "Administrative Code, Section 12-126, which has existed for over half a century. If they lose, the City Council can amend the statute later.

Although the 2018 Agreement allows Scheinman to arbitrate certain disputes between the City and the MLC, there was no dispute between the City and the MLC here – both are aligned with respect to forcing Medicare Advantage on retirees at a time in their lives they will not be able to afford!

The City Council should not participate in this desperate and possibly illegal move by the Mayor, Nespoli, Garrido and Mulgrew, to force Medicare Advantage on retirees, who are entitled to the traditional Medicare benefits they were promised via contract to have, and which they desperately need.

Let the Mayor be the one to strip retirees of these hard-earned benefits. The retirees will challenge him in court, and they will win.

But if the City Council amends Section 12-126, the path to victory in court becomes much harder, and the City Council will become a part of this crime.

Therefore, I strongly urge that the City Council not consider bringing the proposal to the floor for a vote.

We will not forget those who hurt us on election day. We may be municipal workers, but we are not dumb, nor do we forget!

Respectfully submitted by

Anthony B. Gordon, member of Local 372,
District Council 37.

Dear Members of the New York City Council,

I am a New York City senior retiree from the Department of Education. My current health plan in conjunction with Medicare is the GHI Senior Care with the Emblem Pharmacy "Rider".

PLEASE NOTE THE FOLLOWING TECHNICAL MATTER THAT MOST PUBLIC RETIREES AND UNIONS REPRESENTING OUR INTERESTS ARE NOT COMPLETELY AWARE OF AND WHICH COULD COST RETIREES SIGNIFICANT COSTS THAT WILL JEOPARDIZE THEIR PENSION AND FINANCIAL WELL BEING.

Under the current GHI Senior Care pharmacy rider, the pharmacy plan is viewed as a "look-a-like" Medicare Part D plan which follows the rules of Medicare Part D. However, since it is not viewed as a Medicare Advantage prescription plan, but treated as a "commercial plan", this allows many of the pharmaceutical manufacturers to provide significant co-pay subsidies and grants to patients. Not even Emblem understood this factor when they tried to change the pharmacy coverage this January.

WHAT WILL THIS MEAN TO RETIREES ON SPECIALTY MEDICATIONS? Under the GHI Senior pharmacy plan I pay \$5 co-pay per order for my specialty medication (Humira, the number 1 selling medication in America), instead of \$800 to \$1200 per order without the co-pay subsidy. The manufacturer of Humira, AbbVie, does not provide co-pay assistance for pharmacy plans deemed not "commercial" as the plan currently is under the GHI Senior Care.

FORCING RETIREES TO ACCEPT ONE PLAN WITHOUT OPTIONS TO CONSIDER THESE POTENTIAL DEVASTATING COSTS WILL BE A TRAGIC MISTAKE BY THE CITY COUNCIL AND THE PUBLIC EMPLOYEES WHO HAVE BEEN COMMITTED TO THIS GREAT CITY.

PLEASE AMEND THE ADMINISTRATIVE CODE.

Sincerely,
Anthony Dargahi

Email: tdny30@yahoo.com

Dear Members of the New York City Council:

My name is Anton Alterman, I am 68 years old and I live in Bay Ridge, Brooklyn. Five years ago I retired after 30 years of service as an IT manager in the Human Resources Administration. I am also a retired professor of Philosophy, having taught part-time for 16 years at two C.U.N.Y. colleges (Baruch, Hunter) and Long Island University-Brooklyn.

From the beginning of my lengthy term of service at HRA I was under the assumption that one benefit of working for the City would be uninterrupted and functionally equivalent health care coverage after I retired. City workers, particularly in the field of IT where I worked, typically make lower salaries than those doing comparable work in private industry. Like many employees I considered the potential benefit to society an incentive to work in social services, but there is no question that the promise of pension and long-term health benefits was also an inducement.

The proposal to amend the City's administrative code to allow the City to substitute Medicare Advantage for traditional Medicare and supplemental coverage is a cynical and extremely unethical bait-and-switch maneuver that should be denied by the City Council. The City lures people into City service with an explicit set of promises about health care, and now that many retirees have spent much of their lives working under a certain conception of future benefits, they want to withdraw this and substitute a different and inferior plan.

The misnamed Medicare "Advantage" system is a handout to private industry and an inferior plan compared with Medicare and gap coverage. The most vulnerable people in society, those most in need of reliable coverage, are sacrificed to a system that requires profit-motivated insurers to approve ordinary procedures that doctors say their patients need. This is in no way equivalent to traditional Medicare. Studies have shown that "Advantage" members experience lower quality care, more delays, more limited choice of the best professionals and more denials of medically necessary procedures than with traditional Medicare. It is a withdrawal of promised benefits in every way but name.

I ask the Council, my own councilman Justin Brannan, and all those who care about the elderly to reject this move. I also ask that you reject the City's false claim that the "recommendation" of an arbitrator is of a higher legal or moral standing than the City's longstanding commitments to City employees. If the City wishes to negotiate with unions over something they should negotiate over ways to cover the deficit that they deceptively use to claim the current plan is not viable.

When I say the claim is "deceptive" I am not speaking idly. I was a mid-level manager in an IT department for 30 years, and I have seen \$10's of millions of taxpayer dollars wasted on senseless projects, absurd consultant contracts, politically motivated hiring of highly compensated but incompetent executives, and much, much more - to say nothing of things like the CityTime disaster or the E911 boondoggle. Any City official who claims there is no money for health care for the elderly is deceiving the public. There is enough waste in IT alone to pay for our health benefits. Please use the financial and other powers vested in the City Council to stop this outrageous attack on retiree health care.

Anton Alterman

PUBLIC HEARING ON PROPOSED LEGISLATION TO AMEND ADMINISTRATIVE CODE 12-126

TESTIMONY OF ANTONIA MANUELA GIVEN JANUARY 9, 2023

Good morning Civil Service and Labor Committee Chair Carmen De La Rosa and Committee members. Firstly, I wish you all a healthy New Year for health as we all know is EVERYTHING.

My name is Antonia Esperanza Manuela. I am a proud member of DC37 Retirees Association. I am a retired and former employee of the New York City Housing Authority. But I am also included in the demographics of Black and Brown elders on fixed incomes, small pensions, with heart disease and other multiple medical issues, who society has historically and disproportionately subjected to and still attempts to subject to inferior medical care.

My body and all of our bodies cannot afford poor health care by poorly administered private healthcare insurance. And that is what will happen TO ALL OF US if Administrative code 12-126 is amended. I have been outside of your gates with fellow activists, unions and organizations for 3 years in 90 and 20 degree weather begging for the healthcare security of traditional Medicare to remain unchanged. Now I have come inside to beg you for the healthcare security of Administrative code 12-126 to remain unchanged.

I BEG YOU DO NOT CHANGE ADMINISTRATIVE CODE 12-126

COMMITTEE ON CIVIL SERVICE AND LABOR: INTRO 0874-2023

PUBLIC HEARING JANUARY 9, 2023

TESTIMONY OF ANTONIA ESPERANZA MANUELA

Greetings Committee Chair, Carmen De La Rosa, Speaker, Adrienne E. Adams, and all Council Members. Firstly, I wish you all a healthy New Year, for health as we all know is EVERYTHING.

My name is Antonia Esperanza Manuela. I am a proud member of the Political Action Committee of the DC37 Retirees Association. I am a retired and former employee of the New York City Housing Authority. But most significantly, I belong to the demographics of Black and Brown elders on fixed incomes, small pensions, with heart disease and other multiple medical issues, who society has historically and disproportionately subjected to and still attempts to subject to inferior healthcare.

Ultimately, I will belong to the current healthcare disparity exacerbating between healthcare recipients who can afford to opt-out of Medicare Advantage plans, paying nearly \$200 dollars per person a month, and recipients like myself, who will be subjected to all the low quality medical care that healthcare insurances are prone to provide if Administrative Code 12-126 is amended. The scenario of a healthcare apartheid is not far-fetched.

The suggestions in several testimonies, such as delaying the voting and creating a commission to gather and review further data on cost saving should seriously be considered by the entire Council.

My almost 80 year old body cannot afford poor health care by poorly administered private healthcare insurance companies, some of which are under investigation. That is what will happen to me, to everyone, including City Council Members if Administrative Code 12-126 is amended.

I have been outside of your gates with fellow unions, activists and organizations for 3 years in 90 and 20 degree weather begging for the healthcare security of traditional Medicare to remain unchanged. Now I have come inside to beg you for the healthcare security of Administrative Code 12-126 to remain unchanged.

I BEG YOU DO NOT CHANGE ADMINISTRATIVE CODE 12-126

Had retirees been allowed at the bargaining table we would be respected participants bargaining for better healthcare instead of begging for it.

From: Ariana Ami-Holback <suzq2023@gmail.com>
Sent: Sunday, January 8, 2023 5:43 AM
To: Testimony
Cc: Ariana Ami-Holback
Subject: [EXTERNAL] Code 12-126

Council Chair and Members,

I implore you to allow my husband and I, both UFT retirees, to keep traditional Medicare. My husband is being treated for the past 9 months for liver cancer. Our current insurance, Senior Care through the UFT, has covered in full, other than co-pays, all the tests, scans and treatments he needs. He is on the liver transplant list. If our Senior Care, which provides traditional Medicare, is taken away we don't know what Medicare Advantage will cover. He will need to have all tests, scans and procedures approved by Medicare Advantage doctors; what will happen if they deny medically necessary procedures, tests and scans. We will be bankrupted trying to pay for them ourselves. He might be dealt a death sentence.

My husband and I were promised the best health care possible. Medicare Advantage is not that. Please, I implore the members of the City Council to not vote to change code 12-126. I am so worried. What will happen to my husband without traditional Medicare? I cannot sleep at night worrying about this. I worked all my life as a teacher knowing that while my salary wasn't as large as others who worked in business, I would have good health insurance when I was older. Please, keep the promise we were given and allow us choice to keep Senior Care through the UFT. Please try to find other ways to fund the health care of people who depend on you, people like me who believed that as an older person I would be taken care of.

Sincerely,
Ariana Ami-Holback
Carl Holback,
UFT Retirees

From: Arlene Hasbrouck <arlydarly8@gmail.com>
Sent: Sunday, January 8, 2023 2:40 PM
To: Testimony
Subject: [EXTERNAL] Article 12-126

At age 65, when you sign up for Medicare, you are given the choice to join any Medicare Advantage plan available in your area or have Traditional Medicare. Every year thereafter, you have the same option: stay with Traditional Medicare or switch to a Medicare Advantage plan. Those of us who wanted the advantage plans, have already chosen it. Those of us who didn't, did so for our own reasons. We are all now in this mess which has been created by the MLC in an effort to cover up for the misuse of the Stabilization Fund and an attempt to redirect Federal funds to replenish what was wrongfully taken.

The MLC is trying to put lipstick on a pig.

The Medicare Advantage Plan that the MLC is trying to force retirees into (and swears will be better than Traditional Medicare), will now be run by Aetna who is under investigation by the Federal Government for Medicare Fraud! They may promise that it will be better, but as the years pass and Aetna makes less money, you can be sure that they will change the plan's coverage to recognize larger profits. That's why Aetna is in that business after all!

Traditional Medicare is the way to go!

We implore you to **leave Article 12-126 alone**. If not for us, then do it for your mother or your neighbor or maybe some day you! Don't strip us of our right to choose! **Vote NO to amend Article 12-126.**

Respectfully submitted,
Arlene Hasbrouck
NYC Department of Education
Retired 2010
30 years of service

Ira Hasbrouck
NYC Department of Education
Retired 2010
32 years of service

Boynton Beach, Fl 33473

Sent from my iPad

From: Arlene Schutz <aschutz6@icloud.com>
Sent: Friday, January 6, 2023 10:36 PM
To: NYC Council Hearings
Subject: [EXTERNAL] ADMINISTRATIVE CODE 12-126.

Dear honorable City Council members,

I wish to keep my original Medicare plan (Senior Health Care). I do not wish to transfer to a managed Medicare “Advantage” plan. I have been protected from being charged for my plan, or perhaps from even having my plan, by Administrative Code 12-126. Any modification of this code will jeopardize my having the present plan without a steep charge monthly.

There is statutory protection provided by administrative Code 12-126. It states, in part, that the City must pay up to the HIP HMO rate (about \$775 at the time) for employees, retirees and their dependents. Certain large unions have now been pitting in-service workers against Medicare eligible retirees and blaming us for defending benefits we have had for 55 years, that pay less than 20% of our health bills. Why should we be blamed for protecting benefits we earned, paid for and WERE PROMISED? And why shouldn't we push back when the City and the MLC are willingly and wantonly selling off benefits for their raises and don't think twice about forcing us into AN INFERIOR PLAN. (aka medicare disadvantage plan) Some of these unions (like mine) have been threatening that an arbitrator will take away choices of plans and only leave us the MAP, yet that was THEIR plan all along. We stand together, to protect what we all have earned and paid for! What we hope everyone realizes is that not only are we protecting ourselves, we are protecting in-service and pre-Medicare retirees, as well.

PLEASE DO NOT MODIFY ADMINISTRATIVE CODE 12-126.

Sent from my iPad

I am retired a para professional, having worked for the Department of Education for 15 years..my salary was not much, but the rewards of working with the students was very gratifying. As a retiree , I expected to have the medical care that I worked so hard for. I live out of state and the doctors and hospitals here do not accept the MAPs. Please do not change the code that allows us to have excellent care when we need it most!

Arline Cutler

From: ARNOLD KOROTKIN <amkorotkin@aol.com>
Sent: Monday, January 9, 2023 7:26 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Testimony regarding the proposed administrative code change,

Dear Council Members,

I was unable to attend today's hearing and would like to submit the following testimony.

I would like to begin by noting that Medicare Care Advantage Plans (MAP) DO NOT offer better quality health care than does Senior Care.

I urge you to review the articles below which demonstrate that the MAPs are a-DIS-Advantage Plans.

In addition, under the proposed administrative code change, the premium cost for NYC Retirees to remain in their current Senior Care Plan is a financial burden for many retirees whose NYC pension and Social Security benefits place them at the poverty level. It's a severe hardship.

Therefore, I urge you to vote NO on amending the Administrative Code and as an option, if the Code is amended consider grandfathering retirees so they can remain in the Senior Care Plan without the added expense of higher premiums.

Thank you for your consideration.

Arnie

Arnold Korotkin, NYC Retiree (1972 - 1999)
NYC Department of Mental Health, Mental Retardation and Alcoholism Services

[Senate Report Highlights Widespread Medicare Advantage Marketing Misconduct – But the Driving Forces of Misconduct Are Broader](#)

[Deceptive Marketing Practices Flourish in Medicare Advantage](#)

[How Medicare Advantage Scams Seniors | Opinion](#)

[‘Advantage’ plans are eroding Medicare’s mission | Letters](#)

[U.S. Health Officials Seek New Curbs on Private Medicare Advantage Plans](#)

[Medicare Advantage: Higher Premiums Don't Always Mean Better Care](#)

[Medicare Advantage: A Disadvantage for Complex Cancer Surgery Patients](#)

[Letter to CMS about Medicare Advantage](#)

[Nursing home surprise: Advantage plans may shorten stays to less time than Medicare covers](#)

From: arnold wechsler <arnoldwechsler@yahoo.com>
Sent: Wednesday, January 11, 2023 8:18 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Fwd: admin code 12-126

Below is my testimony for the City Council on the proposed changes to Admin. Code 12-126

I am a retired Deputy Commissioner of the NYPD. I worked for the City for 41 years. While I could have made more money in private industry, the security of a civil service job, pension, and health insurance for retirees allowed me to stay in the NYPD. Now the unions, and OLR is trying to convince you to throw us under the bus by forcing us into a Medicare Advantage Plan. This is not in our best interest. None of these plans compare to traditional Medicare with the supplemental coverage the City provides. The courts have agreed that this plan violates our rights, is in violation of the Admin Code, and is hurtful to people who are not dues paying members of a union. The unions want you to go behind our backs and punish us. This is not right and is not fair. Please don't be a pawn of OLR and the unions. Let me leave you with one last thought. Someday, you too will retire. The action you take today, will come back to personally haunt you when you retire. If you change the Admin Code 12-126, you are not only hurting me and the thousands of other retirees, you are HURTING YOURSELF.

Sincerely,
Arnold S Wechsler

My NYC Council Testimony

Hello and thank you for hearing my testimony on an important matter that not only affects retirees but eventually all active civil servants including yourselves.

My name is Arthur DeCesario and I am retired from the NYC Department of Parks, I'm now on traditional Medicare after having worked 33 plus years.

I want to share a very personal and painful time in my life. My daughter, at age 23, was diagnosed with stage 4 colon cancer, she was given 2.5 to 5 years to live. At that time I was younger than 65 and not on Medicare. I immediately knew then that my daughter had a limited time - to age 26 - to remain on the exceptional city health plan that I had earned. I thanked God every day that I could give this to her.

During those cruel and painful days of her life, she received the best and finest health care from Memorial Sloan Kettering and Cornell Presbyterian Hospitals. Why does this matter and why do I bring this to your attention here and now? I knew her best medical care would rely on uninterrupted and doctor prescribed timely treatment, chemotherapy, radiation and drug

regimens from her medical team without any delays from back room corporate approval consultations.

I was so desperate to ensure giving her superior medical treatment continuously and beyond her turning 26 that I actually acquired mine and her Italian citizenships so that when she did turn 26 we would be prepared to move ourselves to the EU to ensure her continued, uninterrupted medical care. Any parent will do whatever it takes and whatever the cost to save the life of their child.

Moving retirees into Medicare Advantage Plans would separate us from a doctors direct care and place us before a for-profit private corporation who decides if certain treatments are necessary. No one wants a committee to be reviewing a doctors plan of treatment based on a profit margin chart as Advantage Plans are built upon.

Sadly, my daughter died in my arms in my home 3.5 months before her 26th birthday.

I'm still naive enough to believe that you, the Council Members before me, to have empathy and compassion for your fellow human beings. No one escapes the eventuality of death, no one knows what health challenges one will face as you near your own death and the

last thing you want is to be held hostage by a healthcare corporation rather than your own selection of a doctor, a hospital, and a treatment plan. I want a medical professional guiding my healthcare and not a CEO of a company who reports to a Board for his or her raises and must present the newest ideas to them to make even more money for their corporation.

There have been numerous news articles already published bringing to light the financial scandals by Advantage Plans. I bet that retirees and NYC will be paying bloated fees once these companies secure their contracts

Keep our exceptional health plan - Medicare with Senior Health Care were my choices. Don't force us into a plan that we never bargained for during our years of service. We have no Unions that represent us. This Admin. Code is all we have. Do you really want to eliminate the only health protection law that we have? If you do, think about what future administrations may do next when there is no law. A slippery slope indeed.

If you vote to eliminate this law then you will eliminate our choice, our protection and our earned right. Please protect your elders at the most vulnerable time of our lives. This is your moment to be brave.

Thank you.

Arthur DeCesario
Maryland Ave
SI, NY 10305

I cannot attend in person because I will be teaching the children of New York City during your hearing. However, I published the following in the NY Daily News on Saturday, January 7, 2023. You need to protect city workers and refuse to change the code:

There was a joke in the movie “Sleeper” about how UFT President Albert Shanker started World War III. Our current union president, Michael Mulgrew, won’t be starting any wars. In fact, Mulgrew is now battling to have the city pay less toward our health care. What’s next? A strike for more work and less pay?

Union can be a powerful thing. It empowers working people. It raises pay for union workers, which tends to raise pay for non-union workers as well. Union enables weekends, child labor laws and workplace safety regulations. There are reasons why wealthy corporations fight us tooth and nail. Without union, they can hire Americans at minimum-wage with no benefits.

Mulgrew wants to move all city retirees backward from Medicare to a distinctly inferior Advantage plan. Far fewer doctors take Advantage plans. If Mulgrew gets his way, retirees will have a NY-based plan like we working teachers have. Retirees, unlike working teachers, often live elsewhere. If they do, they’d better not get sick.

As a working teacher, I’m good in New York, but outside this area I’ll find few to no doctors that take my plan. In fact, while trying to persuade me that Advantage would not be so bad, a union official told me he lived in Jersey and had a hard time finding doctors who accepted our plan.

Then there are the pre-approvals. When you’re over 65 and having a health crisis, you probably don’t want CVS/Aetna deciding between your health and their profit. Mulgrew says there

will be a quick appeal process. But what if you lose? Is dying quickly now a benefit?

It's tough being union when your leaders actively campaign for management. You'd think they'd campaign for improved health care at a lower cost to us. Instead, they've gotten the City Council to hold hearings on changing the law so the city could contribute less.

This all stems from a 2018 Municipal Labor Committee deal. Rather than insist the city pay us cost of living raises, the MLC geniuses agreed to fund them ourselves, via health care cuts. On Oct. 12, 2018, Mulgrew **told the UFT Delegate Assembly** his deal would result in no additional copays. Time has proven that untrue. He also promised no significant costs to union membership. Yet any couple wanting to keep traditional Medicare, under Mulgrew's plan, will pay almost \$5,000 a year.

How can we trust our leaders when they clearly don't know what they're doing? Are they simply incompetent, or outright lying?

Rank and file had no voice in the MLC deal that was done behind closed doors. It seems the backroom dealing continues. Weeks ago, **the Council was "lukewarm"** about revising 12-126, which sets a minimum the city must meet for our health care. Now, they've done a rather sudden and spectacular turnaround.

What has changed? I can't help but suspect my union leadership, along with others, quietly reached out. Maybe those union contributions would slow for Council members who voted to uphold health care contributions. After all, it isn't us, but rather leadership holding union purse strings. And will Council members get funding from Mayor Adams for their pet community projects if they don't vote his way?

Mulgrew wrote us an email saying we would have to pay \$1,200 a year if we didn't change the law and screw our retired brothers and sisters. This is a classic zero-sum game. America has never achieved universal health care because that's how it's presented. If we give *those* people health care, it will damage *yours*. Frequently based on racism, Americans accept these ideas and thus reject proposals that would improve things for all of us.

A fundamental notion of union is that a rising tide raises all boats. Rather than embrace that notion, Mulgrew threatened us. If we didn't support diminished health care for retirees, our own health care would be diminished. By pitting one union faction against another, Mulgrew and other union leaders took a fundamentally anti-union position.

Union ought not to be in the business of abbreviating health care for its members. Union ought to be in the business of not only expanding our care, but also ensuring the rest of our community enjoys the same benefits we have. That's why it's sorely disappointing that **Mulgrew opposes the New York Health Act**, which would provide health care for all New Yorkers. Rather than work out differences with its sponsors, UFT takes shortcuts. In doing so, we hurt the most vulnerable of my union brothers and sisters.

First they came for the retirees. And if you don't think they're coming for current employees next, I have a lovely bridge in Brooklyn to sell you.

Arthur Goldstein

Dear Council Members: thank you for taking the time to review my testimony.

I retired from NYC Parks and Recreation in 2008 after working for over 35 years. For over a year I've been watching this so-called healthcare crisis unfold. And the Administration and MLC are the joint stakeholders looking to gain at the expense of the Retiree healthcare benefits. By amending the Administrative Code I can guarantee you us retirees will have substandard healthcare benefits that will also cost us more money. Many of your constituents have retired from City service with small pensions and can barely afford to live in New York City without having to coughing up money in order to maintain the level of care they currently have. A privatized plan will introduce more gate keepers into the mix. Don't we have enough of them now. Last month alone I had to appeal a denial to get an MRI that was ordered by a specialist. For Profit private Medicare Advantage plans must make a profit; even if it is at the expense of disallowing certain treatments and requiring pre-authorizations and possibly more co-payments.

I urge you to immediately stop moving toward changing the Administrative code and tell the Administration and the MLC that this cookie cutter solution is only a temporary band aide that will only hurt tens of thousands of retirees.

To help the City reign in costs, I ask that you recommend that all interested parties come together to form a Blue Ribbon panel to look at other options of which there are many. The groups that should be involved would be the major retiree organizations, Public Advocates Office, Comptroller's Office, MLC, NYC Organization of Public Retirees, the City Administration and of course, the City Council. There are alternate means out there to save the \$600 million dollars that the City so desperately needs without imposing premiums and or eliminating regular Medicare.

I was a City worker in 1975 when the City was literally broke. The City, the Unions and even us workers pitched in to work through it and the City made a big come back. This healthcare issue can be resolved without drastic changes in our healthcare benefits Thank you for listening.

Arthur J Pirozzi

From: AUDREY BUECHNER <audjoa2011@aol.com>

Date: January 6, 2023 at 5:39:11 PM EST

To: Joanne Penkava <audjoa2011@aol.com>

Subject: PROTECT ADMINISTRATIVE CODE 12-126 ... PROTECT RETIREES

My name is Joanne Penkava and I am an NYC, UFT retired teacher PS 76Q, District 30 for 25 years.

The SCHEINMAN REPORT is not legally binding - there is no arbitration and no arbitrator. SCHEINMAN does not have jurisdiction over this. Protecting Administrative Code 12-126 is protecting retirees, and there are other ways to find savings without having to STEAL from retirees who are no longer in city service. Medicare advantage is not traditional Medicare, which will harm me and retirees as well. I did not expect that my healthcare be stripped away in retirement Aetna, Medicare plan that you are concocting does not give us choice and that this choice of paying for what we already have for 55 years is not a choice for many of us.

Tapping the health insurance, premium STABILIZATION FUND was a fiscal "GIMMICK" that only postponed the tough decisions needed to address the underlying causes of the cities financial predicament (through their own fault) - STEALING \$600 MILLION DOLLARS from the Stabilization Fund which will ultimately and inevitably hurt the most medically needy... 250,000 NYC retirees, so they tapped into the Health Care Stabilization Fund to give teachers raises in which unions agreed to find ways to save \$600 million dollars a year in health care costs. To take from Peter to give to Paul (in this scenario) is disrespectful, unethical, unprincipled, shameful and just plain immoral. When I was hired, I was promised and guaranteed my health care throughout retirement would remain status quo. Many retirees are unaware of this "Bait and Switch" ordeal as Mayor Adams first put it when he became Mayor. Retirees have served our time as EMPLOYEES and have a right to enjoy our time as RETIREES with proper care that we earned and paid for. PROTECT RETIREES - PROTECT 12-126
Sent from my iPhone

My name is Ava Sterling. I was employed by the City of New York for 28 years. I am also a world trade center survivor. When I retired in 2012 I was promised free health insurance for the rest of my life. It was guaranteed by 12-126. I have multiple health conditions as a 77 year old. It is already a burden for me to pay all the 15.00 copays. However, going back on what I promised and charging for health insurance or giving me a lesser MAP policy will probably have an even worse effect on my health. The arbitrators "opinion" is not legally binding. There are other more feasible ways for the city to gain income. Please do not vote yes to amend 12-126.

PROPOSED HEALTH CARE PLAN CHANGES
CITY COUNCIL HEARING JANUARY 9, 2023

Good Morning. Thank you Speaker Adams, Chairperson De La Rosa, and members of the Civil Service and Labor Committee for holding this meeting to hear testimony on the proposed change to the Administrative Code, 12-126.

My name is Barbara A. Backer RN. I am a registered professional nurse, have worked in Bellevue Psychiatric Hospital both as a clinical nurse specialist and administrator, and retired from Lehman College, CUNY as Professor of Nursing Emerita. I have practiced in NYC most of my professional life. I am a voting constituent in Council District 2, and follow events in neighboring Districts 1 and 3.

I speak in opposition to the proposed Administrative Code changes that would clear the path for the city to implement a Medicare Advantage plan for city employees or charge monthly premiums of roughly \$200.00/month to retirees who opt to remain in the current Senior Care plan. This proposal is contrary to what the city promised us upon our retirement and effectively leaves those of us who do not choose the Medicare Advantage plan and cannot afford \$200.00 per month without health insurance when we are at a time in our lives when we are most vulnerable to health challenges. Just think COVID

In addition, for many of us our current trusted health care practitioners and specialists who have provided both preventive and life-saving care for us over many years and accepted payment from our current city health care plan may indeed not accept payment from a Medicare Advantage plan. Those of you, or a friend or family member, who has received mental health care, or undergone open heart surgery, know how important it is to build and have a trusting relationship with your practitioner. This does not happen overnight nor can it happen with frequent change of providers or denial of specific referrals.

We can not move people similar to the movement of packages in an Amazon warehouse, moving them along from one distribution center where the distributors don't accept packages requiring a certain postage and delivery time and to another center where the delivery time is not so fast but eventually happens, although the packages may have experienced some damages because of the delay. Unfortunately no one at that center knows what to do about that.

We can do better than this.

PSC CUNY has presented a proposal that "boils down to a few key steps that the Adams administration and the City Council can take: (a) Redirect funds the City holds in reserve to keep the MLC Stabilization Fund solvent for three years, (b) Create a stakeholders commission charged with finding a path to control health care spending, with hospital pricing as a priority, and (c) Develop a sustainable mechanism for funding City health insurance." Please Vote NO on the Administrative Code change and urge the Mayor to go back to the bargaining table and find a better solution!

Testimony of Barbara Caress, Baruch College faculty and PSC member, before the New York City Council Committee on Civil Service and Labor January 9, 2023 Re: Intro 0874-2023 Health insurance coverage for city employees, city retirees, and their dependents

I am Barbara Caress. I teach health care policy to students in Baruch's MBA program in Health Administration. I am a proud member of the PSC.

I want to talk about Medicare Advantage.

I will make two points: (1) Traditional Medicare and Medicare Advantage are not the same. (2) There are no subsidies from the Feds paid to MA plans.

Traditional Medicare controls cost by fixing prices. Medicare pays according to fee schedules. Almost every hospital and 97% of doctors accept the price Medicare sets as payment in full. No balance billing. With minor variation, Medicare pays the same amount for a doctor visit in NY as in Mississippi.

Medicare Advantage insurers control costs by limiting access to doctors and hospitals, procedures, and diagnostic testing. They create networks with which they have negotiated lower payment rates. Unlike Medicare, those rates can differ among providers in the same city. About 70% of physicians participate in one or another MA plan.

More expansive MA PPOs, like Aetna's, pay out-of-network providers according to the Medicare fee schedule. But they discourage use by imposing much more onerous paperwork requirements on out-of-network providers. It is this fact, for example, which has led the Mayo Clinic to inform its patients in Florida, Arizona, and Minnesota that it will not participate in MA. Mayo refuses to require its doctors seek an insurance company's approval before deciding on diagnostic testing or treatment. Nor are they willing to risk a post treatment denial and refusal to pay.

Provider directories are always out of date. The only way to know if a doctor is in or out is to ask. And even then, there is no guarantee that a doctor will still be accepting MA when you need her care.

We know that MA works for most retirees most of the time. But when it doesn't, the consequences could be catastrophic – no access to the doctor or treatment that might save your life. That is the nightmare of NYC retirees.

Another difference is how much MAs spend on medical care. The Federal government does not subsidize Medicare Advantage. The Feds base their MA payments to insurance companies on the amount it expects to spend on medical care for patients in a community – in our case about \$1,200 a month.

By limiting access to expensive services and negotiating favorable reimbursement rates, MA plans spend only 60% to 70% of their CMS allotment on medical care. They do it without the burdensome deductibles which Medicare passes on to beneficiaries. People enrolled in MA plans do not need supplementary insurance like Senior Care.

There is no secret sauce that NYC is smartly dipping in to. Medicare Advantage costs less because insurance companies spend less on medical care.

Thank you for this opportunity. I would be happy to answer any questions.

From: Barbara Chirse <outlook_1AB1DE9F648D784F@outlook.com>
Sent: Friday, January 6, 2023 8:07 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Maintaining non-Medicare Advantage Options for Retirees

I am writing as the spouse of a NYC Board of Education teacher. My husband retired in 2000 after 34 years of service. I am imploring the City Council to keep in place the current health care option many of us have chosen vs. forcing us into a Medicare Advantage plan which is inferior to our current plan. I have been diagnosed and treated for 2 cancers within the last 5 years which, thankfully, were caught in the early stages when treatment options did not devolve into more costly ones. Were diagnosis delayed, that would have been the case. Early detection and intervention was the key here to avoid massive after-care costs. That is because decisions were not delayed by needless pre-approval processes by non-medical personnel and resulted in surgery and monitoring vs. costly pharmacology and long-term chemotherapy. I have passed the 5-year cancer free period for my first diagnosis and am in the middle of a cancer free period for the second.

I feel strongly that this outcome would have been different if cost saving were the primary goal – again of non-medical personnel.

Please honor the promises made to retirees who, like my husband, chose an honorable profession with lesser compensation because he was assured that his retirement would be rewarded via excellent health coverage. Do not approve amending Admin Code 12-126.

Thank you in advance for what I hope will be a favorable response,

Barbara Chirse, wife of Alan J. Barry

My name is Barbara DiLonardo. I am 78 years old. I lived in Brooklyn, New York for 71 of those years. I worked most of my adult life starting from when I was 16 years old still in high school.

In early 1994 I took a job with the City University of New York (Kingsborough Community College.) Working a “City job” was the best decision I have made. The pay was not as competitive as jobs similar to mine in the outside job market but the benefits were something all City workers came to rely on.

When I retired at the end of December 2006 I was not yet old enough to qualify for Medicare but my medical benefits were intact. At 65 years old I enrolled in Original Medicare and GHI became my secondary insurance paying the 20% of what Medicare did not pay.

In late 2015 I moved to California where my daughter and family reside. (She felt it would be better that I be closer to family as I aged.)

There are far less doctors here in California than In New York and it wasn’t easy to find doctors since most medical practices accept only a certain amount of Medicare patients. I have been with my doctors now since 2016 and everything was going fine with my Original Medicare and Senior Care coverage until the decision was made to change retirees medical coverage to a Medicare Advantage Plan. When that failed retirees we imposed the financial burden of a \$15.00 co-pay through Senior Care every time we see a doctor.

PLEASE DO NOT AMEND ADMINISTRATIVE CODE 12-126. Not only will this be a financial burden on all retirees but I don’t know if I will be able to find doctors if my medical coverage is changed.

Thank you.

January 11, 2023

WRITTEN TESTIMONY TO THE NEW YORK CITY COUNCIL COMMITTEE ON CIVIL SERVICE AND LABOR

To: Chairperson Carmen De La Rosa and Committee Members

From: Barbara Gartner, Brooklyn NY 11201

I am an 82-year-old retired member of both the UFT and PSC/CUNY, a former teacher at George Westinghouse High School and adjunct at several CUNY colleges. I am writing to urge you not to amend the New York City Administrative Code.

The Adams administration is trying to change the City Administrative Code to allow the city to increase costs and cut benefits in the future for all workers on NYC's medical coverage. It is starting by trying to force retirees and their families out of Traditional Medicare (Senior Care) into a Medicare Advantage Plan. As I understand it, this move is the administration's response to a judicial decision that NYC, under Section 12-126 of the Administrative Code, cannot pass the cost on to retirees who choose to stay in our present Traditional Medicare plan rather than move to a Medicare Advantage plan, since the \$191.57 cost is well below \$776 a month, known as the H.I.P.-H.M.O. threshold. And I understand that if the Code is not changed, Mayor Adams has threatened to simply remove the option of our present health plan, forcing us all into a Medicare Advantage plan, which (1) may not be legal and (2) is an attempt to blackmail the Council into amending the Code. I am confident that the Council will make up its own mind on the matter, ignoring this attempt to usurp your decision, And I urge you not to amend the Code

As you know, when the city first offered a Medicare Advantage plan last year, so many retirees opted to stay in our present Traditional Medicare plan rather than move to the Medicare Advantage plan (despite the new charge of \$191.57 per month to remain in what had always been a premium-free plan) that Anthem/Empire, which had been selected to administer the Medicare Advantage plan, pulled out. Apparently, the city is now negotiating with a new provider - AETNA -- for a Medicare Advantage plan.

Why did tens of thousands of retirees opt out of the Medicare Advantage plan? Because of our experiences and those of others we know with such privatized, for-profit plans. In my own case, my primary concerns were lack of access to some medical personnel and the requirement of preauthorizations from the insurance provider for many, if not most services.

I am a small cell lung cancer survivor, having lost part of my right lung in 2009. I was fortunate to obtain prompt and excellent treatment at Memorial Sloan Kettering Cancer Center. After an x-ray showed a suspicious nodule in my lung, I had, without pre-approvals, further diagnostic procedures and surgery to remove the lower and part of the middle lobe, followed by chemotherapy. Small cell lung cancer grows rapidly, and typical life expectancy, which is low, depends on the stage at which it is treated. I attribute the fact that I am here today to write this to the excellent medical response to my cancer and to my NYC Traditional Medicare insurance plan that made it possible.

In contrast to my experience, a good friend who recently discovered a lump in her back has gotten a runaround from her insurer, a plan that requires pre-approvals. When her doctor ordered two MRIs, it

took a month and three appeals for the insurer to approve even one of them. She still has not received approval for the second. Meanwhile, a cancer could be growing to a more serious stage while she waits for approvals. This year, the Health and Human Services Administration's Inspector General reported "widespread and persistent problems related to inappropriate denials of services and payments" among Medicare Advantage plans.

So last year I had no question that I wanted to remain in my NYC Traditional Medicare plan, even if it meant paying \$191.57/mo in premiums. I could get care quickly, and I was assured that I could go to Sloan Kettering, assurances that I did not have with the proposed Medicare Advantage plan. But I also realize that many NYC retirees on modest pensions simply cannot afford these premiums, and according to Section 12-126 of the Administrative Code, they should not have to. So it is important that the City Council preserve Section 12-126 and all retirees' access to a Traditional Medicare plan.

The proposed changes in the City Administrative Code would allow the City to put different groups of active and retired employees into different health insurance plans and pay only whatever those plans cost, even if it is less than the cost of HIP-HMO. Instead of changing the law that has supported city employees' health care for decades, NYC must find another way to deal with its current financial issues. Instead of breaking a 55-year covenant with its workforce that guaranteed retirees full Medicare coverage, with the city picking up the 20% of costs that Medicare does not, NYC must protect its retirees and look for creative solutions to the problem of spiraling healthcare costs. The Professional Staff Congress/CUNY has proposed a three-phase plan to do this, as outlined in the testimony to this Committee of Dr. James Davis, PSC/CUNY President. I second Dr. Davis in urging you "to take a bolder and more thoughtful approach than a change to the Administrative Code."

Thank you for your consideration of my testimony on this important issue for so many older New Yorkers..

Barbara Gartner

From: a b <bookquilt@hotmail.com>
Sent: Thursday, January 12, 2023 7:56 PM
To: Testimony
Subject: [EXTERNAL] Administrative Code 12-126 proposal

I am writing in opposition to any changes to Administrative Code 12-126. Retaining 12-126 is the only thing that will protect my access to needed health care as a retiree of the public school system.

I was still in service in NYC public schools during the last contract round in 2018. When it came time to approve the result of contract negotiations with the city, teachers were asked by the UFT to approve a contract with blindfolds on. Unlike previous years, UFT members were not shown a complete list of particulars, usually a memorandum of agreement which outlines the changes the members would approve. Details were rather limited. There were some casual mentions of health care costs savings down the road, and some very unsettling rumors. Those of us who raised questions were provided bland but vague assurances. As I could not get my questions answered satisfactorily, I voted “no” on the proposed contract, and urged colleagues in my building to do the same. Contract passed.

This issue came back to haunt me around Labor Day, 2019. I went to my doctor for another knee shot. His care had kept me mobile, active, teaching, and enjoying life. I was informed that the medication we had successfully used for the last three years was not allowed for NYC employees. Of course, there was no advance information about this from the City of NY, the Office of Labor Relations, and worst, my own union, the UFT. The health plan required I receive a cortisone injection if I was to be treated at all. This was contraindicated because of long term use of another medicine. City and health plan did not care. I submitted to the alternate injection. I resolved to try to get through this, since I was looking toward retirement by June, 2020.

A month later I found myself with a seriously damaged joint, barely able to get out of bed, and calling in sick several times a week. My doctor had no control over the reduction in the health plan. He told me the only way to get the medical care I needed was to retire and move to Medicare as my primary provider. I tried to work through my discomfort, but I was not functional, and in serious pain. One day in October, I walked out the door and never went back. I was simply in too much pain to stand up and teach. Not a happy way to take leave of students, friends and colleagues I admired and loved! Retired immediately. Fared much better on Medicare.

And then Office of Labor Relations, City of NY, Municipal Labor Committee, and my dishonest UFT leader, Michael Mulgrew dropped the Medicare Advantage Program bomb! They had never stopped working on stealing my guaranteed healthcare, but kept it underground for several years. UFT members have been subjected to a misinformation campaign on Medicare Advantage plans that stacks up to lies, lies, and more lies, and approaches the criminal in my book.

I heartily endorse the actions taken by NYCRetirees.org in behalf of retired NYC employees. I believe the in-service employees are entitled to quality benefits, too. I am heartened by the result of actions taken in our behalf by this pro-active group. We need the opportunity to resolve this and make a future of secure health care services for all NYC employees. Alter 12-126, and you, too, as well as your staff and associates, will be denied quality health care.

I fear for many of my former co-workers in the school system. For schools aides, food workers, paraprofessionals, deductions of \$4800 or even \$2400 per year mean living an old age of lifelong poverty. We all need genuine, portable, Medicare to live a decent healthy retirement. We all paid for it!

I do not want to live in pain for the remainder of my life!

Do not touch 1-126 in any way!!!

January 12, 2023
Barbara Hull

Bayside NY 11361
NYC retiree / Board of Education

all

My name is Barbara Kotin, 85 years old, and a retiree of NYC Board of Education (30 years of service). I started teaching in New York City when salaries were very low but continued there compensated by the guarantee of benefits today.

I have maintained good health, availing myself of timely and recommended check ups and vaccinations, etc. Medicare/EHI benefits have been very satisfactory and I strongly oppose any change or modification of administration code 12–126. I advocate to preserve code 12–126. Any changes will negatively affect healthcare for New York City retirees who require the most at this latter stage of life. I subscribe to “if it ain’t broke don’t fix it”.

MAP plans which require prior authorization are detrimental to health issues which require immediate attention. When I had a serious fall and I was taken to hospital recently I received immediate attention with scans, x-rays and neurological tests. No questions asked! Immediate attention resulted in a full and successful recovery!

This is the kind of medical insurance we retirees were guaranteed and we need it to be continued. To alter guaranteed contracts is unprofessional and an irresponsible, putting pressure on elderly retirees with limited technological skills and it is unfair and dishonest since many are unable to advocate for themselves

Council members must consider these hardships and vote to preserve code 12–126 and maintain the health benefits plan as it is.

Thank you for your kind attention to the life saving matters.

Sincerely,
Barbara Kotin

Dkotin@optonline.net

January 8, 2022

Dear New York City Council Speaker
Adrienne Adams:

Thank you for the invitation to provide testimony relating to the backroom deal made between a mayor of the great City of New York and underhanded union leadership representing and past dedicated employees who had sacrificed decades with their undying service to the city they love....or should I say LOVED!

Councilmembers on both sides of the aisle, wonder no more as to why thousands of New Yorkers are leaving this once great city.....I can tell you why I am contemplating such a move.....gone is the leadership of an Al Shanker & Fiorella

LaGuardia....gone is the respect for senior citizens.....gone is the unity we once had for the working man and woman.....only to be replaced by politicians and others in leadership positions pitting one group of teachers & administrators....those promised higher salaries if this deal goes through.....and those seniors who gave their all with the promise of never having to worry about losing Medicare until the day they died...and for some of us....sadly, that day is not too far away! How dare they!

I, Barbara S. Larkin, was not only an educator in NY City since 1970. I was a union representative. At the time I was proud to hold that position. Al Shanker had been replaced with Sandra Feldman who had taken a picture with me and Chancellor Crew at a luncheon celebrating the

paraprofessional in my classroom whom I had nominated and was eventually chosen recipient of an award for outstanding service.

I worked hard despite my ridiculously low salary, paid huge union dues, and became very well respected in my school community.....when the day came for me to retire, I had mixed feelings. I gave my all to my profession I loved and was now ready to enjoy the results of my hard work, knowing full well that I never had to worry about my healthcare. I would have Medicare and emblem health and despite the inevitable....becoming ill at some point....I did not have to worry. After all....I was a member of the United Federation of Teachers, and medical care would never be an issue. Sure, I may not have had the

finances to travel the world since my salary in 1970 was barely adequate, but I knew the City of New York & my union would take good care of me in my later years and continue to provide what was promised Medicare when I reached the age of 65 and free or affordable secondary coverage should I choose the high option rider provided by Emblem Health. Unfortunately, word began to spread that serious negotiations were occurring that would change all that!

Perhaps the present Mayor should speak with successful elected officials who have a long history of effective negotiation yielding legislation ENHANCING the lives of senior citizens they represent such as Senators Chuck Schumer & Kirsten Gillibrand, as well as Congressman Meeks, all of whom helped

those negatively affected by Super Storm Sandy including my then 91 year mother. Perhaps the Mayor should seek the advice of newly appointed Congressman Hakeem Jeffries who has garnered the support of all democrats in the House of Representatives. My mom, who was almost 101 before she died last year, was a New York City retiree who was fortunate to have coverage as a result of her being a member of DC 37. I took great care of her until the day she died last year. I shudder to think how long she would have lasted had she had a Medicare Advantage Plan which would have necessitated getting permission for certain types of testing before having the OK to be performed. I can tell you from my experience seconds count when anyone is struggling for breath. This wonderful woman who loved this great city was born

in Brooklyn near Ebbets Field on August 18, 1920, the day the 20th Amendment was ratified. Had it not been for one member of Congress who changed his vote at the behest of his mother who had written to him the day before the final tally, this important piece of legislation giving women the right to vote, would not have been enacted. Please share with the mayor the following: “Mayor Adams....I know your hard working, loving mother would not approve of what you are insisting the members of the City Council enact. Make her proud! Think outside the box! Effectively negotiate with those with whom you have surrounded yourself, and together come up with alternative ways to save money! Be a THINKER who truly truly cares about seniors who gave their all to our great city! Allow those who were promised

Medicare to be able to enjoy the last remaining years/months/days of their lives without worrying about different medical coverage. Do not insist Local Law 12-126 be changed! Make your mother proud! Do the right thing! Your legacy demands it!

Speaker Adams, thank you again for allowing me to testify via written communication. Had I not had a doctor's appointment on Monday morning I would have attended the hearing. Please urge your members to vote on the right side of history. Praying they do so.

Respectfully submitted,

Barbara S. Larkin

Cc





From: Barbara Oakes <yellowact2@earthlink.net>
Sent: Wednesday, January 11, 2023 10:03 PM
To: NYC Council Hearings
Subject: [EXTERNAL] 12-126 Council please do not amend it.

Dear Council members,

My name is Barbara Oakes.

I live at _____, New York, N.Y. 10011.

I began teaching for the N.Y.C. Bd. of Ed. in February, 1970 as an above quota teacher in P.S. 42 M. I had taught two years and 2 months before that in Rochester, N.Y., Youngstown, N.Y., and East Patchogue, N.Y. starting in March, 1967. I taught and substitute taught in elementary schools from February, 1970 until I retired in 2009 having spent my last 28 years teaching in P.S. 124M as a kindergarten teacher for 8 years, a 2nd grade teacher for 7 years, and finally as a reading recovery teacher for my last 12 years. I retired with almost 40 years of teaching in September, 2009.

My councilman is from District 3, Eric Bottcher.

Do not amend NYC administrative code section 12-126. Vote no on that. We need the protection of that code that was passed in the 1960's. Let our lawyers fight the mayor about this. We won before so the mayor wants you to change the code so he does not have to listen to the law.

I have doctors from N.Y.U. Hospital and Mount Sinai. They will not take any Medicare Advantage plans. They are following a tumor and 3 cysts that I have right now. I had to have a shoulder replacement this past May because a man on one of those long buses pulled me on the bus by my shoulder because I was having a hard time pulling myself up. After that I was not able to lift the arm at all. I also have other things the doctors check on and I need to keep the doctors that I have for continuity and follow up. I had to have many MRI's and blood tests and other things which would have to be pre authorized under a Medicare advantage plan which would make things very difficult for me. I do not want money paid to a private company to make decisions about my health care. I want my doctors to advise me and speak with me. I am single and take care of myself at 78 years of age.

President Reagan actually started working on Medicare Advantage when he was President. He was a Union buster and a republican and didn't much care about regular people.

Michael Mulgrew did not consult the retired teachers or those teachers still working now about the change he decided to make in the health care for the retired teachers. Administrative 12-126 protects the retired teachers and all N.Y.C. Retirees health care. We all need the choices we had originally for health care when we retired. When I retired I depended on the promise made to me about choosing my health care and changing it in the future if and when I might need to. Maybe I might need to live near niece's and nephew's in the future . Who knows? No one in our country should have to take Medicare advantage if they don't want it. Medicare with a medigap plan for the extra 20% is what people need. Also the extra money asked for for the senior care plan is not able to be paid by many people with a low amount of retirement. Please vote no on amending code 12-126 .

Thank you very much for reading this.

Sincerely,

Barbara Oakes

From: rasprise@epix.net
Sent: Monday, January 9, 2023 8:12 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Proposed change to retirees healthcare

Dear City Council Chair et. al. ,

The proposed (ironically) disadvantages of a Medicare Advantage plan replacing our (retirees) Medicare with supplemental coverage healthcare has kept me in a state of angst for the past year and a half. When you are my age and have a lot of doctors (unfortunately) you don't want to have to change them because they won't take Medicare Advantage, "It's too much trouble." You don't want to have to worry over and wait for pre authorization. You don't want your healthcare compromised because the City all of a sudden has to save money.

The outrage of the City trying to change a law because it's retirees won in court. The outrage of the City making retirees all of a sudden pay \$15 for every component on every doctor's visit. I wound up paying \$60 for one doctor's visit recently. I see this as punishment by the City. The propaganda that has been spouted about how wonderful the Medicare Advantage plan is and how much the concern is for retirees healthcare, how those trying to take our healthcare away only want the best for us. It's such an insult to us that the city thinks us too stupid to see what's happening and thinks so little of our service that their impulse is to sacrifice us to the Gods of industry.

My anger knows no bounds. My anxiety is over the top.

Barbara Scott
Rasprise@epix.net
Retired NYC Teacher

Barbara Turkewitz
turkewitz@gmail.com -

Opposition to Int. No. 874
City Council Committee on Civil Service & Labor
January 8, 2023

I am here today to oppose changes to 12-126. I worked as committee staff for the City Council for about 12 years, and then for NYCHA, where I worked on internal policies and procedures for almost 14 years. I say this both as a retiree and as someone who has been involved with public policy for more than 30 years. Passing this legislation is bad for a number of reasons:

1. **It is Unethical** - Union presidents taking retirement benefits from retired-city workers, who they clearly do not represent to pay for wage increases for active workers is unethical if not illegal. The city supporting/relying on this immoral taking, when it's too late for these workers to make different career decisions, is unethical, if not illegal. Had we known we would not be getting health insurance comparable to what we had as active employees we might have sought out higher paying jobs in the private sector that would have allowed us to save more money for retirement/health care when we are old and most likely to need it.
2. **It is bad policy** - NYC sees itself as a progressive city with progressive laws. Putting a quarter of a million people into private insurance instead of government provided health care is going in the wrong direction. The government should be providing health services, like most of the industrialized world. We should be moving toward a single-payer system, not privatizing even more care.
3. **It's worse medical care** - Medicare Advantage has been shown to cost the federal government more money than Medicare because insurance companies are so good at re-coding to get maximum benefits. Meanwhile the health care they provide to people is actually worse because of pre-authorizations and rejected or delayed tests and treatments. Studies show that health outcomes for people on Medicare Advantage or worse than for those on regular Medicare.

I urge you to **vote NO** on this change to the Administrative Code. If the mayor is intent to changing the health care for retirees, please let him do it on his own and we will fight in the courts. There are numerous ways the city can save money, even self-insuring retirees would be cheaper and reasonable to administer. If you want to find savings put together a group of stakeholders, including retirees, doctors, hospitals, health analysts and economists, and we will find much better options.

Additional comments post-hearing:

I was really impressed with how many CMs attended Monday's hearing and I want to thank everyone involved with the hearing for allowing each and every one of us to testify.

I continue to be concerned about changing the section of the administrative code that guarantees a single standard for all active and retired city worker's health insurance. It was a very long hearing and I'm not sure at the end of the day any of us really understand exactly what will happen if we leave the code exactly as is. What I come away believing is that changing the code will open the door to creating different minimal, required health insurance standards, depending on status. I think this is a very dangerous opening and that even active city workers could potentially be required to accept lowered health insurance standards if the unions agreed. I also come away with a sense that nobody, least of all the retired teachers who came in to support their union's request for this legislative change, want the Medicare Advantage (MA) plan.

I find it quite telling that NO ONE testified in favor of wanting Medicare Advantage. The unions requesting the legislative change and the administration did testify that the Advantage plan they were negotiating would be terrific. I hope the MA plan they are negotiating is terrific and that many of us will want to shift over to that plan as it will be easier for us to administer and have fewer co-pays and lower deductibles.

Articles in the newspapers and medical journals indicate that MA plans have worse medical outcomes and that insurance companies are using them as cash cows, making a fortune, and ultimately they cost the federal government more than regular Medicare. If the retirees can show that the healthcare provided by the MA plan is inferior, there's a reasonable chance that the retirees will prevail in the courts, under the current law. But, even if the lawsuit fails and we are all forced into MA, it is likely that retirees who earn less will get better healthcare if the richer/more powerful retirees are in the same plan. If more affluent retirees get to reject the MA plan in favor of paying for their own Senior Care, leaving only those who are least able to advocate for themselves in the plan, those who remain in the MA plan will most likely get substantially worse healthcare.

For these reasons I really hope the city will continue to provide Senior Care as a free option, and I would encourage them to also provide the new Medicare Advantage plan as a free option. I hope City Council Members will exert their influence toward this end, and will also require the MLC/Administration to broaden the number/type of stakeholders at the table to evaluate the health insurance and make recommendations for changes to retiree health insurance plans (include retirees, doctors, hospitals and technical experts in healthcare and finance). We heard the MLC has performance

measures, but have no idea what they are, or whether they include health outcomes, ease of finding doctors, time to get appointments, etc.

Currently the MLC is dominated by DC 37 and the teachers union, in neither of which to retirees vote for union leadership. I don't believe that the MLC really represents retirees. I know they don't represent me. I was never a union employee, when I worked for the City Council we were all exempt, and when I went to work for NYCHA I was managerial. Union presidents ultimately work for other people who can elect them, and as many of us are not in any position to vote for union leaders we are not represented by them.

I would also like to suggest that the City Council do anything it can to encourage the state and the country to move toward a single-payer healthcare system. Such a system can reduce the city's financial burden and create a better healthcare system

I want to again thank everyone who came to the hearing, was involved with putting the hearing together, and who is now involved with evaluating the results of the hearing. I know this is a challenging topic because the Council does not have direct authority to negotiate any of what's in the healthcare plans. However, Council Members have bully pulpits and can reject a plan that would immediately create a two-tiered system of retiree benefits.

Committee on Civil Service and Labor - Opposition to Amending Administrative Code 12-126

From: Barry L. Kline (blk251@yahoo.com)

To: correspondence@council.nyc.gov

Date: Tuesday, January 10, 2023 at 06:09 PM EST

My spouse, Joan Kline, dedicated nearly 35 years of public service to the City of New York as an elementary school teacher, and then, after retirement, continued to serve the City of New York as a substitute teacher for 8 years. At the beginning of her career, she had many opportunities to work in prestigious independent schools; instead, she decided to work in public schools in both Brooklyn and then Manhattan. At one school, her principal took me aside and privately said "Your wife is the best kindergarten teacher in the school". While always earning a modest teacher salary she knew that, upon retirement, she would be GUARANTEED SPECIFIC HEALTH BENEFITS AS A NEW YORK CITY RETIREE. With this knowledge she never wavered in her commitment to public service and gave a total of 43 years of her life working for the City of New York.

TO FORCE MY SPOUSE AND ME ONTO A MEDICARE ADVANTAGE PLAN (OR TO FORCE US TO PAY AN ADDITIONAL \$400 PER MONTH OUT OF HER PENSION TO MAINTAIN TRADITIONAL MEDICARE AND EMBLEM HEALTH SENIOR CARE) IS A TOTAL BETRAYAL OF EVERY MINUTE, HOUR, DAY, WEEK AND MONTH MY SPOUSE SPENT WORKING IN DELAPIDATED SCHOOL BUILDINGS, SOME DATING BACK TO THE 19TH CENTURY, WITH WORKING CONDITIONS THAT CAN ONLY BE DESCRIBED AS ABYSMAL. MY SPOUSE BROUGHT HER OWN BREAKFAST AND LUNCH TO SCHOOL EVERY DAY AS THE CAFETERIA MEALS PROVIDED FOR STAFF MEMBERS WERE REVOLTING AND INEDIBLE. MY SPOUSE BROUGHT HER OWN TOILET PAPER, PAPER TOWELS AND HAND SOAP TO SCHOOL EVERY DAY AS THE STAFF BATHROOMS WERE A RELIC FROM THE 18TH CENTURY. EVERY AUGUST MY SPOUSE WENT TO STAPLES AND SPENT OVER \$300 OUT OF HER OWN POCKET - WITH MY APPROVAL - TO PURCHASE SCHOOL SUPPLIES SHE KNEW WOULD NEVER BE PROVIDED BY HER SCHOOL.

AND THIS IS HOW THE CITY OF NEW YORK REWARDS MY SPOUSE? BY THREATENING TO DENY HER, AND ME, WITH TRADITIONAL MEDICARE AND EMBLEM HEALTH SENIOR CARE AS WAS PROMISED AND GUARANTEED TO HER DECADES AGO???

SHAMEFUL!!!!

OUTRAGEOUS!!

DESPICABLE!!!

Do the right thing, City Council, and DO NOT AMEND ADMINISTRATIVE CODE 12-126!!!

Barry Kline (spouse)
blk251@yahoo.com

From: Barry Skolnick <barry_s_skolnick@yahoo.com>
Sent: Thursday, January 12, 2023 3:30 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Civil Service Committee Pertaining to Senior Care and the Proposed Changes to the Administrative Code

I do not want any changes to this part of the Administrative Code which has served us so well for many decades. Many retirees are frail and elderly with medical conditions and do not want any preauthorizations to add to their health care burden. Doctors complain about the paperwork burden of these plans and time delays. This is proven by surveys on Advantage plans by the Federal Government and others.

I live in Minnesota in Rochester, the home of the Mayo Clinic. Mayo Clinic has written to their patients in Florida and Arizona asking them not to use Advantage Plans. Moreover, when I checked with Aetna recently, they only sold Advantage plans in central Minnesota so if the City uses them, what happens to City retirees such as myself who live in Southern or Northern Minnesota? The plan burden would be unbearable. So please allow GHI Senior Care to be continued premium free and save the money from other efforts and not burden the sick, frail and elderly.

Sent from my iPhone

I urge the New York City Council to **reject** the Administrative Code Change 12-126.

New York City, like any entity, flourishes when its employees are treated well, with the respect, and the real value of contractually determined health care insurance. It's destructive to play loose with the critical needs of New York City employees and retirees. To solve the problem of health care costs, the City should be going after the hospitals for exorbitant charges, addressing the skyrocketing costs of prescription drugs, and auditing current insurance providers, not balancing the budget on the backs of workers and their dependents. There are other ways to contain costs, and the City should seriously consider them. Some cities in the United States self-insure. Some use the huge purchasing power of their municipal workforce to engage in collective drug purchasing. Some deal much more aggressively with hospitals that charge exorbitant rates. New York City is doing none of the above. I am a lifelong New York City resident and New York City Public School teacher.

Ben Morgenroth

Bennett Fischer
Brooklyn, NY 11226

**Testimony before the New York City Council Committee on Civil Service and Labor
January 9, 2023**

Hello, I'm Bennett Fischer and I'm a retired teacher with 29 years of service in our public schools, and I am a career long UFT activist, who is very distraught and very angry at the harmful position my union leadership is taking.

Most of us here are public service employees, and whichever city health plan we are enrolled in, the cost of that plan is protected by a defined price threshold set in a city law. If your insurance costs less than the threshold, you're covered. If it's more than the threshold, you pay up.

That's fair. The law applies equally to all city employees. It ensures a decent, and **equal** subsidy for the city health plan we choose. And it lets the most vulnerable among us stay on traditional, public Medicare - and doesn't force anyone into the private, regional, for-profit Medicare Advantage ecosystem. Why would you ever even consider taking our healthcare protections **out** of the law, and putting them into the hands of very few, very fallible, very self-interested politicians? New York City mayors and union presidents come and go. The law offers much more stability.

Keeping 12-126 intact doesn't mean we can't negotiate for quality healthcare, and savings. **Amending** 12-126 means we will be at the mercy of a few **men** in a room. I hoped we were beyond those days.

We dedicate our careers to public service, not for great pay, but to do good for our communities and our families. What we sacrifice in pay, we expect to make up in decent, stable benefits both in-service, and in retirement. Don't give away our legal protections. What we give up in law, we will never get back.

Bennett Fischer

Brooklyn, NY 11226

**Testimony before the NYC Council Civil Service & Labor Committee
January 9, 2023**

Hello, I'm Bennett Fischer and I'm a retired teacher with 29 years of service in our public schools, and I am a career long UFT activist, who is very distraught and very angry at the harmful position my union leadership is taking.

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From: Bernadette Chapman <bernadettesnotes@live.com>
Sent: Friday, January 6, 2023 11:25 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Conference 1/9/23 Retirees Healthcare

Everyone please treat us with respect that all NYC Retirees need. Save our healthcare! Also...please allow Retirees to choose the plans that they want!

Sincerely,
Bernadette D. Chapman, MA

From: BERTA GRAFFEO <bgcap@aol.com>
Sent: Monday, January 9, 2023 9:08 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Retirees health benefits

I oppose the amending of the code.

I think that the retirees' health benefits should stay as they are or the retirees be given a choice of plans. The deals that the city made with the unions to give raises to inservice members years ago was unethical.

Thank you

Sincerely

Berta Graffeo

Sent from my iPhone

From: Beth Ogbahon <bethogbahon@gmail.com>
Sent: Thursday, January 12, 2023 7:46 AM
To: Testimony
Subject: [EXTERNAL] Vote no on changing 12-126

Dear Council Persons,

Retired city employees should get the health care they were promised when they choose to work long and hard for our city.

I am very concerned that once this administrative code, 12-126, is amended, it will be harder for retirees to access the doctors they need and to afford their health care. And one change in the wrong direction usually leads to more. This is not a solution that solves the actual problem at hand—ever-rising health care costs.

I urge to consider what is truly a step in the right direction for the short and long-term health and well-being of all of your constituents and to help shift the focus of this fight towards the root of the problem.

Sincerely,
Beth Ogbahon

Brooklyn NY 11233
City Council District 36

To All Council Members:

Regarding administrative code 12-126, I strongly urge you to keep this code intact. I am a union supporter who is quite upset that my union has disregarded the best interests of its retired work force and have sold us off for raises for other members. There are many ways to allocate money so that all union members can get what they are entitled to. Please speak to the NYC Organization for Public Service Retirees who have many ideas specifically to address this issue.

The Medicare Advantage Medicare plans do not provide retirees with the same coverage as traditional Medicare and the Senior Care plan. While it was indicated by the UFT, that 98% of doctors would accept the plan, the doctors that I have used for years did not want to participate in the advantage plan that was proposed last year, and I have no faith that they would accept this new medicare advantage plan by another administrator. Furthermore, the difficulty getting approval for necessary tests and procedures will be cumbersome and untimely which will risk our health and good medical outcomes.

I know this to be true, as I have family in the medical care industry, and they implore me to stay away from Advantage Plans.

Amending the statute, will force retirees into a plan that they don't want, and you will be doing the dirty work for the mayor. We served decades for NYC and deserve the health care that we were promised, earned, and paid for.

Please protect us from financial and medical peril.

Sincerely,

Betsy Goldberg
DOE Retiree with 38 years of service

Beverly Rubin-Watrous
Myrtle Beach, SC 29588
beverly-w@live.com

January 08, 2022

Retired New York City Teacher vs Medicare Advantage

To Whom It May Concern:

I'm a retired NYC teacher. My mother was a NYC teacher and I come from a union family. I taught in the Bronx for 20-years. I have a severe case of Early Onset Refractory Generalized Myasthenia Gravis. I don't like to say or write these words but the research and medical departments for Myasthenia are also for ALS. Initial symptoms presented around 1998 - my first-year teaching. I strongly suspected Myasthenia Gravis but remained misdiagnosed for the next 20-years. Physicians automatically denounced MG every time it was suggested. Fortunately, I was able to teacher for 20-years. Teaching was my passion, identify and made me feel like a productive member of society. I reveled in each and every day. The yet-to-be-correctly-diagnosed Myasthenia had exacerbated so badly that by 2008 that I was forced to retire, prior to a legitimate diagnosis. That came in 2010.

I am near the end of the road. I remain on aggressive forms of treatment although I've not respond well to them. Currently, I get bi-monthly infusions of a monoclonal antibody that was approved on a restricted basis as an orphan drug. I've been hospitalized four times this year alone for plasmapheresis, a procedure that removes all the blood and returns the white and red cells back into your body. The plasma portion, full of the bad antibodies attacking oneself, is replaced with fresh frozen plasma. I had IVIg four times a month for ten-years. A dual funnel-like plasmapheresis port is implanted in my chest. Due to an insufficient diaphragm muscle that controls breathing, I'm on oxygen full time. Some of my other medications for this disease currently have \$300+ co-pays. As far as Networks, this disease can only be treated at University Teaching Hospitals found in big cities. These are the only hospitals with plasmapheresis machines. At this time, I am homebound and my vision is severely distorted by vertical/diagonal double vision – also a symptom of Myasthenia Gravis. Just since January 1st 2022, my medical expenses have jumped considerably due to the new \$15.00 co-pay for every doctor appointment. Prior to 2022, I paid \$300 for every hospitalization but now, I'm billed for procedures done in the hospital.

Just the words Medicare Advantage and Union are an oxymoron. Medicare Advantage is corporate sponsored. In the past, unions cared about their members. Corporations, like the insurance companies that fall under the Medicare-Advantage Umbrella are profit driven. Their bottom line is profit not people. We all know this. ***The Medicare-Advantage change can separate me from my home.*** Is that really what you want to do to your retired teachers? I hope not! Teaching was my life, identify and purpose. The Myasthenia Gravis happened along the way and my hope is that I can continue to pay my mortgage along with my medical bills. Everything I have stated is verifiable.

Respectfully,

Beverly Rubin-Watrous

Council Members:

I am a 77 year old New York City retired Principal and a cancer survivor. I retired in February 2001 after 33 years of working for the Board of Education of NYC. I am asking that you vote NO to making any changes to Adm. Code 12-126 that Council Member De La Rosa and Speaker Adams have brought to the Council floor at the request of the Mayor.

First, Mr. Scheinman's report issued on Dec. 15, 2022 is in no way a decision or a ruling; not a single retiree or individual were a part of this "so called arbitration process." Never were we asked to meet and share our ideas or proposals on how healthcare savings could be achieved. It has been one sided; this document is non-binding and a piece of propaganda brought to you by the orchestration of the City, OLR, MLC and Mr. Scheinman. It is being used to mislead, frighten, and misinform you to address health insurance by making changes to 12-126. These recommendations have no legal standing; they are an opinion and just recommendations as stated on the Scheinman Signature Page, the last page of his document.

Administrative Code 12-126 has been in place since 1967. Three City Councils have not made any changes to it when requested to do so. Please don't take that political hit; let the Mayor do it. Don't let it be the City Council who makes changes to the Code. It has been in effect for over 50 years and worked perfectly and justly for all retirees

and in service employees to provide fair and excellent health benefits to all. What is the need to change it? Why change something that has worked? We all earned these benefits, deferred salary for them, gave up raises, promises were made and a law was passed, 12-126. Until now, they were promises made and promises kept by the city for retirees and in service employees of all walks and classes of life; equal healthcare benefits. Others have tried to change 12-126 by three past City Councils before you, but none did.

Our group, The NYC Organization of Public Service Retirees have found more than 300 million dollars in savings that are possible without changing 12-126. They have found several other possibilities as well of saving money so this can be a WIN / WIN situation for the City, the Mayor, retirees and in service employees. Very few have reached out to us to meet or discuss; not interested and seem to be looking the other way. I wonder how the City Council Members can make a proper decision if you have not been advised and informed of other possibilities of saving money for the City.? My understanding is that the Office of Management and Budget is aware of this but has not notified you.

How was the Health Stabilization Fund used? There is a debt that the UFT has; everyone knows about it. Monies were taken from that fund that were supposed to be earmarked for healthcare benefits and used for UFT raises with the promise that they would be repaid. But that 1.3 billion dollars was not returned and retirees are blamed for

depletion of that fund earmarked for healthcare, not raises and other things. **“Force retirees into a Medicare Advantage Plan and use the savings from that to repay the debt.”** But we fought back and we continue to fight even though we are old and many infirm and disabled. We do what we can to fight and keep these healthcare benefits we earned as loyal employees to NYC. Who in all conscience could do such a terrible thing to us? I am asking you to call for transparency and an itemization of what is currently in the Health Stabilization Fund and how and on what monies spent? How much has been redirected in as it is supposed to be and exactly how much is in it as of now. That too seems to be a big secret!

There is a debt that the unions seem to have; everyone is familiar with it, but it doesn't seem to be discussed. Monies were taken from the Health Stabilization Fund, always earmarked for health benefits for retirees and inservice employees by the City, Mayor, MLC and Unions; 1.2 billion if not more was removed as part of a deal with the promise of repayment; no union leader wants to talk about it or admit to it. It is a debt that those individuals involved promised to REPAY but now they just want to get out of a bad debt that they owe. Therefore the disinformation and fear mongering. I suppose they came up with the idea of "reducing the healthcare benefits of the retirees because they will never put up a fight." Let's repay the debt that way! [I would like to see full transparency concerning the Health Stabilization Fund and how monies were appropriated and collected going back to 2010.](#) It is my understanding that

1 billion dollars a year in taxpayer monies go into the fund every year.

Here are some FACTS ABOUT THE SKYROCKETING COSTS IN REGARDS TO PREMIUM COSTS OVER 22 YEARS, FOR RETIREES AND INSERVICE EMPLOYEES:

The Truth is that in 1997, the cost of GHI Senior Care(retirees) was about \$89/month, compared to \$191 in 2022. That is a 114.61% increase in 25 years. The cost of GHI CBP(in service employees) in 1997 was \$173.81, compared to \$854.44 in 2022. That is a 391.59% increase in the same 25 years. You can clearly see that it is not the Medicare eligible retirees whose plans are “skyrocketing.”

Unfortunately, the proposed changes to 12-126 will empower the Mayor and the MLC to make decisions that define new classes AND groups, and set new health insurance benchmarks for those different groups and much more. ADM. CODE 12-126 has withstood the test of time since 1967 without any changes to it and been something that fairly insured and guaranteed health benefits to all classes of retirees and in service employees? It has allowed individuals, families, single women, people of color; some with small pensions and larger pensions to get the same quality healthcare benefits/insurance they earned and deserve. It was a law,

12-126. It was a benefit I received from NYC, free healthcare for life, even in retirement.

Back in 1966 when I began to teach I was paid 5200.00 a year, 321 dollars a month. When I asked about the low salary the UFT representative said, "You are getting free healthcare benefits in lieu of higher salary for the rest of your life. This is a lifetime benefit. You will have this benefit even when you are retired. When I complained about the poor salary raises and having to defer raises I was again told, "You are getting free healthcare benefits in lieu of higher salary for the rest of your life. You will have this benefit even when you are retired. I came to realize as I got older that healthcare benefits were very important and worth more than money! And the next part of my statement will explain WHY.

When I got cancer at the age of 44 in 1989 it was devastating. I was divorced, had an 18 year old and a 15 year old. I was teaching and taught every day but the days I went for my chemotherapy. Luckily, I had the very best healthcare benefits money could buy and was so grateful to the City that I had them. I had no pre-authorizations, could use any doctor and any healthcare facility and my 6000.00 dollar a day cost for chemotherapy was completely covered. I never had to worry that I would be denied treatment, a test, or a procedure. I had 13 treatments for 13 months and reconstructive surgery twice. Since, 1969, I have gone for yearly checkups, 34 years worth, gotten bloodwork, had a prophylactic mastectomy, genetic testing, an uberectomy, and more.

My doctors have changed, retired, died of cancer, been replaced by others but still every day I wonder if this will come back. And now I'm even more worried because the city wants to take away my health care benefits and replace them with what I discovered was an inferior Medicare Advantage Plan. They said it was as good, even better, than my Medicare Senior. Well, that was a lie! I earned my healthcare benefits. I worked for them, they were negotiated for us by our union, the UFT and yes it was a lifetime promise. Every other City Council has kept that promise and I thank them.

With that being said, why am I so opposed to a Medicare Advantage Plan. I found out as much as I could and kept an open mind when I first heard about it. I attended all the zoom meetings that were sponsored by CSA. I looked into the pros and cons of it and came to the conclusion that it was an inferior plan to my Medicare Senior/Emblem. I spoke to my doctors about it and asked if they would accept that plan; they said no; I would be out of network for my current doctors. I found out there were prior authorizations needed to see all specialists and use hospitals I presently go to for check ups. And the worst of it is all the information out there about the Federal Government investigating so many for profit MAP insurance companies for fraud relating to prior authorizations, medical procedures needed and not approved, and much more..

The effort to force a Medicare Advantage Plan onto medicare eligible retirees would be to give former employees an inadequate plan fraught with fraud. These MAP are being actively investigated by various government agencies as a corrupt healthcare system. It is a plan that is inferior to our Medicare Senior. Many doctors and hospitals like Sloan Kettering, The Hospital for Special Surgery and The Mayo Clinic are amongst those that now refuse to accept MAP plans as of January 1, 2023; however do accept traditional Medicare. I have received letters to that effect. By placing me in a MAP plan I am being denied the adequate care which in my later life and essential to prolonging my life. It is far less and inferior to what I presently have with Medicare Senior/Emblem. We, the elderly, retired and disabled will need time consuming prior authorizations for medical care and will NOT be able to use most of our current doctors as they will be out of network. Administrators, working for a profit making insurance company, will make life saving decisions for us. Not only that, I have been told that the elderly in long term care facilities will not be able to remain as MAP benefits are far less than what Medicare Senior provides. This surely is a disaster waiting to happen should this come about. Many elderly and infirm may be put out of their long term care facilities because Medicare Advantage Plan benefits for long term health care are inferior to those of our regular Medicare Senior/Emblem I presently have. What will the City do should something like that occur when thousands are expelled from long term care facilities that wont accept a Medicare Advantage

Plan that doesn't allow the same benefit as Medicare Senior/Emblem which many of us have.

I am very sympathetic and eager to explore other avenues of controlling the cost of healthcare benefits and ask that you work towards that goal and in particular meet with the NYC Organization of Public Service Retirees and others to see exactly where that 300 million dollars in savings is without changing ADM. CODE 12-126. Myself and many others including some Council Members have urged the City and MLC to form a Blue Ribbon Commission to identify some of these cost savings; but MLC, City, Mayor, OLR are reluctant to turn over and look under those stones.

I ask the following:

Please identify other options that can be explored by the City Council Members, the City, Retirees and others. Please protect the health benefits of active employees and retirees. Do not empower the Mayor and the MLC to side step the law. Do not diminish the power of the City Council. **AND PLEASE VOTE NO AGAINST CHANGING NYC ADMINISTRATIVE CODE SECTION 12-126.** Do not allow the Mayor and the MLC to use "scare tactics to force you to make changes to 12-126. Provide transparency to the Health Stabilization Fund!

And one last thing, knowing all you know about Medicare Advantage Plans would you recommend such a plan to a

friend, relatives, parents, grandparents or enroll in one yourself??

Greatly appreciative of all the good work you do for NYC! And always felt when I interacted with you that you were professional and very caring.

Thank you very much.

Beverly Zimmerman

Bibi M. Ndala, MPH
West 150th Street, New York, NY, 10039
Phone/E-mail: bibindala@gmail.com

COMMITTEE ON CIVIL SERVICE AND LABOR: Health Insurance Coverage for City Employees

Monday, January 9, 2023

9:30am EST

SUPPORT TO MAINTAIN HEALTH INSURANCE COVERAGE FOR CITY EMPLOYEES AND THEIR DEPENDENTS

Dear Council Members,

I hope that you are all well.

My name is Bibi Ndala and I am a City Research Scientist – Research Analyst – with the NYC Department of Health and Mental Hygiene. I've been an employee of the city since 2019. During my time with the city, I've worked on various projects that directly impact the health of New Yorkers such as my Covid-19 activation. As you imagine, the work that we do can be high stress at times, but we do it because we take pride in serving our city. Therefore, I was saddened to hear that the council was considering taking away our health insurance which would force many of us to pay for our healthcare premiums. As civil servants, most of us dedicate our careers to serving others, all in the interest of keeping the city safe, healthy and functional. By doing so, we sometimes subject ourselves to high stress and other risk factors. Therefore, the last thing that we should be worrying about is our health coverage. Our current health coverage allows some of us to care for ourselves and have regular check-ups while we care for the city. Further, how can we claim to be a Public Health agency that promotes the health and wellbeing of its citizens while its own employees are at the risk of losing their health coverage. A coverage that allows them to care for themselves and their families.

Additionally, four months ago I gave birth to a healthy baby boy, my insurance allowed me to work during my whole pregnancy because I had access to good prenatal care throughout my pregnancy. I felt empowered and safe with the medical team that I could access through my insurance. Through my insurance, I am also able to insure my son, which gives me great peace of mind as a parent.

Finally, council members, when you vote please consider the impact of your decision on city employees. How many employees will be unable to afford supplemental health coverage? How many employees will have worsened health conditions due to the loss of their health coverage? How many employees will miss work due untreated preventable conditions that could have been resolved with a simple medical consultation? Finally, what will be the impact of workforce with deteriorating health indicators on the city as whole?

I hope that you all make the right decision and vote to maintain our current health coverage.

Best Regards,

Bibi M. Ndala, MPH

Testimony by Bill Friedheim
NYC Council Committee on Civil Service and Labor
January 9, 2023

My name is Bill Friedheim. For nine years, I chaired the 3,000-member retiree chapter of the Professional Staff Congress. Twenty months ago, PSC retirees began mobilizing against a move that would threaten our traditional Medicare and push us into a privatized Medicare Advantage plan with onerous pre-authorizations and a limited list of healthcare providers and hospitals – restrictions that literally put colleagues with life-threatening conditions in peril.

THIS IS INSANITY!

THIS IS INSANITY when NYC amid pandemic targets its most vulnerable workforce sector – its retirees -- for healthcare cutbacks.

THIS IS INSANITY when NYC threatens to become the largest public entity in the U.S. moving its retired workforce from traditional Medicare into privatized, for-profit medical care, setting an ugly precedent.

THIS IS INSANITY when NYC breaks a 55-year covenant with its workforce that guaranteed retirees full Medicare coverage, with the City picking up the 20% of costs that Medicare doesn't pay.

THIS IS INSANITY when an arbitrator, with no legal standing with the City Council, mandates that the Council by the end of the month amend 12-126 of the NYC administrative code – an amendment that opens the door for higher premiums for both current municipal employees and retirees, with no end in sight.

THIS IS INSANITY when an arbitrator tells you that if the Council does not amend 12-126, NYC must deny 250,000 municipal retirees and their spouses all choice, moving them willy-nilly from traditional Medicare to Medicare Advantage.

The arbitrator's hubris notwithstanding, THE CITY COUNCIL HAS AGENCY IN THIS MATTER.

Vote "NO!"

And as outlined by PSC representatives in earlier testimony, change the narrative by promoting a different, more constructive path to resolving the City's crisis of escalating healthcare costs.

END THE INSANITY!

Bill Friedheim
bfriedheim@gmail.com

TESTIMONY OF BLAIR F. BERTACCINI

I am a member of DC 37 Retirees and a former union elected official. Both as a retired union member and a NYC resident i want to urge you to vote no on Bill #874 which would amend Local Law 12-126.

What concerns me most is that this will further privatize Medicare, a public program run by the federal government. Unfortunately insurance company lobbyists representing all the major health care insurers have managed to convince Congress to allow federal money to be used to pay private insurers for senior health care. Although it is claimed that putting NYC retirees in a group Medicare Advantage Plan will “save” the City \$600 million dollars in health care costs it will certainly not in any way control the actors driving up health care costs. I.e. insurance companies, hospitals, drug companies, medical equipment manufacturers etc.

Because MAPs cost the US more money than traditional Medicare, this only passes costs to us as US taxpayers. If the City Council votes to amend 12-126 they pass control of retiree health care to a private corporation whose CEO makes \$27 million dollars a year. I have no confidence that the City government is capable of monitoring a company like Aetna when they do not even have enough personnel to monitor City laws and regulations.

Various unions of the MLC that oppose this amendment and retiree organizations have several proposals to help the City reduce its retiree health care costs. You should examine these carefully for the short term problem In the long run the City and the State of New York should be doing much more to control the entities driving up health care costs.

**TESTIMONY OF BOB GREENBERG BEFORE THE
CIVIL SERVICE AND LABOR COMMITTEE OF THE NY
CITY COUNCIL**

MONDAY JANUARY 9, 2023

MY NAME IS BOB GREENBERG, A TEACHER OF 27
YEARS. I AM RETIRED AND 84 YEARS OLD

I HAVE BEEN A MEMBER OF THE UNITED
FEDERATION OF TEACHERS FOR 57 YEARS.

WE TEACHERS NEVER SIGNED UP FOR THE BIG
BUCKS AND WE NEVER GOT THEM.

WE DID SIGN UP FOR MEANINGFUL WORK , THE
LOVE OF WORKING WITH YOUNG PEOPLE AND

FOR A SECURE RETIREMENT WITH GOOD QUALITY
AND AFFORDABLE HEALTH CARE FOR US AND OUR
FAMILIES.

WE GOT IT ALL....UNTIL NOW.

AN UNHOLY COALITION OF THE CITY
ADMINISTRATION AND OUR UNION LEADERS IS
PUSHING TO

END THESE DECADES OF SECURITY BY PRIVATIZING
OUR MEDICARE/SENIOR CARE PREMIUM FREE
PLAN.

IN ORDER TO SUCCEED THEY NEED YOU, OUR PROGRESSIVE CITY COUNCIL, TO AMEND OUR PROTECTION,

BASED IN ADMINISTRATIVE CODE 12-126. JUST SAY NO.....DON'T DO IT.

MEDICARE ADVANTAGE MEANS DELAY OR DENY IN MEDICAL CARE THAT CAN OFTEN LEAD TO PAIN, SUFFERING AND EVEN DEATH.

A NUMBER OF YEARS AGO I NEEDED LIFESAVING CARE AT SLOAN KETTERING.

I GOT IT AND HERE I AM TODAY. AT THAT TIME SLOAN KETTERING DID NOT ACCEPT ANY ADVANTAGE PLANS.

PLEASE...SAVE OUR PREMIUM FREE MEDICARE/ SENIOR CARE PLAN.

WE HAVE MANY IDEAS AS TO HOW THE CITY CAN SAVE MONEY ON THE RISING COST OF PROVIDING HEALTH CARE COVERAGE FOR ITS WORKERS.

BUT NOT ON THE BACKS OF THE MOST VULNERABLE AMONG US.

DON'T AMEND ADMINISTRATIVE CODE 12-126!

“I am testifying in opposition of the attempt by the Municipal Labor Committee to amend Section 12-126 of the Administrative code.

I am a retired NYC caseworker for 10 years after serving 25 years. Currently I am struggling to pay the yearly \$170 each premium for myself and my husband and in 2022 additional \$15 co pays. Food, housing and everything else is going up in price. I am thankful for my pension, social security and the health benefits that I earned while employed for the City of New York. The switch to an Advantage managed care plan will add another financial burden to my fixed budget. The pre-approval process will be a burden to myself and husband and the navigation of finding new and or additional doctors will cause unnecessary anxiety. As a former casework with CASA, providing services to the elderly, I am well aware of how changes in health plans affect the elderly who then often fall in between the cracks, never to recover.

I beg you to keep our current plan in place and do not force us to choose a managed care plan.

Thank you,

Bobbie Zimmerman

Testimony January 8, 2023: Amendment to Administrative Code 12-126

I am opposed to amending the Administrative Code 12-126. I urge you not to betray the City's promise to retirees. Do the right thing do NOT amend 12-126. Retirees are your mothers, fathers, grandparents, sisters, and brothers. Please do not amend Administrative Code 12-126. The lives of many retirees are depending on you.

Weakening the Administrative Code 12-126 will give the green light for Mayor Adams to violate the longstanding promise of premium free health care the city has made to retirees. It will impose premiums and force the many retirees who cannot afford to pay thousands of dollars a year into an inferior Medicare Advantage plan.

Do the right thing vote NO on the proposed change to Administrative Code 12-126. The lives of many retirees are depending on you.

Thank you for your consideration.

Bonnie Seiler

From: Halbon M <my3guys5@gmail.com>
Sent: Saturday, January 7, 2023 1:58 PM
To: Testimony
Subject: [EXTERNAL] NO Amendment to health benefits

I recently retired from the DOE—NYC and my husband just retired from NYC Health and Hospitals.

I personally worked at a low rate of pay and a smaller pension because I knew at retirement I would have great benefits...one of which was my health coverage. I waited while working (like others) for pay raises....often waiting years....I worked long hours without extra pay like all my colleagues....while friends in private sector jobs would get bonuses, pay increases...I had more education, more schooling, more PD's, more everything—except money!!! I retired earning a salary that my non-teacher peers got when they started working years before! While I recently hit 100,000.00 my peers (not in education) are making two to three times my salary! Why would I stay they asked?...because educators and education is an internal drive that does not end with money. I stayed and struggled to raise three children on a teacher's salary knowing that at the end of my career I would be able to enjoy the fruits of my labor. My health benefits are everything....I retired because I am not well enough to continue the career I loved. I (and my husband) rely upon the health benefits that we earned....If you need to change it to save the city money....do it for the future NYC employees that have not retired.. I worked with the promise of my benefits....I deserve to keep them with NO CHANGES!!!! I earned this right! It was promised to me and I accepted low wages, and long hours to 'earn' the prize of great health care at the end. Please don't make the people who did without for many years have to do without for the rest of their lives! We are the people who inspired you to be who you are today! Don't turn your backs on us!!! We are worthy of our promised health plans.....REMEMBER....You are who you are because of a teacher!

Thank you,

Bonnie Merone

Wantagh, NY

DOE NYC District 21

Hal Merone—NYC Health and Hospitals (Kings County)

Testimony of Bonnie R. Nelson
New York City Council Committee on Civil Service and Labor
January 9, 2023

Good morning and thank you for giving me the opportunity to speak to you today. My name is Bonnie Nelson. I'm a retiree from John Jay College of the City University of New York, where I worked for 37 years as a librarian. I am currently Secretary of the Retirees Chapter of the Professional Staff Congress.

I am asking you to vote against changing Administrative Code 12-126. Changing the Code will allow the City to move 200,000 elderly city retirees into an inferior Medicare Advantage plan, while "allowing" those retirees who can afford it to pay \$2400 a year to keep the degraded Medicare supplemental plan we currently have. I say we now have a "degraded" plan because, for the past year, retirees on SeniorCare have had to pay \$15 co-pays every time they see a doctor, go for a medical test or have physical therapy. That doesn't sound like much, but when you are old you are more likely to have cancer treatments many times a month, or physical therapy several times a week. Those \$15 co-pays quickly add up to much more than many of our retirees can afford to pay.

I am asking that instead of changing the Administrative Code, you urge the city and the MLC to take another path—to buy time to find a better solution by adopting the plan the PSC has proposed: using money in the Retiree Benefits Trust fund for a few years as a bridge while a stakeholders' committee tries to come up with better long-term solutions.

I don't blame the leaders of the MLC and NYC for thinking that saving \$600 million a year by moving retirees into a Medicare Advantage plan was a great idea. When I first heard about it, it seemed like a win-win to me, also. The federal government would pay more, the city would pay less, and nothing would change for retirees. But I have learned that we have all been sold a lie. The city will pay less, yes, the federal government will pay more, yes; but retirees will get less medical care—some will likely die because of delayed or denied services—and the insurance companies will get richer. Medicare Advantage plans are currently the most profitable sector of health insurance.

The worst part about this is that changing the Code will, in the future, allow the city and the MLC to degrade health insurance benefits for other classes of workers, but forcing retirees into private Medicare Advantage to save \$600 million a year does not solve the long-term problem; it buys at most a few years before other so-called "savings" will need to be made.

Since the First Health Care Savings Agreement in 2014, although city workers and retirees have kept premium-free health insurance, they have seen increasing co-pays, reduced doctor networks, and now an attempt to degrade retirees' health care. Meanwhile, the CEO of Aetna made \$24 million in 2020, the CEO of Emblem makes \$3 million a year, the CEO of New York Presbyterian makes \$9 million a year, the CEO of Northwell made \$4 million last year, and the CEO of Mt. Sinai gets \$5.5 million a year. But city workers can't get a raise unless they accept reduced health insurance benefits. There is something gravely broken here and forcing elderly, infirm retirees into an inferior health plan is not going to fix it.

Bonnie R. Nelson

Brooklyn, NY 11231
brnij1@gmail.com

Response to City Retiree Health Care Legislation

I feel it is important to have a choice between being forced into a Medicare Advantage Plan and keeping regular Medicare and Emblem Senior Care. Of course I do not want to have to pay for something that has always been free to me, but there is no guarantee that a court decision could block this. However, I want to be able to choose my doctors freely and I want them to be able to determine which tests and procedures I need as opposed to Aetna's panel making these decisions for me. Therefore I support the Administrative Code 12-126

Bonnie Rothchild

From: Bonnie Anderson <bonniea100@gmail.com>
Sent: Monday, January 9, 2023 10:02 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Keeping Medicare!

To the Council Committee on Civil Service and Labor,

I worked as a professor of history at Brooklyn College and the Graduate Center, City University of New York for thirty-three years, ending as the Broeklundian Professor of History. I retired in 2005 and am now a Professor Emerita. I will turn eighty this year and am on a fixed income. Having paid into Medicare for years, I find it difficult to believe that the city is even considering depriving me and others not only of Medicare, but of any choice in the matter. Moving from the City Health plan to Medicare Advantage will [increase costs](#) for retirees and lead to worse health outcomes for individuals across the board. How can you deprive those of us who worked for decades of our preferred plan or indeed, any choice in the matter? As retirees, we can no longer strike to make our wishes heard, but we have marched, and I know that I join many others in opposing this move, both in person, by Zoom, and in writing. How can you in good conscience break a long-standing commitment and promise to us? Please do not go through with this horrible measure. If you wish us to have the option of choosing between Medicare and Medicare Advantage, I am fine with that, but to be forced out of a program I like and into one I do not want is unconscionable! In addition to being a retiree, I am a widely published and well-respected author. If you wish to know more about me, my website is bonnieanderson.com

Sincerely, Bonnie S. Anderson, Professor Emerita of CUNY

January 9, 2023 NYC Council Committee on Civil Service and Labor Hearing
Testimony of Capt. Brenda Berkman, FDNY (retired)

My name is Brenda Berkman and I am an FDNY Fire Captain, who served New York City's communities for 25 years. I am now retired and receiving Original Medicare benefits with GHI Senior Care. I urge all Council members to vote NO on Intro. No. 874, a proposed Local Law to amend the New York City Administrative Code 12-126 which protects the health insurance coverage for city employees, city retirees and their dependents.

I attended yesterday's Committee hearing, listening carefully to all the testimony from the City, unions, and individuals testifying in favor of and against Intro. No. 874 until I had to leave the hearing at 530 PM before testifying in person. As a result, I altered my intended original testimony to respond to some of the points raised in the hearing.

First, the Council members who attended the hearing asked some excellent questions of the City's representatives which went unanswered. I urge the Committee to continue to pursue the answers to those questions as it became clear that the City has not been fully truthful about what the federal "reimbursement" of 600 million dollars means or whether it is a reliable source for funding into the future. The Council should insist on getting more details and do an independent analysis of the actual proposed contract with Aetna. The Council should not be rushed into changing the Administrative Code based on flimsy assurances and uncertain numbers.

I was very disturbed by the assertion by the UFT President that he "doesn't care" how big the profits are that Aetna will make off a Medicare Advantage plan with the City. Why should City retirees be asked to pay more and more to obtain quality healthcare (Original Medicare) while a for-profit insurance company reaps millions every year off other City workers forced into an Advantage plan? Why is the City negotiating with a company under investigation by the federal government and that has a less than 4-star rating? What will be the likely impacts on retirees when a 5-year contract with Aetna expires? In addition, the Committee should investigate how 1 billion dollars from the City's Health Insurance Stabilization Fund came to be improperly "diverted" to support raises for UFT members.

The Committee also heard from witnesses (academics and retirees) with deep knowledge of the Medicare system and interesting proposals of how to help fund City retiree health care (without amending the Administrative Code). I urge the Committee to reach out to those experts for additional advice.

It should be clear to the Committee from yesterday's testimony that the UFT, DC 37 and indeed none of the unions represent City retirees. There has been almost no consultation with retiree groups by the unions. This fact supports the need for a Blue Ribbon Commission to investigate City Medicare options that includes retiree group representatives.

We retirees served our time as employees and have a right to enjoy our time as retirees with proper health care that we earned, paid for, and were promised. I came on the Fire Department in 1982, the year that AC 12-126 was enacted to provide all retirees regardless of their title or union status with health care at no cost. Over the course of my 25-year career in the FDNY, we firefighters and fire officers paid to maintain our quality healthcare under Administrative Code 12-126 and the healthcare of other groups of retirees by giving up or reducing our raises in negotiating our contracts. We did so in the belief and relying on the City's promise that we were paying forward for our healthcare in retirement and that our retirement benefits would be protected by the provisions of Administrative Code 12-126. The current mayor is now attempting to renege on those contracts and those promises. Amending the Administrative Code will open the door to allowing any change to City employee health benefits in the future (including yours!) at the whim of a mayor. Don't go down this slippery slope!

The impact of any change to AC 12-126 or other plans to force city employees and retirees into inferior health care, would fall disproportionately on women and retirees who have the least financial resources. But it could also effectively take away any health care choice for ANY retiree. It would be ironic even shameful if legislation passed by the first majority women NYC Council had the effect of especially harming women, LGBTQ, people of color and other marginalized groups who would be most impacted by a lack of protections for their health care. And yesterday's hearing that the \$181 dollar/month per person the City proposes to charge retirees to maintain their Original Medicare Senior Care plan is based on what? And would that number continue to go up?

Maintaining our current health providers and not having insurance companies be gatekeepers is a critical issue for City retirees. I was not reassured by the allegation that Aetna would not require pre-authorization in 75% of referrals. What are the other 25% where pre-authorization would be required? Many of the most medically-vulnerable retirees have health care issues that would be exacerbated – possibly becoming life-threatening -- if they must wait for dangerous prior authorization protocols imposed by for-profit insurance companies before receiving the health care procedures recommended by their doctors. At this very moment, Medicare Advantage Plans are being investigated by the federal government for fraud and illegally denying treatment to patients. Allowing retirees to keep their current Original Medicare Senior Care insurance plan is critical to insuring that doctors not insurance companies determine what is the best care for patients.

I AM Labor. I was member of both the UFA and the UFOA my entire career. My union the UFOA opposes the amendment of AC 12-126. But the UFOA – like many smaller unions within the Municipal Labor Council -- is being strong-armed by larger unions which are looking to benefit their active members and selling out all retirees – not just their own retirees – in the process.

Please reject the proposed change to Administrative Code 12-126. VOTE NO!

Thank you for your attention and consideration of my concerns.

Sincerely,

Brenda Berkman
FDNY Fire Captain (ret.) and 9/11 First Responder

Committee on Civil Service and Labor

Dear Committee and Council Members

Thank you for convening a hearing on Monday January 9th to discuss Intro 0874-2023, a Local Law to amend the administrative code of the city of New York (section 12-126). I was impressed by the level of engagement from council members and the depth of questions that you asked panel members. I have asked many of the same questions of my union representatives and tried to explain the implications of this potential change to my fellow Local 375 active members. I was happy to see the Committee take retirees concerns seriously. As an active employee and future retiree, it is disturbing to see the lack of communication that has been provided to city employees and retirees.

While the hearing's focus was elucidating on issues retiree healthcare and Medicare Advantage, it largely ignored the actual question at hand: what is 12-126 and what would the proposed textual change mean? As several Council Members and panelists stated 12-126 is the only benchmark for active and retiree healthcare. It may very well, as Henry Garrido pointed out, be an imperfect benchmark. Nonetheless it provides a level of care that must be provided.

The proposed amendment introduces an alternative method for determining the City's financial obligation for health insurance. Intro 874 would make it possible for the City and the MLC to agree jointly on a different standard for both retirees and *active employees, and provide only the cost of that plan*. The modified language of 12-126 as it stands does not specify what if any elements of health insurance coverage a new "benchmark" plan must include. If the amendment is adopted there are no safeguards.

When I explain the implications to my fellow active members, they are immediately concerned not so much about changing 12-126 but the lack of safeguards. They are afraid to put their trust in three people to make healthcare decisions with no protections for what level of care is provided. Due to the structure of the MLC this means three people (Mayor, UFT Head, DC37 Head) have nearly complete control of that benchmark. Even if the current occupants act in good faith, I hope you find issue with putting such immense power into the hands of so few.

Chairperson De La Rosa said during the hearing that we are in a hiring and retention crisis. I agree. Member Dinowitz said we already have a staffing shortage, and asked if Council make this change, why should anyone work for NYC? I agree. Member Bottcher asked OLR what the implications for active members would be if this legislation passes. OLR says it empowers collective bargaining for active employees. I think that answer was undeniably negligently ill-informed or disingenuous.

I would ask all members before to take the following actions:

- Speak to some knowledgeable, active employees from your own district before considering any vote on this issue.

- Ask yourself if you are certain this legislation will not harm future active employee healthcare and make recruiting and retention more difficult.
- Consider alternative ways 12-126 could be amended and provide a new more logical benchmark to protect retirees, active employees, and City interests

If you are confident this change will not be used in the future to harm active employee health care, then support it. However, if you are not certain please don't bring this up for a vote without further vetting. This issue has implications beyond retiree health care (as important as that is) that need to be fully understood.

Thank you,
Brian Lee
Local 375 Member/Active DOT Employee

To the Committee:

My name is Brian Lewis and I am a City worker at Housing Preservation and Development. I am writing in strong opposition to Intro 874. I urge the Council not to support the Mayor's and the Municipal Labor Committee's attempt to force City retirees into a Medicare Advantage plan and undermine the health benefits City workers have been legally entitled to for decades.

The campaign from the administration and the MLC has described this proposed change to administrative code 12-126 as a way to "preserve choice" for retirees in their health care. In fact, the premium that will be attached to traditional Medicare (Senior Care) if the change goes through will be out of reach for many retirees on their incomes and would make it infeasible for them to remain with their current standard of care. Medicare Advantage has also been the subject of much reporting regarding fraud with the program and I am very concerned that this will be functionally the only option for many retirees who have been legally guaranteed a certain standard of benefits for decades. I also share the concerns expressed by Council Member Brewer that privately managed healthcare results in disruptions to continuity of care and inserts profit-seeking management into the relationship between a doctor and their patient.

As active workers, we have been told by our union leadership that it is necessary to put the Medicare Advantage switch in place in order for the City to fund our raises, or that we will be forced into paying health care premiums if the switch does not go through. I strongly object to retirees and active workers being pitted against each other when the City and unions could pursue other options. Retirees and the Professional Staff Congress have identified several alternative approaches to lower healthcare spending such as the City creating a self-insurance plan or all City workers' union welfare funds being consolidated for better leverage and group purchasing. Council Member Brewer agrees with us on this as well. I urge the Council to meet with these groups and hear about their proposals. For other active workers like myself, this change to the administrative code opens the door for our own healthcare benefits to be altered or for more "classes" to be created with diminished health care benefits, such as new hires. The City is already hemorrhaging workers, and gutting benefits will make it even more impossible to hire and retain talent while our essential agencies are already dangerously understaffed.

The Council should not play into the Mayor's and the MLC's plan to get around their legal obligations to retirees and should not pass Intro 874. Thank you,

Brian Lewis, HPD, Local 371

From: Brian Wonsever <BrianLocal2627@yahoo.com>
Sent: Thursday, January 12, 2023 10:11 AM
To: NYC Council Hearings
Subject: [EXTERNAL] DON'T AMEND ADMINISTRATIVE CODE 12-126

Dear Council Members,

Thank you for your rigorous questioning at Monday's hearing. As you found, the City's Advantage plans are ill-conceived and not well thought out. We retirees applaud you for not supporting them.

The City self-insures in many other areas. I may not have all the facts, but I see no reason why that can't be done easily for retiree Medigap coverage.

Traditional Medicare determines what it pays for each claim submitted by a medical provider. It shares that information with the insurance company providing Medigap coverage. That company then pays the remaining 20% traditional Medicare didn't pay. That seems pretty straightforward.

Payments with SeniorCare begin after the \$266 traditional Medicare deductible and \$50 SeniorCare deductible are met.

If the City were to self-insure, my first suggestion would be to do away with the \$50 deductible. It likely costs more to track it than to simply abolish it.

Copays won't be a factor. The City is going to lose badly in court for trying to implement them. Though, strengthening the law to specifically ban copays and certain deductibles would certainly be welcome.

Then, it's simple. The feds pay 80%. The City automatically pays the remaining 20%. We eliminate the insurance company middle men, and their need to turn a profit at the taxpayers' expense. That's where the real savings are.

I also suggest consolidating all the individual welfare funds being mismanaged by the unions. The Independent Budget Office has already noted that there is no oversight of these funds. Consolidating them brings an economy of scale to their management no individual union can offer.

Personally, I've never found the dental, vision and hearing benefits through my union to be adequate. I was able to get my hearing checked in a van on a busy city street that wasn't soundproofed. It's a miracle I passed that test with all the ambient noise. Each time I get eyeglasses, I still find myself paying hundreds because of what's not included. Same for the dentist in many instances. In June, I had a cap replaced. It cost me \$1400 out-of-pocket. So, if it's not going towards my medical care, where is all that DC37 welfare fund money actually going?

Thank you again for your support.

Best regards,

Brian Wonsever - Forest Hills NY 11375

From: Bruce Rosen <bxqny@mac.com>
Sent: Thursday, January 12, 2023 6:55 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Mayor Adams' "City of Yes" as the context for the proposed amending of Admin. Code Sec # 12-126

I appreciate the Civil Service & Labor Committee's over 11 hour hearing on the above captioned charter change requested by the Mayor.
The chair, CM De La Rosa - the epitome of calmness and respectfulness - did an amazing job stewarding the session. The appearances & careful questions and comments by Speaker Adams and others underscored the seriousness of this proposal.

The Mayor has not gotten his way, carrying through the Medicare changes sought by his predecessor. He has been consistent in seeking to gut regulations as the only apparent means to an end. His Office of Labor Relations has been deaf to alternative cost saving methods raised by City Retirees and our advocates.

With this in mind I call your attention to this piece from the January 10th edition of Medpage Today: <https://www.medpagetoday.com/special-reports/features/102564>.
What more can one say?

Bruce Rosen
NYC employee: 1972-2007
Civil Court & Dept of City Planning

From: btrivia@aol.com
Sent: Sunday, January 8, 2023 9:18 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Written Testimony re: Healthcare
Attachments: Image (927).jpg; Image (927).jpg; Image (928).jpg

Please see attached missive in support of preserving present healthcare benefits for NYC retirees. Thank you

city, in exchange for the receipt of these benefits. This promise, enshrined in Adm Code 12-126 , enacted in 1967, is in front of you now, as you are being asked to amend it.

-Many Medicare Advantage plans are being investigated (or worse) for fraud. Is this what you want to shove seniors into?

-These Advantage plans will inevitably threaten the health and well-being of the most vulnerable group, seniors/retirees, those most prone to illness. We are all aware of some of the core issues with Advantage plans--eg, pre-authorizations in which necessary procedures will be judged as such not by your doctor, but by an administrator (and how long will that take?), and with many doctors unwilling to deal with Advantage, disruption of continuity of care: both items putting seniors at risk.

-The ability to keep a similar plan rather than enroll in Advantage would be costly, almost \$200 per month per beneficiary. This would be beyond the means of most retirees, who are on fixed incomes, and whose past salaries and therefore pensions are not deep. It might create a tiered health system where those who are able to afford that premium will pay it rather than enter an Advantage plan, while others (more) who were lower on the pay scales, would not, and would have to settle for the poorer Advantage plans. This will create socioeconomic consequences factors for the vast majority, as, for example, inequities in health care, with better outcomes for those who may be able to afford it. Aren't we trying to get away from that?

-The cruelty of this plan can't be dismissed lightly, and it appears to be an effort by the MLC to cover themselves after mismanagement of the Health Stabilization Fund. They felt they could use seniors for their nefarious purpose, but didnt anticipate our response, which, by the way, was upheld by six Justices. (Six Justices and two courts upheld our lawsuit re: 12-126. After the MLC lost, they tried a workaround---lets get the City Council to amend 12-126 to pass legal muster)

The arbitrators ruling is not binding

Our health benefits, so critical, are not for sale

Please don't allow this to happen

Thank you and the best to all for a Happy New Year

9 January 2023

Dear City Council member,

VOTE NO TO AMEND CODE 12-126.

We must protect our municipal workforce, our health and city's future!

My name is Caitlin Cahill and I am an affiliate faculty of CUNY, a CUNY alum and also a concerned New Yorker. My research concerns young people growing up in cities and intergenerational well-being. I live in Penn South, a NORC where most of my neighbors are retired municipal workers. Amending Code 12-126 would pull the rug out under the feet of those who are elderly, and depending upon secure health care.

My community votes, and all of us are watching you across the city. We are counting on you **not to privatize, and not to line the pockets of health insurance companies and [their CEOs](#)**.

We deserve health security not scarcity or precarity or austerity. Do not balance the budget on the backs of our city workers' well-being.

You are representing us – the people- and we need you to stand strong, as previous City Councils' have, in the face of pressure over the last 50 years. Stand on the right side of history.

Don't throw retirees and city workers under the bus! We must protect the long term health of our communities.

We urge you to do the right thing!

Vote NO to amend administrative code 12-126.

We are counting on you.

Sincerely,

Caitlin Cahill, PhD

Graduate Center, City University of New York

Camillo Biener, camillo12345@hotmail.com,. Please submit the following to the Labor Committee, 1/9/23 9:30 AM hearing on the Administrative Code 12-126.

The MLC Administration Code 12-126 amendment has been brought to the Council floor. I am a NYC retiree and am asking for your help to prevent any attempts to amend this code for the reasons enumerated below.

First, the Sheinman report that is trying to impose a settlement is NOT a ruling. It is an opinion, and is not binding. It is simply a political move by the City to corner the Council members to vote its way by threatening deadlines and health program closings.

Second, the retirees have identified at least \$300 million in savings. OMB knows about some of these savings options, and has not implemented them nor informed the Council, and OMB is unaware of others. The Mayor and Council should not make such important and far-reaching decisions affecting 250,000 NYC people if they are not being properly informed by OMB and got all the facts, and once they get them they should work them into the solution, so that our present health benefits will be preserved.

Third, amending this code would allow the City administration to throw all NYC retirees into inferior Medicare Advantage plans, or they would have to pay to stay in Medicare. It is acknowledged all around that the quality of health care we would get would be inferior to what we have now. Everybody knows this, and it has been amply documented. Therefore me and my wife will stay in Medicare no matter what happens.

Fourth, being forced into Medicare Advantage or having to pay to stay in Medicare, are breaches of the contract I made w the City. The MLC Administration Code 12-126 was set up and been in place exactly for this reason - to insure that this contract is not broken.

Fifth, this is just a grab for easy money by the health providers, to get the additional 14% that Medicare would pay them, while they would get additional savings by lowering the quality of care. It is part of this money that they have been spreading around to the union heads and whatever politicians they can attract to their cause, as the result will be billions for them over time.

Sixth, this action would show the present City workforce what kind of an employer the City is, and all the good people will leave. I personally stayed w the City for 26 years, while i could have made better money and benefits in the private sector with my skills, because I cared, I made a difference and I would have the current City benefits when I retired. I was also a manager and director in charge of a number of hard-to-fill positions and I know how hard it was to fill these positions then with people who had the requisite technical knowledge and good work ethic, and this will make the City's hiring efforts even much more difficult.

Seventh, this could qualify as another glaring attempt to little by little dismantle Medicare itself, gutting one of the best programs ever set up for the common people, and this will hit even harder most of the City retirees, who earned less during their work life and have less to live on now.

HEREFORE I AM ASKING YOU TO PLEASE HELP US KEEP THE NYC ADMINISTRATIVE CODE 12-126 AS IS, DO NOT CHANGE IT!

The Graduate Center
Ph.D. Program in Criminal Justice
Room 6499
365 Fifth Avenue
New York, NY 10111

cmccoy@gc.cuny.edu



January 7, 2023

New York City Council
Civil Service and Labor Committee
New York, NY

To the Committee:

I am Dr. Candace McCoy, currently on pre-retirement leave from my job as Professor of Criminal Justice at CUNY Graduate Center and John Jay College of Criminal Justice. In 2005, I came to New York from a professorship of fifteen years at Rutgers University, when CUNY offered me a job that had equivalent pay and benefits to those at Rutgers. I would not have taken a job at CUNY if this had not been the case. I taught at CUNY for fifteen years and also, while on professional leave from CUNY, served as Director of Policy for the Inspector General of the New York Police Department in 2016-2018.

One of the benefits of working for the City University of New York is that an employee knows the City will provide excellent medical insurance upon retirement. This includes the Senior Care insurance linked to GHI. A great many professors with high professional skills and qualifications that give them the opportunity to work in any of a number of organizations remain at CUNY for the required fifteen years, at a minimum, so they will enjoy the Senior Care benefit. I am one of those people. In fact, when I returned to CUNY from my professional leave working two years for the City in the Department of Investigation, I expected to retire in 2020. The Human Relations department informed me that I had taught for only thirteen years and the two years at DOI would not count. Reluctantly, I taught and researched at CUNY for another two years without receiving any credit for my two years with City government and now, at age 70, expect to retire with GHI and Senior Care medical coverage.

To say I am angry about the proposal to remove Senior Care from the retirement benefits for CUNY retirees is an understatement. I just worked an extra two years when otherwise I would have retired, just so I could get that benefit. I expect that there are many people currently working for the City who otherwise would retire, but who continue until they have the requisite years-in-service just so they can be covered under GHI Senior Care. That is what I did and what they are currently doing, and they are likely to leave their jobs if Senior Care is not to be part of their retirement package. The City cannot easily respond to such a brain-drain.

I understand that my story might be regarded as simply a bad-luck example of a person caught in a transitory change of policy. Terrible luck for me, it is true, but perhaps I should be sacrificed to balancing the City's budget. But even if Council is



so cold-hearted to sacrifice those of us who are in this situation, please consider what the loss of Senior Care will do in attracting talent to CUNY in the future. Whittling retirement benefits down to the minimum means that CUNY cannot offer job candidates a benefit package on par with what they will get at other universities of equal or better reputations. The result will be that the City University of New York will not attract the best professors and researchers to work there, which in turn means that New York's students will not receive the quality education they need and expect.

Finally, let me point out that people in my situation – i.e. those of us who have already notified the University of our intended retirement dates and have been approved for “Travia leave” -- relied on our employment contract with the City as we made our plans to retire this year. To deny benefits provided under that contract to us even as our full retirement dates in 2023 have already been approved is probably illegal under contract law. I expect we will sue the City. On the other hand, if Council retains Senior Care for City retirees, litigation will be avoided.

I strongly urge City Council to pass the proposed rule to retain the Senior Care program of GHI for retirees.

Thank you for your consideration.

Sincerely,

Candace McCoy

Candace McCoy, J.D., Ph.D.
Professor of Criminal Justice

My name is Carl Aylman. I am a lifelong resident of NYC and I retired from The City University of New York in 2017, after 46 years of service to Bronx Community College, The City College and Baruch College, the latter of which is where I spent the last 39 years of my career.

At my age, as you may be able to imagine, I suffer from a number of medical issues. They are being managed by a team of physicians in various specialties who communicate with one another as to the best care for my illnesses. I do not want an insurance company to dictate to any of them as to what treatment options they are willing to cover and what they will not. That is a decision best left to medical professionals and not health insurance clerks with the goal of maximizing profits for private health insurance companies. For that reason, for me, and for many similarly situated senior citizens, Medicare and Senior Care is the best option.

I want to express my opposition to amending NYC Administrative Code §12-126 and urge you to vote against the changes. As a member of the Committee on Civil Service and Labor. Changing the administrative code that has been in effect since 1967 and has afforded active employees and retirees a guarantee of a choice of free health insurance plans. There is no need to amend the code to provide choice

now. Amending the code will give the green light to Mayor Adams to violate the longstanding promise of premium free health care the city has made to retirees. It will impose premiums, and force the many retirees who cannot afford to pay thousands of dollars a year onto an inferior Medicare Advantage plan. If Medicare Advantage is so great, why does the Mayor feel a need to force retirees into it by eliminating all other options.

Additionally, amending the code has impacts far beyond just retirees – this change will open the door to cuts to active city worker's health insurance in future rounds of bargaining without addressing the underlying issue of rising health care costs.

There are better alternatives than the low hanging fruit of throwing retirees and future retirees and active employees under the bus. The Mayor, the City Council, the MLC and OMB can (a) Redirect funds that the City holds in reserve to keep the MLC Health Care Insurance Stabilization Fund solvent for the next three years. It can prohibit the MLC from looting these funds to provide salary increases for active employees as it permitted in UFT negotiations in 2014; (b) Create a Commission charged with finding a path to control health care spending for both active and retirees, with hospital pricing as a priority or even consider that perhaps the City

should self-insure and cut out the profit making insurance companies.; and (c) Develop a sustainable mechanism for funding and reducing health care costs for both active employees and retirees.

In the meantime, I ask you and the other members of the Council Committee on Civil Service and Labor to reject the proposal to amend the administrative code and vote NO! The 6 justices in the Courts have NOT mandated a change in the code. Mr. Scheinman did NOT order a change in the code; he merely made a recommendation that the City do away with all other options and just offer a Medicare Advantage Plan. The Mayor and the MLC wants you to do the dirty work of doing it. The Mayor has threatened to do it himself. If he thought he could have gotten away with it he would have done it already. By changing the Code, you provide him with the excuse he wants at your expense. Don't fall for this! VOTE NO ON AMENDING THE NYC ADMINISTRATIVE CODE §12-126!

Thank you,

Carl Aylman

Retiree, The City University of New York, 46 years of Service.

My name is Carmela Dee. I'm a DC37 Retiree and worked for NY Public Library as an archivist for 18 years. I currently work at a local library to supplement my \$16,000 pension.

I worked for less money because I believed I would have affordable, quality health insurance in retirement, while the City and the unions have betrayed us by breaking their promise to those who served the City for decades. Even Candidate Adams called it a "bait and switch."

Many retirees now have serious health conditions resulting from their decades of service.

We had no say when the UFT took \$1 billion from our Health Insurance Stabilization Fund. Now, the unions and NYC seek to recoup the funds on the backs of the most vulnerable. To have to pay almost \$5,000 a year, plus copays, to keep our current health insurance, was not something my husband and I planned for. The City's alternative is a Medicare Advantage Plan, despite the wealth of data proving Medicare Advantage Plans offer inferior healthcare. My husband needs retinal injections every 4-6 weeks. In a MAP, he could have to wait for an authorization and suffer further retinal damage. This is not a choice. This is also a social justice issue because those who cannot afford to pay premiums and copays will be forced to go into a Medicare Advantage Plan.

We all understand the need to save money, but amending the Code and forcing people into a Medicare Advantage Plan are not the only ways. Let Mayor Adams do his own dirty work. Don't fall for the scare tactics. No previous City Council has. Code 12-126 has protected the healthcare we were promised, as well as that of active employees since 1967.

Does this City Council really want destroying the healthcare of NYC retirees and employees to be its legacy? If you amend the Code, that's exactly what you will be doing. Vote NO. Thank you.

From: ALEXANDER LIAO <akliaony@comcast.net>
Sent: Wednesday, January 11, 2023 1:30 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Do Not Amend Administrative CODE 12-126

To whom it may concern,
Carmelita Ortiz Liao
Pawling, New York
32 years teacher in Manhattan
Seward Park High School
and Humanities High School
22 years retired

Please oppose amending Administrative Code 12-126.
As an aging retiree direct physician care is vital to health without facing pre-authorization gatekeepers to health services.
My sister-in-law changed from a Medicare Advantage Plan because she could not get authorization to see needed specialists.

Sincerely,
Carmelita Ortiz Liao

January 7, 2023

To: New York City Council
From: Carmine A Festa
Subject: **Save Local Law 12-126 as it Currently Exist**

I worked for the NYCHA for 32+ years at various positions in Management. I was proud to be in Local 237 Teamsters and then in Management serving all residents. My wife and I raised two sons and counted on the benefits provided by NYCHA especially the Medical and Welfare Fund Benefits. When I retired, I especially needed the Medical Benefits as I worked at the WTC site and have had Cancer that requires constant attention.

I hope and expect the NYC Council to Consider the following points:

- The Stabilization Fund was misused by the UFT to obtain raises. This was morally unjust.
- NYC and the MLC are trying to switch retirees to a Medicare Advantage Plan knowing full well that Congressional Hearings, Newspaper and Media reports, and Medical Studies have consistently shown that these plans deny critical patient procedures, overcharge Medicare itself by inflating costs and have failed to make the required improvements as their lobby has strong influence to get Congress and Medicare itself to make the necessary changes. This is Wrong!
- There were other recommendations that NYC and MLC failed to research. Improvements: such as *Self Insurance, Consolidating Drug Purchasing, Welfare Funds, Prescription Purchases and negotiating Hospital costs for over 1 million employees, retirees and their families etc. These alone will save 600 million.*
- The Organization of NYC retirees has already identified 300 million in savings. And the 600 million NYC claims it will receive from Medicare will shrink in future years.
- Contrary to what is stated the Arbitrator did not make a binding decision. It was only a recommendation, and the Council should investigate his Bias in this matter as he is close to the parties involved.

I have read that this is the most Progressive Council in NYC History. I cannot believe that this very same Council will undo Local Law 12-126 as currently written and that has survived the NYC Financial crisis and attack on us on September 11. Do Not Undo the work of Mayors, LaGuardia and Lindsey as well as our great Labor Leaders who saved NYC in its time of need: Victor Gotbaum, Al Shanker and Barry Feinstein.

Thanks,
Carmine Festa

From: Carmine Festa <carfest@icloud.com>
Sent: Sunday, January 8, 2023 8:02 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Fwd: Save Local Law 12-126 as It IS Now Written

Begin forwarded message:

From: Carmine Festa <carfest@icloud.com>
Subject: Save Local Law 12-126 as It IS Now Written
Date: January 8, 2023 at 7:59:06 PM EST
To: Hearings@council.nyc.gov

This e mail is my written testimony for the January 9, 2023 hearing before the NYC Council on Civil Service and Labor:

I worked for the NYCHA for 32+ years at various positions in Management. I was proud to be in Local 237 Teamsters and then in Management serving all residents. My wife and I raised two sons and counted on the benefits provided by NYCHA especially the Medical and Welfare Fund Benefits. When I retired, I especially needed the Medical Benefits as I worked at the WTC site and have had Cancer that requires constant attention.

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- The Stabilization Fund was misused by the UFT to obtain raises. This was morally unjust.
- NYC and the MLC are trying to switch retirees to a Medicare Advantage Plan knowing full well that Congressional Hearings, Newspaper and Media reports, and Medical Studies have consistently shown that these plans deny critical patient procedures, overcharge Medicare itself by inflating costs and have failed to make the required improvements as their lobby has strong influence to get Congress and Medicare itself to make the necessary changes. This is Wrong!
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I have read that this is the most Progressive Council in NYC History. I cannot believe that this very same Council will undo Local Law 12-126 as currently written and that has survived the NYC Financial crisis and attack on us on September 11. Do Not Undo the work of Mayors, LaGuardia and Lindsey as well as our great Labor Leaders who saved NYC in its time of need: Victor Gotbaum, Al Shanker and Barry Feinstein.

Thanks,
Carmin Festa

Dear Councilwoman De La Rosa,

January 10th 2023

Please accept the following statement below as my testimony to the hearing on January 9th 2023.

My name is Carmine Vitale, I am a NYC Retired Sanitation Worker of almost 23 years, now living in the state of Florida for the past ten years. I am disabled and have been on Traditional Medicare with the GHI Senior Care as my Medigap plan since December of 2013. I personally don't understand how after retiring under a normal service retirement and subsequently being awarded Social Security Disability by the Federal Government after having an attorney fight for me, how in my case I can be subjected to what the City and MLC are trying to do.

Currently, it is not hard for me to see any doctor I want as most, if not ALL doctor's take regular Medicare. This of course would mean they automatically accept the GHI Senior Care as my supplement. If the City and the MLC are successful in circumventing the courts decisions, this will force me, and in time, my wife into this "dis" advantage plan no matter how council votes. Can you imagine what this will do to my family financially, and emotionally?

As it stands now, I have no issues seeing any doctor of my choice when it comes to back (multiple surgeries and procedures), my heart (Mitral prolapse valve), my knees (Gel shots twice in 5 years) and more. My wife on the other hand, we have to drive 50 60 or 70 miles at times for routine tests like mammography's, pap scans and more.

Living out of state was our choice and we enjoy our retirement and are lucky we see a local doctor for general care, who just so happens to have retired from NY and takes GHI, but if this administrative code 12-126 is altered in any way to favor the City and MLC it will surely hurt us. I would need to find new doctors in hopes that they would even accept this new advantage plan. ALL of my current doctor's have emphatically stated they would not accept any advantage plans, let alone one from NY.

Back in 2021 when the city attempted to automatically enroll 250,000 retirees into the MAP plan, I opted out. I would have to do this again to keep what I have, only this time be forced to pay the \$200 per month to keep what I earned and enjoyed having since 2013. My wife when she reaches Medicare eligibility at 65, I would again have to forego another \$200 per month her and who knows in seven years if the costs won't rise by then.

I implore the Council to not amend 12-126 and that you reject the City and MLC's attempt to force you into changing code under false pretenses. There are many other ways to attain these savings however, they should not be on the backs of retirees who are on fixed incomes like myself.

Respectfully,

Carmine Vitale

Retired NYC Sanitation Local 831

Palm Bay, FL

City Council Testimony at Civil Service & Labor Committee Hearing January 9, 2023

Good Evening, Council Members. My name is Carol Anshien. I am retired 16 years from the New York Public Library. I served our city nearly 30 years.

I am here today to ask that you not support any amendments proposed to change the Administrative Code 12-126 and am in opposition to Intro Bill No. 874. Changes to this code will result in additional cost to many retirees who are currently on low fixed incomes and, also, take away the ability of Retirees to litigate.

I do not want to be in a Medicare Advantage Plan because I fear it will not cover all my healthcare needs. I have been satisfied with the coverage provided by traditional Medicare and my Empire Blue Cross supplemental [for which I pay monthly/and no copays]. I am worried not only that it will become unaffordable (it will triple) but also scared that I will no longer have the plan of my Choice. I am a multiple cancer survivor over 25 years and continue to receive excellent preventative treatment and care from Memorial Sloan Kettering.

The increased costs for basic healthcare services should not be coming out of the pockets of retirees. This additional stress on our aging bodies and minds is unconscionable. We earned the right with years of service and very modest salaries to continue to receive proper healthcare, with choices in health care insurance, and the traditional Medicare benefits promised.

The mayor and the unions should not be using us as pawns in their negotiations for current workers contracts. There is a history of misuse of Health Stabilization Funds. The UFT 'borrowed' \$1 billion to pay for current workers in 2014 and has never paid it back! There are other options to consider. There are other avenues to look at to find the financial means needed to help the City. Fix these other things, without a Fixed plan for retirees.

To End, may I suggest, the BEST way you can help resolve this issue is by Urging the Mayor, and the MLC to sit down together and TALK with the NYC Organization of Public Service Retirees, DC37Retirees Association, the PSC and other organizations that testified today.

Thank you.

From: Carol Borenstein <ckbor3426@aol.com>
Sent: Thursday, January 5, 2023 8:08 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Testimony for hearing re: Administrative Code 12-126

In regard to Administrative Code 12-126, I implore you to keep this code so that Retirees health benefits can remain intact as they are today. The Medicare Advantage Medicare plans do not provide retirees with the same coverage. While it was indicated by the UFT, that 98% of doctors would accept the plan, the doctors that I have used for years did not want to participate in the advantage plan that was proposed last year and I have no faith that they would accept this new medicare advantage plan by another administrator. Furthermore, the difficulty getting approval for necessary tests and procedures will be cumbersome and untimely which will risk our health and good medical outcomes.

Amending the statute, will force retirees into a plan that they don't want and you will be doing the dirty work for the Mayor. We served decades for NYC and deserve the health care that we were promised, earned and paid for.

Please protect us from financial and medical peril.

Carol Borenstein
DOE Retiree with 30 years of service

From: Carol K <ckoss8@gmail.com>
Sent: Monday, January 9, 2023 9:06 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Medicare Plan

To Whom It May Concern:

I am writing to express my objection to switching to a Medicare Advantage plan.

I worked thirty plus years with the promise of having my current health care plan.

I earned this. It should not be taken away and replaced with an inferior plan.

12-126 was put into place to protect the retiree population at a most vulnerable stage in their lives. This should not be changed. Retirees should not be expected to pay more for coverage that they were promised.

Please share my concerns
Thank you
Carol Koss
Sent from my iPhone

From: Carol Segarra <carolannsegarra@gmail.com>
Sent: Monday, January 9, 2023 1:01 PM
To: NYC Council Hearings; Adams, Adrienne; De La Rosa, Carmen
Subject: [EXTERNAL] Do NOT CHANGE Administrative Code 12-126!

Dear Council,

I am a native New Yorker who has lived in Brooklyn all of my life.

As a City Planning Retiree, I am appalled and disappointed that this change is on the table for voting. I started working for the Department of City Planning in 1987 and just retired in March of 2022. I was grateful to have my job as a Graphic Artist because health benefits and a pension were very important to me. I worked for 35 years for New York City and gave my best at work. Apparently, the Labor Stabilization fund which was instituted to prevent these benefits from being taken away has been misused, and the city's fiscal deficits are to be bailed out on the backs of city workers and retirees! How can this be? What about all of the years of hard work that I put in already which promised these benefits?

It is well known that city jobs do not pay well, and that is why so many people leave. Those of us who compromised about pay because we wanted health benefits and pensions are being put on the chopping block. How can you even consider doing this? There are other ways to help pay for the deficits and they need to be explored. Do NOT CHANGE Administrative Code 12-126!

Sincerely,

Carol Segarra

Retired Graphic Artist

NYC Department of Planning

From: Carol Steinsapir <csteinsapir@hotmail.com>
Sent: Monday, January 9, 2023 2:45 PM
To: Testimony
Cc: Carol Steinsapir
Subject: [EXTERNAL] City Council Hearing on proposal to eliminate Section 12-146 Medical Insurance for Retirees and Proposal to

Testimony for the January 9, 2023 City Council Hearing on Medical Insurance for Retirees.

Testimony from
Carol Steinsapir
Brooklyn, NY 11218
csteinsapir@hotmail.com

I retired from the New York City Department of Health and Hygiene in 2013. I am writing to urge the City Council **not** to eliminate Section 12-126 of the NYC Administrative Code.

Forcing NYC retirees to enroll in a Medicare Advantage Plan will not address the larger forces that are driving up the costs of health care in NYC and the rest of the country. At the same time, it is likely that Medicare Advantage may reduce the quality of health care provided to those retirees as explained below.

I strongly recommend that the Mayor and the City Council consider the plan recommended by the Professional Staff Congress which represents the faculty at the City University of New York. A summary of that plan is appended below to this testimony. As the plan explains, it “proposes an approach that responds to both the urgent need for immediate relief and the longer-term need for structural change” while “addressing the root causes of escalating healthcare costs.”

For me, personally, the forced transfer into a Medicare Advantage plan is frightening. Traditional Medicare allows you to choose the doctor and hospital you want to use. But Medicare Advantage plans require you to choose from a limited number of doctors and hospitals. As a result, I might be forced to switch from doctors who have cared for me for many years to doctors I have never met.

Also, under the traditional Medicare plan which covers me, my doctor makes the final decision about what type of medical care I need. Under Medicare Advantage, employees of the profit-making insurance company that will be managing the plan have the right to overrule the patient’s doctors. Other potential disadvantages of Medicare Advantage plans include the amount you must pay before your insurance coverage kicks in and plan benefits may change annually.

Before closing , I want to strongly recommend that NYC City Council representatives learn about the nation-wide problems with Medicare Advantage which have been identified at federal hearings and in articles by experts on health policy. A short article about this from Kaiser Health News is appended below.

Thank you for this opportunity to testify. Please see below (1) a copy of the proposal from PSC/CUNY regarding a plan for NYC retiree health care and (2) an article from Kaiser Health News referred to above.

PSC/CUNY Proposal for NYC Employee Health Benefits Program December 30, 2022

The recommendations offered by Martin Scheinman on the future of healthcare for New York City retirees and employees present a false choice: either the City must force NYC retirees into private, for-profit Medicare Advantage or it must impose monthly healthcare premiums.

These are not the only options. Worse, neither option addresses the fundamental issues that are driving up the City's healthcare costs. Even if a Medicare Advantage program were put in place today and the savings were \$600 million annually, the underlying problems would remain. Within a few years, the City would find itself back in the same crisis it is facing now.

A better solution is within reach. There is an alternative to stripping retirees of the free Medicare-based healthcare they were promised or changing the Administrative Code to eliminate a historic right to basic healthcare. The current crisis reveals the need for fundamental change in the cost structure of the City's healthcare coverage. The Professional Staff Congress/CUNY, a union that represents health policy professors among its 30,000 members, proposes an approach that responds to both the urgent need for immediate relief and the longer-term need for structural change. We believe that a solution can be developed that protects premium-free health coverage and at the same time addresses the root causes of escalating healthcare costs. The solution requires recognizing the structural and political forces that have created the current healthcare situation and developing a political consensus to address them. It requires implementing a temporary fix, for the next three years, to replenish the Stabilization Fund while long-term solutions are negotiated. It also requires replacing the Stabilization Fund with a sustainable plan to fund the benefits it provides and current healthcare costs for active employees, retirees and their dependents.

The City Council can offer leadership in developing the solution by advancing new legislation. The goals of the legislation would be to:

- Formalize the City's commitment to premium-free high-quality healthcare for active employees, retirees and their dependents.
- Articulate the City's historic commitment to maintaining the same health insurance coverage for all workers and retirees, refusing to divide or tier access to healthcare by income, job title, gender or race.
- Affirm that the City will keep its promise to retirees of premium-free health insurance through traditional Medicare and a Medicare supplemental plan.
- Recognize that City workers have historically made sacrifices in wages to ensure that all City workers—active and retired—have the means to sustain their health and the health of their families and communities.
- Address the immediate crisis for the Stabilization Fund; relieve the pressure on collective bargaining funds; and buy time to develop a long-term solution by allocating some of the budget funding over the next three years that would otherwise go to the Retiree Health Benefits Trust. See "A Resource to Sustain Benefits While NYC Health Benefits are Restructured."
- Create a stakeholders' commission charged with finding a path to control health insurance spending, with a focus on hospital pricing, before the end of the three-year period.

- Develop a sustainable City health insurance funding mechanism, replacing the Stabilization Fund.
- Affirm the Municipal Labor Committee’s right to bargain with the City over health insurance on behalf of public employees.

Such City Council legislation would be both visionary and pragmatic, in the best traditions of the Council and New York City.

Background

The existing mechanisms for New York City financing of health insurance for its employees, retirees and their families are no longer viable. The City pays for employee health insurance based on the mandated HIP/HMO rate. In 1984, when the HIP/HMO rate was insufficient to pay for a GHI PPO alternative plan (now called the Comprehensive Benefit Plan or CBP), the City and the Municipal Labor Committee (MLC, a coalition of unions that negotiate with the City over health care) created the Health Insurance Premium Stabilization Fund (Stabilization Fund) to bridge the gap. In the years when the HIP rate was more than enough to cover the CBP costs, the City paid into the Fund and the Fund grew. In years when the GHI plan cost more, the difference has been paid out of the Stabilization Fund. However, in recent years the cost of CBP has consistently been greater than the HIP/HMO rate, and the difference keeps expanding, with no signs of reversal.

In 2014, the City and the MLC agreed on the first of two Health Savings Agreements. Both agreements achieved savings by limiting increases in the HIP/HMO rate without effectively addressing the rising costs of care. The result is that starting in fiscal 2016 the New York City budget has reflected an artificially suppressed health insurance obligation, while costs have continued to rise. There is no foreseeable time when the City’s payments into the Stabilization Fund will be adequate to equalize the difference between CBP costs and the HIP/HMO rate. The Stabilization Fund is guaranteed to run out of money. The savings the City is seeking from transferring retirees to Medicare Advantage will not resolve this issue: health care costs will continue to outpace the suppressed HIP/HMO rate unless action is taken to address rising costs themselves.

The largest driver of the rising costs for City workers’ health insurance is hospital pricing. Compare the rates of reimbursement for doctors with those for hospitals in New York City. Commercial insurance reimburses doctors about the same amount as Medicare does. But the commercial insurance reimbursement rate for hospitals (both inpatient and hospital-based outpatient and ancillary service costs) averages 2.5 times what Medicare pays. New York City could use its regulatory powers and unique market share to lower hospital prices without damaging the capacity to deliver quality care.

Our Proposal

1. Buy enough time to develop a sustainable solution.

The City can buy time and sustain the Stabilization Fund over three years by allocating to it budget funding that would otherwise go to the reserves of the Retiree Health Benefits Trust and thereby not have to force NYC retirees onto a Medicare Advantage plan. See “A Resource to Sustain Benefits While NYC Health Benefits are Restructured.”

2. Create a stakeholder’s commission charged with finding a path to control spending.

The problem of rising hospital prices is political, not economic or technical. The City Council should authorize creation of a stakeholder commission to consider alternative approaches to hospital pricing. Members would include NYC elected officials, MLC leadership, union, hospital, physician, and insurance company representatives as well as elected retiree representatives. The Commission should have a sufficient budget to hire experts from academic and consulting groups. Its charge will be simple: develop a consensus plan to equitably limit hospital prices to ensure the city can achieve needed savings in health care spending while continuing to provide high-quality premium-free health insurance options to all City workers, retirees and their families.

3. Develop a sustainable City health insurance funding mechanism.

The commission should also develop recommendations to synchronize and rationalize funding mechanisms for active and retiree employee health insurance while maintaining the municipal unions' rights to bargain about health insurance.

[Government Watchdogs Attack Medicare Advantage for Denying Care and Overcharging | Kaiser Health News \(khn.org\)](#)

Congress should crack down on Medicare Advantage health plans for seniors that sometimes deny patients vital medical care while overcharging the government billions of dollars every year, government watchdogs told a House panel Tuesday.

Witnesses sharply criticized the fast-growing health plans at a hearing held by the Energy and Commerce subcommittee on oversight and investigations. They cited a slew of critical audits and other reports that described **plans denying access to health care ...**

Rep. Diana DeGette (D-Colo.), chair of the subcommittee, said seniors should not be "required to jump through numerous hoops" to gain access to health care.

The watchdogs also recommended imposing limits on home-based "**health assessments,**" **arguing these visits can artificially inflate payments to plans** without offering patients appropriate care. ...

Bliss said seniors "may not be aware that they may face **greater barriers** to accessing certain types of health care services in Medicare Advantage than in original Medicare."

Leslie Gordon, of the Government Accountability Office, the watchdog arm of Congress, said **seniors in their last year of life had dropped out of Medicare Advantage plans at twice the rate of other patients** leaving the plans.

Rep. Frank Pallone Jr. (D-N.J.), who chairs the influential Energy and Commerce Committee, said he was "deeply concerned" to hear that some patients are facing "**unwarranted barriers**" to getting care.

James Mathews, who directs the Medicare Payment Advisory Commission, which advises Congress on Medicare policy, said Medicare Advantage could lower costs and improve medical care but "is **not meeting this potential**" despite its wide acceptance among seniors.

Notably **absent from the hearing witness list was anyone from CMS**, which runs the \$350 billion-a-year program.

[CMS] officials clearly knew years ago that some **health plans were abusing the payment system to boost profits** yet for years ran the program as what one CMS official called an "honor system."

CMS aimed to change things starting in 2007, when it rolled out an **audit plan** called “Risk Adjustment Data Validation,” or RADV. Health plans were directed to send CMS medical records that documented the health status of each patient and return payments when they couldn’t.

The **results were disastrous, showing that 35 of 37 plans picked for audit had been overpaid, sometimes by thousands of dollars per patient.** Common conditions that were overstated or unable to be verified ranged from diabetes with chronic complications to major depression.

Yet CMS still **has not completed audits dating as far back as 2011**, through which officials had expected to recoup more than \$600 million in overpayments caused by unverified diagnoses.

From: c r <tafowa@gmail.com>
Sent: Monday, January 9, 2023 1:01 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Please enter these articles into the record as my testimony

To Whom it May Concern,

I think that anyone voting on considering making any changes to retirees straightforward Medicare benefits should read the articles below before making any decisions. I think after reading these articles you will see why Medicare Advantage, for profit plans, are flawed and inferior to regular non-privatized Medicare.

Please see the links below which I have provided starting with a relatively recent NY Times article documenting the high rates of denial of legitimate medical claims by Advantage Plans coupled with an overcharging of Medicare resulting in billions of dollars of taxpayers' money going to enrich the coffers of Advantage plan administrators. This is unacceptable to progressive people and to those who value health care as a fundamental right. It is outrageous to think that our leadership in NYC would support converting its retirees to such corrupt plans.

I am a retiree who worked at Hunter College for almost 20 years. Please do not take away the decent health benefits that I rely on through Medicare. There are many of us who are vehemently opposed to privatized Medicare, I am in the healthcare field myself and have seen the difference between the privatized plans and straight up medicare.

The city should not be seduced by the massive advertising campaigns of these companies who promise much but when it comes time to deliver, watch out. Please read the articles below. We trust you to make the right and moral decision on our behalf.

Sincerely,

Carole Rosen, MA, MSW, LCSW, Retiree from
College, 20 years of service

Hunter

<https://www.nytimes.com/2022/04/28/health/medicare-advantage-plans-report.html>

<https://khn.org/news/article/medicare-advantage-overpayments-cost-taxpayers-billions-researcher-says/>

<https://khn.org/morning-breakout/medicare-advantage-plans-too-often-deny-care-hhs-watchdog-reports/>

<https://www.webmd.com/health-insurance/news/20220629/government-watchdogs-attack-medicare-advantage-for-denying-care-and-overcharging>

--

Carole Rosen, MA, MSW, LCSW

NYC, NY 10025

From: Caroline Ash <moodylove69@yahoo.com>
Sent: Monday, January 9, 2023 10:20 PM
To: NYC Council Hearings
Cc: Brewer, Gale; DC37 Retirees Association
Subject: [EXTERNAL] CITY ADMINISTRATIVE CODE 12-126 - MY WRITTEN TESTIMONY FOR MONDAY, 9 JAN 2023 FROM CITY WORKER RETIREE C. ASH
Attachments: 1-CODE 12-126-STOP THE CHANGE-9JAN2J023.pdf

Dear Speaker Adam and Council Member De La Rosa,

My name is Caroline Ash and I worked for CUNY for over 40 years. I retired in May 2022. My sister who has worked for the City of New York for over 45 years told me back in 1973 when I was on Public Assistance, that I should get a union job because the work and benefits would cover me in my retirement years. The union would make sure I had health coverage and a decent wage, but most of all, I couldn't be let go from a job without due process. I thank God every day for my sister's advice.

Now I am fighting along with all City workers to keep "Administrative code 12-126" in place (**Health insurance coverage for city employees, persons retired from city employment, and dependents of such employees and retirees**). <https://codelibrary.amlegal.com/codes/newyorkcity/latest/NYAdmin/0-0-0-16182>

This code was put in place back in 1965 to keep City workers safe and away from health insurance companies that live for the bottom line- revenue. **AETA's net worth is \$69.97 Billion** and it is growing every day because of the manipulation of fees and loopholes. The cost of health care is cut up like a pie with each slice getting thinner and thinner and we the consumers are being fooled by the packaging.

I like to ask, "What's going to stop AETA from changing our health benefits if they win our contract?" As stated in the Council meeting today at City Hall, the City doesn't even have the whole contract/proposal from AETA. What is to stop them from adding more loopholes and fees later on?

Please take the time to analyze and evaluate the **ratifications** of the City Council's actions, because once you make a decision, it will be very hard to take it back and the wrong decision could have city workers suffering not just physically but psychologically (from fear and uncertainty each time they visit the doctor).

No one wants that, no one, we worked hard for our city and many of us gave our lives, please do not **AMEND CODE 12-126** at this time, let the union find another source of funding to give city workers union raises, but not on the backs of us retirees.

As my hardworking District leader and City Council member Gail Brewer said, "A promise is a promise!"

Thank you for your time reading this (please see the attached poster - I saw it in my mind as I watched the meeting today). I pray this doesn't happen to anyone.

In solidarity and respect,
Caroline Ash
CUNY Administrative Assistant 1C
BA, MA& MS
(CUNY STAFF MEMBER from 1974-2022)

PS: This article may shed light on HIP/HMO and the City - No one talked about contract negotiations with Emblemhealth to lower cost???????

<https://www.prnewswire.com/news-releases/emblemhealth-pleased-to-partner-with-the-city-of-new-york-and-its-unions-to-expand-access-to-innovative-value-based-care-300228074.html>

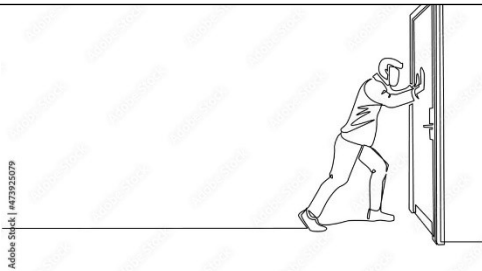
The city will pay the entire cost of health insurance coverage for city employees, city retirees, and their dependents, not to exceed one hundred percent of the full cost of H.I.P.-H.M.O. on a category basis.

PLEASE DO NOT AMEND CODE 12-126

BECAUSE You will allow the private medical advance insurance companies, like AETA to create fee loopholes that will be detrimental to city workers, retirees, and their families for years to come.

Suggestion: Create a Blue-Ribbon committee to analyze (a) why the unions are trying to change city workers medical coverage at the expense of retirees and at what cost? (b) What happened to the money given to the Teachers Union, if any. (c) to Create an agency to oversee, monitor medical cost, and drug prices.

FIRST APPEAL OF MEDICAL ADVANTAGE DECISION



SECOND APPEAL OF MEDICAL ADVANTAGE DECISION



FINAL APPEAL OF MEDICAL ADVANTAGE DECISION



In solidarity, Retiree, Caroline Ash CUNY 43 Yrs

THIS COULD BE THE FUTURE FOR ALL OF US CITY WORKERS IF WE OPEN THE DOOR FOR PRIVATIZATION OF OUR MEDICAL COVERAGE WITHOUT HAVING SAFEGUARDS IN PLACE.

THANK YOU.

Ms. Caroline Ash –

, New York, NY 10024

email: moodylove69@yahoo.com

THIS COULD BE THE FUTURE FOR ALL OF US CITY WORKERS IF WE OPEN THE DOOR FOR PRIVATIZATION OF OUR MEDICAL COVERAGE WITHOUT HAVING SAFEGUARDS IN PLACE.

THANK YOU.

From: Carolyn Conaboy <carolynconaboy@gmail.com>
Sent: Sunday, January 8, 2023 2:36 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Do not change NYC RETIREE MEDICAL COVERAGE. Take a look denial of service and denial of reimbursements here. See 1 million + victims.

<https://www.commonwealthfund.org/publications/explainer/2022/may/medicare-advantage-policy-primer>

From: CAROLYN HORNIK <chornik@aol.com>
Sent: Friday, January 6, 2023 5:31 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Administrative Code 12-126

TO THE NEW YORK CITY COUNCIL
COMMITTEE ON CIVIL SERVICE AND LABOR
HON. CARMEN DE LA ROSA, CHAIRPERSON

REGARDING INT. NO. 874

A LOCAL LAW TO AMEND SECTION 12-126 OF THE ADMINISTRATIVE CODE OF THE CITY OF NEW YORK IN RELATION TO
HEALTH INSURANCE COVERAGE FOR

CITY EMPLOYEES, CITY RETIREES, AND THEIR DEPENDENTS

Thank you for the opportunity to testify.

I am a 73 year-old NYC retired teacher. I put in 30 years of service educating the children of New York City schools.

If the Council adopts the changes to NYC Administrative Code Section 12-126 Council Members De La Rosa and Ayala have introduced on behalf of the Mayor, you and your colleagues will be forcing me and other existing NYC retirees to assume a sizeable and, for many of us, a punishing economic burden in order to keep the high-quality premium free health insurance we were promised, earned and now enjoy.

The federally subsidized, privately run Medicare Advantage plan will offer us access to fewer doctors and hospitals and make critical decisions regarding our health care needs subject to prior approval procedures designed to “control” costs and maximize profits.

My doctors have already informed me that they will not accept any Medicare Advantage Plan. My main concern is having procedures deemed necessary for my health by my doctors being subject to non-approval by corporate health insurance personnel who are not medically trained and are only interested in the corporation’s bottom line.

Medicare Advantage is a failure. Government audit reports, professional organizations and investigative journalists have documented that seniors are receiving less and poorer health care than under traditional Medicare. Doctors are being forced to delay needed treatments and place their patients in danger until they can secure prior authorizations or negotiate the reversal of decisions to deny treatments they consider necessary and. The Federal government is spending more per capita on Medicare Advantage than on traditional Medicare. Furthermore, eight of the ten largest insurance companies offering Medicare Advantage plans have been or are now defendants in False Claims Act lawsuits brought by whistleblowers and the Department of Justice over billions in payments fraudulently requested and received. Clearly, Medicare Advantage is a health insurance model that places profits before care and fosters corruption.

NYC RETIREES DESERVE BETTER!

What you are hearing from administration officials, union leaders and some of your colleagues and what you may have read in recent press releases, is not true. The Scheinman report is a one-sided non-binding propaganda document

brought to you by the Administration and the Municipal Labor Committee (MLC) and is being used to mislead you into believing changing 12-126 is the only option for addressing rising health insurance costs. That is NOT TRUE!

You are also being told by administration officials and union leaders that changing 12-126 will protect everyone's health insurance benefits and preserve choice. That is also NOT TRUE!

The pricing benchmark and the all-inclusive definition of the class it applies to that were included in 12-126 when it was adopted by the Council serve to define and protect the health insurance benefits of all active employees, including you, and all retirees. The proposed changes to 12-126 will empower the Mayor and the MLC to side step what is set forth in 12-126 to define new classes and set health insurance pricing benchmarks for those classes whenever they decide to and for any reason they want. The City Council and everyone else will be powerless bystanders. If the Mayor and the MLC make decisions that are just plain wrong or are designed to reward supporters, punish opponents or leverage votes, neither the Council, the City's legislative and budget making body, nor anyone else will have the authority to intervene. Clearly, adopting the proposed changes to 12-126 and enabling the Mayor and the MLC to wield such power would diminish the authority of the Council and be very dangerous!

Like all retirees, I am sympathetic to the goal of better controlling the cost of healthcare benefits. But I do not believe the pursuit of that goal should fall so directly and heavily upon retirees. That our well-earned and justly awarded benefits are being regarded as a burden the City must shed is unfair and wrong. We did what we were asked to earn what was offered. We deserve to be respected, to have the commitments made to us honored, to keep the traditional Medicare and free supplemental health insurance we now have, and to continue having our critical healthcare decisions made by doctors instead of corporation administrators.

PLEASE PROTECT THE HEALTH BENEFITS OF RETIREES.

PLEASE DO NOT EMPOWER THE MAYOR AND THE MLC TO SIDE STEP THE LAW.

PLEASE DO NOT DIMINISH THE AUTHORITY OF THE CITY COUNCIL.

PLEASE VOTE AGAINST CHANGING NYC ADMINISTRATIVE CODE SECTION 12-126!

Again, I thank you for affording me the opportunity to testify and I very much hope you will oppose changing Administrative Code 12-126.

Sincerely,
Carolyn Hornik

Dear City Council Members,

January 8, 2023

Thank you for holding a hearing to hear City Worker concerns about the state of our premium free health care. I am Carolyn Rhodebeck, MPH, a City Research Scientist II with the Department of Health and Mental Hygiene (DOHMH). I urge you to support keeping active city employees and retirees' health care premium free.

I was recruited over four years ago from out of state to work for the Public Health Laboratory (PHL) at DOHMH. Although I wasn't getting a raise coming to work at DOHMH, I was drawn to the benefit of having premium free healthcare again, as my previous employer made me pay high healthcare premiums. When I had to pay for premiums (over \$300 a month) and meet a yearly \$3,500 deductible before insurance would cover any expenses, I avoided going to the doctor and dentist because I had to pay four times more than my copays would be once the deductible was met. It caused me great stress trying to find over \$7,100 a year in my budget to cover health insurance and it was not good for my physical health skipping routine care.

From March 2020 to November 2022, I was activated for the COVID-19 and Mpox responses in multiple roles. I worked at the first pop-up COVID testing site DOHMH stood up; helped stand up the first home COVID testing DOHMH provided in March 2020; conducted problem resolution for incoming specimen to ensure patients would receive test results in a timely manner; served as a desk officer for 16 months for two emergency response groups (PHL and Surveillance/Epidemiology) often working 10-12+ hour days; worked over 750 hours across 65 shifts at COVID-19 vaccine sites in Harlem and the Bronx; and was recruited to be the Deputy Lead of the Immunization Justice Workgroup (IJW) for over a year to educate nearly 10,000 DOHMH and City Workers about the COVID-19 vaccine through trainings, Table Talks, and City Worker Briefings.

Working long hours and multiple roles for over two and a half years took a toll on my body to the point where in 2021 I started physical therapy to allow me to continue to function at a high caliber. I am lucky to have found a provider who was taking new patients and city insurance, however, insurance reimburses the provider so low that I pay three times my copay to get an adequate session that allows me to function. If it weren't for my premium free healthcare, I would not have invested in my physical health to feel better and maintain functionality because it would cost me six times the amount to get treated. I fear that if City Workers and retirees lose their premium free healthcare, I will have to stop these beneficial sessions because I won't be able to afford them.

With the increase in stabilized rent rates, inflation—particularly for groceries, no cost of living increases (COLA), and no raises in recent years due to being out of contract, having to pay health care premiums will be a pay cut and significantly affect my budget. In addition to have to scale back my physical therapy and routine health care, I worry about how I will be able to afford groceries and cover my increased stabilized rent with lower take home pay.

I love working in New York City for the DOHMH and serving New Yorkers through my work. I did not get into public health to make tons of money, but with a Masters in Public Health from a top university in the field and a decade of public health experience, I expect to make a livable wage to support myself. I fear that if premium free health care is not protected for city workers and retirees, I won't be able to afford to work for the City of New York much longer and take advantage of the Tier 6 pension law change, that allows workers to vest in pensions at 5 years, as I will be vested this year.

I fear that if premium free health care is not protected for city workers and retirees, there will be more challenges in recruiting and retaining employees as this is one of our last significant benefits offered to city workers. Hiring for roles at DOHMH is becoming increasingly difficult because of the inflexibility of hybrid work options and low salaries, which will be even lower if people have to pay for health care premiums.

I *strongly urge* City Council Members to vote to keep City Workers and Retirees' health care premium free so that we can continue to afford health care to stay healthy and be able to do our jobs serving and protecting all New Yorkers.

Thank you for the opportunity to submit testimony and taking it into consideration, it is greatly appreciated.

Sincerely,

Carolyn Rhodebeck, MPH
City Research Scientist II

My name is Cassie Hackel and I am a City worker at HPD and a member of DC 37 Local 375. I am writing in strong opposition to Intro 874. I urge the Council not to support the Mayor's and the Municipal Labor Committee's attempt to force City retirees into a Medicare Advantage plan and undermine the health benefits City workers have been legally entitled to for decades.

The campaign from the administration and the MLC has described this proposed change to administrative code 12-126 as a way to "preserve choice" for retirees in their health care. In fact, the premium that will be attached to traditional Medicare (Senior Care) if the change goes through will be out of reach for many retirees on their incomes and would make it infeasible for them to remain with their current standard of care. Medicare Advantage has also been the subject of much reporting regarding fraud with the program and I am very concerned that this will be functionally the only option for many retirees who have been legally guaranteed a certain standard of benefits for decades.

As active workers, we have been told by our union leadership that it is necessary to put the Medicare Advantage switch in place in order for the City to fund our raises, or that we will be forced into paying health care premiums if the switch does not go through. I strongly object to retirees and active workers being pitted against each other when the City and unions could pursue other options. Retirees and the Professional Staff Congress have identified several alternative approaches to lower healthcare spending such as the City creating a self-insurance plan or all City workers' union welfare funds being consolidated for better leverage and group purchasing. I urge the Council to meet with these groups and hear about their proposals. For other active workers like myself, this change to the administrative code opens the door for our own healthcare benefits to be altered or for more "classes" to be created with diminished health care benefits, such as new hires. The City is already hemorrhaging workers, and gutting benefits will make it even more impossible to hire and retain talent while our essential agencies are already dangerously understaffed.

The Council should not play into the Mayor's and the MLC's plan to get around their legal obligations to retirees and should not pass Intro 874. Thank you,

Cassie Hackel

Other resources to explore and to pull talking points from:

- Physicians for a National Health Program (PNHP): [Statement on Medicare Advantage](#) & [financial analysis](#)
- Cross Union Retirees Organizing Committee (CROC): [Better Solutions email](#) (includes recommendations from PSC-CUNY)
- PSC-CUNY: [Message from president](#) & [brief explainer of proposed changes](#)
- DC 37 Retirees: [Information and links on MAP](#)
- NYC Retirees: [Admin code change explainer](#) (see annotated text mid-page)

Cecelia Braxton – Testimony January 9th Committee on Civil Service and Labor 9:30am

Amending section 12-126 of the Administrative Code to allow the city to reduce health care coverage for retirees is a BETRAYAL of a promise made to us as New York City Educators and staff. My name is Cecelia Braxton. I have lived in a rental apartment at in Washington Heights for nearly 45 years, and I vote, both in primary and regular elections in all years. Hello Councilwoman & Chair Carmen de la Rosa, I am your constituent. I have been an Adjunct instructor and PSC-CUNY member, teaching in Bronx and Queens community colleges since 1998. I strongly oppose amending section 12-126 of the administrative code. I urge ALL council members to vote against the proposed changes.

Three years ago, I breathed a sigh of relief when I learned that after buying back time worked as an Adjunct instructor, I would qualify for one of the best Retiree Health insurance plans available if I retired at age 72. That is this year. I would receive the same health coverage I have received since becoming a full-time instructional staff member six years ago, PLUS coverage for Medicare Part D. But now I find I will be required to Pay \$200 a month out of my whopping pre-tax income of \$3800 a month from the NYCERS pension plus Social Security for a Medicare Advantage program that has no serious advantage to it, run by a corporation for which profit is the main mission, rather than the health of people who have worked for the city for years and were promised free health insurance coverage when they signed up. This is betrayal of the very people who elected you. It is now your turn to Vote for US. Thank you.

January 6, 2023

Hello City Council and City Council Members:

I'm a retired NYC teacher, Cedric Fergus that is very upset that the former Mayor, MLC and my UFT leadership negotiated the 2014 UFT raises of 18% over 9 years that required the MLC to agree to convey \$1 Billion from the Health Insurance Stabilization Fund (HISF). In lay people terms the city, MLC and UFT leadership took from Peter to pay Paul.

Did the UFT members and city workers really know about this horrible, negotiated deal that saves the city \$600 dollars SOLD THEM OUT!!! It really reduced NYC retirees' health benefits and denied healthcare service. This alleged forced for-profit healthcare plan for retirees is wrong and immoral. Retired workers and all city workers know about the unwritten convent with the city in lieu of less pay you get benefits and a good pension during your service and after you retire.

Why would NYC retirees believe the city MLC and UFT leadership now? On March 3, 2022, the First Department Appellate Court affirmed the Supreme Court Decision which happen to be unanimous. The City and MLC using a recommendation from the Scheinhman report as a ruling.

Why is the city and MLC trying to have the City Council to amend the administrative code section 12-126 to "preserve health care choices for city retirees". The MLC will negotiate retiree health care and enables the city to continue offering retirees the option of other pay-up health care plans.

NYC retirees have and want to continue to keep their original healthcare plan with our same benefits doctors and healthcare options. You do not need to amend the administrative code for retirees to keep our original healthcare especially retirees won this right in court. The city can save money some other way. City Council members DO NOT amend the administrative code and please do not believe the city and MLC on this issue. Listen to the people!!!!

Thanks,

Cedric Fergus
Very proud retired NYC worker

From: c10mz <c10mz@aol.com>
Sent: Thursday, January 5, 2023 8:32 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Code 12-126

I implore you to keep code 12-126 so that Retirees health benefits can remain intact as they are today. The Medicare Advantage Medicare plans do not provide retirees with the same coverage. While it was indicated by the UFT, that 98% of doctors would accept the plan, the doctors that I have used for years did not want to participate in the advantage plan that was proposed last year and I have no faith that they would accept this new medicare advantage plan by another administrator. Furthermore, the difficulty getting approval for necessary tests and procedures will be cumbersome and untimely which will risk our health and good medical outcomes.

Amending the statute, will force retirees into a plan that they don't want. We served decades for NYC and deserve the health care that we were promised, earned and paid for.

Please protect us from financial and medical peril.

Celia Merritt LCSW
Retired NYC DOE School Social Worker
37 years of service

Sent from my iPhone

From: Cepeda Ariel <ACepeda8@schools.nyc.gov>
Sent: Tuesday, January 10, 2023 9:03 AM
To: NYC Council Hearings
Subject: NO TO AMENDING CODE 12-126

I do not agree to AMENDING CODE 12-126 it is unfair !!! We work hard and deserve the full benefits without reduction.

Hi! My name is Chanah Markowitz and I am a retiree from the New York City DOE. I was a teacher, guidance counselor and retired as an assistant principal, working for almost 30 years until I had to retire to help take care of my parents.

As my husband and I get older and need the services of a variety of doctors when asked none of them will accept a Medicare Advantage plan.

My union, CSA and other unions on the MLC have decided that they should, rather than support their former members, work with the Mayor's office to push their retired members into a Medicare Advantage Plan or charge us almost \$200/month for the privilege of retaining our current plan. A plan, which for the record, only covers 20% of medical costs as Medicare picks up 80%

My healthcare and my husband's would be SEVERELY compromised by a Medicare Advantage Plan. And while I will, if necessary, pay \$400 a month for the two of us, my pension is limited and the cost will be felt.

The latest justification for the attempt to harm retired members, the Scheinman report is NOT a "ruling", it's an opinion and IS NOT BINDING!

It's paid propaganda and the MLC is hoping the city council falls for it. Since you are having these hearings, it apparently worked.

NYC Organization of Public Service Retirees (<https://www.nycretirees.org/>) has identified at least \$300 million in savings available right now without harming any constituents. Much more can likely be found if a Blue Ribbon Commission is set up looking for ways to save money on City Worker healthcare without harming us.

Thank you for hearing me out. Please consider that current retirees have worked for the city for decades, taking lower salaries than the private sector offers, in return for the promise of these and other benefits in retirement. Remember that you and your staff will also face the results of your decisions this month. In addition to reducing retiree benefits, this will also allow for other "categories" to be carved out at the whims of the Mayor and the MLC. This is not a precedent that we want to see. Should police have very different healthcare than firemen? Should Council members get different healthcare than teachers? Allowing the creation of categories would allow this to happen.

Please protect administrative code 12-126.

Chanah Markowitz

Retired assistant principal 27 years

Park Drive East
Flushing, NY11367

From: Charles Brancato <cab197@hotmail.com>
Sent: Thursday, January 5, 2023 4:15 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Admin Code 12-126 & the Scheinman Report

Council Members:

My name is Charles Brancato. I am a retired NYC Sanitation Mechanic. I'm writing this to plead with you to not alter the Admin Code and to not follow the Scheinman report. Altering our medical benefits will be a terrible blow to myself and many other retired City workers who are experiencing trauma and the diseases that come from age and the result of the type of jobs we performed for NYC. We're on fixed budgets and can't afford the large financial burden that reduced benefits will cause.

I worked for over 25 years at the Fresh Kills Landfill on Staten Island. During that time and a few years earlier at the Brooklyn Boro Shop myself and others were exposed to every vehicle associated toxic chemical you can name. Asbestos in brakes and clutches, Carbon tetrachloride, Sulfuric acid, Diesel fuel and gasoline to name a few.

I have been surgically treated for Prostate cancer and a year after needed 40 doses of radiation because of a recurrence of cancer. I have Tinnitus and hearing loss. I have a pacemaker and Atrial Fibrillation. I have spots on my lungs that have to be CT scanned once a year to check for cancer. No one in my family has any of these diseases. They are all job related. Apparently working for the City has cost me my health and perhaps my life.

And now NYC is trying to reduce my hard earned medical benefits.

I started my City career in 1973. In that time I've seen Mayor Koch take a weeks salary from every City worker to get operating money. I've seen Guliani refuse to sign City worker

contracts FOR YEARS to save money. DeBlasio tried what Adams is now doing. And Adams:

When campaigning he said he was against any benefit change. When elected he did a 180

degree turn around and is trying to kick the very people that keep the City running in the teeth. Or I should say the wallet.

The Organization of Public Service Retirees has been our champion in this cause and submitted a list of over \$300 million in possible savings which has been totally ignored. That makes this situation look like a vendetta against Retirees.

Adams says he'll change the code if you don't. I'm begging you not to change it. Let the mayor do his worst on his own and give us a fighting chance to keep our benefits. Twice the Courts have upheld it. This should be enough to tell you what's right and proper. We believe we'll win in Court again. Please please help us and leave 12-126 alone.

Thank You;
Charles Brancato
cab197@hotmail.com

Dear Council Member

I am writing to you to express my fear that the proposed changes to Administrative Code 12-126 will seriously harm my health as well as my wife's, and my disabled son who is also covered under Medicare.

I find it hard to believe and harder to understand that the city I worked for would turn its back on its retirees for money.

I am a retiree and worked as a teacher from 1972 to 2008. To put it simply, my adult employed life was in service to this city.

You will be asked to vote on changing the above mentioned code. You should make sure the City keeps its promises to its retirees. And one of those promises dealt with health benefits after retirement. The MLC does not negotiate for retirees. The decision handed down by Mr. Scheinman was a recommendation, an opinion, instead of an award. It is not binding. The Health Stabilization Fund which was supposed to be used for funding health care programs was instead used for pay salary increases for in-service members.

*Medicare provides for senior citizen retirees and for the disabled. Medicare Advantage Plans are organizations that are for-profit. Their decisions will affect the future health needs of me and my family because those decisions will be based on profit. In fact even the Medicare web site states that the Medicare Advantage Plan may decide to stop participating in Medicare. Why trade in something dependable for a plan that may not be around when it is most needed?

As Medicare Advantage Plans are profit based, some procedures and treatments will be determined by people other than my medical professional. Nobody should have their health care needs decided by profit based businesses. The freedom of choice should not be taken away.

I ask if you would want your health insurance plan to decide on your medical needs based upon a company's profit margin or your well being?

Retirees helped build this city over many decades. They must not be sacrificed on the altar of dollars. Please do not amend Administrative Code 12-126.

Thank you for protecting the health of retirees,

Charles Seideman

Dear City Council Member:

The City Council is being threatened that if they don't amend the statute to force retirees into the Medicare Advantage, the Mayor will do that on his own. Amending the statute does the same thing! Why should the City Council amend the law if the Mayor will do this anyway? Why do his dirty work? Let the Mayor take the political hit for hurting retirees and remove City Council Members from the ire of retirees and constituents in their next election. If the Mayor does this act, the Retirees will be able to challenge and win this in court where we have been successful because the City has violated the law and this is his way around it. If the City Council amends this Administrative Code, they will affirmatively be hurting retirees and preventing us from winning this in Court. Don't prevent us from winning again in court. We served our time as employees and have a right to enjoy our time as retirees with proper care that we earned and paid for.

Don't have to buy the Big Lie. Don't amend the Code, protect it like every City Council before you has against a greedy Mayor. Protect 12-126. Scheinman has no jurisdiction over the City Council nor the Retirees.

We request that you do NOT support the bill being introduced on January 9th by Civil Service and Labor Chair DeLaRosa.

Thank you for protecting us from financial peril and losing our healthcare.

Sincerely,

Name : Charles Simonetti

Agency:FDNY

Years of service:18

Year retired:1998

MARTIN SCHEINMAN'S BULLSH#T LETTER

There's been a letter being circulated by Arbitrator and Mediator, Martin Scheinman, Esq. I read it and hoped it was bullshit. Then Marianne Pizzitola rebuked it-HOORAY!

In his letter he sums it up at the end, "thus in my view, ending the Administrative Code, supported by the City and the MLC, is in the best interests of the in-service and retiree communities".

When I read this I inquired who the hell is this guy?, and where does he come off saying this.

The following is a letter from Marianne who speaks the truth:

>Martin Scheinman's "Opinion and Award" is nothing more than his personal opinion; he doesn't have the legal authority to "award" a victory to the City and MLC by overruling the courts' decisions. And he certainly doesn't have the power to end Senior Care. Killing retirees' access to traditional Medicare and imposing a one-size-fits-all Medicare Advantage plan may be his

recommendation, but the representation to the press that this is a “win” or a “ruling” is a desperate example of *fake news*.

Mr. Scheinman’s report is nothing more than bad theater: a combination of farce and tragedy – with lots of horror thrown in to keep people glued to their seats, waiting to see who will be gored next. Mr. Scheinman’s role as Arbitrator is limited to resolving disputes between the City and the MLC. Except here, there is no dispute: the City and the MLC have been trying for 18 months to force retirees into Medicare Advantage and charge them a penalty if they choose to remain in their current plan – which the courts have prohibited. So, instead of sitting down with retirees and together figuring out how to save on healthcare costs, the City and MLC are resorting

to this Kabuki theater:

Mr. Scheinman is making us do it!

Retirees have repeatedly offered to sit with the Mayor’s staff and go through the more than \$300 million in actual savings that they have already identified. And three times the Mayor’s staff has agreed to meet, and then cancelled the meeting. The meeting this week was cancelled 15 minutes before it was to begin by OMB and then when we were finally able to convene, it was only a brief meeting to begin the conversation where we identified

savings and waste in Labor Relation's management of plan eligibility and hoped these conversations would continue. The proposed path by the City is NOT the only way to savings. Retirees have a proposed a Blue Ribbon Panel to identify additional healthcare savings, but the MLC has adamantly opposed an independent fact-finding investigation, probably because they don't want anyone turning over rocks that would expose years of collusion and mismanagement, And retirees have identified a way for the City to tap federal funds – from the CMMI Innovation Fund – and yet silence from the City and MLC.

What are they afraid of?

Mr. Scheinman's report is so replete with misrepresentations, lawyerly weasel-words that shade the truth, and outright fantasy that we won't rebut it here. But his conclusion: that the City Council must gut Administrative Law 12-126 in order to preserve health insurance choices would be laughable if it weren't so serious. It is akin to the Army's rationale during the Vietnam War that,

“We had to destroy this village in order to save it.”

We understand the lure of a purported \$600 million in annual Federal funds. And no one is against finding legitimate healthcare savings. But doing it on the backs of senior citizens and disabled first responders is not just unfair, it is illegal. There

are 50 years of promises, collective bargaining agreements, legislation, and past-practice that set a powerful precedent. If the City tries to kill Senior Care,

we will see them in Court.

But first, we urge the Mayor to do the right thing: sit with the retirees; understand where \$300 million in annual savings can be found now; and how to tap Medicare's Innovation Fund.<

I was a CUNY employee for over 25 years. I loved my job and was able to bring in grant money and work creatively to engage students. I retired in 2019 knowing I could count on excellent health coverage. I recently became quite ill, was hospitalized in May with pneumonia and heart issues. It took many, many tests, to diagnose my problem and I still need others to fully see if I am a candidate for a risky surgery. I must be able to consider doctors who have done this procedure before or I risk a lifetime of feeding tubes and long hospitalizations. That's why I am speaking with the Mayo clinic this week. Please don't take away my health care after I gave so much to an institution I love and gave so much to.

Before considering this terrible change to Medicare Advantage that would hurt me (and all city employees)! Please consider other ways to save money on health care that won't harm employees. We have identified savings in health care spending that would not involve changing 12-126. Convene a Blue-Ribbon Commission consisting of retirees, unions, the Council, OLR, Greater NY Hospitals, Pharma, etc, to help sort through the MLC rhetoric, fact-check, and make suggestions.

Please protect 12-126 because it protects US ALL EQUALLY!!

Dr. Cheryl Bluestone

Professor Emerita QCC/CUNY

Henry Hudson Parkway

Bronx NY 10463

From: Cheryl Jackson <chryljcksn54@aol.com>
Sent: Sunday, January 8, 2023 4:06 PM
To: Testimony
Subject: [EXTERNAL] Fwd: Change in health in health insurance for retired civil service employees

-----Original Message-----

From: Cheryl Jackson <chryljcksn54@aol.com>
To: testimony@council.nyc.gov <testimony@council.nyc.gov>
Sent: Wed, Feb 23, 2022 5:35 pm
Subject: Change in health in health insurance for retired civil service employees

I am writing to protest the change in medical insurance for currently retired civil service employees. It is my understanding that retirees who reside in NYC were mostly covered under Empire Blue Cross Blue Shield/GHI. However, many of us have retired in other states and do not have the above mentioned insurance. I have retired in North Carolina and this insurance is not nor has it ever been available here. I have contacted my doctors and the hospitals where I receive medical care. They have never heard of it and it is not an insurance that's familiar to the state.

All of my medical care is administered through Duke Hospital in Durham, North Carolina. They have never heard of this insurance. They are not getting this insurance. If I cannot have medical insurance I would have to pay for all procedures out of pocket. I cannot afford to do that. What will happen to me? And others like me? As a matter of fact, I went to the doctor yesterday and was placed on a Statin medication for my heart. Without insurance I would have to forgo this course of treatment.

When I call the insurance representative I am told that I can see any doctor I want and submit the bill. Even if the insurance covered my expenses where would I get the money for the up front costs? And, since I have to get prior approval there's a real possibility that some of the procedures or course of treatment recommended by my doctors may be denied. What happens to me and all the others in the same situation?

I feel betrayed and tossed out like an old rug. I have been trying to get answers but your representatives say one thing and the Insurance Dept. at Duke Hospital is not singing the same song. This is not what the unions promised us. We were told that we would have health insurance for life but if this new plan becomes permanent that will not be the case. I implore you to reconsider this plan, keep the promises that were made to us when we were civil servants and take the time to understand the fear, uncertainty and financial turmoil many of us will experience if you go through with this.

Cheryl Jackson
chryljcksn54@aol.com

Dear Civil Service and Labor Committee,

My name is Cheryl Samuels and I am a retired NYC employee, ACS, 34+ years of service, retired 2002.

I am testifying today to implore the Council to not change Administrative Code 12-126. This Code has protected all NY City employees and retirees for decades.

During my employment, I always believed that my health insurance as a worker and future retiree was secure. Now, with possible amendment to Administrative Code 12-126 and a possible forced, involuntary enrollment in a Medicare Advantage Plan, I feel as if the rug has been pulled out from under me. Also, to have us incur a fee to maintain our current Medigap coverage is terribly unfair, particularly to those who have lower incomes. Regrettably, the Mayor, the MLC, most union leaders, etc. are throwing all NYC retirees, as well as current employees, under the bus.

Medicare Advantage plans have proven to be problematic and inferior to our Traditional Medicare and Medigap Plans. Currently, many of these plans are being investigated. Many doctors, hospitals, etc. have refused to accept this health insurance – amending Administrative Code 12-126 would be totally unconscionable and would put the most vulnerable population at risk.

I am respectfully requesting that the members of the NY City Council **VOTE NO TO AMENDING ADMINISTRATIVE CODE 12-126 and TO PROTECT NYC RETIREES!**

Thank you.

Cheryl Samuels

NYC Council,

I am a retiree from NYC and live in Brooklyn my Council member is the Hon. Justin Brannan. My name is Chris Elisson. I worked in New York City as an EMT Corpsman, Paramedic, a Lt. in EMS, I later became a NYC Transit Police Officer, Sgt, and in 1995 I was transferred to NYPD where I had been promoted to Lieutenant and served in the Emergency Service Unit, I was at the heart of 9/11 attacks on September 11 and several months following. During my tenure with the NYC, I served honorable and proudly also knowing that when I retired, I would have excellent health benefits for life. After I left the NYPD, I did not abandon the city like some of my colleagues did, I stayed and was appointed by Mayor Bloomberg as a New York City Marshal which I did for several years. Currently I am fully retired. During my over 30 years of service, I was able to raise a family and complete my master's degree in Governmental Administration. **I am asking the city council not to make any amendments or changes to administrative code 12-126.**

The Municipal Labor Committee (MLC) along with Office of Labor Relations (OLR) hired Mr. Scheinman as an arbitrator but, if you read his decision, it is not binding but an opinion. **There was nothing to arbitrate.** They are trying to scare the City Council into changes. Do not do the mayor's dirty work. I worked with Mayor Adams when we were rookie Transit Police Officers, he is bullying you. The city council has more power than the mayor.

It is the MLC that should be investigated by the City Council for going into the Health Stabilization fund to fund raises. They used our health care funds to fund and pay for raises. The Council should appoint a panel to review before you plunge into this debacle.

This situation hits home to me. My wife is currently on a Medication which was covered under PICA, but when she became 65, and placed on Medicare we are no longer covered by PICA. My Union which is under the NYPD Superiors Officers Council will not cover the Medication which costs over \$6,000 a month. So, I had to have her take a Medicare part D drug coverage. If we are put on a Medicare Advantage Program, she will automatically be disenrolled on her Part D Prescription Drug Coverage. So, no matter what happens she cannot be on an Advantage plan Medicare part C. This will become a hardship on my family. I relayed this last year to my union and had received a phone call telling me not to worry. I asked Office of Labor Relations about this and they confirmed she would be disenrolled in her Part D Drug coverage should we go on a MAP plan C. My union no longer represents me, I cannot file a grievance because I am not an active employee, so how can they negotiate my health care. I have emailed them for answers and received nothing in return, crickets.

This is an attack on the elderly retired workers who strived and preserved their health benefits by giving up raises, I can remember getting ZEROS as a raise for several years to preserve my benefits and benefits for retirees. I gave my all to this city as the city council serves this city. I believe this change will also affect you in the future.

Thank you for your time.

Chris Elisson

Brooklyn, NY 11209

For Submission
January 9, 2023 – Committee on Civil Service and Labor
Christine Benton Marzo

noelmommie@aol.com

Dear City Council Members,

I ask you to please read this well. We have been trying so hard to stop the Mayor and a few big unions from taking our healthcare away. As for me and many others, I went to work for the City for a lot less than what I was making in private industry. I chose to do so because it was so important for me to have the best health insurance as I got older. My daughter and I moved from Staten Island to Florida after my husband died. It was unaffordable to live there. Now, Florida is almost as expensive as New York. My daughter and I live together and still have a hard time making ends meet.

Please vote NO on amending 12-126. Let the courts work this out. Please don't play politics with our lives I beg you. Thank you for listening.

Christine Benton Marzo
Retired from NYC Council

A Message to NYC Council

After consultation with our legal team, we offer you this information. On December 15, 2022, Martin Scheinman issued a 31-page document that has no force of law. As the signature page at the end explains, it is just a "Recommendation." Scheinman has no authority to order the City and the MLC to force retirees into Medicare Advantage, which is far worse than the traditional Medicare benefits that retirees have long received.

As he admits, Scheinman's limited authority comes from a 2018 Agreement between the City and the MLC. Under Section 5 of that Agreement, he and two others member of the "Tripartite Health Insurance Policy Committee" are authorized to "make recommendations to be considered by the MLC and the City." The Agreement does not allow the Committee, let alone Scheinman alone, to order anyone to do anything. Moreover, the Agreement requires the Committee to make "recommend[at]ions] for implementation as soon as practicable during the term of this Agreement but no later than June 30, 2020." Thus, not only are recommendations non-binding, they are now two-and-a-half years too late.

Some have attempted to make Scheinman's document seem more consequential than it really is by calling it a "decision" or "order" or "award." However, it is none of those

things. It is just a non-binding (and untimely) recommendation, as the document itself makes clear. Although the 2018 Agreement allows Scheinman to arbitrate certain disputes between the City and the MLC, there was no dispute between the City and the MLC here – both are aligned with respect to forcing Medicare Advantage on retirees. Thus, Scheinman was not acting as an arbitrator and was not issuing a ruling, decision, or award on anything.

Scheinman's document is a transparent and futile attempt to make it seem like the City is being ordered to take away traditional Medicare from Retirees. The document does not—and cannot—require the City, or anyone else, to do anything. If the Mayor wants to take away the healthcare rights of elderly and disabled retirees, he should not pretend that anyone is making him do it. And the City Council should not assist him in this charade by amending Section 12-126.

The City Council should not participate in the illegal effort to force Medicare Advantage on Retirees, who are entitled to the traditional Medicare benefits they were promised and which they desperately need. Let the Mayor be the one to strip retirees of these hard-earned benefits. The retirees will challenge him in court, and they will win. Again. But if the City Council amends Section 12-126, the path to victory in court becomes much harder. Give retirees the chance to fight and win in court with the current version of Section 12-126, which has existed for over half a century. If they lose, the City Council can always amend the statute later.

From: C F <tiralo468@outlook.com>
Sent: Monday, January 9, 2023 11:20 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Written testimony for the Committee for Civil Service hearing

Good Afternoon, Council Members.

My name is Christine Fernandez and I am current NYC DOE teacher with 20 years of service and will be retiring in about 5 years. Thank you for allowing me to write to you today. I am writing today to ask members of this Council not to support any amendments that are being proposed to change the Administrative Code 12-126. I am in opposition to Intro Bill No. 874. Any changes to this code will result in additional cost to retirees who are currently on fixed incomes. My future healthcare coverage should not be placed into a Medicare Advantage Plan because it will not cover all my healthcare needs. If doctors are opting out of the program because of its bureaucracies, then I will be forced to suffer with poor medical care when I retire. The increased costs for basic healthcare services should not be coming out of my pocket. Retirees have earned the right to receive proper healthcare.

Retirees should not be the ones to solve the City's problems and unions should not be using us them as pawns in their negotiations. As the City Council, you need to know that you do not have to push this bill. You should not participate in the illegal effort to force a Medicare Advantage Plan on Retirees, who are entitled to the traditional Medicare benefits that were promised to them and eventually me when I retire. Please understand that there are other options to consider. There are other avenues to look at to find the financial means needed to help the City. Don't be forced into supporting a bill that you are not comfortable with because the Mayor, the Unions and the arbitrator want you to support it.

I urge you to vote No to this bill.

Thank you.

Christine Fernandez

To City Council Members:

There is a positive suggestion on the last page of my testimony.

I was moved as I'm sure you were by much of the testimony of the many retirees and others who waited in some cases 12 or more hours to testify. I sincerely hope it has been viewed by you all. I waited from 9:30 am till 7:30 pm when family commitments called me away, so unfortunately I did not get to testify by Zoom.

My name is Christopher Balchin and I was a NYC teacher for 33 years, most of that time for the City Of New York. I love my union, the United Federation of Teachers. I owe the union so much, have been an activist the whole time, a delegate and chapter leader at times, and I know it's tough to be a union leader. But in this crucial issue I disagree with the leadership of my union and the MLC.

I urge the City Council to follow your conscience and the testimony of the vast a majority of persons who went on record. I'm sure you've been affected as I have by the concern, the fear of people. Do not-vote to change the administrative code 12-126.

It is wrong to hand over people who have a right to non-profit, government-run Medicare and whose lives depend upon it as we learned in the moving testimony, to a for-profit corporation, whose very purpose is to maximize profits. We never got to

have any say in this matter! That is WRONG and the height of disrespect.

Moreover, “Medicare Advantage” is an advantage only for the private insurers who stand to profit from the need for health care for retirees, by making it harder to access life-saving diagnostic tests and needed operations.

Aetna’s parent company, CVS, had revenue of over a quarter of a trillion dollars in 2021. Their primary goal is not efficiency or assisting the elderly, but profits. At what expense? Delaying and cutting vital test, treatments, and services.

Multiple witnesses spoke to the fact that their needed treatment will be curtailed with Medicare Advantage. Can you bear to have the death of one single person on your conscience through this vote? Make no mistake, people will die should this change come to be.

I grew up with the National Health Service in the UK. The NHS saved my life early on, and my fathers twice, my mother got exemplary care in time of great need and I could go on. Now, as I witness the tragic and cruel privatization of the NHS which UK - and US - healthcare companies are involved in, it is clearer to me than ever that good health care and private profits are incompatible.

Why not take this as an opportunity? We desperately need non-profit health care here! Medicare For All will save lives and cut these spiraling exorbitant healthcare costs. The City of New

York could be a world leader in justice for people, for all New Yorkers. The means of doing this can be discussed in public hearings involving all concerned parties – profit-based healthcare companies excluded.

In the meantime, your actions, your votes, are not just for New Yorkers. People all over the nation and beyond will be affected by your decision. Is it to be profits for a few or will you stand up in behalf of non-profit, life-saving health care for the many? People look to New York. They and we are looking to you. Protect Medicare, I urge you. Listen to your conscience.

Thank you.

-Christopher Balchin

I am writing to protest the proposed change in administrative code 12-126. Forcing retirees to join a Medicaid Advantage program is wrong. The city and certain allied unions are not being honest about proposed savings, that will actually result from delays to and denials of care, as well as numerous payments for service. Corruption in the Medicaid Advantage programs has been widely documented. These companies have used every level to increase their profits, often, as we know illegally. And so the move to Medicare Advantage is a privatization of our health care, as well as the breaking of a promise. In addition, putting this burden on the vulnerable, our city's retirees is cowardly as well as deceptive. I attended, via Zoom, a meeting of hundred of retirees from my union, the PSC, and the fear in the room, and the sense of vulnerability, was intense. Our group was promised by the presented that all doctors would accept the program, which is not true. I am retired as of 2017 from the Hunter College Campus Schools chapter of the PSC.

Christopher (Kip) Zegers
Arlington Avenue
Bronx, N. Y. 10463

From: CINDY MATHIAS <moriah5@aol.com>
Sent: Friday, January 6, 2023 12:31 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Adm.code 12-126 council meeting Jan 9 ,9:30 am

Hello,

I registered to testify on Monday Jan.,9 for a zoom meeting. I filled out the online form and submitted it. It said thank you for registering, Usually one gets a zoom link and an email confirming registration.

Since it's Friday and no one is in office throughout the weekend, how does one make sure we get the zoom link for Monday morning?

How are the remote people that want to testify able to join the live meeting ?

Please answer ASAP!

Thank you for your cooperation.

Cindy Mathias

From: Claire Cox <clairecox@gmail.com>
Sent: Monday, January 9, 2023 5:13 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Do not amend 12-26 / No Medicare Advantage for city retirees

I am a high school teacher in my 17th year of service with the DoE, and I live in District 7 in upper Manhattan, represented with enthusiasm and heart by council member Shaun Abreu.

I intend to retire from this career about 20 years from now, in my sixties, when my partner will be in his seventies. My partner, like most workers, has not had the opportunity or good fortune to join a union in his line of work—he was an architect for a long time (which doesn't pay as well as people think!), and now he is an advocate with a nonprofit. We are counting on Medicare coverage when I retire. We are counting on the security my job provides, which is a huge reason I chose this career in the first place, back when I was a writer who waited tables and had no health insurance at all.

I have been living for several years with what I hope is a temporary disability. Like most middle-aged people, I can see the myriad health issues that await me in later years, despite my best efforts to lead an active, healthy life.

It is reprehensible and ghoulish to sneakily try and reduce health benefits to retirees, our beloved older adult neighbors, colleagues, friends, and family. God willing, we will all be their age someday, in their shoes, living on fixed incomes. We should center care for each other in our policy making decisions, not cost savings. And if the city is so worried about costs, I suggest they look at the ever-increasing budget for the NYPD. When governments in the global north claim they can't afford something, they tip their hand—it's not a matter of affording something, it's a matter of prioritizing it.

If you prioritize care for the everyday people who work in the city's schools—if you prioritize care for your neighbors in your city, as any elected representative with a moral heart should—don't vote to amend 12-26. This proposal is outrageous and unconscionable.

Sincerely,
Claire Cox

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Claire Cox
She/her | Writer | Educator
clairecoxwrites.com

From: clarivel gil-pineda <cgilpineda47@gmail.com>
Sent: Tuesday, January 10, 2023 9:01 AM
To: NYC Council Hearings
Subject: [EXTERNAL] NO TO AMENDING CODE 12-126!!!

NO TO AMENDING CODE 12-126!!!

Clarivel

Testimony to the City Council of New York
RE: 12-126, Medicare Advantage Plan and NYC Retirees

Dear Members,

I am writing to you regarding this nightmare, which slowly but surely reared its ugly head just as we were inundated with Covid 19, and over two years in the making, now takes us to this unfortunate climax, which you, the duly elected representatives of the New York City Council have now become embroiled, as unwitting participants in a gross lie that has brought us to this critical brink, affecting a quarter of a million city retirees and, into the future, every single city worker and future retiree, including yourselves.

Yes, Council members, that was, indeed, a run on sentence. How do I know this? As a NYC DOE educator of 29 years, and participant in umpteenth hours of PD's - aka professional development - I can assure you I can tell a run on sentence when I see, and write, one. Because there is so much to "unpack" that one falls prey to the evils of over statement. However it cannot be over stated that as a retiree member of one of the largest city unions, the United Federation of Teachers, second only to DC 37, both unions representing the educators and support staff of NYC Public Schools, I can only say how profoundly dismayed I feel that my own union, the UFT, has chosen to become what I can only characterize as grifters of political and corporate greed.

By our so called union leaders, throwing us, retired teachers along with all the other retired city workers under the proverbial bus by first, and in stealth, attempting to push us into a Medicare Advantage Plan, and then when we balked and pushed back, organized, self-funded, and won in court, now threatening us into compliance by creating and promulgating the lie set before you, that you, the members of the City Council have now fallen victim to. In fact you the City Council **MUST** now **DEFEND** and **REJECT ANY CHANGES** to Administrative Code 12-126 - the one thing that protects and stands between retired city workers - past, present, and future - and poverty.

Let me refresh your memories. NYC teachers, along with NYPD, FDNY, EMS and countless other city workers, were also first responders on 9/11. Teachers literally carried children on their backs out of the attack zone. I can only imagine what will happen to those brave souls when they discover that their healthcare has been compromised by their very own unions. When they are denied a critical MRI or any other life saving tests or scans, when they are faced with cancer or a

chronic, debilitating illness. When time is of the essence to instead be told to do “six weeks of physical therapy” for a life threatening tumor that could be cured with immediate diagnosis and treatment, which is now the “gold standard” of privatized, FOR PROFIT medical insurance. When Medicare for ALL, which contrary to recent resolutions of the UFT is now rejected - by former UFT President and now AFT President Randi Weingarten- who along with the mayor who ruled NYC over THREE (one illegal) TERMS and refused to negotiate city contracts, leaving the mess that found his mayoral successor, along with the successor to the UFT leadership, Michael Mulgrew and the MLC to RAID the Stabilization Fund to pay for raises for teachers - well see what a mess you’ve gotten us into, Mr Mulgrew, et al!

And you, the currently elected representative of the NYC City Council are now being told that you must CHANGE THE CODE to supposedly “protect” CHOICE. Which makes literally no sense as the CODE AS WRITTEN PROTECTS ALL CITY RETIREES WHO ARE NO LONGER ACTUALLY REPRESENTED BY OUR UNIONS AS WE ARE NO LONGER ACTIVE CITY WORKERS.

Please DO NOT FALL FOR THIS TRAP!

Pay attention to all the information you have already received. Recognize you are being used by the current Mayor who would love to have this mess resolved, done and dusted, as efficiently and as quickly as possible, but doesn’t wish to dirty HIS hands, so he gets you guys to do the dirty deed. Don’t fall for this.

It is no surprise that one of the first to make an unequivocal public statement on behalf of city retirees on this matter was Gayle Brewer, a staunch advocate for the citizens of NYC for decades. City council members, especially those new to city government: pay attention to your elders. Like any probationary employee, look to those who are experienced in the ways of this world you are now navigating.

An experienced teacher and union representative took me in hand, when I was a naive, and clueless, probationary teacher. It took me YEARS to understand how the DOE worked. By the end of my 29 year career I was the Chapter Leader in a school that now no longer exists, phased out by Bloomberg’s draconian policies. I represented teachers under attack. I know what an attack looks like. And this, dear council members is an out and out ATTACK on the most vulnerable and least able to defend themselves: the elderly, chronically ill, aging, and forgotten city workers, the ones who made the city run, and thrive. Don’t leave any of us behind. REJECT *any* changes to Administrative Code 12-126.

From: xoxoy@aol.com
Sent: Monday, January 9, 2023 10:00 AM
To: NYC Council Hearings
Subject: [EXTERNAL] OPPOSED TO AMENDING THE ADMINISTRATIVE CODE OF THE CITY OF NEW YORK

Dear City Council,

I am a Retired NYC Paramedic WITH OVER 25 YEARS OF SERVICE and am asking you to protect all the hard-working New Yorkers who **GAVE THEIR CAREERS TO PUBLIC SERVICE AND NOW OUR HEALTH BENEFITS ARE BEING THREATENED AT THE TIME IN OUR LIVES WHEN WE NEED THESE BENEFITS THE MOST!!**

WE ARE OPPOSED TO AMENDING THE ADMINISTRATIVE CODE OF THE CITY OF NEW YORK IN RELATION TO HEALTH INSURANCE COVERAGE FOR CITY EMPLOYEES, CITY RETIREES AND THEIR DEPENDENTS. THIS WOULD ALLOW A MANDATORY SWITCH TO A PRIVATE MEDICARE ADVANTAGE PLAN. ADVANTAGE MEDICARE PLANS ARE MANDATED TO APPROVE AS LITTLE HEALTHCARE AS POSSIBLE TO ENSURE THEIR PROFIT'S. MOST OF MY DOCTORS ARE NOT MEMBERS.

The unions are desperately putting out disinformation about the Health Stabilization Fund and the cost of protecting seniors' healthcare. And they have been pitting Actives against Retirees. This is outrageous. Enough gas lighting! Let's deal with real facts, real choices, and real savings.

PLEASE PROTECT THE CODE

which states, "The city will pay the entire cost of health insurance coverage for city employees, city retirees, and their dependents, not to exceed one hundred percent of the full cost of H.I.P.-H.M.O. on a category basis," (of individual and family) **THIS**

PROTECTS US ALL EQUALLY!!!! PLEASE PROTECT IT BECAUSE EVERY CITY COUNCIL BEFORE YOU DID!!!!

The unions, under the Taylor Law, cannot represent retirees. They are willing to sell us off for their own benefit. WE ARE RETIRED LABOR! WE WERE THE UNION!

Thank you for Protecting Us!

CLIFFORD BAILOUS

RETIRED NYC PARAMEDIC

MIDDLE VILLAGE, NY 11379

Testimony at City Hall 1/9/23

Colette Swietnicki

Retired Nurse-Midwife

Over the years the Unions have made deals with NYC workers bargaining away pay raises in lieu of being provided with healthcare. That promise of healthcare is embodied in Administrative Code 12-126 which they're now asking you, the City Council to get rid of, threatening that if you don't, you're condemning all retirees to Medicare Advantage (MAP) plans, without options. That's just not true. You always have the option of fighting for what's yours. Retirees have stopped this inferior plan from going through once-- we'll do our best to stop it again. We need the protective Code to stay in place.

So as it has turned out the deal the City and Unions made with their workers, wasn't such a great deal after all, and needs fixing. Well we are willing to help fix it. A number of proposals have already been submitted for examination and I would urge you to look seriously at the New York Health Act.. The one fix, however, we won't be agreeing to however is throwing us under the bus by dumping us into Medical Advantage plans.

A Medicare Advantage plan is neither Medicare nor an Advantage. You don't have to be a healthcare worker to know that it's not an insurance company's place to be deciding if your doctor's plan of care is appropriate or not. We agree that the Healthcare System in this county is in big trouble but that will not be fixed by pushing people into Medicare "Advantage" Plans- they're part of the problem. These plans are rife with fraud and denial of services and have overcharged the government billions of dollars so far. Union President Mulgrew says he's aware of those problems, but can fix them. Another promise. An he's even going to cover things that current insurance doesn't, like transportation to and from some medical appointments. But why guarantee transportation to a medical facility that won't guarantee you medical care.

Battle lines are being drawn across the country in a fight for a more Comprehensive Healthcare System. What a monumental historic error it would be for New York City and the Council to come out on the wrong side of this significant movement for healthcare policy change.

From: Constance Dondore <ccondore@msn.com>
Sent: Friday, January 13, 2023 10:04 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Fw: Hearing on Amending Administrative Code 12-26

To: Members of the Committee on Civil Service and Labor

From: Constance Dondore
Senior Retiree of CUNY (City University of New York)

Date: January 23, 2023

Re: Proposals to Amend Administrative Code 12-126

Dear Committee Members:

PLEASE DO NOT amend the Administrative Code 12-126 to permit changes being proposed to the current health care plan serving senior retirees who were employees of New York City. As a retiree member of the Professional Staff Congress (PSC) of the City University of New York (CUNY) who retired in January of 2000, I have been under Medicare and Senior Care, an excellent health care plan, for more than 20 years. At the age of 90 I cannot afford to pay additional costs for health care. Nor can I afford to be forced into a Medicare Advantage plan which will put an insurance company instead of my doctors in charge of determining which procedures are to be used to maintain my health. We were already slammed this past year with a \$15 co-pay for each doctor's visit and each procedure to be undertaken. This is the first time in the 35 years I have been under CUNY's total health care plan that such a co-pay was imposed on everyone. And the increase in Social Security that retirees recently received, a decent percentage after many years of inadequacy, will be wiped out by the imposition of a fee for Senior Care. The threat to force everyone, not just retirees, into a Medicare Advantage Plan, a monumental step in the increasing attempt to privatize Medicare, is outrageous!

The answer to gaining more control over health care costs is not to rob retirees of what was promised to them and what they worked hard for years to receive. Nor is it to pit retired elders against young active employees. Rather it is to follow the suggestions of my union, the PSC for finding other ways to reduce costs and to buy time to make real structural long-term changes in health care savings that are possible without harming the senior retirees of the city. We are counting on you and other members of the City Council to save us from these drastic proposals.

Thank you.

Constance Dondore

New York, NY 10003

From: Cora Fisher <corafisher@gmail.com>
Sent: Sunday, January 8, 2023 5:28 PM
To: Testimony
Subject: [EXTERNAL] Do Not Amend Administrative Code 12-126

I am a City employee, working at the Brooklyn Public Library. I am writing to ask you not to amend Administrative Code 12-126. It protects the quality of healthcare for public employees and retirees. The current push to amend 12-126 by the city and the UFT and other unions will serve to weaken, diminish and change their health care protection. Moreover, it will lead to more out of pocket costs for them. We are relying on you to resist any push to change Administrative Code 12-126.

**Thank you,
Cora Fisher**

January 9,2023

Dear New York City Council Speaker Adams, and Members:

With all due respect, I implore you to retain and protect Code 12-126.

In 2022, as a 16 year NYC retiree I was given a choice of 8 different health plans both supplemental to and instead of Original Medicare, including Medicare Advantage plans. Three of them were free for basic coverage, while the others ranged in cost. NYC has been offering its retirees multiple plans for years. Retirees pay only for the plans ABOVE the base cost of HIP HMO. Why the sudden need to change 12-126 quickly and right now?

Judge Frank's decision regarding 12-126 stated that the MLC could offer multiple health plan choices to NYC Retirees, including Medicare Advantage plans, BUT cannot charge retirees for any plan up to the cost basis of HIP HMO. Mr. Scheinman as an arbitrator has offered his private opinion that only one health plan needs to be offered to NYC Retirees. Many others including myself disagree, because this is NOT an arbitration. Because you should read Judge Frank's decision for yourself, I am attaching it to this statement.

If this Administrative Law is changed then you will have made it LEGAL to allow our Mayor and our former unions to force NYC Retirees, many of whom are disabled and accustomed to our current supplemental Senior Care plan, into an inferior Medicare Advantage plan. In MA plans the health insurance provider becomes a gatekeeper between patients and their doctors. If this new Aetna MA plan is so wonderful, give retirees the option to try it this year or in the future without losing their choice to keep their current plan.

I understand the need to save money. But if this proposed change to 12-126 is voted down, perhaps retirees, the government of NYC, and the unions can work together to FIND better ways to reduce long term health care costs. Rushing into changing the code, will negate the collective bargaining of the past as well as the courage and the wisdom of previous City Council Members.

My husband and I are both products of NYC schools and colleges. Our lives here allowed us to become part of the middle class. We both paid that forward by teaching in NYC schools for over 30 years, often taking wage freezes and deferrals, and lower pay than surrounding areas offered. We were promised Original Medicare and paid Medicare taxes. Please don't throw us under the bus by fixing something that isn't broke.

Sincerely,
Cynthia Teplitsky

Hi, my name is Damien and I am a college student from sunset park brooklyn. I am here today to discuss the changes that this administration proposes to Admin code section 12-126 which establishes the monthly HIP-HMO rate as the city minimum contribution to the cost of healthcare for city employees, retirees, and their dependents. I oppose the Administrations planned to weaken healthcare coverage through the privatization of medicare for city workers. I urge every city council member to vote no on this proposed change. NYC has kept an agreement with its city workers that full-time workers who retired with enough years of service are guaranteed full medicare coverage, with the city picking up 20% of the cost that medicare doesn't pay. We have thousands of retired teachers, doctors, nurses, MTA workers, sanitation, FDNY, city officials, and ect who devoted 40+ years to this city and I can't see why the administration will let private health insurance sector take advantage of city workers. I stan with the city workers because NYC cannot and could not survive without them which is why they deserve affordable healthcare. Instead of amending the Administrative code, the city can use its power to go after hospitals for exploiting people with high charges. We should address the skyrocketing costs of prescription drugs and audit current insurance providers. This burden should not fall on the current city workers, retirees, and their dependents. So lets vote no to this change to keep healthcare affordable for all. Thank you.

The proposed amendment would not only clear a path for the City to begin charging substantial premiums to retirees who opt to remain in their traditional Medicare program, Senior Care; it would also open the door for the City to increase health insurance costs or reduce benefits for in-service employees.

Moreover, there is no Medicare Advantage plan yet, and most City retirees cannot afford the so-called "choice" to pay for a supplemental plan. Buying out of the new Medicare Advantage plan will cost \$2400 a year, \$4800 for a couple. The average pension paid ordinary retirees leaving City service during the last decade is \$26,596 – not enough to support an additional \$2400 or more to retain the benefits they have earned and currently receive.

Instead, the City should be going after the hospitals for exorbitant charges, addressing the skyrocketing costs of prescription drugs, and auditing current insurance providers, not balancing the budget on the backs of workers and their dependents. There are other ways to contain costs, and the City should seriously consider them. Some cities in the United States self-insure. Some use the huge purchasing power of their municipal workforce to engage in collective drug purchasing. Some deal much more aggressively with hospitals that charge exorbitant rates. New York City is doing none of the above.

For nearly 80 years, municipal workers have been able to rely on the City to meet its obligation to cover their health insurance costs in retirement, and Senior Care has done it well, without premiums, co-pays, or prior authorizations. The proposed Administrative Code change breaks this compact. Further, it opens the door to weakening the quality and increasing the cost of active employee health insurance.

Please do the right thing and reject the proposed change to Administrative Code 12-126.

I strongly object to the proposed change to the Administrative Code Section 12-126 enabling the City to make Medicare Advantage the only premium-free retiree plan. The current Medicare/Senior Care plan will then cost at least \$200 a month per person. Changing Section 12-126 of the Administrative Code will seriously undermine the healthcare protections for all City workers. It will allow the City to renegotiate the rate for everyone and place employees into different "classes" with reduced benefits eliminating the protections and equal treatment regarding health benefits that current and retired employees have now.

I oppose the Administration's planned reductions in health coverage through the privatization of Medicare for retirees as the City seeks to weaken the protections for all City workers in the Administrative Code. The City has alternatives for managing rising health care costs. Instead of amending the Administrative Code, the City could use its purchasing power to go after hospitals for exorbitant charges, address the skyrocketing costs of prescription drugs, and audit current insurance providers. The burden should not fall on current workers, retirees, and their dependents.

Subject: Dana Simon testimony 01/9/2023

Dear City Council:

I am a retired librarian with the New York Public Library and member of local 1930 for over 20 years. I am writing to urge you to vote against the proposed changes to Administrative Code 12-126 that will be brought before you for a vote. I also urge you to encourage your colleagues on the City Council to vote no. Changing this code will diminish our insurance options and hurt retirees. I support the retirees' lawsuit and organizations like CROC.

I experienced denial of my surgery by Aetna managed care insurance in the past and this is why I am against switching my insurance to an Advantage plan. I have both a hearing and vision loss and needed a 2nd cochlear implant when I was still working for the library. Very The night before my surgery at NYU Medical Center was scheduled I received a call my surgery was canceled by the Aetna insurance company! I was told that the insurance company's doctor thought the surgery was experimental. My doctor who was the head of NYU, Ear, Nose and Throat department; a very esteemed doctor helped me fight my appeal. The insurance company fought every step of the way and according to my doctor they were using data and studies from the 1980s very old data.

We went all the way to the NYS insurance commission, where 3 doctors ruled that my surgery was indeed necessary and I was allowed to have the surgery, this took months. This is what we mean when an insurance denies your surgery or your care. Not everyone can get this kind of help I received to fight the insurance company or can wait months for surgery.

When I first when on Medicare in 2016 I mistakenly chose an Empire Medi blue Advantage Care plan. The first month on the plan I needed surgery to remove a cancer. Suddenly I was receiving high co-pays for doctors and specialist and medical test like a biopsy much more than my previous \$15 co-pays before Medicare. Power supplies for my cochlear implant were being denied and I had to send all kinds of papers to the insurance company. This was so stressful I was able to change my plan to regular Medicare with a GHI Senior Supplement. I believe I used my once in a lifetime change allowance. Since then, I have no problems obtaining supplies and upgrades for my cochlear implant, I and my husband have had successful surgeries when needed. Medicare still requires the doctor to provide paperwork but if the surgery is covered everything goes smoothly.

Lastly, my husband's doctor prefers to take original Medicare, our GHI Senior care plan. He has some Advantage care patients now and he says he gets paid too little and their insurance company places to many restrictions on his special treatments. He is not going to accept Advantage care plans. If my husband sees him out of network, we would have to pay his fee and get only partial reimbursement from the insurance company. We would have to submit claim forms each month and his treatments probably won't be covered because they are not pre-authorized.

Please vote no to changing Administrative Code Section 12-126, retirees worked hard for the city, there are other ways the city can save money.

Dana Simon, , Brooklyn, NY 11215

Dana2cat@gmail.com

From: Daniel Carponcy <dcarponcy@gmail.com>
Sent: Wednesday, January 11, 2023 3:54 PM
To: NYC Council Hearings
Cc: info@nycmea.org
Subject: [EXTERNAL] Admin Code 12-126

Dear Council members,

All Medicare Advantage Plans are inferior for patients and doctors without exception since they replace the Hippocratic age-old ideal of "heal no matter what" to "heal within a pre-set monthly budget, no matter what." Any government that endorses this aberational change betrays its citizens to the wiles and devices of administrators highly motivated to delay or reject otherwise legitimate medical interventions and payments..

Signed,

Daniel Carponcy

Hi! My name is Dan Harkavy and I am a retiree from the New York City DOE. I taught for almost 30 years until I had to retire because of health issues.

I have stage 4 renal cell carcinoma. It is slow growing so treatment helps. My oncologist has been very encouraging and has literally been in daily communication with me as to my medication. And he will not accept a Medicare Advantage Plan.

My wife had a stroke a decade ago. She has multiple auto-immune issues and a flock of doctors that she sees regularly, thanks to her Medicare (and senior care) coverage. Every one of her doctors that we asked will not accept Medicare Advantage Plans.

My union, the UFT and other unions on the MLC have decided that they should, rather than support their former members, work with the Mayor's office to push their retired members into a Medicare Advantage Plan or charge us almost \$200/month for the privilege of retaining our current plan. A plan, which for the record, only covers 20% of medical costs as Medicare picks up 80%

My healthcare and my wife's would be SEVERELY compromised by a Medicare Advantage Plan. And while I will, if necessary, pay \$400 a month for the two of us, my pension is limited and the cost will be felt.

The latest justification for the attempt to harm retired members, the Scheinman report is NOT a "ruling", it's an opinion and IS NOT BINDING!

It's paid propoganda and the MLC is hoping the city council falls for it. Since you are having these hearings, it apparently worked.

NYC Organization of Public Service Retirees (<https://www.nycretirees.org/>) has identified at least \$300 million in savings available right now without harming any constituents. Much more can likely be found if a Blue Ribbon Commission is set up looking for ways to save money on City Worker healthcare without harming us.

Thank you for hearing me out. Please consider that current retirees have worked for the city for decades, taking lower salaries than the private sector offers, in return for the promise of these and other benefits in retirement. Remember that you and your staff will also face the results of your decisions this month. In addition to reducing retiree benefits, this will also allow for other "categories" to be carved out at the whims of the Mayor and the MLC. This is not a precedent that we want to see. Should police have very different healthcare than firemen? Should Council members get different healthcare than teachers? Allowing the creation of categories would allow this to happen.

Please protect administrative code 12-126.

Dan Harkavy
Retired teacher of 27 years

21141 18th ave
Bayside, NY 11360
917-400-7003

As a retiree of New York City for 40 years, I was promised health care in retirement. I retired on a disability and pension in 1983. I was promised that the city would pay for my health care at no cost to me or my dependents. I was informed recently that Medicare is the only health provider that pays for dialysis treatments. Advantage plans do not. Retirees in their '70s and '80s, who are on dialysis and Medicare, are switched to advantage plans by the city and will have to be taken off dialysis which they desperately need.

Meanwhile, the rest of us with serious medical conditions will have to give up, more than likely, their doctors and hospitals that are already treating them. A lot of doctors and hospitals do not accept advantage plans because of all the approvals and authorizations that advantage plans require in order to proceed with medical treatment and procedures.

The arbitrator, Mr. Scheinman, did not have an arbitration between the city and the MLC. It was a paid for opinion; not a ruling or an order. Arbitration occurs when the city and the MLC cannot agree on a labor proposal. In this case, there was no disagreement between the city and the MLC. So Mr. Scheinman's arbitration did not occur. His paid for opinion is not binding by the city council or the city's retirees.

I respectfully ask the council not to change administrative code 12-126 that protects not only city retiree's health care, but also the council's health care. By changing the administrative code, it'll be very harmful and devastating to city retiree's in receiving the health care that they deserve and were promised. Many elderly retirees retired on low pensions, with many pensions as low as \$25,000 or less a year.

Thank you,
Daniel Murray

I worked for the city 20 Years. Fair wage, satisfying work, and good benefits in retirement was what I was promised when I started with the NYC School Construction Authority. Since my retirement I've come to know the benefits of a decent medical plan the one I have. I suffer from Heart disease, Diabetes, and other ailments one gets at my age. My Wife of 50 years is covered by my plan too. I have Retired friends with Medicare Advantage Plans, Medicare with Various supplemental plans. Between their having delays in medical care requiring approvals and excessive costs. Not to mention the US Inspector General's investigation regarding MAP plans. I can only think how lucky we are to have the Health care that I earned. I want to keep what I earned and in fact what you PROTECTED it for me in (1967 I believe) by passing Local law 12-126. This has protected the Cities active Employees and Retirees health benefits for years now. Do you know why this was done back then? I don't, but I am happy it's in place to protect us all. I trust you know why. I also Trust you know all the facts for your up coming voting responsibility. Please PROTECT what you enacted back in the day. I want to live a long life in retirement. Don't lose sight, you will be in the same boat someday, and you'll need that life jacket too. 12-126 preserve the Law.

God Bless

Dan & Kathy Pitiger

Sirs,

I am a 80 year old retired teacher of 35 years in the City of New York Board of Education. During the many years of working for the city, I have been an avid unionist who thought my union held my best interests at heart. During the years of working, strikes, and good and bad times I have always felt I was working for the children of the city so my salary was not as important. Working for less money than neighboring counties was at least compensated for by the promise of health care which we have always had. The law that upheld our health care rights is 12-126 of the City's charter. We have always had a health care system which allowed us choice to change plans as well as plans with no copays. At 71 I had a stroke which luckily was caught quickly in my local hospital. I shudder to think of what might have happened if I was in some Medicare advantage program which would have slowed the process down

When I reached the age to go into Medicare I was overjoyed to be in a program with none of the horrible choices of the Medicare advantage programs which I observed. Under Medicare itself, we had the right to choose our own doctors, as well as the right to have our doctors decide what was to our benefit. Under Medicare advantage that right is taken away from us and given to insurance employees. I am against any form of privatization of Medicare.

The city's protection of our health rights is in the form of Article 12-126 which should remain as it stands and should not be amended or changed in any way. Please **fight** against any change to this law which protects all city workers rights to health care, both working and retired. Changing this law will renege on the promise made to us as workers to keep our health care the best possible the city could provide. DO NOT allow the UFT to steamroll you into changing the law and force retired workers into a sub-par health plan.

Thank you for fighting for all city workers, especially the currently retired who are living on their pensions.

David Gilbert

Nanuet, N.Y. 10954 Email: david_gilbert2002@yahoo.com

January 9, 2023

Statement before the NY City Council Labor Committee

Hearing on bill to Amend City Charter, Section 12-126

(My name is David Kotelchuck, Professor Emeritus and former Acting Dean of the Hunter College School of Health Sciences. I retired in 2006 and have been a member of PSC-CUNY for over 40 years.)

I call on you today to VOTE NO on this bill to amend the City Charter. I wish to make two points:

1. Supporters of this bill say it will preserve freedom of choice for health insurance among retired NYC employees. This is not the case. If passed the bill will deny choice to hundreds of thousands of active and retired NYC employees by imposing privatized Medicare Advantage health insurance on them when they retire. The only ones with choice will be those NYC retirees who can afford paying almost \$200 per month per person for the rest of their lives. The vast majority of city retirees will not be able to afford these costs. They will be forced by financial exigency into the premium-free plan offered them.

2. The consequences of Medicare Advantage cost-saving schemes, such as limiting provider networks and requiring prior approvals, as well as the delays caused by adding a layer of medical bureaucracy, are especially grave for retirees nearing the ends of their lives, when sudden, life-threatening medical crises demand immediate action. Advantage administrators make unjust denials: A recent study of Medicare Advantage organizations by the Office of the Inspector General of the U.S. Department of Health and Human Services found that 13 percent of prior authorization denials and 18 percent of payment request denials met Medicare and plan billing rules. (<https://oig.hhs.gov/oei/reports/OEI-09-18-00260.pdf>) These among others help explain why retirees in their last year of life leave Advantage plans in large numbers for Traditional Medicare, according to a recent Government Accounting Office report.

(<https://www.gao.gov/products/gao-21-482>)

Passage of this amendment will not solve the long-term problems the City faces in funding health-insurance for City employees, both retired and active. In a few years we will again face further increases in healthcare costs and further calls for slashing benefits.

There are alternatives to taking away healthcare benefits from over 100,000 retired NYC employees and our families. My union, the Professional Staff Congress, proposes – and I support – using some of the City’s rainy-day funds to give us time to consider and negotiate real and lasting solutions rather than the current proposals, which deprive City retirees of the quality benefits we have been promised and received for decades. VOTE NO!

My name is David Marshall I live in Council District 01. I am a retiree with the PSC-CUNY. I'm testifying today against changing 12-126.

I recently had an experience that may shed some light on why we fear this change. I had a rapidly growing tumor. It fell just short of the guidelines for surgical removal. It would meet the guidelines within six months if growth continued at the same rate. I spoke to several doctors about it. They all assured me that it was almost certainly benign, but they disagreed about what to do. Mindful that I might be switched into another plan this year, I opted for the surgery rather than wait. It turned out to be a very rare cancer. Frighteningly, I probably wouldn't have had the surgery under a plan that required pre-authorization. Incidentally, all the doctors agreed on one thing. They said "Pay whatever you need to to stay out of an Advantage Plan." (One doctor even complained that her own parents were having trouble getting care because of a managed plan.)

Therefore, I speak today against the Medicare Advantage plan. Vote "No" on amending current law. The change is a step in the wrong direction for dealing with both our retirees' physical health and the city's fiscal health. My colleagues have ascertained that a Medicare Advantage plan cannot mathematically provide health care equal to what we have now. It is disingenuous to pretend otherwise. I know it. You know it, and my doctors know it. On those grounds alone, we should abandon this proposal.

Moreover, I would suggest anyone seeking re-election ought to carefully consider reducing a benefit to a group of New Yorkers who vote at very high rates. I know I speak for many retirees in saying that I personally will never vote for anyone who supports this plan.

However, I realize you have fiscal responsibilities. Medicare Advantage plugs a hole today but does nothing to solve our long term issues. It continues a haphazard patchwork plan for dealing with health costs. The PSC's plan to stabilize the city's finances and work out a sustainable solution is the best, responsible option. The PSC plan is an opportunity to create a real, home-grown, long-term solution. Thank you for your time.

Hello., My name is David Rosenthal

I taught in NYC public schools for 37 years, I have been pro union even before I started teaching. When paying dues became optional, I was still paying my dues. I still pay dues even today. I am not anti union or anti labor. I would like to make these summarized points:

1. Martin Scheinman's participation in this situation was not arbitration, and his opinion has no legal or jurisdictional authority whatsoever in this matter. The City Council will **not** be violating any laws if they leave 12-126 alone! Michael Mulgrew of the UFT, Randi Weinagerten of the AFT, and several attorneys have confirmed this about Mr. Scheinman's point of view.
2. The City's obligation was determined by NYS Supreme Court and Appellate court, such that retirees should not be paying for their supplemental premium if they chose not to engage in the MAP. In addition, this premium is only 6/10 of one percent of the city operational budget, which is extremely cost effective, yet yields a popular and highly effective benefit.
3. Viable solutions as recommended by the Professional Staff Congress, healthcare economist Barbara Caress, Barbara Bowen, and measures like self insurance, welfare fund consolidation, and placing all union members into the same drug plan to achieve dramatic buying power can save the City at least \$500 million dollars a year. Medicare Advantage does not and should not have to be an option at all. Please reach out and have a formalized meeting with Marianne Pizzitola, and she and respective parties will show you how this can be done.
4. Medicare Advantage plans are allowed to deny and delay treatment, which puts elderly patients in harm's way, increases their risks, and has resulted in increased illness and even death. This is a trademark difference between Medicare Advantage and traditional Medicare. Please don't allow these two unions, the Mayor, and the MLC to subject retirees to this heinous stress and risk! Remember that Advantage plans are out to make money, even if it means putting

patients' health at risk. That's not the kind of so-called morality City Council should be supporting.

5. Advantage plans are fraudulently rated. They puff up their star rating system by finding illnesses and conditions that do not clinically exist, such as occasional garden variety depression or headaches. Then, they inflate their rating system when the symptoms lessen or disappear, claiming that their health insurance was a factor. MAPS also do not pay out to doctors in a timely manner. As reported by the federal government, 13% of all MAP claims from doctors have been denied payment from insurance companies. And MAPs are a way to further privatize this federal public common.
6. Retirees took lower paying jobs, and have sacrificed their time, labor, health and in some cases, even their lives. This is a slap in the face to 911 responders, their spouses and partners, and their widows and widowers, who rely on solid healthcare at this point in their lives. A MAP will not deliver that reliable healthcare.
7. The draconian measure of altering 12-126 will affect hundreds of thousands of retirees who have small pensions, such as \$35,000, \$25,000, \$15,000 or less a year. It will affect women and retirees of color. There are tens of thousands of retirees who live on a small pension and cannot afford the choice of paying almost \$200 a month plus copays to keep themselves safe in traditional Medicare.
8. 12-126 was designed in the 1960s to protect and has done so for 55+ years! It is an institutionalized signature piece of legislation that has upheld safety, security, cost-effectiveness, and morality for hundreds of thousands of retirees. To change it would devastate its original and still relevant, indispensable vision and mission of providing dignified healthcare to City municipal retirees. These retirees built this city, maintained it, protected it, made it run and function properly and on time, and were the backbone of making New York City one of the greatest destinations in the world. Let us not forget them and their critical contribution in their time of need now.

I look to the City Council as one of the last bastions of protections for

civil servant retirees who have acted in none other than good faith, and who are now being deceived and abused by the Mayor, the MLC, the OLR, Michael Mulgrew, Robert Linn, Renee Campione, Claire Levitt Henry Guarido, and Harry Nespoli. Remember that this will also be your legacy as a City Council, and it will have far reaching consequences for elections and civil servants in this cohort and for generations to come. I beseech all of you to leave 12-126 alone! Do the right thing!

Regards,
David Rosenthal

My name is David Siegel and I am a City worker at NYC Aging. I am writing in strong opposition to Intro 874. I urge the Council not to support the Mayor's and the Municipal Labor Committee's attempt to force City retirees into a Medicare Advantage plan and undermine the health benefits City workers have been legally entitled to for decades.

The campaign from the administration and the MLC has described this proposed change to administrative code 12-126 as a way to "preserve choice" for retirees in their health care. In fact, the premium that will be attached to traditional Medicare (Senior Care) if the change goes through will be out of reach for many retirees on their incomes and would make it infeasible for them to remain with their current standard of care. Medicare Advantage has also been the subject of much reporting regarding fraud with the program and I am very concerned that this will be functionally the only option for many retirees who have been legally guaranteed a certain standard of benefits for decades.

As active workers, we have been told by our union leadership that it is necessary to put the Medicare Advantage switch in place in order for the City to fund our raises, or that we will be forced into paying health care premiums if the switch does not go through. I strongly object to retirees and active workers being pitted against each other when the City and unions could pursue other options. Retirees and the Professional Staff Congress have identified several alternative approaches to lower healthcare spending such as the City creating a self-insurance plan or all City workers' union welfare funds being consolidated for better leverage and group purchasing. I urge the Council to meet with these groups and hear about their proposals. For other active workers like myself, this change to the administrative code opens the door for our own healthcare benefits to be altered or for more "classes" to be created with diminished health care benefits, such as new hires. The City is already hemorrhaging workers, and gutting benefits will make it even more impossible to hire and retain talent while our essential agencies are already dangerously understaffed.

The Council should not play into the Mayor's and the MLC's plan to get around their legal obligations to retirees and should not pass Intro 874. Thank you,

David Siegel, NYC Aging, DC37/Local 768

My name is David Velkas. I am a retired special ed teacher and coach. I taught first at Seward Park HS (over 20 years) in the Lower East Side and then the last 6 years at Bayside HS. I was also a football coach at Stuyvesant HS for over 25 years from 1985 to 2004. I retired in 2011. My health is now poor. I was on dialysis and 3 years ago I received a kidney transplant. I suffer from other chronic ailments such as arthritis in both knees and spinal stenosis among other things. Medicare covers all my medical needs and my GHI Senior plan covers what Medicare doesn't. I like to travel and I have a small place in Florida. Medicare is accepted throughout the country as it is a federal plan. My concern is the new plan is a Medicare Advantage plan. Not all doctors accept Advantage Plans especially if I am out of state. What do I do then. I'm responsible for everything

and then I have to do a ton of paperwork. The reason NYC wants to make this change is to save money not to provide me with better health coverage. When I began working in a school as a para in 1980 my salary was \$5,500 a year. My first year teacher pay in 1986 was \$14,450 per year. As a civil servant who spent more than half his life working for New York City I think that I and the rest of the retirees deserve better than what is being proposed by the City of New York.

From: waldotwo@mindspring.com
Sent: Thursday, January 12, 2023 1:35 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Proposed City Retiree Health Care Legislation

I realize that this is a very complicated and extremely important issue. Retirees are in the latter part of their life and will likely be in more need of thorough and supportive medical care in their later years. The new plan proposal to switch everyone to a 'Medicare' Advantage plan poses serious risks and challenges to many of those retirees. I, for example, am now living in California. My current Medicare and Senior Care allows me to choose from a vast range of doctors - most of whom are affiliated with UCLA. My understanding from reviewing what I can find on line about Aetna shows very few, if any, participants in any Medicare plan offered by Aetna here and none of my current doctors (internist, ophthalmologist, cardiologist, urologist or general surgeon) appear to accept Aetna Medicare plans. This is a serious concern as I can't fly to NY for every visit or procedure I need. Please allow us to keep our Senior Care and 'real' Medicare. Otherwise, you are inflicting undue stress (emotional, financial and potentially physical) on us with deprivation of services to people who have served the city for decades with the promise that we would be taken care of in our later years.

Thank you.

David Williams and Leslie Marder

TESTIMONY ADDRESSING THE CITY COUNCIL, INT No. 874, JAN. 9, 2023

As a NYC Health+Hospitals Corporation retiree, as well as a lifelong New York City resident,

I am writing to request that the City Council reject the proposal to amend the administrative code of the city of New York, 12-126. The proposed changes to retirees health insurance coverage would significantly affect the healthcare we now receive. Based on the terms of my retirement, I had expected to receive the Medicare plan which best suits my healthcare needs for the remainder of my life.

This change would force retirees to join Medicare Advantage Plans, which are inferior to the current Traditional Medicare. Among the many disadvantages, Medicare Advantage Plans require the use of limited networks, prior authorizations, referrals to specialists, as well as the potential for increased out-of-pocket expenses.

I am a disabled senior, living alone, and have numerous, complex medical issues, requiring multifaceted treatment regimens from different hospitals. My main concern is that some specialized facilities do not accept Medicare Advantage insurance. A significant portion of my treatment is from the Hospital for Special Surgery. According to their website, the section for insurance states:

“Medicare

Hospital for Special Surgery is participating with Traditional Medicare insurance. You are responsible for *co-insurance* and *deductible* costs. If you are enrolled in a Medicare Managed Care/Advantage plan, the benefits and coverage at Hospital for Special Surgery may be limited. For further information please call the **HSS Insurance Advisory Service** at **212.774.2607** or email your question through our [online form](#).

Hospital for Special Surgery is NOT an in-network provider for Aetna's Medicare Managed Care/Advantage, Medicaid, Savings Plus, NY Signature and QHP plans.”

Recent news articles have also identified serious issues with Medicare Advantage Plans.

Below are some excerpts which identify these problematic areas:

-Investopedia: Pitfalls of Medicare Advantage Plans. By [Lita Epstein](#) Updated June 27, 2022

Since Medicare Advantage Plans can't pick their customers (they must accept any Medicare-eligible participant), they discourage people who are sick by the way they structure their copays and deductibles. Many enrollees have been hit with unexpected costs and denial of benefits for various types of care deemed not medically necessary.

Consider Your Other Costs

Out-of-pocket costs can quickly build up over the year if you get sick. The Medicare Advantage Plan may offer a \$0 [premium](#), but the out-of-pocket surprises may not be worth those initial savings if you get sick. "The best candidate for Medicare Advantage is someone who's healthy," says Mary Ashkar, senior attorney for the Center for Medicare Advocacy. "We see trouble when someone gets sick."³

Why Is Medicare Advantage a Bad Choice?

Medicare Advantage can become expensive if you're sick, due to uncovered copays. Additionally, a plan may offer only a limited network of doctors, which can interfere with a patient's choice. It's not easy to change to another plan. If you decide to switch to a Medigap policy, there often are lifetime penalties.

-The New York Times: [Medicare Advantage Plans Often Deny Needed Care, Federal Report Finds Investigators urged increased oversight of the program, saying that insurers deny tens of thousands of authorization requests annually.](#)

By Reed Abelson Published April 28, 2022 Updated Dec. 3, 2022

Medicare Advantage Plans Often Deny Needed Care, Federal Report Finds

Investigators urged increased oversight of the program, saying that insurers deny tens of thousands of authorization requests annually

[The new report](#), from the inspector general's office of the Health and Human Services Department, looked into whether some of the services that were rejected would probably have been approved if the beneficiaries had been enrolled in traditional Medicare.

Tens of millions of denials are issued each year for both authorization and reimbursements, and audits of the private insurers show evidence of "widespread and persistent problems related to inappropriate denials of services and payment," the investigators found.

[The report echoes similar findings](#) by the office [in 2018](#) showing that private plans were reversing about three-quarters of their denials on appeal. Hospitals and doctors [have long complained](#) about the insurance company tactics, and Congress is considering legislation aimed at addressing some of these concerns.

Based on its finding that about 13 percent of the requests denied should have been covered under Medicare, the investigators estimated as many as 85,000 beneficiary requests for prior authorization of medical care were potentially improperly denied in 2019.

Advantage plans also refused to pay legitimate claims, according to the report. About 18 percent of payments were denied despite meeting Medicare coverage rules, an estimated 1.5 million payments for all of 2019. In some cases, plans ignored prior authorizations or other documentation necessary to support the payment.

These denials may delay or even prevent a Medicare Advantage beneficiary from getting needed care, said Rosemary Bartholomew, who led the team that worked on the report. Only a tiny fraction of patients or providers try to appeal these decisions, she said.

-Consumer Reports: The Pros and Cons of Medicare Advantage

Popular Advantage plans come with some risks. Here's how to weigh your options.

By Penelope Wang Updated November 3, 2022

....if you have chronic conditions or significant health needs, you may want to think twice. For one thing, with Original Medicare you can see any provider that accepts Medicare, which is most of them. But Medicare Advantage plans typically require that you get care from a more limited network of providers, and you may need pre-authorization to see specialists, says Melinda Caughill, a co-founder of 65 Incorporated,“It’s a riskier approach to health care,” Caughill says, which can also end up being more expensive.

For example, a recent Kaiser study found that about half of all Medicare Advantage enrollees would end up paying more than those in traditional Medicare for a seven-day hospital stay.

-Forbes: Medicare Advantage Plans Have Great Promise But They Are Not Delivering

[Howard Gleckman](#) Senior Contributor Jun 15, 2022,10:18am EDT

....increasingly, analysts say these managed care plans, often run by for-profit insurance companies, neither save money nor deliver better care than traditional, fee-for-service Medicare.

....the evidence that MA plans keep their members healthier [is mixed at best](#). By some measures the plans do well. But by others they are no better, and sometimes worse, than fee-for-service Medicare.

....some highly-regarded critics point to data that suggests MA is less efficient and more expensive than traditional Medicare.

[According to the Medicare Payment Advisory Commission](#) (MedPac), which advises Congress on the program, average MA bids for 2022 were 15 percent lower than Medicare would pay for fee-for-service enrollees. Yet, Medicare spends 4 percent more for MA enrollees than if they remained in traditional Medicare.

But if you have chronic conditions or significant health needs, you may want to think twice. For one thing, with Original Medicare you can see any provider that accepts Medicare, which is most of them.

Based on the abundance of issues identified above, the bottom line is that Medicare Advantage Plans do not appear to be the panacea for healthcare cost savings that they claim to be.

I strongly urge you and all City Council members **not to support this change.**

Please protect retirees healthcare and help us work towards a better solution.

Thank you for your attention to this very important matter.

Dayle Kearns

New York, NY 10009

I am a retired New York City teacher, having worked 34 years with elementary school children of all levels of abilities. When I took this job at age 21, I was promised that I would continue to receive my health care benefits both in my retirement and in all the days of my life.

Now I am 76 years old, and up until now, my husband Thomas and I have been blessed. Thomas now has serious medical issues, but with the health care we have been receiving, we have been able to afford the doctors and treatments he needs, which have enabled him to enjoy his remaining days in this world.

I am writing this to beg you, please **DO NOT** vote to change 12-126. **DO NOT** take away what the retirees have been promised. I feel that to do this would be a criminal action against us, based on just money and greed of the City.

Thank you for listening to me speak.

Deanna Adams

From: Debby Hershkowitz <hardshell@aol.com>
Sent: Thursday, January 12, 2023 12:35 AM
To: NYC Council Hearings
Cc: debby@bns146.org
Subject: [EXTERNAL] Please review what the PSC/CUNY speakers have researched before voting

Thank you for receiving my testimony.

I am a NYC DOE retiree, asking for you to please review what the PSC/CUNY speakers have put together since this whole thing began, They have found ways to save money for Nyc that will not tear apart the option to maintain senior care with original Medicare that some of us need with health issues, and are willing to pay something towards that, as well as a MAP plan that has integrity that I am sure with all our Union numbers we could get something that's worked out before presented so it will not be plagued with snags.

All the city workers including you as councilmen have a way of making such a huge decision with solid solutions the PSC/Cuny have researched, in good faith, and in interest for all, including the city. Without the politics, but viable intelligent solutions.

Please review and analyze their proposals before you vote.
They are full of integrity and viable solutions for us all. Please.

Thank you,
Debby Hershkowitz
Brooklyn, New York

Testimony before the City Council 1/9/2023

I am afraid of any change to Administrative Code 12-126. I am a two times lung cancer survivor who suffers with COPD. I was diagnosed with lung cancer in 2010 and 2019. Each time, I was treated with surgery with the removal of sections of both lungs. Currently, I am monitored using low dose cat scans every six months at Memorial Sloan Kettering (MSK).

In my most recent consultation with my surgeon, I was advised that they are seeing an increase in the reoccurrence of this type of cancer as people age rather than a decrease as they had originally thought.

MSK does not take Medicare Advantage plans, but they do accept Medicare. I hope I can continue to keep my Medicare, so if the cancer returns I can be treated by my doctors.

Most doctors don't like to take Medicare Advantage because it interferes with patient care. My primary care physician advised me to steer clear of these plans.

I worked 25 years for the city. I believed in the City's promise to provided me with good health care. It was a lie. Medicare Advantage is not good health care. I will be denied access to my doctors and face many hurdles in getting tests and treatment.

I consider Medicare Advantage government authorized euthanasia. It achieves its goals by delaying and denying care. If the council is successful at changing 12-126, it will be responsible for the untimely death and decline of hundreds of senior citizens. That will be then be the council's legacy.

Respectfully,

Deborah Roina, Retired Teacher
25 years of service

<https://oig.hhs.gov/oei/reports/>

OEI-09-18-00260.pdf

oig.hhs.gov

Hello. My name is Deborah Palmeri and I am a NYC retiree. I retired from the Department of Education in 2005 after 29 years of dedicated service to the City of New York. After retiring I moved first to North Carolina and then to Virginia where I presently live.

In 1987 I was diagnosed with ulcerative colitis and was told by a specialist in gastroenterology that in my later years I would probably develop colorectal cancer. My gastroenterologist emphasized the importance of having annual colonoscopies which I complied with until the time that I went on Medicare and they became biannual. In 2019, I was genetically tested by Myriad Genetics and it was determined that I am at elevated risk for colorectal cancer.

If the City Council votes to amend Administrative Code 12-126 and I am ultimately forced into a Medicare Advantage plan, it would be unlikely that my frequency of treatment would be allowed to continue without prior authorizations.

Additionally, living in Virginia I would lose all of my medical care as the doctors here would not participate in a NYC Medicare Advantage plan.

I hope compassion trumps greed!

The Honorable Members of the New York City Council, Mayor

Adams:

My name is Debra Bigelisen. I am a retired New York High School Teacher. I taught for the city for 22 years. When I retired, I was promised that my health care would not change. I am distressed that you are considering changing Law 12-126 to undercut my health benefits. I worked as a dean of students with many troubled students. Children brought guns, knives, and box cutters to work. I attended gang training. I worked with children that lived in shelters and considered school their safe place and home. Now that I have retired you are going to cut my healthcare.

I am clear on the rising costs of healthcare in this country today. Politicians that make laws should be fighting insurance and drug companies, not their own constituents. These changes are unconscionable. I doubt that any of you have been in a city school

with troubled children, a burning building, or an ambulance saving someone's life. Or even worked in a city hospital through this pandemic. If this is your way of saying thank you to all the first responders in New York City then you do not deserve to be in office. I am urging you not to make changes 12-126. Mr. Mayor these will be your benefits too someday.

I question your motives and politics. It's dishonorable that you would want to change the healthcare of thousands of people that have served this city. It's reprehensible to have a mayor that wants to do this.

I question if you really know the difference between healthcare plans. My doctors do not take Medicare advantage. I have had many health care issues including having Sarcoidosis. This requires a specialist that I currently have.

This is a personal issue. You do not know your constituents. New York City employees have worked hard for less money than any private sector employees. This is a slap in the face not a thank you.

We earned our benefits. Amending section 12-126 that guarantees benefits is simply immoral. I urge you to all consider what is being proposed. Thank You.

From: Debra Montefinese <d27monte@gmail.com>
Sent: Tuesday, January 10, 2023 9:52 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Proposed Amendment to Administrative Code 12-126

Dear Council Members-

I am writing to voice my concern on proposed legislation to amend the administrative code of NYC in relation to health insurance coverage for city retirees.

Having recently retired, I was a public servant for over 50 years. I graduated magna cum laude with an MBA in Finance and although I could have chosen to work in private industry, I wanted to give back to the City and thus my path led to public service. Seeking promotion within City service, I completed all civil service tests, retiring with a civil service title of Administrative Manager.

I worked very hard throughout my years with the City, having given up higher monetary rewards had I chosen a different path. I was very satisfied with my responsibilities throughout the years and knew that at the end of my tenure with the City I would be rewarded with excellent health benefits.

Those benefits included my ability to receive traditional Medicare. I am now a Medicare recipient and **do not want to be moved into a Medicare Advantage Plan**. I have read many articles from those in such plans who are totally dissatisfied with the service they receive. The federal government has also reported that these plans cannot compare to regular Medicare.

The City Council should not be a part of the effort to force Medicare Advantage on retirees. We were promised traditional Medicare benefits upon retirement when we all chose to become City workers. Please do not assist the current administration in taking away promised health care rights.

As elected public servants who were chosen to represent the needs of City residents - including City retirees – we are all counting on you to hear our cries for what was rightfully promised to us . **DO NOT AMEND SECTION 12-126 OF THE ADMINISTRATIVE CODE.**

Respectfully submitted,

Debra Montefinese

**TESTIMONY OF DEBRA SILBERSTEIN
IN OPPOSITION TO INT. 874 of 2023
BEFORE THE NEW YORK CITY COUNCIL
COMMITTEE ON CIVIL SERVICE AND LABOR
JANUARY 9, 2023**

Chair De La Rosa and other Committee members.

My name is Debra Silberstein and I am a retired attorney who worked for more than 20 years in several City agencies: the Office of Management and Budget, the City Planning Commission, the Human Rights Commission and the Office of Administrative Trials and Hearings. During my years in City service, I drafted many bills and appeared before the Council. Virtually my entire professional life was devoted to the City.

Please vote against Int. 874 which would put me and other retirees into a Medicare Advantage Plan.

The Mayor and the MLC are claiming that you must act quickly on the legislation in order to preserve “choice” in healthcare for retirees. In fact, it is the current law, Administrative Code Section 12-126, which protects both retirees and current employees by providing that the City must pay for the cost of our healthcare, up to a cap.

When the Mayor tried to put retirees into a Medicare Advantage Plan last year, we sued the City and won in State Supreme Court and in the Appellate Division, First Department. Now the mayor is attempting to get the Council to change the law in order to circumvent the courts’ rulings. Don’t let him do that!

I have several disabling health issues and rely on my doctors to provide services without pre-authorizations that are required under Medicare Advantage Plans. If I am placed into an Advantage Plan, I could lose my doctors who do not participate in Advantage Plans and I likely will be subjected to a pre-approval process that could seriously hurt my health.

The City can and should look for other funding streams to help balance the budget. You should not take healthcare away from retirees like me who are disabled, senior citizens, and 9/11 responders. We need you to be our voice.

Thank you for the opportunity to submit this testimony.

Debra Silberstein

Stratford, CT 06614

Sent from my iPad

January 9, 2023. Testimony NYC City Council

I'm Deirdre Burke, a CSA retiree with 38 plus years at the DOE. My family, friends and I vote in all elections in Council District 11.

You must not gut Administrative Code 12-126. The purported reason is to give \$600 million to the depleted Health Stabilization Fund. You must explain why 600 million can't be found elsewhere in our 100 billion dollar budget.

The Council should use this issue and the impending budget deficit to ensure that all city agencies adhere to strict and responsible fiscal practices.

Last January, the Comptroller found numerous issues with union administered welfare funds leading to enormous administrative cost overruns.

The Municipal Labor Committee took one billion dollars from the Health Stabilization fund to provide raises for one union to the detriment of 500,000 active and retired city workers. They cannot be trusted to look out for the well-being of all workers.

My husband is a retired teacher. He nets \$1,026 in a TRS pension. At almost 83 he has quite a few health challenges and thanks to some amazing doctors and nurses, he is doing well. He has been the target of aggressive Advantage Plan marketing. Enabling us to learn that two of his top doctors don't participate in advantage plans. Why? Fungible procedures covered; difficulty getting pre-approval and reimbursement, onerous appeal processes.

Four years ago, with traditional Medicare and Senior Care he received life-saving treatment for vascular, cardiac, and neurologic conditions. Obtaining coverage was uncomplicated. Doctors decided what he needed-not an insurance company!

My husband is not an anomaly. Without immediate, seamless access to topflight health care I would most likely be a widow. Additionally, his pension is more typical of folks of his generation in our neighborhood. Upon reflection, not only is this proposal a tragedy for individuals but collectively a potential disaster for our community.

People in Advantage plans surrender their right to have a doctor decide what is medically necessary rather than an insurer. Yesterday an op ed advised you not to listen to emotion. Some facts.

In an April report, the Inspector General's office of Health and Human Services found:

Evidence that MA plans are delaying or even preventing Medicare beneficiaries from getting medically necessary care. As many as 85,000 requests for prior authorization were improperly denied.

18 percent (1.5 million) of payments were denied despite meeting Medicare rules. Plans ignored prior authorizations and documentation.

Scans, those all-important diagnostic tools and prescription drugs were most often denied. Appeals unfairly burden patients and take time away from doctors that should be spent tending to patients.

The federal government pays Medicare Advantage insurers a fixed amount per patient. If a patient's choices are limited the insurer stands to profit.

Medicare Advantage Plans are an instrument of insurance companies to generate profit. Cutting access to life saving procedures is the way they generate profit. The United States Department of Justice has been indicting these plans for Medicare Fraud.

The MLC must take responsibility for their misuse of the Health Stabilization Fund.

When I was working, I really resented the pie in the sky promises to the effect you'll get less now but retire with great health insurance and a better pension. It seems I was right to be skeptical.

Administrative code 12-126 must stay in place to protect us as it has for fifty years.

If Mel Aronson, Irwin Shanes and Victor Gotbaum were here today they would say shame on our current union leaders for ever allowing this to happen.

January 9, 2023. Testimony NYC City Council

I'm Deirdre Burke, a CSA retiree with 38 plus years at the DOE. My family, friends and I vote in all elections in Council District 11.

You must not gut Administrative Code 12-126. The purported reason is to give \$600 million to the depleted Health Stabilization Fund. You must explain why 600 million can't be found elsewhere in our 100 billion budget. Last January, the Comptroller found enormous administrative cost overruns. The Municipal Labor Committee took 1 billion dollars from the Health Stabilization fund to provide raises for one union to the detriment of 500,000 active and retired city workers. They cannot be trusted to look out for the well-being of all workers.

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From: Denise Erkman <denise.erkman@yahoo.com>
Sent: Sunday, January 8, 2023 6:29 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Do Not Amend NYC Administrative Code Section 12-126.

Do not amend NYC Administrative Code Section 12-126. I am a newly retired NYC teacher. I worked for the city for 24 years. I know this administrative code is NOT fair for me and all NYC people who loyally served and put in long days to keep this city thriving.

Denise Erkman

SI NY

Sent from my iPhone

My name is Denise Farrelly and I am a City worker at Dept. of Design & Construction. I am writing in strong opposition to Intro 874. I urge the Council not to support the Mayor's and the Municipal Labor Committee's attempt to force City retirees into a Medicare Advantage plan and undermine the health benefits City workers have been legally entitled to for decades.

The campaign from the administration and the MLC has described this proposed change to administrative code 12-126 as a way to "preserve choice" for retirees in their health care. In fact, the premium that will be attached to traditional Medicare (Senior Care) if the change goes through will be out of reach for many retirees on their incomes and would make it infeasible for them to remain with their current standard of care. Medicare Advantage has also been the subject of much reporting regarding fraud with the program and I am very concerned that this will be functionally the only option for many retirees who have been legally guaranteed a certain standard of benefits for decades.

As active workers, we have been told by our union leadership that it is necessary to put the Medicare Advantage switch in place in order for the City to fund our raises, or that we will be forced into paying health care premiums if the switch does not go through. I strongly object to retirees and active workers being pitted against each other when the City and unions could pursue other options. Retirees and the Professional Staff Congress have identified several alternative approaches to lower healthcare spending such as the City creating a self-insurance plan or all City workers' union welfare funds being consolidated for better leverage and group purchasing. I urge the Council to meet with these groups and hear about their proposals. For other active workers like myself, this change to the administrative code opens the door for our own healthcare benefits to be altered or for more "classes" to be created with diminished health care benefits, such as new hires. The City is already hemorrhaging workers, and gutting benefits will make it even more impossible to hire and retain talent while our essential agencies are already dangerously understaffed.

The Council should not play into the Mayor's and the MLC's plan to get around their legal obligations to retirees and should not pass Intro 874. Thank you,

Denise Farrelly
DC37/Local 1549
Dept. of Design & Construction

Other resources to explore and to pull talking points from:

- Physicians for a National Health Program (PNHP): [Statement on Medicare Advantage & financial analysis](#)
- Cross Union Retirees Organizing Committee (CROC): [Better Solutions email](#) (includes recommendations from PSC-CUNY)
- PSC-CUNY: [Message from president](#) & [brief explainer of proposed changes](#)
- DC 37 Retirees: [Information and links on MAP](#)
- NYC Retirees: [Admin code change explainer](#) (see annotated text mid-page)

My Name is Denise Rickles. I am a retired special education teacher.

THANK YOU to council members who have publicly stated they will vote No, to amend 12-126. You have taken a brave stance in the face of all the political arm twisting by the MLC and OLR .

In past years, during a budget crisis Mayors have asked the city council to amend 12-126. The city council chose not to. That is the position I am urging you to take. Not to amend.

We sacrificed salary increases in order to keep our benefits. We were promised premium free health care at retirement. Now Aetna Advantage is being proposed, in a so called effort, to help solve the city budget crisis.

The cost of Senior Care is 6/10 of 1% of the total city budget. 6/10 of 1% .

Do you think that putting us in an advantage plan and eliminating the 6/10 of 1% from the budget will go a long way to solving the budget crisis?

The only thing it will do is have a negative health and financial effect on retirees and contribute the Aetna's billion dollar yearly profits.

You are putting us into an Advantage plan in spite of the fact The Medicare Advantage Industry is under federal investigation for billing scams, fraud, waste, deceptive marketing and abusive practices. The NYT has written a number of investigative articles exposing their practices that cheat, scam, harm and some times kill people as their profits soar. Why are you putting us in it?

Mr. Scheinman's recommendation, is an opinion and not legally binding. So agrees Michael Mulgrew and Randy Weingarten.

The pattern of using healthcare cost savings to pay for raises began with the 2014 agreement between the MLC and the OLR. The MLC borrowed \$1Billion from the Health Stabilization Insurance Fund to pay for worker raises with the promise to repay it, in healthcare cost savings.

The MLC and the OLR are desperately lobbying because they have already given raises to municipal workers . The money for the raise was supposed to have come, in the form of health care cost savings, after putting retirees into a medicare advantage plan. Well, the retirees rejected the advantage plan, sued the city and won the law suit.

The unions should fess up and work out a way to find the money but not off of retirees' backs. There are many good ideas other than a medicare advantage plan and many can be found in the 2018 letter of agreement between the OLR and the MLC that they ignored them and failed to investigate.

**PLEASE DO NOT AMEND 12-126
DO NOT GIVE AWAY OUR LEGAL PROTECTION**

From: Diana Plunkett <dianaplunkett@hotmail.com>
Sent: Tuesday, January 10, 2023 9:36 AM
To: Testimony
Subject: [EXTERNAL] Do Not Amend Administrative Code 12-126

Dear City Council Members,

Retroactively changing the rules to impact retirees who have served the city, and agreed to their salary and benefits package with these rules in place is wrong, and a betrayal of the public trust.

Do not change Admin Code 12-126.

Thank you,
Diana Plunkett

Testimony of Diana Scalera regarding attempted changes to Code 12-126

Any reduction of NYC Retiree's Health Benefits will be considered a dangerous loss of already worked-for benefits encoded in NYC law for 50 years. Reducing our health benefits for the almost 300,000 NYC retirees as another COVID crisis is happening is an extreme lack of leadership by the UFT, DC37 unions, and the Mayor. As City workers, we performed our duties as expected and have gone into retirement believing we had a lifetime guarantee of City-sponsored health care. Reducing these benefits is a profound breach of the trust of vulnerable retirees. The MLC's suggestion that we pay \$194.00 a month if we want to hold on to our current medical care shows a lack of understanding of the lives of retirees. For my husband and I, it would cost 400 dollars extra a month.

The City has constantly been using the money owed to City workers to increase its spending with retro-pay contracts. Mayor DiBlasio even Retro-paid our Retro pay as one of his last acts. It is time for the City Council to protect the current and future retirees who keep this City running. Now we need a reliable team who will support these benefits codified by law for which we have already put in the work.

Removing health benefits, especially during a pandemic, is a cruel way of showing those of us who dedicated our work lives to the well-being of the City instead of showing gratitude for our sacrifices and dedication to our roles in

keeping the City functioning. This includes many City Retirees who were first responders and survivors, like my husband, of the 9/11 tragedy. My husband has two cancers and severe COPD from that experience. The anti-worker leadership of the UFT and DC37 should not overshadow the leadership of the CUNY unions and the Firemen's union, which have led the movement to save retirees from the well-documented pitfalls of privatized insurance instead of Medicare.

We encourage all Council members to support the City's current and future retirees by at least maintaining the existing benefits protected by code 12-126. Anything less would be a severe breach of trust.

Thank you in advance for your consideration.

Diana Scalera
John Lux
Avenue C

New York, New York 10009

Testimony of Diana Scalera regarding attempted changes to Code 12-126

Diana Scalera retired NYC DOE teacher and Administrator
Part II

Dear Chair De La Rosa,

Thank you and the Council for taking the retirees' issues so seriously. At no time did I feel that the Council wasn't sincere and equitable. That, and your willingness to give everyone a voice, is remarkable in contrast to the presentation and past actions of the MLC.

I spoke in the video chat about what happens on the day that there is a switch to Medicare Advantage. The ML needs to have a plan. Asking them for a plan and other important documents is a way to expose the MLC's serious lack of planning and concern for retirees. Obviously I hope you do not change Code 12-126. Here are some other suggestions I offer to help you not change the code and be able to defend your position.

The Council could send the MLC a laundry list of documents you must have. For the MLC to be accountable please ask them for a plan of how they will manage the change from Senior Care to MA so no one is in danger from not knowing how to access medical care at the beginning of implementation. The stories of the thel people who are currently undergoing cancer treatments and other kinds of long term treatments is important to address because the majority of the retirees who spoke had serious illness. How can the new program ensure that everyone will know how to access medical care in that transition from Senior Care and MA from the first day? The MLC needs to prove it has a plan to make the transition flawless and no one lacks any days of care.

- How long in advance will retirees receive notice of the switch?
- How far in advance will retirees receive the necessary identification to access their new health care on the first day of implementation? This is important so that anyone who gets sick or is injured on the first days has access to medical care.
 - Retirees should have at least six months in advance to give them time to find out which Docs will not take MA.
 - Are they willing to transition small groups at a time (start with people who want to transition?) so there is no crisis?
 - How quickly will the MA representatives try to convince Docs to participate?
 - When the DOC is paid as an out-of-network provider, will the Docs be paid according to Medicare prices, or will they still be evaluated by MA staff for denials, etc.? A doctor mostly does not want to work with MA because they don't want the insurance to override their decisions.
 - During that preparatory period, ask the MLC to collect data on how many retirees will lose their current medical staff.
 - How will retirees be supported to get their medical information to the new providers?
 - Does the MLC have a plan for any emergency in those first months before Retirees are used to what to do under MA?
 - Ask MLC to present the materials sent to Retirees homes to explain how the program works and the manuals and explanations that Retirees will receive.
 - Etc.

A bit of history of how switching NYC to MA would also be a big win for Weingarten at the AFT. She cleared the path for non-union charter schools using the same rhetoric that Mulgrew is using now. She convinced NYSUT (NY State Teacher's Union) to support union-less charter schools by opening three union-based charter schools saying that the union could run schools better. That opened the path for all other charter schools. Weingarten opened an elementary, middle, and high school that the State eventually closed because they were such failures. Once that door opened, however, there was no controlling how many Charter

schools the State allowed. Mulgrew's "we are going to create the best MA plan" was out of Weingarten's playbook and chilling to hear at the panel.

The second part of my suggestion is that the Council go on the offensive. Make MLC work for your approval. If you want to keep 12-126 in tact you have to document why it is dangerous for retirees to loose their current coverage. I suspect that the Mayor and the MLC believe you will do what they ask. I don't know the politics about going against the Mayor, but if you do, you have to have go reasons. I also suspect the MLC is not doing their due diligence because they expect the The Council will comply.

The Council could also create a new Code (law) that says that NO Mayor can overturn any ruling by the Council. According to some speakers today, he doesn't have the power to override with Code 12-126. Create a Code/Law that specifically prohibits the Mayor's power to override the rules of the Council separately from 12-126. It might make your position more robust and hopefully prevent him doing more damage, at least for now. Why not create a third code/law that says that retirees are entitled to options for their health care, and the City must look for funding from sources other than retiree healthcare? As we have seen, Mayor Adams and the MLC are ruthless. The Council needs to meet them with equal power.



I'm not a lawyer, so these recommendations are only ideas to discuss. One last suggestion. When there is a complex problem, "follow the money" is always a good suggestion. Here is a Mulgrew video on YouTube posted by Organization of Public Service Retirees Inc that explains the money trail. So Mulgrew is putting the Welfare Funds that rarely impact workers ahead of retiree healthcare. It might explain the MLC's intense promotion of the MA plan.

The UFT did the same type of maneuver around Charter Schools. Weingarten sold the plan to NYSUT to allow law union charter schools to open by saying that unions could create the best schools as charters. This was her ploy was to bring Charter school funding into the UFT. NYSUT was horrified that she got this through. The most significant majority of Charters are non-union. The Charter schools that Weingarten created were a big failure, and the State shut them down for poor performance. She got a promotion to work for the AFT in Washington and charter schools are the norm now. The UFT has historically used its power to gain a bigger budget at workers' expense. Working at a Charter school is a nightmare of overwork and low pay.

Mulgrew is taking a page from the Weingarten playbook by saying he will create the best MA insurance, and we should believe him. However, he will leave us with the disaster of MA, and the MLC unions will receive the "saved" money in their Welfare funds. I suggest that someone from the organizations against MA look into the financial gain that the MLC leaders will gain from switching to MA.

Thank you in advance for your consideration. Your Council is amazing!

Diana Scalera

New York, New York 10009

From: Diana Scalera <dee.scal173@gmail.com>
Sent: Friday, January 6, 2023 4:11 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Remote attendance of Jan 9, 9:30 Am meeting regarding NYC Retiree Healthcare

Reason for Remote Attendance.

My Husband and I have recently become infected with COVID. We have recovered but we are both immo-suppressed. My husband is a 9/11 survivor with two cancers and severe COPD. He never attends any function with a crowd of people, nor do I to keep him as protected as possible. John was hospitalize with COVID and I caught COVID in during a hospital visit in which other patients' visitors were not masked. To keep my husband safe we have a very limited ability to function in the post mask pandemic.

I have submitted a testimony via a link send by City Councilwoman Gail Brewer.

Regards,

Diana Scalera and John Lux

Avenue C,
New York, New York 10009

From: Diane D alessandro <dpmdalessandro@aol.com>
Sent: Sunday, January 8, 2023 10:00 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Oppose changes to Administrative Code 12-126

TESTIMONY BEFORE THE NEW YORK CITY COUNCIL COMMITTEE ON CIVIL SERVICE AND LABOR

January 9, 2023

My name is Diane DAlessandro. I am a public sector retiree having served as Executive Director of the New York City Employee's Retirement System (NYCERS), and Special Advisor to Counsel for the New York State Assembly. I have also served as Associate Director for Political Action, and Assistant Director for Research and Negotiations for District Council 37 AFSCME.

I write to urge the City Council to vote against any changes to 12-126 of the Administrative Code.

The proposed changes will be detrimental to public sector retirees and ultimately all public sector employees including members of the New York City Council.

The proposed reductions in health benefits are particularly onerous at a time when COVID still rages and New York City government is challenged to recruit and retain qualified workers.

This action will set a national precedent adversely affecting vulnerable seniors and, in the case of New York City, predominantly female retirees of color many of whom survive on meager fixed incomes.

As a public servant, I have paid into Medicare for my entire career and am incensed that my rights will be diminished because of a political deal between the unions and the Adams' administration.

The idea that the unions would submit to the privatization of retiree health benefits particularly in light of the documented fraud associated with Medicare Advantage is a disgrace.

Furthermore, the false narrative being advanced by the Municipal Labor Committee (MLC) and the Mayor that a depleted stabilization fund warrants elimination of current retiree health benefits is a smokescreen.

The Council must demand a forensic audit of the stabilization fund in order to document the true history of the decisions that have led to its current financial circumstances.

The Council must soundly reject the rationale that retirees must somehow bear the burden of these decisions.

Finally, the Council must not be duped by the MLC's advancement of a non-binding "independent" arbitration decision without further verification.

Thank you for your consideration. Please do the right thing.

Diane DAlessandro

Sent from my iPhone

Diane Ravitch
Brooklyn, New York
January 8, 2023

To: Members of the Committee on Civil Service and Labor
New York City Council
City Hall
New York, New York 10007

Attention: Council Member Carmen De La Rosa, Chair

Dear Chair De La Rosa and Members of the Committee:

I am writing to express my strong opposition to any legislation amending the administrative code of the City of New York, in relation to health insurance coverage for city employees, city retirees and their dependents, specifically to Section 12-126.

I am a dependent of a retired city employee. My wife, Mary Butz, was a teacher, a principal, and an administrator in the New York City public schools for 35 years. We are both enrolled in Medicare and are both enrolled in her secondary insurance, which is supplied by the Council of Supervisors and Administrators (CSA).

I am very grateful for this coverage because it saved my life.

In March 2021, my cardiologist informed me that I needed open-heart surgery and that I should not delay. He had been monitoring a growing aneurysm in a valve of my heart, and it was steadily growing larger. However, I was otherwise asymptomatic. My cardiologist referred me to a cardiac surgeon at Weill-Cornell Hospital. I had the surgery on April 7, 2021. It was a major operation for an 82-year-old woman. I was kept in intensive care for two weeks; for the first five days, I was intubated and sedated due to a build-up of fluid in my lungs. I was in the hospital for one month. When I came home, the CSA Senior Care Program supplied after-care with home health aides and physical therapy for another six weeks.

The bill for the surgery, the hospital care, and the after-care came to \$834,000. Medicare covered most of the cost. The secondary picked up a part of the cost. The cost to me of this enormously expensive operation was \$300.

If I had been on a Medicare Advantage Plan, I probably would not be alive to testify to you now. I would have had to apply for pre-approval from the provider, which I may not have received due to an absence of symptoms. Neither my cardiologist nor my cardiac surgeon accepts Medicare Advantage. Without the high-level care that I received at Weill-Cornell, I might not have survived the surgery.

I urge you not to amend the city's administrative code to enable the switch from the high-level protection offered by Medicare to the for-profit care of Medicare Advantage. The latter makes its profits by denying coverage. Had I been denied coverage, I would have died. Had I been compelled to use medical care of a lesser quality, I would have died.

I am deeply grateful that I am a dependent of a retired employee of the City of New York. I am grateful that she was guaranteed both the coverage of Medicare and a secondary plan that fills in the gaps. I am grateful that, as her dependent, I was not required to get pre-clearance from the for-profit provider for medical procedures that their physicians recommend. I am grateful that, as her dependent, I was able to utilize Medicare and her secondary CSA insurance to access the best medical care in New York City.

I urge you not to force retirees into a Medicare Advantage plan that will put their health and lives at risk. And I urge you not to break the promise made to her when she began her job as a new teacher in 1969.

Thank you,

Diane Ravitch, Ph.D.

From: Diane Zaretsky <m.zaretsky82@icloud.com>
Sent: Friday, January 6, 2023 11:06 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Upcoming Hearing on Proposed City Retiree Health Care Legislation-
Monday Jan 9 2023

Council Members

I ask to please NOT vote to amend Administrative Code Section 12-126.

I am 78 years old and worked for the city for more than half of my life. I found that helping students with special needs to be rewarding and gratifying. I did this job knowing that my salary was not like those in the private sector, my benefits would be there as is when I retired and when was needed.

Mr Scheinman issued a 31 page document that has no force of law. They were recommendations Mr. Scheinman has no authority to order the City and The MLC to force retirees into a Medicare Advantage Plan. It has been documented (proven) that any of the MAP will give us the benefits we have now. Many doctors and hospitals will not accept MAP. We the retirees were ever asked to meet or share our ideas or proposals how health care savings could be achieved. It is one sided! Mr Scheinman's document is a piece of propaganda brought to you by the orchestration of the City, OLR and MLC . It is misleading and meant to misinform you to address health insurance by making changes to 12-126. Please vote NO!

Sincerely yours,

Diane Zaretsky

M.zaretsky82@icloud.com

- Diane

January 9, 2023

To whom it may concern:

NYC Council must not change 12-126 and leave healthcare for municipal workers as is. NYC cannot solve its financial woes on the backs of retirees and municipal workers.

Sincerely,

Djuljka Vukelj

Dear City Council,

January 8, 2023

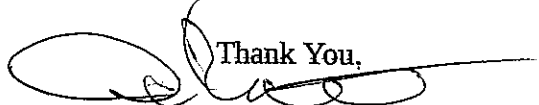
My name is Dominick Martino retired from the NYC dept of parks and recreation ,and now with DC37 retirees, as one of the VIP teach Medicare, social security and pensions to our members. In my early years I had a advantage care [hip], it was terrible we were treated like a piece of meat, with many disapprovals. We also gave up many raises to help better our medical, and also to help the city out financially.

When I retired I was able to switch to Medicare and GHI senior care. I have had full hip replacement, major back surgery and a four time cancer survivor.

Now the unions and the city want to change the administrative law code 12-126 , and have me pay a high premium of 194.00 which I already paid for by giving up past raises. Or take an inferior Medicare advantage plan. Which a lot of doctors don't take, a lot of doctors are not in the net-work. Because of the hassle the are put through to collect their payment, and the constant disapproving when we need an approval for surgery or treatment . Now we also have to pay copays which we never had to, we just cant afford this. They are not doctors who do the disapproving, they are people or a nurse who follow guide lines , they are call gate keepers. Advantage care is a private company to make money not help you medically, Medicare care and GHI senior help you with your medical needs.

It the unions and the city replace the money they took out of health stabilization fund. Mulgrew took out over a billion dollars in 2014 to give the UFT a raise ,and never replace it . There are two many hands in the cookie jar that is the problem why there is no money left. We would work with the city on ways to save money

Any changes to the administrative law code 12-126 will have an adverse effect to the retired NYC employees and to the active employees. I am asking the city council to exam all the issues and not change the administrative law code 12-126, we have paid our dues.


Thank You,
Dominick Martino

Dear Council President Adams

My name is Donald Bluestone and I am married to Doctor Cheryl Bluestone a retired CUNY professional. My wife worked at Queensboro Community College for over 25 years before retiring. We are both dependent on the quality health care and benefits we currently receive through Medicare with GHI Senior Care as the 20% wrap around. My wife accepted many years of no or very modest pay raises as long as improvements were made to her quality health care provided by the City of New York. Now the mayor (Adams) wants to force us into a Medicare Advantage plan. This would be not only problematic for us but also put our health care into a dangerous situation.

In October of 2021 my wife was hit by a car which backed into her while she was riding her bike. Besides suffering from a broken wrist this accident has been compounded by a large number of other disorders focusing on her esophagus and her ability to eat, She has needed to undergo all types of tests as well as being subjected to a wide variety of medications.

I had two major back surgeries in 2014 and 2015 the first one not being successful and the second being only moderately successful. I continue to be in pain and see a pain specialist on a regular basis as well as having heart issues which require constant testing and medical care.

If you move us to Medicare Advantage, we will not be able to continue to see many of the doctors we now use as being limited in our choice of specialists for surgery (my wife will be required to have somewhat risky surgery later this winter or early spring. AS we both require frequent testing, we will have to get prior approval for many of the test, and Medicare Advantage is known for denying or delaying these.

We urge you to vote no on any changes to Administrative Code 12-126. We are in opposition to bill number 874.

Please do not do the mayor's dirty work for him. We feel very strongly if he tries to force all city employees into Medicare Advantage, we will take him to court once again and likely win. However, to win we need the Administrative Code to stay as is.

Thank you Donald Bluestone

Bronx N.Y. 10463

From: GERALDINE MUSGROVE <gboe55@aol.com>
Sent: Saturday, January 7, 2023 10:44 PM
To: NYC Council Hearings
Cc: Gerry Musgrove
Subject: [EXTERNAL] Fair health plan

To who it may concern

Please help city workers keep the medical insurance plans we chose at our retirement if things need to change the people who already retired should be grandfathered in to the plan that was promised at retirement. How do you throw this financial burden on people who will have a hard time to find the money for health insurance.
Please help save our insurance plans

Dc37 retired member
Donald Musgrove

Sent from my iPad

I worked for the New York City Housing Authority for 30+ year at various positions in Management. I was proud to be in local 237 Teamsters and then in Management serving the residents. My wife and I counted on the benefits provided by NYCHA especially the medical and welfare fund benefits. When I retired I needed the medical benefits more than ever since I have complicated conditions which require constant attention from top tier doctors.

I ask the NYC Council to consider the following:

- . The stabilization Fund was misused by the UFT to obtain raises. This was morally unjust.
- . NYC and the MLC are trying to switch retirees to a Medicare Advantage Plan knowing full well that Congressional Hearings, Newspaper and other Media reports, and Medical Studies have consistently shown that these plans deny critical patient procedures, overcharge Medicare by inflating costs and have failed to make required improvements. This is WRONG!
- . There are recommendations that NYC and MLC have failed to research. Improvements such as **self insurance, consolidation of the purchase of drugs, welfare funds, prescription purchases and negotiating hospital costs for over 1 million employees, retirees and their families.** These alone could save 600 million.
- . The organization of NYC retirees has already identified 300 million in savings which have not been implemented. Plus, the 600 million NYC claims it will receive from Medicare will shrink in future years.
- . Contrary to what is stated, the Arbitrator did NOT make a binding decision. It was only a recommendation, which the Council should investigate, due to his bias in this matter because of his close ties to the parties involved.

I understand that this is the most progressive Council in NY history. I cannot believe that this very same Council will undo Local Law 12-126 as currently written and that has survived the NYC financial crisis and the September 11 attack. Do not undo the work of Mayors LaGuardia and Lindsey as well as our great labor leaders who saved NYC in it time of need: Victor Gotbaum, Al Shanker and Barry Feinstein.

Thank you for you consideration
Donald Tilner

From: The Kidsaver <kidsaver5@yahoo.com>
Sent: Sunday, January 8, 2023 2:28 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Amending 12-126 is harmful to retirees.

Testimony of Donna Sherman.

I am a retired employee of BCW/SSC/CWA/ACS (NYC Child Welfare Agency).

I am not Anti-UNION. In fact I refused numerous offers of managerial positions because i wanted to remain with my union, SSEU 371.

I worked "out-of-title" for years (getting paid less than others doing the same job), because i believed in the agency's mission of SAVING CHILDREN.

I, like most ACS employees, have been cursed at and threatened. At one point a client chased me with a cleaver. Another client, a pedophile, after threatening me in court, went home and shot/murdered an innocent stranger who was just crossing the street.

Many people believe that a civil servant is not employable in the private sector. I hold two masters degrees and a doctorate. I could have left ACS for a good paying job. Yet, i chose to stay.

I expected what was promised upon being hired, the free health care of my choice (GHI/Senior Care) after almost 30 years of employment.

I have a serious medical condition that i chose to treat miles from my home. Under a Medicare Advantage Program (managed care), i would not be able to be treated by the doctor i choose to see. He is the doctor who invented the treatment.

Please research the federal government's investigation into Medicare Advantage Programs.

I gave the City of NY my best. I ask that the City give me what was promised. Please do not take away my choice.

Thank you.

Donna Sherman
POB 934853
Margate, Fl 33093

My name is Doreen DiLeonardo , I live in council district 23 , represented by Councilwoman Linda Lee.

I would not want to be in your position. The Mayor has dumped this in your lap, amending a law that was put in place 55 yrs ago to guarantee our city workers and retirees good reliable quality health benefits, especially at a time when you all face re-election just a few months .

No I don't envy you.

The name of the program is Medicare Advantage. I ask you to whom is the advantage here? Surely its not the active city workers, retirees or dependents.

My husband is a recently retired NYC Sanitation worker, Local 831, who took this job precisely because of the high quality , reliable benefits. Over the years the workers gave back increased productivity , 3 man trucks reduced from 2 man trucks, Route extensions as tonnage increased due to massive multi family dwellings , recycling and composting in all kinds of weather from blizzards to swelting hot days. My husband put his body on the line everyday, often came home exhausted from working behind the truck.

Today I stand here asking you not to renege on a careers worth of labor by snatching away the benefits of that bargain when he took the job some 23 yrs ago.

I have been employed by the Queens Board of Elections for 17 years as a pollworker, affidavit inspector and trainer. I can tell you first hand that the same people who are going to be impacted by this proposed bill are the biggest demographic that will show up to vote in June and November, retirees and seniors. Their voices will be heard.

Voters rely on elected officials to help them when no one else can or will. I am asking the members of the labor committee to protect the 1.4 million citizens /constituents by not making any changes to Administrative Code 12-126.

From: Dot99 <dot99@optonline.net>
Sent: Saturday, January 7, 2023 1:09 PM
To: NYC Council Hearings
Subject: [EXTERNAL] My very Personal statement requesting NYC Council to leave Administrative Code 12-126 intact

Dear Council members

I am a retired New York City employee (born and raised in The Bronx!) I retired after 38 years of continuous employment in New York City public service. In 2002, Immediately following my retirement in 2002 from the new York city Department of education, I underwent emergency surgery for an almost-ruptured appendix. The numerous diagnostic tests that were performed prior to my surgery entailed NO pre-authorizations. That was the first of numerous diagnostic and surgical procedures that followed. In the 20+ years since my retirement, I have undergone numerous diagnostic tests, biopsies, mammograms, a lumpectomy and a skin-sparing mastectomy. Following a very serious accident, I spent weeks Hospital trauma unit, followed by weeks in rehab and months in physical therapy. Every single one of these interventions required no prior authorizations — which undoubtedly would have impeded my urgently needed treatment and (thankfully) my eventual full recovery. Medicare and NYC coverage of Senior Care have served me extraordinarily well during these retirement years. This medical benefit along with straight Medicare were, in my opinion, the rewards promised for a career well spent serving the children and families of New York City. I feel it is also important to mention that my health was perfectly wonderful prior to reaching my retirement years. My medical needs over my working life included two surgeries: a tonsilectomy and a Caesarean section! That was it. Now that we have reached Senior hood our medical coverage can be described as life-saving. Why, in G-d's name, would you consider disrupting our lives in such a destructive way? We have doctors, therapists, etc. who we know and trust. I must mention here that at least four of my medical providers have chosen to not participate in any MAP plan. They have personally advised me to maintain my Medicare/Senior Care coverage. I implore leave our premium free health insurance coverage intact. There are many measures that the City of New York can explore and employ to save money. Please do not try to do so at the expense of your dedicated retired work force.

We deserve that you to honor your promise to us.

Thank you for listening.

Sincerely,

Dorothy Crescenzo

Dot99@optonline.net

Sent from my iPhone

From: Dothy Tho <dothytho@gmail.com>
Sent: Wednesday, January 11, 2023 10:25 AM
To: NYC Council Hearings
Subject: [EXTERNAL]

oppose amending administrative code 12 - 126.... Due to prohibitive expense for staying in current Plan if changes are made, it will be difficult to locate doctors who would accept Mapp. Assuming that necessary doctors are available, establishing working relationship would take time and effort which I do not have as a very Senior person..... Please do not amend administrative Code 12 - 126.. Thank You! Dorothy Thom

Dear Council Persons,

As a public school teacher, I am appalled that NYC officials and my union, the UFT, are attempting to strip the retirees of this city of the healthcare that they worked for as city employees. Choosing to work for NYC should be rewarded with what was promised—the same healthcare coverage that we have as current workers. That was the deal. It's used as a recruitment tool—that when you work long and hard for this city, you'll be taken care of. That when you retire, you will keep the healthcare you received when you became a city employee; the city's healthcare coverage gives city workers stability that should continue into retirement.

Stripping those who worked long and hard for this city—from teachers, to firemen to DC 37 workers—of their long-promised healthcare coverage is shameful. Medicare coverage is national healthcare that all people over 65 enjoy. Privatizing the healthcare of seniors will lead to unwanted health outcomes and ultimately will not save the city money.

As a teacher who is still working, I also know that once this administrative code, 12-126, is amended, active teacher's health benefits (as well as all city workers') will begin to be chipped away. The door will be opened for weakening of our healthcare and benefits. There will always be those in power who will work to dismantle the NYC workers' health coverage, unless we stand up and fight back.

As your constituent, I want you to stand with our New York City retirees in opposing changes to the City's **administrative code 12-126**.

Sincerely,

Douglas J. Elsass

Currently, I am on my wife's Aetna medical plan. I asked my doctor a question and was charged for a consultation fee. In addition to a co-pay. Additionally, I went to see a podiatrist, had an X-ray taken and was charged a co-pay for Podiatrist as well as the X-ray doctor. I call Aetna and they stated the facility was able to do this. How will Aetna protect Retirees against this practice?

What happens if the Federal Government stop subsidizing this plan.

After five years you stated the city will bear the cost of any increase. What happens when this increase becomes a burden to the city the way health care is today which is why the hearing is being held.

They say less than 1% of patients are denied procedural care. What actual number does that 1% recommended.

Dwayne Montgomery

Dear Council Members,

I am writing to you and urging to not change 12-126 to allow MAP to replace our current plan. I worked as a teacher for 31 years at JHS 83 in the Bronx with the promise that when I retired the health plan would always remain as it is. I started in 1966 at \$5400 a year because our benefits would remain as they are. All retirees are on fixed incomes and can not now worry about what doctors are going to accept this new plan and having to pay a fee everytime I do see a doctor. Please think about what you are going to do to all the retirees that worked for TMR city for many years with the expectation that our benefits will remain the same.

Sincerely yours

Edward Fener

From: Edward Hernandez <ehernandez1717@gmail.com>
Sent: Tuesday, January 10, 2023 1:50 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Amending administrative code 12-1 26

I'm a retiree from the department of education I have been on Medicare and senior GHI since I retired in 2014 this plan has been working efficiently for me and my wife which I which also is a DOE retiree me and my wife are now confronted with the possibility of being forced into a Medicare advantage plan, which is inferior to the plan. We now have there are many moving parts to this problem, so I would like to now explain some of the problems I would face if you were to amend administrative code 12, 126 the older we get the more medical issues we face in 2010 while still working for the DOE, I had a not a laminectomy on my spine even though I receive the surgery I still encounter back problems in fact on the day of the hearing January 9 I couldn't wait around anymore because my back was causing me a great deal of pain in the last three years. I've had several surgeries a torn tibialis tendon on my left foot a hernia operation, and I am now facing the prospect of having a right knee replacement about 10 years ago I started developing knee problems as a result of having bone on bone on both knees about six years ago while I was being treated at Montefiore INN. I inquired if I could receive Euflexxa injections in both my knees and their response was they didn't have the injections available. This prompted me to go to Westmed Westmed told me they have the injections and they would be covered by my Medicare and GHI ever since I have been receiving my injections in both knees, however subsequently I was told by my doctors at Westmed that they would not accept the Medicare advantage here in lies the biggest advantage to having Medicare and senior GHI that you have the freedom of seeking alternatives when you're forced into a similar situation I would like to comment on some of the questions asked by the committee address to the New York City organization of public service retirees specifically, what would be the plan if the committee or the council vis-à-vis the committee would do in the event that administrative code 12-1 26 is not changed, and the New York City Organization Of Public Service Retirees loses the case in court answer this I say we have to back off a look at the forest and not zero win on the leaves. The bigger picture is that this is this is salt on our healthcare is just one of many efforts on the part of the government to affect our benefits. For example, this state has tried to decrease our pensions as you know, there was an effort made in Albany to try to change the constitution of the state in order to permit the state to cut our pensions but they were not successful. This changing of administrative code 12, 126 is just a rouge and the new opening to permit the government of eradicating our healthcare, there are other ways to save money then, throwing the retirees under the bus promises were made, and promises should be kept my response to Councilwoman, Carmen Dela Rosa's comment of what will we do if the court rules against us is that at some point you have to take a stand and fight back. The government is not going to stop going after our benefits that we fought for and we worked for all our lives and now we have no other choice or way out of this predicament. We are too old to keep working, so I am pleading with the council to consider not changing administrative code, 12, 126 and let this issue be brought to the courts and let them decide in closing, I would like to see that there should be a blue ribbon panel formed and include all the parties involved in this situation sit down, come to the table and negotiate honestly and openly, and involve the ranking flywheel instead of making all sorts of deals in the middle of the night without keeping the rank-and-file retirees and actives informed of what is happening I never thought that in 2014 that supposedly the city agree to a contract for nine years five years of which we were without a contract and four years moving forward that they were going to pay for this on the backs of the retirees. This is not fair and you're causing a lot of pain to the retirees that paid their dues, we work for the city, even while going through a pandemic of about three years, and now that we are retired and cannot work anymore. You're looking to throw us under the bus, I implore you to rethink your position of wanting to change administrative code 12-1 26. Thank you again for giving me the privilege of responding. God bless you all.

Sent from my iPhone

From: eileen bistricer <nisan011@yahoo.com>
Sent: Wednesday, January 11, 2023 9:20 PM
To: NYC Council Hearings
Cc: nisan011@yahoo.com
Subject: [EXTERNAL] Do Not Amend Administrative Code 12-126

My name is Eileen Bistricer.

I worked as an elementary school teacher for 10years in district 2 NYC.

Christopher Marte is my councilman.

Do not amend administrative code 12-126. I can't afford Medicare advantage plan. I have many health issues and my doctors don't accept Medicare advantage and therefore my health care will be compromised.

It is a financial burden for me to be in the Medicare advantage plan since I don't have a big pension.

Please listen to

My struggles and stresses and the big financial burden on me and my family.

Thank you,

Eileen Bistricer

From: Eileen MONDSCHHEIN <eileenandherbie@aol.com>
Sent: Sunday, January 8, 2023 7:02 PM
To: Testimony
Subject: [EXTERNAL] Fwd: Testimony for 1/9/23 Civil Service and Labor Committee Hearing

Sent from my iPad

Begin forwarded message:

From: Eileen MONDSCHHEIN <eileenandherbie@aol.com>
Date: January 8, 2023 at 6:45:30 PM EST
To: testimony@council.ny.gov
Subject: Testimony for 1/9/23 Civil Service and Labor Committee Hearing

City Council Members :

My name is Eileen Mondschein, and I am a 73 year old retiree who was a teacher and Guidance Counselor for 35 years. While my City and my own union have

been trying to illegally remove my promised healthcare, I have struggled with health crises

that could have taken my life. If I had been forced into Medical Advantage and been denied my doctor's choice of treatment, I would not be writing this now. There really is no debate that Medical Advantage plans are inferior plans whose sole goal is to make money by denying and delaying treatment especially for those who are elderly and/or disabled and do not have the strength to fight those denials be it for hospital care, therapies, or surgeries. The City and the MLC want to make up money they have carelessly taken from the Health Stabilization Fund on the backs of the vulnerable. Don't let them do this. Don't let them use you.

We, the tired and old, were assumed to have no power. But we would not take being forced into an inferior Medicare Advantage Plan. We organized, and fought. And we won in court. But now my union and the mayor want to make a run around the judge's decision. But they need your help to do that. They have issued a false "decision" by someone, Martin Scheinman, who is an arbitrator, but who has no jurisdiction over the parties involved (ie retirees). His "decision" is in reality (and it says so) JUST A RECOMMENDATION.

Please, do not fall for this underhanded tactic. Do NOT amend administrative code 12-126, which has served so well since the 60's. Do not put your fingerprints on this. If the mayor wants to screw the retirees, let HIM do it. We can fight that in court (and likely win again). Don't do

his dirty work.

Thanks so much for your attention. You are doing important work that affects hundreds of thousands of retirees who have served the city. Please do the right thing and do NOT allow AC 12-126 to be amended. It has protected retirees since its inception in the 60's.

DO NOT amend it.

Thank You,

Eileen Mondschein

N.Y., N.Y. 10009

Retired teacher and Counselor

Thank you Chair Dela Rosa, and other Council members for your presence as well as your questions and comments.

I am Eileen Moran, a member of the Professional Staff Congress and resident of Bayside, Queens.

The claim that changing 12-126 of the administrative code preserves choice is absurd. The average NYC pension is \$26,000. Could the average retiree pay close to \$2500, or \$5000 for a couple, to keep their current doctors and providers? Even with his drug welfare fund benefits my brother still spends well over \$5000. in drug co-pays as he copes with Amyloidosis and diabetes. After 20 years in the police department, and then 22 years as a NYC high school teacher, with no additional pension or health benefits accrued, my brother cannot opt out for an additional \$5,000 per year to keep himself and his wife in senior care. As a retired police lieutenant he has a better than average pension. What of all the other retirees managing conditions with high drug costs but lower pensions?

Now, I urge you, as Council members to review the recommendations you have all received from the Professional Staff Congress to address not only the current fiscal shortfall but for significantly curbing healthcare costs in the long term as well. If not, you will be back in two years, with the same problem, looking to diminish coverage for the next "class" of city workers.

The financial pickle that the city finds itself in today was not brought about because retirees health care is so expensive, since Medicare covers 80% of it. Retirees were just easy targets.

The current crisis is built on NYC's decades of mismanagement of its health benefits, and the preference for kicking the can down the road. Your oversight role on city budgets can change this.

Here is an example of OLR's mismanagement. As of January 1, 1922 the city added co-pays for all doctor's visits and tests in Senior Care. The Emblem premium in 1921 was \$191. The co-pays significantly cut Emblem's costs. So why isn't that premium reduced now that the insurer has been collecting thousands in co-pays this past year? OLR can't tell us how much insurers have received, that is, profited from this co-pay policy. Similarly OLR can not, or will not tell us how much the city has already saved from those new hires continuing in HIP HMO.

NYC covers 1.2 million people with health benefits yet it has failed to use its size to negotiate better rates from any of its providers or even oversee that it is correctly billed. Barbara Caress, a health policy expert at CUNY, confirms that the city pays hundreds more for most hospital procedures than New Yorkers in other smaller plans, including those in 32BJ and 1199.

Threatening to force most retirees into a privatized Medicare Advantage program, especially after all we have learned from both the Center for Medicare Services Research (CMS) and other investigations is that routine care is delayed or denied. Please do not turn a blind eye to that reality and force the majority of city retirees, those with the lowest pensions, into markedly inferior care.

If the city could get through the far more serious fiscal crisis of the 1970's without cancelling its health benefits commitments why this draconian proposal now? Whom will it serve other than the CEO of Aetna already getting a \$29 million salary?

Thank you.

From: elcookie@aol.com
Sent: Thursday, January 12, 2023 12:49 AM
To: NYC Council Hearings
Subject: [EXTERNAL] New York City Administrative Code 12-126 - Please Do Not Amend

My name is Elayne Block. I am writing to the New York City Council Committee on Civil Service and Labor to urge you to vote against the proposed changes to amend the New York City Administrative Code 12-126. I am a retired educator and also a member of the UFT. I retired from the New York City of Department of Education in 2012, after 33 years of teaching in an elementary school, located on the Lower East Side of Manhattan. Prior to obtaining a teaching position, I worked as a paraprofessional for about 15 months in School District 26, when there was freeze on hiring teachers,

Being employed by NYC gave me job security, a pension for my retirement and a promise of premium free health care for life, which gave me peace of mind for when I was ready to retire. When I became Medicare eligible I selected Traditional Medicare, along with the premium free GHI Senior Care supplement / Medigap plan. And my peace of mind continued as I embarked into the world of Medicare. Now that peace of mind is beginning to wane. I have been told New York City and some unions want to change my current health coverage. The City Council Committee on Civil Service and Labor held a public hearing on January 9, to discuss whether or not there should be changes of health coverage for Medicare eligible retirees by changing the rules of Administrative Code 12-126. This change would clear the path for the City to implement a Medicare Advantage plan and to charge monthly premiums for Medicare eligible retirees and their dependents. Up until now, I have Traditional Medicare, which pays 80%. I am also enrolled in Senior Care which is a Medigap plan. The Senior Care Medigap pays the remaining 20% . The cost of the Senior Care Medigap / supplemental plan has been paid for by NYC since the time I became Medicare eligible in 2017. Up until now, I never had any denials for medical service. Now I am being told, the City wants to offer a Medicare Advantage plan for all Medicare eligible retirees. And if still offered, a retiree will need to pay a monthly premium if they opt to remain enrolled in the Senior Care Medigap plan. Recently there have been many reports and studies about the disadvantages of being enrolled in a Medicare Advantage plan. . As you know, Administrative Code 12-126 has been in effect for over 50 years. Please note what Administrative Code 12-126 states: The city will pay the entire cost of health insurance coverage for city employees, city retirees, and their dependents, not to exceed one hundred percent of the full cost of the H.I.P.-H.M.O. On a category basis...(of individual and family)

If you are in good health it may not matter much if you have Traditional Medicare with a Medigap supplement, or if you have a Medicare Advantage Plan. But as I age, it can matter quite a bit. Personally I want to be able to choose my doctors and not get stuck with ones that may or may not know as much, or be as good as the doctors I currently have. Traditional Medicare combined with Senior Care provides me with peace of mind, and allows me to get the medical care, preventative care, and diagnostic screening and procedures as needed, without any gatekeepers deciding what I need, or telling me I don't need certain care, tests or procedures, because the gatekeepers think some things are not medically necessary.

Being able to continue with my known doctors and having quality health insurance is important to me, and can make a difference in my quality of life, as I age.. Being forced into a Medicare Advantage plan can result with a life filled with pain and suffering, when services, tests and procedures are denied. Since I became Medicare eligible I have been diagnosed with some health issues. Two of the issues require doctors with a specific specialty, and I need to see them at least two times a year, and require specialized diagnostic testing on a regular basis. I am not confident that I would obtain the same care, if I was forced into a Medicare Advantage plan. Some of my doctors told me I should never accept a Medicare Advantage plan. The doctors cited several reasons why a Medicare Advantage plan is problematic. Some of the problematic issues are: prior authorizations are needed for many tests, and procedures, referrals are needed for many tests and procedures, not all doctors will accept a Medicare Advantage plan, even if they accept Medicare patients, time delays to get needed care, tests and procedures, and lots of paperwork for the doctor to fill out to get prior authorizations. In addition doctors shared that if a prior authorization is denied, you can file an appeal. But many times the appeal is also

denied. Two doctors told me, it takes between 3-4 phone calls to get a final answer, whether or not a prior authorization is accepted or denied. Traditional Medicare will routinely cover things, that are often denied with a Medicare Advantage plan. In addition, delays or denial of medical care, often occur, despite the fact the requested medical care meets the Medicare rules.

The document / report issued by Arbitrator Martin Scheinman on December 15, 2022 does not obligate the City Council to change Administrative Code 12-126. Why was Mr. Scheinman asked to arbitrate? The MLC and the City were in agreement with each other. There was no dispute between the City and the MLC which needed to be resolved by an arbitrator. Retirees were not part of the "arbitration process" which led to the document/report Mr. Scheinman created. Mr. Scheinman has no jurisdiction over the City Council, or the retirees. The report is not a decision, or a ruling, it was a recommendation. It is not binding. In fact, Mr. Scheinman's statements in the report regarding Administrative Code 12-126 is his OPINION., and non - binding. Please note on page one of the report, Mr. Scheinman wrote: Enclosed please find my Opinion and Award in the above referenced matter, which was about initiating a Medicare Advantage plan for retirees.

Administrative Code 12-126 has been protecting employees and retirees for over 55 years. Many of the Medicare eligible retirees are concerned that Senior Care will no longer be an option. Or if it is offered, it will be an option with the payment of a monthly premium. That is an option, that many retirees won't be able to afford. Is that truly a viable option for all? Medicare Advantage plans can be useful for people who don't have major health care issues or don't need continuous preventative monitoring of their health. Much depends on individual need. You only need to have a major issue one time to find out that having access to quality health care is important. Traditional Medicare with the a supplement offers the best option, for all. Taking away benefits which retirees earned and were promised is unfair. Promise made, should be promises kept.

Changes to Administrative Code 12-126 were proposed in 1977, 1984, 1986, and 1997. Each time the City Council protected the retirees by not changing the code. Remember retirees are not represented by unions in retirement. The unions have been negotiating away health benefits for years. At no point prior to the hearing with the Committee on Civil Service and Labor on January 9th were the retirees asked their opinion about the proposed changes of Administrative Code 12-126.. Thank you for allowing retirees to voice their concerns. . Most retirees are no longer protected by their unions. But you, the City Council can protect all of the Medicare eligible retirees and their dependents. The City Council has protected retirees, their dependents and active workers in the past when asked to amend Administrative Code 12-126. . And now it is your turn to protect the Medicare eligible retirees again.. There is no rush for the City Council to push through an amendment to the Administrative Code. I urge you to take your time. Please explore all the options presented for health care savings, presented at The City Council Committee on Civil Service and Labor on January 9, 2023. In addition, Marianne Pizzitola from the NYC Organization of Public Service Retirees said she has ideas to share about how to achieve savings for health care. Please consider reviewing the suggestions you heard at the hearing on January 9th, and also reach out to Marianne to hear about the savings her organization would like to share

Many retirees are counting on the City Council to continue the long history of supporting health care for the retirees and their dependents. Most Medicare eligible retirees have chosen Senior Care for the their supplemental plan. In order for Medicare eligible retirees to retain access to their doctors and and continuity of care, it is critical that Senior Care continues to be offered as a premium free supplemental plan for all retirees. Retirees deserve to keep the health care benefits they were promised. Do the right thing. Do not amend Administrative Code 12-126.

Thank you for your attention and consideration.

Elayne Block

Flushing NY 11365

I live in City Council District 24

James Gennaro is my City Council Member

From: elayneschlanger <elayneschlanger@gmail.com>
Sent: Friday, January 6, 2023 6:57 PM
To: NYC Council Hearings
Subject: [EXTERNAL] 12-126

My name is Elayne Dougherty. I am a retired school secretary. To say how disheartening it is that the union i supported for over 31 years wants to take away our health coverage. The arbitration that Mayor Adams and other union officials say is the last word is not binding. If you change this law what is the point of any contract?. Any promise? Today I read an article how people do not want to work in New York. This is a perfect example Of a stab in the heart. Aetna medical advantage plan is under investigation. WOULD u want an inferior medical plan ??. We are the most vulnerable people who need great not mediocre medical plans. We have established rapport with our doctors many who will not be in this plan. You are taking away from seniors the most important aspect of their growing older. We are fighting for our rights. Dont underestimate the power of seniors. We are here to fight the good fight. Please please think of your parents..grandparents. any senior you know and do not change 12-126.

Thank you

Sent via the Samsung Galaxy S9, an AT&T 5G Evolution capable smartphone

From: Nycgrn <nycgrn@aol.com>
Sent: Thursday, January 5, 2023 3:26 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Jan 9 testimony

Please allow us to keep admin code 12-126 intact so we RETIREES may keep our current medical insurance coverage.....many of us do not want to be forced into a Medicare advantage plan as we had been promised to keep our senior medical insurance coverage after retirement. We are older, some infirmed, even disabled... we cannot begin searching for Drs, getting referrals, being turned down, etc.... please don't play with our health. Find another way to finance monies that were taken from our fund previously. Thank you, Elayne Kessler nycgrn@aol.com, 30 year teacher of DEAF CHILDREN NYC

From: ecportugues@aol.com
Sent: Friday, January 6, 2023 8:54 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Code 12-126

Dear Council Members:
Make it a Happy New Year for NYC retirees and in-service workers.
KEEP THE HEALTH PLAN AS IS!
Thank you for your service.
Elena Portugués-retired bilingual, special education teacher, 2011, Bronx schools.

Testimony to the New York City Council Committee on Civil Service and Labor

Submitted electronically by:
Elga Joffe
Pelican Drive
New Bern, NC 28560
Email: ejoffe@gmail.com

January 9, 2023

Dear Honorable Committee Members,

I am a retired NYC Department of Education Teacher. I retired in 2011.

Thank you for this invitation to submit written testimony to the January 9, 2023 open hearing of the New York City (NYC) Council Committee on Civil Service and Labor (the Committee).

Although I cannot attend this Committee hearing in person, I am submitting this written testimony in strong opposition to the bill now before the Committee to amend New York City Administrative Code 12-126 (the Code).

It is clear to me that the purpose of amending the Code is: 1) to remove statutory restrictions against imposing costs on NYC retirees and employees for their healthcare benefits, 2) to provide only Medicare Advantage coverage for retirees, or charge retirees to opt out of a Medicare Advantage plan, and 3) to charge active employees for their healthcare benefits. I oppose this.

Cost-free benefits for NYC retirees and employees, up to a specified dollar cap, are required by NYC Administrative Code Section 12-126. The NYC Council has protected Section 12-126 of the Administrative Code for generations against administrations that have sought unsuccessfully to weaken it. And twice in the last year (2022), cost-free healthcare benefits for NYC retirees have been upheld in New York State courts. Once, by the New York State Supreme Court and later in the New York State Appellate Court, despite NYC's pleadings in these courts to the contrary.

The bill before the NYC Council Committee on Civil Service and Labor to amend Administrative Code 12-126 is predicated on two false premises that underly advancing this bill. This is clear from the joint statement issued on January 3, 2023 by Speaker Adams and Committee Chair De La Rosa.

*“Given that the Administration and the Municipal Labor Committee are moving forward to implement Medicare Advantage **in alignment with the courts and arbitrator’s decisions** the Council is formally considering legislation to preserve retirees’ choice of health insurance rather than have them automatically enrolled in Medicare Advantage as the sole plan on January 29...”*

Testimony to the New York City Council Committee on Civil Service and Labor

Submitted electronically by:

Elga Joffe

Pelican Drive

New Bern, NC 28560

Email: ejoffe@gmail.com

False Premise #1. NYS Court Rulings Compel the NYC Council to Amend the Code to Align With the Courts' Decisions. This is a false premise. The New York State Supreme Court Judge did not rule that NYC had to offer just one health insurance plan to New York City retirees in the form of a Medicare Advantage plan. No, the Judge DID NOT include this in his ruling. His ruling states only that NYC cannot charge retirees to remain in their GHI/Senior Care plan as the cost of this plan falls under the benchmark cap in Administrative Code 12-126.

Further, the New York State Appellate Court affirmed and clarified the Supreme Court ruling, specifically ruling that New York City will not fulfill the City Administrative Code requirement by offering retirees just one Medicare Advantage plan.

"The court correctly determined that Administrative Code § 12-126 (b) (1) requires respondents to pay the entire cost, up to the statutory cap, of any health insurance plan a retiree selects. This interpretation comports with the plain language of the provision as well as its legislative history (see Matter of Albany Law School v New York State Off. Of Mental Retardation & Dev. Disabilities, 19 NY3d 106, 120 [2012]). Nothing in the statutory text or history supports respondents' interpretation that the provision is satisfied so long as they pay for the costs of one of the health insurance plans offered to retirees, which they have determined to be the Medicare Advantage Plus Plan." Ruling entered November 22, 2022. (Note the respondent is the City of New York)

False Premise #2. An Arbitrator's Ruling Compels the NYC Council to Amend the Code to Align With An Arbitrator's Ruling. This false premise derives from a report prepared by Mr. Martin F. Scheinman, Esq. that conveyed his opinion and recommendation about NYC retiree healthcare benefits. Mr. Scheinman is an attorney arbitrator who was hired by the Municipal Labor Committee (MLC), the group that together with the NYC Administration, has publicly supported changing Administrative Code 12-126. Mr. Scheinman was not retained to preside in an official arbitration proceeding. He was not retained to issue an arbitrator's ruling, **and he did not**. His report in no way compels the NYC Council to align its decision about amending Administrative Code 12-126 with Mr. Scheinman's opinion and recommendation.

The Committee and the full New York City Council are responsible for making their decisions upon thoughtful consideration of facts, not on false premises. It is the Council's responsibility to learn the facts and act on them to determine what is good for the wellbeing of the citizens of New York City.

Testimony to the New York City Council Committee on Civil Service and Labor

Submitted electronically by:
Elga Joffe
Pelican Drive
New Bern, NC 28560
Email: ejoffe@gmail.com

Mayor Adams has made it clear that if the New York City Council does not amend Administrative Code 12-126, he will unilaterally impose healthcare benefit changes on NYC retirees by automatically enrolling retirees in a Medicare Advantage plan on January 29, 2023. This is the way of authoritarian rule. For when a government executive acts unilaterally to supersede the will of an elected legislative body it is authoritarian rule. I implore the New York City Council to stand strong for democratic rule, and act accordingly.

As I write this testimony, the NYC Administration and the MLC have not set out information about what is ahead if Administrative Code 12-126 is amended as moved. What Medicare Advantage Plan will New York City provide retirees? What will this plan cover? Will this plan have a network that includes a sufficient number of quality community, tertiary care, and specialized hospitals and healthcare providers? Will it cover retirees outside of New York City in the communities where they now live? What are New York City's plans to charge employees for their healthcare benefits? What healthcare plans will the City offer its employees? What will these healthcare plans cover?

Does the Committee know the names of the healthcare companies New York City is considering? Have contracts been issued? Are there plans on the table that we, the people, don't know about?

Are the Committee and the New York City Council willing to go forward to amend Administrative Code 12-126 without full knowledge of the Administration's plans? Is the NYC Council prepared to dismantle a law that has protected NYC retiree and employee healthcare benefits for generations without knowing how this change will be administered? **Are the Committee and the New York City Council prepared to approve a "pig in a poke?"**

Mayor Adams had one thing right. As a candidate he called out Medicare Advantage plans as a "bait and switch." Promise the world but use the fine print to delay and deny healthcare through scanty networks, pre-approvals, and lengthy appeals. Use this same fine print to delay and deny payment to physicians, hospitals, and other healthcare providers. With Medicare Advantage plans now under Federal scrutiny for fraud and charges of corruption, there is no rational or justifiable reason for the Mayor to have changed his view, and to push forward to impose Medicare Advantage on NYC retirees.

I am fearful for my family's healthcare and wellbeing. Will my family be forced into a Medicare Advantage plan that will not cover us in the community where we live. Will the plan cover our healthcare needs? Will we be faced with mounting costs to use my New York City healthcare benefits? Will I be forced to trade away my hard earned NYC healthcare benefits to secure my family's wellbeing?

Testimony to the New York City Council Committee on Civil Service and Labor

Submitted electronically by:

Elga Joffee

Pelican Drive

New Bern, NC 28560

Email: ejoffee@gmail.com

We all understand the need to contain healthcare costs. New York City is the greatest city in the world. Surely, the Mayor, the New York City Council, the unions, and the NYC Retirees working together can find a better way forward than amending NYC Administrative Code 12-126 as it stands before this committee today.

Do no amend Administrative Code 12-126.

Respectfully submitted,

Elga Joffee /s/

NYC Department of Education Retiree (2011)

Some Medicare Advantage Organization Denials of Prior Authorization Requests Raise Concerns About Beneficiary Access to Medically Necessary Care

<https://oig.hhs.gov/oei/reports/OEI-09-18-00260.pdf>

What OIG Found

Our case file reviews determined that MAOs sometimes delayed or denied Medicare Advantage beneficiaries' access to services, even though the requests met Medicare coverage rules. MAOs also denied payments to providers for some services that met both Medicare coverage rules and MAO billing rules. Denying requests that meet Medicare coverage rules may prevent or delay beneficiaries from receiving medically necessary care and can burden providers.

AMA agrees with recommendations from investigation of Medicare Advantage plans

Statement attributed to:

[Gerald E. Harmon, M.D.](#)

President, American Medical Association

“An [investigation](#) by the inspector general’s office of the Health and Human Services Department into the inappropriate use of prior authorization by Medicare Advantage plans uncovered information that mirrors physician experiences. [Surveys of physicians](#) have consistently found that excessive authorization controls required by health insurers are persistently responsible for serious harm when necessary medical care is delayed, denied, or disrupted. The American Medical Association agrees with the federal investigators’ recommendations for preventing inappropriate use of authorization controls to delay, deny and disrupt patient care, but more needs to be done to reform prior authorization. To rein in excessive and unnecessary prior authorization requirements and improve care delivery for America’s seniors, the AMA supports *The Improving Seniors’ Timely Access to Care Act* (HR 3173 / S 3018), which would require Medicare Advantage plans to streamline and standardize prior authorization processes and improve the transparency of requirements. The proposed federal legislation has gained bipartisan support from more than 300 members in both chambers of Congress. The time is now for federal lawmakers to act to improve and streamline the prior authorization process so that patients are ensured timely access to the evidence-based, quality health care they need.”

Medicare Advantage Plans Often Deny Needed Care, Federal Report Finds



Retired municipal workers at City Hall Park in Manhattan protested in February against being switched to a Medicare Advantage plan. Credit...Lev Radin/Pacific Press/ZUMA Press Wire, via Alamy

https://www.nytimes.com/2022/04/28/health/medicare-advantage-plans-report.html?unlocked_article_code=o8Dvii9A2tHoVBL0MHHevn5EfNfWOvJht6hiwI4IwbKHPNFKQOLyd9ex8IQ-3tmieNSYR7BOilmMbSaU6JjixBXUgM-eOZ2h6KmOZq6yg748CpkwAjwg6Naq2GDcHY8bVdcUvQ-A983a-380V-21Uq6-Nv6YMgaTZsKrJHp6F7LaPT50Bn6ZYS6y2z7TQoD37YbljOmlly5KgCZZ2pxk2HMgkdncgBoEz6uiU-mF1IJRj80Bax997vKZKks8VHSfiQ26I76iWH3hLM_D_LmHeD8ZTtiCdp7KD5ok09DHSmOWjNI2aPxYTHS5Yys7GfQpjpnJ1BnzNXZkhJpkXHCWPrKJ2rLIA-sDO&smid=share-url

Investigators urged increased oversight of the program, saying that insurers deny tens of thousands of authorization requests annually.



By [Reed Abelson](#)

Published April 28, 2022, Updated Dec. 3, 2022

Every year, tens of thousands of people enrolled in private Medicare Advantage plans are denied necessary care that should be covered under the program, federal investigators concluded in a report published on Thursday.

Medicare Advantage Plans Often Deny Needed Care, Federal Report Finds

The investigators urged Medicare officials to strengthen oversight of these private insurance plans, which provide benefits to 28 million older Americans, and called for increased enforcement against plans with a pattern of inappropriate denials.

Advantage plans have become an increasingly popular option among older Americans, offering privatized versions of Medicare that are frequently less expensive and provide a wider array of benefits than the traditional government-run program offers.

Enrollment in Advantage plans has more than doubled over the last decade, and half of Medicare beneficiaries are expected to choose a private insurer over the traditional government program in the next few years.

The industry's main trade group claims people choose Medicare Advantage because "it delivers better services, better access to care and better value." But federal investigators say there is troubling evidence that plans are delaying or even preventing Medicare beneficiaries from getting medically necessary care.

[The new report](#), from the inspector general's office of the Health and Human Services Department, looked into whether some of the services that were rejected would probably have been approved if the beneficiaries had been enrolled in traditional Medicare.

Tens of millions of denials are issued each year for both authorization and reimbursements, and audits of the private insurers show evidence of "widespread and persistent problems related to inappropriate denials of services and payment," the investigators found.

[The report echoes similar findings](#) by the office [in 2018](#) showing that private plans were reversing about three-quarters of their denials on appeal. Hospitals and doctors [have long complained](#) about the insurance company tactics, and Congress is considering legislation aimed at addressing some of these concerns.

In its review of 430 denials in June 2019, the inspector general's office said that it had found repeated examples of care denials for medical services that coding experts and doctors reviewing the cases determined were medically necessary and should be covered.

Based on its finding that about 13 percent of the requests denied should have been covered under Medicare, the investigators estimated as many as 85,000 beneficiary requests for prior authorization of medical care were potentially improperly denied in 2019.

Advantage plans also refused to pay legitimate claims, according to the report. About 18 percent of payments were denied despite meeting Medicare coverage rules, an estimated 1.5 million payments for all of 2019. In some cases, plans ignored prior authorizations or other documentation necessary to support the payment.

Medicare Advantage Plans Often Deny Needed Care, Federal Report Finds

These denials may delay or even prevent a Medicare Advantage beneficiary from getting needed care, said Rosemary Bartholomew, who led the team that worked on the report. Only a tiny fraction of patients or providers try to appeal these decisions, she said.

“We’re also concerned that beneficiaries may not be aware of the greater barriers,” she said.

Kurt Pauker, an 87-year-old Holocaust survivor in Indianapolis who has kidney and heart conditions that complicate his care, is enrolled in a Medicare Advantage plan sold by Humana.

In spite of recommendations from Mr. Pauker’s doctors, his family said, Humana has repeatedly denied authorization for inpatient rehabilitation after hospitalization, saying at times he was too healthy and at times too ill to benefit.

Last March, after undergoing hip surgery, Mr. Pauker was again told that he did not qualify for inpatient rehab but would be sent back to a skilled nursing center to recover, his family said.

During his previous stay at a skilled nursing center, he received little in the way of physical or occupational therapy, the family said. He has so far lost his appeals, and relatives have chosen to pay for care privately while continuing to pursue his case.

People “should know what they’re giving up,” said David B. Honig, a health care lawyer and Mr. Pauker’s son-in-law. People signing up for Medicare Advantage are surrendering their right to have a doctor determine what is medically necessary, he said, rather than have the insurer decide.

Humana, which reported strong earnings on Wednesday, said it could not comment specifically on Mr. Pauker’s case, citing privacy rules. But the insurer noted that it was required to follow the standards set by the Centers for Medicare and Medicaid Services.

“While every member’s experience and needs are unique, we work to provide health coverage that is consistent with what we believe C.M.S. would require in each instance and supports our members in achieving their best health,” Humana said in a statement.

Medicare officials said in a statement that they are reviewing the findings to determine the appropriate next steps, and that plans found to have repeated violations will be subject to increasing penalties.

The agency “is committed to ensuring that people with Medicare Advantage have timely access to medically necessary care,” officials said.

The federal government pays private insurers a fixed amount per Medicare Advantage patient. If the patient’s choice of hospital or doctor is limited, and if he or she is encouraged to get services that are less expensive but effective, then the insurer stands to profit.

Medicare Advantage Plans Often Deny Needed Care, Federal Report Finds

Under traditional Medicare, there may be an incentive for hospitals and doctors to overtreat patients because they are paid for each service and test performed. But the fixed payment given to private plans provides “the potential incentive for insurers to deny access to services and payment in an attempt to increase their profits,” the report concluded.

Dr. Jack Resneck Jr., the president-elect of the American Medical Association, said the plans’ denials had become widespread. The organization has been aggressively lobbying lawmakers to impose stricter rules.

Prior authorization, intended to limit very expensive or unproven treatments, has “spread way beyond its original purpose,” Dr. Resneck said. When patients cannot get approval for a new prescription, many do not fill it and never tell the doctor, he added.

Appeals end up unfairly burdening patients and often take precious time, some doctors said.

“We are able to reverse this some of the time,” said Dr. Kashyap Patel, a cancer specialist who serves as chief executive of Carolina Blood and Cancer Care and president of the Community Oncology Alliance. But his efforts to “fight like a hawk” to get approvals for the care he recommends also leave him less time to tend to patients, he added.

The most frequent denials found by the investigators included those for imaging services like M.R.I.s and CT scans. In one case, an Advantage plan refused to approve a follow-up M.R.I. to determine whether a lesion was malignant after it was identified through an earlier CT scan because the lesion was too small. The plan reversed its decision after an appeal.

In another case, a patient had to wait five weeks before authorization to get a CT scan to assess her endometrial cancer and to determine a course of treatment. Such delayed care can negatively affect a patient’s health, the report noted.

But Advantage plans also denied requests to send patients recovering from a hospital stay to a skilled nursing center or rehabilitation center when the doctors determined that those places were more appropriate than sending a patient home.

A patient with bedsores and a bacterial skin infection was denied a transfer to a skilled nursing center, investigators found. A high-risk patient recovering from surgery to repair a fractured femur was denied admission to a rehab center, although doctors said the patient needed to be under the supervision of a physician.

In some cases, the investigators said Medicare rules — like whether a plan can require a patient to have an X-ray before getting an M.R.I. — needed to be clarified.

The plans may use their own clinical criteria to judge whether a test or service should be reimbursed, but they have to offer the same benefits as traditional Medicare and cannot be more restrictive in paying for care.

Medicare Advantage Plans Often Deny Needed Care, Federal Report Finds

The investigators urged Medicare officials to beef up oversight of Advantage plans and provide consumers “with clear, easily accessible information about serious violations.”

From: Elisa Dunn <dunn766@gmail.com>
Sent: Friday, January 6, 2023 7:01 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Medicare Advantage for retirees

Hello

I just want you to know that I find this incredibly unjust - that the mayor and city council would even consider amending the legislation to change our health benefits. I have worked for the city for 15 years as a Public Health Nurse and I willingly have accepted a much lower salary than I could have made at a hospital, clinic or any other job in the private sector. I love my job and I love serving the public. I believe in public health and when our entire program (65 nurses) were pulled away from our duties to staff the PODs as vaccinators, we all willingly participated. Not only was it our duty to vaccinate as many NYers as possible against COVID, we did it joyfully - in order to contribute to subduing the pandemic and saving lives. Most of us who work in public health are passionate about serving NYers. And my husband and I always knew, when the time came, I would have built up a nice pension and we would be taken care of when it came to Medicare and health insurance. So, after taking care of New York for 15 years, New York has decided to pull the rug out from under me and no longer take care of me. I know about these "advantage" plans and I don't want one. We all deserve to be offered what we were promised when we signed on - straight, basic Medicare. We have fulfilled our promise to the city and the city owes us the same. From what I've read, there are many other ways to supplement the coffers of NYC and I'm quite sure that the mayor, city council members and others - are capable of figuring this out. Please find some solution that does not harm those of us who have served with diligence and compassion. The mayor likes to talk about justice and equity, let's see this put into action. We deserve to be treated at least as well as those we've served.

Thank you,
Elisa Dunn
APHN 1
DOHMH

From: Elizabeth Sturges Llerena <elizabeth@flushinginternational.org>
Sent: Tuesday, January 10, 2023 7:07 PM
To: NYC Council Hearings
Cc: Fari Llerena
Subject: [EXTERNAL] re: No to Amending City Code 12-126

Good evening,

I am in-service NYC DOE high school teacher since 1999. My husband has been a paraprofessional in DOE elementary schools for 25 years. We, together with all New York City municipal workers, deserve to have our healthcare protected.

We feel on a daily basis the effects of a massive teacher shortage. This will only worsen if our benefits are reduced.

I am absolutely against amending ANY protections to our healthcare. Here are the signatures of ALL of the staff at my school including UFT, DC37 and CSA members.

Thank you for standing in solidarity with your constituents, NYC city workers.

Sincerely,
Elizabeth Sturges Llerena
District 25
Jackson Heights

Jan. 6, 2023

We, the undersigned, are all staff employed by the NYC DOE.
We want healthcare for retirees AND in-service members to be
PROTECTED. Do NOT modify Administrative code 12-126.

Name & Signature	Position	School
Angela Papageorgiou	Teacher	FIHS
Tara Kim	social worker	
Chris Marzian	Teacher	FIHS
Tony Tso	Teacher	FIHS
Rachel Silver	Teacher	FIHS
Dany Butler	Teacher	FIHS
Katie Strauss	Teacher	FIHS
Tshameel Horwood	Teacher	FIHS
Martyn Clano	Teacher	FIHS
Kevin Marquez	Teacher	FIHS
Lily Welsh	Teacher	FIHS
Mirela DeBono	Teacher	FIHS
Estefania Hereira	Teacher	FIHS
Roxie Salamon-Abrams	Teacher	FIHS
Juliana Ruiz	counselor	FIHS

Jan. 6, 2023

We, the undersigned, are all staff employed by the NYC DOE.
We want healthcare for retirees AND in-service members to be
PROTECTED. Do NOT modify Administrative code 12-126.

Name & Signature	Position	School
Mingma Lama	Teacher	FIHS
Tim McCarthy	Teacher	FIHS
Ruby Kern	Teacher	FIHS
Aijella	office staff	FIHS DC37
Yiyi Yang	Secretary	FIHS
Veronica Salazar	Parent Coordinator	FIHS DC37
Jordan Wolf	Teacher	FIHS
Deanna Martinez	Teacher	FIHS
Natalie Solomon	Teacher	FIHS
Adam Forman	Teacher	FIHS
Anthony Apuestegui	Sub teacher	FIHS
Kevin Rosseltre	Educator	FIHS CSA
Andrew Mikels	Teacher	FIHS
Miahye Park	Teacher	FIHS
Ruby Jiang	Teacher	FIHS

Jan. 6, 2023

We, the undersigned, are all staff employed by the NYC DOE.
We want healthcare for retirees AND in-service members to be
PROTECTED. Do NOT modify Administrative code 12-126.

Name & Signature	Position	School
Rosmary Milczewski <i>[Signature]</i>	AP	FIHS CSA
Lu Zeng <i>[Signature]</i>	School Counselor	FIHS
Pops Sington <i>[Signature]</i>	Teacher	FIHS
<i>[Signature]</i>	teacher	FIHS
Selisha Grenville <i>[Signature]</i>	Sub Teacher	FIHS
Roberto Brios <i>[Signature]</i>	Social Worker	FIHS
Althea Britus <i>[Signature]</i>	AP	FIHS CSA
Fara Florence <i>[Signature]</i>	Asst Teacher	PS 148 Q
Elizabeth Jones <i>[Signature]</i>	Teacher	FIHS

Vote NO to amending Administrative Code 12-126

Medicare "Advantage" Plans are rife with fraud, denial of services to patients and overcharge the government billions of dollars. I urge you to **vote NO to amending Administrative Code 12-126**. Do not allow our retired city workers -- and taxpayers -- to fall victim to the scams of private insurance companies.

The articles below are a few of the many reports documenting the way Medicare "Advantage" Plans rip off both patients and the government.

Sincerely,
Ellen Catalinotto
Retired nurse midwife

<https://www.theatlantic.com/ideas/archive/2022/12/medicare-advantage-private-insurance-overcharging-government-taxpayers/672549/>



[The Great Big Medicare Rip-Off - The Atlantic](https://www.theatlantic.com/ideas/archive/2022/12/medicare-advantage-private-insurance-overcharging-government-taxpayers/672549/)

When President Lyndon B. Johnson signed the bill establishing Medicare in 1965, he explained that it was part of Franklin D. Roosevelt's legacy of government support for those who need it most ...

www.theatlantic.com

Medicare Advantage has become rife with waste, abuse, and potential fraud, with private insurers taking advantage of loopholes to overcharge the government.

Recent [government reports](#) document how Medicare Advantage plans rake in billions of extra dollars from the federal government by describing their patients as sicker than they really are and by classifying certain conditions and treatments as more serious than they are.

<https://www.npr.org/sections/health-shots/2022/12/12/1141926550/medicare-advantage-plans-overcharged-taxpayers-dodged-auditors>

CMS has estimated [net overpayments](#) to Medicare Advantage plans triggered by unconfirmed medical diagnoses at \$11.4 billion for 2022.

<https://www.nytimes.com/2022/12/17/health/medicare-advantage-health-insurance.html>



[U.S. Health Officials Seek New Curbs on Private Medicare Advantage Plans - The New York Times - nytimes.com](#)

Federal health officials are proposing an extensive set of tougher rules governing private Medicare Advantage health plans, in response to wide-scale complaints that too many patients' medical ...

The inspector general of the U.S. Department of Health and Human Services found that several plans might be inappropriately [denying care](#) to patients. And nearly every large insurance company in the program, including UnitedHealth Group, Elevance Health, Kaiser Permanente and Cigna, has been [sued](#) by the Justice Department for fraudulently overcharging the government.

From: ec@mcogan.com
Sent: Sunday, January 8, 2023 5:53 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Proposed change to 12-126

Here is my testimony about the proposed changes to 12-126.

I am a 75-year-old NYC retiree, married to a 74 year old retiree. My health prevented me from giving this testimony in person. Each year, we see more and more doctors, since nearly every ailment now needs a specialist. Since last year, each visit now has a co-pay, which is new and adds up quickly. When a test is ordered by one of our doctors, it is done, without any insurance company having to pre-approve it. When we worked for the city, we knew we would be earning less than our privately employed friends, but we had the promise of health care for the rest of our lives.

Last week, between the two of us, we had 4 medical appointments. At one of them, the doctor was concerned and said she thinks my husband should have an ultrasound on his leg, since she was concerned about a possible clot. It was arranged right away, and within a little more than an hour, we had the wonderfully negative results. If we had been in the "advantage" plan, the test would have had to be approved by a clerk in the insurance company, which would have delayed the test, even if it had been approved. If it were not approved, we would have had to go through an appeal process. All that time would have been accompanied by worry. With our current health insurance, we had nearly instant peace of mind. You cannot put a dollar sign on this experience!

I retired as an adjunct with the PSC of CUNY. Many years before that, I was a proud UFT member, who was a union delegate and participated in the strikes of the mid-60s. I am embarrassed and horrified to see that the UFT is pushing this proposed code change. My husband retired from the Health and Hospitals Corporation, CSTG, Chapter 3, local 375, of DC 37. Our health insurance comes from his union, since I was part time and didn't qualify for retiree health insurance myself.

I am writing to urge you to **vote against** the changes to NYC Administrative Code Section 12-126 Council Member De La Rosa is proposing on behalf of the Mayor.

The report issued by Arbitrator Scheinman on December 15, 2022 is not a decision or ruling. It is a one-sided non-binding propaganda document from the Administration and the Municipal Labor Committee (MLC) and is being used to mislead you into believing that changing 12-126 is the best option for addressing health insurance costs. This is not true!

The NYC Organization of Public Service Retirees has already shared the real facts. The NYC Organization of Public Service Retirees has identified at least \$300 million in savings that can be achieved without changing 12-126. OMB has been informed about some of these savings options and has not informed the City Council about them. Furthermore, OMB has refused to hear about or explore other real opportunities for savings. How can the Council make a decision on the best way forward if you are not being fully and honestly informed of all the options available?

The pricing benchmark and the all-inclusive definition of the class it applies to were included in 12-126 when it was adopted by the Council to serve to define and protect the health insurance benefits of all active employees, including you, and all retirees. The proposed changes to 12-126 will empower the

Mayor and the MLC to define new classes and set health insurance pricing at any time and for any reason. The City Council and everyone else will be powerless. If the Mayor and the MLC make decisions that are wrong, neither the Council nor anyone else will have the authority to intervene. Enabling the Mayor and the MLC to wield such power would be very wrong!

Like every retiree, I am sympathetic to the goal of better controlling the cost of healthcare benefits. But I do not believe the pursuit of that goal should fall so directly and heavily upon retirees. We deserve to be respected, to have the commitments made to us honored, to keep the traditional Medicare and free supplemental health insurance we now have, to continue having our critical healthcare decisions made by doctors instead of administrators, and to be left alone to enjoy what time we have left.

PLEASE DEMAND OTHER OPTIONS BE EXPLORED.

PLEASE PROTECT THE HEALTH BENEFITS OF ACTIVE EMPLOYEES AND RETIREES.

PLEASE DO NOT EMPOWER THE MAYOR AND THE MLC TO SIDE-STEP THE LAW.

PLEASE DO NOT DIMINISH THE AUTHORITY OF THE CITY COUNCIL.

PLEASE VOTE AGAINST CHANGING NYC ADMINISTRATIVE CODE SECTION 12-126!

I thank you for taking the time to read this testimony and very much hope I have convinced you to oppose changing 12-126.

--

Ellen Cogan

Statement for City Council Hearing Monday, January 9, 2023
Vote for the Amendment to Administrative Code 12-126
Ellen Gentilviso
Retired Teacher

Hi! My name is Ellen Gentilviso.

I am a recently retired elementary school teacher after 28 years of service including having taught during the height of the pandemic.

I am also a recently diagnosed breast cancer patient.

I am speaking today asking you to vote to amend Code 12-126 so I may continue my treatment with my current Medicare/Senior care insurance that is accepted by my Oncology Team.

Having a cancer diagnosis is devastating, but the threat of losing access to the trusted doctors treating you due to elimination of choice of insurance coverage is even more stressful.

I was diagnosed at the end of July and after months of tests, second opinion, and biopsies and finding the "just right" doctors that accepted my insurance, I had my surgery at the end of November. And now I will undergo radiation.

My treatment team at NYU Perlmutter Cancer Center has given me confidence in overcoming this life-threatening disease; not only the physical disease but uplifting my mental state of mind that's essential for well-being, healing, and overcoming cancer.

When someone has an illness, we all say "best wishes for a quick recovery"; "so sorry to hear it."

Well, you have the power to do something now to help.

So, I ask you to amend Code 12-126 that's necessary to preserve the past practice of offering a variety of Health Plan choices for NYC Retirees.

Thank you.

From: Ellen Goodman <yanan77@gmail.com>
Sent: Monday, January 9, 2023 6:47 PM
To: Speaker Adams
Cc: NYC Council Hearings
Subject: [EXTERNAL] Do not amend Admin Code 12-126, please!

Dear Speaker Adams:

I am a retired NYC teacher, a member of the UFT, asking you, and the Council, to preserve Administrative Code 12-126 as written.

1.) The report of the egregiously biased arbitrator Sheinman did not accurately reflect my concerns, nor those of many of my former colleagues. We are not a "small group," "afraid of change." We are a large group who have had enough experience with insurance company denials of service to know that a Medicare Advantage Plan will put our care at the mercy of a profit-seeking insurance company, and in our twilight years. Decisions on treatment, as well as physician access (access is especially concerning for retirees who have moved away from the Metropolitan area) will be modulated by the insurance company's first concern--its bottom line.

2.) As you are probably aware the New York Times recently published a thorough study of Medicare Advantage Plans (Sunday, Oct. 9, 2022). Their study found that though the Medicare Advantage law was created (in the late 1990's) with the goal of giving Medicare recipients more health services at lower cost while saving the government money, the result, for twenty years, has been enormous profits for the insurance companies (often enough due to denials of needed health services) but NO significant government savings.

3.) Forcing municipal union retirees into a Medicare Advantage Plan could jeopardize the health care we were promised, and worked decades for. In addition, a broken promise as significant as this could compromise New York City's ability to recruit competent talent to any municipal union.

4.) Other, effective cost saving programs should be explored.

Please do not amend Administrative Code 12-126

Ellen Goodman,
UFT Retiree

From: Ellen G. Garvey <ellenggarvey@gmail.com>
Sent: Sunday, January 8, 2023 9:57 PM
To: Testimony
Cc: joyce ravitz
Subject: [EXTERNAL] Administrative Code 12-126

To the Council:

I am a retired public university educator, married to a retired NYC public school educator. I am writing to ask you not to amend Administrative Code 12-126. The code protects the quality of healthcare for public employees and retirees. Neither of us wants to be pushed into Medicare Advantage.

One of the joys of retirement is the chance to travel. Recently we went to Georgia to help out in Raphael Warnock's campaign. We also travel out of state to visit grandchildren. But if Administrative Code 12-126 is amended, we will no longer be able to trust that we can find a doctor out of state who takes our insurance. We've heard from friends who have been in this expensive predicament, and we don't want to either be unable to leave New York, or risk paying astronomical prices for medical care, or pay additional thousands of dollars to keep the care we have.

Everyone needs good health care. New York school teachers were promised that we could keep the current plan. The current push to amend 12-126 by the city and the UFT will serve to weaken, diminish and change our health care protection. We planned our retirements carefully. Inflation, including rising housing costs and food costs, are already cutting into what we live on. We can't afford either astronomically higher premiums, or having a plan few doctors will accept, especially out of state.

Please do not change Administrative Code 12-126. We are relying on you.

Sincerely,
Ellen Gruber Garvey, Ph.D

Hello Council Members,

My name is Ellen Izzo, and I am a recent retiree with the NYCDOE.

There have been many considerations leading up to when and how to retire. One of my biggest concerns was what would happen to healthcare. Knowing that there was a big uproar and consequent overruling with forcing people into the Medicare Advantage Plan had me opt into terminal leave, figuring that by the time my actual retirement date went into effect, the ruling would be upheld, and we would have the choices we had always counted on as per our contract.

Making people advancing in age and incurring illnesses which have already caused major stresses then must switch plans and find new doctors to trust and provide care is absolutely cruel. It is also against our contract.

We want you to know the Scheinman report is not a “ruling”. It is an opinion and *IS NOT BINDING!* It’s paid propaganda and they’re hoping the city council falls for it... it is not a decision, it is not a ruling, it is not an award!

The retirees have identified at least \$300 million in savings. OMB knows about some of these savings’ options and has NOT implemented them NOR informed the city council of them. OMB is also unaware of these other identified savings options. Why are they unwilling to do more research before coming to the determination of altering our contractual agreements?

HOW CAN THE MAYOR OR THE COUNCIL MAKE A DECISION IF THEY ARE NOT BEING PROPERLY INFORMED BY OMB? DO NOT MAKE ANY CHANGE TO THE ADMINISTRATIVE CODE!

Please reach out to the NYC Organization of Public Service Retirees for real facts! The MLC doesn't want you to know they sold off ALL our healthcare for raises! Yes, that includes you! Please remember this as we go into the New Year.

DO NOT AMEND THE ADMINISTRATIVE CODE 12-126!

Happy New Year,
Ellen Izzo
NYCDOE Retiree 11/14/2022

From: Ellen Kessler <ellen.kessler@gmail.com>
Sent: Friday, January 6, 2023 12:45 PM
To: Testimony; NYC Council Hearings; Ellen Kessler
Subject: [EXTERNAL] RE:TESTIMONY, DO NOT AMEND ADMINISTRATIVE CODE 12-126, A PROMISE IS A PROMISE

You all have an important job to do today. How you vote will affect 250K retirees, active NYC workers, 9/11 first responders, the ability to attract new employees and yourselves as I believe you have the same insurance as us. The City Council is being threatened that if you don't amend the statute to force us into the Medicare Advantage Plan, Mayor Adams will do that on his own. Amending the statute does the same thing. Why should you amend the law if Mayor Adams will do it anyway? Why do his dirty work? Let Mayor Adams take the political hit for hurting the retirees. Remove yourselves from the ire of retirees and constituents in the next election. If the Mayor does this, we Retirees will be able to challenge and win this in court. We've been successful because the city violated the law and this is his way around it. If the Council amends code 12-126, you will definitely be hurting retirees and preventing us from winning in court. A NO vote to amend the Administrative Code 12-126 will give us a fighting chance to win in court again. Historically, the Administrative Code has been challenged and defeated in 1977, 1984, 1986 and 1997. Protect 12-126 like every City Council before you. WE URGE YOU, DO NOT AMEND THE CODE. We do not support this bill that will diminish our Senior Care.

As a member of the NYC Organization of Public Service retirees, all of the statements made by the organization were and can be fact checked, disputing the lies, misinformation and disinformation spread by Mulgrew, Nespoli and Garrido. They misused the Stabilization Fund for teacher's raises with no real plan to pay it back. Forcing the retirees and first responders into a MAP to save money on our backs is morally wrong and unconscionable. If this plan is implemented, it will create two classes, those who are forced into the MAP because of very small pensions (retirees in DC37 who earn around 12K & 25K) and those who can opt out because of much higher pensions.

We are getting older and see our doctors more frequently because of necessity and more chronic conditions that creep up on us unexpectedly. This translates into more specialists, more tests, more co-pays, more money. City employees and retirees accepted lower wages which meant lower pensions in lieu of free lifetime health insurance with no copays. A vast majority of retirees will be disproportionately affected by the reduction of benefits because of small pensions, i.e. less than \$25K. Our main concern is that if we are forced into a Medicare Advantage Plan that Mulgrew is pushing so hard for, we'd lose access to our health care providers and health care facilities. Doctors are not obligated to join or stay in any plan. MAPS are well known to have MANY pre-authorizations which are not required under Traditional Medicare. Delayed or prolonged approval can have severe adverse consequences, including death. What the city is trying to do is anti-aging and anti-working families. You must OPPOSE it.

Regarding Martin Scheinman's report, the paid arbitrator, it is NON-BINDING, NOT A DECISION, AND NOT A RULING. It is his OPINION. It is his recommendation. It is PAID PROPAGANDA. The MLC, the UFT, DC37 and others are lying and doing everything in their power to scare the City Council and retirees to capitulate to their demands. The City Council should use their power to block any attempt to eliminate our

promised health coverage. Gale Brewer said that Medicare Advantage Plans give private insurance companies the power to overrule primary care physicians and to say which procedures will be permitted. Many retirees have health care issues and work very hard to stay healthy. Keeping their current insurance plan called Senior Care is critical in retaining access to their doctors and ensuring continuity of care. We don't want the insurance company to be our gatekeepers. To quote Gale Brewer, she said "Retired city workers were promised Senior Care and a PROMISE IS A PROMISE. Thank you.

Signed

Ellen Kessler (spouse)

Stuart Kessler, Retired 2007, Guidance Counselor, UFT

Riverside Blvd

New York, NY 10069

From: elkie1115@yahoo.com
Sent: Sunday, January 8, 2023 11:04 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Do NOT Amend Code 12-126

Please do not amend Administrative Code 12-126.

On December 15, 2022, Martin Scheinman issued a 31-page document that has no force of law. As the signature page at the end explains, it is just a "Recommendation." Scheinman has no authority to order the City and the MLC to force retirees into Medicare Advantage, a for profit substandard plan which routinely denies care, requires pre authorizations, and isn't taken by many doctors and hospitals.

Some have attempted to make Scheinman's document seem more consequential than it really is by calling it a "decision" or "order" or "award." However, it is none of those things. It is just a non-binding (and untimely) recommendation, as the document itself makes clear.

Retirees are NYC's most vulnerable populations. The elderly have small pensions and can't afford to be placed into a Medicare Advantage plan and have to pay out of pocket for denied services, or to pay for their own senior care which they had previously had for free.

If the Mayor wants to take away the healthcare rights of elderly and disabled retirees, he should not pretend that anyone is making him do it.

And the City Council should not assist him in this charade by amending Administrative Code 12-126. This will strip us of our healthcare choices.

The City Council should not participate in the illegal and unethical effort to force Medicare Advantage on Retirees, who are entitled to the traditional Medicare benefits they were promised and which they desperately need.

Let the Mayor be the one to strip retirees of these hard-earned benefits. If he does so, the retirees will challenge him in court, and we will win. Again. But if the City Council amends Section 12-126, the path to victory in court becomes much harder.

Please give retirees the chance to fight and win in court with the current version of Section 12-126, which has existed for over half a century. If we lose, the City Council can always amend the statute later.

Thank you.

Ellen Metzger,
Retiree from the DOE, 2006

East Brunswick, NJ 08816

My name is Ellen S. Rieser. I am providing this testimony to the New York City Council to express my opposition to the Council's pending bill to amend Section 12-126 of the NYC Administrative Code. I am a Medicare-eligible recently retired attorney in the General Counsel's Office at the New York City Department of Health and Mental Hygiene ("DOHMH"). I joined the City almost 25 years ago for the City's health benefits for employees, and for the City's free Medigap plan for retirees, along with a pension.

As an attorney, I could have earned a lot more in the private sector, but I had serious health issues my whole life. Before the Affordable Care Act was enacted (which prevents carriers from denying coverage to people with pre-existing health conditions), the fact that the City offered a group health insurance plan to ALL employees was one of the most important reasons I joined the City; I would not have to worry about not qualifying for health insurance. Further, as the City offered a group Medigap policy to those of us vested in a City pension plan, I also would not have to worry that I might be ineligible for supplemental coverage to Medicare, as a retiree. At my new employee orientation meeting, I remember being told that my health insurance in retirement would be free and would provide the same good coverage as for an active employee. I relied upon that promise in making my long-term plan for retirement.

Over two decades later, when I finally retired in October 2021, I felt that I had kept my part of the bargain – and even more so. I worked in downtown Manhattan during and after 9/11, breathing in air that the then mayor and the Environmental Protection Agency told City employees was safe (it was not). During the COVID pandemic, I worked long hours and on weekends doing my regular legal work as well as drafting and amending emergency COVID contracts for DOHMH – everything from contracts for masks and protective gear, phlebotomists, test chemicals for the public health lab, data exchanges between DOHMH and other City agencies, State agencies, and university researchers, etc.

I believe that the City of New York should keep its promise to provide me with its premium-free EmblemHealth GHI Senior Care Medigap plan (aka "GHI Senior Care") in retirement. My planned retirement home is in California, where my son lives and works, and where he went to college. Years prior to my retirement, I was aware that the majority of doctors across the USA, accept traditional Medicare and thus must accept any Medigap policies, including GHI Senior Care – but they do not have to accept Medicare Advantage plans. Thus, with GHI Senior Care, I felt confident about any retirement move. The City's attempt to force retirees into a Medicare Advantage plan which would only cover retirees in New York City and to some extent, the surrounding counties, means that retirement plans made years ago by me, and many other retirees, would be completely upended. How is this fair?

Second, for those of us, such as myself, with an already extensive list of pre-existing conditions to manage, and frequently emerging new medical issues, how is it fair to force us into a Medicare Advantage plan with a narrow network of specialists and hospitals, as

well as the hundreds of pre-approvals the plans typically require, and which Medicare does not? Many of my specialists accept NO Medicare Advantage plans; most accept just a few. And in California, where I plan to move, this is also the case for similar specialists.

Third, doctors and hospitals are allowed to drop out of Medicare Advantage plans each year, and many do, because of the harm to patients from delayed care due to pre-approvals, the administrative burden created by the pre-approval process, and the consequent delayed payments. In contrast, doctors and hospitals which accept traditional Medicare usually continue to accept it. Forcing me into any Medicare Advantage plan would severely limit my ability to timely receive treatment for my conditions. This would negatively impact my overall health.

I know that I am not alone in the concerns expressed above. The 19,000 of us who are members of New York City Organization of Public Service Retirees (“the NYC Retirees”) have previously expressed the same concerns to members of the New York City Council, the Mayor, the New York City Office of Labor Relations, and the Municipal Labor Committee, in emails, phone calls, and letters, as well as in postings on the NYC Retirees’ website (www.nycretirees.org) and Facebook pages, and in the press. While we retirees are not unsympathetic to the City’s attempt to achieve more healthcare savings, this should not be done on the backs of retirees. Instead, the City Council should continue its long history of supporting healthcare for the most diverse municipal labor force in the country, and set up a Blue-Ribbon committee to explore the concrete money saving suggestions made by the NYC Retirees, which are backed up by research, including from government and industry. There already are over \$300 million in savings which have been identified, including having the City self-insure, merging union welfare funds, and auditing current recipients of health care coverage (which has only been done once by the City, last under Mayor Michael Bloomberg)

Finally, there is no rush for City Council to push through an amendment to the Administrative Code. The City Council does not answer to the Mayor, nor does it answer to the Municipal Labor Committee. The Council is not a party to collective bargaining agreements, and it certainly cannot be a party to an already expired agreement. As such, any so-called “arbitrator” has no power over the City Council. Beyond this, an arbitrator needs a dispute between the parties to an existing (and not expired) collective bargaining agreement to have any power. But in the case of the City and the Municipal Labor Committee, these two parties are working in concert; there is no “dispute” for the arbitrator to resolve.

In conclusion, please do not amend Section 12-126 of the New York City Administrative Code. Please let the pending litigation against the City work its way through the courts, which will appropriately resolve many of the issues. Please don’t remove the very protections that City Council put in place for City employees and retirees in the 1960s. Thank you.

ADDITIONAL TESTIMONY IN OPPOSITION TO AMENDING ADMINISTRATIVE CODE 12-126

My name is Ellen S. Rieser. I am a Medicare-eligible recently retired attorney, with almost 25 years of service to the City of New York; I retired from the General Counsel's Office at the New York City Department of Health and Mental Hygiene. I am submitting this additional testimony herein to the New York City Council, as an addendum to my original testimony, opposing the amendment of Section 12-126 of the New York City Administrative Code, which was provided to the City Council prior to the January 9th, 2023 hearing.

During the January 9th hearing, the testimony provided by the City's two representatives from the Office of Labor Relations (OLR) included the frequent refrain that they had "left no stone unturned" in looking for savings. This is not true on its face. There are actual boulders not yet disturbed.

For example, since at least 2018, the New York City Comptroller ("NYC Comptroller" or "the Comptroller"), the New York City Independent Budget Office ("IBO"), and the Citizens Budget Commission ("CBC") have made concrete savings recommendations, based on the Comptroller's audits of union-administered benefit funds ("the Welfare Funds" or "the Funds"). The Funds are managed by the various unions which are members of the Municipal Labor Committee, and receive over \$1 billion dollars from the City annually. The majority of the funds provide such healthcare benefits as dental, optical, and prescription benefits, to active employees, and many, if not most, also make these benefits available to retirees. Many of the funds also offer legal and educational benefits, or function as annuities to supplement retiree pension income for union members.

The NYC Comptroller's annual reviews of the Welfare Funds has found that many such funds (i) offer the same categories of healthcare benefits (i.e., dental, optical, and prescription benefits; (ii) have excessive administrative costs; (iii) maintain reserves above what is considered to be reasonable; and (iv) have engaged in fund mismanagement.

Relying upon the NYC Comptroller's review of the Funds, I agree with the following cost savings suggestions from the CBC and the IBO.

As the majority of the Welfare Funds offer similar healthcare benefits, it would be more efficient for OLR to consolidate the provision of these benefits within the City's health insurance program. This is because the volume of "covered lives" is a major factor in optimizing contracts with health insurance carriers. This would also give the City a "bigger bang" for the over \$1 billion annually that it contributes to these Funds. In 2017 the IBO estimated that the consolidating the administrative functions of the Welfare Funds would produce administrative savings of \$16 million annually, and that consolidating the purchase of pharmaceutical and other benefits would provide savings of \$98.6 and \$49.3

million, respectively, for combined administrative and benefit savings of \$163.8 million. The savings would be even more today.

The NYC Comptroller's oversight of benefit funds should be strengthened, including the provision of enforcement power. The Comptroller's audits of individual funds should be more frequent and numerous. Further, while the Comptroller's Office follows up with Funds to determine whether corrective actions have been taken, and occasionally conducts a follow up audit, currently, the Comptroller has no authority or responsibility to ensure the recommendations are implemented. For example, a 2017 audit by the NYC Comptroller of the United Probation Officers Association Welfare Fund found, among others, failure to verify dependent eligibility, questionable benefit claims, and that no records were kept of the hours worked by the Funds' employees, despite spending over \$183,000 on employee compensation.

To date, none of the above suggestions have been seriously considered by the City.

In conclusion, I would again urge the New York City Council to NOT amend Section 12-126 of the New York City Administrative Code. Further, given the "boulders" still left for OLR to look under for healthcare savings, I would also urge the Council to ask OLR why it apparently has willful blindness in ignoring these already identified "boulders."

Thank you.

From: Elsie Sanchez <esan1@verizon.net>
Sent: Friday, January 6, 2023 5:04 PM
To: NYC Council Hearings
Subject: [EXTERNAL] 12-129

Say NO to amending 12-129. I need my current health care. And I work hard for it. Thank you in advance.
Ms. E. Sanchez

Elyse Newman
Elyseann911@gmail.com /

RE: Protecting Medicare Benefits for NYC Retirees

January 7, 2023

Dear NYC Councilmembers,

I worked as a city employee for 14 years and retired from my CUNY position in March 2022. I consulted a financial advisor who determined that with careful budgeting and planning, I would be expected to be able to cover my monthly expenses using the existing resources available to me, my pension and Social Security, for which I had worked diligently my entire life.

I retired at a time when a group of NYC retirees were organizing to preserve the existing Medicare health coverage and was provided information about the new Medicare Advantage plan that city employees were being asked to switch to. I learned that if I wanted to keep the existing benefits, which were promised to me as I considered my retirement planning, I would be required to pay close to an additional \$400 per month for coverage for my husband and myself. This additional charge was not calculated in my retirement plans.

I panicked a little bit but was impressed by the work being done by the NYC Municipal Retirees group who had hired a lawyer who advocated to protect the benefits that had been promised to all who had compromised higher wages for solid benefits upon retirement including traditional Medicare. That group won our case in court.

I have been in pretty good health but was recently diagnosed with a condition that requires a monthly injection that would not have been covered by the proposed Medicare Advantage plan in the amount of \$2500 per month. I actually delayed my treatment until I was eligible for Medicare because I confirmed that they would cover the treatment at no or little cost to me.

The Medicare Advantage plan was clearly inferior, requiring prior authorization and then rejecting coverage of this potentially life-saving medication for myself. I'm sure many other retirees are in the same boat. Retirees are already on a fixed income and many of us lack the resources to pay additional monthly fees to preserve the healthcare we rightfully earned. Alternative options for covering the financial gap have been developed and I highly recommend that they are considered before the City Council votes to change the Administrative Code 12-126.

Sincerely,
Elyse Newman
CUNY/LaGuardia Community College Retiree
14 Years of service to NYC
Retired March 2022

From: Eric Sacknoff <esacknoff@gmail.com>
Sent: Friday, January 6, 2023 10:57 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Admin code change

Find other ways to save the money, like taxing pensions of retirees who move out of state and spend their state pension money out of New York

From: ericas222@aol.com
Sent: Sunday, January 8, 2023 5:17 PM
To: Testimony
Subject: [EXTERNAL] Written testimony against changing 12-126

To the City Council of the City of New York,

Instead of reiterating what I wrote in emails to each and everyone of you, I will just state the facts, why it is important to me to keep my traditional Medicare healthcare plan that I receive through my years of dedicated service as a New York City teacher.

I moved out of state to be closer to family. Many other retirees have also relocated due to health concerns, high cost of living in New York and to be closer to family.

In the state of Virginia, where I relocated to when I retired in 2013 to be near my daughter and her family, I have not been able to find a dentist who accepts my dental plan. Therefore I pay out of pocket for both me and my husband. If NYC implements a NYC Medicare Advantage Plan, there will not be a doctor or hospital in my area who will accept it. (I already checked) I cannot afford to pay for traditional Medicare for my husband and myself if the new plan is implemented. It will be a NYC Medicare Advantage Plan just as the dental plan is NYC Cigna. Dentists here accept Cigna plan, BUT NOT NYC Cigna.

Please think about all of us retirees and future retirees who helped make NYC the greatest city in the world. If the city wants to attract new people to work, you have to offer good benefits, or else they will turn to suburban districts and other areas that offer higher salaries and better benefits . That is why it is imperative for you the city council members to vote NO to this proposed amendment.

Remember, even though many of us retirees no longer reside in New York City, we still have many friends and family who do. These people are standing with us in this fight, and come next

election they will remember who supported the elderly in this fight.

Please think carefully before you act, and vote responsibly for protecting us from financial peril and losing our healthcare that we were promised when we first started working. We knew we could make more money elsewhere but we stuck with the city because we knew you would be there for us and take care of us when we retired.

Sincerely ,
Erica Strauss
Retiree (UFT) 2013

ericas222@aol.com

Haymarket, Va. 20169

My name is Erik Hartmann, I support keeping 12-126 intact. 12-126 ensures an equal subsidy for all city employees and has done so for over half a century, no matter the vicissitudes of city finances and has done so by a defined price threshold set in a city law. If insurance costs less than the threshold we are covered. If it's more than the threshold, we pay the difference. Changing the code allows the city to reduce this threshold. Keeping 12-126 allows the most vulnerable among us to remain in publicly run Medicare and doesn't force anyone into the private, regional, for-profit Medicare Advantage ecosystem.

I have been an inservice High School Social Studies and Dean of Students from the NYC Department of Education for over 24 years. My union's (the UFT) attempts to lobby the city council to change the administrative code comes from the top leadership, not the rank-and-file working members or retirees. At no point have we had a vote or any say in the decision.

In addition to having the security of a strong healthcare safety net through traditional government managed Medicare, I also support the concept of traditional Medicare as one of the few public options available, unfortunately, only to retirees. Medicare is a government run program like social security and is supported by taxes we pay into both plans throughout our lives. Medicare has much lower administrative costs compared to private plans and a professional civil servant unionized workforce that can focus on addressing the needs of patients. Medicare sets standards of payments to control costs.

The advantages of Medicare for higher efficiency and control over rising costs should be extended to all Americans. Medicare is one of the best ways to control runaway healthcare costs.

Medicare Advantage plans are privately owned and managed profit-making operations, with much higher administrative costs than Medicare and with shareholder value being of higher value than patient care. We see expensive and extensive advertising with highly paid spokespeople for these plans and exorbitant executive salaries, dividends, and stock buybacks, often at the expense of patient care through denial of certain

procedures and creating delays in gaining access to some procedures. Add the massive cost of lobbying politicians and even union leaders.

Recently, the mainstream press, led by the New York Times, has taken up the issue of exposing Medicare Advantage plans. The City Council is urged to reject all attempts to expand privatized Medicare Advantage plans and shrink highly successful traditional Medicare. I ask if this bill is passed to please vote NO to amend 12-126.

Sincerely

Erik Hartmann

Dear City Council Members

Support Medicare – do not weaken it by pushing NYC retirees into a Medicare Advantage plan. Please do not pass [Int. 0874](#)

(1)The city will pay the entire cost of health insurance coverage for city employees, city retirees, and their dependents, not to exceed one hundred percent of the full cost of H.I.P.-H.M.O. on a category basis, or in the alternative, in the case of any class of individuals eligible for coverage by a plan jointly agreed upon by the city and the municipal labor committee to be a benchmark plan for such class, not to exceed the full cost of such benchmark plan as applied to such class.

What is this benchmark plan?

Mayor De Blasio and heads of municipal unions concocted a scheme to move NYC retirees to a Medicare Advantage plan or require that they pay a high fee to stay with Medicare. Int. 0874 is a necessary step down this path.

I'm a retired NYC public school teacher. I am heart sick at this betrayal by my supposedly progressive mayor and union chief. Of course, part of my concern is that under a new plan I won't be able to keep my current doctors and that needed procedures will be denied to me.

But that is not what horrifies me most.

Michael Mulgrew, Bill de Blasio, Carmen De La Rosa, and Diana Ayala all of whom I understood to be progressive are working to undermine Medicare -- a star in the national social safety net.

That is what horrifies me most.

New York City should be a leader in progressive legislation not a destroyer.

I hope I can be proud of my New York City Council.

Sincerely,
Eva-Lee Baird

EVELYN JONES RICH

New York, NY 10023

erich@nycada.org

TESTIMONY before the Committee on Civil Service and Labor of the New York City Council

January 9, 2023

Good Day! I am Evelyn Jones Rich, a senior citizen and municipal retiree who – like you – loves New York and wants to see it continue to grow and prosper.

The Council’s Amendment of Section 12-126 of the Administrative Code will be a mistake with results which threaten first - the lives of some of the 250,000 municipal retirees and our dependents , secondly - the lives of some of the 305,000 current NYC employees - especially the 18% now eligible to retire and the 26% who will be eligible to retire over the next five years – and finally the lives of some of the workers out there in the City, itself , who are watching your move with great interest and anticipation.

All of the interested parties involved – the Mayor, the Municipal Labor Committee, the retirees and you – the City Council - see and are concerned about the rising costs of health care in the City and beyond. We all agree that health care is a human right which must be honored and protected. We disagree about how best to achieve that elusive goal.

Some of my colleagues will discuss how – over time - amendment of 12-126 will create “classes “ that will be susceptible to varying kinds of health care whose quality and comprehensiveness will be brought into question.

Others will identify the limited networks, prior approvals, delayed and denied care which are the inevitable result of Medicare Advantage Plans.

Still others will tell you about the billions of dollars Wall Street titans have reaped from Medicare Advantage Plans which magnify patient ills, enroll unsuspecting patients, and even deceive medical practitioners all the while robbing the Medicare Trust Fund of dollars obtained in creative ways. Remember that so-called Medicare Advantage Plans were envisioned as saving the federal government money. Rather, they cost the federal government lots of money!

There are those who will challenge the Mayor's and MLC's assertion that the City is in dire financial straits – anticipating budget deficits and perhaps even flirting with bankruptcy, if the purported \$600 million dollars the transition to Medicare Advantage is alleged to save - 6/10 of one percent of the City's \$104+ billion dollar budget never materializes. Rather they , point to the \$8.1 billion already on hand in various reserve funds.

One of my colleagues will reject the false claim that the federal government would make up for the \$600 million cut in health care spending by showing – with two graphs - that the federal subsidy to Medicare Advantage plans has been just 4% in 2022 and is anticipated to be 2% in 2023.

Retirees know that this transition - were it to come to pass - will further harm those who pay obscene health care costs to insurance companies, hospitals and pharmaceutical companies as well as other companies, corporations and individuals who profit from exploiting the basic health care needs of the City's residents.

Another one of our retirees will insist that the Mayor's threat to transfer us all to Medicare Advantage Plus is hollow because individual choice has been and remains a basic requirement for enrollment in any Medicare or Medicare Advantage Plan. The Mayor cannot legally nullify that requirement.

I, myself, as a person of color, argue that the negative impact of the transition to Medicare Advantage will limited access to the quality health care needs of Black and Brown

retirees – with lower life expectancy levels and greater health care problems - and will reverberate throughout minority communities in the City with unknown but feared consequences.

Finally, we retirees insist that the so-called impartial arbitrator – Martin Scheinman – is not impartial but rather an employee of the MLC. His imposed deadlines about reaching an Agreement with Aetna as well as his demands that the Council pass the proposed amendment have no legal standing.

And, we need not tell you that **ad hoc** groups like the New York Organization of Municipal Retirees and the Cross Union Retirees Organizing Committee command our attention and have our full support.

What, then, are our options? One, perhaps, may lie within a children's folk tale, **The Third Gift**, told by the Guyanese writer, Jan Carew. It goes like this!

Long ago, Amakosa, the aged leader of the Jubas, a clan of herdsmen and wanderers, felt death nearby. The Jubas were lazy and demoralized. Amakosa searched for new lands into which to lead his people from the parched, dry area where they currently lived. They traveled a long time and, finally, came to a mountain whose peak was lost in the stars. The area around the mountain was conducive for settlement. Death approach Amakosa who encouraged the young men in the group to climb the mountain. Whoever returned with a true gift would be the new leader. Over the years three times young Jubas climbed the mountain.

The first came back with a gift so wonderful that it amazed his fellow citizens - a stone which symbolized the need to work hard to reject drought and hunger. Thus the bearer of the **gift of hard work** was named leader. Years later, the second returned with a dazzling mountain flower which symbolized **the gift of beauty** and he, too, was named leader. Flowers appeared everywhere! The third many, many years later returned after many days with a clenched fist holding his hand high above him. At the top of the mountain the young man had encountered snow but each time he tried to return with it, he failed because the snow melted. Thus all he

could bring was the third gift - the gift of imagination. Indeed, he was named leader. Over the years the Jubas prospered.

Now is our time! We all know that nothing is easy. The MLC has **not** put forth a viable plan. It will take **hard work** to seriously consider the proposals advanced thus far to address our City's health care needs – to : (a) redirect funds the City holds in reserve to keep the MLC Stabilization Fund solvent for three years, (b) create a stakeholders commission charged with finding a path to control health care spending, with hospital pricing as a priority, and (c) develop a sustainable mechanism for funding City health insurance.

Investigating those proposals and, perhaps, looking for others will require cooperation and collaboration but the outcome of such actions will be **truly beautiful!** Finally, all parties must seize **the third gift – the gift of imagination** - and reject the proposal to amend Section 12-126 and look for the many, varying responses which will be required to resolve what seems to be an intractable problem.

Let's focus on **The Third Gift** – as we work together as equal partners in a collaborative, cooperative effort. Let's show that we have the political will and imagination to offer premium free, quality, comprehensive health care for all NYC employees and retirees.

From: Evelyn Santiago <goya607@gmail.com>
Sent: Monday, January 16, 2023 9:23 AM
To: NYC Council Hearings
Subject: [EXTERNAL] City Council Amendment

The city's strong advocacy of Medicare Advantage for its retired workers is a take it or leave it proposition. Retirees deserve much greater consideration of the extremely serious and exceptional health challenges that many of us must face. I was a cancer patient at Sloan Kettering Memorial Hospital and am currently being closely monitored by their doctors. Medicare Advantage places limits on providers and on access to care that is vitally essential, especially in life threatening situations. It is imperative that along with Medicare, retirees must have the option of city paid supplemental health insurance that meets whatever their particular health needs may be. I urge the city council to pass amendment 12-126 to give retirees the choice of health care that they deserve and are entitled to.

Evelyn Santiago
DOE Retiree

From: Sami Hariri <alhariri2@yahoo.com>
Sent: Sunday, January 8, 2023 3:59 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Vote NO to 12-129 amendment

Good afternoon, I vote NO to amending 12-129 as we have working for many years and dedicated our livelihood to treating and caring for students in need and with various disorders/disabilities to have it taken from us.

Sincerely,

Farah Hammoud-- NYC Doe Occupational therapist

From: Fay M. Aaronson <fmaaronson@gmail.com>
Sent: Saturday, January 7, 2023 5:10 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Testimony

Testimony

My name is Fay Aaronson. As a retired NYC Dept of Ed Bilingual (Spanish) School Social Worker and still actively an LCSWR; Licensed Clinical Social Worker, I have advocated for and worked with hundreds of families with children having special needs; learning, psychologically, physically, on the spectrum/ADHD, severe anxiety, depression, difficulty attending school due to family trauma.

In the midst of the worst epidemic in modern history, for the past almost two years, we vulnerable and at risk seniors and disabled persons and our dependents have found ourselves in a massive fight for our very lives to protect our traditional medicare/sr care from unions who are purportedly there to protect us.

As a healthcare provider for the past 35 yrs, I have seen the destructive forces of Advantage Care plans increasing Dr burnout from constant need to simultaneously deal with hundreds of preapprovals for hundreds of pts on Adv plans, billing issues, very low fee per service with high costs to maintain staff to handle the voluminous paperwork.

I founded a highly successful counseling ctr in bklyn prior to managed care; suddenly my practice became one where my ability to see patients was dwarfed by the need to preapprove sessions for 8 therapists, handle voluminous paperwork to deal with managed care and have greatly reduced fees coupled with greatly increased costs for erroneously denied claims to be resubmitted and constant follow up for preapprovals.

Only Medicare was and still is, a bedrock of steadfast care without the insane and needless taking away of provider energy, time and well being, as well as the well being of the patient. Advantage Plans have hundreds of pre authorizations, (for thousands of pts)necessitating that whenever your MSKCC or HSS specialist orders an EKG or biopsy, the pt has to needlessly return again to Manhattan , or Long Is, for a second appt to handle what would have been done immediately, at the one visit, if the patient had traditional Medicare, without time delaying preapproval tactics.

This is cost effective?? Paper pushers constantly dictate your care and the specialist's decisions even if MSKCC or HSS accepts your Advantage Plan. Thus there are dropouts by medical providers who have initially signed on not knowing how their lives would be negatively and continually burdened. Last I saw, the MSKCC contract was for one year, for good reason.

For those of us with disabled dependents, this has caused even more sleeplessness and anxiety. The disabled dependents of any age on SSA Disability with their own Traditional Medicare/sr care supplemental, what is

going to happen to them? Do our unions even acknowledge this situation and others? No, because ACA will be your glib answer; Obamacare is Medicaid.

Yes, as an experienced medical provider, I can tell you it will put a lien on the retiree's assets when the retiree dies and the dependent may need to live in your home or on your assets and instead there will be a lien placed on them, leaving our disabled dependents homeless.

The unions have many glib answers for us, but they are not reality.

They are a betrayal to 250,000 dedicated nyc workers whose decades of service, in difficult and comparatively low paying positions, the unions now carelessly toss aside.

Who will go into these jobs anymore knowing they will lose their healthcare when they may be most vulnerable and at risk?

Fay Aaronson, LCSWR

Licensed Clinical Social Worker

Retired NYC DOE Bilingual School Social Worker

Bklyn 11210

Sent from my iPhone

Dear City Council Members,

My name is Fay Pallen and as a retired NYC principal I urge you to vote no on amending Administrative Code 12-126.

Please note that the Scheinman report is just an opinion and not a ruling or a decision. Do you know that the City depleted our health fund to provide raises and never repaid the money as promised?

While all agree that health care cost have skyrocketed and we must find a way to save the city money, there are other ways to do so without taking away the promised health care for retirees. Are you aware that the NYC organization of Public Service Retirees have identified \$300 million in savings. Have you been informed about these possible savings? Why have they not been implemented?

Many years ago, my former husband urged me to go into private industry where I would make much more money using my ability to organize and work with people. I refused because I was dedicated to the education of our city's students. I was not working for the money but for the future of our city. I was assured of a pension and health benefits. Now there is a consideration of renege on the promise of health benefits without considering other ways to save money.

PLEASE DO NOT AMEND THE ADMINISTRATIVE CODE 12-126! DO NOT RENEGE ON COMMITMENTS MADE BY THE CITY.

Respectfully,

Fay Pallen

Retired Principal, NYC Department of Education

faypallen@gmail.com

From: Feng Shuiling <SFeng@schools.nyc.gov>
Sent: Tuesday, January 10, 2023 10:01 AM
To: NYC Council Hearings
Subject: NO TO AMENDING CODE 12-126

Good morning,

I'm a para professional. I do not agree to amending code 12-126.

Best,

Shuiling

To: Honorable NYC Council Members
From: Flor Betancourt
Date: January 10, 2023
Subject: *Vote NO to amend Administrative Code 12-126*

Good day,

My name is Flor Betancourt and I submit this testimony in support of not amending Administrative Code 12-126. I am a constituent of Queens District 32 (Councilwoman Joann Ariola) and currently retired from city service.

My testimony does not differ from many of the municipal retirees that testified in yesterday's (01/09/2023) hearing. Similar to many retirees, I suffer from various health conditions and my husband is a survivor of five heart attacks. I am the primary caregiver to my 86 year old mother who is visually impaired. My husband, mother and I live on fixed incomes.

I worked over 34 1/2 years in the New York Department of Health and Mental Hygiene during the AIDS epidemic, 9/11, Hurricane Sandy, and the COVID pandemic until my retirement in February 2022. I considered myself blessed to reach this milestone and can now focus on taking care of my health to be a healthy primary caregiver to my mother and husband. With the benefit of health insurance coverage, I have managed my health conditions and rely on this continued NYC benefit as I age and eventually reach Medicare status. I have always been confident that the benefit of Administrative Code 12-126 will provide premium free health insurance sustaining my future choice of the GHI Senior health plan.

Given the current and unstable fiscal climate where inflation looms over the country and significantly impacts retirees including my family members and myself who survive on fixed pensions, the proposed change to Administrative Code 12-126 would greatly affect my choice, when I soon become Medicare eligible, to select GHI Senior Care and ultimately pay an exorbitant monthly fee which was promised to be premium free over 50 years ago.

The proposed Aetna Medicare Advantaged Plan was described as the best plan the City can offer but yet a draft contract was not submitted to the council or those affected at large for review and consideration prior to or at the time of the hearing. Neither did I hear testimony from anyone who was on a medicare advantage plan. What is important to me is that I maintain the ability to have a choice of selecting the best Medicare health plan, which should remain premium free according to Administrative Code 12-126, and that meets my medical needs and accepted by the doctors I frequent. *That choice should not come with a price tag!*

Place yourselves in my and other retirees' position and how a change to 12-126 may ultimately eliminate your choice to select a premium free health plan when you reach Medicare age. I firmly stand in solidarity with Marianne Pizzitola and the NYC Public Retirees Organization not to change Administrative Code 12-126. I implore you to leave Administrative Code 12-126 intact and vote no to the proposed change.

Respectfully submitted,
Flor Betancourt, 2022 City Retiree
34 - 1/2 Years, New York City Department of Health and Mental Hygiene

I am so appalled how little NYC thinks about retired employees. They tried to give away our Heath insurance so current employees we're given raises. The City of New York wants to remove my medical insurance, that I worked 41 years to receive. I was promised full medical upon my retirement in 1978. Then it was changed to Medicare and my secondary. Then the City tried to force me into a Medicare Advantage plan that was not suitable for me. My other choice was for me to over pay to keep my Heath insurance, that I was originally promised.

Over the years I work for less money. I also worked many years without a contract or a raise. In addition when my contract was settled NYC always refused to pay at least 3 years that we worked out of contract. Furthermore we were not allowed to strike. All this for Medical benefits that was promised to me when I began working for CUNY. This is unacceptable.

Sincerely

Frances Ferrara

From: Fran Levitt <franlevitt326@hotmail.com>
Sent: Saturday, January 7, 2023 5:00 PM
To: Testimony
Subject: [EXTERNAL] Administrative code 12-126

I am writing to the Council URGING you not change administrative code 12-126 as I am a 78 year old City retiree who needs my Medicare & Sr. Care and NOT a Medicare Advantage Plan. I was diagnosed with AML Leukemia on 10/13/22 at NYU Langone. I was able to be admitted get a bone marrow biopsy, see an oncologist, get accepted for a clinical trial, get a PICC line for chemo and begin treatment on 10/24/22. This is literally saving my life and would not have been possible with a Medicare Advantage Plan. Advantage plans are private for profit businesses as so many competitive TV ads demonstrate. Often there are waits for referrals and approvals. Many retirees live out of State or travel and they can go to Doctors everywhere that Medicare is accepted. This is not the case with an Advantage plan. There was no discussion or negotiation with retirees about the proposed change of 12-126 there was only a recommendation which is not binding. It is up to the City Council to protect retirees. You will be in this position someday. Would you want your Medicare taken away? I worked at Bellevue Hospital as the Child Protection Coordinator for the whole hospital. My title was Managerial so I was not in any Union and did not get overtime or time off for putting in countless extra hours to keep children and families safe. I was on call for phone consultation 24/7. When I retired in 2000 I was told that my benefits were for my lifetime which with my current treatment I hope is a long one . I expect that you will honor that promise.
Thanking you in advance for your support.

Frances Levitt

NY, NY 10035

franlevitt326@hotmail.com

Do Not Amend Code 12-126

MY STORY.... AND THE TRUTH

PART 1...MY STORY

As much as I would have liked to attend today's hearing, I am unable to do so as I am recuperating from a left knee replacement/revision. Had the right knee done last January...2 knee replacements in one year. Rehabilitation calls for extensive physical therapy.... And thankfully, under my present healthcare insurance (Medicare plus GHI Senior Care) there are no issues or restrictions concerning my PT this past year. It is my surgeon who determines my course of treatment, not a "gatekeeper" from a for-profit Medicare Advantage Plan.

In 2018, my husband had a cancerous growth in his stomach leading to the removal of 80% of his stomach. Two days after coming home he suddenly took a turn for the worse. The EMS team I called could not find any vital signs and wanted to take him to a local hospital. I insisted they take him to Memorial Sloan Kettering where he had the surgery, knowing by the time the local hospital figures out what's wrong with him, my husband would be dead. My daughter, a surgeon at MSK, had sounded the alarm and a team was waiting for him, operating room ready. We went to MSK. My husband had a leak at the surgical site and he had sepsis. He spent the next 2 months at MSK lingering between life and death. At the very same time, my breast surgeon had called to say they "found something" on my right breast and it had to come out. Two days later I had a lumpectomy, spent 5 days recuperating, then went to see my husband who was now at Cornell's Rehab Center. I took one look at my husband's ashen face and stumbling gait and knew something was wrong. Back to MSK; he had developed an abscess. Many more weeks in the hospital.

Thankfully, my husband and I are fine now but we both need to be monitored on a regular basis. Every year my husband needs an MRI, CT scans, and blood work to make sure all is good. I get yearly MRIs, Mammograms and Sonograms to keep me healthy and cancer-free. It's never an issue with the health coverage we have now. No delay in treatment, no waiting for prior authorizations, no anonymous gatekeeper deciding whether to approve our doctors' protocol or not. A Medicare (dis)Advantage Plan does not work for us. We are both patients at MSK...which does not accept Medicare Advantage and neither do our doctors. Neither does Hospital for Special Surgery where I had 2 knee replacements and one revision.

PART 2...THE TRUTH

UFT's Michael Mulgrew may tell you (as he told us) that all doctors who accept Medicare must also accept Medicare Advantage because they are "in network". That is blatantly false and misleading. In "the network" means they may all accept BC/BS, nothing more. To add insult to injury, a \$15 copay was imposed on the retirees health plan since last January. That means any doctor visit or procedure that is done costs \$15, including physical therapy. This year alone my \$15 copays amounted to the equivalent of 5 months of car payments.

It takes time to build a relationship between patient and doctor. It is unconscionable to suggest that the doctor and hospitals we have come to rely on will be no more under Medicare Advantage. **THIS IS NOT A CHOICE!**

By the way, if you read the fine print on every Medicare Advantage Plan you will see that the contract is renewed each year, as well as cost. In other words, what you think you have today may disappear tomorrow. I am sure you are aware that most MA plans are under investigation by the federal government for fraud. That's because their bottom line is profit, not the well-being of the patients.

Amending **Admin Code 12-126** will force the neediest and most economically vulnerable population into an inferior and dangerous health plan.

Decades ago, the City and the UFT were at loggerheads regarding a long overdue teachers' contract. On the table was a reduction in our healthcare in order to fund a raise. We opted NOT to take a raise but to keep our healthcare as is. I don't remember how much that raise would have been, but I do know that cumulatively we gave up thousands of dollars in lost pay over the decades to keep our healthcare. In other words, we paid for our healthcare with every "raise-less" paycheck, knowing we would rest easy when we would retire and need good healthcare. And now, we are being threatened to lose the healthcare we fought for and paid for.

Admin Code 12-126 is our protection against the unscrupulous tactics of the MLC and the City to kill the healthcare we were promised when we started working for the city. **NO** retiree is for this. Oh, in case you are wondering why suddenly so many teachers are calling to amend the code...you should know that Mulgrew sent out an email stating that only by amending the code will you be able to keep your healthcare and choice. If it is not amended then the city will try to impose Medicare Advantage...which the city can do anyway, without amending the code. What Mulgrew did NOT explain is that amending the code will impose a \$191 premium fee per person (in addition to those pesky \$15 copays). It also means creating distinct classes of people (we don't know

what those classes are but bottom line is we all need good healthcare). I CAN tell you that those who are most economically needy will be forced to accept the MA plan because they cannot afford to pay \$191 per month (almost \$400 per couple). How's that for creating a class? What Mulgrew did not explain was that Judge Frank already determined that \$191 per month was harsh and punitive and struck it down. Amending **Admin code 12-126** will render the judge's decision irrelevant because you changed the law.

What Mulgrew and the MLC did not explain was why we are in this fix. Maybe because \$1billion was taken out of the Healthcare Stabilization Fund to give raises to active employees. Yup, they did that. Is that even legal? That fund is supposed to be dedicated for healthcare.

And now, the MLC and the Mayor are trying to use the City Council to do its dirty work, instead of meeting with retirees who have identified millions of dollars in easy savings without jeopardizing healthcare. If you amend the code then the union bosses and the Mayor will shrug their shoulders and say "it wasn't us, it was the City Council. You see, they are using the City Council to amend the code to avoid litigation in court...because they know they will lose. We have won 2 court cases, and 6 Supreme Court judges unanimously agreed with us, the retirees. If the judges can all see the immoral, harmful actions of the Mayor and the MLC to derail our healthcare, why can't you? You are being used but you can stop it and say **NO**.

Please do not amend ADMIN CODE 12-126. Let us have our day in court. Your constituents will be forever grateful. Thank you

Fran Scharf
Retiree
27 years of service
DOE

Dear Members of the City Council:

I am writing to you to urge you not to amend the Administrative Code that will lead to the diminution of my health insurance.

I am a New York City Department of Education retiree who served my entire career in Community School District 30. I first served as Teacher of Social Studies and then as Assistant Principal at JHS 141 in Astoria, Queens. I then served as Assistant Director and then Director of Specially Funded Federal and State Programs in CSD 30 for students PreK through Grade 8. I finished my service as Executive Assistant to the Community Superintendent in August , 2002.

However, what is important at this moment is to relate to you how important my Medicare coverage is to me because I am a multiple cancer patient. I have had several kinds of cancer including Non-Hodgkin Lymphoma as well as a very rare form of Sarcoma in my left foot requiring an operation that lasted more than 7 hours followed by 33 radiation follow up sessions. I have had numerous chemotherapies and 17 months ago I had a very advanced procedure called CAR T Cell Therapy for those whose Lymphoma returns after chemotherapy. I have been told that this therapy alone cost \$783,000! Because of the wonderful medical coverage provided to me through the Senior Care program, I had only minimal costs for this world class care treatment. I could only imagine the nightmare my family and I would have faced had I not had this great coverage.

What I am very concerned with is the real possibility that with the inevitable continued medical treatment that will be needed, I will be faced with financial burdens that I won't be able to afford if the plan that will be forced upon me will be inferior and not as comprehensive as I presently have with the Senior Care program. All indications are that the plans and the companies that have been put forth will, in fact, be far inferior to what I presently have. One of the hospitals where I continue to receive medical attention has told me that they will NOT accept the Medicare Advantage program that was espoused by the City and the unions!

Please do not vote to change the Administrative Code that will open the way to the realization of my worst fears. I urge you to consider the other cost-savings measures that the New York City Organization of Retirees have identified. Please meet with this group that appears far more knowledgeable than the Municipal Labor Council in this area as well as more dedicated to represent retirees.

Please consider the years of dedicated service that my former colleagues and I have provided to the children and communities you represent. Please place yourself in my and my former colleagues' place who do not deserve to be treated in this potentially disastrous manner. Loyalty and years of dedicated service should not be disregarded by our Council members.

Sincerely yours,

Saul E. Steinhauser

From: franantman@gmail.com
Sent: Sunday, January 8, 2023 9:34 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Health Care Legislation

I am a retired teacher and I urge the City Council to amend the Administrative code 12-126 to protect health care choices for retirees.

I and many others do not want the Medicare Advantage plan. We want to stay with Medicare and have a supplemental plan for traditional Medicare.

We worked very hard all our lives! Please protect our health. We want choices.

Thank you,
Francine Antman
Sent from my iPhone

January 9,2023

Testimony Against Amending the New York City Charter S 12-126

Good Afternoon City Council Members,

I am, Francine Schloss, former supervisor of real property assessors within the Department of Finance and former President of DC37 Local 1757 representing Appraisers, Assessors and Housing Development Specialists. (e-mail taxgal147@yahoo.com) (cell phone 646-239-1334)

I am here today as a retiree, speaking against the proposed amendment to the City Charter's S12-126. The reason that I remained an employee of the City of New York for 39 years was the promise of future guaranteed benefits such as a defined pension plan and virtually free health care benefits. I could have made far more money in my area of expertise in private industry. Expenses, however, and their source of funding, in my golden years, was a major consideration.

I am here today, because it is not the fault of the 66,000 DC37 retirees or the 250,000 overall City retirees that the Health Care Insurance Stabilization Fund was utilized for entirely unrelated matters such as the funding of raises for New York City public school teachers. These were withdrawal of funds without provisions for replenishment.

I am here today, because of the savings of \$ 600,000, 000 that was guaranteed between the MLC and the City of New York that was not fulfilled. It should be noted that the Retirees Association has identified over \$300,000,000 in savings toward that figure.

To change the City Charter regarding retiree health care benefits is an action that will endanger the financial wellbeing of retirees living on fixed incomes. This is in addition to insurance companies that would then act as gatekeepers that will have the power to overrule the judgement of a retirees' primary care physician.

I will conclude with this last thought: We, as New York City employee retirees, may not have a seat at the contract negotiating table but we do vote in great numbers and we do bring out the vote .

Frank Biscardi
Brooklyn, NY 11209

January 12, 2023

New York City Council
250 Broadway
New York, NY 10007

Subject: Objection to Amending Administrative Code Section 12-126

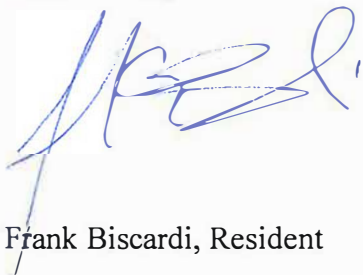
Dear Mayor Eric Adams, City Council Speaker Adrienne E. Adams, and Commissioner Renee Campion:

I strongly object to the proposed change to the Administrative Code Section 12-126 enabling the City to make Medicare Advantage the only premium-free retiree plan.

The current Medicare/Senior Care plan will then cost at least \$200 a month per person. Changing Section 12-126 of the Administrative Code will seriously undermine the healthcare protections for all City workers. It will allow the City to renegotiate the rate for everyone and place employees into different "classes" with reduced benefits eliminating the protections and equal treatment regarding health benefits that current and retired employees have now.

I oppose the Administration's planned reductions in health coverage through the privatization of Medicare for retirees as the City seeks to weaken the protections for all City workers in the Administrative Code. The City has alternatives for managing rising health care costs. Instead of amending the Administrative Code, the City could use its purchasing power to go after hospitals for exorbitant charges, address the skyrocketing costs of prescription drugs, and audit current insurance providers. The burden should not fall on current workers, retirees, and their dependents.

Respectfully,



Frank Biscardi, Resident

Honorable Council Member Carmen De La Rosa and other interested City Council members:

As a retired married couple participating in Medicare and the City's 'Senior Care' supplemental plan, we ask the City Council to reject the changes to the administrative code covering 'Senior Care' that Mayor Adams has proposed. We were retired at the time of the agreement reached in the DeBlasio administration to convert 'Senior Care' to a Medicare Advantage plan, Mayor Adams' current plan, too. No one represented us or any other retiree in the decision to scrap 'Senior Care'. The City Council seems prepared to confirm then-Mayor DeBlasio's plan and steal benefits from its elderly citizens and use the funds for current operating expenses.

We have examined the changes you propose to make to the administrative code, and adoption of the DeBlasio plan and other so-called 'Advantage' plans; they are inferior to the coverage we have under Medicare and Senior Care. The so-called 'Medicare Advantage' plans are unsatisfactory and unacceptable. These plans offer us no advantage whatsoever over the Medicare we have bought and paid for over the years to cover us in retirement. Moreover, our Medicare is not the property of the City's for the Council to change. Those who seek to appropriate for their own purposes the Medicare we have purchased are stealing from us insurance we have already purchased. Similarly, appropriating the 'Senior Care' portion of our healthcare coverage is a wrongful appropriation of what we have purchased.

The changes to 'Senior Care' proposed by the Adams administration would cut benefits that our unions bargained for when we earned lower wages that were dependent upon this continuing benefit. For retirees the healthcare plan is tantamount to 'deferred compensation'. When we retired, we created a budget based upon our fixed incomes and depended upon receiving 'Senior Care' and Medicare without any

additional cost. If the Council changes the benefit as Mayor Adams has proposed, then the Council will force each of us to pay approximately \$200 a month – that's \$400 a month for both of us, per the City's analysis – for the successor to 'Senior Care'. We oppose any change to our healthcare under the current plan.

If any change is made, then the Council should adopt something that affects only those who retire after the changes are made. Current employees, who otherwise would be covered by the City's new program in their retirement, would be the ones covered by a new program, and those who are already retired at the time the change is made should be 'grandfathered' into the existing 'Senior Care' program and not be affected by the change. That is the only fair arrangement, if you MUST undermine healthcare for aging New Yorkers. There is no reason for the City Council to damage our benefits that we already earned, and thus force us to reallocate our fixed incomes.

Finally, as so-called 'super-voters', we pay attention to the election calendar, and work to elect candidates who support issues that are sympathetic to ours. One issue we find important is healthcare for those of us aging in New York City. Other aging New Yorkers we know express comparable judgments on this issue. Those who at least protect healthcare for New York City's aging community are among those candidates we support, while working to defeat those who undermine our healthcare.

Thank you for your attention to our concerns.

Sincerely,
Linda Prescott and Frank Prescott

From: Fred Cantor/Debbie Silberstein <canfre@yahoo.com>
Sent: Monday, January 9, 2023 8:26 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Opposition to Int. 874 of 2023 Before the Committee on Civil Service and Labor

**TESTIMONY OF FRED CANTOR
IN OPPOSITION TO INT. 874 of 2023
BEFORE THE NEW YORK CITY COUNCIL
COMMITTEE ON CIVIL SERVICE AND LABOR
JANUARY 9, 2023**

Chair De La Rosa and other Committee members.

My name is Fred Cantor and I am a retired attorney who worked at the Department of Consumer Affairs for roughly 15 years. I ask that you oppose Int. 874 which would permit the Mayor and the Municipal Labor Committee to put employees and retirees into different “classes” and give them healthcare with different caps on costs.

I had to stop working at the age of 56 because of a serious disability.

Before my disability, I worked on a wide variety of consumer protection issues such as bait and switch and, in particular, remember a time when there was a problem with what were then known as “Midtown Stores” that preyed upon tourists. In fact, it was City Council back in the early 1980s that passed a law requiring the licensing by DCA of such stores to help address the egregious deceptive trade practices that were becoming more and more common.

The sad thing is, as the process has played out with the the attempt to change the health care plan for city retirees, it is eerily reminiscent of the way those midtown stores of yore used to do business.

And, in place of the tourists who used to be preyed upon, it is now city retirees, a number of whom like myself are battling serious health issues.

Thank you for the opportunity to submit this testimony.

Fred Cantor

Stratford, CT 06880

Sent from my iPad

To the City Council
Re: 12-126

Councilmembers,

I am requesting that you do NOT amend 12-126.

Please understand that if you do, you are opening the door to only one thing: retirees will be paying for healthcare for the rest of their lives. I understand that to some people that sounds very entitled. Many people retire with no healthcare. However, I planned my retirement very careful, trusting that what the union told me in absolute terms- that I would have a supplemental plan- was true. They told me this – in absolute terms- the year that I retired, 2017. One of the years that, according to Michael Mulgrew, they were looking at Medicare Advantage. I assure you: I would NOT have retired had I known that was a possibility.

The union plan to put us on Medicare Advantage or charge us \$191 is just a start. I will not go on a Medicare Advantage plan, because I understand them. They are for profit plans. I don't think I have to tell you what comes first with these plans, but it isn't the patients. Incidentally, my \$191 doubles because I am fortunate enough to have a spouse. However, what will the plan cost next year? Or five years from now?

If you do plan on voting to amend 12-126, perhaps you might suggest to the union that they implement a path to rehire retirees who can no longer afford to be retired. I'm one of them.

I thank you for your attention to this matter.

Gail Godber, Special Education Teacher
Member UFT
Retired 2017
Will spend the rest of my days trying to vote Mulgrew out of office

From: Gail Goodman-Atlas <ggoodmanatlas@gmail.com>
Sent: Friday, January 6, 2023 7:42 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Retiree Health Benefits

To take away or change the benefit policy that City employees worked for our entire careers is beyond despicable. Find another more decent way to save the City money.

Plenty of businesses that probably aren't paying enough in sanitation, taxes, parking fees etc.

Gail Goodman-Atlas
Retired NYCSCA employee

Testimony, NYC council, Committee on civil service and labor, 01/09/2023.

Good morning, all:

I am Gail Lindenberg, a retired teacher. I am opposed to the imposition of MAP (medicare advantage plan) and to changes in 12-126. These two issues are inter-twined.

My opposition to MAP has to do with the continuity of care needed to manage my health. That's part of it but this is not only about me. It's about a much larger issue. 12-126 codifies a promise made to city workers decade ago. Now the employer wants to break this promise using an end-run to change 12-126. THIS IS A PROMISE BROKEN. I don't like that. Most of us don't like to be lied to.

We all pay for federal medicare benefits...through payroll deductions and later through deductions in monthly social security checks. With a MAP, THE RETIREE MAY CONTINUE TO PAY FOR MEDICARE B, BUT NOT GET MEDICARE B. Since we do not know the details of the plan management is proposing, what evidence do we have that we will get what we pay for? Is management telling us that this particular MAP does not require a monthly deduction from the social security check? What are they really telling us about this MAP? I contend we can know about how MAPS have been functioning. There is a lot of data out there to inform us of what's wrong with them. Can we assume that this one is different because OLR and MLC says so?

Nationwide close to half of medicare eligible people over 65 are in MAPs and the insurance industry has plans to eliminate medicare B by 2030. This is a shift from public services to private enrichment. The nation is watching here because the outcome impacts the growing inequality and impoverishment which plague us.

The saga of 12-126 has huge consequences. It is a turning point in a crucial discussion of American priorities. It represents the moral decisions facing our nation. This an opportunity for the NYC council to take a stand: to represent the interests of a small percentage of Americans who own and control our healthcare OR to represent the workers who made and continue to make our city function day in/day out, year after year, decade after decade. We know what the right thing to do is. VOTE NO CHANGE TO 12-126.

From: Gail Siegal <gjls2010@gmail.com>
Sent: Thursday, January 12, 2023 9:27 AM
To: Testimony
Subject: [EXTERNAL] Amending Administrative Code 12-126

My name is Gail Siegal and I am a City retiree having worked for the Parks Department for twelve years. I am opposed to amending Administrative Code 12-126 and urge the City Council to defeat the effort to do so.

I am now 81 years old and am grateful that my retirement included access to traditional Medicare. Last year I was diagnosed and treated for a virulent type of breast cancer. I completed treatment a few months ago and am happy to report that I am now cancer free. With the medical coverage I had, traditional Medicare, I was able to go to the best doctors in the best hospitals in New York City that specialize in treating my type of cancer. I was not restricted to a prescribed list of doctors and hospitals who may or may not have expertise in my type of cancer. That would have been the case if I had been required to be in a Medicare Advantage plan, which the City seeks to require of its retirees if it succeeds in amending Administrative Code 12-126.

And what happens if my cancer returns? If this amendment passes and I am forced into an Advantage plan, I won't be allowed to seek out the best doctors and hospitals, but will be obliged to go to the doctors and hospitals participating in a plan offered by an insurance company chosen by the City. Since there is no guarantee that all NYC doctors and hospitals will agree to participate in whatever Advantage plan the City finally comes up with, I have no assurance that the doctors and hospitals that do agree to participate will have the expertise that my current medical team has.

Of course, under the City's proposal I will have the option to continue my current medical coverage by paying for traditional Medicare. This, however, will cost me \$200 a month, which will be a hardship for me. I believe that the proposed amendment, which will permit the City to curtail my medical benefits, puts my future health in jeopardy.

The proposal to place retirees into a Medicare Advantage plan was found in the courts to be illegal and not in keeping with the City's long standing agreement with its' retirees. I find it unconscionable that proponents of this plan, having lost in court, now seek to circumvent the courts by changing the law and going back on the promises made to thousands of City employees. This cynical action does not inspire trust in our City's government. Additionally, if this amendment passes and the City is allowed to renege on this promise to maintain the same level of medical options that we now enjoy, I fear this will become a precedent that will allow the City to take away other retiree benefits any time this or any future administration decides to do so.

I did my best for the City and hope that the City will reciprocate by maintaining the medical coverage that I was promised upon my retirement. I urge you to vote NO to amend Administrative Code 12-126.

Thank you.

Sincerely,
Gail Siegal

New York, NY 10001

From: Gale Bartolo <galebartolo@aol.com>
Sent: Sunday, January 8, 2023 6:09 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Our benefits.

Dear city council,

I don't feel it's right to change the retiree's benefit's. We have years of service to the city and paid our dues. Now when we need our medical coverage the most you want to change it and not for the better. It will be harder for us to afford to see doctors that we so badly need..

PLEASE Leave our benefits alone

Let us live what's left of our life's without the fear of being hurt by these changes and they will be hurting us.

Thank you for your kind considerations of this request Gale Bartolo retiree of DC 37

CITY COUNCIL TESTIMONY

RE: LEGISLATION TO AMEND NYC ADMINISTRATIVE CODE IN RELATION TO HEALTH INSURANCE COVERAGE FOR CITY EMPLOYEES, CITY RETIREES, AND THEIR DEPENDENTS

My name is Gary Barnett and I am a retired spouse of a retired Department of Education employee.

Who amongst the rank and file and their dependents even knew of the important protections Administrative Code 12-126 code provided, when we were blindsided in July 2021 by the proclamation that our health insurance would be switched from traditional Medicare / Senior Care to a Medicare Advantage Plan as of January 1, 2022? On top of the absurdity of even thinking of switching 250,000 retirees in a time-frame of less than six months, was the fact that the vehicle for announcing the new plan was merely an entry in the Office of Labor Relations website on or about July 14, 2021 with no direct communication to rank and file members and no legally required public hearing.

It took a successful lawsuit and appeal to shed light on what I suspect was known all along by the MLC and the NYC Office of Labor Relations: that they had acted illegally; and that in order to put in place the money-saving and inferior-quality Medicare Advantage Plan alluded to in the fraught agreements of 2014 and 2018, Administrative Code 12-126 had to be amended.

It would appear that the MLC and the City knew that amending the code would be a heavy lift; which is why they introduced the Medicare Advantage Plan clandestinely; not anticipating that there would be much push back; and certainly not a lawsuit.

The new plan (known as "Alliance") was portrayed as "better than traditional Medicare"; that it was a "custom-designed" Medicare PLUS plan that would allow a retiree to "see any doctor, provider or specialist who participates in Medicare" which turned out to be false; along with other mis-information about prior authorizations; and a convoluted system of paying for a procedure and waiting for reimbursement. Everything in the proposed plan reinforced my fears of a privatized medical plan that puts profits above patient care.

As the retired spouse of a retiree I am very grateful for the past negotiations between the MLC and the City that ensured I would never have the stress of mountains of paperwork and fighting with health providers. But in attempting to switch retirees to a Medicare Advantage Plan, the MLC and City sadly acted irresponsibly and illegally. It is incumbent on the City Council to protect the rights of those affected by the City and MLC's actions. Not only would it set a dangerous precedent to enable illegality by changing the rules to accommodate such actions; but changing Administrative Code 12-126 at this time will set the stage for a potential future diminution of benefits such as Medicare Part B reimbursement; pegging to a less expensive benchmark to various "classes of individuals"; among other known and unforeseen consequences. So, I implore you to vote NO to amending Administrative Code 12-126.

Thank you,

Gary Barnett

garybarnett1010@gmail.com

From: Gary Fidel <gsfword@gmail.com>
Sent: Friday, January 6, 2023 9:16 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Public hearing on proposed legislation to amend the administrative code

Dear City Council Members:

I am writing to you in opposition to the proposed amendment of the administrative code. Thank you for making it possible for me to do so.

First, who am I? I am a resident of New York City and have been continuously since 1979. I am 74 years old, and a retired employee of New York City having served as an Assistant District Attorney in the Queens County District Attorney's Office from March 1982 until my retirement on October 1, 2012.

Why am I opposed to the proposed amendment? I cite to the stirring, brilliant, game changing speech given by President Obama on behalf of the Democratic candidate for the U.S. Senate in the Georgia primary runoff. In that speech, Obama addressed the GOP position of seeking to reduce or even eliminate Medicare and Social Security benefits. Obama noted that recipients of those benefits had *earned* those benefits through decades of hard work at their jobs.

Obama's argument applies equally to the proposed amendment now before you. That amendment seeks to "privatize" health care benefits that were promised to employees of the City of New York. But replacing the current health care for retirees with a Medicare Advantage Plan simply means that a profit seeking corporation will be in charge of

deciding what health care retirees get access to and since the corporate insurance company running that plan seeks to maximum profits, the end result will be denial of coverage in order to maximize their profits. This is exactly the GOP policy that Obama spoke so eloquently against.

I do not have Obama's eloquence. However, I wish to point out that the GOP, and Fox News in particular, will chortle with glee if the proposed amendment is granted and retiree health care is turned over to a private corporate insurance company. Why? Because they – the GOP and Fox News – will view this as proof that it is not they who have perpetrated a “Big Lie”, but it is two Democratic mayors and the City Council of the most Democratic city in America. They will weaponize the amendment in a manner that will have national consequences. Trump and his followers will say: see, the Democratic Party *claims* to be for the working person but in reality they are doing the very thing that *their* President, Obama, condemned us for proposing in his Georgia speech – privatizing Medicare and Social Security in order to save money. They will say that it is the Democratic Party that is the perpetrator of the “Big Lie” because they have shown with this action – stripping promised health care from their own retirees – that they will lie to their own supporters and try to cover it up with arcane legal tap dancing. They will say that if the Democratic Party is willing to lie to their own voters, how can you trust anything they say to you? They will say that the next time *their President*, tells you that *you can trust the Democratic Party to preserve Medicare and Social Security* remind him that the Democratic Party in New York City has proven beyond all doubt that *this* is the Big Lie.

Thank you for giving me the opportunity to address you.

Gary Fidel



January 8, 2022

Committee on Civil Service and Labor
Carmen N. De La Rosa, Chair
The City Council of the City of New York
City Hall
New York, New York 10007

VIA Electronic Submission and EMAIL

Re: INT 0874-2023

A Local Law to amend the administrative code of the city of New York, in relation to health insurance coverage for city employees, city retirees, and their dependents

Dear Chairperson De La Rosa, and members of the Committee on Civil Service and Labor,

I respectfully write to you today as a constituent of Chairperson De La Rosa; as a Higher Education Assistant at Baruch College of the City University of New York, who has served this City for over 15 years; and a member of the Professional Staff Congress – CUNY (PSC-CUNY) the union that represents the Instructional and Professional Staff within the City University of New York system.

Amending the City's Administrative Code is the **wrong** decision and the recommendations by Marin Scheinman present a false choice – force the dedicated employees of the City of New York who have spent their lives serving New York City to a private for-profit Medicare Advantage plan or impose monthly healthcare premiums.

Neither of these options addresses the real and underlying reasons that the City's healthcare costs are rising. Even if the proposed \$600 million in annual savings is recognized now, the underlying problems remain, and we will be back at this same crisis in a few short years.

When making the calculation to join the municipal workforce, there was an understanding that we may not have as large of a salary or receive bonuses that private sector institutions provide. However, in return that we have a historic right to basic healthcare to be provided for by the City

gary@garyhotko.com

, New York, NY 10040



while in service and in retirement (which includes covering retirees' health insurance costs.) The current SeniorCare program has done it well, without premiums, co-pays, or prior authorizations. Your current plans to vote for this amendment BREAKS the compact.

I implore you to listen to my colleagues in the Professional Staff Congress/CUNY, a union that amongst it's 30,000 members, has health policy professors amongst it ranks. They propose a solution that is better than stripping retirees of the free Medicare-based healthcare they were promised or changing the Administrative Code to eliminate the historic right to basic healthcare. I am including the "**PSC/CUNY Proposal for NYC Employee Health Benefits Program**" (December 30, 2022) and "**The Retiree Health Benefit Trust Fund: A Resource To Sustain Benefits While NYC Health Insurance Is Restructured**" (December 2022, Professional Staff Congress/CUNY) as part of my written testimony for your review.

In the PSC/CUNY proposal that note that:

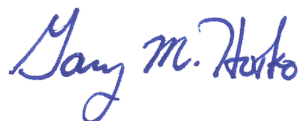
The largest driver of the rising costs for City workers' health insurance is hospital pricing. Compare the rates of reimbursement for doctors with those for hospitals in New York City. Commercial insurance reimburses doctors about the same amount as Medicare does. But the commercial insurance reimbursement rate for hospitals (both inpatient and hospital-based outpatient and ancillary service costs) averages 2.5 times what Medicare pays. New York City could use its regulatory powers and unique market share to lower hospital prices without damaging the capacity to deliver quality care.

This can be seen clearly in just one visit that I had to the hospital in 2021. As a participant in the EmblemHealth GHI-PPO/Empire BlueCross/BlueShield (CBP) plan, I was taken to Bellevue Hospital Center on November 29, 2021, and was admitted for observation and to have a test completed, and discharged December 1, 2021 (a total of 3 days/2 nights). Bellevue billed the insurance \$20,389.71 for the stay. However, **Empire BlueCross/BlueShield paid Bellevue \$26,759.00**, which was **\$6,369.29 more than the bill** for the services (not including the \$300.00 deductible that I had to pay). This overpayment and the deductible resulted in Bellevue receiving **\$6,669.29 more** than what was billed. When I questioned the overpayment, the insurance could not tell me why they were paid this extra money, indicating that it was in the contract with Bellevue. This is just wasteful spending of the health insurance benefit funds.

If New York City is looking for savings, start with looking at what the City's health plans are paying out. Especially when they are OVERPAYING hospital bills.

Again – I respectfully demand that this committee REJECT the amendment to the Administrative Code.

Respectfully,



Gary M. Hotko
 Constituent & Resident, Council District 10
 Member, Professional Staff Congress-CUNY

Higher Education Assistant (Assistant Director of Testing and Evaluation), Baruch College/CUNY

CC: PSC-CUNY

Council Member Carmen De La Rosa (Chair) via EMAIL District10@council.nyc.gov

Council Member Erik Bottcher via EMAIL District3@council.nyc.gov

Council Member Julie Menin via EMAIL District5@council.nyc.gov

Council Member Eric Dinowitz via EMAIL dinowitz@council.nyc.gov

Council Member Oswald Feliz via EMAIL District15@council.nyc.gov

Council Member Francisco Moya via Web Based Form

Council Member Tiffany Cabán via EMAIL District22@council.nyc.gov

Council Member Sandy Nurse via EMAIL District37@council.nyc.gov

Council Member Rita Joseph via EMAIL District40@council.nyc.gov

Council Member Kamillah Hanks via EMAIL District49@council.nyc.gov

Enclosures:

1) PSC/CUNY Proposal for NYC Employee Health Benefits Program (December 30, 2022)
(<https://psc-cuny.org/news-events/psc-cuny-proposal-for-nyc-employee-health-benefits-program/>)

2) The Retiree Health Benefit Trust Fund: A Resource to Sustain Benefits while NYC Health Insurance is Restructured (December 2022)
(<https://psc-cuny.org/wp-content/uploads/2022/12/PSConRHBT.pdf>)

PSC/CUNY Proposal for NYC Employee Health Benefits Program
December 30, 2022

The recommendations offered by Martin Scheinman on the future of healthcare for New York City retirees and employees present a false choice: either the City must force NYC retirees into private, for-profit Medicare Advantage or it must impose monthly healthcare premiums.

These are not the only options. Worse, neither option addresses the fundamental issues that are driving up the City's healthcare costs. Even if a Medicare Advantage program were put in place today and the savings were \$600 million annually, the underlying problems would remain. Within a few years, the City would find itself back in the same crisis it is facing now.

A better solution is within reach. There is an alternative to stripping retirees of the free Medicare-based healthcare they were promised or changing the Administrative Code to eliminate a historic right to basic healthcare. The current crisis reveals the need for fundamental change in the cost structure of the City's healthcare coverage. The Professional Staff Congress/CUNY, a union that represents health policy professors among its 30,000 members, proposes an approach that responds to both the urgent need for immediate relief and the longer-term need for structural change. We believe that a solution can be developed that protects premium-free health coverage and at the same time addresses the root causes of escalating healthcare costs.

The solution requires recognizing the structural and political forces that have created the current healthcare situation and developing a political consensus to address them. It requires implementing a temporary fix, for the next three years, to replenish the Stabilization Fund while long-term solutions are negotiated. It also requires replacing the Stabilization Fund with a sustainable plan to fund the benefits it provides and current healthcare costs for active employees, retirees and their dependents.

The City Council can offer leadership in developing the solution by advancing new legislation. The goals of the legislation would be to:

- Formalize the City's commitment to premium-free high-quality healthcare for active employees, retirees and their dependents.
- Articulate the City's historic commitment to maintaining the same health insurance coverage for all workers and retirees, refusing to divide or tier access to healthcare by income, job title, gender or race.
- Affirm that the City will keep its promise to retirees of premium-free health insurance through traditional Medicare and a Medicare supplemental plan.
- Recognize that City workers have historically made sacrifices in wages to ensure that all City workers—active and retired—have the means to sustain their health and the health of their families and communities.

- Address the immediate crisis for the Stabilization Fund; relieve the pressure on collective bargaining funds; and buy time to develop a long-term solution by allocating some of the budget funding over the next three years that would otherwise go to the Retiree Health Benefits Trust. See [“A Resource to Sustain Benefits While NYC Health Benefits are Restructured.”](#)
- Create a stakeholders’ commission charged with finding a path to control health insurance spending, with a focus on hospital pricing, before the end of the three-year period.
- Develop a sustainable City health insurance funding mechanism, replacing the Stabilization Fund.
- Affirm the Municipal Labor Committee’s right to bargain with the City over health insurance on behalf of public employees.

Such City Council legislation would be both visionary and pragmatic, in the best traditions of the Council and New York City.

Background

The existing mechanisms for New York City financing of health insurance for its employees, retirees and their families are no longer viable. The City pays for employee health insurance based on the mandated HIP/HMO rate. In 1984, when the HIP/HMO rate was insufficient to pay for a GHI PPO alternative plan (now called the Comprehensive Benefit Plan or CBP), the City and the Municipal Labor Committee (MLC, a coalition of unions that negotiate with the City over health care) created the Health Insurance Premium Stabilization Fund (Stabilization Fund) to bridge the gap. In the years when the HIP rate was more than enough to cover the CBP costs, the City paid into the Fund and the Fund grew. In years when the GHI plan cost more, the difference has been paid out of the Stabilization Fund. However, in recent years the cost of CBP has consistently been greater than the HIP/HMO rate, and the difference keeps expanding, with no signs of reversal.

In 2014, the City and the MLC agreed on the first of two Health Savings Agreements. Both agreements achieved savings by limiting increases in the HIP/HMO rate without effectively addressing the rising costs of care. *The result is that starting in fiscal 2016 the New York City budget has reflected an artificially suppressed health insurance obligation, while costs have continued to rise.* There is no foreseeable time when the City’s payments into the Stabilization Fund will be adequate to equalize the difference between CBP costs and the HIP/HMO rate. The Stabilization Fund is guaranteed to run out of money. The savings the City is seeking from transferring retirees to Medicare Advantage will not resolve this issue: health care costs will continue to outpace the suppressed HIP/HMO rate unless action is taken to address rising costs themselves.

The largest driver of the rising costs for City workers’ health insurance is hospital pricing. Compare the rates of reimbursement for doctors with those for hospitals in New York City. Commercial insurance reimburses doctors about the same amount as Medicare does. But the commercial insurance reimbursement rate for hospitals (both inpatient and hospital-based

outpatient and ancillary service costs) averages 2.5 times what Medicare pays. New York City could use its regulatory powers and unique market share to lower hospital prices without damaging the capacity to deliver quality care.

Our Proposal

1. Buy enough time to develop a sustainable solution.

The City can buy time and sustain the Stabilization Fund over three years by allocating to it budget funding that would otherwise go to the reserves of the Retiree Health Benefits Trust and thereby not have to force NYC retirees onto a Medicare Advantage plan. See [“A Resource to Sustain Benefits While NYC Health Benefits are Restructured.”](#)

2. Create a stakeholder’s commission charged with finding a path to control spending.

The problem of rising hospital prices is political, not economic or technical. The City Council should authorize creation of a stakeholder commission to consider alternative approaches to hospital pricing. Members would include NYC elected officials, MLC leadership, union, hospital, physician, and insurance company representatives as well as elected retiree representatives. The Commission should have a sufficient budget to hire experts from academic and consulting groups. Its charge will be simple: develop a consensus plan to equitably limit hospital prices to ensure the city can achieve needed savings in health care spending while continuing to provide high-quality premium-free health insurance options to all City workers, retirees and their families.

3. Develop a sustainable City health insurance funding mechanism.

The commission should also develop recommendations to synchronize and rationalize funding mechanisms for active and retiree employee health insurance while maintaining the municipal unions’ rights to bargain about health insurance.

THE RETIREE HEALTH BENEFIT TRUST FUND: A RESOURCE TO SUSTAIN BENEFITS WHILE NYC HEALTH INSURANCE IS RESTRUCTURED

PSC proposes that a small portion of the funds available to the Retiree Health Benefits Trust be used on a short-term basis to sustain benefits provided by the Health Insurance Stabilization Fund—instead of forcing retirees into a Medicare Advantage program to generate equivalent funding—while long-term solutions to accessible, affordable health coverage for City employees/retirees are negotiated. PSC's proposal will show that, due to the surplus in the Retiree Health Benefits Trust, the City can pay a large portion of the of the cost of retiree health benefits annually into the RHBT and use the difference to sustain the Stabilization Fund through FY2025, and that use of the funds in this manner is fiscally responsible and consistent with City practice.

One function of the RHBT for the past 15+ years has been to carry over revenue accruals for use in future years, not simply to pay for Other Post-Employment Benefits (OPEB). As of 2021, that function had become superfluous because of the creation of the Revenue Stabilization Fund. PSC proposes that the City withhold \$0.5 billion a year over 3 years from reimbursement to the RHBT for the actual cost of retiree health benefits in order to sustain the Stabilization Fund benefits for the next three years. Doing so while still providing sufficient funding for post-employment health benefits would give the City and its unions time to develop long-term solutions to escalating healthcare costs.

Health benefits for current and future NYC retirees are roughly a \$90 billion obligation. Because the number of employees and retirees has increased and health benefits cost more, the obligation has doubled since the City started reporting OPEB costs in 2006. While funding future pensions is a state constitutional requirement, funding future health benefits is not. The City has an obligation to pay for retiree health benefits, but the City practice is to “pay-as-you-go” each fiscal year.

"It's a matter of using resources from those times when revenues are relatively strong to mitigate the impact of economic downturns," said a spokesperson for Mayor Bloomberg on establishing the Retiree Health Benefit Trust Fund in 2006. And that is precisely how his and succeeding mayoral administrations have used the RHBT ever since, as a de facto rainy-day fund which even the City's fiscal monitors acknowledge as reserves when they assess the city's fiscal cushion, according to the IBO.

The one restriction was that money deposited in the Fund could be withdrawn only to pay for retiree health benefits. Those benefits (for municipal retirees and their dependents) are:

- Pre-Medicare health insurance
- Medicare supplemental health insurance (for those age 65+)
- Medicare Part B & IRMAA reimbursements
- Retiree union welfare fund contributions

Established with two \$1 billion infusions in 2006 and 2007, conservatively invested, and replenished each year by at least the amount spent to pay for retiree benefits, the RHBT reached \$3.2 billion by FY2010 when the Great Recession led to reduced tax revenues. Bloomberg then used Fund assets to pay for retiree benefits, but did not fully reimburse the Fund, using that money to help balance the City budget instead. The final Bloomberg financial plan anticipated draining the RHBT assets to \$0 by FY2014. Instead, the incoming de Blasio administration added money to the RHBT. By 2019 it had grown to \$4.7 billion. That ended in FY2020 when the last de Blasio budget did not reimburse the Trust fully and used about \$1 billion for other government spending. By the end of 2020, net assets in the RHBT were reduced to \$3.8 billion. Any mayor's decision not to fund the Trust in a given fiscal year is constrained by the fact that the maximum withdrawal is the amount spent for retiree health benefits.

The most recent accounting of the RHBT issued by the City Comptroller shows a net balance of \$4.58 billion as of the start of FY2023. During FY2021, the cost of retiree benefits had risen to \$3.4 billion. The City is not required to provide funding beyond the pay-as-you-go amounts for benefits to current retirees and their dependents, but often does, sometimes to prepay the following year's expected expenses. During FY2022, the City contributed approximately \$4.6 billion to the Trust.

As of 2021, the City can legally carry over revenue accruals into another fiscal year in the Revenue Stabilization Fund, so there is no longer a need for the RHBT to serve that purpose.

Rather than transferring the full amounts required to pay for the retiree benefits liability each year, the City could re-route \$400 or \$500 million annually to sustain benefits supported by the Health Insurance Stabilization Fund until the City and the MLC resolve the problem of providing and paying for comprehensive health insurance benefits for active and retired city employees with premium-free options.

How could the RHBT have the wherewithal to subsidize the Stabilization Fund and cover the costs of retiree health benefits? The adjacent box illustrates how that \$500M per year could be diverted from the City's General Fund to the Stabilization Fund rather than the RHBT through at least FY2024 and possibly through FY2025.

The City has an obligation to pay for retiree health benefits and does so on a pay-as-you-go basis each year. In general, the RHBT pays the monthly bills for retiree health insurance (Medicare supplemental and non-Medicare) and for retiree welfare fund contributions and provides funds to reimburse 65+ retirees for Medicare Part B in April and for IRMAA in October. The City reimburses the RHBT for those expenses at the end of the fiscal year. This proposal assumes the City will reimburse the RHBT for those expenses minus \$500M per year for 2-3 FYs.

While the MLC and the City continue to work to lower hospitalization costs and consider the responses to the RFP for health insurance for active employees, and while the PSC has proposed other approaches to cost reductions, such as self-insurance by the City or cooperative purchasing of prescription drugs, none of these approaches offers the immediate relief and fiscal appropriateness of using excess funds in the RHBT to protect the Stabilization Fund while a long-term solution is found.

HERE'S HOW IT COULD WORK

At the start of FY2023 (4 months ago), there was a net balance in the RHBT of \$4.58B.

In FY2021, retiree health benefits cost \$3.4B. We assume a \$3.6B cost for FY2023 (+5% since FY2021), and maximum increases of 5.5% per year in FY2024, FY2025 and FY2026. If the City allocated \$500M per year less to the RHBT than the cost of retiree health benefits and contributed that \$500M to the Stabilization Fund for 3 fiscal years (the cost of retiree health benefits less \$500M/year), the City and the MLC would have at least 3 years to restructure health benefits, including restructuring the Stabilization Fund. (Health care cost trend is based on the numbers used by the actuary to estimate the liability for OPEB. If health care costs increase more slowly than estimated or investment income grows, more funds will be available.)

Start of FY2023, \$4.58 B: \$3.6B needed to pay for retiree health benefits

- City repays \$3.1B at end of FY2023; \$0.5B to Stab. Fund

Start of FY2024, \$4.08B: \$3.8B for retiree health benefits

- City repays \$3.3B at end of FY2024; \$0.5B to Stab. Fund

Start of FY2025, \$3.58: \$4.0B for retiree health benefits. City makes periodic payments.

- City repays \$3.5B at end of FY2025; \$0.5B to Stab. Fund

My name is Gary Kellman, and my wife and I -- both city retirees -- are represented by Council Member Shaun Abreu in District 7.

As a civilian employee at a first responder agency, I found myself down at the 9/11 site immediately after the horrific attack. I had no idea that years later, I would develop cancer from the time spent there. I now think back to what was required at that time. To find doctors, to figure out that in fact it was cancer, and to get treatment as quickly and as thoroughly as possible. I wonder what it would have been like if I had had Medicare Advantage. A system where even though the doctor says "We don't know what it is for sure," the system might say, "Well, we can't go do surgery, we can't do this, we can't do this type of investigation or that type of investigation. The insurance company has to review everything." Not being in a system that required that, I was able to get immediate care, surgery which removed the growing cancer from my body, and fortunately, I have been healthy ever since.

I am troubled by the many news reports filled with stories of for-profit Medicare Advantage plans failing the people they are supposed to cover. Some of our esteemed Congressional representatives have spoken out against measures that put seniors who have chosen Medicare into these corporatized Medicare Advantage programs. New York City must heed their calls. We ask our City Council to lead on this important issue, not make mistakes of expediency, and reject this bill and protect 12-126. This is not the way to balance a budget.

As a city employee, I came to the city after many years in the private sector. I spent 30 years working for the city. I always believed that the city would support me in my retirement, where I am now. I did not expect to find my services cut, my insurance cut, or the services through insurance cut, or to have the same insurance I'm enjoying now being charged to me at twice to three times the price. These are the commitments that the city made to retirees like myself.

I also have to be concerned with medical coverage for a child living with me. I am still not sure how it would work if I am on Medicare Advantage. Currently, with GHI SeniorCare, my child is covered. Will amending 12-126 open the door to reducing dependent coverage?

These are my issues. I think what the city is doing is wrong, and they are punishing their retirees. We are counting on our Council representatives to prevent this.

Thank you for your time

Written Testimony by Gary Peters, a NYC government retiree, for City Council Hearing held Jan 9th, 2023, 9:30 AM, submitted to the Committee on Civil Service and Labor

To the Esteemed Members of Council:

I am submitting this as Testimony before Council as to why the bill to amend Section 12-126 of the NYC Administrative Code should **NOT** be passed, and as to why **12-126 must remain as is**.

Firstly, I believe that 12-126 is the section of the Code which preserves the rights of City retirees to have the same health benefits in retirement as we have now. Statements have been made by the Mayor and the Municipal Labor Committee which are misleading, trying to trick others into believing that the OPPOSITE is true – that amending it is what will preserve our retiree rights, but if it is amended, that will open the door to allowing them to cut back our benefits.

Please note that we dedicated our lives and careers, often taking lower salaries to work for City government, in exchange for having the benefit of our current retiree health care. Changing it at this point would not only be a breach of promise, but it would also disrupt the continuity of care we currently have. I am a cancer survivor. While still working for NYC, I was diagnosed with cancer, which was missed on an exam 2 years prior. I urgently needed to have a PET scan performed to see if the cancer had spread elsewhere in my body. At the time, I was still covered by GHI – a private, *for-profit* company. I needed prior approval for that test, and since my cancer had been ignored for 2 years through no fault of my own, any delay could have meant death to me. However, prior approval was not forthcoming. There was to be a delay, which would have caused an undue delay to my PET scan, which would then cause yet another delay to my surgery. I had to spend the entire day on the telephone, on conference calls with my physician and GHI, getting them to expedite approval so I could have this test done and then proceed to have surgery which was needed imminently. By the end of that long and agonizing day, I did get the necessary approval, but had I been on my current plan (Medicare with GHI Senior Care as a Medicare supplementary plan), I would not have to have gone through this anguish. Also note that I am now 17 years older, and I would likely not be able to withstand the strain of having to go through this again. Allowing the City to coerce us into going into their Medicare Advantage Plan would again put me back in that untenable situation of having to jump through hoops created by a FOR-PROFIT company in order to get life-saving medical care. Altering 12-126 would allow them to do that to us. People will die as a result.

Also, it is my understanding that **Mr. Scheinman has absolutely no legal authority** in dictating what to do, and that his role only allowed him to make a recommendation. His function is to reportedly settle disputes between the City and the MLC, but there was no dispute between these parties and therefore he served no legal function. His recommendation is therefore not binding upon anyone – particularly over the fate of retirees who are not represented by either the City or the MLC.

If 12-126 is altered, the Mayor will move to charge us to keep the care we now have (which is Medicare as primary and GHI Senior Care as our supplemental Medicare coverage). We are retirees on fixed, lower incomes. Many of us cannot afford to pay the \$191.57 per month per retiree they tried to assess against us but for which they lost in court and then again on appeal, based on the existence of 12-126. Clearly, the longstanding, decades old law (12-126) which was established specifically to protect retirees was key to doing exactly what it was intended to do, that is, protect the City's retirees' health coverage. Unfortunately, the City is now trying to circumvent that loss in both legal cases by changing the law, again a law meant to protect the health care coverage of retirees. Please do not let them do that to retirees. Medicare Advantage is NOT a substitute for traditional Medicare with a Medicare supplement, despite claims otherwise. A Medicare Advantage Plan is actually a hand-off of medical insurance responsibility from the Federal government (i.e. Medicare) to a private insurance company. This insurance has been shown by all studies to be inferior to traditional insurance for people in need of extensive medical care. The motive is there, as a for-profit company, to deny prior approval and make it as difficult as possible to get necessary procedures performed, all in the name of profit.

Also, please do not allow the mayor to cut back our entitlement for the purpose of paying back money which was improperly removed from the Health Care Stabilization Fund in order to fund pay raises, which is not the purpose of that fund. Unfortunately, that fund was already improperly raided to the detriment of City employees and particularly retirees.

We who are retired cannot simply go back to work to get new or additional health care coverage. We are limited to what we have, which is satisfactory provided it remains as is, and therefore I implore you to reject all attempts to change 12-126.

As recently as today, 1/11/2023, Judge Lyle Frank ruled for a second time, issuing a preliminary injunction, stopping the City from charging copayments to retirees for medical visits, citing 12-126, and citing the harm done when copayments were imposed upon us on 1/1/22. This is subsequent to his prior ruling in which he also cited 12-126, preventing the City from charging monthly premiums to City retiree who wished to keep their current health care. I am unable to attach his injunction to this submission (as I can only submit one document), though I would be happy to submit it separately upon request.

Thank-you.

Sincerely,
Gary Peters, NYC Retiree

Worked for NYC Department of Health,
Dentist, Children's Dental Program,
9/14/1984 through 9/11/2009

Worked for NYC Department of Education,
Science Teacher, Frederick Douglass Academy, NYC
2/2010 through 8/12/2010

Members of the council

I will keep my remarks short and to the point and free of individual tales of woe because there are larger issues.

I am a recently retired registered nurse, paramedic, and college professor with 20 years of service in HHC and CUNY and over 40 years in Healthcare. Because of that, I steadfastly oppose the proposed amendments to 12-126 and the coercive attempts to push retirees into Medicare Advantage.

On the other hand, the three biggest proponents for privatizing retiree healthcare.. with their army of lobbyists and blind followers....are a teacher..Michael Mulgrew, a Sanitation man...Harry Nespoli...and...whatever Henry Garrido is.

I doubt you would seek medical advice from a teacher a sanitationman or a bureaucrat, nor would you be comfortable with a doctor or nurse who never examined you remotely reviewing, denying, or delaying care based on their employers bottom line as they would in Medicare Advantage plans. And yet, these three are the ones telling you that they know better and its all ok....perhaps with a balance sheet, but not with actual care of other human beings.

I also come from an era when a handshake sealed a deal and your word was your bond. The cynical collusion between the MLC, OLR, and their arbitrator breaks that bond to gain for the present on the backs of the oldest, sickest, lowest paid, and often ..though not exclusively ...black and brown retirees . They took backbreaking city jobs as porters, cooks, cleaners, laborers, and nurses aides willingly and in obscurity so their kids could succeed ..

with the promise of security in retirement for their efforts.

This council is the proof of their success. Do not dishonor their lives by breaking the promise made to them long ago. They held up their end of the bargain. Only you can assure the city does the same.

Do not amend 12-126. Stop this scam now.

Gene Iannuzzi

From: george berger <gxb44@aol.com>
Sent: Sunday, January 8, 2023 9:45 PM
To: Testimony
Subject: [EXTERNAL] DO NOT CHANGE/AMEND/REMOVE NYC ADMINISTRATION CODE 12-126
VOTE NO

Please vote NO/ DO NOT CHANGE/ DO NOT AMEND/ DO NOT REMOVE NYC ADMINISTRATION CODE 12-126. This code protects health care for NYC retirees and municipal workers.

My name is George Berger and I am a retired NYC worker with 30+ years of dedicated service to the Department of Housing Preservation and Development.. I am very worried, angry and upset about the MLC and the mayor's push to box retirees into a private, unproven, inferior Medicare advantage plan. A Medicare advantage plan would greatly limit the number and quality of medical providers and hospitals {especially if out of state or traveling} and require a long list of procedures requiring preauthorizations, which could result in dangerous delays for emergency treatments and even have fatal consequences. For decades municipal workers and retirees have been able to rely on NYC to meet its obligations to cover excellent health care insurance coverages. Medicare/ Senior care coverage has done it well. And we need this excellent coverages to continue now that we are in our more vulnerable senior years.

Please reach out to the NYC Organization of Public Service Retirees for facts about areas of cost savings and budget reserves. The Scheinman report is not a ruling. It is merely a non-binding opinion and not an independent objective study.

PLEASE do not sell out the NYC retirees. VOTE NO TO ANY CHANGES TO 12-126. The proposed changes are dangerous and scary. We are in a battle for our lives and need to retain our current Medicare/Senior Care insurance. Please do not give away our legal protection. We need your help.

Thank you George Berger gxb44@aol.com

My name is George Gutwirth. I am an attorney who retired from the New York City Law Department where I served for about 28 continuous years in various divisions, including General Litigation, which then handled virtually all City personnel matters, and in Appeals, where I completed about 230 appeals, arguing six times before the NY Court of Appeals, the State's highest court and numerous times before the Federal Second Circuit. I retired in 2002; and I and my wife are 79 years old. I watched most of the lengthy hearing of the Civil Service and Labor Committee concerning the proposed amendment of NYC Admin Code § 12-126 and have some comments I hope prove helpful.

Several Council members, including Chairperson DeLaRosa and council members Krishnan, Restler and Powers, inquired about the likely outcome of any future litigation to preserve the City's obligation to pay for Medicare supplements if the proposed amendment to § 12-126 was adopted (There is no current pending litigation, other than a case about co-pays, the retirees having fully succeeded in NY Supreme Court and on the City's appeal to the Appellate Division, First Department, in the litigation about whether under § 12-126, the City had to pay for Medicare supplements it offered to retirees on Medicare). Since the right to payment of the supplements is derived entirely from this statute, that right would be eliminated by the City's requested amendment.

Several Council members also expressed concern about the possible predicament of city retirees on Medicare if the Council did not pass the amendment and the City carried out its threat to provide only one Medicare Advantage (MA) plan, presumably a proposed Aetna MA plan currently under negotiation, as the sole available Medicare option for the retirees. In this regard, preliminarily it should be noted that the City and arbitrator Scheinman, in his bogus arbitration decision resolving no existing dispute of any kind and solicited by the City and MLC solely to support what they both agreed to do, erroneously argue that the Courts stated in the prior litigation that the City chose to, but did not have to, offer the GHI supplement to the retirees, therefore the City could offer only one cost free plan to the Medicare retirees. In the prior litigation the courts actually ruled on the question of whether the statutory language of § 12-126 required that the City pay for the GHI Medicare supplement it actually offered to the retirees and answered the question in the affirmative. A situation where the City offered only one MA plan as the sole Medicare option was not before the courts. No one can argue with the correct observation, whether made by a court or anyone else that the City is not required to offer any particular plan, such as the particular GHI supplement then at issue, to the retirees, and that under § 12-126, the City decides which plans to negotiate with insurance companies and then pays for any such chosen plans. The question, however, is whether under current §12-126 a MA plan can be the only Medicare option the City makes available to its retirees. Based on the language of the current §12-126, the answer is NO.

Although the City and MLC request, indeed demand, that the Council amend § 12-126 (b)(1), to provide that the City obligation under the statute can be met by providing one "benchmark plan" for a particular class of employee or retiree, the City continues to ignore the operative definition provision of § 12-126, which essentially sets forth the statutory purpose. §12-126 (a)(iv) defines "health insurance coverage" as follows: "A program of hospital-surgical-medical benefits to be provided by health and hospitalization insurance contracts entered into between the city and companies providing such health and hospitalization insurance." The City pays nothing for an MA plan; these are 100% funded by the federal government. Indeed, the City and MLC witnesses repeatedly stressed that the MA plan costs the city nothing (the "benchmark" value is \$0), therefore if the City could offer only one MA plan to all Medicare retirees the City would save about \$600 million a year currently spent for Medicare supplements for City retirees currently enrolled in traditional Medicare. Furthermore, although the City and MLC place great emphasis on their "negotiating" a "customized" MA plan for city retirees, they have very little actual authority to set the terms of the MA plan contract with respect to the required included insured medical services and no authority whatsoever to negotiate the price of the contract, which is done exclusively between the MA plan insurer and the federal government, through the federal Center for Medicare and Medicaid Services (CMS). The included services and the rate of compensation are determined under standards and formulas

set forth in federal statutes, regulations and CMS directives.¹ An MA plan is not “health insurance coverage” within the meaning of § 12-126 (a)(iv), because it is not paid for by the City, nor is it negotiated by the City within the meaning of the statute, since the City has no input as to material terms or costs.

In the Decision and Order of Supreme Court, N.Y. County in the prior litigation, which Decision and Order was affirmed by the Appellate Division, First Department, Justice Frank recognized that the purpose of §12-126 was to enable the City to pay for health insurance for employees, retirees and their dependents and to delineate the extent of the payments. In rejecting a claim identical to that now improperly made again by the City that under §12-126 the City could provide only one cost free insurance plan for the Medicare retirees, Justice Frank wrote: “NYC Admin Code §12-126 (b)(1) is simply unequivocal and does not use terms like ‘provide’ or ‘offer’; rather it uses the term will pay and it provides parameters for such payment. The definition in NYC Admin Code § 12-126 (a)(4) simply provides what constitutes a program or plan that the City of New York is required to pay for by defining the contents of such a plan. The Court holds that is the only reasonable way of interpreting the section.” In short, §12-126 is a statute that provides that the City pay for health insurance for its employees, retirees and their dependents and it cannot be complied with by directing that the city retirees on Medicare enroll in an entirely federally funded and negotiated MA plan. Accordingly, under current §12-126, a MA Plan can never be the sole Medicare option made available to city retirees.

The City Council is being asked to eliminate payment of Medicare supplements and save the City the cost thereof because there is now available a form of Medicare, MA plans, which do not require a supplement and which are paid for entirely by the federal government. In short, the City wants the City Council to take a statute that contains City obligations to pay for health insurance and turn it into a statute compelling City retirees on Medicare to accept a 100% federally funded MA Plan selected by the City and MLC. This is a big ask. MA Plans differ materially from traditional Medicare, typically having extensive preauthorization requirements for treatment; and often issues as to availability of providers willing to accept payment from such plans. The City Council is being asked to allow the City to require all city retirees on Medicare to enroll in an entirely federally funded MA plan as the only way to continue to receive cost-free Medicare coverage. Furthermore, the City is requiring that all the more than 200,000 city retirees enrolled in Medicare, spread throughout the U.S., enroll in one MA plan selected by the City and MLC, although the City pays nothing for any MA plan and has no legitimate financial interest in which plan the city retiree chooses. Were the City interested in encouraging retirees to enroll in MA Plans, in order to remove more of them from traditional Medicare which requires the supplements the City does not want to pay for, it would make more sense to allow a retiree’s enrollment in any available MA plan in the retiree’s area. If the City pays nothing for the MA plan, the City should not be involved in selecting it simply for the political and PR purpose of maintaining a public pretense of concern for the health of the retirees.

In addition, the consequences of not accepting the City’s MA plan are not limited simply to payments for Medicare supplements at a current annual cost of about \$2400 per person. If a retiree is not enrolled in a City selected health insurance plan, even if the only such plan is one nationwide MA Plan, regardless of actual availability of providers for that plan in the retiree’s area, the City could and will refuse to reimburse the Medicare premium, currently about \$2000 per year per person (although the statute itself does not link the premium reimbursement with acceptance of any particular City endorsed insurance), and the City could also render that retiree ineligible for various health benefit funds, requiring the retiree to purchase dental insurance for additional thousands of dollars per year. I estimate a cost to my family (two retirees) of at least \$15,000 per year were we to reject a City offer of only one MA plan as a condition of receipt of all relevant health insurance benefits, an extraordinarily coercive cost even for otherwise economically comfortable retirees.

¹ The procedures to bid to provide an MA plan and for determining the rate of payment are described in detail in the federal Social Security Act (SSA) §§ 1852-1854.

All of this coercion occurs with reference to the federal Medicare health insurance program. A bedrock principle of Medicare, set forth in the federal statute, SSA §1851(1)(a)(1) and federal regulations, is that the enrollee has the choice of receiving Medicare benefits either from traditional Medicare or a MA Plan; and undue influence, including financial incentives or penalties, cannot be used to affect that individual choice by the Medicare enrollee. In addition, the City's structuring of its health insurance program to select only one MA plan provider for a nationwide group of over 200,000 retirees and to use extensive financial compulsion to force maximum enrollment in the one plan raises significant anti-trust concerns.

I hope these comments are of some assistance, and I thank the Committee and indeed the entire City Council for the extraordinary patience and attention to this matter demonstrated at the extensive City Council hearing.

I am George R. Golden, a resident of the Bronx and a retired NYC Classroom Teacher, writing to urge your committee to retain ADMINISTRATIVE CODE 12-126 in its original form.

During the one year that I selected Aetna Managed Medicare to “cover” me, that coverage was turned down by Hospital of Special Surgery for my knee replacement surgery (TKR). While I do not engage in any athletic activities which could cause ACL or other “professional” sports injury, I am much older than I used to be. Fortunately, I was able to hold on for a year so I could postpone the surgery and return to my original coverage.

Managed Medicare is certainly a boon for healthcare insurers as well as aging personalities with whom most senior are familiar (maybe even admire)--like Joe Namath, Jimmy Walker and the others who hawk their respective managed care schemes every year during the health care selection season. The UFT continues to bless the illusory blanket coverage woven by the insurance professionals and I can’t help wondering if union leadership (not just UFT), which also pitches these plans, aren’t receiving “royalties” like Joe and Jimmy.

Certainly any teachers in the Council—including my Councilperson, Eric Dinowitz—can certainly appreciate the work done for the City of New York in helping to educate and develop its citizenry. The promise of coverage to City workers, should not be broken.

Please vote to keep and make no changes to Admin Code 12-126.

George R. Golden

To whom it may concern,

You must type up a quick word document. You can copy and paste from below. Then you upload that document through the website.

NYC Council must not change 12-126. Leave municipal healthcare as is. NYC cannot solve its financial woes on the backs of retirees and municipal workers.

Thank You,
Georgia Polydorou
Second Grade Public School Teacher

From: Georgia Romanos <gtromanos24@gmail.com>
Sent: Sunday, January 8, 2023 8:25 PM
To: Testimony
Subject: [EXTERNAL] Please Protect Administrative Code 12-126

To Speaker Adams and all Members of the New York City Council,

I have been a proud, LONG-time paying union dues member. I am now a retired New York City government worker but continue to pay union dues, because I believed in unions. I am now in disbelief at what union top executives are trying to do to their retired members - in other words, their old members. This blatant discrimination is based on ageism.

PLEASE do not amend Administrative Code 12-126! Please don't force retired seniors to be switched to a private Medicare Advantage plan. Please don't allow some powerful union executives - with their own personal agendas- privatize Medicare for union retirees who have worked for the City of New York. We have paid so many federal, state and city taxes over the years and have had Medicare deductions taken out of our paychecks for so long.

Unions consist of their members. We are outraged at what our unions' top executives are trying to do to us. There are more rank and file members than union executives and we vote for them. They seem to forget that.

There is plenty of ageism in our society but this endeavor to weaken our traditional Medicare benefit is ageism at its very worst. This is something that as a lifelong Democrat, I thought Republicans would do - not labor unions.

Please protect Administrative Code 12-126. Please don't privatize the Medicare insurance we, government, civil service workers deserve and worked for all those years.

Thank you so much for reading this!

Sincerely yours,
Georgia Romanos

Jackson Heights, NY. 11372

My name is Georgiana del Busto and I live in Staten Island, NY. I am a member of the UFT and am adamantly opposed to changing the City Administrative code 12-126. As a retiree of the New York City Department of Education I deserve access to the quality of healthcare that I was promised. Changing this code and forcing me into a Medicare Advantage plan will jeopardize my health and well being. I ask that you VOTE AGAINST AMENDING THE ADMINISTRATIVE CODE 12-126.

PUBLIC COMMENT SUBMITTED BY: GERALD MILLER
JANUARY 9, 2023
COMMITTEE ON CIVIL SERVICE & LABOR HEARING
INT-0874-2023

Good Day Councilmembers

My name is Gerald Miller. I am a NYC Retiree. I am here to say hands off Administrative Code 12-126.

I worked for almost thirty (30) years at The City College of New York. By the time I retired in 2013, I was already experiencing several health issues.

My coverage, which both my wife and I rely upon, has been a much needed benefit - one which I was promised would not be taken from me.

The year 2022 was a particularly health challenged year for me. Those challenges are ongoing and the changes to my traditional Medicare/GHI Senior Care Plan that have already taken place in the form of co-payments have already taken a financial toll upon my family.

To have to choose between the Medicare Advantage Plan, (which my own research indicates is an inferior health plan) which includes, among many undesirable things, the high probability of losing many of my current doctors (most of my physicians were not on the site list provided last year) or incurring an almost four hundred dollar (\$400.00) per month cost, on a fixed income, to continue the existing coverage for my wife and I, is now taking an anxiety riddled emotional toll on us as well.

I, like so many other NYC Retirees served the City of NY faithfully. I fully expected the City of New York to hold up their end of the bargain. Labeling this as a betrayal is a gross understatement of fact.

The NYC Organization of Retirees has proposed reasonable, viable suggestions to save the City monies it needs to save without breaking the backs of your former, now elderly employees who MADE IRREVOCABLE LIFE DECISIONS BASED UPON YOUR BARGAINED FOR PROMISES AND AGREEMENTS.

Administrative Code 12-126 is the foundation on which our Retiree health

benefits are built. More than that, it is a serious commitment the City of NY personally made to me and my family. New York City should be ashamed to even hint at attacking the benefits' structure promised to me who now, more than ever, need that commitment upheld.

In closing, I wish to thank the eight members of the Common Sense Council who have pledged their support in leaving Administrative Code 12-126 in place, untouched, un-tweaked and fully in force. This day will pass but my family will not forget your names or your support.

Indeed my family will remember every single one of you and where you stood on this issue on the Ninth of January, 2023.

Thank you

Gerald Miller. Retired 2013

Chief Administrative Superintendent, The City College of New York

Resident, City Council District 39

Brooklyn, NY 11231

From: jmiller109@nyc.rr.com <jmiller109@nyc.rr.com>

Sent: Sunday, January 8, 2023 5:27 PM

To: De La Rosa, Carmen <CDeLaRosa@council.nyc.gov>; Speaker Adams <SpeakerAdams@council.nyc.gov>

Subject: [EXTERNAL] COMM ON CIVIL SERV & LABOR INT-0874-2023 COMMENTS 1/9/23 HEARING

DIRECTIONS TO SUBMIT PUBLIC HEARING COMMENTS WERE A BIT CONFUSING THIS WAS SUBMITTED AS PER THE INSTRUCTIONS ONLINE BUT AM SENDING TO YOUR ATTENTIONS AS WELL.

Good Day Councilmembers

My name is Gerald Miller. I am a NYC Retiree. I am here to say hands off Administrative Code 12-126.

I worked for almost thirty (30) years at The City College of New York. By the time I retired in 2013, I was already experiencing several health issues.

My coverage, which both my wife and I rely upon, has been a much needed benefit - one which I was promised would not be taken from me.

The year 2022 was a particularly health challenged year for me. Those challenges are ongoing and the changes to my traditional Medicare/GHI Senior Care Plan that have already taken place in the form of co-payments have already taken a financial toll upon my family.

To have to choose between the Medicare Advantage Plan, (which my own research indicates is an inferior health plan) which includes, among many undesirable things, the high probability of losing many of my current doctors (most of my physicians were not on the site list provided last year) or incurring an almost four hundred dollar (\$400.00) per month cost, on a fixed income, to continue the existing coverage for my wife and I, is now taking an anxiety riddled emotional toll on us as well.

I, like so many other NYC Retirees served the City of NY faithfully. I fully expected the City of New York to hold up their end of the bargain. Labeling this as a betrayal is a gross understatement of fact.

The NYC Organization of Retirees has proposed reasonable, viable suggestions to save the City monies it needs to save without breaking the backs of your former, now elderly employees who MADE IRREVOCABLE LIFE DECISIONS BASED UPON YOUR PROMISES.

Administrative Code 12-126 is the foundation on which our Retiree health benefits are built. More than that, it is a serious commitment the City of NY personally made to me and my family. New York City should be ashamed to even hint at attacking the benefits' structure promised to me who now, more than ever, need that commitment upheld.

In closing, I wish to thank the eight members of the Common Sense Council who have pledged their support in leaving Administrative Code 12-126 in place, untouched, untweaked and fully in force. This day will pass but my family will not forget your names or your support.

Indeed my family will remember every single one of you and where you stood on this issue on the Ninth of January, 2023.

Thank you

Gerald Miller. Retired 2013

Chief Administrative Superintendent, The City College of New York

Resident, City Council District 39

On Line Testimony to New York City Council Committee on Civil Service and Labor - Mon. Jan 09@ 10:00AM/ regarding Administrative Code 12-126

My name is Gerard A. Longarzo. I am an NYC Retiree whose service spanned 41 years. I served the children of the city of New York in the Department of Education as a teacher then as an assistant principal and then as a school consultant. My entire career took place in the Bronx.

When I retired, I had over 200 days in my sick bank. When I was in service, many times, I went into work when I was exhausted. I went into work when I was sick. I went into work during snow/ice storms. My point is that I knew that my school community needed me and I was totally dedicated to the children, the staff and my fellow colleagues. I pushed myself relentlessly to be there where I knew that I was needed. I worked through fatigue, exhaustion and sickness repeatedly because I knew that my school community counted on me. How many days did I stay at least an hour late to deal with professional demands? That was generally a daily occurrence. When not "on the job" it was necessary for me to bring home a MINIMUM of twenty additional hours of work a week in order to fulfill my withering and relentless professional responsibilities. Now, I am counting upon the New York City Council to be there for me. I am a retiree who does not have discretionary cash. As a father of four the costs of everyday living, not to mention higher education costs, left little over for TDA investment and/or savings. The overwhelming majority of my income is fixed and inflation has inflicted a tremendous economic burden. Just paying the many, many copays, recently inflicted, involved in accessing medical care has made a difficult situation exponentially worse. My wife was diagnosed with an extremely aggressive form of breast cancer, triple negative cancer. If not for timely access to advanced health care she would be dead. I almost lost my sight due to multiple tears in the retinas of my eyes. Once again, if not for timely and advanced medical care, the results would have been devastating. Federal investigations have proven that so called Medicare Advantage Plans have repeatedly either delayed and/or denied medical care that should have been forthcoming. How many of you are willing to be a fatality statistic or have your quality of life gutted because of the proven, self serving, unethical practices of a Medicare Advantage Care Plan? How many of you are willing to have your life's partner, in my case my wife of over 45 years, meet such a fate I am not! I implore you to keep Administrative Code 12-126 as is.

Furthermore, to the members of the so called Progressive Caucus, please note that both my wife and I are seniors with health care issues (As stated above, my wife's issues are life threatening. Did I mention that she also needs a hip replacement for mobility and to relieve staggering pain?). I thought that we were one of the classes of people for whom Progressives" advocate vs "throw under a bus". For those members of the "Progressive" Caucus who would vote to change Admin. Code 12-126 and thereby inflict irreparable harm please be informed that the stench emanating from your hypocrisy would be both repulsive and repugnant. Remember as well, what goes around, comes around.

Gerard A. Longarzo
NYC DEPARTMENT of Education
41 years of service

Testimony to the City Council Members on the Civil Service and Labor Committee of the New York City Council— January 9th, 2023

DELAY DENY

Delay treatment. Deny treatment.

This is the way FOR PROFIT Medicare Advantage Plans operate. It's the way they pump up their bottom line at the expense of the people they "cover".

It's not just me who's saying it. It's the investigators from the federal government. As per the New York Times, December 3 –2022 – I quote – "MEDICARE ADVANTAGE PLANS OFTEN DENY NEEDED CARE. A Federal report findsInsurers deny tens of thousands of authorization requests annually. "

The change of Administrative Code 12-126 is a giant step in the WRONG direction because it would be a giant step toward inflicting vastly inferior healthcare coverage upon retirees, individuals who dedicated decades of their lives in service to the City of New York!

SHAMEFUL - VERGUENZA

Why are we in this mess? Let's look at the raid on the Health Stabilization Fund, a fund that was to be dedicated to the healthcare needs of All city unions. Instead money was taken out of that fund to cover a raise for the UFT. IS THAT SIMPLY FUND MISMANAGEMENT OR IS IT CORRUPTION! SHAMEFUL!!

Who orchestrated that, Mr. Mulgrew?

Let's mention Harry Nespoli, Chairman of the Municipal Labor Committee. He refers to retirees as "rump retirees"!?

SHAMEFUL DISRESPECT!

Remember, MEDICARE ADVANTAGE CARE PLANS

DELAY TREATMENT

DENY TREATMENT

MY WIFE OF 46 YEARS was diagnosed with triple negative breast cancer. In the absence of rapid access to advanced medical care, she would be dead today!

ME - I was diagnosed with numerous tears in the retinas of my eyes. In the absence of rapid access to advanced medical care, I would be blind today!

THE LOSS OF RAPID ACCESS TO ADVANCED HEALTHCARE IS NOT ACCEPTABLE!

IN CONCLUSION

WE, New York City Retirees, are NOT yesterday's garbage!

WE, New York City Retirees, are NOT your throw away card!

AND

HARRY NESPOLI, we are NOT "RUMP RETIREES".

HANDS OFF OUR MEDICARE!

DON'T BUY THE LIE!

Gerard A. Longarzo

41 years of service

NEW YORK CITY - Department of Education

From: GERARD LONGARZO <glongrose@aol.com>
Sent: Sunday, January 8, 2023 5:44 PM
To: NYC Council Hearings
Subject: [EXTERNAL] January 9th meeting of the Civil Service and Labor Committee-TESTIMONY

New York City Retirees -

Fear/Terror

My name is Gerard Longarzo. My service to the City of New York spanned 41 years. I worked for the Department of Education in the Bronx as a teacher, then as an assistant principal and ultimately as a school consultant. My wife of 45 years and I are blessed. We have six grandchildren who we love more than life itself. Depending upon their age they say, or at least are learning/trying to say grandpa or pop-pop or abuelo.

Let me share with you some life insights. The two most pressing, most relentless fears that the elderly, as both my wife and I are most definitely senior citizens, confront are poor health and poverty. Let me explain.

1. **POOR HEALTH** - When I was younger my reality of a health problem was a cold, a fever and/or assorted body aches. I did have, on occasion, more serious episodes such as bronchitis but between my overall good health and the wonders of modern medicine (Did anyone say antibiotics?) these passed relatively quickly and life marched on. However, for the elderly that is NOT the case. Health wise, life was relatively uneventful until that day when my wife of 45 years was diagnosed with an extremely aggressive form of breast cancer- triple negative - likewise, for yours truly, until the day I was in a parking lot and suddenly lost practicality all sight in my right eye. As was later determined I had numerous retina tears in my right eye, fewer in my left, and was on the road to blindness. When does fear ramp up to terror!? In the absence of rapid and advanced healthcare my wife would be dead and I would be blind! Please understand that when you are elderly it is “ambush” situations that inflict terror and in the absence of that rapid, advanced care the results, be they death and/or blindness or other non-lethal but similarly serious consequences, can be utterly DEVASTATING in so many, many ways! The above leaves aside the challenges of my knee replacement, my wife’s double knee replacement and her hip replacement. The “golden years” can truly suck, especially in the absence of rapid response, advanced healthcare.
2. **POVERTY** - To a senior the specter of poverty is not some abstract concept. As an NYC Retiree the overwhelming majority of my income is FIXED. Yes there is Social Security but to bet that Social Security will keep up with inflation is a bad bet! Yes there is a COLA but the increase of income is minuscule. At present, even the added burdens of seemingly endless copays are proving increasingly burdensome during a time when rampant inflation is ripping away buying power. If you have bothered to read this far I hope that you can appreciate the absolute need for rapid access to advanced medical care as well as the strangling financial constraints that we, the elderly, we the UNDEAD are confronting. To maintain what is our present coverage, as per the last offered plan, would have involved an additional expense of approximately \$200 per person/\$400 per person per month. This would represent a STAGGERING additional expense!

In light of the above I implore you to keep Admin. Code 12-126 in place as is! The UNDEAD should NOT be treated, to quote Harry Nespoli, as “rump retirees”.

Furthermore, my understanding is that much of the impetus to change Admin. Code 12-126 is based upon insufficient funds in the Health Stabilization Fund, a fund which was supposed to be available to meet possible healthcare needs of ALL city unions. It was not supposed to be used as a slush fund to finance non healthcare related expenses for one particular union as was done, as per the Retirees Association, to finance a raise in salary for the UFT. Is that considered mismanagement, corruption or both? The bottom line is that retirees (THE UNDEAD) should not be the whipping boys, the scape goats in order to address municipal financial concerns.

In addition, please keep in mind, that as per federal investigation, there is abundant evidence that Medicare Advantage Plans have routinely delayed care and have routinely denied care. (New York Times- December 3rd, 2022) To put it bluntly, it has been shown that for profit health care providers increase their profits on the backs of their patients. In the absence of prompt access to advanced medical care my wife would be dead and I would be blind! UNACCEPTABLE!

In conclusion, I thank you for reading the above and once again implore you to keep Admin. Code 12-126 in its present form.

Gerard A. Longarzo
NYC - Department of Education
41 years of service

From: kyle6315@aol.com
Sent: Monday, January 9, 2023 12:06 AM
To: NYC Council Hearings
Subject: [EXTERNAL] NYC Retiree Health Benefits- Vote No To Amending 12-126

THOUSANDS of sick, disabled and elderly NYC retirees will fall into poverty and die if they are forced into private health insurance plans. This is disgraceful and unconscionable. Be a hero and prevent this travesty by voting no to amending 12-126. Our lives depend on your vote. I sacrificed my body and health in service to NYC. I underwent 2 spinal operations from Line of Duty injuries and 2 1/2 years of chemotherapy for cancer. I would have died long ago if I had been in a managed care plan. I am now 8 years in remission from Stage 4B cancer. I quote my oncologist who said "you would have never had a chance if you had been in managed care. There would have been endless red tape, appeals and denials of care. You are very lucky to be in Original Medicare". It is our absolute right to retain our Original Medicare. It is our National Health Insurance Plan. We under no circumstances wish to be enrolled into a private insurer's inferior "Medicare Disadvantage Plan". I will lose all my current doctors who have no intention of participating in this MAP. You yourselves will one day be NYC Retirees. You will be inflicting an egregious injury not only to all present and future NYC Retirees, but to your very future selves and loved ones. Do the right thing for all NYC Retirees, including yourselves, and vote no to this amendment.

Stephen Gerard Retired FDNY

Dear Distinguished Members of the NYC Council

While I understand that some of you rightly plan to oppose any modifications to Administrative Code 12-126, I also understand that others either have not made up their minds or worse, plan to vote to modify the code.

The following is respectfully presented to those Council Members who are undecided or plan to vote for the change.

- The report by Sheinman Arbitration and Mediation Services dated 12/15/22 was the result of neither an arbitration nor a mediation. It was merely an opinion offered by an arbitrator who didn't bother to listen to the opposing sides. The two parties referenced, the City of NY and the Municipal Labor Committee were on the same side. An arbitrator should never have been engaged (and paid). It implies that his opinion was an arbitrated decision. It wasn't. Respectfully, the Council should consider the Sheinman report as a one-sided decision which did not take into account concerns of the affected parties.
- The MLC, which is basically controlled by two unions, made an agreement for raises years ago which involved a promise to pay the city back by way of savings. The method to save money involved the illegal moving of retirees into a Medicare Advantage Plan. This attempt was unfair and defeated in court. By changing 12-126, the unfair moving of retirees into a Medicare Advantage Plan could become legal. Respectfully, the Council should vote against changing the code and thereby not allow the City to place the burden of the pay back on the shoulders of the retirees, most of whom are on fixed incomes.
- As you are probably aware, Federal Investigators as well as many healthcare institutions, doctors and other health care providers have concluded that Medicare Advantage Plans have routinely denied

needed treatments and care. Obviously, the reason for the denials involve profits. Seniors, the most vulnerable section of the population, should not be forced into a situation where their care is decided by accountants or other financial persons. Again, respectfully, the Council should vote against changing 12-126 and avoid placing the most vulnerable of the population into a system whereby accountants, not doctors, decide which care they should receive.

Please vote against any modifications to Administrative Code 12-126.

Geri Ellner Krim

Retired from NYCDOE

From: santucci610 <santucci610@gmail.com>
Sent: Sunday, January 8, 2023 1:36 PM
To: Testimony
Subject: [EXTERNAL] City Council hearing on retirees' health care

Hello,

I am a city worker of 40 years' service and will be retiring very soon. A promise is a promise. Do not change the City Code to push us all into Medicare Advantage. Balancing the budget on the backs of the elderly and poor makes you all REPUBLICANS. Shame on you.

Gina Santucci
DC37, Local 375, Chapter 41

Sent from my T-Mobile 4G LTE Device

From: Glenn R Kandetzke <redspal@gmail.com>
Sent: Thursday, January 5, 2023 9:46 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Fwd: MAPP

----- Forwarded message -----

From: Glenn R Kandetzke <redspal@gmail.com>
Date: Thu, Oct 28, 2021 at 2:49 PM
Subject: Fwd: MAPP
To: N.Y.C. Blue Cross Empire <newyorkcustomerservice@empireblue.com>

please attach this to my file.....Glenn R Kandetzke

----- Forwarded message -----

From: Glenn R Kandetzke <redspal@gmail.com>
Date: Thu, Oct 28, 2021 at 1:46 PM
Subject: MAPP
To: <testimony@council.nyc.gov>

My name is Glenn R Kandetzke. I am a retired NYC-DEP Laborer, and a member of DC37,Local 924. I have been on Medicare A & B, and Empire BC/BS Medicare Related Plan for 3 years.

I do NOT WANT the new Medicare Advantage Plus Plan [MAPP], and have mailed my OPT-OUT form.

I live in Tennessee, and the Empire BC/BS Medicare Related supplement plan has been excellent.

I wish for my healthcare funds to go to the plan of my choice. I have been paying my \$87.63/mo. for my choice, and now my SAME choice is going to cost me \$306.48/mo. !!!

Seeing as how I have opted out of the new Medicare Advantage Plus Plan [MAPP], my healthcare funds will not [should not] go to Emblem Insurance Co.. So why is my choice increasing 350 % to stay in the Empire BC/BS Medicare Related supplement plan ???!

I feel that retirees who don't live in the NYC area are being discriminated against by exercising their choice to OPT-OUT and choose their original plan !

Glenn R Kandetzke
Emma Grace Dr
Jonesborough, Tn. 37659
Laborer [retired] DC37 Local 924
redspal@gmail.com

NEW YORK CITY COUNCIL
WRITTEN TESTIMONY

Do Not Amend Administrative Code 12-126

City Council Hearing on Health Insurance Coverage for City Employees
January 9, 2023

Gloria S. Block
Staten Island, NY 10308
GBlock51@aol.com

PLEASE DO NOT AMEND 12-126. I am a retired NYC teacher, 78 years old. My husband is 81 years old. I loved my job, working with the little children of NYC and their parents. How wonderful it was to watch the parents beam with pride at their children's accomplishments, realizing that success looks different for all. Those memories sustain me in my senior years, and retirement. But now, my husband and I, on a fixed income, face a terrible dilemma. We are in danger of being forced into a medical advantage insurance plan that will not meet our current elderly needs. Please help.

If the City Council amends Administrative Code 12-126, they will be hurting retirees and preventing us from protection in Court. We served our time as employees and have a right to live out what's left of our time as retirees with proper care that we earned and paid for. We depend on that. We were promised that. We want to be able to continue receiving the benefits that we have now, from the doctors that we have come to trust, and that know us well.

Please don't buy the Big Lie. Mr. Scheinman, who is an arbitrator by profession, has no jurisdiction over the City Council, nor the retirees and his recommendation is just that, and it's not binding!

I pray that the honorable New York City Council members will not be intimidated by the tactics being used. Please do not believe that Mr. Scheinman's "recommendation" is legally binding. He did not represent the retirees. So, that's not really being an arbitrator. It's disheartening that my old union is not reporting the facts anymore. And to think that my own elected officials are considering perpetuating a lie, is pure disintegration of democracy and human decency. I feel so helpless. That's a terrible feeling.

Please think about the people like me, who are now retired, elderly, and disabled, We love our City of New York. We rebuilt it after 9/11, we calmed schoolchildren on that day, hoping they'd see their parents and loved ones come pick them up at school. I was there, holding their little hands as we waited and waited.

Please don't amend the Code. Protect it like every City Council before you has. Protect 12-126.

Please protect retirees' vested health benefits. I depend on you to protect us, not to be complicit in robbing us of our health care when we are at a time in our lives that we need it most.

Respectfully,
Gloria Block
Retired NYC teacher, District 14 and District 31
Years of service, 1965 – 2005

My name is Gloria Brandman. I've been a proud member of the UFT for 42 years, the last 7 as a retiree. I've been very pleased with my healthcare- Medicare with GHI Senior Care. We never asked for a change and my union never asked the membership if we wanted to change our health care into a MAP- not at any of the democratic meetings that are part of the UFT constitution.

As a special educator in the NYC Public Schools, my job was to ensure that my students with disabilities increased their academic and social skills. My teaching always began with an evaluation to find out what the student already knows and then teach the skills needed to allow the student to progress.

I'd like to apply this technique now with the honorable city council members.

What do you know?

The city has told you that without amending the code, there will be no choice for retirees.

False. Retirees already have a choice between 12 different plans.

We want to keep the high-quality premium free health insurance we were promised, earned and now enjoy. If the code is amended, the only free choice we will have is a federally subsidized privately run Medicare Advantage plan offering us access to fewer doctors and hospitals and making critical decisions regarding our health care needs subject to prior approval procedures designed to 'control' costs and maximize profits.

Why would the City want to put retirees into a Medicare Advantage plan, when they have been exposed as fraudulent, and Aetna has been downgraded from 4.5 to 3.5 by the federal govt?

You have been told that the report issued by Martin Scheinman is a ruling.

False. It is not. It's an opinion. It is not binding. There was no arbitration that Mr. Scheinman was called upon to weigh in on because there is was no dispute between the City and the MLC.

The Scheinman report is a one-sided non-binding propaganda document being used to mislead you to think that 12-126 is the only option for addressing rising health insurance costs but this is not true.

It is true that healthcare costs are out of control but it is alarming that the primary reason to change our plans is to save the city money.

Why is the city balancing its budget at the expense of retirees, people on fixed incomes, who are the most vulnerable population in the city. Retiree healthcare is only 6/10 of 1% of the entire City budget.

Why doesn't the City look at other ways to fund the budget? Several cost saving propositions were discussed in 2018 Why were they not pursued?

Other solutions exist.

On a national level, cut the military budget and fund our community needs including health care.

And on the state and city level, reinstate the stock transfer tax, make the real estate, financial and banking industries pay their fair share of taxes.

And there already are funds available to use such as the Rainy-Day fund with \$1.9 billion and the Retiree Health Benefit Trust Fund currently at \$4.5 billion.

Council members, you also need to find out what really happened to the Health Insurance Stabilization Fund. Who has access to it? Where is the fund deposited? Who can withdraw? What is the decision-making for using the funds? Why was Mulgrew permitted to take \$1 billion dollars out for teacher raises if the funds are for Health Insurance? How is the fund monitored in terms of who takes money out and who puts it in? Why is the HISF essentially used as a slush fund?

What needs to happen is a permanent halt to this change.

If it goes through, it will create a 2- tiered healthcare system in NYC whereas those with higher paying jobs and higher pensions will be able to afford quality healthcare because they can pay for it. Lower paid retirees with lower pensions will be stuck with the inferior plan.

City Council members, if do your research, we are sure you will not vote to amend the code.

We urge you to do the right thing!

Vote NO to amend administrative code 12-126.

Thank you.

Gloria Brandman

Organizational Affiliation: Retiree Advocate/UFT

From: Goldie Friede <digole@optonline.net>
Sent: Friday, January 6, 2023 11:53 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Preserve SeniorCare

Dear Councilwoman,

I am a retired NYC teacher. I worked in the system for 25 years and reaped rewards from being able to have an impact on the hundreds of students I taught. I also felt that while my salary did not compare with many other professions, I was compensated with good health benefits that helped level the field.

After retiring I recognized and appreciated the health care that was available to me. It gave me security and provided a smooth transition into the new stage of my life. But now that security is in jeopardy. Instead of keeping the Medicare/GHI program which is excellent and meets my medical needs, the city is making an effort to force us retirees into a Medicare Advantage Plan that does not compare to our SeniorCare health care program.

I urge you to not vote to amend any code that will give the city the power to push through a plan that I, and the majority of city retirees, do not want. Currently I am able to see all my doctors, do not need preauthorizations for most procedures and have a plan that works!

Again, please respect all the city workers for all the years of service and reward us by being loyal to the promises made upon entering the profession.

Gloria Friede
Sent from my iPhone

Testimony: Committee on Civil Service and Labor

Monday, January 9, 2023, 9:30 am

Hearing on Retiree Medicare

Gloria Rivera

Current Employee of the NYC Department of Health. Title Public Health Epidemiologist

DC 37 Member Local 436.

My deceased mother worked for the NYC Board of Education as Family Assistant. Her job was part time. She was a DC 37 member. She died March 2020 at the age of 93. Once she began to advance in age, she needed home care services. Her pension was \$400.00 a month and her social security benefits were between \$1,200 and \$1,500. To keep my mother at home (instead of placing her in a nursing home) I enrolled her into the NYS Pool Trust in order to participate in a Managed Long Term Medicaid Program which provides home attendant services. I would send the pool trust what would have been her Medicaid spend down fee \$750 & and \$900. This fee covers the management of the account, the fee for Medicaid, to rent (subsidy). And other household bills. Why you need to know my mother's story? Because her financial situation and her story are the story of DC 37 retirees. Former public servants living on a fixed income. An income that does not allow room for a fee on health care benefits.

Besides being a financial hardship this additional fee that the City of NY is trying to enforce on retirees, is a poor choice of health care choice. People are entitled to choose if they want to go on a Health Care Advantage or remain with straight Medicare. Most providers take straight Medicare. My mother had to pay for medical equipment, and other out of pocket expenses not covered in our health care system.

Because my mother is a former retiree and I took care of her for 16 years, I support the retirees. I'm likely to face the same financial and health care hardship as the retirees once I retire within the next five years. I'm a Bronxite I live in Councilwoman's Althea Stevens district.

Sincerely,

Gloria Rivera

Written Testimony for City Council Civil Service Committee Hearing re: Int 0874-2023 on Jan. 9, 2023

From:

**Glory Ann Kerstein
HPD Retiree 2014
Member, DC 37 Retirees' Association
Board Secretary
111 W 106 HDFC
Chair, HDFC Coalition Anti-Foreclosure Committee
CD 7
Council Member Shaun Abreu**

To: Esteemed Members of the City Council Committee on Civil Service and Labor

You are being pushed by City Hall and the Municipal Labor Council to railroad 250,000 NYC retirees into a single-payer, for-profit corporate Medicare plan. A corporation that operates for profit as its number one goal, not health care. A plan without choices when we now have dozens. A plan retirees had no say in. A plan you as our elected representatives have not had time to study to make the best informed decision. You are the ones who represent us, not City Hall or the MLC.

Please do not succumb to scare tactics that subvert the democratic process.

Please DO collaborate with your constituent retirees to work on alternatives to assure manageable health coverage.

Please do not overturn the protections of NYC Admin Code 12-126 that safeguard health coverage for retirees AND active employees, including you as members of City Council!

On a personal note, two of my doctors, including a brilliant specialist who has treated me for 27 years, have advised that they will not accept MLC's new privatized Medicare plan.

At age 74, I shouldn't have to worry about losing my doctors.

This will probably be the most important vote to come before you as members of the Civil Service Committee. Please make a stand for your elderly constituents and democracy.

Thank you for your attention.

**Glory Ann Kerstein
Gloryny@aol.com**

My name is Gregory Bierster. I am providing this testimony to the New York City Council to express my opposition to the Council's pending bill to amend Section 12-126 of the NYC Administrative Code. I am a Medicare-eligible recently retired Battalion Chief with the New York City Fire Department. I left a good paying job in the private sector 37 years ago for security, pension, NYC health benefits for employees, and for the City's free Medigap plan for retirees. I knew I would never be rich but would have health care and a pension when I retired. Who knew back in the 1980's that companies would eliminate defined pensions and create 401K's, etc. for their employees to survive on during retirement.

In Mr. Scheinman his report he fails to mention how the UFT took out ONE BILLION DOLLARS (\$1,000,000,000) out of the Health Care Supplemental Fund in 2015 to fund their raises and were to pay it back the money into the fund. As of today, the UFT has failed to do so and apparently not planning to do so. If Mr. Mulgrew gets Medicare Advantage passed nobody will remember he technically stole money from the fund. I am told that it is legal but that the fact that Mr. Mulgrew and Mayor Bill were part of it, something stinks. Why was that left out?

First, Mr. Scheinman's report that he issued on December 15, 2022 was a RECOMMENDATION. Mr. Scheinman has no authority to order the city and the MLC to force retirees into Medicare Advantage, which is far worse than the traditional benefits retirees have long received. Under section 5 of that agreement, he and 2 other members of the "Tripart Health Insurance Policy Committee" are authorized TO MAKE RECOMMENDATIONS TO BE CONSIDERED BY THE MLC AND THE CITY. The agreement does not allow Mr. Scheinman alone or order anyone to do anything. This document is non-binding and is a piece of propaganda brought to you by the city, MLC, OLR and Mr. Scheinman. These recommendations have no legal standing and they are an opinion and just recommendations as stated on Mr. Scheinman signature page, the last page of his document.

I will/was not able to attend in person or via zoom the Public Hearing scheduled on proposed legislation to amend the administrative code of the city of New York in relationship to health coverage for city employees, city retirees, and their dependents. I having surgery on January 9, 2023 that may have been delayed or not be approved if the Medicare Advantage Plan had been in effect today. When you are in your 20's younger health care does not seem to be an important issue but being a firefighter and being injured at fires and being admitted several times to the hospital and seeing doctors for other injuries, I realized how important health care is to me and my wife especially now as we are aging. NYC offers a group Medigap policy to those of us vested in a city pension plan, which my wife and I would not have to worry about the possibility of being ineligible for supplemental coverage to Medicare, as a retiree. At the FDNY retirement seminars we were told that our health insurance in retirement would be free and would provide the same good coverage as for an active employee. I relied upon that promise in making my long-term plan for retirement.

On September 11, 2001 I was on vacation at home when the Terrorist Attack on this country occurred. I was lucky that day as the company I was a covering Lieutenant in all sacrificed their lives to save others. I made it in to Manhattan after the 2nd tower fell that day and worked to help find survivors which was not successful. Over the first several weeks down there we were not provided respiratory equipment to protect ourselves. We were breathing in air that the then

mayor and the Environmental Protection Agency told City employees was safe (it was not). As of today, there are over 300 FDNY first responders who have died of 9/11 cancers/illnesses, in addition to the 343 that gave their lives that day. Do you know what it is like to go for a doctor's visit and have blood drawn, chest Xray performed and hope that you do not receive that phone call asking you to come in to see the doctor? It causes me great anxiety every time I go for a checkup which I do with my primary 3x a year along with yearly visits to ENT, Dermatologist, Gastroenterologist, so hopefully if I do come down with an illness it will be caught quickly so that it can be treated. Now is not the time to take our present plans away from everyone who worked and volunteered to help out in the aftermath of the 9/11 attack. During the COVID pandemic, I worked as a first responder interacting with citizens and people who were ill, which again was nerveing and caused anxiety do to the severity of the virus.

I believe that the City of New York should keep its promise to provide my and me family along with the rest of NYC employees with its premium-free Emblem Health GHI Senior Care Medigap plan (aka "GHI Senior Care") in retirement. Years prior to my retirement, I was aware that the majority of doctors across the USA, accept traditional Medicare and thus must accept any Medigap policies, including GHI Senior Care – but they do not have to accept Medicare Advantage plans. Thus, with GHI Senior Care, we felt confident if we were to move during our retirement, we will have proper coverage. The City's attempt to force retirees into a Medicare Advantage plan which would only cover retirees in New York City and to some extent, the surrounding counties, means that retirement plans made years ago by me, and many other retirees, would be completely upended. How is this fair?

Second, for those of us, who have an already extensive list of pre-existing conditions to manage, and frequently emerging new medical issues, how is it fair to force us into a Medicare Advantage plan with a narrow network of specialists and hospitals, as well as the hundreds of pre-approvals the plans typically require, and which Medicare does not?

Third, doctors and hospitals are allowed to drop out of Medicare Advantage plans each year, and many do, because of the harm to patients from delayed care due to pre-approvals, the administrative burden created by the pre-approval process, and the consequent delayed payments. In contrast, doctors and hospitals which accept traditional Medicare usually continue to accept it. Forcing me into any Medicare Advantage plan would severely limit my ability to timely receive treatment for my conditions. This would negatively impact our overall health.

I know that I am not alone in the concerns expressed above. The 19,000 of us who are members of New York City Organization of Public Service Retirees ("the NYC Retirees) have previously expressed the same concerns to members of the New York City Council, the Mayor, the New York City Office of Labor Relations, and the Municipal Labor Committee, in emails, phone calls, and letters, as well as in postings on the NYC Retirees' website (www.nycretirees.org)(<http://www.nycretirees.org/>) and Facebook pages, and in the press. While we retirees are not unsympathetic to the City's attempt to achieve more healthcare savings, this should not be done on the backs of retirees. Instead, the City Council should continue its long history of supporting healthcare for the most diverse municipal labor force in the country, and set up a Blue-Ribbon committee to explore the concrete money saving suggestions made by the NYC Retirees, which are backed up by research, including from

government and industry. There already are over \$300 million in savings which have been identified, including having the City self-insure, merging union welfare funds, and auditing current recipients of health care coverage (which has only been done once by the City, last under Mayor Michael Bloomberg)

Finally, there is no rush for City Council to push through an amendment to the Administrative Code. The City Council does not answer to the Mayor, nor does it answer to the Municipal Labor Committee. The Council is not a party to collective bargaining agreements, and it certainly cannot be a party to an already expired agreement. As such, any so-called “arbitrator” has no power over the City Council. Beyond this, an arbitrator needs a dispute between the parties to an existing (and not expired) collective bargaining agreement to have any power. But in the case of the City and the Municipal Labor Committee, these two parties are working in concert; there is no “dispute” for the arbitrator to resolve.

In conclusion, please do not amend Section 12-126 of the New York City Administrative Code. Please let the pending litigation against the City work its way through the courts, which will appropriately resolve many of the issues. Please don’t remove the very protections that City Council put in place for City employees and retirees in the 1960s. Remember these changes will affect you too!

Thank you.
Gregory Bierster
Retired FDNY 37 Years of Service

Dear Adrienne E. Adams of City Council District 28,

I am deeply concerned about the Mayor's latest attempt to extract health care savings from City workers by amending the City's Administrative Code section 12-126, which establishes the monthly HIP-HMO rate as the City's minimum contribution to the cost of health care for City employees, retirees and their dependents. I urge you to vote No on the proposed change.

The amendment would not only clear a path for the City to begin charging substantial premiums to retirees who opt to remain in their traditional Medicare program, SeniorCare; it would also open the door for the City to increase health insurance costs or reduce benefits for in-service employees.

Instead, the City should be going after the hospitals for exorbitant charges, addressing the skyrocketing costs of prescription drugs, and auditing current insurance providers, not balancing the budget on the backs of workers and their dependents. There are other ways to contain costs, and the City should seriously consider them. Some cities in the United States self-insure. Some use the huge purchasing power of their municipal workforce to engage in collective drug purchasing. Some deal much more aggressively with hospitals that charge exorbitant rates. New York City is doing none of the above.

For nearly 80 years, municipal workers have been able to rely on the City to meet its obligation to cover their health insurance costs in retirement, and SeniorCare has done it well, without premiums, co-pays, or prior authorizations. The proposed Administrative Code change breaks this compact. Further, it opens the door to weakening the quality and increasing the cost of active employee health insurance.

Please do the right thing and reject the proposed change to Administrative Code 12-126.

Sincerely, your constituent,

Gregory Salone

Signature (and Printed Name)

HOME ADDRESS

47 Avenue

CITY(TOWN)

Long Island City

STATE

NY

ZIP

11101

DISTRICT COUNCIL #

PHONE NUMBER

E-MAIL ADDRESS

ditchplains@optonline.net

FORMER RANK: F.D.N.Y. Firefighter 1st Grade

Dear City Council Member:

The City Council is being threatened that if they don't amend the statute to force retirees into the Medicare Advantage, the Mayor will do that on his own. Amending the statute does the same thing! Why should the City Council amend the law if the Mayor will do this anyway? Why do his dirty work? Let the Mayor take the political hit for hurting retirees and remove City Council Members from the ire of retirees and constituents in their next election. If the Mayor does this act, the Retirees will be able to challenge and win this in court where we have been successful because the City has violated the law and this is his way around it. If the City Council amends this Administrative Code, they will affirmatively be hurting retirees and preventing us from winning this in Court. Don't prevent us from winning again in court. We served our time as employees and have a right to enjoy our time as retirees with proper care that we earned and paid for.

Don't have to buy the Big Lie. Don't amend the Code, protect it like every City Council before you has against a greedy Mayor. Protect 12-126.

Scheinman has no jurisdiction over the City Council nor the Retirees.

We request that you do NOT support the bill being introduced on January 9th by Civil Service and Labor Chair DeLaRosa.

Thank you for protecting us from financial peril and losing our healthcare.

Sincerely,

Name: GREGORY SALONE

Agency: F. D. N. Y.

Years of service: 23

Year retired: 2006

From: pollakgreta7 <pollakgreta7@gmail.com>
Sent: Thursday, January 5, 2023 9:00 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Proposed stripping of retirees, promised lifelong medical benefits

Dear Sirs:

I retired two years ago from the DEP. I also worked for CUNY for seven years, both paying low salaries but was told we would have medical coverage forever. How can the City now pull the rug out from under us in our "Golden" years? Isn't the City's word worth anything? I know our city is having financial struggles but must it be taken out of the hide of its' Senior Citizens? I hope not.

Respectfully yours,
Greta Pollak
Retiree, NYC Water Board (AKA, DEP, 2020) & CUNY (2007)

Sent from my Metro By T-Mobile 4G LTE Android Device

Hi! My name is Hal Schriever. I am a librarian at New York Public Library.

In recent years, as inflation has increased, we have watched our salaries eroded, and seen many of our historic buildings require increasingly expensive renovations. One thing that keeps many librarians in libraries, other than a devotion to public knowledge, is the city health plan, which guarantees us premium-free healthcare. Erosion of city worker healthcare concerns everyone— it means a lower quality of life for the people making New York operate day to day, which means more insecurity in the services used by all New Yorkers. It is unconscionable to allow the gutting of this health care. I think there is a belief that if something only affects current retirees, employees who are not yet retired will ignore the situation. I know that I am a future retiree, and I also know that it is ridiculous for the city to be cutting costs for its' servants' health and wellbeing while pouring billions into weaponry and tools of violence for its bloated police force. We have a range of options for stabilizing our health plan, but no reasonable option involves cutting retirees off from their health options.

The solution requires recognizing the structural and political forces that have created the current healthcare situation and developing a political consensus to address them. It requires implementing a temporary fix, for the next three years, to replenish the Stabilization Fund while long-term solutions are negotiated. It also requires replacing the Stabilization Fund with a sustainable plan to fund the benefits it provides and current healthcare costs for active employees, retirees and their dependents.

The City Council can offer leadership in developing the solution by advancing new legislation. The goals of the legislation would be to:

- Formalize the City's commitment to premium-free high-quality healthcare for active employees, retirees and their dependents.
- Articulate the City's historic commitment to maintaining the same health insurance coverage for all workers and retirees, refusing to divide or tier access to healthcare by income, job title, gender or race.
- Affirm that the City will keep its promise to retirees of premium-free health insurance through traditional Medicare and a Medicare supplemental plan.
- Recognize that City workers have historically made sacrifices in wages to ensure that all City workers—active and retired—have the means to sustain their health and the health of their families and communities.
- Address the immediate crisis for the Stabilization Fund; relieve the pressure on collective bargaining funds; and buy time to develop a long-term solution by allocating some of the budget funding over the next three years that would otherwise go to the Retiree Health Benefits Trust.
- Create a stakeholders' commission charged with finding a path to control health insurance spending, with a focus on hospital pricing, before the end of the three-year period.
- Develop a sustainable City health insurance funding mechanism, replacing the Stabilization Fund."

Retirees' current benefits should be preserved while an immediate review of cost-cutting measures to lower healthcare spending is undertaken such as the following:

- 1) The city could create a self-insurance plan;
- 2) Aggressive hospital cost reduction measures could be adopted;
- 3) All union welfare funds could be consolidated into one for group drug purchasing;
- 4) Current insurance providers could be audited for potential fraud and duplication;
- 5) Money wasted due to bad insurance management and inefficiencies could be reduced.

We are counting on you, our elected officials, to do the right thing for municipal retirees. Protect our healthcare! Preserve Admin.Code 12-126! Vote NO on amending the law! As Gale Brewer stated, " A promise is a promise."

From: Hara Seltzer <haraseltzer@yahoo.com>
Sent: Wednesday, January 11, 2023 12:12 PM
To: Testimony
Subject: [EXTERNAL] Original Medicare for Retirees of New York State/City

I went to work for the New York Public Library when I was 33 and already had a Master's degree in Library Science from Rutgers. The starting salary was \$13,000 but the benefits--vacation, health insurance, were excellent.

Now at 76 I am retired, and the forces at work want to take Original Medicare away from me. I think this is a disgrace,

Hara Seltzer

NY, NY 10001

HAROLD JACKSON

January 9, 2023

Dear Council Members,

I would like to thank you all for your service on this council. I recently retired, having served 31 years as a NYC firefighter with the FDNY. I have been living in Brooklyn my whole life. Justin Brannan of District 43 is my Council Member. I am opposed to any amendment of the Administrative Code 12-126 in relation to Health Insurance Coverage for City Employees, Retirees and their Dependents. Code 12-126 has been protecting NYC employees, retirees and their dependents for over 50 years. The facts, evidence and information debunking the propaganda of the MLC, United Federation of Teachers (UFT) Mr Mulgrew and District Council 37 (DC37) Henry Garrido is posted on nycretirees.org. Martin Scheinman's recommendation is a non-binding recommendation and has no legal jurisdiction whatsoever. DO NOT amend Administrative Code 12-126. The MLC, UFT, DC37 and the City want this Code changed and are using this non-binding opinion as a scare tactic to influence this Council. We need our Council Members to protect the promised benefits of all NYC employees, retirees and their dependents, to block any amendment to Code 12-126. I believe all of you know all of this already and if not it is available on nycretirees.org. The MLC, UFT and DC37 are not being truthful or transparent concerning many aspects leading up to this situation. Neither do they defend their debunked propaganda with facts. On the contrary the facts debunking the propaganda of the MLC, UFT and DC37 expose, and I would like to quote Speaker Adams and Council Member De La Rosa's joint statement in the Chief Leader on Jan 03, 2023, the "many underlying problems that created this situation". The MLC's poor decisions, the UFT's misuse of the Health Insurance Stabilization Fund (HISF) and the truths about Medicare Advantage plans are documented and available on nycretirees.org. Arbitrator Martin Scheinman's recommendation has no legal jurisdiction or binding order on any of the parties involved. Therefore this Council "must confront this dilemma to the maximum extent possible within its own authority" and vote DO NOT AMEND ADMINISTRATIVE CODE 12-126.

Sincerely,

Harold Jackson



As a recent Medicare recipient and a New York City Department of Education retiree, I am testifying because I am deeply concerned that if 12-126 is amended, hard-working, and now elderly and vulnerable retirees will lose their current medical insurance.

Once 12-126 is amended NYC retirees will be moved into a Medicare Advantage Plan, a private, for-profit system that takes away their city benefits, and the government oversight of their health care and well-being.

Many of us worked for years, staying in the public sector, serving our city, knowing the city will take care of us in our later years. This amendment would change all that. It will make new city workers less likely to want to make financial sacrifices upfront. It will cost the city more in the long run (privatization, lack of oversight). It will make current retirees lose their benefits and be forced to find other alternative healthcare providers (a dangerous change for a vulnerable population).

As for the financial piece, this is what will happen if 12-126 is amended and Medicare Advantage becomes the new Medicare: It will enrich private health insurance companies with tax dollars. Research has shown that a higher percentage of premium dollars goes to patient care in traditional Medicare, while Medicare Advantage programs use more dollars on denying claims, advertising and marketing. According to KFF.ORG the cost of administering benefits for traditional Medicare is relatively low, at 1.3% of total spending, while the cost of administering benefits by Medicare Advantage programs (including profits) is 14%.

I do not believe that healthcare should be a for-profit industry. Part of the reason that the cost of administering Medicare Advantage programs is so high is profits. A ghastly amount of that profit goes to the unconscionably high salaries of the CEOs of such insurance companies who are making tens of millions of dollars annually! It is a sad commentary on our American society that many people are in bankruptcy, even some who are insured, due to medical debt, while the CEOs of the companies that are supposedly insuring them are earning millions.

Why is our current Mayor hell-bent on changing this code? Why are the unions equally eager to change the code? Why is there a huge (and costly) campaign of misinformation stated as "truth" able to be circulated? All to amend this code, while retirees are striking and petitioning to keep it? Why are the Mayor and Union Representative not listening to their constituents?

I am currently insured by traditional Medicare. It horrifies me to think that I may lose that public benefit if the Direct Contracting movement continues and 12-126 is amended.

The risks of Medicare Advantage programs include the denial of services and the risk of rising premiums. They lure prospective purchasers (like the City) with the promise of dental and vision insurance but often do not deliver on their promises.

Traditional Medicare is a program that proves that our government can administer a program efficiently and effectively. Why would NYC want to change that?

I want to live in a society that is deeply committed to an ethic of care.

The misinformation and scandalous false advertising and promotion to remove the 12-126 code by Mayor Adams, Michael Mulgrew, and Tom Murphy are unlawful, untrue, and do not prioritize the needs of retirees.

One way to move toward an ethic of care is to stop the push for Direct Contracting and maintain traditional Medicare. It is a practical and symbolic message that our city, state, and government exist in part to care for our most vulnerable citizens.

Thank you for hearing my concerns.

Harriet Mari Grande
NYCDOE retiree
1/7/2023

From: Harriet Savitz <harrietsavitz@aol.com>
Sent: Thursday, January 12, 2023 11:21 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Do not amend Administrative code 12-126

Please do not amend Administrative code 12-126. My name is Harriet Schneider Savitz and I have been a teacher for over 50 years. I retired in 2016. I am concerned about the financial burdens, non- participating doctors and pre authorization of this new plan. Please remember how we dedicated our lives to our students and their families and help us with your decision. Thank you Sent from my iPad

To the City Council -

My wife and I are retirees from City Service - NYCHA and the Department of Education. The City had always promised in contracts and law that our health care benefits would never be diminished. We have found original Medicare and GHI Senior Care essential to our needs. And we always assumed that our Unions would have our backs and fight for our health benefits.

Unfortunately, our Unions were complicit in creating this crisis. Union leaders drained the health benefits Stabilization Fund to pay for salary increases of active employees. They won't admit that to you.

The arbitrator has no authority to impose a decision regarding Medicare Advantage. His opinion is non-binding. You are being lied to about his jurisdiction.

Medicare Advantage is inferior to original Medicare. It requires more pre authorizations and many doctors who accept original Medicare refuse to take Medicare Advantage.

As Justice Department lawsuits and New York Times investigations indicate, Medicare Advantage providers are guilty of waste and fraud. Forcing retirees to pay for GHI Senior Care will disproportionately have a negative impact on lower income retirees.

A Commission should be formed in which all parties, including the MLC, the NYC Retiree Organization, OMB and the Comptroller - work together to find alternative health care savings.

You have been lied to by the MLC, OLR and the Mayor. Do not be complicit in causing undue hardships to retirees who devoted so many years to public service.

Thank You

Harry and Carol Weiner

Objection to the Proposed Amendment to Administrative Code 12-126

Thank you for affording me this opportunity to submit my written objection to the proposed amendment to Administrative Code 12-126.

I am a NYC retiree. I worked for the city for 35 years from 1965 – 2000. During my employed years I worked in various positions and in many divisions of the Human Resources Agency (HRA).

It is my understanding that the proposed change to the Administrative Code is based on the unfortunate fact that The Health Insurance Stabilization Fund (HISF) is running out of funds. However, I also understand the depletion of these funds was not caused by the retiree health benefits that were afforded to us by Adm. Code 12-126; it was in fact caused by several entities that were allowed to withdraw large sums of money (over the years), without any provisions requiring the replenishment of the funds. **The most recent such incident was in 2014 when the United Federation of Teachers (UFT) was permitted to withdraw 1.1 billion dollars for the purpose of funding raises for their members. Once again, no provisions were made for the refunding of those non-health related misused funds!** NYC retirees (including UFT retirees) received no benefits from this huge withdrawal(s). Yet, the Mayor and the Municipal Labor Committee (MLC) are now conspiring to make the retirees the victims of their gross failure to properly oversee the use and replenishment of HISF funds. Isn't it strange that the very unions that once represented us are now stabbing us in the back?

On October 28, 2021 Renee Campian, Commissioner of the Mayor's Office of Labor Relations testified before this very committee. In her testimony she said:

“The City and the MLC worked for over a year to develop parameters for a new MA program and commenced the negotiated acquisition process in November 2020 to select a vendor whose offer was most advantageous to the City.” I guess they succeeded; their selection met **their** criteria, while ignoring the needs of the retirees!

I am also very perplexed about the “closed door” meetings and negotiations (over a period of several years) that took place without the inclusion of any retirees. Upon retirement our former unions no longer represent us. Thus a major change to our health insurance benefits was decided upon, and a

procurement resulting in the selection of a new health care provider was all done behind our backs, without our participation or representation.

And now, a man that calls himself an ARBITRATOR, AN IMPARTIAL REFEREE, MR. Scheinman sends a formal document to the City Council President, and the Chair of this committee, demanding that the Council address this matter. Please be aware of the fact that this very good imitation of a legal document **is merely a recommendation, it is not binding!** Mr. Scheinman, despite all the titles he puts behind his name, is definitely not impartial! What kind of impartial arbitrator would totally exclude the most impacted party (the retirees) from this process? How could Mr. Scheinman be impartial, when the City and the MLC paid his fee for this service? Did I miss something? Is this how arbitration is conducted in the 21st century?

Lastly I want to tell you why I am opposed to being forced to change my health insurance from original Medicare + Senior Care. Since I began my long career with the city, I was always given a choice of several different health insurance plans. Now in my senior years, that choice is being taken away from me. Original Medicare and Senior Care have met my needs. I go to physicians that I have used for many years, doctors that know my health issues, doctors that have earned my confidence and trust. Several doctors that I use do not intend to become part of a Medicare Advantage Program. I do not want to be forced to change my doctors. I can't afford to pay additional fees and co-payments if I use a doctor who is not affiliated with the group. If I need a special form of treatment, or have to see a specialist, or need to have a surgical procedure I don't want to wait for special approval or authorization. I want to be able to make my own medical decisions for my care. I am not interested in a free gym membership, or 24 free trips to medical appointments etc. I want and have always expected to continue having the medical coverage I have had for over 20 years.

In conclusion, please do the right thing; do not amend Administrative Code 12-126. Please don't penalize retirees for the misuse of the funds in the Health Insurance Stabilization Fund. Tell the Mayor and the MLC to find a cure for the problem that they and their predecessors caused.

Sincerely,
Helene Wendrow

Staten Island, NY 10301
thehagoo@verizon.net

From: Helen Krim <helen.krim@gmail.com>
Sent: Friday, January 6, 2023 10:09 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Changing Administrative Law 12-126

I am opposed to changing this law because I am opposed to changes being made to people's health insurance without their consent. The City and the Unions failed to negotiate with public employee retirees and have not been transparent with their own workers. I remember Victor Gotbaum advising that it was always essential to negotiate respectfully. The City and Municipal Labor Union have not been respectful of the City's retirees, or anyone else.

--
Helen Krim

Helene Jeffer

New York, NY 10011

January 10, 2023

New York City Council
Committee of Civil Service and Labor
250 Broadway
New York, NY 10007

Dear Honorable Council Members,

I am submitting this testimony to urge you to vote no on changing Administrative Code 12-126. This code was designed to create equal access to good affordable health care for all income levels. We are now living in a city that is deeply divided by income and racial disparities.

Our retired municipal employees served all residents of this city. We are a cohesive, organized, powerful group, comprised of workers from all income levels. We are professionals and non-professionals and have one common wish and that is to have health protections in our senior years. We continue to be actively involved in our communities and the greater world, and we are a strong voting bloc as well.

We have been discarded by our unions and by our mayor. This is a heartfelt request to take the higher moral ground and look into the goodness in your hearts. This is more than politics or

money. This is about showing how NYC can be the greatest city in the world again by how it treats its senior residents.

To quote Rabbi Hillel and John F. Kennedy, "If not now, then when?"

Respectfully,

Helene Jeffer
Retired Supervisor of Special Education
NYC Dept. of Education

From: Helene Mackenzie <hmackenzie@si.rr.com>
Sent: Thursday, January 5, 2023 11:46 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Medicare Advantage Plan

Emblem Health-GHI is a plan that has never challenged any of my needed medical tests. Many complaints have been made of the Medicare Advantage Plan concerning the process of screening medical tests. There is a manner in which a retiree can challenge the refusal for a medical test. Some tests are very expensive. Fixed rate pensions do not take into account inflation or the cost of food, medicine and everything required for daily living. Civil servants have always counted upon good benefits to offset salaries that are not comparable to salaries paid to other professionals. Now I wonder if a delay may result in a more serious development or possible death of a city worker.

I do not adhere to having current teachers being pitted against retired teachers, thereby offering one group the right to remain on their current insurance. I realize pressure is being made to force this issue into fruition. Civil workers are the backbone of any municipality. We have performed our duties and were hired with the promise of good health care. I ask you to keep this promise so no one loses his or her life over an administrative decision. Do the right thing. Stay strong.

Thank you for your attention to this matter.

H. Mackenzie

Sent from [Mail](#) for Windows

How Prior Authorization in Medicare Advantage Enhances Insurer Profitability and Harms Patients

A Fact Sheet by Henry Moss, PhD

“Prior authorization is one of the big tools they use to maximize profits. It results many times in delays of doctors being able to provide the care they need...These companies are in the business to make money, and their biggest way of doing that is to...make it more difficult for people to get the care they need”

--- Wendell Potter, former CIGNA VP for Corporate Communications

Potter resigned from CIGNA and became a whistleblower when he could no longer tolerate the lies and deceptions used to rationalize denials of care. The immediate cause of his resignation was when he was told to defend CIGNA’s denial of a specialized liver transplant procedure for Natalina, a teenager. Liver transplants were a covered procedure and a donor was found, but CIGNA deemed it an “experimental” procedure. Despite evidence and expert testimony confirming the treatment’s viability, CIGNA stuck to the denial on appeal. It was only when the case became a big news story that CIGNA relented and reversed the denial. Natalina died the same day.

Jennifer’s story

According to Jennifer’s attorney (not her real name), her physicians stated that if she had come to them a month sooner, they would have started chemo for her cancer. Because of the delay, they said, her leg, hip, and pelvis would have to be amputated.

The delay was caused by Jennifer’s insurance company and its “utilization review contractor.” They denied a Prior Authorization request for an MRI of her hip, deeming it not medically necessary until she completed six weeks of physical therapy. After that, they told the physician, an appeal of the MRI denial could be submitted.

It took an additional 38 days of bureaucratic haggling to finally get the denial reversed. By then a fast-growing cancer had spread and the amputations went forward. Jennifer died two years later, maimed and in great pain.

The Social Security Act of 1965 severely restricted Prior Authorization (PA) requirements for Medicare. Providers were seen as the primary decision makers. Since then, a handful of common-sense PA requirements have been added. Most would agree that a cheaper generic drug should be used ahead of a more expensive brand-name drug if both are proven effective, unless there are good reasons. An expensive power mobility device should perhaps be justified. Treatments and tests used outside consensus guidelines should perhaps be open to review. Even so, Medicare remains largely free of PA requirements.

The situation with private insurers is starkly different. Where a public health plan might use PA savings to reduce patient costs, improve quality, or increase provider compensation, the primary purpose of cost-savings for a private insurance company is to maintain or increase profitability. It came as no surprise that PA requirements expanded significantly after the ACA depressed profits through a requirement that insurers on the exchanges spend no more than 20% of premium revenue on non-medical overhead, including profits. It also comes as no surprise that in borderline cases, PA reviewers are told to deny care and force the provider to issue an appeal. They know that many patients and providers abandon care when faced with PA delays.

The use of PA to drive profits has been worsened by the explosive growth in the privatization Medicare, through Medicare Advantage, and Medicaid Managed Care. A 2018 report by the Inspector General of the U.S. Department of Health and Human Services concluded that Medicare Advantage plans have an incentive to deny claims “in an attempt to increase their profits”. Investigators had found “widespread and persistent problems related to denials of care and payment in Medicare Advantage.”

Here are additional relevant facts.

- **PA increases overall health care spending**

The insurance industry claims that PA helps reduce health-care spending. However, a 2021 study published in *Health Science Journal* conservatively estimated that when negative health effects and administrative costs are factored in, PA actually increases spending.

- **PA savings in the private market are not passed along to consumers**

The average premium for an employer family plan in New York State rose by 66.2% between 2008 and 2017 and the employee share of the premium rose by 74.1%. The average deductible rose by 111.7%. Yet, inflation during the ten-year period rose only 15%. As long as such increases continue and are tolerated, private insurers will pass along increased costs to employers and consumers. They are in the business of increasing revenue and profits.

- **PA is responsible for adverse health effects**

While PA can sometimes prevent inappropriate treatment and unnecessary tests, this is far outweighed by its negative impact on health. Delays and denials of care can lead to adverse health events, interruptions in care, and the abandonment of recommended care. A 2020 survey of physicians by the American Medical Association (AMA) found the following disturbing results:

- 94% reported delays in necessary care with 54% saying it happened “often” or “always.”
- 30% reported “serious” adverse effects resulting from PA with 21% reporting an avoidable hospitalization; 18% reporting a life-threatening condition requiring emergent intervention; and 9% reporting the development of a disability.
- 79% reported that patients at least “sometimes” abandoned a recommended course of treatment due to PA delays or denials. 24% said this happened “often” or “always”.
- 32% reported that PA denials were “rarely” or “never” evidence based.

A national survey of psychiatrists found that two-thirds at least occasionally refrained from prescribing their preferred medication due to PA requirements. A 2018 study involving 63 children with epilepsy found that a week’s delay in authorizing a new anti-epileptic medication caused a missed dose in eleven cases leading to seven seizures and one hospitalization.

- **PA increases physician administrative burden; reduces time with patients**

The same 2020 AMA survey found that physicians and their staffs spent the equivalent of two full days (16 total hours) on PA administration each week. 85% felt that the administrative burden was “high” or

“extremely high”, and 40% had staff who worked exclusively on PA. Dealing with thousands of different plans and hundreds of different insurers with different and constantly changing PA rules and drug formularies was seen as the most significant administrative burden they faced. All reported that their personal involvement in responding to claim denials led to reduced time spent with patients.

- **Insurers resist PA reform measures**

In 2018, the AMA, the American Hospital Association, and the American Pharmacists Association met with the American Health Insurance Plans group, the Medical Group Management Association, and representatives of Blue Cross/Blue Shield Association to discuss streamlining and reforming the PA process. This led to a *Consensus Statement on Improving the Prior Authorization Process*. The statement recommended developing criteria for exempting some providers; using data analytics and up-to-date clinical criteria to reduce the number of drugs and procedures requiring PA, especially when nearly always approved; using automation to improve the efficiency and transparency of the PA process; and implementing procedures to protect patients during transitions.

A 2020 AMA follow-up survey of 1000 physicians found that after three years little or no progress had been made in achieving reforms. Most troubling was the fact that not only were PA requirements not updated and reduced, but 83% reported that PA requirements for both drugs and medical services had *increased* over the follow-up period with 38-40% reporting that PA requirements “increased significantly”.

Also troubling was the finding that 87% of physicians held that PA continued to “sometimes”, “often”, or “always” interfere with the continuity of care.

In addition, only 11% reported contracting with a plan that provided some exemptions and 58-68% complained of continuing lack of transparency including difficulty accessing PA requirements and updates, a source of many application errors. Less than 24% were using electronic portals for PA processing with fax and phone continuing as the primary mode of communication.

AMA President, Susan Bailey MD, issued a press release after the survey. “...the sad fact is little progress has been made on the reform goals.” She endorsed a bi-partisan federal bill HR 3173 that aims “to rein in prior authorization practices that adversely affect patient health.” That legislation is pending.

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Dear Civil Service and Labor Committee,

My name is Hilary Bromberg and I am a retired NYC employee, DOE, 21 years of service, retired 2019.

I am testifying today to implore the Council to not change Administrative Code 12-126. This Code has protected all NY City employees and retirees for decades.

After our organization consulted with its legal team, I feel you should be aware of the following information. On 15 December 2022, Martin Scheinman issued a 31-page document that has no force of law. As the signature page at the end explains, it is just a "Recommendation." Mr. Scheinman has no authority to order the City and the MLC to force retirees into a Medicare Advantage Plan, which is far worse than the traditional Medicare benefits that retirees have long received.

As he admits, Mr. Scheinman's limited authority comes from a 2018 Agreement between the City and the MLC. Under Section 5 of that Agreement, he and two other members of the "Tripartite Health Insurance Policy Committee" are authorized to "make recommendations to be considered by the MLC and the City." The Agreement does not allow the Committee, let alone Scheinman alone, to order anyone to do anything. Moreover, the Agreement requires the Committee to make "recommend[ations] for implementation as soon as practicable during the term of this Agreement but no later than June 30, 2020." Thus, not only are recommendations non-binding, they are now two-and-one-half years too late.

Some have attempted to make Scheinman's document seem more consequential than it really is by calling it a "decision" or "order" or "award." However, it is none of those things. It is just a non-binding (and untimely) recommendation, as the document itself makes clear. Although the 2018 Agreement allows Scheinman to arbitrate certain disputes between the City and the MLC, there was no dispute between the City and the MLC here – both are aligned with respect to forcing Medicare Advantage on retirees. Thus, Scheinman was not acting as an arbitrator and was not issuing a ruling, decision, award, or anything.

Scheinman's document is a transparent and futile attempt to make it seem like the City is being ordered to take away Traditional Medicare from retirees. The document does not – and cannot – require the City, or anyone else, to do anything. If the Mayor wants to take away the healthcare rights of elderly and disabled retirees, he should not pretend that anyone is making him do it. And the City Council should not assist him in this charade by amending Section 12-126.

The City Council should not participate in the illegal effort to force Medicare Advantage on retirees, who are entitled to the Traditional Medicare benefits they were promised and on which they desperately need. Let the Mayor be the one to strip retirees of these hard-earned benefits. Our organization will challenge him in court, and it will win. Again. But if the City Council amends Section 12-126, the path to victory in court becomes much harder. Give retirees the chance to fight and win in court with the current version of Section 12-126, which has existed for over half a century. If the organization loses in court, the City Council can always amend the statute later.

Hilary Bromberg

1/09/2023

DEAR HONORABLE COUNCIL MEMBERS

Michael Mulgrew is not being honest with us. If the Medicare Advantage Plan will as he says "Go Beyond Senior Care" wouldn't everyone be flocking to it?

The **fact** is the MAP plans generate their profits through the use of "PRIOR AUTHORIZATIONS" to deny care.

Making retirees jump through hoops appealing the MAPS decisions to deny care is unfair, cruel and most importantly life threatening.

Don't take away the rights we negotiated and worked our entire careers for while forgoing salary increases.

Please don't amend 12-126

Hillary Zacharia, UFT Retired 2014 PS 279

I am a NYC retiree. I retired almost 16 years ago after 32 years with NYCHA. As a managerial employee, I was not represented by any union. Yet, the unions are trying to diminish my healthcare. I am writing to ask that the Council not approve the proposal to amend Administrative Code 12-126.

The recommendation of the “arbitrator” was not a ruling or award. He himself declares the retirees to be “unaffiliated” in the matter being arbitrated. The NYC retirees cannot be bound by any arbitration to which we were not a party. In fact, arbitration is supposed to settle disputes among parties, and in this case there was no dispute between the MLC and the City, so the “arbitration” itself was inappropriate. The final “recommendation” was nothing more than a rubber-stamping of the City’s intentions.

Many of those who devoted their working careers to City service did so accepting lower pay than the private sector, but with the understanding that in retirement they would have good healthcare. To find that the City now wants to renege on the promises given to us is a slap in the face. How can the City hope to attract competent staff when, in addition to lower pay, they will not receive the benefits the City traditionally offered?

An amendment to 12-126 will allow the City to divide workers and retirees into “classes” and use those distinctions to offer unequal benefits. All City workers and retirees deserve the same level of healthcare.

The City has already diminished retirees’ healthcare by instituting \$15.00 co-pays for every doctor’s visit and test. Furthermore, the City wishes to charge retirees \$191.00 per month per person for Senior Care, which has been free for many years. Senior Care only pays 20% of the health cost (minus \$15.00 co-pays), yet the City wants retirees to pay more for Senior Care than they pay for traditional Medicare, which covers 80% of the cost. How can this make sense? Alternatively, the City wants to put retirees in a Medicare Advantage Plan (MAP). Medicare Advantage is well-known for its preapprovals and denials of health care recommended by physicians. In the last iteration of the MAP proposed by the City there were over 1,000 services requiring pre-approval, including routine blood work, x-rays, etc. MAPs, run by for-profit insurance companies realize their profits by delaying and or denying appropriate care, sometimes with dire consequences. The City has suggested that changing 12-126 will allow them to offer choice of health plans to retirees. There are many retirees who could not afford what Supreme Court Judge Lyle Frank called a “punitive charge” of \$191.00 per month. For these retirees, there will be NO choice of health plan. They will be forced into MAP and most likely lose access to doctors they have been seeing for years.

The NYC Organization of Public Service Retirees has won two court cases against the City. Admin. Code 12-126 was the basis on which the judges ruled in our favor. The move to change the Code that has protected our healthcare for generations is the City’s end run around the court decisions in our favor. It would be unconscionable for the Council to aid the City in removing these protections.

There are NYC retirees in their 80s and 90s, not computer-savvy, and with no idea that their healthcare is in jeopardy. There are nursing home patients who could suddenly find themselves out of the home because it will not accept a MAP. Studies have shown that, at end of life, a large number of people leave MAPs and return to traditional Medicare because it is the only way they can receive adequate care.

Please don't allow the City to renege on what they promised City workers. To use the vulnerable senior citizens and disabled first responders to realize budget savings for the City would be disgraceful. Thank you for your attention.

Holly Low

From: Ibeth Mejia <i.rosiomejia@gmail.com>
Sent: Monday, January 9, 2023 11:28 AM
To: Testimony
Subject: [EXTERNAL] Vote No to Amend 12-126

Ibeth Mejia
Testimony- VOTE NO TO AMEND 12-126
01/09/23

Most retirees do not want to be forced into a privatized Medicare Advantage plan where some health insurance company can get even richer on our backs. Strong unions like the UFT should be taking on these insurance giants. 12-126 gives us a nice benchmark plan with the HIP-HMO rate. Leave it alone and find savings elsewhere. The Taylor Law protects healthcare collective bargaining rights. It is a mandatory subject of bargaining. The moratorium clause is part of a state law that protects school district retirees in NY. I am not a lawyer but I like our chances if the City or Arbitrator Sheinman try to impose something unpopular on our retirees or active people. Privatized Medicare is unpopular.

Council Member Joann Ariola (R-Queens) stated she had fielded thousands of queries from constituents on the Medicare Advantage controversy and that it was running 10 to 1 against making the change in the Administrative Code sought by Mayor Adams and the MLC leadership.

Brooklyn Council Member Charles Barron, (D-Brooklyn) said he was "100 percent with the retirees...because I think they have to keep the commitment they have because it's beneficial for those who paid their dues and I think the Medicare Advantage approach is privatizing."

"Healthcare costs are out of control," said Council Member Gale Brewer (D-Manhattan). "I have been lobbied by both sides but at this point, I am supportive of the retirees."

That is a Republican, a left wing Democrat and a more moderate Democrat I just cited.

Now I would like to cite a past UFT President: the legendary AL Shanker. He said the Union should avoid splitter issues. By seeing what the Council Members are saying, this is clearly a splitter issue. It is the MLC leaderships and their supporters **against** the rank and file retirees.

If the MLC leadership gets a bill in front of the Council, there have to be public hearings. I can pretty much guarantee the MLC leadership will be standing against 9-11 survivors and heroes who will be at the Council in masse to oppose this change to 12-126 that will force them into privatized Medicare. **Please don't do it.** There is no MLC consensus on revising 12-126. Most of the uniform unions who are quite popular oppose changing 12-126 and they blame the UFT for leading this battle. Don't split the labor movement and don't try to balance the City books on the backs of retirees by privatizing their healthcare. We need to buy time until we can work for a national single payer system like every developed nation on earth has except for the USA.

Under the 1992 MLC Health Agreement, the city must negotiate all aspects of healthcare with the MLC. No unilateral changes can be made. Plans can be added or removed **ONLY** by mutual agreement between the MLC and City. This is the collective bargaining protection.

I suggest putting together a blue ribbon panel as has been proposed but has not been executed by our Union President Michael Mulgrew. Find other ways to save money with new audits and other savings but please leave the 12-126 as it is and support this resolution.

I am a UFT official of the High School Executive Board and along with 15,000 active service teachers I represent in the High School Division in NYC would like for the City to vote NO to amend 12-126 for this will affect in-service teachers not only UFT retirees.

Thank you for your time in reading my testimony.

Ibeth Mejia

High School Executive Board Member

United Federation of Teachers

UFT Chapter Leader

Special Educator

Aviation High School

NYC Department of Education

Hello,

My name is Ilan Desai-Geller. I am a Manhattan resident and am in my 4th year as a New York City public schools teacher, looking forward to many more years in the profession that I love in the city that I love.

I am writing to urge the council NOT to amend city code 12-126, which, as it stands, protects a decades-old right to premium-free health care provided by the City of New York. Not only is this a fight that a previous generation has *already won* and should be considered a settled matter, but this is part of what keeps it possible for me to live and work in a city that is otherwise to deeply unaffordable. If I had to pay for healthcare premiums on top of sky-high rent and cost of living, I may not be able to stay in the profession, and I know that high rates of teacher turnover cost my students dearly.

More to the point, however, rather than taking away a right given to every city worker, the Council should be finding savings through supporting statewide Medicare for All legislation, raising additional revenue, and cutting the budgets of overstaffed and inefficient agencies (like the NYPD).

Passing the proposed amendment does nothing but open the door to higher costs for the workers who make this city work and the privatization of medicare healthcare offered to our retirees. VOTE NO!

Thank you,
Ilan Desai-Geller

I worked for the New York City Housing Authority for 34 year at various positions in Management. I was proud to be in local 237 Teamsters and then in Management serving the residents. My husband and I counted on the benefits provided by NYCHA especially the medical and welfare fund benefits. When I retired I needed the medical benefits more than ever since I have serious conditions which require constant attention from top tier doctors.

I ask the NYC Council to consider the following:

- . The stabilization Fund was misused by the UFT to obtain raises. This was morally unjust.
- . NYC and the MLC are trying to switch retirees to a Medicare Advantage Plan knowing full well that Congressional Hearings, Newspaper and other Media reports, and Medical Studies have consistently shown that these plans deny critical patient procedures, overcharge Medicare by inflating costs and have failed to make required improvements. This is WRONG!
- . There are recommendations that NYC and MLC have failed to research. Improvements such as **self insurance, consolidation of the purchase of drugs, welfare funds, prescription purchases and negotiating hospital costs for over 1 million employees, retirees and their families.** These alone could save 600 million.
- . The organization of NYC retirees has already identified 300 million in savings which have not been implemented. Plus, the 600 million NYC claims it will receive from Medicare will shrink in future years.
- . Contrary to what is stated, the Arbitrator did NOT make a binding decision. It was only a recommendation, which the Council should investigate, due to his bias in this matter because of his close ties to the parties involved.

I understand that this is the most progressive Council in NY history. I cannot believe that this very same Council will undo Local Law 12-126 as currently written and that has survived the NYC financial crisis and the September 11 attack. Do not undo the work of Mayors LaGuardia and Lindsey as well as our great labor leaders who saved NYC in it time of need: Victor Gotbaum, Al Shanker and Barry Feinstein.

Thank you for you consideration
Ilene Tilner

January 8, 2023

Dear Council Members,

I am sending this statement as testimony for the legislation meeting on January 9th, concerning Administration Code 12-126. I do not want it amended and want to rely on myself and the UFT, that has historically made good decisions regarding the healthcare of it retired members) to understand my medical needs now and in the future. Amending the Administrative Code 12-126 conflicts with my ability to explore and determine the care and doctors I will use.

I stand behind what is written in the statement below. I agree with it. PLEASE DON'T AMEND ADMINISTRATIVE CODE 12-126 and allow me the freedom of choice by choosing an alternative proposal such as the following below.

We are counting on you, our elected officials, to do the right thing for municipal retirees. Protect our healthcare! Preserve Admin.Code 12-126! Vote NO on amending the law! As Gale Brewer stated, " A promise is a promise."

Alternative Proposal

The solution requires recognizing the structural and political forces that have created the current healthcare situation and developing a political consensus to address them. It requires implementing a temporary fix, for the next three years, to replenish the Stabilization Fund while long-term solutions are negotiated. It also requires replacing the Stabilization Fund with a sustainable plan to fund the benefits it provides and current healthcare costs for active employees, retirees and their dependents.

The City Council can offer leadership in developing the solution by advancing new legislation. The goals of the

legislation would be to:

- **Formalize the City's commitment to premium-free high-quality healthcare for active employees, retirees and their dependents.**
- **Articulate the City's historic commitment to maintaining the same health insurance coverage for all workers and retirees, refusing to divide or tier access to healthcare by income, job title, gender or race.**
- **Affirm that the City will keep its promise to retirees of premium-free health insurance through traditional Medicare and a Medicare supplemental plan.**
- **Recognize that City workers have historically made sacrifices in wages to ensure that all City workers—active and retired—have the means to sustain their health and the health of their families and communities.**
- **Address the immediate crisis for the Stabilization Fund; relieve the pressure on collective bargaining funds; and buy time to develop a long-term solution by allocating some of the budget funding over the next three years that would otherwise go to the Retiree Health Benefits Trust.**
- **Create a stakeholders' commission charged with finding a path to control health insurance spending, with a focus on hospital pricing, before the end of the three-year period.**
- **Develop a sustainable City health insurance funding mechanism, replacing the Stabilization Fund."**

Retirees' current benefits should be preserved while an immediate review of cost-cutting measures to lower healthcare spending is undertaken such as the following:

- 1) The city could create a self-insurance plan;**

- 2) Aggressive hospital cost reduction measures could be adopted;**
- 3) All union welfare funds could be consolidated into one for group drug purchasing;**
- 4) Current insurance providers could be audited for potential fraud and duplication;**
- 5) Money wasted due to bad insurance management and inefficiencies could be reduced.**

From: Zorbas Ionna <IZorbas@schools.nyc.gov>
Sent: Wednesday, January 11, 2023 10:59 PM
To: NYC Council Hearings
Subject: NO TO AMENDING CODE 12-126

I, Ioanna Zorbas a paraprofessional for a NYC Public school doesn't no agree with the Amending Code 12-126. It will seriously undermine the healthcare protection for all NYC workers.

Thank you,

From: Ira Glasser <isg219@yahoo.com>
Sent: Sunday, January 8, 2023 2:49 PM
To: Testimony
Subject: [EXTERNAL] Senior care--the proposed change will make the most vulnerable pay for the illegal agreement between unions and Mayor deBlasio

My name is Ira Glasser. Although I was for over 30 years first the Executive Director of the New York Civil Liberties Union and then of the American Civil Liberties Union, I speak here as the husband of a retired NYC schoolteacher.

By contract, retired public employees who are on Medicare have been for many decades guaranteed a wide variety of premium-free secondary insurance plans by the City. The legal basis for this, for more than 50 years, has been NYC Admin. Code, section 12-126. Courts have affirmed this.

The City Council is now considering whether to amend Section 12-126.

Why has this happened after 50 years?

Here's why:

1. The United Federation of Teachers (UFT) created this problem by negotiating raises (during the last year of Mayor deBlasio's administration) that were intended to be funded by savings generated by moving retirees from their current traditional Medicare plus secondary insurance plans into private Medicare Advantage plans instead;
2. District Council 37 went along with that, and so did all the other public service unions;
3. But many retirees believed that private Medicare Advantage plans left them exposed to risks and costs that did not exist with traditional Medicare, and that in abrogating the plans they had been guaranteed by law and by contract for decades, the deal made by the unions and the deBlasio administration was a betrayal. (Under that deal, retirees could keep their old plans but only if they paid nearly \$400 per month per couple in premiums, which most retirees could not afford);
4. The unions were able to brag to their members (current employees) about obtaining raises for them, while people they no longer represented (retirees) twisted in the wind;

5. But then the retirees organized, hired a lawyer, went into court and obtained rulings that declared that what the unions and the City were doing to retirees' health benefit options was illegal;

6. This left those unions and the City in a difficult and embarrassing position because now their members negotiated raises were unfunded;

7. Rather than admit to what they had done or fund those raises by agreeing to forego prospective raises for a couple of years, the unions and the City are now attempting to change the law upon which the court rulings was based-- a law that has existed for over 50 years! And they are trying to change it not just prospectively but retroactively.

8. Thus the unions are not only acting to diminish the health care rights and benefits of their current and future members--a sellout that is a betrayal of their raison d'etre, but also to diminish the rights and benefits promised by prior contract to former employees who are now retired;

9. The UFT, and the other unions who were complicit in this sell-out can't admit it because it would show either that they were incompetent (agreeing to fund future raises with money illegally taken from retirees past contractual benefits) or had betrayed their fundamental purpose, which is to protect the rights and benefits of the people they exist to represent.

10. The City is also now in a difficult position because it essentially agreed to salary raises that were illegally funded, and which now, as a result of court rulings declaring their scheme illegal, are unfunded. How will those past raises, already being paid, be funded if the City cannot diminish retirees health benefit options?

So instead of the unions and the City admitting they screwed up and acted illegally, and recouping either through a moratorium on future raises, which would be very unpopular with a large portion of the electorate, or recouping through other budget cuts, which are also electorally problematic, they are attempting to change the law retroactively, and continuing to force the most vulnerable constituency--retirees--to pay for their mistake. And electorally, the retirees are a smaller and a declining constituency. So their wrath is less problematic.

The question now is whether the City Council becomes an accomplice to this by changing the underlying law, which, once it is changed, will also reduce the rights and benefits of all future retirees and possibly all current employees as well.

I urge the Council not to be complicit in this sordid scheme. This mistake wasn't the retirees' mistake. And it wasn't yours. It is a cruel blow to elderly, vulnerable people who served the City for decades and have a right to rely, in their old age, on promises made to them.

Do not change Admin. Code 12-126.

Thank you.

From: Arlene Hasbrouck <arlydarly8@gmail.com>
Sent: Wednesday, January 11, 2023 12:23 PM
To: Testimony
Subject: [EXTERNAL] Don't amend 12-126

When I started to work for the Department of education in 1980, I knew I would never get rich on civil servant wages, but as the daughter of a union employee I knew that the union would always have my back. *That's what unions are supposed to do: have their members backs.*

Over the decades, through the tough economic times in NYC, we gave up many a raise for a sweetened retirement deal. We bailed out the city in multiple contracts. We voted those contracts in, and in exchange we were promised better benefits and other perks in retirement in lieu of salary. Our friends in other industries with Masters Degrees (just like ours) were getting bonuses and huge raises while we got 0% raises for multiple years. Our benefits weren't a "gift." They were hard earned and voted in by the union membership to help out the city that employed us. Promises were made that you're now being asked to break.

Fast forward to today, where you're being asked to change the only protection NYC retirees have. We're going to be forced to trust all our medical care to an inferior unknown plan. We have the option to sign up for Medicare Advantage every year since we retired and have opted not to. If it was so fantastic, don't you think people would have flocked to join on their own?

Now, the courts have ruled in our favor and the only way the MLC can get out of this as a winner is for you to be complicit in changing Administrative code 12-126. The MLC misappropriated funds from the Stabilization Fund to use for current employee raises and are now being asked to replace that money. They raided the cookie jar! They NEED this Medicare Advantage plan to go through in order to replenish the fund. They don't care about the retirees. They don't care about the current employees. The only thing they care about is saving their own necks. And they need you to vote in their favor in order to win. They're lying to their workers and they're lying to you.

Mayor Adams can change this code on his own. He doesn't need your help. Vote "**no**" and let him be the bad guy if he so chooses. Then the retirees can litigate and let the courts decide once and for all. Give us our day in court and vote **NO** to amend Administrative Code 12-126.

Respectfully submitted,

Arlene Hasbrouck
NYC Department of Education
Retired 2010 after 30 years of service

Ira Hasbrouck
NYC Department of Education
Retired 2010 after 32 years of service

From: irenealter@aol.com
Sent: Thursday, January 12, 2023 1:26 PM
To: Testimony
Subject: [EXTERNAL] Fw: Protect 12 -126

----- Forwarded Message -----

From: irenealter@aol.com <irenealter@aol.com>
To: Cdelarosa@council.nyc.gov <cdelarosa@council.nyc.gov>
Cc: aeadams@council.nyc.gov <aeadams@council.nyc.gov>
Sent: Friday, January 6, 2023 at 04:43:12 PM EST
Subject: Protect 12 -126

Dear Esteemed Councilwoman De la Rosa,

I am not only writing to you as a retired member of the DOE who not only grew up in different parts of NYC but also taught in various levels and boroughs. I am also writing and advocating as a child of a municipal retiree who belonged to DC37. When my dad retired on a meager pension many years ago the one thing we knew we could count on along the way was his excellent health care benefits. Even when he moved into an assisted living facility and later a nursing home, when issues came up I knew I could take him to the doctors he had seen before or find the best specialists for his condition. My dad lived to 91 but may not have reached that age knowing now that the services he needed would most probably have been outside of the Medicare Advantage realm and services which he could never have been able to afford given his meager pension.

I will be honest. If you are successful in overturning a bill that has protected our health care for many years, those who can afford it will do what is necessary in order to not be saddled with the unwanted Advantage plan. Although there will be a great additional cost to our budgets we will sustain it. However we will never forget how Michael Mulgrew and the UFT and the City Council were complicit in putting the nail in the coffin, turning a blind eye to those who served this city for many years. What will be a worse consequence however, will be for the poorer members who cannot have that luxury to afford better health care and would be locked into the box that you helped create. That would be the worst travesty. I use the example of my own father for that purpose. For some reason, hard to understand, but somehow our mayor and union heads are turning a blind eye to this. I beseech you. Please do not be a party to this unconscionable behavior on their part.

Marianne Pizzitola and the NYC Org of Retired Public Service Employees have now become the true spokespeople for all municipal retirees and the true protectors of our vulnerable members. They are very informed and know all the facts. I hope you will open up your minds and ears and listen to them.

With all due respect,
Irene Alter, Retiree 2002, NYCDOE

NYC council speech

My name is Professor Irving Robbins Emeritus, I spent 54 years teaching at the College of Staten Island city University. I retired back in 2017 and I am now going to be 82 years old this year. The medical plan I have is extremely important to me since I have chronic lymphocytic leukemia and at my age suffer from a number of different ailments. Naturally The doctors and hospitals I go to are extremely important to me and I want to pick the best I can, to stay alive and enjoy in a reasonable manner the rest of my life. Medicare advantage plans are notorious in poor treatment than regular Medicare and there is much evidence of such if you search. last week I sent each of you references to prove that point. A major problem with MA plans is their delaying techniques. For example, if I am asked by my doctor to get a procedure, under Medicare, I go get the procedure. Advantage plans are notorious for delaying such to reduce their costs, by having to have almost everything you to do be preapproved by an authorization even though their own medical professional recommends that procedure to treat their patient. Effectively, they don't . trust their own doctors!. Delays can be deadly!

I sent you a reference to a Federal Report to back up what I am presenting that ***Medicare Advantage Plans Often Deny Needed Care***. I implore you to read it. The report is from the inspector general's office of the Health and Human Services Department.

They looked into whether some of the services that were rejected would probably have been approved if the beneficiaries had been enrolled in traditional Medicare.

The investigators found that Tens of millions of Medicare Advantage denials are issued each year for both authorization and reimbursements of appeals. In addition, audits of the private insurers show evidence of ,and I quote “widespread and persistent problems related to inappropriate denials of services and payment,” The investigators even urged Medicare officials to strengthen oversight of these private insurance plans! and called for increased enforcement against plans with a pattern of inappropriate denials

Please help us avoid a medical nightmare !

From: Irwin Yellowitz <iyellowitz@aol.com>
Sent: Tuesday, January 10, 2023 3:23 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Medicare Advantage Plan

To the members of the City Council Committee on Civil Service and Labor:

I urge you to vote No on the proposal to change the Administrative Code 12-126, and instead to approve the plan proposed by the Professional Staff Congress to provide funding by the City for the Stabilization Fund for three years while a stakeholders commission works out a fairer and more durable solution to escalating health costs.

I acknowledge increasing health costs, and agree that NYC must control these. The City and MLC propose to do this by shifting retirees into a Medicare Advantage plan and requiring anyone who opts out to pay the cost of their Medigap policy. This yields a saving to the City at the expense of retirees who are forced into a lesser health plan, or who are forced to avoid such a lesser plan by paying \$2400 per person per year for a Medigap policy. Obviously lower paid City workers cannot afford such a Medigap policy, and so we will have most lower paid retirees in the Medicare Advantage plan while better paid retirees will opt out in huge numbers to stay in traditional Medicare plus Senior Care, paid for by their money. This creates an outcome by class -- and also by race -- that I do not believe the City Council will support.

There are long term remedies, but they require time and effort. The PSC plan provides a viable pathway for finding these necessary ways to reduce health care costs without forcing retirees into an inferior health plan that will disrupt the lives of many elderly and frail people. Retirees do not deserve this treatment when an alternative that can deal with health care costs in a comprehensive and long term way is available.

Please reject the changes to the Administrative Code, and use your influence to find a viable, real solution to the rising health care costs based on the PSC plan.

Thank you.

Irwin Yellowitz

From: Isabel figueroa <isabelfigueroa0312@gmail.com>
Sent: Friday, January 6, 2023 3:13 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Fwd: My letter again code 12-126

Sent from my iPhone

Begin forwarded message:

Subject: Re: My letter again code 12-126

On Fri, Jan 6, 2023 at 2:24 PM Isabel figueroa <isabelfigueroa0312@gmail.com> wrote:

Hi my name is Isabel Figueroa I'm a nyc retiree

I'm writing to all nyc Council members to vote NO In amending administrative CODE 12-126

This code is bait and switch which allow the city to change for health care options the city protect the health care benefits for all employees since 1967 as written in the code

Why I disagree with this change I paid for a decent HEALTH care for thirty two year working

For nyc hospital I need to continuing with my

Actual health care benefits for me and my dependents in conclusion I hope that members from city council VOTE no to CODE 12- 126

Sent from my iPhone

From: Isabel Rowan <imrowan2@gmail.com>
Sent: Saturday, January 7, 2023 9:23 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Testimony re the amendment of the administrative code Section 12-126 of the city of New York, in relation to health insurance coverage for city employees, city retirees, and dependents

To the Committee on Civil Service and Labor in NYC :

This is a my written testimony to the Council of [New York City Hall](#), the Committee on Civil Service and Labor, chaired by Council Member Carmen De La Rosa, regarding the [public hearing on proposed legislation](#) to amend the administrative code Section 12-126 of the city of New York, in relation to health insurance coverage for city employees, city retirees, and their dependents.

I am a retired (as of July 2019) dedicated and experienced Bilingual Guidance Counselor/Special Education Teacher and have 40 years of experience teaching and counseling in NYC Department of Education schools. The following awards were presented to me over the course of my career:

Guidance Counselor of the Year Award, Board of Education of the City of New York, 13Th annual ceremony from the Manhattan Superintendent's Office (June 1999)

Guidance Counselor of the Year Award, Board of Education of the City of New York, Eighth annual ceremony from the Manhattan Superintendent's Office (June 1993)

Special Education Teacher of the Year Award, Board of Education of the City of New York, BASIS Superintendent's Office, (June 1985)

Special Education Teacher of the Year Award, Board of Education of the City of New York, BASIS Superintendent's Office, (June 1983)

The following are the schools I serviced throughout my career:

Richard R. Green High School of Teaching (2017-2019)
High School for Environmental Studies (2017)
High School for Graphic Communication Arts (1992-2016) School Closed
Art and Design High School (1997-2006)
Independence High School (2004-2006)

I am opposed to an amendment to the administrative code which forces NYC retirees into a privatized Medicare Advantage which is reportedly far worse than the traditional medicare benefits that retirees have received in the past. It is far worse because it limits care and lifesaving procedures, making medical surgeries more likely to result in death. In addition, more pre-authorizations are required, further risking the lives of the retirees. This

represents a substantial decline in healthcare benefits that were promised to retirees over the course of their careers into retirement. Add to this, higher premiums, co-pays and fees!

The 2018 agreement between the city and MLC that allowed them to make recommendations between the MLC and the city, such as changing the code, is just that, and not legally binding. It also expired June 30, 2020!

I do not want to have my traditional medicare and NYC Senior Care changed in any way, nor do I want to pay additional money for it. It was promised to me throughout my career, I earned it, and I should be allowed to retain it for myself and my husband.

Please consider my request, and those of other retirees that serviced the schools and students of the NYC DOE throughout their careers, not to change the code and to continue NYC DOE's promise to provide us with the needed paid medical care throughout our retirement.

Respectfully submitted,

Isabel M. Rowan
Guidance Counselor/Special Education Teacher

From: ismael cruz <icruz33@outlook.com>
Sent: Monday, January 9, 2023 8:55 AM
To: Testimony
Subject: [EXTERNAL] code 12-126

My name is Ismael Cruz and I am a retired city worker since 2017. I worked at the Police Department (civilian) and John Jay College of Criminal Justice with 26 years of service. I am writing to protest the change of code 12-126 healthcare to Medicare Advantage care. I was disabled due to two on the job injuries and numerous health problems. On 2007 after trying to get my disability pension I was denied but approved by Social Security. On 2009 I received Medicare and started on Medicare Advantage plan with Aetna because that was the provider I had while on the job. It was a disaster having to pay thousands of dollars out of pocket. Please keep in mind that I was a Painter at John Jay College and had no medical coverage due to the trades voting for prevailing rate, the 220 law which I was against and my union local 1969-International Brotherhood of Painters and allied Trades abandoned me because of my stances. I have been on all the Medicare Advantage Plans of all the providers looking for the best being an insulin dependent diabetic. The only one that half dissent is United health care but the copays and deductibles almost bankrupt me. I please urge you vote against this proposal to change code 12-126.

Sincerely, Ismael Cruz

From: jack greenhouse <cptjfg@gmail.com>
Sent: Saturday, January 7, 2023 1:32 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Fwd: MAP

Sent from my iPhone

Begin forwarded message:

From: jack greenhouse <cptjfg@icloud.com>
Date: January 7, 2023 at 1:16:28 PM EST
To: cptjfg@gmail.com
Subject: Fwd: MAP

Sent from my iPhone

Begin forwarded message:

From: jack greenhouse <cptjfg@icloud.com>
Date: January 7, 2023 at 12:29:43 PM EST
To: hearings@council.nyc.gov
Subject: MAP

My name is Jack Greenhouse and a retiree from the NYPD. About two years ago I enrolled in the AETNA Medicare advantage plan for a trial period. From that point on, I had nothing but problems with the plan. I live in two locations, Long Island Ny and Delray Beach Florida. While in Florida, I needed the services of a urologist. The doctor refused to take the MAP coverage.

My wife needed a hip replacement. AETNA denied her a hospital stay. Her doctor refused to operate without a hospital stay due to her age, which is 80. After many phone calls, a hospital stay was approved.

With regular Medicare these problems would never happen.

I was a NYPD Captain and thru my time serving the people of New York I had to put my life on the line. I had to retire with a disability. I was not a 9 to 5 city employee. We all cannot be put in a one size fits all category and denied coverage from some clerk. This MAP has to go away.

Sent from my iPhone

From: Jack Torre <jack.torre@yahoo.com>
Sent: Sunday, January 8, 2023 10:03 PM
To: NYC Council Hearings
Cc: Brannan, Justin
Subject: [EXTERNAL] Testimony of Jack La Torre to be read in person at City Council January 9, 2023

Good day:

My name is Jack La Torre, retired NYPD lieutenant and cancer survivor.

First, I wish to thank Marianne Pizzitola and her team for forming the NYC Organization of Public Service Retirees. Thanks to this group I can present the following facts:

- 1) The Stabilization Fund has been misused for years (2003, 2006, 2009, 2011 and 2014). To fund raises by taking one million dollars from it is wrong.
- 2) Changing Admin. Code 12-126 to force retirees into privatized Medicare Advantage is both deadly and wrong.
- 3) To ignore the fact that "big health care" is under Federal investigation for Medicare Advantage fraud is wrong.
- 4) To subject low-income retirees to higher premiums, fees and co-pays is wrong.
- 5) To ignore the fact that Medicare Advantage adds nearly 100 more life-threatening pre-authorizations is wrong.
- 6) To ignore the fact that Medicare Advantage limits care and access to life-saving treatments is wrong.
- 7) To believe the so-called Scheinman Document (issued December 15, 2022) has the force of law is wrong. It is a non-binding recommendation.
- 8) For the Municipal Labor Council to have 2 unions (UFT and DC 37) control 2/3rds of any vote is wrong.

If this City Council amends Admin. Code 12-126 it will be taking away the healthcare rights of the elderly and disabled retirees who have dedicated their working lives to serving the people of NYC.

Eric Adams, when running for mayor, said the Medicare Advantage Plan seems like a "bait and switch."

I ask this City Council to NOT amend 12-126. I ask this City Council to do what is right, not what, as is clearly seen by the true facts, is wrong.

Thank you.

Signed,

Jack La Torre

Brooklyn, NY 11220

From: Jack Torre <jack.torre@yahoo.com>
Sent: Tuesday, January 10, 2023 11:28 AM
To: Brannan, Justin
Cc: NYC Council Hearings
Subject: [EXTERNAL] City Council Hearing of January 09, 2023

Dear Councilmember Brannan:

I must confess it was great seeing you occupy the top chair at yesterday's hearing. I proudly told my seatmate "That's my Councilman!"

Another observation: I was truly impressed with the way the hearing was run. The members of the City Council who asked questions of the various panels were professional and I am thankful to see this segment of city government in action.

Here is my summary of the hearing:

- 1) My guess is 99% of those who spoke were against having Admin. Code 12-126 amended and ask it to remain as it has been for the past 55 plus years.
- 2) Those that spoke in favor of the amendment were fearful of being placed into a Medicare Advantage plan and wanted to remain in regular Medicare because Medicare Advantage is a horrible substitute.
- 3) How ironic that UFT President Mulgrew spoke about choice and the choice the City of New York is presenting is either amend 12-126 or else we will force you into Medicare Advantage.
- 4) How sad to see and hear such elderly and sick NYC retirees beg (yes, literally beg) the City Council to not amend 12-126 and to hear of their very serious health issues.
- 5) Many asked the City Council to reject the mayor's mandate to amend 12-126 even if it meant having to litigate further if and when Medicare Advantage is forcibly implemented.

Councilmember Brannan, let the mayor be responsible for those that will die when forced into Medicare Advantage and not the City Council. Several speakers stated that it is actually unfair to even have the City Council be placed in this situation. And it is.

I hope the testimony of the 200 or so retirees (99% in favor of keeping 12-126 as it presently stands) will convince the City Council to answer City Hall as was answered in WW II at the Battle of the Bulge when the US Army was asked to surrender. Their one-word response: "Nuts."

That is the message the City Council should send to Eric Adams, who stated Medicare Advantage looks like a "bait and switch" when he was running for mayor.

Respectfully submitted,
Jack La Torre

Brooklyn, NY 11220



From: Jackie Casano <jackie.casano@yahoo.com>
Sent: Friday, January 6, 2023 3:32 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Please DO NOT Amend 12-126

I am writing on behalf of my mother, Toby Freedman, a New York City retiree. She retired from the Kings County District Attorney's Office in 2009, after twenty years of service. She is 84 years old and suffers from dementia.

In 2010, she relocated to a warmer climate, as many retirees do. She chose Nevada and has lived there since 2014. During these years she has been very grateful for the medical care received and has established trusting relationships with her doctors. However, she would be at risk of losing most of her doctors if the City forces her into a Medicare Advantage plan. I have spoken to her doctors and have been told that they do not accept Advantage plans! I have made many phone calls and it seems that most doctors here do not accept Advantage plans!

My mother, at 84, would be faced with a financial disaster! It is very unfair to pull the rug out from under elderly people who have retired from NYC. My mother has been very grateful for her medical coverage that was promised to her since retiring and has doctors here that she likes very much and trusts to do the right thing by her. She should not have to suddenly worry about changing doctors or going for additional appointments to get referrals. With Medicare Advantage she would be forced to go to the doctor additional visits to get referrals and let me tell you, for a dementia patient, that is no easy task!

I know the City needs help financially but I am positive there are other ways to recoup money than by going back on promises to your most vulnerable population - the elderly! They should be grandfathered in to remain on the promised plan and all new hires should be put on for Medicare Advantage plans. At least they will know what they are getting when they retire, and there's no reneged promises, no double crossing!

Thank you for taking the time to read this.

Sincereley,
Jackie Casano for Toby Freedman

To NY City Council Committee on Civil Service and Labor
Re: Jan 9 Hearing
Testimony: Medicare vs Medicare Advantage

I want to thank the Council for providing the hearing to present our views and listening with open minds so attentively to our testimony.

I am submitting here my Testimony, which follows below on the next page, "Against Replacing Medicare with Medicare Advantage," I was at the Jan. 9 Hearing, and listened to the testimony all day, but finally had to leave before I was able to testify.

I intended to revise this testimony and submit it in writing but was unable to do so by the deadline. You can see in this statement and my attendance at the hearing in a wheelchair that I have a serious handicap due to Post-polio Syndrome. I couldn't submit this testimony sooner because I had to spend much of last week on my medical care, consultations with doctors, extensive tests and follow up and relying on someone to get me there.

I wonder if any exception can be made for someone handicapped regarding the deadline for submission of testimony, perhaps as an issue of access.

Regards,
Jackie DiSalvo
Professor Emerita, Baruch College
Retiree Chapter, PSC

jdisalvo@nyc.rr.com

Jackie DiSalvo, PSC-CUNY,

**Testimony: New York City Council Committee on Civil Service and Labor, Jan. 9, 2023
Against replacing Medicare with Medicare Advantage**

I am a retired professor from Baruch College and a member of the Retiree Chapter of the PSC, and I am urging you to vote No on changing the Administrative Code 12-126, through which retirees would have to either give up our free traditional non-profit Medicare plus Senior Care and take a for profit Medicare Advantage plan or pay to retain coverage at a \$2400 per person per year cost that will be onerous for many municipal workers.

I understand that NYC has increasing health costs but object to its acquiring savings at the expense of retirees, even though we have been paying into Medicare all our working lives. Extensive studies have documented the inferiority of Medicare Advantage, which fails to control costs while preserving the quality of care but serves private health insurers and investors at the expense of recipients. Profits may be achieved by overcharging beneficiaries, delaying or denying care, restricting services, and an inappropriate denial rate for doctors and protocols, most commonly for such procedures as MRIs and CT scans. Moreover, despite claims of full access to physicians and hospitals, many doctors have told us they will not accept Medicare Advantage, and the available networks are usually restricted, so enrollees have to pay more for “out-of-network” coverage. Such conditions literally put colleagues with life-threatening conditions in peril. So, based on its track record, Medicare Advantage could more accurately be called Medicare *Disadvantage*.

This issue is very personal for me. I am attending this session in a wheelchair, and although doing so is more arduous, it testifies to the urgency for me of the proposed change. I have an ongoing disability from having had polio at 5 years old. Mostly, except for the resulting paralysis of my right arm, for decades I was able to function without many limitations, but beginning about 10 years ago, I began to weaken increasingly due to Post-polio Syndrome, falling one day and shattering my shoulder. Then about 2 years ago I collapsed, and since then have been unable to stand or walk, leading to spinal surgery in hopes that revived nerves might also restore my muscles, orthopedic consultations and physical therapy. Moreover, as other medical care became necessary, I have had to see doctors with various specializations and have been able to see the best and follow whatever procedures they recommended with no inhibitions due to cost. Without that I could have been reduced to the handicap I have spent my whole life attempting to overcome. I credit Medicare, my health insurance, with maintaining my quality of life.

This change in health insurance is part of the whole movement of privatization that is undermining every public service, such as replacing public with charter schools, and undermining CUNY. Just as I love my publicly funded health care, I love CUNY as a public university accessible to working class, immigrant, African-American and other students of color, my college, Baruch, first in the whole country in offering students upward mobility. However, as its budget comes less from the state and city and more from student tuition, CUNY becomes less accessible. I love my union, the PSC, when it fights not only for my immediate needs in our contract but takes a stand on progressive issues for a wider population such as defending access to CUNY and leading this fight to preserve traditional health benefits for municipal workers by offering an alternative.

Ultimately, however, we need access to healthcare for all New Yorkers, including the many now uninsured. That will only be possible with the inclusive public health system known as Single Payer or Medicare For All. New Yorkers might achieve that through the New York Health Act, NYHA, presently before the NY State Legislature, advocated by various community groups and such unions as NYSNA, the New York State Nurses Association. That is the next fight; for now we must save the coverage we have, so **I urge you to refuse eliminating code 12-126 and seriously consider the PSC proposal, which saves funds without offering retirees as a sacrifice to the profiteering Medicare Advantage.**

Jackie DiSalvo, PSC-CUNY,

**Testimony: New York City Council Committee on Civil Service and Labor, Jan. 9, 2023
Against replacing Medicare with Medicare Advantage**

I am a retired professor from Baruch College and a member of the Retiree Chapter of the PSC, and I am urging you to vote No on changing the Administrative Code 12-126, through which retirees would have to either give up our free traditional non-profit Medicare plus Senior Care and take a for profit Medicare Advantage plan or pay to retain coverage at a \$2400 per person per year cost that will be onerous for many municipal workers.

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Ultimately, however, we need access to healthcare for all New Yorkers, including the many now uninsured. That will only be possible with the inclusive public health system known as Single Payer or Medicare For All. New Yorkers might achieve that through the New York Health Act, NYHA, presently before the NY State Legislature, advocated by various community groups and such unions as NYSNA, the New York State Nurses Association. That is the next fight; for now we must save the coverage we have, so **I urge you to refuse eliminating code 12-126 and seriously consider the PSC proposal, which saves funds without offering retirees as a sacrifice to the profiteering Medicare Advantage.**

From: Jackie Lyle <jackiemnyc@gmail.com>
Sent: Friday, January 6, 2023 11:33 AM
To: Benjamin, Nicole
Subject: [EXTERNAL] Questions about the hearing

Dear Ms. Benjamin,

I received your email invitation to join the hearing on January 9. There are two links in your email, and I want to be sure I am able to join correctly. I am using the first link that says "Join here" ? I am not using the second online link, is that correct?

Do you have a schedule? Can you tell me an approximate time I should be ready to testify? I would also appreciate you checking your lists to confirm that I am on the list to testify on January 9.

Thank you for your help.

Jackie Lyle

January 9, 2023

To whom it may concern:

NYC Council must not change 12-126 and leave healthcare for municipal workers as is. NYC cannot solve its financial woes on the backs of retirees and municipal workers.

Sincerely,

Jaclyn Farruggia

Thank you for giving me the opportunity to speak with you today. My name is Jacqueline Lyle, I am a retired New York City teacher. I worked for many years in District 24. I receive my healthcare coverage from NYC. I want to explain why that coverage in its current form has been invaluable to me and to my family. I also want to discuss our research on Medicare Advantage plans and explain why the care is problematic.

My husband, Kevin, experienced kidney failure in his early fifties. On Thanksgiving evening in 2004, we received a phone call from Columbia Presbyterian Hospital. They had a kidney for Kevin. We needed to leave immediately. If we had to get prior approval, I am not sure if Kevin would have received that kidney, as the operation took place over a holiday weekend, on the eve of Thanksgiving, when insurance offices are closed. He did receive that kidney and his transplant was successful. The point I am making is that medical emergencies and opportunities can happen at any time, without warning. Requesting approvals and using a prescribed network of doctors can jeopardize treatments that must be done quickly to get needed lifesaving results. A Medicare Advantage Plan would require those authorizations. In addition, there is a dark cloud over our relief. My research shows that his transplant gives him a preexisting condition. If you move my husband into an Advantage plan, he might find, as many Medicare recipients do, that Medicare Advantage does not cover all that he needs. If he tries to move back to traditional care, he will experience problems getting back on traditional Medicare. If that is not enough, his transplant status will be seen as a preexisting condition, making a Medicare supplement unaffordable.

Please do not change Code 12-126, and refrain from introducing Bill No. 874. It is my belief that traditional Medicare will provide the best coverage for Kevin. We have been retired for several years, and we cannot afford to pay additional premiums. You have been entrusted by your constituents to represent their interests. Please do just that by helping them preserve their earned benefits and maintain their health to continue productive, active lives.

From: Jacqueline Barnett <jsbarnett22@gmail.com>
Sent: Monday, January 9, 2023 6:10 PM
To: Testimony
Subject: [EXTERNAL] My name is Jacqueline Schoenhaus-Barnett and I am

My name is Jacqueline Schoenhaus-Barnett and I am a retired bilingual School Psychologist for the NYC Dept of Education. In July, 2021 the MLC made an announcement that it would be switching all City retirees to a Medicare Advantage

Plan by January 2022 unbeknownst to the majority of the 250,000 people who would be impacted by this decision. At that time we were assured by the MLC that we would be able to keep all our doctors and receive exactly the same healthcare we enjoyed under regular Medicare. Bingo everyone proceeded to call their doctors and we were told they never heard of the Medicare Advantage Plan with the city. Those verbal promises made to city retirees were clearly duplicitous fabrications not based on reality and we are hearing the same promises today. What this really means is that if we wished to keep our regular doctors and Senior Care we would have to pay a premium of \$191 per month and create a two tier system. Or be switched to a MAP plan which our doctors knew nothing about and be burdened with pre-authorizations and bureaucratically encumbered paper work often involving reimbursements after treatment. At the time no one really knew about the protections of the City Code 12-126 until the retirees won the court cases and learned about the significance of the code and its provision that one hundred percent of the full health care insurance costs are to be paid by the city. After the court cases and disappearance of Alliance as the senior care provider, our union leaders declared that they would only sign on to a plan which was tailored to the needs of their constituency. This was obviously in retrospect, since initially they enthusiastically supported the switching of all City retirees into a half-baked advantage plan that the courts found irrevocably flawed in its implementation. So now I'm wondering about how the iron clad checks and balances infrastructure needed to assure this quality health care they are promising would be funded? How much is it going to cost to hire experts to oversee this process? So now I am imploring you the City Council to leave our health care protections in tact and do not amend the code. We cannot trust privatized health care to put people before profits and we do not wish to be the sacrificial lambs at the altar of greedy insurance companies who would be the decision makers of the kinds of medical treatments available to us. We want to continue with our current coverage which provides us with medical security and not be subjected to medical insecurity at this advanced stage of our lives. Thank you

Sent from my iPad

Protect our health care! Vote No on changing Administrative Code 12-126

Dear Council Member,

Tomorrow one of the most important discussions and votes affecting New York City Employee Healthcare will take place in the City Council. This vote will affect your healthcare and the healthcare of your family and hundreds of thousands of active and retired city employees. You will be asked to vote on a damaging, wide-reaching and poorly planned change to the City's Administrative Code section 12-126. I urge you to vote NO on the proposed change.

NYC workers, people like you and I have been able to rely on New York City to meet its obligation to provide health insurance in our retirement. The proposed Administrative Code change breaks this agreement. It opens the door to decreasing the quality of healthcare and creating disparate plans for New York City employees.

We ask you to protect the integrity of administrative code 12-126 as every City Council has done before you. Please stand up for what is right for all New York City Employees and reject the proposed change to Administrative Code 12-126.

Sincerely, your constituent,

James Bierster

Retired NYC Housing Authority Police Officer

Members of the NYC Council Committee on Civil Service and Labor:

My name is James Collins. I retired from HRA about 30 years ago. It is more than disappointing, it is outrageous that at the age of 82 I have to come to you to protect my and 150,000 other NYC retirees' access to a premium-free Medicare supplementary plan, currently Emblem's "Senior Care".

I call on you to defeat this proposed amendment for the following reasons:

1. As stated by the President of the International Network for the Prevention of Elder Abuse in her September 29, 2022 letter to the Speaker and Chairs of 5 Committees, this action would constitute elder abuse and a violation of our human right to be treated with dignity and respect. The OLR and MLC acted with NO conversation with or input from the retirees who would be impacted. The Council must not be complicit in this abuse of retirees!

You know the expression, "If you don't have a seat at the table, you are on the menu." That is exactly what happened here in violation of our rights. But to the surprise and dismay of the MLC and OLR, retirees organized and have prevailed in court.

In this regard, I can only condemn the cruel, callous, hardhearted, shameful actions of the union leaders and OLR officials who would knowingly throw thousands of vulnerable retirees in their 70's, 80's and 90's across the country, many in terminal medical conditions, or fighting life-threatening illnesses, or suffering from Alzheimer's or other forms of dementia out of a medical plan they have enjoyed and used for decades. According to the NYC Actuary's reports on the 5 NYC pension systems, there are over 85,000 retirees/dependents ages 75-84 and over 37,000 ages 85 and older; using the Alzheimers Association's prevalence data suggests around 25,000 retirees with Alzheimer's. How many of them do you think would do well under a Medicare Advantage plan? How many of these age 75+ do you think could afford to pay for and keep Senior Care? How do you think their caretakers would deal with the additional burden of either change in circumstances?

2. This amendment, if approved, would transfer power over a public policy domain from the Council to the MLC, an un-elected body with no accountability to the public. The language is also a blank check: I understand the current target are Medicare-eligible retirees; why wouldn't non-Medicare eligible retirees be next? After all, their cost to the city is even higher, so wouldn't a premium-free but high deductible health plan for them save the city even more money?

The very text of this amendment necessitates its rejection.

In addition to rejecting this amendment, you should request the full Council, as I stated in my September 1, 2022 letter to the full Council: “Hold public hearings to assess how well the city has addressed the challenges of providing high quality healthcare in a financially responsible manner to meet the health and medical needs of its employees and retirees, what improvements are called for, and, with regard to retirees, how they can have input into decisions affecting their health and well-being.” This is what the OLR and MLC said they would do in paragraph 5 of the June 28, 2018 OLR to MLC letter but never did. It’s hard work but the city’s residents, employees and retirees deserve no less.

Attachments

1. INPEA letter, September 29, 2022
2. My letter, September 1, 2022
3. OLR letter to the MLC (Bargaining Agreement), June 28, 2018

Shaker Blvd,
Cleveland, OH 44120
September 1, 2022

Dear Councilmember

I am a 82 year old former employee of the City of New York, now a retiree living in Cleveland, who is asking you and every other Councilmember to protect the health and welfare of around 200,000 retirees like myself who are threatened with the loss of their premium-free Medicare supplemental insurance (currently Senior Care) and auto-enrollment against their wishes in a Medicare Advantage plan being developed by the Administration.

Over the course of the 50 years I lived in NYC, I lived in 7 different Council Districts in Brooklyn, Manhattan and Queens. In the last 10 years (1980-1991) of my 25 years of city employment I served at Deputy Director or Director of the Hospital Eligibility Division of the HRA Medical Assistance Program, helping over 50,000 residents every year from every community in every Boro admitted to any hospital (municipal, voluntary or proprietary) who needed Medicaid to cover the costs of their care.

Having served your constituents for many years, I am comfortable in personally asking you for your help now:

1. Take whatever legislative action is necessary to ensure the City's retirees maintain their real freedom of choice between a \$0 premium Medicare Advantage plan and a \$0 premium Medicare supplemental plan (currently Senior Care). Note: 80% of Medicare-eligible retirees, well aware of the deficiencies of MA plans, have historically chosen Senior Care over the available MA plans. Also, consider the political impact to defenders of Traditional Medicare and proponents of Medicare for All here in the Council and around the country if you allow this Administration to coerce retirees out of Traditional Medicare into a Medicare Advantage plan they do not want.
2. Investigate how and why the Administration (**not** Emblem) came to imposing \$15 copayments in 2022 on virtually all outpatient services received by Medicare-eligible retirees enrolled in the Senior Care supplemental program, then demand

the Administration reverse this policy. This new copayment is the first \$15 on the balance after Medicare pays 80% of the allowable charge. The result is an unreasonable cost shift from Emblem to the retiree as these recent examples of payments below show.

SERVICE	CHARGE	MEDICARE PD	PATIENT PD	EMBLEM PD
DOCTOR	\$381	\$75.97	\$15.00	\$4.38
DOCTOR	\$247	\$51.86	\$13.23	0
PHYS THER	\$577	\$60.09	\$15.00	\$0.18
CT SCAN	\$1056	\$82.03	\$15.00	\$5.72
FACILITY	\$116	\$35.82	\$9.04	0

3. Condemn the callous, heartless, cruel actions of city and union officials who would knowingly throw tens of thousands of vulnerable retirees in their 70's, 80's and 90's across the country, many in terminal medical conditions or fighting life-threatening illnesses or suffering from Alzheimer's or other forms of dementia, out of a medical plan they have enjoyed and used for decades.

3. Impose strict parameters on how the Health Insurance Stabilization Fund and Retiree Health Benefit Trust can be used. I would not be writing you had these Funds not been abused in the past by the unions and prior administrations.

4. Hold public hearings to assess how well the city has addressed the challenges of providing high quality healthcare in a financially responsible manner to meet the health and medical needs of its employees and retirees, what improvements are called for, and, with regard to retirees, how they can have input into decisions affecting their health and well-being.

Please, do the right thing by retirees and encourage Mayor Adams to do the same. If you want clarification on any point, please e-mail me at jcoll152@gmail.com.

I look forward to hearing your current thinking on these important matters.

James Collins



OFFICE OF LABOR RELATIONS

40 Rector Street, New York, N.Y. 10006-1705
nyc.gov/olr

ROBERT W. LINN
Commissioner

RENEE CAMPION
First Deputy Commissioner

CLAIRE LEVITT
Deputy Commissioner
Health Care Cost Management

MAYRA E. BELL
General Counsel

GEORGETTE GESTELY
Director, Employee Benefits Program

June 28, 2018

Harry Nespoli, Chair
Municipal Labor Committee
125 Barclay Street
New York, New York

Dear Mr. Nespoli:

1. This is to confirm the parties' mutual understanding concerning the health care agreement for Fiscal Years 2019 – 2021:
 - a. The MLC agrees to generate cumulative healthcare savings of \$1.1 billion over the course of New York City Fiscal Years 2019 through 2021. Said savings shall be generated as follows:
 - i. \$200 million in Fiscal Year 2019;
 - ii. \$300 million in Fiscal Year 2020;
 - iii. \$600 million in Fiscal Year 2021, and
 - iv. For every fiscal year thereafter, the \$600 million per year savings on a citywide basis in healthcare costs shall continue on a recurring basis.
 - b. Savings will be measured against the projected FY 2019-FY 2022 City Financial Plan (adopted on June 15, 2018) which incorporates projected City health care cost increases of 7% in Fiscal Year ("FY") 2019, 6.5% in FY 2020 and 6% in FY 2021. Non-recurring savings may be transferrable within the years FY 2019 through FY 2021 pursuant only to 1(a)(i), 1(a)(ii), 1(a)(iii) above. For example:
 - i. \$205 million in FY 2019 and \$295 million in FY 2020 will qualify for those years' savings targets under 1(a)(i) and 1(a)(ii).
 - ii. \$210 million in FY 2019, \$310 million in FY 2020, and \$580 million in FY 2021 will qualify for those years' savings targets under 1(a)(i), 1(a)(ii), 1(a)(iii).
 - iii. In any event, the \$600 million pursuant to 1(a)(iv) must be recurring and agreed to by the parties within FY 2021, and may not be borrowed from other years.

- OFFICE OF LABOR RELATIONS
- c. Savings attributable to CBP programs will continue to be transferred to the City by offsetting the savings amounts documented by Empire Blue Cross and GHI against the equalization payments from the City to the Stabilization Fund for FY 19, FY 20 and FY 21, unless otherwise agreed to by the City and the MLC. In order for this offset to expire, any savings achieved in this manner must be replaced in order to meet the recurring obligation under 1(a)(iv) above.
 - d. The parties agree that any savings within the period of FY 2015 - 2018 over \$3.4 billion arising from the 2014 City/MLC Health Agreement will be counted towards the FY 2019 goal. This is currently estimated at approximately \$131 million but will not be finalized until the full year of FY 2018 data is transmitted and analyzed by the City's and the MLC's actuaries.
 - e. The parties agree that recurring savings over \$1.3 billion for FY 2018 arising under the 2014 City/MLC Health Agreement will be counted toward the goal for Fiscal Years 2019, 2020, 2021 and for purposes of the recurring obligation under 1(a)(iv) above. This is currently estimated at approximately \$40 million but will not be finalized until the full year of FY 2018 data is transmitted and analyzed by the City's and the MLC's actuaries. Once the amount is finalized, that amount shall be applied to Fiscal Years 2019, 2020, 2021 and to the obligation under 1(a)(iv).
2. After the conclusion of Fiscal Year 2021, the parties shall calculate the savings realized during the 3 year period. In the event that the MLC has generated more than \$600 million in recurring healthcare savings, as agreed upon by the City's and the MLC's actuaries, such additional savings shall be utilized as follows:
- a. The first \$68 million will be used by the City to make a \$100 per member per year increase to welfare funds (actives and retirees) effective July 1, 2021. If a savings amount over \$600 million but less than \$668 million is achieved, the \$100 per member per year (actives and retirees) increase will be prorated.
 - b. Any savings thereafter shall be split equally between the City and the MLC and applied in a manner agreed to by the parties.
3. Beginning January 1, 2019, and continuing unless and until the parties agree otherwise, the parties shall authorize the quarterly provision of the following data to the City's and MLC's actuaries on an ongoing quarterly basis: (1) detailed claim-level health data from Emblem Health and Empire Blue Cross including detailed claim-level data for City employees covered under the GHI-CBP programs (including Senior Care and Behavioral Health information); and (2) utilization data under the HIP-HMO plan. Such data shall be provided within 60 days of the end of each quarterly period. The HIP-HMO utilization data will also be provided to the City's and MLC's actuaries within 60 days of the execution of this letter agreement for City Fiscal Year 2018 as baseline information to assess ongoing savings. The HIP-HMO data shall include: (i) utilization by procedure for site of service benefit changes; (ii) utilization by disease state, by procedure (for purposes of assessing Centers of Excellence); and (iii) member engagement data for the Wellness program, including stratifying members by three tranches (level I, II and III). The data shall include baseline data as well as data regarding the assumptions utilized in determining expected savings for comparison. The data described in this paragraph shall be provided pursuant to a data sharing agreement entered into by the City and MLC, akin to prior data agreements, which shall provide for the protection of member privacy and related concerns, shall cover all periods addressed by this Agreement (i.e., through June 30, 2021 and thereafter), and shall be executed within thirty days of the execution of this letter agreement.

4. The parties agree that the Welfare Funds will receive two \$100 per member one-time lump-sum payments (actives and retirees) funded by the Joint Stabilization Fund payable effective July 1, 2018 and July 1, 2019.
5. The parties recognize that despite extraordinary savings to health costs accomplished in the last round of negotiations through their efforts and the innovation of the MLC, and the further savings which shall be implemented as a result of this agreement, that the longer term sustainability of health care for workers and their families, requires further study, savings and efficiencies in the method of health care delivery. To that end, the parties will within 90 days establish a Tripartite Health Insurance Policy Committee of MLC and City members, chaired by one member each appointed by the MLC and the City, and Martin F. Scheinman, Esq. The Committee shall study the issues using appropriate data and recommend for implementation as soon as practicable during the term of this Agreement but no later than June 30, 2020, modifications to the way in which health care is currently provided or funded. Among the topics the Committee shall discuss:
 - a. Self-insurance and/or minimum premium arrangements for the HIP HMO plan.
 - b. Medicare Advantage- adoption of a Medicare Advantage benchmark plan for retirees
 - c. Consolidated Drug Purchasing- welfare funds, PICA and health plan prescription costs pooling their buying power and resources to purchase prescription drugs.
 - d. Comparability- investigation of other unionized settings regarding their methodology for delivering health benefits including the prospect of coordination/cooperation to increase purchasing power and to decrease administrative expenses.
 - e. Audits and Coordination of Benefits- audit insurers for claims and financial accuracy, coordination of benefits, pre-65 disabled Medicare utilization, End Stage Renal Disease, PICA, and Payroll Audit of Part Time Employees.
 - f. Other areas- Centers of Excellence for specific conditions; Hospital and provider tiering; Precertification Fees; Amendment of Medicare Part B reimbursement; Reduction of cost for Pre-Medicare retirees who have access to other coverage; Changes to the Senior Care rate; Changes to the equalization formula.
 - g. Potential RFPs for all medical and hospital benefits.
 - h. Status of the Stabilization Fund.

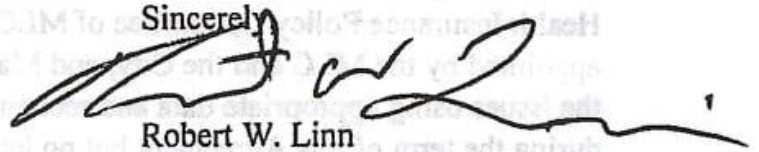
The Committee will make recommendations to be considered by the MLC and the City.

6. The joint committee shall be known as the Tripartite Health Insurance Policy Committee (THIPC) and shall be independent of the existing "Technical Committee." The "Technical Committee" will continue its work and will work in conjunction with the THIPC as designated above to address areas of health benefit changes. The Technical Committee will continue to be supported by separate actuaries for the City and the MLC. The City and the MLC will each be responsible for the costs of its actuary.
7. In the event of any dispute under sections 1-4 of this Agreement, the parties shall meet and confer in an attempt to resolve the dispute. If the parties cannot resolve the dispute, such dispute shall be referred to Martin Scheinman for resolution consistent with the dispute resolution terms of the 2014 City/MLC Health Agreement:
 - a. Such dispute shall be resolved within 90 days.

- b. The arbitrator shall have the authority to impose interim relief that is consistent with the parties' intent.
- c. The arbitrator shall have the authority to meet with the parties as such times as is appropriate to enforce the terms of this agreement.
- d. The parties shall share the costs for the arbitrator (including Committee meetings).

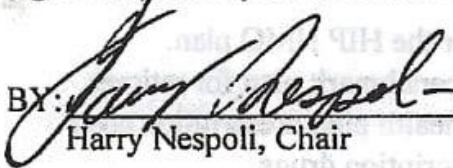
If the above conforms to your understanding, please countersign below.

Sincerely,



Robert W. Linn

Agreed and Accepted on behalf of the Municipal Labor Committee

BY: 
 Harry Nespoli, Chair

Opposition to Changing Administrative Code 12-126

James Eterno

Independent Community of Educators-UFT,
Professional Staff Congress

I come before you today via Zoom to strongly oppose changing Administrative Code 12-126, a part of the law that has protected both active and retired City worker health benefits for over half a century.

We have heard continually that the Municipal Labor Committee supports changing 12-126 but much of the weighted MLC vote comes from the UFT, a union of almost 200,000 members, including retirees. It must be noted, however, that although President Michael Mulgrew's has tried to suppress it, the UFT is a vibrant democratic union where 56% of the high school teachers who voted and 52% of the secondary teachers who voted in the 2022 [UFT election voted for Camille Eterno](#), not Mulgrew, for UFT President. Although Mulgrew won the overall election, there is plenty of dissent in the UFT.

Many are at odds with the union's leadership on the healthcare issue. In fact, the only time healthcare changes were ever put to a vote in recent times at the Union's representative body called [the Delegate Assembly was in 2021](#). 49% of the UFT Delegates voted in favor of a motion to compel the Delegate Assembly to vote on any healthcare changes before the UFT considers bringing them to the MLC. Other than that almost 50-50 vote, the UFT Delegate Assembly never voted on authorizing lobbying the City Council for a change to 12-126. It was Mulgrew alone. When confronted on it last month, he claimed [like George Bush](#) that he is the decider. The UFT's lobbying effort before this body was done in a completely undemocratic way.

That autocratic style was the only way President Mulgrew could do this lobbying because he knows full well if changing 12-126 was put to the UFT membership or our representatives, he would more than likely lose. We want hands off our healthcare.

12-126 has created a stable, reliable HIP-HMO benchmark for over 50 years. Anyone who thinks a cheaper benchmark plan will improve healthcare is living in a dreamworld. If the MLC and the Mayor get their way and change 12-126 or if they

don't get their way with the Council and try to force retirees into a privatized Medicare Advantage plan, we will more than likely see them in court right away. The moratorium clause is part of NYS law that protects educator retirees. This is from NYSUT:

Permanent Health Care Moratorium The permanent health care moratorium ensures that health insurance benefits for K-12 retirees cannot be reduced unless locally negotiated benefits for in-service members are comparably reduced.

Is the City going to take away choice for active people too? There is no way the City is going to force all active employees and non-Medicare eligible retirees into HIP-HMO as the only plan. Most active employees choose GHI-CBP. If the City and MLC take away retiree choice whether they change 12-126 or not and they force retirees onto Medicare Advantage and end choice, they have to do the same to active educators to make a comparable reduction as per the moratorium clause. They're not throwing everyone onto HIP. You know it as well as I do. It's impractical and there would be a huge rebellion if they tried to dump us all into HIP.

The answer to this problem is to bring the stakeholders, including the retirees and the MLC, to the table to talk to the City about how to save money in ways we can all live with. The 2018 agreement that created this Medicare Advantage mess, had a list of eight possible areas for savings. Medicare Advantage was only one of them. The only one that was tried was Medicare (dis)Advantage. The New York City Organization of Public Service Retirees has found hundreds of millions of dollars of possible savings and the Professional Staff Congress, the other Union I belong to as an Adjunct, has come up with possible savings too.

Privatizing Medicare for 250,000 retirees is a terrible idea that should not even be considered in a progressive City like New York. The City Council needs to stop these privatization schemes and not allow any health insurance company to get rich on our retirees' backs. You were elected to represent the working people of this City, please leave 12-126 alone and send the MLC, the City, and add in the retirees back to the bargaining table.

To The members of the City Council:

I am a native New Yorker and, but for a period in my childhood when I lived elsewhere in NY State, I have lived in NYC my entire life. I am a retired NYC employee, having worked four years for The Department of Housing, Preservation, and Development and twenty-eight as a classroom teacher. My father was also a NYC municipal employee, retiring after a career as a lineman with the FDNY's Communications Division. Even though his service included the fiscal crises of the 1970's, with its looming threat of bankruptcy, at no time was he threatened with the conversion of his promised health benefits into a plan such as that now under consideration by the council. If this was not necessary then, how can it possibly be so now?

The origin of these plans in 2003 under the Bush administration after having been promoted by some right wing think tanks should in and of itself give the council pause. Why trust a plan that was conceived by people who never wanted the USA to have Medicare in the first place? These plans are merely a way to funnel public funds to private interests- the insurance companies- at the expense of elderly patients. Indeed, as reporting in the NY Times and elsewhere has amply documented, these plans are rife with problems and can provide inferior coverage than traditional Medicare, often at greater public cost, thereby threatening the program as a whole.

That inferior coverage is of particular concern to me. My wife, who has a severe auto-immune condition, will be under this plan as well. The idea that she will have access to the same range of specialists and treatments under this plan than via the one under which I was hired, worked, and retired, is absurd on its face. You are literally playing with her life.

Even if that were not so, this plan constitutes a great betrayal. To me, it seems clearly to be an ex post facto law, something expressly forbidden by our system of laws and government. It is also an implicit and explicit repudiation of the terms under which I worked for 32 years and under which I then retired.

It would be one thing to mandate that, going forward, all new hires by the city would be getting this plan. I wouldn't advise it, but at least the terms would be clear from the outset. Less fair would be to do so early in an employee's career, say within the first 10 years of service before a pension is vested. The employee would, in this case, at least in all likelihood still be young enough to make another career choice if they were so inclined. Worse still would be to do so late in a career, near or at retirement, but even in such an onerous circumstance the employee would at least have the information beforehand and could use it when deciding when to retire. Worst of all would be to do what is now being contemplated: to change the terms after the employee has already retired based upon information now rendered in-operative and has made important choices, even of a life or death nature, based upon the terms of the prior agreement. It is utterly unconscionable to even contemplate doing so.

The time to change the rules of a game is before play begins, that is, before an employee is hired, not while the game is being played and employment has commenced, and certainly not after the game has ended, changing the outcome after the fact, after play has concluded, as in after retirement.

We all understand that there are certain financial advantages and incentives to the adoption of this plan. Doing the wrong thing, the dishonorable thing, often does come with tempting financial advantages and incentives, but that is never an excuse for doing that wrong, dishonorable thing, at least not in any actual moral framework of which I am aware.

I beg you: keep the people's promise to their servants and reject this idea out of hand as being unworthy of the representatives of a great city.

Yours,

James M. Armstrong

**TESTIMONY TO THE NYC CITY COUNCIL AGAINST AMENDING NYC
ADMINISTRATIVE CODE SECTION 12-126**

My name is James Miele. I retired from the Department of Citywide Administrative Services in September 2017 after 33 years of City service. Since turning 65, I have had traditional Medicare supplemented by Senior Care and have found this option to be very satisfactory.

Since my retirement I have had major surgery to remove a stage three cancerous tumor. Before surgery I had several diagnostic procedures. Afterwards I needed physical therapy and still have to be monitored for another six and a half years as recurrence is statistically likely. In addition to cancer, I have chronic hypertension and have suffered falls, concussions and back pain. My history illustrates how essential reliable healthcare is for retirees and I am just one out of 250,000 to whom its retention is a vital personal matter that affects our daily lives.

The attempt on the part of the Mayor, the Municipal Labor Committee (MLC) and the unions to eliminate traditional Medicare/Senior Care and force retirees to be covered by Medicare Advantage is unconscionable for the following reasons:

1. Section 12-126 of the NYC Administrative Code has guaranteed traditional Medicare/Senior Care for decades and this guarantee has been affirmed in court. Any amendment of 12-126 would be a despicable end run around long standing law.
2. The Scheinman Recommendation has no legal authority to order the City or the MLC to do anything. It is instead a cowardly pretext to give cover to those who want to force Medicare Advantage on retirees but not take responsibility for their actions. Please refer to the NYC Organization of Public Service Retirees (NYCOPSR) January 2, 2022 Message to the City Council that you have already received for details.
3. The City Council has a moral obligation to do all due diligence necessary to seriously consider the options for saving \$300 million that the NYCOPSR has already identified and shared with the Office of Management and Budget (OMB).
4. The essential affordable healthcare option that retirees earned through working in good faith for decades and on which they now rely is now being threatened through no fault of their own. A vote to amend 12-126 would be a grievous breach of such faith. It would deny the coverage long promised to retirees when they need it most and unfairly shift an additional financial burden to vulnerable individuals living on a fixed income. It would also set an unsavory precedent that would undermine the credibility and sully the reputation of the City Council.
5. Unlike traditional Medicare available directly through the federal government, Medicare Advantage is private for-profit insurance in business to make money. To that end it requires in-network participation and prior approval for certain procedures. There have already been court cases against it as claims routinely approved by traditional Medicare have been delayed and/or denied. None of this serves the best interests of ailing retirees living on a pension.

Retirees are counting on you to honor the City's longstanding commitment to 12-126 and preserve the earned healthcare benefit on which we increasingly rely as each day passes. I am praying you will do the right thing and not sacrifice deserving retirees, including police and firemen who risked their lives, to political expediency.

Thank you.

Dear NYC Council Member,

My name is James Murphy. I am a New York City retiree.

All retirees want you to know the Scheinman report is **NOT** a “ruling”; it’s merely a non-binding opinion, issued to appear as if it had legal weight! It does not!

As a member of the City Council you have the power to reject the plan to amend section 12-126 and save the current health insurance for all Medicare eligible retirees and FUTURE Medicare eligible retirees...including members of the City Council.

The NYC Organization of Public Service Retirees has identified at least \$300 million in savings. OMB knows about some of these savings options, and has NOT implemented them NOR informed the city council... and OMB is unaware of others! Which is worse?

HOW CAN THE MAYOR OR THE COUNCIL MAKE A DECISION IF THEY ARE NOT BEING PROPERLY INFORMED BY OMB? **PLEASE DO NOT MAKE ANY CHANGE TO THE ADMINISTRATIVE CODE!**

Please reach out to the NYC Organization of Public Service Retirees for real facts!
[Home | NYCRETIREES](#)

PLEASE DO NOT AMEND THE ADMINISTRATIVE CODE 12-126!

Respectfully,
James Murphy

My name is James N. Perlstein. I am a retired professor of history at CUNY and a member of the Professional Staff Congress, American Federation of Teachers Local 2334.

I call on the City Council to reject this and any other effort to amend Administrative Code 12-126.

I'm 87 years old and for 43 of those years, from my mid-twenties to my late sixties, I worked full time for the City, committed to providing educational opportunity to working class New Yorkers. I earned a living, raised a family and, although I saw my income slide over the years from near the top of my profession to near the bottom, I took some comfort in the City's promise to cover my health care costs into retirement.

This proposed code amendment is a blatant attempt, unworkable and unnecessary, to constrain escalating health care costs at the expense of the most vulnerable and least powerful segment of the public sector, municipal retirees like myself. Still worse, the amendment, as written, exposes in-service employees to similar victimization down the road.

It does nothing to restructure the inadequate, unsustainable, jerry-built system that passes for NYC health care. But there is an alternative. And the City Council is positioned to explore and advocate for it.

(a) Redirect funds the City holds in reserve to bridge the Municipal Labor Committee Stabilization Fund for three years, (b) Create a stakeholders commission charged with finding a path to control health care spending, with hospital pricing as a priority, and (c) Develop a sustainable mechanism for funding City health insurance.

These proposals, put forward in greater detail by my union, PSC/CUNY, are preferable to the surrender of earned rights for an unreliable, discriminatory fix.

And, oh yes: I'm old, I'm tired. But I'm not dead yet. And I vote. Thank you.

James Rallis
Naples, Florida 34112
rock156@aol.com

January 11, 2023

City Council Member:

Medicare Advantage "2014 Nespoli Letter" Resolution
Do Not Change the Administrative Code 12-126

I am a Retired FDNY Fire Captain

I was a long time Delegate in The UFA and in the UFOA

I am a graduate of the Cornell University NYS School of Industrial and Labor Relations located here in NYC

I was asked to be on the Executive Board of the UFA headed by Tom Von Essen when Danny DeFranco (The UFA building is named in his honor) passed away in 1996 and created a vacancy, I had to turn it down because I would not be able to run for the office when the term expired as a condition of filling out the vacated term. I could not run since I was on the Lieutenants promotion list and would not be able to serve more than a few months into that next term making me unelectable. (I was promoted in August 1997)

I have served in Both Unions on both The Negotiating Advisory Committee and the Political Action Committee

I would welcome speaking to any or all of you on this or any subject of this really bad deal.

The City Council is being gaslighted by MLC Leaders Michael Mulgrew and Henry Garrido; Harry Nespoli has no clue what is going on and is just a puppet on their behalf and his testimony was an embarrassment as a person placed in a leadership position.

You are also being gaslighted by all the representatives of NYC OLR.

Reality:

The deal made in the 2014 Nespoli Letter was done illegally in its intent as both sides knew and were aware of 12-126 but engaged in this attempt to pull one over on retirees who they hoped were asleep and who the unions never gave a heads up to until the bad Alliance MAP plan was made public in 2021, seven years later.

If the deal was doable, you would not be asked more than EIGHT years later to amend a code in place for over 50 years, think about that one fact!!! That is HUGE!!

BOTH the City and the MLC knew about 12-126 but took the bait that if they took the money available by having the feds pay for a MAP then they could get a savings of what they say is \$600 million recurring every year that all Medicare eligible retirees are FORCED into a MAP Their initial intent was to circumvent 12-126 and they have had 8 years to go around what they knew was illegal and both sides have failed to acknowledge 12-126 as written until NOW

In that same deal they took \$1 Billion and funded raises out of the Health Stabilization Fund, you may not see that is inappropriate, but that is not what that fund is for, and that is what makes people mistrust government when funds are not used for what they were intended for. At what point does trust and accountability become a benchmark?

Yes, there is a moratorium on all union contract negotiations until this is resolved. That is on BOTH the city and the MLC, they made the deal, not retirees; to Blame retirees is inappropriate as the lawsuits upheld what the retirees said it would and 9 hearings and 6 judges agreed with the retirees and NOT with the City lawyers or with the MLC deal. Retirees are protecting THEMSELVES with in the judicial system. Retirees are not at the table and have not been invited by either the city nor the MLC or any individual union.

My own union the UFOA on my request asking them for the financial documents for the Health Stabilization Fund, denied me those documents through the UFOA, as a member union of the MLC, telling me to file a request through FOIL through any of a few NYC Agencies. That is not transparency and it says that the UFOA has not personally reviewed those documents nor are they in possession of these and has only trusted the words of the gaslighting MLC leadership. I can provide evidence that through emails with the UFOA President James McCarthy. As well as their email from 2020 about the UFOA being transparent since there were issues of non-transparency with the International Union the IAFF. One needs to walk the walk not just talk the talk.

This recurring savings they need in the Health Stabilization Fund is being done ENTIRELY on the backs of retirees, who have NO SEAT at the table, and hence are on the menu. Would I feel bad that Actives had to pay for their healthcare, I would not, since they took a raise out of the fund making for the last two years this Billion-dollar deficit that would not be there presently. They also had a seat at the table. There would be less of a rush and \$1 Billion dollars more would be available in this deal as of this writing.

This 2014 deal was an ENTIRELY bad deal, made when Mayor DiBlasio and OLR Commissioner Bob Linn put that bait out there to Mulgrew and Garrido and they took the bait. The last administration is to blame and leaving this in your hands, they had over 8 years to realize it was a bad deal, but they stubbornly want the federal dollars. I should also remind you that the code says "THE CITY" shall fund healthcare, NOT FEDERAL Dollars as is the case here. While it would be nice, I am sure for the city to use federal dollars that should be done within the legal framework. And with that in mind an arbitrator would not make a binding decision that in order for the decision to be binding a law needs to be changed. The arbitrator's purview is to stay within the scope and framework of that contract and the laws that guide the deal made in that contract. Even the "arbitrator"/Consultant Scheinman is gaslighting you all.

They have told you about trusting that this next MAP will be better and The Best, they said that about the Alliance plan also and it was NOT true. You can put lipstick on a pig but in the end, it is still a pig!! Remember you are putting retirees into the worst available "Medicare" plan, a MAP. That is not why we joined Unions and Not why we worked for the City of NY. Medicare Advantage as agreed with by many Advocacy Groups (Ex. AARP) is Neither Medicare nor an

Advantage. There are even Congresspersons who want to see that name changed as it is misleading on its face.

Remember that if they go through with taking away the choice of Senior Care and force everyone into MAP. Then you will be costing retirees more than the last estimated cost of \$191 because they will need to in order to use their Traditional Medicare which we all paid into our entire working life, then we will lose our City Medicare Part B reimbursement as well because we will be using a plan that is not offered by NYC causing retirees to pay thousands more out of their pockets. How is the MLC and the Unions looking out for their former members and for their own futures? This is an irresponsible deal that Mulgrew and Garrido control and are forcing all Unions into a disaster. Maybe the council would like to change the code so that NYC retirees can still get their Part B reimbursement and be able to purchase a Part B Medigap plan on their own and cheaper than the \$191 they were being penalized with before and offer them the protections offered by the present 12-126 and pay the retirees up to that benchmark amount.

If this deal goes through without Senior Care as an option with the cost within the parameters as the present 12-126 requires then you will see ALL Unions suffer the consequences from the results of the Janus Supreme Court decision and many actives and ALL retirees will stop paying their Union "dues". The NYC Labor Unions will be destroyed and what was a strong labor city will be weakened by two gaslighting labor leaders.

OLR testified that many Cities have changed their retiree healthcare to MAP, first were any of these retirees in these other cities protected by a code that protected them and did it need to be changed to force MAP on them? Also, it is ironic that OLR brings up comparisons to other cities in this issue when during my entire working career that comparison in terms of raises was not taken into context by the city. So, it is only convenient to bring this up when it is good for OLR and not in this case for its former workers the retirees.

The judge Never said there was an issue of choices, the issue with Mulgrew and Garrido is that the ability of Their choices cannot be done!!! Without the ability to have it being cost prohibitive with a penalty imposed for a large number of retirees hence forcing them to take MAP so that they can satisfy that MAP contract with the large numbers they need the deal cannot go through.

The City and The MLC need to sit down and renegotiate a recurring 600-million-dollar savings or whatever it will take to satisfy the needs of the Health Stabilization Fund. And I question if it needs that much; they likely want to pad that fund to raid it again in the future for another active worker raise on the backs of retirees. This is NOT even an issue of Healthcare, but an issue of Funding and where and how to get it. This does not need to be about Retiree Healthcare, especially when part of this deal was based on active raises. **YOU are in effect selling off retiree healthcare to fund the NYC Budget to have federal dollars available!!**
You are being asked by these Labor Leaders to put your electable reputation on the line so they do not have to.

The MLC and Unions do not want to do that to active workers as NONE of them will be reelected when actives are required to payback what they took out especially when they were told that the last contract had no givebacks which was a lie since it was a giveback of their future retiree benefit that they are only hearing about in this last year. And not by the unions but by the retirees' organizations. That is not Union Transparency.

As far as the issue of MAP doctors taking MAP, you are being gaslighted on that issue by OLR and Clare Levitt. Retirees know from speaking with our doctors that they take Medicare and will NOT take any MAP. When Clare Levitt tells you that if they take Medicare that MAP will speak with that doctor and will pay them what Medicare pays, that is baseless and totally false that a doctor has to or will. Many doctors will not get involved with any MAP because of the issue of authorizations and also because so many plans pay them late as part of their way to make money making it worthless for the doctors to chase them down for the money, also listen again to OLR Deputy Commissioner Pollack's testimony he states "They EXPECT" that every doctor who takes Medicare should take MAP. That is Boldly false and an "EXPECTED" false statement that will not bare any truth. He too is gaslighting all of us. EXPECTING is not guaranteeing. If it was true what Clare Levitt and Pollack said, then Why even have a Network within the MAP? Shouldn't that Network just be ALL Medicare Doctors? I asked that question many times when the Alliance was pushing their plan and NEVER got a response from my union or from Alliance. If they have to take MAP by being a Medicare doctor then why would they be in the Network!! If they are being paid more taking Medicare then by being in the MAP Network, think about this, there is a bigger reason than just the money, it is about that doctor's ability to treat the person properly under their care.

This is NOT an issue that should be put forth to the City Council to amend when it has protected us all for over 50 years,

I will also Point out that The Nespoli letter of 2014 was A REALLY BAD Deal as you read it, it is an open-ended deal that over 8 years later is NOT resolved. That is a BAD DEAL!!! And NOW they ask you to make an amendment to 12-126 that is ALSO Open ended and not specific. This should be thrown back to the CITY OLR and The MLC to figure out even if the savings has to come from outside Health Care savings!!! Their Arbitration was pure gaslighting to put the onus on you!! Throw it back on them and let the mayor know that you will not accept this deal of no choice to retirees unless 12-126 is changed. This is outside of All of their purviews. This has got totally out of control because of two gaslighting Labor Leaders (Mulgrew and Garrido) thinking they know it all and stubbornly will not budge and their gaslighting, and thinking they can save face with active workers. Bad Idea, this will implode on them and every Union in the MLC if they let Mulgrew and Garrido back them into this really bad deal.

A Bill that the City Council should consider is the Code that allows the makeup of the present MLC, it was never the intent when the code was enacted. When the Teachers were placed in the MLC at a later date the entire dynamic of voting changed and all other member unions were cheated out of fair representation and voting rights.

Healthcare is a Priority in our lives especially as we grow older. I am writing this as I am recovering from Knee surgery where I just had two procedures performed (likely from degeneration from 24 years of firefighting). I chose to leave NYC in 2015 after realizing that Mayor DiBlasio was making my quality of life undesirable after he was my Council Person, Public Advocate and as Mayor. My BIGGEST concern when moving, was my access to healthcare going to be there, I was non-Medicare at the time and in the GHI CBP plan and did my due diligence and searched the Emblem Health website and spoke with their Customer Service people on the phone; I searched each of the necessary specialties that I was under the care for and saw that I had as many as 3 to 8 choices in each of the categories I needed and decided a move was very doable. After settling in I began making appointments to start looking after my health in my new home and to my total shock I found that each of these doctors in each of these categories were NOT in the GHI CBP plan and some were dead, retired, had moved to other practices and did not take that plan and some had been out of the plan or dead for as much as 10 years. So, oversight of these plans by anyone was not being done by the city nor the unions. I spoke with Emblem Health and was told that it was the responsibility of the doctors to let them know when they left the plan. REALLY? The doctors die and why is it the responsibility of a dead doctor, dead 10 years and have a responsibility? It is funny on its face but very sad in reality. Many of the doctors who left and no longer took the plan told me the same reason they left was the plan did not pay enough and then did not pay them in any kind of timely fashion or made the claims under appeal and it was no longer worth their offices time to chase down this small amount of money and not worth their time to notify they are dropping the plan. This is real oversight of the plan? And now we are asked to trust a Network of a different provider in a MAP? REALLY? Why should I have trust after that experience. It was a nightmare for me when I moved and had been lied to by GHI-CBP (Non-Medicare) about the availability of doctors as there was no oversight by the plan or anyone else. It was a fiasco that I resolved by myself for myself and when I pointed this out to the UFOA, they took no steps to help other retirees in the same shoes I was in and that is THOUSANDS. The Unions and OLR cannot be trusted to get this done right. They have wasted too much money already with careless management. And the only way I got my issues resolved was through a complaint and the help of the NYS Attorney Generals office to enforce a Letter of Assurance that the City and MLC signed off on with Emblem Health and were in violation of. The UFOA as a member of the MLC was not even aware of this agreement. No one can be trusted!!

Choice:

If the Mayor decides that he will take away our choice by only offering a MAP or they decide to UP CHARGE by placing a penalty on the present Senior Care plan they are in effect taking away choice in both instances, because that \$191 is unaffordable for different retirees especially as they are older and with spouses or lower earned incomes.

Keep in mind that Retirees will have No Choice but actives are going to still have their choices. REALLY? That is fair, reasonable and equitable? It says that real choice is being paid for on the backs of retirees!!!

Remember who is at the bargaining table here – The Unions who hold the bargaining certificate for ACTIVE workers and NOT retirees, Retirees are being held hostage. We did our time and left with the safeguards that we were protected and now come to find that we are being sold off

for active worker benefits, especially at the expense of the \$1 Billion dollars taken out of the Health Stabilization Fund to fund active workers raises. A good starting point is to have active workers replace that \$1 Billion Dollars Forthwith.

Choice should remain for actives and retirees, and you should consider a new code that protects that Choice without penalty!! Or take away choice from active workers to make this benefit fair and reasonable, especially to retirees who have no voice at the bargaining table. Unions will not like that but where is fair, reasonable and equitable in Choice only for just actives?

I am a very pro-union person, as my resume states. I also want to point out that I was very lucky growing up in Brooklyn at 31 Fuller Place living across the street from then City Council Majority Leader Thomas J Cuite who lived at number 34. My neighbors and friends who lived at number 29 were the grandchildren of then NY State AFL-CIO President Ray Corbett. So, I was at a young age very interested and influenced in NYC politics and Unionism as my father was also a trade unionist as a carpenter and I saw the benefits of being in a union. I will remind you of some of that history. Mr. Cuite when pressured to bring the Part B Reimbursement sell off at the request of DC 37 stated He would never bring that vote to the floor. Ray Corbett is noted as someone who was at odds with Public Sector Unions even as he left his position in 1983, maybe it was because DC-37 so easily would sell off their retirees.

<https://www.nytimes.com/1983/12/15/nyregion/corbett-out-as-head-of-labor-in-the-state.html>

Clearly DC37 is not a very Pro-Labor and Pro Retiree organization when they will sell off retiree benefits so easily throughout their history. What would labor leaders of the past think of what is being done today? This is entirely shameful of the entire labor movement as a whole. Where is NYS AFL-CIO President Mario Cilento on this, he is silent and taking no stance as he realizes he needs to keep his distance from this disastrous deal.

I urge you to have the Mayor, OLR and the MLC to go back and renegotiate this 2014 letter since they are making a VERY bad deal worse.

Respectfully,

James Rallis

Retired FDNY Captain L-122 (Park Slope)

Lieutenant in L-11 (Lower East Side) that lost all 6 on duty members on 9/11 including my mutual partner

Firefighter in Ladder 156 (Midwood)

Retired FDNY after 24 years after suffering a LOD injury

Grew up in Windsor Terrace Brooklyn for 58 years

Graduate of Xaverian High School (Bay Ridge) and Rutgers Univ.

January 9, 2022

Honorable Chairwoman DeLaRosa and members of the New York City Council Labor Committee,

I appear before you today as a retiree, who spent almost 38 years as a City employee. I knew when I started my career with the City that my salary would not be comparable to others in the private sector, but the promise of a pension and good health benefits provided an acceptable balance to that equation. Like many of my colleagues in this room, and the many others who could not be here, we kept the City in operation during and after the 9/11 terrorist attacks. We worked tirelessly to bring the City back after Super Storm Sandy. We provided essential services to all New Yorkers during the Pandemic, risking our own health in some cases to keep the city operational. We have been there for every emergency the City has encountered...and then some. When the call came we always answered! And now, as we enter our golden years, a time when we should be enjoying our lives and families, we are being threatened with a significant change to our health insurance.

The proposed switch to a 100% privatized Medicare Advantage Plan would significantly increase shared costs for each and every retiree, all of whom are on fixed incomes. In addition, access to doctors and specialized care will be controlled by insurance “gate keepers” and not necessarily medical professionals. Many New York City retirees have small pensions. At a time when inflation is raging across the globe, forcing retirees to pay insurance premiums and higher co-pays, in addition to finding new doctors to accept the new Medicare Advantage plan, is just patently unfair and unjust. We worked our entire careers for these benefits and now a promise is being broken.

The Municipal Labor Committee does not represent the City’s retirees, yet they are leading the charge to push all retirees into a managed health care plan that they do not want. All of this is happening because the MLC basically mismanaged the Health Insurance Stabilization Fund, while negotiating raises for UFT members in 2014. The unions promised health savings during those negotiations and now they want to make those savings off of the backs of the City’s retirees. The City’s most vulnerable labor class.

The so-called “independent” arbitrator, Martin Scheinman, who was selected by the MLC to adjudicate the case, produced a series of recommendations that were basically his opinion. His recommendations were referred to by the MLC member unions as an “award”, a “ruling” and a “decision”. Yet Mr. Scheinman himself wrote in the document that his opinion was a “recommendation”. His “recommendations” are certainly not arbitration and are not legally binding.

For almost 6 decades administrative code #12-126 has protected the health benefits of both active and retired N.Y.C employees. Changing the Administrative Code will not solve the problems associated with the deficits in the Health Stabilization Fund. Instead of putting the financial burden on the backs of New York City retirees, I believe that it is past time to start asking questions about the MLC’s mismanagement of the Health Stabilization Fund. I ask now, with all sincerity, that you not amend the subject administrative code and, instead, work with us to find other solutions to the problem.

Respectfully,
James M. Rossi
NYC Environmental Protection (37.5 years)

My name is Janis Juracek-Johnson. This is my testimony as a retired NYC public school teacher. I am presently on Medicare and GHI Senior care. I live in Connecticut and many of my Doctors will only take Medicare. My husband is a cancer patient and will lose the grant we have for his chemotherapy medication if he is not on public insurance/ Medicare. I was contractually promised by New York City that my Medicare and supplementary insurance plan would continue throughout my retirement. If I am forced into a private advantage plan I along with many of my retired colleagues will find ourselves in a a medical and financial nightmare. This is a betrayal of my union and the City of New York on not only my contract but on my twenty eight years of faithfully teaching the young people of this city.

I urge the New York City Council to reject the Administrative Code Change 12-126.

New York City, like any entity, flourishes when its employees are treated well, with the respect and the real value of contractually determined health care insurance. It's destructive, and risky to play loose with New York City employee and retiree needs. To solve the problem of health care costs, the City should be going after the hospitals for exorbitant charges, addressing the skyrocketing costs of prescription drugs, and auditing current insurance providers, not balancing the budget on the backs of workers and their dependents. There are other ways to contain costs, and the City should seriously consider them. Some cities in the United States self-insure. Some use the huge purchasing power of their municipal workforce to engage in collective drug purchasing. Some deal much more aggressively with hospitals that charge exorbitant rates. New York City is doing none of the above.

I am a lifelong New York City resident and civic leader, and now a retired professor at CUNY. I have co-authored an award-winning 500-year history of New York City published by Fordham University Press, *A Short and Remarkable History of New York City*. Knowing New York City history well, I urge you to support the long-range goals of keeping New York, not just a viable city, but a thriving flourishing magnet for tourism, and incubator of national leadership, civic values, and the arts.

Sincerely, with many thanks for your consideration,

Dr. Jane Mushabac

Professor emerita, New York City College of Technology

www.janemushabac.com

Honorable City Council Members:

My name is Jane Roeder. I live in Manhattan, am 72 years old, and worked for the city for 33 years, primarily at the Office of Labor Relations (Assistant Commissioner) and the Human Resources Administration (Deputy Commissioner.)

I urge to you NOT amend Section 12-126 for all the reasons that my fellow retirees have mentioned.

In addition, I ask you to consider two things:

1. What will be the effect of the proposed change on current and future retirees? Please ask the City/MLC what the cost is today of the current "base" - HIP HMO- and what do they anticipate to be the cost of a new "base" (undoubtedly the new Advantage Plan.) (I know they can't/won't give you an exact number – don't let them off the hook – they have a basic number in mind during the negotiations with Aetna) .The current HIP/HMO cost appears to be around \$700-\$750/month. Since the Advantage Plan is geared to save money, let's assume it will cost \$200-\$300/month. That is a (*conservatively*) \$400/month difference. Meaning that retirees who want to keep traditional Medicare (Sr. Care in particular) will have to pay AT LEAST \$400/month, per person to maintain traditional Medicare. That's \$4800 per year at least. As you've heard, City pensions, especially for those who were low paid, who retired a number of years ago, who are in Tier 3 and 4 or not overly generous. How many retirees can afford an additional \$4800/year in health care costs? Could you?

This proposed change is a corrosively egregious way to coerce retirees into Advantage. It leaves retirees no choice but to join Advantage based solely on cost – not on care or doctors or choice. The City will tell you it is a choice: It is not. It is coercion.

I beg you to get the City/MLC to provide you with cost estimates as to the effect this change will have on retirees.

2. I am a single woman with no one who can/will take care of me if I am ill. I live alone. I always knew I would be responsible for my care as I aged, and thus saved and saved so that, should the occasion arise, I could get into a Continuing Care Community (and since Alzheimer's

runs in my family, this is real issue for me). Great --- I am ready to provide for my own care. But did you know that the vast majority of Continuing Care Communities require their residents to be enrolled in traditional Medicare? I only realized this recently – that all my planning and saving may well make me eligible for care – but I will likely not be able to be admitted and live a safe and healthy life, if I am economically forced by the City into and Advantage Plan. And no, I do not have \$\$4800/year to buy Sr. Care or another plan.

City retirees worked for years with the understanding that our senior years would be eased by having benefits, like health insurance, that we were promised. We came to work during blizzards, transit strikes, hurricanes, and in the days immediately following 9/11. We didn't complain – we worked for the citizens for New York.

I beg you not to amend Section 12-126 and show that you respect the work of former City employees.

Jane Roeder
East 14 St,
NY NY 1009

Continue to Protect Retirees Do Not Change Admin Code 12-126 1/9/23

I am a retired NYC DOE school principal who devoted my professional life to the children of this city for over 38 years. I was promised free health coverage in my retirement and now the level of coverage I have received is in danger. I do not want to leave Original Medicare; I do not want to be placed in a Medicare Advantage plan. Arbitrator Schneiman issued a recommendation, not a binding ruling. Do not do the Mayor's dirty work for him.

I am requesting that you Do Not support the bill being introduced on Jan. 9th by Civil Service and Labor Chair DeLaRosa. You are supposed to be here to protect us, not be complicit in robbing us of our healthcare when we need it the most.

Sincerely,
Janet Donohue
jDon1110@AOL.com

From: Janet kremenitzer <pickrem@yahoo.com>
Sent: Sunday, January 8, 2023 8:08 AM
To: NYC Council Hearings
Cc: janet kremenitzer
Subject: [EXTERNAL] Against Medicare Advantage for Retirees

I am against the proposed changes to nyc retirees healthcare. Do NOT want switch to Medicare Advantage

Dr Janet Kremenitzer
Sent from my iPhone

From: Janice Eichler-Frick <jef34118@gmail.com>
Sent: Monday, January 9, 2023 10:40 AM
To: Testimony
Subject: [EXTERNAL] Questions

1) City reg #12-126 is currently on the books.
Currently the city offers a number of Medicare plans to retirees.
Why is it then necessary to get rid of 12-126 to be able to offer retirees a choice of plans?

2) Are you saying that the city pays \$2,400,000.00 per year, per retiree for health insurance or actual covered expenses?

Janice Eichler-Frick

From: Janice Friedlander <jf4747@gmail.com>
Sent: Tuesday, January 10, 2023 11:54 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Do Not Amend 12-126 & No Medicare Advantage Plans Please

Dear All,

With all the factual information that has been presented regarding the problems with Medicare Advantage Plans, please do not amend 12-126 and in doing so help protect actives' and retirees' health care benefits now and for the future.

Remember, you, too, will be us someday and your actions or inactions now will affect everyone.

Thank you for making the right decision for all of us.

Take care.

Name Janice D. Friedlander, dependent

Retiree: Stephen R. Friedlander, UFT, 34 years of service, retired 2006

Honorable Council Members:

Happy New Year

I am writing to you on behalf of all my fellow NYC retirees who are NOT skilled in technology and are not able to have their voices heard through emails, zoom or written testimony.

My husband and I are both NYC DOE Retirees with over 50 years of service to the children of our great city.

I have written to you multiple times over the last months trying to share all the rationales for not amending 12-126.

My letter today will not repeat that info or list all the studies by medical professionals that clarify that Medicare Advantage Plans are inferior to Medicare and our current supplemental insurance.

My letter today will not try to convince you that should you amend 12-126, you will break the city's promise to its current active workforce and its retirees.

My letter will simply remind you that if you do amend 12-126 you will be responsible for creating a 2-tier retiree healthcare system where those who can afford to stay in Medicare and Senior Care will receive better health care than those retirees who, due to having smaller pensions simply cannot and will not be able to keep their current plan and will be forced to accept the inferior MAP the city will dump them into

These retirees who served the city in lower paying jobs worked their entire life cleaning toilets in NYC buildings, mopping the cafeterias floors in our schools, cleaning and sanitizing our city hospitals. .

The older retirees in this group of low paying city jobs have even lower pensions because they retired many years ago. These same retirees, due to their advanced age most likely require more medical services. They will be the most affected.

They will be forced into the MAP; many will lose their trusted doctors and will have to have to resort to prior approval for many of their required services.

All retirees and active employees will be negatively affected should you amend 12-126 but those who cannot afford the optional plan at \$191 monthly will suffer the most.

Thank you for your time.

Joanne and Robert Belli

From: Jean Rincon <jrincon1@optimum.net>
Sent: Monday, January 9, 2023 11:23 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Oppose health care changes

I would like to go on record in opposing efforts to eliminate the Senior Care option as a cost free part of retiree benefits. As a NYC teacher I put in 25 years of service with the assurance that upon retirement I would have the option of choosing a no cost traditional medicare health care plan. Regardless of the claims at todays hearing, that the private - for profit-Advantage plan the City wants to impose on retirees, from experience and research, I have a deep mistrust of the ability and willingness of any cost cutting, for profit, company to provide the same coverage and care I now receive through the Senior Care Plan. I believe that what may start with good intentions will ultimately end up being a bait and switch period that over time will erode my and my fellow retiree's quality of health care, just when we need it most.

The proposed amendment would not only clear a path for the City to begin charging substantial premiums to retirees who opt to remain in their traditional Medicare program, Senior Care; it would also open the door for the City to increase health insurance costs or reduce benefits for in-service employees.

Buying out of the new Medicare Advantage plan will cost \$2400 a year, \$4800 for a couple. The average pension paid ordinary retirees leaving City service during the last decade is \$26,596 – not enough to support an additional \$2400 or more to retain the benefits they have earned and currently receive.

Instead, the City should be considering ways of addressing the skyrocketing costs of prescription drugs, and auditing current insurance providers, not balancing the budget on the backs of workers and their dependents. There are other ways to contain costs, and the City should seriously consider them. Some cities in the United States self-insure. Some use the huge purchasing power of their municipal workforce to engage in collective drug purchasing. Some deal much more aggressively with hospitals that charge exorbitant rates. New York City is doing none of the above.

Please do the right thing and look for appropriate and more effective ways to save money on health care costs, instead of breaking promises with those who kept theirs.

Sincerely,
Jean Rincon
NYC retiree

From: Jean Stabinsky <happydaya7o23@mac.com>
Sent: Wednesday, January 11, 2023 11:08 PM
To: Testimony
Cc: Jean Stabinsky
Subject: [EXTERNAL] Testimony for Committee on Civil Service and Labor Hearing Jan. 9, 2023
Health insurance coverage for city employees, city retirees, and their dependents

To Committee on Civil Service and Labor,

Please note attached below is my earlier testimony to the NYC Council for the Committee on Civil Service and Labor Oversight Hearing on Oct. 28, 2021, Changes to Municipal Retirees' Healthcare Plan : Testimony on " Inadequate information, misinformation, re: " Opt- Out " procedures of " Alliance " NYC Medicare Advantage Plus plan. " :

To Committee on Civil Service and Labor, (on 10/28/21)

I hope this finds you well. As one of 250,000 NYC municipal retirees I hereby offer this email testimony to document the inept, cruel, and disgraceful rollout of the " Alliance " NYC Medicare Advantage Plus plan. My testimony concerns the misinformation and lack of information related to the " opt out " procedures foisted by the Municipal Labor Committee, Office of Labor Relations, and the " Alliance " NYC Medicare Advantage Plus plan on NYC municipal retirees who wish to remain in traditional Medicare. I am a retired teacher, age 65, and a member of the United Federation of Teachers.

The UFT and MLC issued FAQs (Frequently Asked Questions documents) to encourage NYC municipal retirees to accept being switched into the " Alliance " NYC Medicare Advantage plan, while inadequate and confusing information was presented by the UFT, MLC, and Office of Labor Relations (OLR) to UFT members who were deciding whether or not to " opt out " of the " Alliance " NYC Medicare Advantage Plus plan.

I asked the UFT and others for help on the " opt out " questions on July 15, August 31, October 20, October 23, and October 25, 2021. I never received satisfactory replies to any of my emails, some of which are included below with this testimony. (These emails are not included here on Jan. 11, 2023) I was forced to decide whether or not to " opt out " based on misinformation, inadequate information, and confusing, conflicting information.

The burden of " opting out " should never have been placed on any NYC municipal retirees in that the " Alliance " NYC Medicare Advantage Plus plan is a " bait and switch " tactic, whose purpose is to deny promised traditional Medicare to 250,000 NYC municipal retirees.

The cruelty of the haphazard switch to the " Alliance " NYC Medicare Advantage Plus plan is most devastating to poor, elderly, and infirm NYC municipal retirees. On October 25, 2021, I heard a 90 year old NYC teacher, retired since 1964, speaking on the radio. The NYC retiree said she could not afford to " opt out " of the " Alliance " plan.

I strongly oppose the flawed process, the incompetent rollout, and the false promises inherent in the proposed switch to " Alliance " NYC Medicare Advantage Plus plan. All eligible NYC municipal retirees should be able to stay in traditional Medicare without incurring hefty financial penalties, and without having to

undergo the confusing and burdensome “ opt-out “ processes of the half-baked “ Alliance “ NYC Medicare Advantage Plus plan. Thank you. Sincerely, Jean Stabinsky, Brooklyn NY

My Testimony on Jan. 11, 2023 :

To NYC Council Committee on Civil Service and Labor,

My opinion is the same as above regarding chaotic rollout, confusing “ opt out “ procedures, lack of assistance from the UFT, misinformation, and the incompetence that I believe again will permeate any NYC / OLR rollout of the inferior 2023 NYC Medicare Advantage Plan.

If NYC /OLR tries to impose a NYC Medicare Advantage plan on all current and future NYC retirees, low income municipal retirees will be forced into Medicare Advantage and be financially unable to “ opt out “. (Assuming there is even an “ opt out “ option offered)

As Councilwoman Gail Brewer so eloquently stated, “ A promise is a promise. “ Preserve 12-126 to protect the promised retiree healthcare. Oppose any amendments to 12-126. Only Administrative Code 12-126 protects NYC employees’ and NYC retirees’ healthcare, and choice of health plans.

An arbitrator, Martin Scheinman, who has no jurisdiction over the proposed amendments to 12-126, issued a time barred Dec. 15, 2022 report which produced a non binding recommendation. No binding legal order exists.

The superfluous “ arbitration “ is between two parties: Municipal Labor Committee and NYC. These two parties have no dispute on the issues “ arbitrated “. The MLC misled the NYC Council when the MLC claimed that the Scheinman report has the force of law. OLR similarly misled the NYC Council about the Scheinman report at the Jan. 9, 2023 hearing.

The MLC misled when the MLC claimed that the MLC represents retirees. The MLC misled when the MLC claimed that the NYC Medicare Advantage Plan would be as good as Senior Care for NYC retirees. The MLC claimed the Health Insurance Fund is depleted. If the fund is depleted, it is the responsibility of the UFT and MLC that misused the fund.

The HISF was meant for healthcare, not for employee raises. After misusing the Fund, having repeatedly misled the NYC Council, and after two NYS Courts ruled in favor of the retirees, the MLC has the temerity to demand that the NYC Council amend 12-126 that has existed for more than fifty years.

The NYC Organization of Public Service Retirees is a reliable organization. They have stated that their attorneys have a better chance of prevailing in future litigation once the NYC Council decides to protect and preserve 12-126.

Several retiree organizations have identified ways to save money annually for NYC. The retirees, their families, and allies vote regularly. All Medicare Advantage plans deny and delay healthcare, and require many prior authorizations. Please strongly oppose any amendments to 12-126. Thank you. Jean Stabinsky, NYC retired teacher, UFT / AFT member

Sent from my iPad

From: jsb814jsb@aol.com
Sent: Sunday, January 8, 2023 9:22 PM
To: Testimony
Subject: [EXTERNAL] DO NOT CHANGE/AMEND/REMOVE NYC ADMINISTRATION CODE 12-126
VOTE NO

Please vote NO/ DO NOT CHANGE/ DO NOT AMEND/ DO NOT REMOVE NYC ADMINISTRATION CODE 12-126. This code protects health care for NYC retirees and municipal workers.

My name is Jeanie Berger and I am a retired NYC teacher with 30+ years of dedicated service to our public schools. I am very worried, angry and upset about the UFT and the mayor's push to box retirees into a private, unproven, inferior Medicare advantage plan. A Medicare advantage plan would greatly limit the number and quality of medical providers and hospitals {especially if out of state or traveling} and require a long list of procedures requiring preauthorizations, which could result in dangerous delays for emergency treatments and even have fatal consequences.

For decades municipal workers and retirees have been able to rely on NYC to meet its obligations to cover excellent health care insurance coverages. Medicare/ Senior care coverage has done it well. And we need this excellent coverages to continue now that we are in our more vulnerable senior years.

Please reach out to the NYC Organization of Public Service Retirees for facts about areas of cost savings and budget reserves. The Scheinman report is not a ruling. It is merely a non-binding opinion and not an independent objective study.

PLEASE do not sell out the NYC retirees. VOTE NO TO ANY CHANGES TO 12-126. The proposed changes are dangerous and scary. We are in a battle for our lives and need to retain our current Medicare/Senior Care insurance. Please do not give away our legal protection. We need your help.

Thank you Jeanie Berger jsb814jsb@aol.com

January 5, 2023

I am submitting a written testimony regarding NYC Retiree Health Benefits. I implore you to not make any changes to the existing agreement between the City and NYC Unions for retiree health benefits.

I am a NYC DOE Retiree and I was guaranteed continued health care benefits by the contract agreed upon by the City of NY and the DOE. If you choose to amend the statute you will be hurting all retired municipal workers as well as the future ones.

I have already consulted with my medical teams at NYC Memorial Sloan Kettering Cancer Center, Boston's Bing Center for Waldenstrom's Macroglobulinemia, and my orthopedic team at NYC Hospital for Special Surgery. They have all advised me to NOT enroll in ANY ADVANTAGE plan. The care I will need will not be covered by any Advantage plan out there.

I have a very rare bone marrow cancer, that is NOT curable. I must go every 3 months for full workups at MSK. Because my cancer is not curable, many WMers, like myself, are put on a Wait/Watch path. My specialist at MSK consults with the premiere specialists in Boston. Advantage Plans will not allow this to happen and I will not be able to get the best care possible for my cancer.

Some remarkable new treatments are in use and being tested in clinical trials throughout the world. The IWMF (International Waldenstrom's Macroglobulinemia Foundation) also recommends people afflicted with WM not join Advantage Plans because these plans would limit the availability of the new treatments for WM.

If you choose to amend this statute YOU will be taking my life, as well as many, many others lives in your hands, and you are not GOD!!!!!!!!!!!! You will be practically sentencing me and others to death because we will not be able to get the care guaranteed to us throughout our careers.

Your argument will be – stay with your plan and pay the extra \$191 monthly. Are you kidding me???? Inflation is through the roof. I barely get by now with the increasing costs of EVERYTHING in today's world. I can't afford any extras – nothing. From where would you like me to find an extra \$191 monthly????? I'm not a magician who can pull it out of my magic hat.

It's sad enough that co-pays have been thrust upon us this past year. I have sooo many doctors: a GP, Rheumatologist, Orthopedist, Psychiatrist, Physical Therapist, 2 Cancer Specialists (because of the rarity of my disease) plus all the other doctor visits I must go yearly to because of my cancer, including: cardiologist, gyn, dermatologist, eye specialist(my cancer effects the eyes as well), dentist and these doctors all require testing be done. My list goes on and on.

Please do not change our benefits or make it easy for the Mayor to do so. We have taken things to court and have beaten the changes down and we will continue to fight Medical Advantage Plans. Please don't make it easier for the Mayor to take benefits that we are entitled to away. I worked hard, we all did, and we were guaranteed to be taken care of when we retired. The City is committed to us and must honor our agreement, NOT AMEND IT>

Thank you – Respectfully -Jeanmaire Cucos, retired NYC DOE 2017

geisa@aol.com

My name is Jeanne Jimenez and I reside at ###-## East Williston Avenue, Floral Park, NY. I am a retired NYCDOE school secretary as of 2012. As one of 250,000 retired NYC municipal public service retirees, I am writing to ask you not to vote to amend New York City Administrative Code 12-126. When we began working for the City of New York, we did so without the expectation of a huge salary. This position gave us job security, as well as a pension and healthcare for life. We dedicated years of service to the city, many first responders on 9/11 included. We need to keep the health benefits we earned at retirement and were promised when we began our city employment. We need our traditional Medicare with supplemental insurance—not a “Medicare Advantage” health plan, which many of our unions have strongly advised against in the past. These private “advantage” plans have been proven to be inferior because they rely on denials, delays and limitations on treatments, tests and services. ***The more they deny, the more money they make.*** Many of us have pensions of less than \$25,000 a year. We cannot afford to lay out of pocket for medical treatment in the hopes of reimbursement. Many cannot afford to wait for prior authorizations for treatment—many will die waiting.

As an example, my Dad was a retired FDNY Firefighter who died in 2019. Back in 2013 he was complaining of chest pains and was taken by ambulance to St. Joseph’s Hospital in Bethpage. After running some tests, the doctors said that he needed another test that they did not have the equipment to run. They decided to transfer him to North Shore in Manhasset (Now Northwell) by ambulance. At North Shore they ran the needed tests and determined that he needed bypass surgery. He was in the operating room within a few hours. Because of his Medicare and GHI Senior Care, this all took place at the doctors’ discretion without needing prior approval from the insurance company. Due to his excellent insurance and treatment, he survived another six years. In those years, he welcomed seven more great-grandchildren and witnessed the weddings of three grandchildren (one of which he officiated). If we had to wait for pre-approval of the transfer and tests, he would have died that night. I want to know that if I am in a similar situation, I would have a similar outcome.

We deserve to keep what we earned and what was promised to us when we were hired and again when we retired.

Please do not vote to amend the New York City Administrative Code 12-126

Jeanne Jimenez

jmcj757@hotmail.com

Jeannette Knowles

Brooklyn, New York 11228

I am a Retiree, I need your support. I had a fall in 2018; a car was rolling on the brake while I was crossing the street. In order to avoid being squashed I leaped, fell face down on cobble stones, passed out I never got the plate number. I was taken to the hospital by ambulance. My knees were badly injured as well as cuts and injuries to my face and eye where I had to see an ophthalmologist. As a result of this and being unable to balance my gait I had another bad slip and fall in 2020 which made a partial tear in my groin. I needed to see an orthopedic surgeon and he administered steroid shots and follow up MRI's to see the extent of my injuries. I started physical therapy and after 6 months showed some improvement. I got MRSA from a cut later on in 2020 and went to the ER and was given a strong antibiotic which caused permanent poly neuropathy in both my legs and feet. I was referred to a neurologist and needed genetic testing to determine the cause of my neuropathy which exacerbated my walking problems and balance issues. In June of 2022 I had cataract surgery, went by myself, I am 75. The Dr. was discriminatory against me, ageism and did not have the correct lens. He put the wrong lens in my eye. I wanted to leave but was already hooked up to an IV and sedated. As a result I had major visual disturbances and needed a lens exchange. The pain and visual cut off was unbearable and found a surgeon in NJ who performed this operation successfully. I am a widow with adult children who are unable to be here for me. I was a widow at age 30 with two small children and I went back to college to get the credits to become a school secretary. I was working as a legal secretary and took a 10,000 pay cut to work for the City because I was having problems with my Son, being raised without a Father is particularly hard on a boy of 2 years old. My daughter was 5. I went to Kingsborough Community College at night leaving my children along until 11 at night 2 nights a week for 3 years. I never thought I would have these medical problems. I see a pain management Doctor now a few times a year and I need physical therapy because I cannot walk without losing my balance and my groin and knees never really healed. If I had the MAPP, I would be blind, unable to walk, and so much more. Please have a heart for the retirees who built this City.

Sincerely,
Jeannette Knowles, Retired 2006, UFT

January 9, 2023

To whom it may concern:

NYC Council must not change 12-126 and leave healthcare for municipal workers as is. NYC cannot solve its financial woes on the backs of retirees and municipal workers.

Sincerely,

Jena Lanzetta

January 12, 2023

Testimony for the Committee on Civil Service and Labor, January 9, 2023

My name is Jenna Gogan and I am a current city worker for HRA (union member of Local 371) and the daughter of a retired UFT member. I am writing in strong opposition to Intro 874. I urge the Council not to support the Mayor's and the Municipal Labor Committee's attempt to force city retirees into a Medicare Advantage plan and undermine the health benefits city workers have been legally entitled to for decades. I am also urging you not to amend Section 12-126 of the Administrative Code. Amending the Code will create the possibility of dividing city workers into classes, with some paying more and some less for unequal health care options. There are other ways to get funding for health care for all current city workers and retirees without resorting to Medicare Advantage or amending the Administrative Code. I urge you to look at the suggestions put forth by PSC, CROC, and the NYC Organization of Public Service Retirees, such as the City creating a self-insurance plan or combining all city workers' union welfare funds. In addition, funding sources can be found by decreasing funding to the NYPD, through congestion pricing, through a wealth or corporate tax, and many other methods besides forcing hard-working city workers and retirees to pay. Health insurance is one of the few remaining benefits of being a city worker. We have seen how the city workforce has shrunk during the pandemic, while the private sector, with flexible schedules, remote work, and higher pay has grown. We don't want to lose even more dedicated public servants. And we have a moral imperative to provide for retirees who have worked hard for this city.

Thank you for considering my testimony.

Sincerely,
Jenna Gogan

From: Jennifer Clavin <5jclav@gmail.com>
Sent: Monday, January 9, 2023 12:39 AM
To: Testimony
Subject: [EXTERNAL] Please oppose changes to code 12-126

Dear City Councilmembers,

My name is Jennifer Clavin. I am a Department of Education providing Occupational Therapy to students who are mandated to receive this service in 5 schools in southeast Queens.

I am hoping for your support in opposing the amendment of code 12-126. Amending this code that has protected health care for NYC employees for decades would be devastating for many.

My parents both taught for many years in southeast Queens, and my retired father relies on the benefits he was promised to support himself, his disabled daughter (my sister) and her son who has Autism, for whom my father is Guardian. Amending this code will decrease the minimum that the city will provide for health care plans and will force my father into an inferior plan that will not allow him to continue to support my disabled sister or her disabled son with health care choices.

Amending code 12-126 would negatively affect all NYC retirees, forcing many to receive lower quality care, pay higher premiums, encounter higher copays and more red tape to get authorizations for the care that they need. As people get older and face more health challenges these issues could significantly affect their health and quality of life. Those with lower retirement income will be more limited in the resources they can afford and this will create additional health care inequities among retirees across NYC.

I firmly believe that this is not honoring the intentions for which this code was originally written. It is not in the best interest of either our retirees or inservice members and I urge you to please oppose changes to code 12-126.

Thank you so much for the work you do for our city.

Sincerely,
Jennifer Clavin

Sent from my iPhone

From: Eli and Jerilyn Ganz <ejganz@earthlink.net>
Sent: Friday, January 6, 2023 12:22 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Proposed legislation to change NYC retiree health care

As a retired teacher, I urge the City Council to amend the Administrative Code 12-126 to protect health care choices for retirees. Many of us do not want to be part of any Medicare Advantage plan, and prefer to stay with traditional Medicare. We need to have a supplemental plan that goes along with that.

Without changing the code and giving choice to retirees, we will not have an option to choose a supplementary plan to traditional Medicare. We retirees have spent our lives in service to the City of New York, and we feel abandoned at this time in our lives when health care is so important to us as we get older.

Please vote to protect our health care and give us choices.

Thank you,
Jerilyn Ganz

NY City Council members
City Council Chambers
City Hall, New York, New York

NY City Council members,

I know the Mayor is pressuring the City Council to amend Administrative Code 12-126. This would allow the city to provide a cheaper, and grossly inferior, "Medicare Advantage" health care plan to retirees, and pave the way to eventually force inferior plans on the in-service workers.

As a NYC retiree, I selected a (Emblem HIP) "Medicare Advantage" plan for my first year of Medicare coverage, and **it nearly killed** me with the insurance company's denying and delaying of my diagnostics. The insurance company even attempted to delay my urgent heart surgery! I thought I'd have to choose between being on the hook for a half-million dollars for the procedure that wasn't covered – or else die waiting for the insurance company to decide to "pre-authorize" it. In my desperation, I was actually considering going to the emergency room, hoping they would perform the surgery as an emergency procedure - which would then have to be covered by the "Medicare Advantage" plan. All this aggravation did my heart condition no good. I'm lucky I survived "Medicare Advantage"!

The costly bad decisions of the NYC Central Labor Council (what this is really all about) should NOT be paid for by vulnerable NYC retirees. Please VOTE NO on any administrative code amendments that would breach the hard-fought-for collective bargaining agreements that protect city workers' health care – for in-service city worker AND for NYC retirees.

Thank you

Jerry Mastriano
Forest Hills, NY 11375

From: Jerry Mastriano <genari@verizon.net>
Sent: Sunday, January 8, 2023 5:49 PM
To: Testimony
Subject: [EXTERNAL] DO NOT AMEND 12-126
Importance: High

NY City Council members,

I know the Mayor is pressuring the City Council to amend Administrative Code 12-126. This would allow the city to provide a cheaper, and grossly inferior, "Medicare Advantage" health care plan to retirees, and pave the way to eventually force inferior plans on the in-service workers.

As a NYC retiree, I selected a (Emblem HIP) "Medicare Advantage" plan for my first year of Medicare coverage, and **it nearly killed** me with the insurance company's denying and delaying of my diagnostics. The insurance company even attempted to delay my urgent heart surgery! I thought I'd have to choose between being on the hook for a half-million dollars for the procedure that wasn't covered – or else die waiting for the insurance company to decide to "pre-authorize" it. In my desperation, I was actually considering going to the emergency room, hoping they would perform the surgery as an emergency procedure - which would then have to be covered by the "Medicare Advantage" plan. All this aggravation did my heart condition no good. I'm lucky I survived "Medicare Advantage"!

The costly bad decisions of the NYC Central Labor Council (what this is really all about) should NOT be paid for by vulnerable NYC retirees. Please VOTE NO on any administrative code amendments that would breach the hard-fought-for collective bargaining agreements that protect city workers' health care – for in-service city worker AND for NYC retirees.

Thank you

*Jerry Mastriano
Forest Hills, NY 11375*

From: Jesse Tepper <n704ly@gmail.com>
Sent: Saturday, January 7, 2023 9:07 PM
To: Testimony
Subject: [EXTERNAL] Administrative Code 12-126

My name is Jesse Tepper. I am a retired New York City employee. Please vote NO regarding changes to Administrative Code 12-126.

Jesse J. Tepper, Ph.D.

From: Jessica Berenblum <jessicaberenblum@gmail.com>
Sent: Tuesday, January 10, 2023 9:32 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Protect Admin Code 12-126!

I have been a nyc doe teacher for 14 plus years. The benefits we have been promised must be protected, and so must the benefits of retirees!

Thank you.
—Jessica Berenblum
--
Jessica Berenblum

Check out my classroom projects!
www.donorschoose.org/jessicaberenblum

January 9, 2023

To the City Council Members,

I am a teacher with 20 years of experience who recently joined the Department of Education to be of service in our public schools. I took a pay cut to move from the private sector to the public sector, and what made this possible was having no-cost premiums for health insurance. I urge you NOT take our healthcare protections out of the law. Keeping 12-126 intact doesn't mean we can't negotiate for quality healthcare, and savings. Amending 12-126 means we will be at the mercy of just a few people. Those of us who dedicate our careers to public service, do so for the good for our communities and our families. All people, including us, deserve decent, stable benefits both in-service, and in retirement. Don't give away our legal protections. What we give up in law, we will never get back.

Sincerely,

Jessica Phillips-Fein

From: Jessie <jesslaw@optonline.net>
Sent: Thursday, January 5, 2023 5:16 PM
To: NYC Council Hearings
Cc: Jessie Lawrence
Subject: [EXTERNAL] Medicare changes

I wish to object to the proposed legislation to amend administrative code in relation to Medicare coverage. I do not want to be removed from my present plan of Medicare and GHI as supplemental insurance which has worked very well for me for the last 12 years. I do not want to be handed over to a private company which I do not trust. I also think it's unfair to refuse to allow us to pay an additional cost for those of us who wish to remain on our present plan.

The City made a health insurance deal with retirees that it now wishes to back out of. This is just wrong and, at the very least, those of us on the original plan for many years should be grandfathered so we won't find ourselves having to change doctors and/or medications at this point in our lives.

Thank you, Jessie M. Lawrence
Queens College
C.U.N.Y.
Retired 2005

I am a 73 year old New York City Retiree

I retired from the new York City Department of Education in of 2009 after 30 years of service to the City.

I am writing to urge you to **vote against** the changes to NYC Administrative Code Section 12-126 Council Member De La Rosa is proposing on behalf of the Mayor.

The report issued by Arbitrator Scheinman on December 15, 2022 does not obligate you to vote for changing 12-126. Scheinman's report is not a decision, ruling or award and no retirees or retiree advocates were involved in the 'arbitration process' that led to its creation. The Scheinman report is a one-sided non-binding propaganda document brought to you by the Administration and the Municipal Labor Committee (MLC) and is being used to mislead you into believing changing 12-126 is the best option for addressing health insurance costs. That is not true!

Reach out to the NYC Organization of Public Service Retirees for the real facts! The NYC Organization of Public Service Retirees has identified at least \$300 million in savings that can be achieved without changing 12-126. OMB has been informed about some of these savings options and has not informed the City Council about them. Furthermore, OMB has refused to hear about or explore other real opportunities for savings. How can you and the Council make a decision on the best way forward if you are not being fully and honestly informed of all the options available?

At present, the pricing benchmark and the all-inclusive definition of the class it applies to that were included in 12-126 when it was adopted by the Council serve to define and protect the health insurance benefits of all active employees, including you, and all retirees. The proposed changes to 12-126 will empower the Mayor and the MLC to side step what is set forth in 12-126 to define new classes and set health insurance pricing benchmarks for those classes whenever they decide to and for any reason they want. The City Council and everyone else will be powerless bystanders. If the Mayor and the MLC make decisions that are just plain wrong or are designed to reward supporters, punish opponents or leverage votes, neither the Council, the City's legislative and budget making body, nor anyone else will have the authority to intervene. Clearly, enabling the Mayor and the MLC to wield such power would be very dangerous and wrong!

Like every retiree, I am sympathetic to the goal of better controlling the cost of healthcare benefits. But I do not believe the pursuit of that goal should fall so

directly and heavily upon retirees. That our well-earned and justly awarded benefits are being regarded as a burden the City must shed is unfair and wrong. We did what we were asked to earn what was offered. We deserve to be respected, to have the commitments made to us honored, to keep the traditional Medicare and free supplemental health insurance we now have, to continue having our critical healthcare decisions made by doctors instead of administrators, and to be left alone to enjoy what time we have left.

PLEASE DEMAND OTHER OPTIONS BE EXPLORED.

PLEASE PROTECT THE HEALTH BENEFITS OF ACTIVE EMPLOYEES AND RETIREES.

PLEASE DO NOT EMPOWER THE MAYOR AND THE MLC TO SIDE STEP THE LAW.

PLEASE DO NOT DIMINISH THE AUTHORITY OF THE CITY COUNCIL.

PLEASE VOTE AGAINST CHANGING NYC ADMINISTRATIVE CODE SECTION 12-126!

I thank you for taking the time to read this email and very much hope I have convinced you to oppose changing 12-126.

Sincerely

Jill Voletsky

NYC Board of Education Retired 2009

From: James Courtney <offduty34@aol.com>
Sent: Friday, January 6, 2023 9:59 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Amending 12-126 Retirees Health Care

Don't amend the Code, protect it like every City Council before you has. Protect 12-126. Scheinman has no jurisdiction over the City Council nor the Retirees.

Don't be fooled. The arbitrator's decision is an opinion and not binding. If you vote to change the law you will force me and thousands of other retirees into an advantage program. As a recovering stage 4 cancer survivor I will lose all my long-term doctors and the hospital that has treated me for years. By amending 12-126 the council will diminish healthcare for all past and future city retirees. All to pay the debt of active city employees who used money intended for health care to pay for their past raises.

Jim Courtney, Retired Inspector

34 years NYPD

Member CEA

Testimony by Joan Randell

Committee on Civil Service and Labor Committee

January 9, 2023 – Amending Admin Code 12-126 – Changing Employee Health Care

When many of us started our jobs with the City of New York, like you, we probably never expected to grow old and frail. We thought we'd stay young and healthy forever. The impact of aging creeps up slowly – a few gray hairs here and there, longer-lasting aches and pains, the need to raise the volume on the TV. Even when we retire from our City jobs, most of us still feel young at heart, and thankfully are in good shape.

Then when we hit our 70s and 80s, serious medical issues appear. We spend more time seeing doctors in one year than we did in all the years we were working. We need hip and knee replacements; we have heart attacks; we are diagnosed with cancer that requires expensive treatment; we develop spinal stenosis, COPD and have difficulty walking; we begin falling and breaking bones; we become fall risks; we are diagnosed with diseases whose names we can't even pronounce.

In spite of our medical conditions and deteriorating health, we strive to live as good of a life as possible, and share quality time with our loved ones. At our age, life and health feel precious; we no longer take either for granted. We are comforted by the assurance that we can access the best doctors, cutting edge lab tests, the most effective treatments and medications, the finest physical therapy, and highly-rated rehab facilities. We are assured of all these *bests* because when we were healthy and productive, we gave the City of New York the *best* years of our lives. We gave up better-paying jobs in the private sector, and many City raises, in order to have excellent, free health insurance that we could count on as we became old, frail, and sick.

It pains and disappoints me that the City of NY is threatening to break its promise at this most vulnerable moment in our lives and renege on its pledge to provide us with Senior Care that supplements Medicare. They want us to either pay \$2500 a year for Senior Care– which many of us can't afford, and that most of us have come to rely on – or enroll in a Medicare Advantage program. According to surveys of our doctors who accept Medicare, many of them will not participate in a Medicare Advantage program. This will disrupt the continuity of our care that is essential for favorable treatment and health outcomes. As you already know, objective evidence from federal regulatory authorities shows that Medicare Advantage plans require prior authorization for dozens of common tests and procedures, physical and occupational therapy, and stays in rehab facilities. Such authorizations are routinely denied, and even if they're ultimately approved, this extra paperwork and bureaucracy saddles us with an unnecessary burden, delays vital care, and leads to worse outcomes. Though your Committee and the entire City Council has yet to vote whether to break the City's longstanding promise to retirees, the possibility that they will has stoked our anxiety and amplified our stress. Already, this anxiety and stress is eroding our wellbeing. It has added to the heap of stressors in our lives.

If you amend Administrative Code 12-26, you will be harming 250,000 elderly retirees and their dependents. You will open the door to hurting current and future City employees. Do you want this to be your legacy? Would you want this for your parents, or for yourselves decades from now? Put yourselves in our position. We are eager to collaborate with the main stakeholders – the MLC; DC 37; UFT, the Mayor; and the City Council – to find a way to reduce the City's healthcare costs. But any path forward must not come at the expense of retirees, must not shred the City's promise, and must not permit the City to shirk its moral duty.

Thank you for your consideration.

Joan Randell – Retired from the Human Resources Administration in 2008
, NY, NY 10038

joanrandell@gmail.com

From: joan fishbein <pearapple77@gmail.com>
Sent: Sunday, January 8, 2023 5:53 PM
To: Testimony
Subject: [EXTERNAL] For the City Council.

Those of us that have retired were promised life long health care by the city. After all the years of service ,please don't try to fix your budget on our backs.

We cannot afford to pay the supplemental fee each month.

Sincerely,
Joan Fishbein-retired teacher

From: klimerpeople@aol.com
Sent: Saturday, January 7, 2023 4:44 AM
To: NYC Council Hearings
Cc: Testimony; klimerpeople@aol.com
Subject: [EXTERNAL] Do not amend Code 12-126

To: Committee on Civil Service and Labor
9:30 Jan.9, 2023

My testimony is on behalf of those NYC Retirees who have no voice and are unable to speak for themselves. I am asking you to leave Code 12-126 UNCHANGED. During my 35 years of service at the DOE I have worked with many, who now reside in nursing homes. Are Council Members aware that a vast amount of Nursing Homes will not accept Medicare Advantage Plans? These NYC Retirees have no idea that this is happening, nor would they even understand it at this point. What will happen to them? Have you considered this? My heart aches for them. Who would be willing to force this fate on the elderly and infirm, who worked their entire lives for the city. This is truly inhumane.

In addition, changing the Code will allow for a "two class" healthcare system for NYC Retirees. One for those who have the money to opt out of inferior healthcare, and one for those who don't. Every one of you has seen all that has been written about the horror stories resulting from (for profit) Medicare Advantage Plans, particularly for those who are UNHEALTHY. (In addition, there are ongoing investigations into their practices, including Aetna.) They are FOR PROFIT businesses. No matter what the city says... that this new "negotiated plan" is different... don't be deceived. We all know the truth. Some of your own NYC Council Members have come out publicly against them, and have stated that they themselves would not accept one. Shouldn't the less fortunate NYC Retirees have access to the SAME QUALITY healthcare as those who are more fortunate? They both gave years of their lives working for the City, and EARNING this benefit... quality healthcare... in exchange for accepting lower pay than they

would have earned in private industry. The quality of their healthcare shouldn't be determined by what they can afford.

Money MUST be saved, and there are many ways to save it without hurting the retirees. Many have offered their expertise in this area, but the Mayor WON'T LISTEN. Instead, he chose to use you to change the law.

Think about your constituents who are counting on you to PROTECT THEM AND BE THEIR VOICE.

That is why they voted you in. Some Council Members have stated in their bios that they are champions for the aged. Live up to that claim. We need you to speak up NOW.

Again, my heart aches for those who will be most impacted... and for all NYC retirees having the rug pulled out from under them mid- stream. They weren't expecting this in their old age, when they need quality healthcare the most. Please, be humane... and do the right thing.

DO NOT amend 12-126

Respectfully,

Joan Klimerman DOE
35 years
Retired 2004
email: klimerpeople@aol.com

Testimony for City Council Jan 9, 2023

Issus: Health Care for City Workers and Retirees

My name is Joan Greenbaum and as you can see I am a Retiree and happy to be so. Before going to LaGuardia Community College—a job I loved—I worked as a programmer and systems analyst at IBM. For considerably more money, as you probably can guess.

People in the computer field have a number of saying and one I have always loved is:

“We fail more often because we solve the wrong problem, than because we get the wrong solution to the right problem.”

It seems quite clear that changing the administrative code is both the **wrong solution**, and that the MLC and the City have been on the track of the **wrong problem**.

For starters, I briefly take us back to the **June 2018 Agreement** calling for savings in Medical Costs.

That agreement outlined a number of ways that the Committee (more on that soon) could save money, including:

- City self insuring –something a number of big cities have done
- Audits and coordination of benefits—
- Consolidating purchasing power...
 - And more...

We have **not seen any data** indicating that these paths were even explored.

The Committee referred to was called the **Tripartite Committee** made up of members of the MLC, the City and (wait for it) Martin F. Scheinman. If :

a) the MLC and the City did not seek other savings, nor show us other ways to save and,

b) the third party, Martin Scheinman, then became the arbitrator when the savings didn't materialize,

and then:

c). Scheinman said that the Stabilization Fund was the problem, and the problem of retirees had to be solved;

and that privatized health care was the solution, along with a change in the Administrative Code

I ask all of us **how can we trust this non solution to the wrong problem(s).**

Had any of my computer science students used logic such as this, they would not pass.

Private health insurance that can only make profit if they deny services that our current excellent Medicare insurance is covering. (Aetna's CEO had a package of \$27.9 million last year)

Please please, I ask you do not jump down the road of the wrong solution to the wrong problem. I am a proud member of the PSC-CUNY and we ask you to look closely at our well researched proposal.

Thank you.

From: Joann Mallozzi <bearytruly@aol.com>
Sent: Saturday, January 7, 2023 11:44 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Amending benefits

Please please do not take away our retiree benefits..... especially with the economy as it is. I worked for the City for 35 years - my wages weren't on the same page as my privately employed acquaintances BUT the benefits were better by far than theirs. I didn't reap from Tier 1 benefits ... we had to earn much thru Tier 4. And now that I thought I was finally going to enjoy my retirement.... I find that we are becoming the city's' scapegoats - " take it from the retirees"..... No please-more Doctors DO NOT ACCEPT ADVANTAGE PLANS THAN DO! The ones that do are not the ones we want to deal with, nor the areas they practice.....
Please leave us alone.... Go to the Governor for money-the state just got raises - our cola does not help put food on our tables or rooves over our heads.
Please stop this from happening.
Thank you for your time and trouble.

Sent from my iPad

From: jmb62880@optonline.net
Sent: Saturday, January 7, 2023 2:59 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Please Don't Change Admin Code 12-126

Dear Council Members,

I am a retired NYC educator who taught for 30 years in the Bronx. The main reason I went into teaching was for my love and concern for children. But I also went into teaching knowing (because we were promised) the medical insurance my spouse and I now have- Medicare and GHI. When I retired in July 2015, I felt assured that my same medical insurance would continue! Unfortunately as we age, we have more medical issues. Last year my husband had to be admitted to the hospital for heart problems. He was able to have the cardiologist of his choosing because the doctor accepted traditional Medicare/GHI. The doctor immediately ran many tests. We didn't have to wait for any prior approvals for the tests. After a week in the hospital, many tests and procedures, the bills totaled to \$40,000, which we paid only about \$300.00. Thank God for Medicare and GHI. My husband is here today because of the excellent care he received due to traditional Medicare/GHI. We pray and hope to continue to have Medicare / GHI. Please vote No to amend code 12-126 Thank you for your attention to this matter!

Sincerely,
Joanne Brozier

Honorable Committee Members:

Basic Medicare is known as “original” or “traditional” Medicare, Medicare Part A and Part B. Part C, Medicare pays a private sector health insurer a fixed payment. The insurer then pays for enrollees. Insurers are allowed to vary benefits from those provided by Medicare. Part C plans are required to offer coverage to meet or exceed the standards set by the part, but they do not have to cover every benefit in the same way.

MAPS requires insures to use providers in the network or be charged a higher out-of-pocket fee and require a referral to see specialists. Providers receive a fixed fee from the program for each participant and may charge policyholders for out-of-pocket fees for services. This is a private sector insurance company, and their interest is only in making a profit. This is the dangerous part of a MAP.

Two days before my 70th birthday, I was diagnosed with breast cancer. Waiting for prior approval for the mandatory tests is psychological torture and is detrimental to a person’s health. Within five weeks, I had all the testing done and surgery. During the committee hearing, I did a survey and contacted seven of my doctors. Five out of seven do not take the coverage being offered. My cardiologist billing department told me the stress test required for my yearly evaluation has a co-pay of \$300.

In the spring of 2021, I was diagnosed with A-Fib. The doctor prescribed Eliquis but I could not afford the \$150 co-pay. On August 9 of the same year, I had a cardiac procedure. There is a possibility of another procedure and I would like to have the comfort of knowing, as well as, prefer my surgeon who has previously cared for me

Not only did I work a full-time job, but in addition, I was a single Mother with a disabled son. Money was tight. I put my son’s needs before my own, as a Mother would. I made sure he had three meals a day, a roof over his head, clothes and his medications, while being primary caretaker for my Mother.

For over 32 years, I have had the same general practitioner. He has helped me through surgeries, various illnesses, the deaths of my brother, Mother and sister. Today, I called his office and inquired if he accepted any MAPS. The receptionist told me, he no longer accepts MAPS as payment.

When it comes to my healthcare, it is a personal decision and should be made by me. It is imperative, I have complete faith and confidence in my choices of doctors and my decision alone. Prior authorization for testing, should not take days or weeks. The wait forced upon patients for prior approval is psychological torture and detrimental to their health. We are human beings with health issues not a herd of cattle. I did not work all those years to be forced into a substandard Medicare Advantage Plan. Medicare taxes were deducted from my paycheck, and I would prefer to keep traditional Medicare.

Mr. Mulgrew has told teachers and other members of UFT, the only way to save their healthcare benefits is to have administrative code 12.126 amended. This does not make sense and is very concerning to me. A statement was made during the meeting 12.126 can be amended and then put back. What happens to the current retirees if this happens? It is my opinion, Mr. Mulgrew has an ulterior motive.

Mr. Mulgrew wants a hike in pay for his members. Do you know how much a first year teacher with a master's degree earns (with no prior teaching experience) earns? Do you know what the salary of a recent graduate of the New York City police academy earns? There is a tremendous pay difference between the two agencies which leaves me baffled.

Last year the mayor made a statement regarding the rescinding of senior healthcare as a bait and switch scam. Who influenced him to do a complete turnaround on such a serious issue as senior healthcare? What kind of mayor would do this? He will be remembered as the mayor who stripped away healthcare benefits from first responders, their widows, retirees and individuals forced to retire due to a disability.

When I started working for the Department of Education, I worked for the Division of Special Education. Time passed quickly and before I knew it, I was at my retirement consultation with Mr. Jose Rodriguez. He informed me, I would have no worries about healthcare benefits for the rest of my life because the Retirees Welfare would always be there for us.

Please protect the retirees and do not repeal administrative code 12.126. If repealed, not only does this effect retirees but current employees, including yourself and your staff. This will be the end of civil service as we know it today.

Respectfully,

Joanne M. Cutitto, Retiree

Principal Administrative Associate Level 3

NYC Department of Education, Retired August 2012

From: Joanne Millar <jorallim@yahoo.com>
Sent: Monday, January 9, 2023 7:35 PM
To: NYC Council Hearings
Subject: [EXTERNAL] URGENT: PROTECTING Admin Code 12-126 PROTECTS RETIREES

To Whom It May Conern:

The City Council is being threatened that if they don't amend the statute to force retirees into the Medicare Advantage, the Mayor will do that on his own. Amending the statute does the same thing! Why should the City Council amend the law if the Mayor will do this anyway? Why do his dirty work? Let the Mayor take the political hit for hurting retirees and remove City Council Members from the ire of retirees and constituents in their next election. If the Mayor does this act, the Retirees will be able to challenge and win this in court where we have been successful because the City has violated the law and this is his way around it. If the City Council amends this Administrative Code, they will affirmatively be hurting retirees and preventing us from winning this in Court. Don't prevent us from winning again in court. We served our time as employees and have a right to enjoy our time as retirees with proper care that we earned and paid for.

Don't buy the Big Lie. Don't amend the Code, protect it like every City Council before you has against a greedy Mayor. Protect 12-126. Scheinman has no jurisdiction over the City Council nor the Retirees.

We request that you do NOT support the bill being introduced on January 9th by Civil Service and Labor Chair DeLaRosa.

Thank you for protecting us from financial peril and losing our healthcare.

Joanne E. Millar
Tier 4 Employee
19+ years of service

From: joanne kim o'connor <hyunjungoconnor@gmail.com>
Sent: Tuesday, January 10, 2023 8:36 PM
To: Testimony
Subject: [EXTERNAL] Committee on Civil Service and Labor: Vote NO to Amend 12-126

January 10, 2023

Dear Esteemed Councilpeople,

I am appalled that NYC officials are attempting to circumvent due process by amending Administrative Code 12-126. If this happens, the City will be able to strip retirees who were long-serving municipal employees of the healthcare that they worked for... and were promised. Retirees were to retain the same healthcare coverage that we have as current workers. But now, many in power want to take this away and amend the administrative code to prevent any redress by those affected.

Stripping those who worked long and hard for this city is shameful. Only the preservation of 12-126 would stop this from happening, by allowing us recourse to sue if such a move was made. If retirees are pushed into Medicare Advantage, a privatized program, the healthcare of seniors will lead to unwanted health outcomes and ultimately will not save the city money. The rights of in-service municipal employees will be endangered and create conditions that will lead to further attrition from the ranks of police officers, firefighters, teachers, nurses and many more who serve the City.

You and our other councilpeople are truly the last line of defense against this happening. I ask you to stand with our New York City retirees in **opposing changes to the City's administrative code 12-126.**

Sincerely,

Joanne Kim O'Connor

Brooklyn, NY 11215

City Council District 39

Sent from my iPhone

From: jam2123@aol.com
Sent: Sunday, January 8, 2023 1:37 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Written testimony for Hearing on 1/9

Dear Sir or Madam,

I am a 70 year old NYC Retiree who worked for DOHMH as a Registered Nurse for 20 years. I dedicated my career to helping others to stay safe and healthy and am presently receiving life saving infusions every 2 weeks for a health issue for the last 2 years without issue. Now, the health benefits that we worked for and promised are now in jeopardy due to having our health benefits fund raided to fund UFT raises and I am terrified.

We believe that what the City Unions and our Mayor are doing is not only despicable, but illegal and we have sued and won our case twice in 2 courts and before 6 judges. That should telly you something right there!! To have a progressive City Council changing Administrative Code 12-126 now which will force the elderly, infirm and disabled pay for insurance or to only to have a privatized Medicare Advantage is beyond reprehensible. You are turning your back on the people who dedicated their lives to serving and building this City especially after 9/11, H1H1 and Hurricane Sandy to mention a few.

Your are being lied to. Scheinman has no jurisdiction over the City Council or the Retirees and his recommendation is just that and it is certainly not binding!! The Judge DID NOT say that you only had to offer one plan or the Medicare Advantage Plan. He just said that you can't charge us for our current plans because they are under the benchmark.

DO NOT amend the Code and protect it like every other City Council before you has. Protect us from these greedy people who are trying to literally kill us. I am NOT being dramatic here, I mean it as truth!

Henry Garrido's OP ED in todays NY Daily News is full of lies and deceptions and I beg you to listen to the truth at the hearing on 1/9.

Please do the right thing and DO NOT support the bill that was introduced on January 4th by the Civil Service and Labor Chair DeLaRosa in whom I am beyond disappointed.

Yours truly,

Joanne Macdonald, RN
DOHMH Retiree - 20 years service
Retired 10/14

Brooklyn, N.Y. 11234

Jam2123@aol.com

I am a retired teacher, with 21 years of service in our public schools. When NYC rolled out the Alliance Medicare Advantage plan in 2021 it sounded good. They said you could go to doctors in and out- of -network; they said it would work wherever you lived. It was touted as being as good, or better than GHI Senior Care. Many of my doctors were on the list. Little by little, the truth emerged. Several doctors said they will not take any MA plan. Doctors could drop out of network at any time. It was finally revealed that non- network doctors do not have to take you as a patient. You would pay upfront, then submit it to be reimbursed. For those living outside NYC, good luck finding any doctor in network. Most disturbing was the pre-authorization required for every service, delaying, limiting or possibly denying care. These problems don't exist with Traditional Medicare, and GHI Senior Care. Medicare Advantage is not a one size fits all plan. It does not work for all NYC retirees. Traditional Medicare does.

The city is again focused on pushing all retirees into a Medicare Advantage plan. My union, the UFT, has been at the forefront -pitting retired members against active members. I am sure Council Members have been receiving many calls asking to amend 12-126 to preserve healthcare "choice". The choice for retirees is another Medicare Advantage plan, and pay - up for anything else.

Administrative code 12-126 protected retirees when the city imposed a charge for GHI Senior Care if we opted out of the Alliance MA plan. Retirees, who could not afford that, would have to accept this plan. It is the reason retirees won in court. Twice. Forcing retirees into a private, for profit, Medicare Advantage plan sets a precedent for the city to continue to diminish healthcare benefits that were promised and earned during our working years.

The Mayor is asking you, the City Council, to amend the code, which will negatively impact retiree healthcare [as well as in-service workers].

Don't open that door.

Please do the right thing and leave 12-126 as is.

Respectfully,
Joanne Suzuki

It is upsetting that my union, the UFT, has been pitting active and retired workers against each other, via the UFT campaign to call city council and ask them to amend the code as the only way to protect “choice” - the choice being forced into a Medicare Advantage plan that does not replicate Original Medicare, or only pay up options.

A friend of mine, who had a medicare advantage plan, recently switched back to medicare, and a supplement plan. He explained he had a few surgeries and ,as a result, had over \$2300 in co insurance charges.

The Mayor said “narrative being hijacked by those who want to scare retirees”; And nobody wants their healthc are changed, you are changing it to a MA plan

The Mayor says that he is one of us; that nobody wants their healthcare changed; and the narrative is being hijacked by those who want to scare retirees, and that the city needs to do a better job of explain the plan.

Mr Mulgrew

The Judge’s ruling did not take away choice. He didn’t say the city could offer only one plan. The city has already done that. You will be its’ agent if administrative code 12-126 is amended.

I don’t understand why this plan is b

From: Joanne Poccia
Retired NYC Teacher
Years of service: 26 years

Garth Rd
Scarsdale New York 10583

Topic: Do Not Amend 12-126

Dear City Council Members,

As you see I am a retired city worker and I am very concerned that the city council would even amend 12-126. This code not only protects retirees but all active city employees concerning our healthcare and choice.

I was promised when I was hired by the city that I would receive premium free healthcare from the city for myself and spouse for our lives. With my degrees I could have entered the private sector made more money but I chose the city employment because of a pension and my healthcare. Now the city and the MLC have decided to go back on their word. I am 67 years of age and my husband is 68. We are on a FIXED income and if you allow the city and the MLC to change this code I will have to pay \$400.00 a month out of my pension check to keep what I have. Many city retirees have pensions between 13,000 to 22,000 per year. The retirees who cannot afford to keep what they have will be forced onto the MAP plan which is inferior to what we have now.

The MLC and the city are trying to tell you that a MAP plan (Medicare C) and a Supplemental plan (GHI senior care) are the same they are not. I have contacted all my doctors and my husband's doctors and they will NOT ACCEPT a MAP plan. I contacted my hospital Columbia Presbyterian and they will not accept any new MAP plans. Doctors and healthcare facilities are not required to accept any insurance plan but the city and MLC are spreading lies telling us they have to. Again they do not.

Changing the code will cause the city to have a two tier health coverage for retirees and active members, the haves and the have nots. You all know being a have not in retirement will not have a good outcome for a retiree.

Our group NYC Organization of Public Service Retirees has found over 300 million dollars in savings but the MLC and the city will not sit down to discuss anything. The savings we have found is the tip

of the iceberg. I will not go into why the Health Stabilization fund is in terrible shape because my own opinion it was totally mismanaged by the MLC and the city to me a crime in itself.

Again do not amend 12-126. Thank you for your time.

Sincerely,

Joanne Poccia

From: JOSEPH CAMPBELL <joecamsoup12@yahoo.com>
Sent: Thursday, January 5, 2023 4:11 PM
To: NYC Council Hearings
Cc: JOSEPH CAMPBELL
Subject: [EXTERNAL] INT 0874-2023 Adm Code 12-126

Dear City Council,

It is time for the Office of Management and Budget to share the many cost saving initiatives that can be undertaken to protect Traditional Medicare for all civil servants and retirees.

DO NOT AMEND ADMINISTRATIVE CODE 12-126. W H Y ???

New York City can:

- 1) SELF INSURE health benefits saving enormous "risk charges" enjoyed by health care companies.
- 2) Consolidate union Welfare Funds saving enormous administrative costs. Comptroller Report FN20-118S (dated 1/25/2022) found costly issues including "high reserves" while expending "20% lower than average" amounts for benefits.
- 3) Support negotiated reduced healthcare reimbursement rates like Mayor Bloomberg achieved.
- 4) [Home | NYCRETIREES](#) has identified over \$300 MILLION in healthcare savings areas. Its time to engage with retirees and protect their healthcare with sensible cost savings.

Home | NYCRETIREES

- 5) Many physicians do not accept Medicare Advantage plans for payment. This should be a wakeup call to protect Original Traditional Medicare with appropriate cost saving initiatives.

Sincerely,

Joe Campbell

26 year NYC Civil Servant

From: Joel berger <bergerprof@aol.com>
Sent: Tuesday, January 10, 2023 4:13 PM
To: NYC Council Hearings
Subject: [EXTERNAL] DO NOT CHANGE 12-126

Testimony of Joel Berger, retiree from CUNY

I ask all Committee members to vote to NO any any proposed changes to administrative code 12-126

NO to the privatization of medicare

NO to diminishing the health care coverage of retired city workers

NO to setting up a rich vs.poor system of choosing health care plans

NO to betraying the promise of premium free health care made when retirees first signed up for city service

NO to accepting false alternatives by the MLC, OLR and the Mayor

YES to a deliberative process involving all stakeholders

YES to the PSC Poposal

YES to oversight of the stabilization found

YES to the Council asserting leadership to solve long range problems which will guarantee premium free health care plans for NYC retirees

Testimony on the January 9, 2023 Committee hearing of the Committee on Civil Service and Labor

I watched the committee hearing on changing 12-126.

I saw the unions outright lie about wanting to do this to preserve choice for retiree health care options. Should code 12-126 be changed, there is no choice for retirees with pensions less than thirty or forty thousand dollars. They can't choose to pay an extra \$2400 or \$4800 (if they have a living partner or an adult disabled child) a year! They have no choice but to be put into a Medicare Disadvantage plan. Please don't believe the big lie that the unions keep repeating. Think for yourself.

And they said that "Medicare Advantage" is a government program. This caused the audience to stir because it was an outright lie. Medicare Disadvantage is essentially a private HMO. Enough has been said in the public press about the corruption and problems of Medicare Advantage. Don't force many retirees into this.

Let's talk about voting on November 7, 2023, when the entire city council tries to get reelected. I am part of the team who will work to support you should you vote not to change 12-126. And enough small people working together will help get you reelected. We know the unions threaten to remove their financial support to you if you don't vote their way. You are in a challenging situation, so vote your conscience because at least your legacy will go down on the right side. And suppose you do vote to change 12-126. Your legacy will be known forever as one of the Council members who tried to help the corrupt unions get away with the catastrophic destruction of health care for NYC employees and their retirees.

Thank you for allowing me to testify, especially after carefully listening to both sides and hearing the various lies the unions continue to espouse.

Respectfully submitted,
Joel Chaiken

Bronx, NY 10471-1607

Email joelchaiken@optonline.net

From: Joel Shufro <jshufro@gmail.com>
Sent: Monday, January 9, 2023 4:45 PM
To: Testimony
Subject: [EXTERNAL] Opposition to Amending New York City Administrative Code 12-126

Please find below and attached my testimony in opposition to amending New York City Administrative Code 12-126.

Joel Shufro

Brooklyn, NY 11218
jshufro@gmail.com

Testimony of Joel Shufro
Brooklyn, NY 11218-1209

January 9, 2023
Opposition to Amending New York City Administrative Code 12-126

I am writing as a spouse of a retired New York City employee to urge the New York City Council to oppose amending the New York City Administrative Code 12-126 which will allow the City and its Unions to force retirees into a Medicare Advantage Program.

It is hard to believe that members of the City Council who consider themselves "progressive will support legislation that will allow for the privatization of Medicare without a full and public examination of the options facing the City. It is even harder to believe that public sector unions are leading the fight to privatize Medicare.

Study after study, some most recently conducted by the New York Times, have demonstrated 1) that Medicare Advantage programs provide less funds for medical treatment than the Original Medicare, and 2) deliver inferior medical outcomes than Original Medicare - particularly for those dealing end of life medical issues^[1]. The switch being proposed by the Municipal Labor Council may, in the short term, get the unions such as the UFT out of the financial liability they acquired from the bad bargain they agreed to five years ago in the short term, but in the long-term will result in higher costs to the City in terms of premiums and, at the same time, reduce the quality and quantity of health services for its past employees and their covered spouses.

Amending Administrative Code 12-156 will result in increased racial disparities in the health of seniors in this City. Over 65,000 individuals have already indicated that they will opt out of the Medicare Advantage

Program if provided with the choice of being allowed to remain on original Medicare even if they are required to pay \$2400/year (\$4800 for a couple). Many former NYC employees, whose NY City pension averages approximately \$28,000/year, will not be able to afford the increased costs of opting to remain with Original Medicare. Consequently, the higher-paid former City employees will be able to opt-out of the Medicare Advantage Programs. Since a higher percentage of highly paid workers are white and male, it will be people of color and women who are forced into the Medicare Advantage Program, further increasing the racial disparities of health care in New York City.

What New York City does on this issue will have a dramatic impact on health care in both the public and private sectors both in New York City, New York State and across the country. It would send a message to other municipalities and private sector employers that privatization and cutting back in the quantity and quality of health care for current employees and retirees is appropriate. Just as in the 1980s when employers moved workers from defined benefits to defined contribution pension plans forcing workers to bear the risk of market fluctuations -- moving workers to Medicare Advantage Programs is degrading the health benefits and care employees and their spouses were promised. New York City should be seen as leading the rest of the country in a progressive direction rather than succumbing to the downward pressure on the social safety net.

What is even more distressing is that it appears that the New York City Council is preparing to move forward without a full vetting of the options facing the City. The reasons for the City's decision to move forward have not been clearly detailed. A recent paper published by Barbara Caress, a prominent healthcare analyst, claims that if the City were to self-insure, like Atlanta, Boston, Houston, Philadelphia, Los Angeles, and Seattle, the City would save \$1.6 billion^[2]. Professor Caress has subsequently outlined other ways in which the City could pay to continue the current health benefits that City retirees were promised in a manner that would save the City money at the same time^[3]. Why is the City opting for a more expensive proposal which provides less benefit than other options? The City owes its retirees, future retirees, and the public at large an explanation.

In summation, amending the NYC Administrative Code 12-126 will allow the City to implement a program that is not guaranteed to provide equal or as effective coverage as that which retirees and future retirees currently have. Amending the Administrative Code will introduce a regressive social policy that attempts to privatize programs, provide less money for the delivery of health services, is particularly harmful to those at or near the end of life in need of medical intervention, and will increase racial and gender based-disparities already existing in our City's healthcare system.

The New York City Council should be a leader in the demand that health care is a public good and should be provided through government programs. Amending NYC Administrative Code 12-126 will be a step back from that commitment and seen as such throughout the country. It will result in declining healthcare outcomes it provides its retired employees and their spouses at an increased cost to both the City and its retirees. It is a bad public health policy.

^[1] 'The Cash Monster Was Insatiable': How Insurers Exploited Medicare for Billions', New York Times, Oct. 8, 2022. See also, Medicare Advantage: A Disadvantage for Complex Surgery Patients. Journal of Clinical Oncology, Nov.10, 2022

^[2] Barbara Caress, New York City Over-Pays for Health Insurance. City Workers Still Get A Bad Deal, Center for New York City Affairs, Jan.20, 2021. See also, 32BJ Health Fund, Hospital Prices: Unsustainable and Unjustifiable, Nov. 1, 2022

^[3] Barbara Bowen, Barbara Caress, A Better Way for Retiree Health Care, New York Daily News, January 9, 2023

From: jb440@aol.com
Sent: Sunday, January 8, 2023 1:24 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Hearing on Code Change for Health Care

Council President Adams,

Sunday 1/8/2023

There comes a time when you must do the right thing for all retirees regarding health care and the retaining of current care. Medicare and Senior Care.

Money should not dictate what you do. There is right and wrong in life.

The retirees were promised health care of their choice for life.

Medicare and Senior care is what was chosen by me and most retirees. MAP would not give us the quality care that we need.

At age eighty-eight I have that quality care I need to sustain my life.

The various emergencies and referrals that I have needed would not have been available in a timely manner under MAP. Many doctors and some of mine will not take any MAP plan.

Some doctors who have treated me for years will not participate in any MAP plan that requires prior authorizations that are not now needed and could take days to get. Jeopardizing your life.

Changing the Administrative code in this case is wrong and you know it. Vote the proposal down. It would be better not to bring it to the floor for a vote in the first place.

The MLC, Teachers union, and DC 37 leadership should not dictate what our health care coverage should be to pay off their backroom deals. There are other ways to save the same money and that has been pointed out to you.

I do not want to pay the opt out fee but will if I have to. It might mean I deny myself other essential needs. Is that what you want? However, my health care is the most important thing on my agenda. If that's what you make me do, then that's what I will do.

Can you live with doing this to thousands of retirees? I hope not.

Brother John Blau DC 37 and, Retired Democratic District Leader 76th AD New York City

From: John Ferreyra <Injmusic@aol.com>
Sent: Tuesday, January 10, 2023 11:20 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Protect 12-126 Retirees Health Care

Dear/Sir Madam,

Please Do Not amend the Code, and justly protect it as every City Council before you has. Please Protect 12-126.

My understanding is that, Arbitrator Martin Scheinman has no jurisdiction over the City Council nor over the NYC Retirees. Please Do Not be misled. The arbitrator's decision is a personal opinion and not binding. If you vote to change the law, you will force myself and thousands of other NYC retirees into a higher cost advantage program.

As a 9/11 First Responder diagnosed with stage 4 Non-hodgkins Lymphoma and 10 year cancer survivor, I will lose my long-term care doctors and the hospital that have treated me and I have depended on for years. By amending 12-126, the council will unjustly diminish healthcare for all past and future city retirees. Simply to pay the debt of active city employees with funds contractually intended for the health care of retirees? Please Do Not allow that to occur.

Respectfully submitted,

John Ferreyra
N.Y.P.D., Retired

Testimony to the NYC City Council, Civil Service and Labor Committee

January 9th, 2023

Re Administrative Code, 12-1226

Good morning. I am here to call upon you to vote “No” on the bill to change Administrative Code 12-126. I am John Hyland, a retired professor with thirty-four years of work at LaGuardia Community College. In retirement I have been active in the Social Safety Net Committee of the PSC-CUNY, Council of Municipal Retirees Organizations, Statewide Senior Action Council, NYC and Long Island Chapters of the NYS Alliance of Retired Americans.

My opposition to the bill changing 12-126 is based on the following:

- 1) The Medicare Advantage plan that the bill would provide is inferior to the coverage we now have through Medicare and the Supplementary Emblem plan.
- 2) The name Medicare Advantage is a misnomer. It is not Medicare, a Federal program. It is private, for-profit health insurance, with higher overhead costs for marketing, advertising, high executive salaries, profits.
- 3) There are increasing reports on the flaws of “Medicare” Advantage plans and negative consequences (prior authorizations for treatments uncertain networks of doctors and hospitals, fraudulent billing to maximize profits, among many more. (Please read these reports before making a decision).
- 4) The NYC-MLC discussions were not transparent and lacked participation by retirees themselves.
- 5) The proposed “Medicare” Advantage plan does not address the structural roots of runaway healthcare costs: unregulated pricing by hospitals, clinics, doctors, pharmaceutical companies, and the primacy of profits over healthcare.
- 6) There are alternatives to the “Medicare” Advantage plan of NYC-MLC, i.e. the PSC “bridge” plan that identified funding for the current arrangement for three years, allowing a deeper, long term resolution, alternatives that NYC-MLC listed, but did not seriously consider, increased revenue through tax reform, support for a NYS single -payer version of Medicare For All.
- 7) An arbitrator, unelected, hired and therefore paid for by the NYC-MLC, has no authority to remove 250,000 plus retirees from Medicare.
- 8) The Mayor is forcing “Medicare” Advantage down the throats of retirees and unions by saying there will be no monetary collective bargaining until there are \$600 million in healthcare cost savings through “Medicare” Advantage. And healthcare costs will keep going up anyway, leading to more demands for concessions.
- 9) Lower-income retired public sector workers will be especially harmed if they want to opt out of “Medicare” Advantage.
- 10) Medicare’s funding of the “Medicare” Advantage plans is draining its own funding and threatens to weaken or bankrupt Medicare itself. The shift to private “Medicare” Advantage is part of a national effort to privatize public goods in the pursuit of profits,

Each of these positions need to, and can be, explained in greater detail, and not rushed through in the present proceedings. Even in this brief form, they all add up to “Vote No.” Thank you.

John Hyland (lagsoc@aol.com)

TO/ New York City Council

My name is John Lanzillotto Im a retired DSNY officer after 20 years of Service retired in 2001. We live in Manhattan.

My wife is waiting a double lung transplant listed in Philadelphia. because She's been turned down for lung transplant in NY because of her rare disease Scleroderma. Shes on oxygen 24/7 and chemotherapy

I also have emphysema.

Ive had bladder cancer and continue to be followed.

She has so much testing to keep her listed for this life saving double lung transplant. to get approval for this amount of testing with medicare advantage and transplant out of state will be Mission impossible.

This private insurance switch will be life and death for us.

by the way it isn't medicare its private insurance. they use the medicare name as a marketing tool its not medicare.

no one heard of this plan in philly

this is life and death.

I gave my best years to NYC because of the lifelong insurance that I was promised. We have had GHI bluecross for 42 years. Now the city wants to take it from us the retirees who sacrificed their life for NYC when we need it most -at the end our of lives.

Please realize taking our insurance from us is a death sentence. and completely lavking integrity. Your supposed to take care of your seniors.

Please dont take away our senior care its all we have for Tania to live. We served you our best years for these benefits!

Please vote with integrity. thank you

John Lanzillotto

Retired DSNY Supervisor

From: Ellen Mihovics <emihovics@elizabethsetonwomenscenter.org>
Sent: Friday, January 6, 2023 11:26 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Please do not change code

PROTECT RETIREES / DO NOT CHANGE NYC ADMINISTRATIVE Code

We waited our whole lives and worked for decades for the city so that we could have traditional Medicare and a secondary plan . Medicare is the great equalizer and for those who want to take care of their health to the max and be able to doctors of their choice without red tape and without having tests and procedures disapproved , the implementation of medicare advantage would be a dark day for us .

While we understand the need to find ways to save money , we find it unconscionable that this strategy where the entire burden is put on retirees would be the one the city of NY would choose .

I am a 66 year-old NYC retiree. I retired from the NYCHA after twenty years of service .

I am writing to urge you protect me and my fellow retirees by voting against the changes to NYC Administrative Code Section 12-126 Council Member De La Rosa has proposed on behalf of the Mayor and putting an end to the plan the Mayor and the Municipal Labor Committee (MLC) have concocted to force retirees into a Medicare advantage plan.

We hope we can count on the Council to protect our health care benefits .

Sincerely

John Mihovics

Reject the Attack on Section 12-126

The Real problem

In FY-2022 the City paid \$8.7B in health insurance premiums of which \$7.1B is the responsibility of the City. The difference is due to payments made on behalf but funded by the Health and Hospital Corporation, the Housing Authority, and the five city pension funds.

As a sign of the growth of these costs, in FY-2014 these amounts were \$5.0B and \$4.1B. These premiums can increase up to 10% per year even with oversight from the NY State Insurance Department.

The City paid 97% of the \$8.7B in premiums to Emblemhealth. In 2005 GHI and HIP were merged into Emblemhealth, a merger the City fought at the time.

This is the City's most serious financial problem, runaway health insurance costs.

GHI Senior Care

When a city retiree turns 65, he/she is eligible for enrollment in Medicare and the City requires that the retiree enrolls. This enrollment radically reduces the City's cost of covering the retiree's health insurance. Medicare becomes the retiree's primary health insurance, and the City's obligation becomes secondary. The two no-cost secondary insurance plans that the City offers to retirees are GHI Senior Care (started in 1966) and HIP-VIP (started in the 1980's)

In FY-2022, the City paid \$510M in GHI Senior Care premiums, of which the City is responsible for \$423M. Medicare city retirees represent 32% of all the insurance contracts being paid by the City but only 6% (\$423M/\$7.1B) of the premium costs.

The HIP-VIP premiums were \$63M total and \$52M (city responsible) in FY-2021. The HIP-VIP premium dropped to zero on 1/1/2022. It is not clear why this happened.

The City also refunds Part B Medicare premiums to Medicare city retirees & dependents. Currently, the refunds run about \$500M per year.

The Attack

Despite the low cost for covering Medicare retirees, this is where the City and the MLC (city unions) chose to attack in 2021. Retirees are not represented by unions and do not participate in collective bargaining. Like the Russians with Ukraine, the City and the unions thought that they would roll over the retirees.

The City tried to jam all Medicare retirees covered by GHI Senior Care into a Medicare Advantage plan for which the City would not have pay any premiums and, if the retirees wanted to exercise their right to stay in Medicare with GHI Senior Care, they would have to pay the full

cost for the coverage. In addition, like all Medicare Advantage plans, the plan had a captive drug program which the retirees would have been forced to pay for, no matter the cost.

Note: Just to be clear, the City and the unions are not partial to younger retirees. It is just that they cannot attack the health benefits of younger retirees without damaging the benefits of active employees. Employees and not retirees vote in union elections. The heads of the UFT and DC-37 are paid more than the Mayor. You don't want to lose a union election.

The Medicare retirees sued and won. The court found that the City broke the law when it tried to force Medicare retirees to pay for GHI Senior Care. This calls into question the City's and the unions' good faith.

So now in 2023 the City and the city unions are attacking the law that protected the health insurance benefits of Medicare retirees, Section 12-126 of the NYC Administrative Code.

Section 12-126

Most city retirees with Medicare have a supplemental insurance from GHI called Senior Care. This is a different insurance coverage from the GHI coverage (GHI-CBP) that city employees and younger retirees have from the City.

The City's GHI-Senior Care annual premium is \$2,388.84 (\$199.07 per month) per individual while GHI-CBP annual cost is \$11,494.32 (\$957.86 per month) per individual.

The City's GHI-CBP annual premium for families of employees and younger retirees is \$29,577.48 (\$2,464.79 per month) while the City's annual cost for Medicare eligible dependents of retirees with Medicare is \$2,388.84 (\$199.07 per month) for each dependent.

The issue of split coverages (one person under 65 and another over 65) is a little mind bending and the City never addresses the operational and costs details but trust me, the City doesn't want any disclosure about them.

Section 12-126 mandates that the City pay for health insurance coverage for city employees, city retirees and their dependents up 100% of the HIP-HMO rate. That current rate per year is \$11,252.16 for individuals and \$27,057.06 for families. It was passed into law in 1967 along with authorization for the City to refund \$3 a month to retirees for their Medicare Part B premium.

The law has been modified over the years to increase the Part B refund as the Part B premium increased, until in 2001 the refund was made equal to whatever the Part B premium was. Also, in 2001, there was another modification which changed the service requirement for city retirees. It was raised to 10 years from 5 years. This change, however, only applied to new employees hired on or after December 27, 2001. All current employees and retirees were grandfathered into the 5-year service requirement.

Proposed Changes to Section 12-126

Now, because the City lost the court action, and the decision was based on Section 12-126, the City, and the city unions (MLC) want to gut the law. They are proposing an amendment that would put in place multiple cost caps to go along with the 100% HIP cost cap. These alternative caps would be tied into specific groups made up of employees, retirees, and dependents. The changes would apply to all current employees and retirees.

See the wording in italics of the proposed legislative change below.

Section 12-126(b)

- (1) The city will pay the entire cost of health insurance coverage for city employees, city retirees, and their dependents, not to exceed one hundred percent of the full cost of H.I.P.-H.M.O. on a category basis
, or in the alternative, in the case of any class of individuals eligible for coverage by a plan jointly agreed upon by the city and the municipal labor committee to be a benchmark plan for such class, not to exceed the full cost of such benchmark plan as applied to such class

Where such health insurance coverage is predicated on the insured's enrollment in the hospital and medical program for the aged and disabled under the Social Security Act, the city will pay the amount set forth in such act under 1839(a) as added by title XVIII of the 1965 amendment to the Social Security Act; ...

After 30 years of dealing with pension legislation it is my opinion that this amendment is structural flawed and is an invitation for litigation on many fronts. While there is wording of this amendment floating around, there is no written explanation or justification for this specific change.

Remember that the City's and the MLC's main objective is to pay nothing for the supplemental health insurance for city retirees covered by Medicare. They then want to funnel the money saved into the MLC's welfare funds. They want to rip all these Medicare retirees out of Medicare and force them into a Medicare Advantage plan. Traditional Medicare with supplemental insurance is the best health insurance coverage available. Medicare Advantage plans are second best, no matter what the City and unions say. All they care about is the money and the truth does not matter.

Back Room Change

The bizarre aspect of this amendment is that the City and the MLC are proposing a very convoluted wording to get what they want. Instead of saying straight out that from now on retirees covered by Medicare will have to pay for their supplemental coverage and be done with it, they are pushing a back room process where the City and the MLC can craft any arbitrary group of employees, retirees, and dependents, then pick an associated coverage plan (health insurance???) for the group, and adopt the plan's cost as the cost cap for the arbitrary group's health insurance coverage.

Increased Liability

There is a huge risk with this change. Forget that the City and the MLC want to hammer older retirees. This wording could create an unlimited cost liability for the City. Once a plan has been chosen for a given group, the City would have to pay the cost of that plan no matter what it is. Costs always go up not down.

Two Caps and No Decision

In addition to the upside risk, this proposed change puts in place two caps for these new plans, the original HIP-HMO cap and the cost of the new plan but provides no decision process for giving control to either of the two cost caps. This is an open invitation for abuse on the City's part. I am suspicious of why the City did not make this issue clear. You would think that the City would want to avoid litigation on this issue but with this vagueness, the City could pick either cap unless challenged in court, a costly effort.

Class of Individuals and Coverage

Again, this is language with legislative problems.

What are the possible classes? Any group of employees/retirees/dependents could be grouped together creating possible discrimination issues.

Who are the individuals eligible for coverage? Why didn't the language say city employees, city retirees, and their dependents. Does the language mean something different.

What is coverage? The assumption is health insurance but why was it not specifically stated? Is this an attempt to add new benefits to the guarantee?

In fact, the term "health insurance coverage" is a defined term in the statute and is what the statute guarantees not the undefined term, "coverage".

For the record, the definition of "health insurance coverage" is as follows: "A program of hospital-surgical-medical benefits to be provided by health and hospitalization insurance contracts entered into between the city and companies providing such health and hospitalization insurance."

Municipal Labor Committee

Who is the municipal labor committee (MLC)? Who controls the MLC? Is the MLC accountable to the voters of NYC? What is the legal definition of the MLC? The MLC may represent city employees, but it does not represent current retirees. City retirees are private citizens, no longer employees of the City. They are not involved in collective bargaining.

How does the City and the MLC jointly agree upon a plan to be a benchmark for a class of individuals? The last time the City and the unions agreed upon a benchmark was in 1965 and it included all city employees, city retirees, and their dependents in the class. It included the choice of three plans, GHI, HIP, and Blue Cross/Blue Shield. All three were capped at the HIP costs. This was also the first time that retirees were given health insurance benefits by the City. Since in 1965 there was a required premium for retirees, retirees were given the choice of participating in the coverage. This was done as part of a collective bargaining process.

Statutory Protection

In 1967, Section 12-126 was adopted and among other things it gave legal protection to city retirees for free health insurance coverage.

Public Disclosure

Will the proposed new selection process be open to the public or will it be a back-room deal made without accountability?

Politics

As I previously stated, the City could have proposed a direct change to the law to stop paying for older city retirees, but the City didn't. There may be age discrimination issues with cutting benefits for older retirees.

Of course, this may all be about politics.

To make any change to Section 12-126 the City Council must adopt the change. That means the City needs to have the unions' backing for the change to get the necessary votes from the City Council members. It is reasonable to conclude that the strange wording is the result of political deals between the City and the MLC. At no point were the city retirees allowed to defend their interests nor were the taxpayers.

John Murphy

former executive director of NYCERS

From: John Petchonka <jpetchonka@gmail.com>
Sent: Sunday, January 8, 2023 5:03 PM
To: NYC Council Hearings
Subject: [EXTERNAL] January 9th Hearing Regarding Hearing of Changing Retiree's Health Benefits

Dear City Council Members,
As a retired Sanitation Worker from Manhattan East #5 I would "sincerely appreciate your help"

I served as a Sanitation Worker from June 10th 1974 and unfortunately was laid off in 1975 due to Financial Crisis.

I was rehired in July 1977 and Retired March 1996. Ironically both the year of 1977 and 1996 I was on the front lines battling major Snow Storms.

I worked 13 hour shifts 45 days straight in 1977 a year I will never forget. In 1996 I lost track of how many days I worked. I do know living too far away from my District I spent many nights sleeping at the Garage. I served as a Shop Steward for my last 15 years on the job. I regretfully worked with Harry Nespoli along with others, who would never had considered giving up our benefits.

We were often reminded by Pete Astarbi, John O'keefe, Ed Ostrowski, George Dauria, and many others the importance of Health Care. We always were reminded that some day we too would be retired! So never forget that when sitting on the negotiating committee which I did.

I always was proud of my job and that I followed in my father's footsteps. He thought I was crazy taking on the Shop Stewards job. Reminding me there were many thankless men I represented. Yet that didn't stop me and I took on the challenge.

In October of 2017 I was diagnosed with Hodgkin lymphoma. I received 12 rounds of chemotherapy which lasted until May 2018. Fortunately for me I could choose Sloan Kettering as my primary caregiver. I took part in a trial study program figuring what did I have to lose?

Fortunately for me the Treatment worked! Also fortunately for thousands of people fighting cancer. The study was for immunotherapy and is now being used for Treatment in Cancers.

I thought my biggest challenge in life was behind me and it was downhill from here on out!

However I drew another lucky straw and required two Spinal Fusion Surgeries.

The first was September 2nd 2021. After a full year on November 3rd 2022 I went through my second surgery. I am still recovering or I would gladly be there in person.

Having the Security of choosing my own Dr. was significantly important. It helped to put me at ease after seeing a different perspective surgeon.

That being said I am sure you can understand what losing our Health Care we currently have would mean.

With All Due Respect, please keep in mind, if it happens to me, it could very well happen to you.

I greatly appreciate that hopefully you have taken the time to read my email.

I can on Pray that your family never has to experience what mine has.

I also Pray that you and your family will never be told no to seeing a Doctor that can save or change your life.

Thanks for your support in this matter

Best Regards

John Petchonka

Smithtown NY 11787

Retired Sanitation Worker
Manhattan East # 5

From: Jack <jollyjj164@aol.com>
Sent: Sunday, January 8, 2023 10:23 PM
To: NYC Council Hearings
Subject: [EXTERNAL] Senior Care

Yes, the subject is Senior Care which has served NYC Public Service retirees for over 60 years. If we had union leaders like we had then, like Al Shankar, Victor Gotbaum and Barry Feinstein who just passed away, this would not have happened. They would protect Senior Care, not destroy it like Michael Mulgrew is trying to do.

John R. Jolly, retired white collar TEAMSTER.

I am a retired NYC school teacher whose healthcare is being threatened by the unnecessary push to amend Administrative Code 12-126. I retired with a guarantee of the same healthcare that my father, himself a retired school teacher, retired with before me. So I knew what to expect in terms of cost and quality of care from personal experience. My decision to retire was informed by these very relevant facts since my income was about to become fixed. And that is the key here: retirees are living on fixed incomes. If there are health care savings that need to happen, why do it on the backs of those whose incomes are fixed? The savings that the mayor seeks should be part of a contract negotiation, such as the labor negotiations that are currently underway. Doing it by decree, as the mayor says he is prepared to do with or without the City Council's support, is patently unfair because it has the effect of changing the goalposts after the game has begun. Let me be clear, though: amending Administrative Code 12-126 will have the same patently unfair effect on retirees whose incomes are fixed as what the mayor has threatened to do without the amendment. I implore you to do the right thing and leave the code as it has been since the 1960s. Let the mayor take sole responsibility for his own unreasonable decisions. My father, his and my dependents and I thank you.

John Sheridan

Good morning. My name is John Sullivan and I was an employee of the FDNY for 32 years. In that time I've been admitted to the Burn Center, survived the collapse of the World Trade Center on the morning of September 11th, and been recognized for meritorious acts numerous times in risking my life for the Citizens of New York City. I fulfilled the oath I took to protect lives and property in NYC.

In retirement it was my hope that the City would keep their promise and provide the Healthcare that was promised when I took my oath. It seems the MLC has made financial promises in several rounds of collective bargaining to provide health care savings to NYC. The MLC has raided the stabilization fund on numerous occasions and are now looking to make up the shortfall on the backs of retirees. When the City and the MLC bargained they both received some benefit. One group that it's absolutely certain received zero benefit was the retirees. Now the City and the MLC have jointly decided to diminish the Healthcare of the most vulnerable retirees (the oldest and the disabled) to settle this debt. This is straight up robbery. It's akin to me buying a new car and the dealership and I agreeing to send the bill to the City Council.

In their arrogance the MLC tried to run roughshod over the retirees by conducting these negotiations out of sight from the people affected. Luckily an organization was formed to contest this reduction in retiree healthcare. The MLC lawyers were shocked when Judge Frank ruled against them. They smugly assured the rest of the MLC that they would win on appeal. The Appellate Court had the wisdom to affirm Judge Frank's decision unanimously. Rather than accept their defeat based on 12-126 the Administrative Code they hatched a plan for the City Council to do their dirty work by amending the Code.

Why would the City Council get involved in the heinous robbery scheme? The MLC agreed to the Healthcare savings while the retirees were kept in the dark while their health benefits were being severely reduced. In another pathetic attempt to couch their larceny in some kind of "official" declaration. They had Mr Scheinman issue his opinion which they spun into some kind of binding arbitration ruling. He is charged with resolving disputes between the City and the MLC. There is no dispute. They both agree to stealing the healthcare of the elderly and disabled retirees to pay the MLC's debt.

I am begging you to vote these proposed amendments to 12-126 down. I believe the City Council has genuine concern for retirees who've dedicated a good portion of their lives to our City. Unlike the MLC and the City I believe you operate on the principle of honor and honesty. What they are attempting to do to retirees is unconscionable. The MLC made a deal, agreed to the price and now are attempting to stick retirees who had no representation in this negotiation and received no benefit from the agreement with the bill.

Please do not allow yourselves to do the dirty work for the City and MLC. Vote these proposed changes down and encourage the City and the MLC with input from retirees to honestly negotiate a resolution to this matter. There are savings to be found but they chose the easiest path by sticking an unrepresented group with their bill.

Respectfully,

John Sullivan

Good Morning,

One simple fact and a question to challenge any Union official or “expert” that testifies in favor of changing the provisions of 12-126 of the Administrative Code.

Fact: The MLC engaged in collective bargaining over several rounds with OLR and as part of their overall wage and compensation agreement consented to providing health care savings. In the latest round it was \$600 million. This concession was an integral part of their overall agreement and was a funding mechanism for their contracts.

Question: What possible gain did the elderly and disabled Medicare eligible retirees receive that they should be responsible for shouldering the \$600 million obligation that was negotiated as part of contracts for active employees?

Answer: The elderly and disabled Medicare eligible retirees received no benefit period, let alone one large enough that they should pay the \$600 million cost for the entire MLC in the form of seriously reduced healthcare.

City Council members, please don't let the City and MLC tarnish your reputation by demanding you change the law to permit their attempted larceny.

Respectfully Submitted,

John Sullivan

From: jpt50@aol.com,

To: jpt50@aol.com,

Bcc: CMarte@council.nyc.gov, clrivera@council.nyc.gov, Powers@council.nyc.gov, JMenin@council.nyc.gov, GBrewer@council.nyc.gov, SAbreu@council.nyc.gov, dayala@council.nyc.gov, KRichardson@council.nyc.gov, CDeLaRosa@council.nyc.gov, edinowitz@council.nyc.gov, kriley@council.nyc.gov, MVelazquez@council.nyc.gov, PSanchez@council.nyc.gov, ofeliz@council.nyc.gov, AStevens@council.nyc.gov, AFarias@council.nyc.gov, VPaladino@council.nyc.gov, SUngh@council.nyc.gov, fmoya@council.nyc.gov, tcaban@council.nyc.gov, LLee@council.nyc.gov, jgennaro@council.nyc.gov, SKrishnan@council.nyc.gov, NWilliams@council.nyc.gov, aeadams@council.nyc.gov, LSchulman@council.nyc.gov, rholden@council.nyc.gov, sbrooks-powers@council.nyc.gov, JAriola@council.nyc.gov, LRestler@council.nyc.gov, JGutierrez@council.nyc.gov, CHudson@council.nyc.gov, COsse@council.nyc.gov, SNurse@council.nyc.gov, AAviles@council.nyc.gov, SHanif@council.nyc.gov, RJoseph@council.nyc.gov, DMealy@council.nyc.gov, CBarron@council.nyc.gov, jbrannan@council.nyc.gov, kyeger@council.nyc.gov, flouis@council.nyc.gov, MNarcisse@council.nyc.gov, ivernikov@council.nyc.gov, AKagan@council.nyc.gov, KHanks@council.nyc.gov, DCarr@council.nyc.gov, jborelli@council.nyc.gov, ebottcher@council.nyc.gov, JWon@council.nyc.gov,

Subject: NYC Administrative Code 12-126

Date: Tue, Jan 3, 2023 5:55 pm

To City Council Member

I am a NYPD Sergeant /Retired in 1995 after 27 years working around the clock weekends and holidays and lived up to my commitment to NYC to do the

best job every day and fulfill my obligation to the citizens of New York no matter what the risk was to myself.

I retired with the expectation that the city will continue to their commitment to pay the entire cost of health insurance for all city employees,city retirees and

their dependents as stated in the in the NYC Administrative Code 12-126.

Any change in this law would cause undue hardship to me and my spouse in addition to numerous other retired and active city employees.

If NYC can't live up to their agreements for their employees and change laws at their convenience what good is city contracts and obligations

they have to their employees.

This is a terrible abuse of power for any member of the city council to overturn a law that has been around forever,

Please vote no for any change in this law.

Thank You
John Tangney NYPD Sergeant/Retired

JANUARY 12, 2023

TESTIMONY SUBMITTED

BY

JONATHAN D. HALABI

TO

**THE NEW YORK CITY COUNCIL
COMMITTEE ON CIVIL SERVICE AND LABOR
HON. CARMEN DE LA ROSA, CHAIRPERSON**

REGARDING

INT. NO. 874

**A LOCAL LAW TO AMEND SECTION 12-126 OF THE ADMINISTRATIVE CODE OF THE
CITY OF NEW YORK IN RELATION TO HEALTH INSURANCE COVERAGE FOR
CITY EMPLOYEES, CITY RETIREES, AND THEIR DEPENDENTS**

Thank you for affording me this opportunity to testify.

I am a recently retired New York City teacher, having served over 25 years at Christopher Columbus HS and the HS of American Studies at Lehman College, both in the Bronx. At 58 I am not Medicare-eligible.

I listened to all twelve hours of questions and testimony on Monday, via zoom.

It seems obvious that all parties, except OLR and the MLC, recognize that the Medicare Advantage is inferior to the coverage our Medicare-eligible retirees currently have. Prior authorizations loom large. And we have evidence, in the tens of thousands of opt-outs, that our retirees believe this to be true.

The MLC and OLR and Scheinman, the entire "Tripartite Committee" agreed over a year ago that they wanted Medicare Advantage, with the option for retirees to keep Senior Care, but with a penalty (the \$191). They recognize that no one would willingly switch to Medicare Advantage – thus the penalty. They recognized that an insurer

would only take the contract if most retirees were part of that contract. They also recognized that not offering Senior Care with the penalty would open them up to a huge backlash. My union leaders in particular are dependent on retiree votes in union elections, and sought to avoid such a backlash.

Medicare Advantage and Senior Care with a penalty was win-win-win for the Tripartite Committee and the insurer (first, the Alliance. Today, Aetna). The penalty will force the majority of retirees into Medicare Advantage. The Senior Care option with penalty reduces the size of the backlash.

Judge Frank's decision disrupted the Tripartite Committee's plan. Without Senior Care with a penalty, the Committee was not willing to move forward.

I should interject, the committee, while named "Tripartite" has been moving in concert for the entire period of this controversy. There is no evidence that OLR, the MLC or Scheinman have disagreed on any aspect of fact or way forward.

Since Judge Frank's decision, every action the committee, and its separate parts, has taken, has been to enable their original plan – Medicare Advantage along with Senior Care with a penalty – to go forward. To enable that, they have orchestrated a campaign around 12-126.

That campaign includes the claim that Scheinman has ordered Senior Care be eliminated, unless 12-126 is amended. OLR, the MLC and its constituent parts, and Scheinman have made this claim. I ask that you ask the City Council's own attorneys to examine this claim. They will determine that Scheinman has no such authority.

By claiming Scheinman has that authority, OLR, the MLC and Scheinman himself are hoping to get 12-126 changed. They are bluffing the City Council. They think they can scare you.

Two-thirds of the Tripartite Committee testified Monday. I believe the missing member did not testify to avoid answering questions about his authority – or as the case may be – his lack of authority.

Every major piece of correspondence, Scheinman's recommendation document, Ms. Champion's two letters, the letters from the leaders of the large MLC unions, including my own, the UFT, have appeared to be addressed to someone else. But each of these letters has included a threat directed at the City Council.

Council members the members of the tripartite committee are attempting to scare you into amending the administrative code. Do not let them intimidate you.

PLEASE VOTE AGAINST CHANGING NYC ADMINISTRATIVE CODE SECTION 12-126!

Again, I thank you for affording me the opportunity to testify and I very much hope I have convinced you to oppose changing 12-126.

To Members of the Committee on Civil Service and Labor-

As a voter in your district, **I am writing to encourage you to vote against any change in the city charter that would allow NYC to revise the current health plan for city workers which would force CUNY retirees like me to choose between Medicare Advantage and paying for my currently free Senior Care.** Medicare Advantage offers a smaller network of physicians and more restrictive conditions for approval of needed medical procedures. As a recovered cancer patient - at both Sloan-Kettering and Mt. Sinai – I must have regular monitoring for cancer, among other diagnostic procedures. I do not have confidence that Medicare Advantage will provide the same level of excellent care I have had in the past.

The city has a legal commitment, and responsibility, to not charge city worker retirees for Senior Care, which I began in 2021 following my retirement. I understand that the city is seeking to change health care for retirees in order to save \$600 million annually. Reducing the quality of health care coverage for retirees just as their income drops significantly – my pension income this year will be only 55% of my last CUNY salary – reneges on the promise of maintaining quality health care after retirement. Health care “savings” surely should not be found by reducing the quality of health care for those most in need of it at a time when their income is significantly lower.

Jonathan Buchsbaum
Professor Emeritus, Queens College, CUNY
NY, NY 10003

My name is Jonathon Schaff and my partner is a City worker for HRA (union member of Local 371) and the daughter of a retired UFT member. I am writing in strong opposition to Intro 874. I urge the Council not to support the Mayor's and the Municipal Labor Committee's attempt to force city retirees into a Medicare Advantage plan and undermine the health benefits city workers have been legally entitled to for decades.

I am also urging you not to amend Section 12-126 of the Administrative Code. Amending the Code will create the possibility of dividing city workers into classes, with some paying more and some less for unequal health care options. There are other ways to get funding for health care for all current city workers and retirees without resorting to Medicare Advantage or amending the Administrative Code. I urge you to look at the suggestions put forth by PSC, CROC, and the NYC Organization of Public Service Retirees, such as the City creating a self-insurance plan or combining all city workers' union welfare funds. In addition, funding sources can be found by decreasing funding to the NYPD, through congestion pricing, through a wealth or corporate tax, and many other methods besides forcing hard-working city workers and retirees to pay.

Health insurance is one of the few remaining benefits of being a city worker. We have seen how the city workforce has shrunk during the pandemic, while the private sector, with flexible schedules, remote work, and higher pay has grown. We don't want to lose even more dedicated public servants. And we have a moral imperative to provide for retirees who have worked hard for this city.

Sincerely,
Jonathan Schaff

Other resources to explore and to pull talking points from:

- Physicians for a National Health Program (PNHP): [Statement on Medicare Advantage](#) & [financial analysis](#)
- Cross Union Retirees Organizing Committee (CROC): [Better Solutions email](#) (includes recommendations from PSC-CUNY)
- PSC-CUNY: [Message from president](#) & [brief explainer of proposed changes](#)
- DC 37 Retirees: [Information and links on MAP](#)
- NYC Retirees: [Admin code change explainer](#) (see annotated text mid-page)

January 8, 2023

TO:

City Council Speaker Adrienne Adams
Council Member Carmen De La Rosa.

RE:

Don't steal money from Seniors!
Don't rob us of our public health care!
Vote No on changing Administrative Code 12-126

Regarding the proposed compulsory shift to the horrendous Medicare Advantage Plus plan, my wife, Alison Cuomo, and I are retirees who, if the proposed change is approved, would be forced to pay some \$4,800 per year (for the two of us), just to retain our Medicare public healthcare coverage, along with our supplemental coverage, GHI Senior Care.

This is patently unfair. When we retired, we were not forewarned that such an outrageous cost would be imposed on us, just to retain the healthcare coverage we already had.

I worked for the City for many decades, and the City is pulling the rug out on me and my wife, as well as many other City retirees.

We are on a fixed income, as are most retirees, and the City's plan to change Administrative Code 12-126 is stealing nearly \$5,000 per year away from us.

As for the alternative, Medicare Advantage Plus is a PRIVATE plan, trying to make a PROFIT on the healthcare of seniors. It is demonstrably and inescapably inferior to our extant Medicare coverage.

This is why we are deeply concerned about the attempt to extract healthcare savings from City retirees by amending the City's Administrative Code section 12-126, which establishes the monthly HIP-HMO rate as the City's minimum contribution to the cost of healthcare for City employees, retirees and their dependents.

I urge you to VOTE NO on the proposed change when it comes up for a vote.

Most City retirees cannot afford the so-called "choice" to pay for a supplemental plan. As I mentioned, buying out of the new Medicare Advantage plan will cost \$2400 a year, \$4800 for a couple.

Instead, the City should be going after the hospitals for exorbitant charges, addressing the skyrocketing costs of prescription drugs, and auditing current insurance providers, not balancing the budget on the backs of retirees and their dependents.

For more than three quarters of a century, municipal workers have been able to rely on the City to meet its obligation to cover their health insurance costs in retirement, and Senior Care has done it well, without premiums, co-pays, or prior authorizations.

The proposed Administrative Code change breaks this compact.

Please do the right thing and reject the proposed change to Administrative Code 12-126.

Sincerely, your constituent,
Joseph Cuomo

I am Joseph Ferramosca, Legislative Chairman for the Correction Captains' Association (CCA), the organization that represents the first-line supervisors in the NYC Correction Department.

The CCA is adamantly opposed to the proposed changes to the NYC Administrative Code 12-126 and the medical insurance coverage for Medicare eligible retirees. In our opinion, the City and the MLC have not acted in good faith to our retired and active civil servants. The Administrative Code 12-126 has been in place for decades, purposely written the way it is to protect the benefits that so many of us have worked many years to receive. As the decision by Judge Frank in NYS Supreme Court and upheld in the Appellate Division, the law is quite clear. For the City Council to circumvent the order of the court and undercut thousands of elderly retirees, who live on a fixed income, is unconscionable.

I personally have received numerous phone calls from desperate retirees who are fearful of this proposed change to their health care. Most of the calls I received are from retirees telling me that they spoke directly to their doctors who emphatically told them they will not accept ANY Medicare Advantage Plan. These elderly retirees are justifiably fearful of losing access to their trusted, long-term medical providers. They are fearful that they will not receive prompt, critical medical care. It is just not right to force these elderly women and men to choose between taking hundreds of dollars out of their paltry monthly pension checks to pay up for medical protection they believed was promised to them or put decent food on their table or pay their monthly rent.

As I stated earlier in this testimony, The CCA opposes this change to the Administrative Code. The code was written with the intention to block the city from taking any action on its own to change the basic medical coverage of its employees and retirees. The proposed language absolutely destroys that barrier. I am not

an attorney and nor do I pretend to be. However, I have spoken to more than a few attorneys and asked them their legal opinion of the proposed revision - that if the Administrative Code is changed the City will have the ability to make future changes to the medical coverage for all city employees unilaterally without negotiation. Not one of them said I was wrong. To change 12-126, in my opinion, would be an abomination.

As a civil servant, I took my job with the Correction Department for two basic reasons - a fair wage and good benefits. I knew I would never become wealthy working in the jails, nor did I expect to. However, the two benefits that were most important to me were and still are a defined benefit pension and guaranteed health care coverage. To me, both of these benefits, duly protected by law, were and still are, sacrosanct.

There must be a better way for the city and its unions to figure out how to reduce health care costs. The tens of thousands of retirees should also have a seat at the table to have their voices heard. The CCA asks that the members of the City Council vote NO on the proposed changes to 12-126.

From: joencarole@roadrunner.com
Sent: Saturday, January 7, 2023 10:45 AM
To: NYC Council Hearings
Subject: [EXTERNAL] Compromise for Medicare Eligible Retirees

Dear Council Members,

I suggest that Medicare eligible retirees and their eligible spouses who opt out of Medicare Advantage insurance be exempt from Senior Care premiums and co-pays upon reaching 80 years of age.

This suggestion would only apply if the Council is compelled to amend the Administrative Code thereby denying free supplemental insurance to ALL Medicare eligible retirees.

Respectively,
Joseph J Salerno

Sent from [Mail](#) for Windows

From: Joseph Mugivan <j.mugivan@yahoo.com>
Sent: Friday, January 6, 2023 8:51 AM
To: NYC Council Hearings
Cc: nycorgofpublicserviceretirees@gmail.com
Subject: [EXTERNAL] NYC Council Testimony for Jan 9/ Retiree Medicare Hearings 9:30
Attachments: quinn-letter-BookScanStation-2015-11-24-03-02-22-PM.pdf

Honorable Members of the City Council.
My name is Joseph Mugivan.
I am a retired teacher.

Beginning in 2005 I testified before this body numerous times before various committees after vacating my school due to health concerns.

At the time civic organizations were addressing the events related to schools being built on toxic sites. I worked with New York Lawyers for the Public Interest, The New York Committee of Occupational Health NYCOSH with Dave Newman, who testified before Congress [after 9/11](#); and Judith Enck of the EPA, when the toxic PCB lighting was removed from City Schools at the objection of the Mayor. I represented the Illuminating Engineering Society.

I was part time adjunct at the Graduate School of Education of Queens College in Literacy Studies and testified before City and State Committees on the the literacy damage caused by money and publishers in both Elementary and Special Education.

After experiencing the impact on me and other teachers, that I perceived, in my own elementary school in Queens, and three years of salary loss through lobbying, this Council passed the Teacher Whistleblower Law in 2007 (Attached) on my behalf, which protected students from environmental conditions that would be detrimental to their education, over the Mayors veto. The City then spent 8.5 million dollars to remediate the site. I was terminated and forced to retire after 14 years.

In today's testimony, I see a parallel with the interest groups that supported using unsafe properties for school construction and the increased role of privatization, now undermining retiree labor benefits promised by the City.

Recent, and now obsolete and disproven health protocols and restrictions impacting communal discourse in this chamber, that remain a requirement to present testimony in person, is of concern and not conducive to bold action by members and guests.

In the current environment, the Council might reconsider other expenses planned by the City, such as new school construction, planned near thoroughfares with high exposure to diesel fumes.
Also, a stock transfer tax might be an option for various, recently successful, industries during the health crisis.

Despite City Hall's inability to act on my Whistleblower Law in 2007, following the directive of the Council, I am still cautiously optimistic that the health needs of retirees will be funded by the Government and trump the

powerful interests of the market with its fluctuating profit requirements for executives and shareholders in an uncertain economy.

It was Labor and the Progressive movement that was the leader in recognizing the environmental role of preventive health care.

Hope springs eternal.

The times, they are a changing.

Thank you

Joseph Mugivan
Advocate for School
Indoor Air Quality



THE COUNCIL OF
THE CITY OF NEW YORK
CITY HALL
NEW YORK, NY 10007

CHRISTINE C. QUINN
SPEAKER

TELEPHONE
212-788-7210

November 14, 2008

Joseph Mugivan
231 Manorhaven Blvd
Port Washington, NY 11050-1468

Dear Mr. Mugivan:

Thank you for contacting me regarding your termination from your position as a teacher in the New York City public school system. I truly appreciate your dedicated service to our City's children.

It is my understanding that you were employed at PS7 in Elmhurst, Queens and believe that you were sickened by toxic fumes in the school. You claim to have been unfairly terminated "while waiting for the vapor intrusion report" for PS7. You also state that you submitted a letter to the Comptroller's office in August in which you requested whistleblower status and protection.

As you know, the City Council passed Int. No. 83-A, (Local Law 25 of 2007) extending the City's whistleblower protection to public employees who make a report concerning conduct that presents a substantial and specific risk of harm to the health, safety or educational welfare of a child. In the bill, "educational welfare" is defined as any aspect of a child's education or educational environment that significantly impacts such child's ability to receive appropriate instruction. This bill was enacted into law on June 5, 2007, following the City Council's override of the Mayor's veto.

Please be advised that the law does not trigger the Council's public hearing process. Rather, the only role of Council Members is that they, or the Council, may refer any such reports to the Commissioner of the New York City Department of Investigation (DOI).

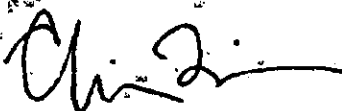
I understand that you have taken several steps to try and rectify your situation, including contacting the Comptroller's office. I have taken the liberty of forwarding a copy of your correspondence and submitting your request to DOI. If you have not done so already, you may also file a complaint directly with Rose Gill Hearn, the Commissioner of DOI, via the following:

- Mail: P.O. Box 100, Church Street Station
New York, NY 10007
- Telephone: (212)-825-5900
- E.-mail: <http://nyc.gov/html/doi/html/contact.html>

Upon receipt of a complaint, the Commissioner is required to conduct an inquiry to determine whether anyone retaliated against the complainant through an adverse personnel action. It is required that a final determination be provided in writing to the officer or employee who filed the complaint.

I hope this information is helpful. Thank you again for contacting my office regarding this important matter. If I can assist you further in any way, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Christine C. Quinn". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Christine C. Quinn
Speaker

Enc. (1)

January 11, 2023

Thank you for the opportunity to submit testimony concerning Administrative Code 12-126.

My name is Joseph Scibelli. I started my career with New York City as a highly paid consultant in 1996, with no benefits and retired a city employee in 2018. In 1999, I was offered a city position, but with a 40% pay cut. Because of the benefit package, which included free medical when I retired, made the decision an easy one, I accepted the position. If you vote to change Administrative Code 12-126, and allow the city to charge premiums on Senior Care or force retirees into a Medicare Advantage Plan, you will severely limit the talent pool the city has to hire from. I for one would never have accepted a city position, with a 40% pay cut, and having to pay for medical.

My late wife suffered from metastatic breast cancer for almost 10 years. Many of her treatments would not have been covered or approved if I was in a Medicare Advantage Plan. I have spoken to her doctors who confirmed that because she had stage 4 cancer a Medicare Advantage plan would have denied coverage. Most doctors have called this Medicare Disadvantage. My wife and I would have had to pay out of pocket for these treatments or she would have had to forgo the treatment. I thank God that Administrative Code 12-126 was enacted and we did not have to make such a decision. Is this what we have come to, putting saving money ahead of one's medical needs? I hope not.

There must be a better way to save the money the city is asking for. Most retirees are on a fixed income. If they are required to pay a \$192.00 a month, (\$394.00 for a couple) to maintain their current medical plan, it will not be possible in many cases. And from what I understand the savings made by forcing retirees in to an inferior medical plan, will go for pay raises for current employees. Am I the only one who sees something wrong with this scenario?

Please do the right thing and find another path for the city to find the savings they require. Please do not do put it on the backs of retirees who already have given their heart and soul to the city. Please do not amend Administrative Code 12-126.

Thank you for your time and assistance in this life altering matter.

Joseph T. Scibelli

My name is Joy Hom Wowk and I worked for the NYC DOE for 32 years as a middle school teacher, high school teacher, high school assistant principal and for 13 years as CUNY math adjunct. I retired in 2006 from the DOE and I retired in 2019 from CUNY.

A few years ago, I received a notification that our medicare and Senior Care coverage would be replaced with a Medicare Advantage program (Alliance) as of July 2020,. My husband called his union, UFT and they would not give any information about this change. Eventually, I had to opt out of this offering and I wanted to keep what I currently had. I contact my doctors who knew nothing about the Alliance plan and they also indicated they were not in this plan. Eventually, due to protests, the Alliance withdrew from the offering because many retirees opted out. Fortunately the NYC Organization for Retirees is a voice for us and represents the broad spectrum of NYC retirees. The UFT and MLC decided with no input from their active or retired members to place us all into a Medicare Advantage plan to replace money taken from the Health stabilization fund allegedly saving 600 million. The lawsuit against the city prevailed two times and the Judge Frank ruled in the retirees favor.

Medicare Advantage is not the same as regular Medicare. They are NOT the same with their coverage (pre-authorizations) and acceptance by doctors. Medicare is accepted in every state, however the Advantage program is geographically limited.

Now we are facing another threat to our status quo medicare plan with the introduction of a request to amend Admin Code 12-126. This code protects retirees and I urge you NOT to change this code. The Council is being threatened that if they don't amend the statute, the city will still force retirees into the Medicare Advantage plan. No one knows the details of the contract that has been alluded to. Again there is no transparency. The Mayor claims he will implement the new plan. Why should the City Council Members take the political hit for hurting retirees and remove City Council Members from the ire of retirees and constituents in their next election. If the Mayor does this act, the Retirees will be able to challenge and win this in court where we have been successful because the City has violated the law and this is his way around it. If the City Council amends this Administrative Code, they will affirmably be hurting retirees and preventing us from winning this in court. Don't prevent us from winning again in court. We served our time as employees and have a right to enjoy our time as retirees with proper care that we earned and paid for.

Don't buy the Big Lie. Don't amend the Code, protect it like previous City Councils.

I wrote to all City Council Members and I got some responses back. I am going to quote some responses I received.

“Scheinman report is not a ruling and merely a recommendation from an arbiter of questionable independence.”

“Health benefits negotiated over the course of many years should remain and the status quo preserved.”

The NY Times and other research has shown the disadvantage of Medicare Advantage programs which only benefits the privatized company. Pre-authorizations and denials/appeals will lead to additional stress on seniors and possibly lead to early death.

I watched almost 11 hours of the hearing today and heard PSC and others who came up with ways to deal with the financial issues at hand. The retirees should also be consulted since they have ideas and ways to save money. It is unbelievable that the retirees should bear the burden of the city's financial problems. Why isn't the city looking for ways to save money in other areas. Ideas were mentioned during the hearing today which should be looked at.

My husband, John Wowk is also a DOE retiree who worked for 30 years and retired in 2011. His medicare and senior care coverage has saved his life from serious medical issues for the last 3 years. He was able to have medical attention, lab work, MRI's, multiple operations, etc. in a timely manner because he had Medicare and Senior Care. We want to keep this coverage that we signed up for and paid for over the years when we were paid lower salaries, etc.

The UFT, DC37 and the Sanitation head are basically the MLC and they control everything and they don't feel they

have to answer to their constituents and absolutely to their retirees.

The retirees are senior citizens and many of them have limited skills in communicating over the internet and latest technology. This is a problem since many are not fully informed of what is going on or how to deal with the changing of their health care.

Please stand with the retirees on this opposition to amend Administrative Code 12-126.

Thank you,
Joy Hom Wowk
John Wowk

From: Janet Buck <jrbuck61@aol.com>

Date: January 11, 2023

To: NYC Council, Mayor ADAMS, OLR, OMB, Unions and their health committees, and affiliated staff members

Subject: Please do NOT AMEND Admin. Code 12-126

I write on behalf of my 95 year old mother, JOYCE BUCK, who grew up in the Depression, and who is multiply disabled and in absolute need to retain her current insurance, Traditional Medicare plus the GHI EMBLEM Senior Care, in the form of the Medigap structure. The protection of this plan is a necessity and the protection that keeps sustaining it is ADMIN CODE 12-126. Mom worked for NYC for 41 years as a speech pathologist at Bellevue on well-known Parkinson's research projects, was a teacher of group discussion and public speaking at both Hunter College and NYC Technical College, when it was originally called NYC Community College.

She had a long, active and healthy life. Now, she requires "full on" help at home due to paralysis due to spinal tumor, near blindness and chronic vision issues and stroke. She always counted on her union and the city promise to help see her through regarding health infirmities in her future and specifically told me to never change her plan.

I would like all of MLC, OMB, the unions and their health committees, the OLR, the Mayor of NY and the particular City Council members who are in favor changing the Administrative code 12-126 to understand the value of the lifetime promise of a complete health insurance COMBINATION plan, with Medicare traditional and a good secondary, GHI Emblem, Senior Care. It has the clear access to care required, no prior authorizations, the trusted doctors we want are in the plan already and they drive the health decisions, not insurance company administrative rules. It is durable and doesn't have contract end points like the active members have every year in July. My mom's end of life will end the contract. This is the key value of plan that was developed to be of help and not to harm.

A Medicare Advantage Plan will NEVER compare to this dual health plan structure as the Medigap wrap was designed to assist the aged in their various stages of aging and increasing illnesses as life proceeds. It also "wraps" them financially with 80 % covered by Medicare and 20 % covered by the secondary. MAP plans technically cannot do that, and over time, costs will rise, and consumers are less protected. Medicare told me that.

Aetna MAP Plans cannot compete with Senior Care, and they know it, and they are right. The presentation of this MAP plan to these esteemed NYC retirees is unwarranted. Aetna should NOT be in control of what gets presented. Senior Care should not be forced off because of Aetna wanting to stand alone.

In the hearing this past Monday, I see a lot of busy work on the part of OLR to whittle down the proposed AETNA MAP prior authorizations to 30%, but that is now clear as day, a diminishment that is still illegal, as it is a diminishment. Yet, OLR continues to craft a new MAP which retirees do NOT want. If there had to be one plan, you are picking

the most wrong plan, even if other states are doing it, NYC should NOT! It is sad to watch our city officials engage in illegalities right before our eyes.

It must be the last thought on your minds that late onset complicated neuro illnesses could happen to you, as retired union leaders and government workers of all kinds. And then, you would also be in need of this type of combined plan structure from TWO types of insurances. This coverage makes care better and simpler, whereas your Alliance rollout was saying that the MAP is simple just because it is one plan. It is not! You could pay full prices for a doctor who doesn't want to be on MAP and if you can't figure out doing the reimbursement PACKET, or if the insurance company disputes that it is medically necessary, you could be in grave financial trouble. If you have conditions that you get when are aged, no one has time for a reimbursement packet, I can assure you, it is not a game.

I will tell you how upsetting and aggravating the Alliance rollout of their MAP program was to our family. It was a major promotional and marketing failure. I took offense to the tactics, the content, the complete omission of the disabled people's functioning level. This invisible population needs specific mention and language that would be appropriate. They may have cognitive impairments, lose the power to walk, blindness, hearing loss, need help from aides with every task, the opt out rather than stay put, the fields of the online opt out forms did not have the names of colleges that matched what an elderly person would know their school was named 40 years ago, were just the surface problems.

The faulty, underlying structure of MAP plans lack the required long-term value for the elderly. The ALLIANCE MAP was clearly unprepared at the get-go because they hadn't prepared the doctors to join. And ours did not want to join. They could not show required financial protection to a FIXED INCOME population. Their rollout failed to communicate to the retirees' historical experience. It would benefit all employees of evolving institutions and evolving ages to add ("Previously known as..."). You need to meet the 90 plus year old retired worker where they are at, as well as where they were, back 40 years ago in your written choices.

The retirees in assisted living or skilled nursing situations, those without active, advocacy-oriented adult children have a right to finish their lives without making a last-minute insurance switch they may not understand because they are advanced in age. They may not have social workers updating them on the depths of this fiasco you have presented on a silver platter! It would be so harmful to rush them into a mass data dump...highly disruptive to any one's piece of mind and functioning.

The proposed AETNA MAP plan threatens mom's medical care. These MAP proposals breach the esteemed NYC retirees' contract of what was expected as an earned retiree benefit across all types of jobs and services done well for NYC.

My mom is in a catastrophic condition. All the folks seeking to create a new one plan option, have caused distress and harm by attempting to throw a vulnerable group into a bad plan. It is harassment in that it takes a lot of energy away from what we need to do to

keep fighting this fight. The first map plan was poorly designed, executed in a rush, by people who did not understand their target group, what a waste of time to worry about doctors not wanting this plan, and opt outs and trying to cope with things we don't need to cope with when we are trying to help get everything mom needs together, doctors, aides, medicines, activities etc.

When NYC needed good workers from 1950s on, they had some awesome folks sign up for the retiree benefits, especially if they grew up in the Depression. They were highly motivated, educated, systematically organized, thoughtful, attentive and gave high quality work to NYC! They cared to serve the city. Now, we all have experienced the unions and the city committees' sneaky, secretive acts, and a lot of careless behaviors, insufficient financial management and oversight over the past decade. And the treatment NYC retirees got in this rollout experience was completely insulting.

This special retiree group EARNED their PROTECTIVE health care benefit that was suited to financially wrap their costs at zero after deductibles, no premiums and no copays. And of tonight, no 2022 or 2023 copay. Thank you, NY State Supreme Court Judge Lyle Frank! That is their status quo!

The government officials and unions from the 1960s utilized the insurance companies to create a plan with the VALUES that kept problems that come with aging in mind but somehow the power and good values have been lost in our leadership now. Seems like insurance companies are picking up the power, but their goal is profit seeking not medical care providing.

The City of NY is bleeding for good workers now. Many spots need to be filled. I don't know if anyone wants to work for a city that breaches on trust regarding healthcare in retirement. This workforce needs great leadership! Needs honesty! Needs frequent supervision! Editing! Quality controls and systematic financial oversight! A very different group of workers than the previous generations.

We seek to preserve the NYC retirees' health benefit plans as they are. The best way to do this is to R E T A I N the administrative code 12-126!

I believe this will restore both our trust and perception of your integrity as politicians and leaders. Your actions over the past two years and over the past decade were made without a sense of empathy, depth of history or knowledge about elderly and disabled people who were once young and healthy and high functioning.

Since these issues have come to huge legal battles, and because such low-level information, attentiveness and care for this very esteemed group was manifested every step of our experience, I think new staffing would be in order. These errors were egregious and made for an awful experience...but the NYC retiree group and a crackerjack legal team have given us some hope.

Mom's generation made so little money for decades, trusting and never dreaming that multiple NYC groups, especially their own unions, and insurance companies would betray them for profit. It is shocking to see now that those in leadership roles would have a paucity of common sense and would finagle their way with pitiful bullying and hurtful behaviors or use their power to threaten their promise of good health coverage. No wonder these leaders worked in secret!

City council members, if you amend this code, you will NOT get the votes you seek from constituents. Please consider a novel idea: actually REPRESENTING your constituents who, like my mom, are aging, fragile, in deep need of your help to do the right thing, keep the promises to extend their earned lifetime health care, with the dual structured Medigap plan, for being great workers for NYC.

Please consider turning this around as a worthwhile endeavor, not a big cost! It is NOT a big cost!

You all can become the beacon of light for the next generation so NYC can attract talented workers. ELEVATE THE DISCUSSION immediately to a higher concept and goal! Bullying and secrecy is not the way for best public problem solving when it affects the matter of health care coverage. You need to look at the consequences to your constituents, and consider their lives, to have a better strategy than what was planned in secret and in cruelty.

Please, AMEND the behaviors of the city, unions, OLR, OMB and MLC! But do NOT Amend a good law, the ADMIN CODE 12-126! And do not change this very good contract for the MEDIGAP Senior Care. Arbitrator report is now openly known to be a mere recommendation and not binding. His stated timeframe is also not binding, and the "rush" is not a rush.

The retirees will keep winning. Our tax dollars need to be used for better things than defending hostile and hurtful bad health plan offerings. The cost savings of not having this matter on the NYC City legal Dept budget will be HUGE Savings for NYC.

The Mayor, whom I had written to on two occasions, has not responded to email, and I did let him know he is an alum of my mom's former workplace. I am open to hearing from him, still! I would tell him, please, just stop that litigation from the city side and include the retirees at the table and have some productive meetings. After what we have been through, I do not feel the need to compromise. My mother's peers need their promised health care structured as MEDIGAP!

I hope solutions that include Senior Care Medigap, are found, the proper systematic auditing and oversight should be made to find savings and my mom, and I should focus on her care which is complex and difficult enough.

City Council straighten it out and do not believe our misguided mayor, MLC, OMB, and OLR. Even when given good guidance, they are not heeding! They have had a lack of real

research and strategy to help keep what is valuable in providing health care to the aging fixed income group. Retain your next votes to keep you in office by PRESERVING the Admin Code 12-126 and PRESERVING the protections the retirees absolutely earned, paid for, and deserve!

There are other ways to find savings if you listen to the NYC retirees' group. They have much to add with their expertise and are growing with active members, too!

Thank you very much,
Janet Buck for Joyce Buck at

New York, NY 10011

From: Juan B Lithgow <jblithgow59@gmail.com>
Sent: Tuesday, January 10, 2023 9:00 AM
To: NYC Council Hearings
Subject: [EXTERNAL] NO TO AMENDING CODE 12-126!!!

NO TO AMENDING CODE 12-126!!!

Juan B Lithgow

January 8, 2023

To Whom It May Concern:

This is my testimony as to why you should NOT change 12-126.

Medicare now protects the senior citizens in the 50 United States. Forcing us into a Medicare Advantage plan would not do that. Crossing from New York into New Jersey; Connecticut; Pennsylvania; or traveling cross country for a fun vacation; puts the seniors at severe risk. An automobile accident - even a fender bender outside of New York - would mean we would not be treated. Visiting family for graduations, holidays, weddings, anniversaries, would put undue risk and stress on our bodies. In one sweep of the pen, you are altering every single aspect of our lives. And most definitely, those who have moved out of New York are definitely at risk.

While Mulgrew tells us the MAP plan would have the same quantity of doctors and other medical professionals and medical facilities; we won't be sure of that until there is an accident. We're cleared to return home; only to receive bills that tells us the medical assistance we had wasn't covered. Now what? How does someone recovering from a medical condition fight for what's due them? And if the truth of the matter is that we weren't covered in that particular state, how do we pay. Now, you've made medicine privatized. I'm sure the AMA will love you for that.

The teachers gave the city loans when they needed it; dropped our TDA percentage 1 1/2 points to save you money. Now you want our health. And our lives.

Do NOT under any circumstances amend law 12-126.

Thank you,
Judeth Napoli

New York, NY 10002

From: Judith Rosenberger, PhD <judith.rosenberger@gmail.com>
Sent: Friday, January 6, 2023 1:06 PM
To: NYC Council Hearings
Subject: [EXTERNAL] CUNY and medicare for retirees.

I do NOT want medicare advantage. I contracted with CUNY and medicare in retirement and that contract should be honored. I am retiring and am furious that this is being considered. Medicare advantage is of NO ADVANTAGE to me and is deceptive about being an advantage to anybody except whoever is cutting the deal to switch to that. It's a fake advantage. I say this from experience with it for my disabled child who has disability with medicare, got switched to advantage, and lost her providers, options, etc. It's BS and I STRONGLY OBJECT.

*Judith B. Rosenberger, PhD, LCSW
Psychotherapy, Psychoanalysis, Clinical Supervision
Main office: 1165 Fifth Avenue, New York, NY 10029
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telehealth or in person by appointment*

*Professor: City University of New York
Clinical Professor: Smith College
Website: judithrosenberger.com
(she, her, hers)*

Testimony
January 9, 2023

My name is Judith Fox-Miller and I am a 71-year-old speech pathologist who retired from the Department of Education after a 36-year career.

I'm here to fight for the healthcare I was promised. For many years I attended workshop after workshop sponsored by the UFT where I was told how wonderful my retirement benefit would be. And I counted on that. Little did I expect that within a year of my retirement, I would potentially be forced into a privatized healthcare plan whose goals are to calculate how much money they can save by forcing me to fight for medications and procedures that an administrator may deem unprofitable or too expensive to cover. I had always expected that the lower salary I was earning would be offset by the excellent retirement benefits I would receive when I was no longer working and on a fixed income. It was a tradeoff I was more than happy to make for a stable retirement.

The newspaper articles comparing Traditional Medicare and Medicare Advantage say that though an Advantage Plan can be fine for healthy people who have few medical issues, they can be a nightmare for the elderly with necessary procedures delayed or denied, lengthy preapproval processes and appeals. All so for-profit insurers can save money and the city can cut costs. According to a statement by the American Medical Association dated April 28, 2022, "surveys of physicians have consistently found that excessive authorization controls required by health insurers are persistently responsible for serious harm when necessary medical care is delayed, denied, or disrupted." The investigation by the inspector general's office of the Health and Human Services Department uncovered information that mirrors physician experiences. Now, does this sound like the medical care you would want for your loved ones?

None of my many current doctors will accept a Medicare Advantage plan and have vehemently encouraged me to avoid them, if possible.

Thank you for listening. Vote NO to amending 12-126. It is our only legal protection.

Judith Fox-Miller
District 1

My name is Judith Klass and I live in Brooklyn, New York. I worked as a computer programmer for the Department of City Planning from 1986 until 2016.

In 2015, our office had moved from 22 Reade Street on the 5th floor to 120 Broadway on the 30th floor. At the time I was having problems with my feet and the commute was becoming very difficult.

When we had an evacuation drill, I realized that I would not be able to walk down 30 flights of steps in case of an emergency. I began to calculate whether or not I could afford to retire. I spent many evenings with spread sheets looking over the numbers and it seemed doable. Had we not been guaranteed lifelong health insurance my decision would have been different. Maybe I would still be there today. In the future you might have civil servants holding on to their jobs because they can't afford health insurance, especially since working remotely has become more acceptable.

When I went down to the Office of Labor Relations, the person who helped me fill out the form for selecting my health insurance, told me not to sign up for a Medicare Advantage Plan. He said that we only advised people we don't like to take that plan.

From what I understand, the Medicare Advantage policies save money by requiring preapproval for many procedures and tests. I would not want to be faced with a broken limb or a cancer diagnosis and have to wait until some bureaucrat decides whether or not I could get the treatment I need.

PROTECT RETIREE HEALTH CARE- DO NOT CHANGE 12-126

TESTIMONY by JUDITH LAPOOK, Municipal Retiree and former NYC resident, regarding the 1/9/23 hearing before the Civil Service and Labor Committee

I am a 72 year old attorney and I retired from the City in 2010 after approximately 17 years of service. I served exclusively in managerial positions (and thus was not represented by the MLC even while in service), including Deputy Director of the Mayor's Office of Operations, Chief of Staff of the NYC Departments of Correction and Probation, Counsel to the Board of Correction and Deputy Counsel at the Department of Investigation. In my additional 3 years in New York State government, I served as Deputy Commissioner and Counsel for the Department of Correctional Services.

Over the years, my responsibilities included managing agency legislative affairs and participating in budget processes including identifying workable and fair cost-saving measures.

Given that experience, even if I were not personally impacted, I would urge you to reject the proposed amendment to Admin Code 12-126. It is bad law-making and bad policy: unreasonable, unjust and also unnecessary, as other cost saving measures are available. In fact, I don't think it's a stretch to label it arbitrary and capricious.

Throughout our years of service, retirees relied on the promise of health coverage guaranteed by the Administrative Code. I ask you to regard the existing statute as you would any binding provision creating a vested right. To unilaterally and retroactively strip us of that guaranteed benefit would be no better than a breach of contract.

I urge you to consider the proposed amendment in that light, and soundly reject it.

Thank you.

Judith LaPook
NYCERS Retiree
- , Saratoga Springs, NY 12866

From: Judith Loebel <jloebel54@gmail.com>
Sent: Wednesday, January 11, 2023 3:46 PM
To: Testimony
Subject: [EXTERNAL] Administrative Code 12-126

Dear Council Members,

I know that you are being asked to amend the administrative code in order to preserve "choice" for retirees, which sounds like a worthy endeavor, but the people who are pressuring you to do this, including the mayor and the leadership of the UFT and DC37 are not acting in the true interests of either the retirees, or the in-service rank and file members of the unions. A bad deal was struck in 2018, out of sight of the union membership, and now they are trying to fix the consequences of these bad actions.

Don't support a 2-tier health care system for retirees, and don't support the private insurance companies that make a profit off of Medicare Advantage Plans.

Make a decision that supports moving in the direction of Universal Health Care and a Single Payer Healthcare system.

Vote NO on amending the code.

Thank you so much,

Judith Loebel, *Physical Therapist, Doctor of Physical Therapy, Board Certified Clinical Pediatric Specialist*

212 11th St

Brooklyn, NY 11215

Retired from the DOE on 9/24/21

I worked in Council Member Alexa Aviles' district and live in Council Member Shahana Hanif's district

CITY COUNCIL MUST VOTE "NO" ON AMENDING ADMINISTRATIVE CODE 12-126

Submitted by Judy Arnow, City of New York retiree

jarnow4@yahoo.com

Monday, Jan 09 @9:30am – Committee on Civil Service and Labor

I am on Original Medicare and it is great. I am going to tell you a brief story about why we need it, and give you a window into why NYC retirees are up in arms about this threat to our Original Medicare.

I am 75 years old and have had health issues over the last 20 + years including spinal stenosis, osteoporosis, bone fractures as well as other typical aging issues. I don't tend to talk about my other medical issues; and no one besides myself and my doctor needs to know what they are. Because of modern medicine, I can continue to live a pretty active life: walking, exercising, climbing steps, hiking around town and in the country. My life is better than I would have expected at this age and I am optimistic for the future.

But not quite a year ago, I tripped on a sidewalk in my neighborhood. Afterwards, I found it was a struggle just to get my body out of bed, never mind to be walking indoors or outdoors, since I had pain whenever I moved. I live on the third floor of a building with no elevators so if I did not heal appropriately I would have to move from my apartment of 26 years.

An x-ray showed nothing, but my pain continued and I did not seem to be on the mend. I wondered would I ever be able to walk normally again? I spoke to my doc who said he was concerned about my lack of progress, and that I needed an MRI to diagnose the problem and determine how to treat it. I was able to schedule and get the MRI done quickly, and afterwards I was told I had a fracture of my sacrum. I was told to be careful because if I fall, I can easily break those bones again.

But I was lucky to get a diagnosis quickly. I later spoke to a friend who is on Medicare "Advantage," who said her doctor has been trying for years to get her an MRI, but has been unable to get approval from the private for-profit insurer. This is why some people call out Medicare Advantage as the double-D plan -- delay and deny.

So when someone tells you they want to keep their Original Medicare, you can understand why they are so adamant and so willing to make phone calls and write letters to their Council person to fight this fight.

My name is Judy Schneider. My insurance is through my husband Ted Schneider was a teacher for over 30 years.

I request you vote no on making any changes to Administrative Code 12-126

Any change will allow us to lose our traditional Medicare and be enrolled in an Advantage Program.

In April of 2022 I was diagnosed with Breast Cancer. Because of my current coverage, GHI Seniorcare, I was able to select Sloan Kettering as my hospital, and Dr. Hiram Cody who was Chief of Surgery for many years, at Sloan, as my surgeon

Since my diagnosis I have had 87 appointments which included Surgery, Chemotherapy, Radiation Therapy, Visits with my Dr's, Blood Work, Nutritional Counseling and Genetic Counseling.

The problem with the Advantage Programs it is known that they routinely deny needed treatments and specialized care.

Do you really believe an Advantage Program would have given me the opportunity to select such a Prestigious Hospital , and such a Skilled Surgeon to regain my health.

Remember, I am only one of 250,000 elderly many of whom face Cancer and other Serious Health conditions

Please vote NO to allow us to get the best healthcare possible in the last quadrant of our lives so a for profit Company can gain financially by denying us appropriate medical coverage.

I would also bring to your attention information about the Sheinman Report of 12-15-22. It was neither an Arbitration,

nor a Mediation. Usually when you have an arbitration or a mediation there are two opposing sides.

In Fact, the group I belong to, The NY Organization of Public Service Retirees, the “opposing side”, was never even invited to participate , so therefore the result was merely and opinion by a paid arbitrator and definitely not binding. One could say it was actually PAID PROPEGANDA and the MLC is hoping you, the city council members would fall for it.

Finally, I realize there is a need to make cuts in the budget. But once again our organization requested to meet with The City to help find other ways to actually accomplish these cuts. Instead of trying to move us to an Advantage Plan there are Federal Funds Available for simply changing us to a different Secondary Insurance, but once again they did not want our Organization involved in the solution.

Please before you vote think of us.

We need Insurance that will keep us as healthy as possible and not deny us coverage, so a “for profit” company can fill their pockets.

Thank you for listening.

Judy Schneider

Elverton Ave.

Staten Island, NY 10308

From: juliannehirsh <jajbhirsh1@optonline.net>
Sent: Tuesday, January 10, 2023 8:49 PM
To: NYC Council Hearings
Subject: [EXTERNAL] amend the administrative code of the city of New York, in relation to health insurance coverage for city employees, city retirees, and their dependents.

To Whom it May Concern:

I will be 90 years old in May and my wife is 93. I taught for 38 years, 33 of them as the Director of Orchestral Music at Midwood H.S. in Brooklyn. I had a positive influence on many students who continue to contact me to tell me so.

I am **not happy** about being transferred to a Medicare Advantage plan without my permission. Although I would not like to have to pay to continue with standard Medicare, I will pay that if I have to. I am **frightened** that I could be on a plan that would necessitate my not being able to use my chosen doctors and hospitals and having to wait for the medical plan to validate a referral or procedure.

I feel that **out of respect** for retired New York City workers that the city should continue the plan that was promised to us.

Please do all you can to enable all of us to choose the plan that we prefer.

Thank you.

Sincerely,
Jules M. Hirsh

Julian Misiurski

Bronx NY, 10465

Re: January 9th Hearing on Admin Code 12-126

Dear City Council Members,

My father was a civil servant with the Department of Education and CUNY spanning over 35 years and was also a member of Community Board 10 in the Bronx for forty years serving both the City itself along with the local community. He uses EmblemHealth/Medicare through the City as his retiree medical benefits.

My father officially opted out the New Medicare Advantage Plan on October 20, 2021. The opt out form was completed and submitted electronically through the official opt out web link. This was done while on the telephone with EmblemHealth to ensure it was completed and submitted correctly.

When speaking with EmblemHealth on Wednesday, January 4, 2023, we were informed that my father was no longer listed under traditional Medicare, but was now listed as being part of Medicare Advantage. I informed the EmblemHealth representative that my father officially opted out of Medicare Advantage and requested he be placed back under the traditional Medicare Plan. The EmblemHealth representative informed us that EmblemHealth was instructed to perform this change by the City. The EmblemHealth representative said that changing back to the traditional Medicare plan was beyond their authority since the instructions came directly from the City. We were told that we had to contact the City to be placed back under the traditional Medicare plan from the Medicare Advantage Plan.

My father was not notified by either EmblemHealth or the City of New York prior to being placed under Medicare Advantage plan from his traditional Medicare plan even though this matter is still unsettled. It appears that, the City is trying to legislatively circumvent its contractual obligations to retirees. This will set a dangerous precedent that the City, through legislative means, can not only modify retiree medical benefits, but also renege on those contractual benefits in their entirety whenever the City so chooses. The City is attempting to offset ongoing poor fiscal management by reducing benefits to its retirees who have already upheld their end of the contract. The City Council should also bear in mind that this type of precedent would also allow future City Councils to arbitrarily reduce or revoke the benefits of the current City Council members in the future.

Additionally, amendments to the City Charter are to be put forth to the public for a yes or no vote. Therefore, without this vote, the City does not have the authority to change a retiree's medicare coverage from traditional Medicare to Medicare Advantage without following the proper procedures.

I urge the City Council to not only uphold the contract obligations to current City retirees but for current civil servants who will one day be retired themselves.

Thank you for your time.

Julian Misiurski

Testimony: Committee on Civil Service and Labor

Monday, January 9, 2023 9:30 am

Hearing on Retiree Medicare

Julie Schwartzberg

Retired Public Health Epidemiologist 2002, NYC Department of Health former Executive Vice President, Local 768 DC 37 Health Services Employees

I worked for the City of NY for 23 years as a teacher and a Public Health worker. My co-workers and I proudly carried people with TB to the City clinic on our backs, helped figure out how HIV was transmitted and staffed fantastic high schools for drop-outs.

I signed up to work for the City because I care about people, and because I saw my father die when he didn't have any decent health insurance. I took lower pay because I knew I would get great benefits when I retired. And that it was guaranteed! A promise!

I'm almost 80 years old and now is the time I need good healthcare the most. The good news for me is I can afford to opt out of this privatized plan and keep my Medicare— which is the best insurance I ever had in my life. No co pays. No pre authorization. No expensive administrative costs. No waiting for a life-saving test I had a terrible scare in 2022 with a heart issue, and had to have many CAT scans, pulmonary function tests and blood tests immediately. If I had Medicare Advantage those expensive tests could have been delayed and denied. With my Medicare and City supplement I paid nothing, with NO delays or denials. And I am alive.

But my biggest concern is for my DC 37 brothers and sisters who represent the largest contingent of lower wage, lower pension retirees—and who are overwhelmingly women and people of color. Many cannot afford to opt out at \$300 a month like I can—And many cannot pay the endless co pays that this “great Insurance” requires. Copays are significant when you think about how many specialist visits and tests and PT

appointments a 78 or 88-year-old can have in a year; at \$15 a pop, that's a chunk of change out of a small pension.

This is why people all over the country opt out of Medicare Advantage in the last year of life and go back to Medicare. .

I have not even touched on any of the facts about how this switch can be avoided, like alternative solutions, and about all the lies and being told—like you need to amend 12-126 to give us choice. We already have choice. Other people I'm sure will cover that. But I do have many questions. Two of the most important are:

After two years of us crying out about how we will get sick and die with this proposed insurance—how could the City and MLC be so cruel as to ignore us? What are the hidden reasons?

The MLC and OLR say they need to to give us inferior healthcare in order to replenish the Stabilization Fund. Who has access to it? Where is the fund deposited? Who can withdraw? What is the decision-making procedure for using the funds? Why was Mulgrew permitted to take \$1 billion dollars out for teacher raises if the funds are for Health Insurance? How is the fund monitored in terms of who takes money out and who puts it in?

Please help investigate the answers to my questions, and hear my plea. That will go a long way to solving this problem. Thank you.

Thank you Carmen de la Rosa
& members. My name is Juliette Giorgio

When I began teaching in 1986, I knew there were other jobs that paid more, but I wanted to be a civil servant for NYC, serving as an elementary school teacher. I accepted their offer for a lower salary, and in exchange I would receive benefits, such as Medicare. Over my 35-year tenure with the DOE, I have given \$33,601.00 for my Medicare coverage and my employer, the DOE, has given \$33,601.00 as well. When I signed on, I did so in good faith trusting the city of New York. I paid into the system, as well as my co-workers, and we expect to be able to receive the service, when we reach 65 years old.

If the city realizes that this will be too expensive, moving forward they should inform incoming employees. However, the ones that have already paid in full, are grandfathered in under the administrative code and this should be preserved.

I am asking that this contract be upheld and all NYC employees, who have paid into traditional Medicare, receive the fulfillment of our contract.