

New York City Council Committee on Civil Service and Labor

**Testimony by Daniel Pollak, First Deputy Commissioner, and Claire Levitt,
Deputy Commissioner, Mayor's Office of Labor Relations,**

January 9, 2023

Good morning, Speaker Adams, Chair De La Rosa and members of the Civil Service and Labor Committee. I am Daniel Pollak, First Deputy Commissioner at the Office of Labor Relations. I am joined at the table by Claire Levitt, Deputy Commissioner for Health Care Strategy at OLR, and Ken Godiner, First Deputy Budget Director. Thank you for the opportunity to testify here today in support of the proposed amendment to Administrative Code 12-126.

The amendment before you is a continuation of the unprecedented labor-management collaboration on employee and retiree health benefits that we at OLR and OMB have been engaged in with our partners at the Municipal Labor Committee (MLC) for the last 8+ years. The MLC and the City jointly drafted this bill and are mutually supporting it, as it is essential to our joint goal of maintaining high quality, premium free health insurance for City employees and retirees while providing options for retirees. The City will be proceeding with implementation of a Medicare Advantage plan. This amendment to the Code will ensure that retirees continue to have the option to keep their current Senior Care plan by paying a monthly premium.

As a result of the Federal government's subsidy of Medicare Advantage programs, the City is able to save \$600 million a year by implementing a Medicare Advantage Plan, or \$3 billion over the next five years given the five-year guarantee

we have received from the insurer. Those subsidies combined with the City's market power due to our large population of retirees and dependents allows us to offer a Medicare Advantage Plan that provides superior benefits to Senior Care. We believe it to be the best choice for our retirees. However, we prefer to offer our retirees the ability to stay on the Senior Care program if they choose, and this Amendment will permit them to have that choice.

Background

I mentioned that this is the continuation of an effort we have been engaged in since 2014, and it is important to understand the scope of that effort to understand why we are now implementing a Medicare Advantage plan and requesting this amendment.

First, let's examine some basic facts about the City's health benefits. The City provides premium-free coverage to its 1.2 million employees, retirees, and their dependents. Premium-free coverage is rare in this country, even for public employees. (For example, New York State requires employees to pay premiums of over \$6,000 per year for a family plan.) The City also provides premium-free coverage for any retiree that worked for the City for 10 years and their dependents, and in addition reimburses Medicare-eligible retirees and dependents for Medicare Part B costs. These are increasingly unusual and increasingly expensive benefits. Today, the cost of health care for the City's employees and retirees is over \$11 billion a year, about 10% of the entire City budget.

To address the escalating costs of health care while preserving premium-free coverage, in 2014, the City and the MLC reached a landmark agreement to save a total of \$3.4 billion in healthcare costs over 4 years, including \$1.3 billion on a

recurring basis. In 2018, the City agreed with the MLC to target another round of savings for 2018 - 2021 of \$1.1 billion, \$600 million of which was to be recurring. These health savings were an essential part of reaching agreements to provide fair wage increases to all employees.

The City and MLC have been working together on a regular basis since 2014 to reach and maintain these savings. In doing so, the City has made extensive changes to reduce costs in the employee and pre-Medicare retiree plan while leaving the plans for Medicare eligible retirees untouched through 2021. (A listing of changes made to the employee and retiree plans is included as Appendix A.) The City and the MLC have also now put out a procurement for a brand-new plan for employees and pre-Medicare retirees, seeking to save over a billion dollars through that effort. But we cannot achieve the necessary savings based on active employees alone.

Since 2000, the costs to the City for Medicare retiree health coverage have nearly tripled. In 2021, we spent \$600 million on retiree health coverage compared to \$200 million in 2000. In addition, the reimbursement of Medicare Part B coverage for retirees has increased over 700%, from \$54 million in 2000 to nearly \$440 million in 2021. In FY 2022, the City spent over \$1 billion on retiree health costs.

As part of the 2018 Agreement, a Tripartite Committee was established consisting of leadership of the MLC, the City, and Martin Scheinman as mediator and Chair, to work on identifying additional cost management strategies. With the Tripartite Committee, the City and the MLC began exploring changes to Medicare retiree coverage.

Knowing that the escalating cost of retiree benefits needed to be addressed, in 2020, the MLC and the City agreed to add \$15 copays to certain benefits in the Senior Care plan for doctor visits, radiology and lab services, and other services (See Appendix A). However, rather than implementing the copays, as agreed, in July 2020, the City and MLC decided to refrain from changing retiree benefits due to the COVID-19 pandemic. Instead, those new copays were included in the Senior Care plan for 2022.

The City and the MLC agreed that a Medicare Advantage plan was an important cost savings strategy that could protect the benefits of both employees and retirees. Approximately half of the nation's retirees are covered by a Medicare Advantage plan today, rather than traditional Medicare. This includes numerous public employers and union-administered health plans, such as the States of New Jersey, Connecticut, Pennsylvania, Maine and Ohio, and 1199SEIU's plans, all of which are provided by Aetna, the insurer with whom the City is currently negotiating. A Medicare Advantage Plan allows the City to benefit from the federal government's subsidy of Medicare Advantage plans nationwide and save a remarkable \$600 million a year while still protecting our retirees' access to high-quality, premium-free coverage.

In developing the program, we were committed to offering similar benefits to the existing program while optimizing the Federal funding available for Medicare Advantage programs. The City worked hard in collaboration with the MLC to offer this new retiree health plan that was not only premium-free with benefits equal to the existing Senior Care plan, but also provided important new benefits designed to support the health of our retirees. This new program is a win-win for everyone.

In an agreement with the MLC, the City arranged for the expected \$600 million a year in savings to be redirected to support the benefits provided by the Health Insurance Stabilization Fund. The Health Insurance Stabilization Fund is jointly administered by the City and the MLC and was originally established in the 1980s to assure that there was sufficient funding to equalize the costs of the PPO plan and the HMO plan to permit employees to have a choice of premium-free plans. Over time, it has also covered other important expenses including specialty drugs, a portion of welfare fund contributions that help unions maintain their drug coverage, care management and other costs. The ability to continue covering these important benefits is one of the many reasons we support the adoption of the Medicare Advantage program.

Litigation and Proposed Amendment

The City and the MLC's intention had been to offer current NYC retirees the ability to opt out of the new Medicare Advantage Program and remain in the program in which they are currently. However, the existing programs would require an additional premium. For Senior Care, that premium would be approximately \$200 per month. Retirees who did not opt out would be automatically enrolled in the new Medicare Advantage Plan and would have no premium cost.

Unfortunately, a lawsuit prevented this program from moving forward, with a Court holding that the Administrative Code prohibited the City from requiring retirees who wished to remain in Senior Care to pay for the difference in cost between that plan and Medicare Advantage. While we disagree with the Court's interpretation of Admin Code 12-126, we must find a way to move ahead to achieve these vital savings. The Court specifically provided that direction for the City by

determining that the City could offer only a Medicare Advantage plan and no-buy up plans and remain in compliance with Admin Code 12-126.

Without the expected \$600 million a year in savings, the Stabilization Fund is depleted and cannot continue to support the benefits it provides. As a result, the City and the MLC recently agreed to even more changes to employee coverage, including identifying preferred radiology and urgent care providers, a mandate for all new hires to join the HIP-HMO plan, elimination of the existing co-pay waiver for Montefiore physicians, the suspension of \$165 per employee and retiree per year contributions to union welfare funds (which provide drug and other coverage to employees and retirees), and the suspension of certain payments owed to the City. But that does not begin to cover the fiscal hole. At this time, the Stabilization Fund owes approximately \$2 billion in reimbursements for costs the City incurred in prior fiscal years. The City continues to incur costs that the Stabilization Fund will not be able to reimburse, including an estimated \$536 million for the FY 2023 excess cost of providing the premium-free Emblem GHI plan, in which 70% of City employees are enrolled. Every dollar lost by not implementing Medicare Advantage is a dollar the City must cover amid a time of numerous other fiscal challenges. The delay thus far has already cost the City close to a billion dollars.

Recently, Martin Scheinman, in his role as arbitrator for disputes arising from the health savings agreements, ordered that the City move forward with a Medicare Advantage plan to achieve the savings. Pursuant to the Court's decision, the City is not required to offer Senior Care or other plans, and therefore can implement Medicare Advantage and achieve the full savings by eliminating Senior Care and any other plans that charge the City a cost. That is exactly what Mr.

Scheinman ordered the City to do if this amendment is not enacted, and he further indicated that a failure to implement a Medicare Advantage plan and obtain those savings would inevitably result in co-premiums for active employees.

That is not the outcome the City and the MLC want. We are here today to ask the City Council to amend and clarify the language in the Administrative Code to permit us the latitude to provide this important program for retirees while maintaining options for those retirees who want to pay to keep Senior Care. The legislation would allow the MLC and the City to jointly agree upon a plan for health insurance for any class of individuals that would be a benchmark plan for such class. This would ensure that the City and the MLC have the flexibility to obtain quality and affordable health insurance by ensuring that the parties may designate different plans as the cost benchmark for the two different classes – one for employees and pre-Medicare-eligible retirees, and another for Medicare-eligible retirees. As is currently the case, any agreed upon benchmark plan would not require any employee premiums, and the obligation of the City to provide premium-free healthcare would remain. This would allow the City and the MLC to designate the new Medicare Advantage plan as the cost benchmark; to allow those who wish to pay to keep Senior Care to do so; and to continue what we have been doing for almost a decade – making necessary changes to deliver healthcare more efficiently to provide extraordinary premium-free benefits to employees and retirees.

The Differences Between Original Medicare and Medicare Advantage Plans

To understand how Medicare Advantage plans generate savings, it is important to understand how traditional Medicare and Medicare Advantage work differently.

In traditional Medicare, the Centers for Medicare and Medicaid Services (CMS) directly pays hospitals under Medicare Part A, and also directly pays medical expenses to doctors and other health care providers under Medicare Part B, which generally pays 80% of the Medicare allowable rate. A Medicare Supplemental plan like Senior Care pays after Medicare pays, and covers the 20% that Medicare Part B doesn't pay, subject to any copays in the plan.

Medicare Advantage Plans, sometimes called "Part C," are offered by Medicare-approved private insurance companies. In a Medicare Advantage Plan, both Part A and Part B reimbursements come from the Medicare Advantage Plan, not Original Medicare, along with any supplemental benefits from the same company. A Medicare Advantage Plan can include benefits not covered by Medicare.

Medicare pays a fixed amount for coverage each month to the company offering the Medicare Advantage Plan. Under a Medicare Advantage Plan, the private company must follow all of Medicare's rules and a retiree has all of the same rights and protections that retirees have under Original Medicare. Approximately half of Medicare recipients nationally receive their Medicare coverage through a Medicare Advantage Plan.

Medicare Advantage Plans can provide better and more efficient programs, address care gaps and support the health of the programs' members with the

amount of money provided by Medicare while charging an employer little or no additional premium. As a result of the City's size and leverage, we were able to negotiate a program at a \$0 premium cost to the City that exceeds the benefits of Senior Care.

The New Medicare Advantage Plan

The plan we expect to offer is a customized plan developed exclusively for NYC retirees. Some people confuse it with the individually marketed Medicare Advantage plans you may have seen marketed on late night television, but this is an exclusive group plan only available to NYC retirees and dependents with special benefits and provisions for our group.

The expected new Medicare Advantage Plan replaces both traditional Medicare and a Medicare Supplement plan with a single integrated program at no premium cost to retirees or to the City. The Medicare Advantage Plan provides all of the health care services previously covered by original Medicare, and those supplemented by the Senior Care program, and also adds important new benefits not covered by the current Senior Care plan.

A comparison chart of all the major plan provisions is below.

Plan Design Comparison of Senior Care and Proposed New Medicare Advantage Plan		
	Senior Care Plan (as of 1/1/23)	Proposed New Medicare Advantage Plan
Enhanced Benefits		
Annual Deductible	\$276	\$150
Ann. Out-of-Pocket Max*	No Limit	Lower Ann. Out-of-Pocket Max (\$1,500)
Hospital Stay Coinsurance**	You pay: 0% Coins. days 1-60 Not covered days: 100% Coins. days 61-90 You pay: 50% Coins. days 91-201 Not covered: 100% Coins. days 202-365	0% Coins. for all 365 days

Plan Design Comparison of Senior Care and Proposed New Medicare Advantage Plan		
	Senior Care Plan (as of 1/1/23)	Proposed New Medicare Advantage Plan
PCP Visit	\$15 Copay	\$0 Copay
Urgent Care	\$15 Copay	\$15 Copay (\$0 at select locations such as CVS Minute Clinics, Walmart Clinics, etc.)
Cardiac, Pulmonary & Radiation Therapy	\$15 Copay	\$0 Copay
Ambulance Services	\$25 Deductible, \$2,500 Ann. Benefit Max.***	\$0 Copay
Durable Medical Equipment	\$25 Deductible, \$2,500 Ann. Benefit Max.***	\$0 Copay, No Ann. Max
Routine Hearing Exam	Not Covered	\$0 Copay
Routine Eye Exam (eye refraction)	Not Covered	\$0 Copay
Private Duty Nursing (PDN)	\$25 Deductible, 20% Coins., \$2,500 Ann. Benefit Max.***	20% Coins., \$5,000 Ann. Benefit Max
Healthy Home Visits	Not covered	Licensed clinical professional visits home to provide non-invasive health exam and assessment, at no cost
New Benefits		
Transportation	Not Covered	24 rides annually, up to 60 miles / ride
Meal Delivery	Not Covered	Covered 28 meals after each discharge from inpatient or SNF stay
Hearing Aids	Not Covered	Up to \$500 allowance, every 12 months
Voluntary Incentive Gift Card	Not Covered	Up to \$200 in gift cards for completion of certain wellness activities
Over-the-Counter Benefit (OTC)	Not Covered	\$120 annual (\$30 per quarter) health & wellness products
Fitness Programs	Not Covered	Silver Sneakers program at no cost
Medical Alert System	Not Covered	Included at no cost
MD Live Telemedicine Behavioral Health	Not Covered	No copay/No deductible
Same Benefits		
Diagnostic Tests (X-rays, lab, etc.)	\$15 Copay	\$15 Copay
Emergency Care	\$50 Copay	\$50 Copay

Plan Design Comparison of Senior Care and Proposed New Medicare Advantage Plan		
	Senior Care Plan (as of 1/1/23)	Proposed New Medicare Advantage Plan
Home Health Care	No Copay	No Copay
Hospital Outpatient Services	No Copay	No Copay
Specialist Visit	\$15 Copay	\$15 Copay
Mental Health/Substance Use Disorder	\$15 Copay	\$15 Copay
Outpatient Surgery	No Copay	No Copay
Preventive Services	No Copay	No Copay
Rehab. Services (PT, OT, ST)	\$15 Copay	\$15 Copay
Inpatient Stay	\$300 Copay per stay, \$750 Ann. Max.	\$300 Copay per stay, \$750 Ann. Max.
Skilled Nursing Facility	No Copay days 1-100	No Copay days 1-100
<p>*Out-of-Pocket Maximum protects retirees from catastrophic claims.</p> <p>**365-Day Hospitalization is an "Optional Rider" that can be purchased by the retiree to cover hospitalization coinsurance in full. The Medicare Advantage plan covers the 365-day hospitalization automatically, at no additional cost and does not require purchase of rider.</p> <p>***Combined: Durable Medical Equipment (DME), Private Duty Nursing (PDN) and Ambulance.</p>		

The Aetna Medicare Advantage Plan

The City and the MLC have recently been negotiating with Aetna to be the Medicare Advantage insurer, replacing the original provider, the Alliance, which was a joint venture of Empire Health and Emblem. Aetna has over 25 years of experience providing Medicare Advantage plans.

One of the major concerns we previously heard from retirees is that they will not be able to continue to see their current doctor. In almost all instances, this is NOT the case. Aetna has been offering Medicare Advantage plans for over 25 years and has an extensive national network of providers that understand and appreciate the program. Aetna has 186,047 primary care providers, 439,155 specialists,

108,718 behavioral health providers and 560,123 other providers; a total of approximately 1.3 million in-network providers, nationwide. In addition, approximately 5,000 hospitals nationally are in-network. Members can still see any out-of-network doctor that participates in Medicare although they are under no obligation to treat Plan members, except in emergency situations.

The plan we expect to offer is not a limited network/HMO-type plan. The Medicare Advantage plan is what is called a “passive PPO” plan or an “extended service area plan.” This means that our retirees can go to ANY doctor or provider nationally, and the U.S. Territories including those out of the Aetna Medicare PPO network. Out of network providers must be eligible to receive Medicare payment and accepts the plan by billing out of network. Aetna reimburses out of network doctors/providers at the Medicare allowable rate, just as with original Medicare. I want to repeat that because this is so important to understand – **they can go to any doctor/ provider that is eligible to receive Medicare payment even if the doctor/provider is not in the Aetna network and Aetna will reimburse at the Medicare allowable rate.**

Aetna is planning an extensive outreach campaign to encourage the balance of providers our retirees see to join the network, and to educate out-of-network providers. Aetna also gives Medicare Advantage participants a “Provider Passport” to help familiarize providers with how it works. Further, Aetna will have a hotline for retirees or providers to call if they have any questions about how to receive Medicare payments through Aetna. In short, though providers always have a right to decide whether or not to accept a plan, there is no reason for a provider to not accept this plan. They will receive the same payment at the same rate as traditional

Medicare. Aetna's network providers match up with 85% of the doctors our retirees currently see, and another 10% of the providers our retirees see have previously accepted an Aetna Medicare Advantage plan. That's a 95% match and we expect that percentage to increase through Aetna's outreach efforts.

Aetna has agreements with both Memorial Sloan Kettering Medical Center and the Hospital for Special Surgery, and every hospital in the downstate region is in-network or accepts the Aetna plan. The Medicare Advantage Plan does NOT require a referral to go to a specialist. Retirees can self-refer to any Medicare participating specialist.

Retirees have also expressed concerns about the preauthorization requirements in the new Medicare Advantage plan, including whether it causes delays, creates paperwork for them and results in denials of care. While we understand concerns about prior authorization, we want to assure retirees this is not an issue to be concerned about. All of the City's insurance programs for employees also have prior authorization requirements so most of our retirees were part of such a program when they were employees and pre-Medicare retirees. I am also extremely happy to announce that the City and the MLC have been able to secure commitment from Aetna that they will not conduct pre -authorization for a number of services that usually require it, including high tech radiology like MRIs and CT scans. This would remove approximately 75% of the procedures that generally require prior authorization, including under the pre-Medicare plans the City offers. After removing these categories, only about 1% of all claims will require prior authorization.

For the remaining claims that do require preauthorization, there are extensive processes in place to ensure they are processed quickly and fairly. Preauthorization reviews are to be conducted between the provider and Aetna, and there is no paperwork for the retiree. Reviews are normally to be completed within 3-5 days. In an emergency, the requirements are fully waived. In an urgent but non-emergency situation, the timeframe is 24-72 hours. If there is a denial, there is an initial appeal to the insurer. If authorization is still denied, there is an appeal to an independent entity appointed by CMS, as well as an additional level of appeal to CMS itself. The final decision as to approval or denial will be made by CMS.

To facilitate transition in care, Aetna has committed at minimum 150+ dedicated clinicians who will support the City of New York retirees during the onboarding process. These clinicians will continue to be dedicated throughout the life of the contract to ensure they continue to support our retirees and to help manage their chronic health conditions. Aetna will also be engaging in an extensive outreach effort to providers and retirees, including over 200+ in-person forums and over 50 virtual and teleconference calls with retirees to educate them about the program. Additionally, Aetna will be maintaining a custom website for our retirees in the Aetna plan which is contain information pertaining to the plan design, explanations on how to access benefits and the ability to conduct online provider searches.

Many retirees get their prescription drugs from their union welfare funds and that remains unchanged under the MA program. For those retirees who do not have prescription drug coverage from their union welfare fund, a prescription drug

rider will be made available to those retirees. The Aetna Medicare Part D prescription drug cost share remains the same as that of the Senior Care prescription drug plan in all the Part D phases of the plan. Further, all Medicare covered Part D drugs that members are taking are covered. The only change is a positive one - the premium is being reduced in calendar year 2023 from \$125 to \$103.50 per person per month.

The City and the MLC will carefully monitor the Medicare Advantage program to ensure that the program meets all of its commitments to us and delivers the quality services we expect for our retirees. We are designing a reporting package for Aetna to report back to us on important aspects of the program including customer service response times, payment turnaround time, complaints, preauthorization information and more. We will report publicly on the status of the program on an ongoing basis.

We have confidence that the Medicare Advantage program can provide quality benefits and strong access for our retirees while permitting City employees and retirees to maintain premium-free coverage.

Conclusion

We strongly urge the City Council Members to amend the Administrative Code language to permit the City and the MLC to establish this plan as the new cost benchmark plan for retirees. The new Medicare Advantage plan will significantly reduce the City's costs with the help of federal funding, while providing better benefits in comparison to the Senior Care plan on a continuing premium-free basis. Its customized features include many new and exciting programs to support

retirees. The cost savings from this plan, in combination with the other joint efforts of the City and the MLC, will enable us to continue to provide a high-quality, premium-free health program to employees and retirees.

Above all, providing high quality, premium-free health insurance to retired City employees and their families has been our number one priority throughout this process. We urge the City Council to adopt the language that will permit us to do so while allowing retirees to pay a monthly premium to keep their current plan if they so choose. Thank you for inviting us to this important hearing. We would be happy to take any questions now from the Committee.



**THE CITY OF NEW YORK
INDEPENDENT BUDGET OFFICE**

110 WILLIAM STREET, 14TH FLOOR
NEW YORK, NEW YORK 10038
(212) 442-0632 • EMAIL: iboenews@ibo.nyc.ny.us

Testimony of Logan Clark

Assistant Director of Budget Review, New York City Independent Budget Office

To the New York City Council Committee on Civil Service and Labor

Regarding Amending the Administrative Code in Relation to Health Insurance Coverage

January 9, 2022

Good morning, Chair De La Rosa and members of the Committee on Civil Service and Labor. I am Logan Clark, assistant director of budget review at the New York City Independent Budget Office (IBO). Thank you for the opportunity to testify today regarding the proposed local law (Int 0874-2023) to amend the administrative code of the city of New York, which in effect would enable the city to place municipal retirees into a private insurance plan or require them to pay premiums to remain in standard Medicare. In fiscal year 2022, New York City paid \$3.4 billion to provide health care to its over 250,000 retirees. This legislation would affect the portion of costs that the city pays for the premiums for supplemental Senior Care Medigap coverage, which annually costs the city approximately \$600 million. The change authorized by the legislation would allow the city to implement its proposed Medicare Advantage program that would effectively shift those costs to the federal government and to retirees.

IBO previously testified about this planned change in October 2021. During that testimony, we noted that while this nominally frees up approximately \$600 million annually, those savings will not accrue to the city's general fund, a statement that is still true today. As a result of agreements made by the city with the Municipal Labor Committee, all the savings resulting from ending the city's financial support for Medigap insurance will be contributed annually to the Joint Health Insurance Premium Stabilization Fund (hereafter, the Stabilization Fund). The assets of this fund, controlled jointly by the administration and the unions, are used for a variety of purposes including the funding of unions' welfare fund benefits, including the PICA Drug Program, Teladoc and mental health subsidies. The structure of the agreement between the city and the unions effectively transfers these city dollars from the general operating budget to a fund administered outside the ordinary budget process.

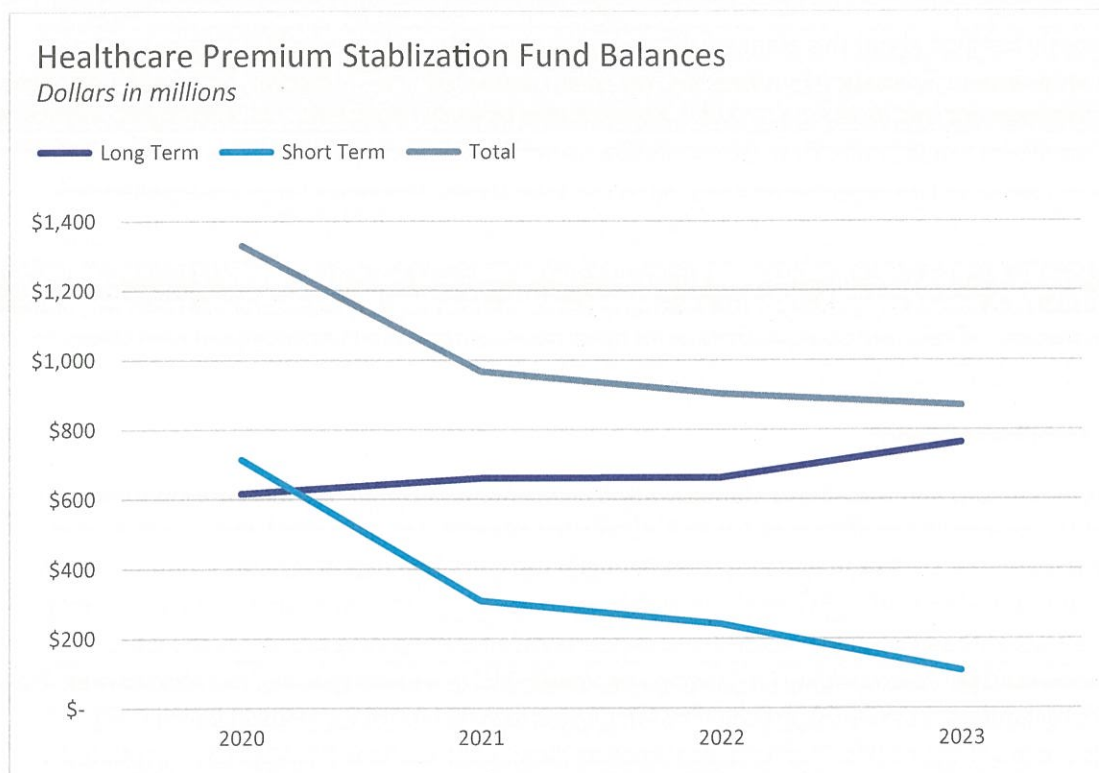
Why the Stabilization Fund?

Both the city's unions and the Adams administration have emphasized that a critical reason to move seniors to the Medicare Advantage plan is to preserve the financial stability of the Stabilization Fund. The fund was created in 1984 to equalize costs between the city's two health insurance options at the time, GHI and HIP—each of which are offered to city workers at no cost.¹ In addition, the Stabilization Fund ensured that the rates paid by the city were predictable for budgeting purposes. The city's administrative code stipulates that the city must pay the HIP HMO rate for all employee health benefits. The fund's revenues are derived from equalization payments paid by GHI for years in which GHI's premiums are lower than HIP's. The fund also receives direct contributions from the city negotiated in labor agreements and earns interest on reserves. With this dedicated funding stream, by 2016 the fund had a balance of \$1.8 billion. The decisions on how to utilize these hundreds of millions of

dollars are made jointly by the city as represented by the Office of Labor Relations, and organized labor as represented by the Municipal Labor Committee (MLC). Over the decades the Stabilization Fund has been increasingly used to fund supplementary health benefits and per-member contributions to union welfare funds, which can be used at the unions' discretion.

Because of increasing withdrawals from the fund, and a decline in the primary revenue stream as GHI's premiums exceeded those of HIP beginning in 2019, a structural deficit has emerged in recent years, as the fund's annual obligations far exceed its revenues. The fund's balance was \$1.4 billion at the close of fiscal year 2020. Today, it stands at \$869 million, split between \$762 million for the long-term stabilization fund and roughly \$106 million in the short-term fund. Over the past three years, revenues accruing to the fund have averaged \$138 million, while expenditures have averaged \$310 million. With the pace of expenditures outstripping incoming revenues the fund does face issues of solvency in the near- to mid-term. As soon as this year, the city may need to tap into the long-term stabilization fund, as the short-term fund nears depletion. The chart below shows the balances of the stabilization fund at the end of each fiscal year.

The MLC and the city plan to utilize the savings from the transfer of the retiree health plan to Medicare Advantage Plus to provide the Stabilization Fund with an alternate revenue source. This new revenue source defers any need to deal with the fundamental issue facing the Stabilization Fund—the cost of annual obligations being financed with an unreliable stream of income. The agreement to move to Medicare Advantage continues the use of the Stabilization Fund as an off-budget transfer of city dollars to a special-purpose fund that has little or no budgetary oversight.



Conclusion

IBO's assessment of the planned switch to Medicare Advantage, which would be enabled by today's legislation, focuses on the city budget effects. IBO has not evaluated the difference between retirees' current coverage and that proposed under Medicare Advantage. If the change takes place as planned, however, rather than use the savings freed up by tapping federal funds to supplement existing services or cover other recurring costs, the city plans to use the entirety of this savings to fund benefits provided by the city's unions. Rather than allocating these savings through the typical budget process, the entirety of the savings will be allocated to an off-budget fund. In doing this, if the change takes place, the city is forgoing a significant opportunity to strengthen its fiscal position in relation to retiree health costs.

¹ In 2006 Group Health Incorporated (GHI) and the Health Insurance Plan of Greater New York (HIP) merged to create EmblemHealth. GHI PPO and HIP HMO still exist as two separate health insurance plans under the umbrella of EmblemHealth.

ALBANY OFFICE
306 Legislative Office Bldg.
Albany, NY 12247
Phone: (518) 455-2041

DISTRICT OFFICE
5030 Broadway, Ste. 701
New York, NY 10034
Phone: (212) 544-0173

EMAIL: JACKSON@NYSENATE.GOV
WEBSITE: JACKSON.NYSENATE.GOV



THE SENATE
STATE OF NEW YORK

ROBERT JACKSON
SENATOR, 31ST DISTRICT

CHAIRPERSON
Civil Service and Pensions
COMMITTEE MEMBER
Cities I
Education
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Senator Robert Jackson Testimony:

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 January 9th, 2023

As the Chair of the New York State Senate Civil Service and Pensions Committee and Senator representing parts of Manhattan and the Bronx, I have an obligation to weigh in on the interests of public employees and civil servants, including retirees. I have major concerns regarding the impact of Intro. No. 874¹, the proposed amendment as presented to Section 12-126 of the administrative code of the city of New York. This bill would give the City of New York permission to create an alternative premium-free option for retirees and a statutory cap on New York City's responsibility, absent a collective bargaining agreement. Notably, the bill's intent was challenged in the courts by retirees and struck down— twice!²

The bill appears to have been filed in response to an “arbitration.” This is troubling for several reasons. First, Section 5 of the 2018 Agreement³ (the “Agreement”) between New York City and the Municipal Labor Council (the “MLC”) gave the arbitrator the authority to only make recommendations. Second, according to the Agreement, any recommendation must have been made no later than June 30, 2020. The arbitrator's recommendation was 2.5 years after the deadline. Third, acting on the arbitrator's recommendation to force retirees into Medicare Advantage unless the City Council passes legislation runs counter to the decisions of the Supreme Court and Appellate Division. Finally, retirees had very little to no representation in

¹ 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*, introduced by Council Member De La Rosa, dated Jan. 4, 2023, available at <https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=5982439&GUID=37E949CB-EE49-4A08-88F5-DC10512F6E77&Options=&Search=>.

² *In re NYC Organization of Public Service Retirees, Inc. et al. v. Renee Campion et al.*, Decision And Order On Motion (Frank, J.), Doc. No. 114, Index No. 158815/2021 (Oct. 21, 2021), available at https://iapps.courts.state.ny.us/nyscef/ViewDocument?docIndex=6lWEHX2zII_PLUS_h3WZMQeYVpg==; see also Decision and Order, Doc. No. 40, Index No. 2022-01006 (Nov. 22, 2022), available at <https://iapps.courts.state.ny.us/nyscef/ViewDocument?docIndex=G0uBYz9HcoWPc0A5buXGPw==>.

³ Letter between Office of Labor Relations Commissioner Robert Linn and MLC Chair Harry Nespoli, dated June 28, 2018, available at <https://www1.nyc.gov/assets/olr/downloads/pdf/collectivebargaining/health-benefits-agreement-fiscal-years-2019-2021.pdf>.

this process. At this juncture, Intro 874 is premature, and oversimplifies the complexity of the healthcare system and the vulnerability of the city's current retirees.

I urge the City Council to refuse risking altering the city retiree's health benefits absent a clear and transparent plan that would maintain their current benefits at no cost to them as promised; data that would inform legislative remedy, if any; and request for additional time to arrive at a solution that satisfies the concerns expressed by the retirees, labor, and the City of New York.

This is a big issue that affects everyone. We must move forward with the premise that access to quality healthcare is a right, not a privilege- and in NYC's case, a commitment. Thank you for the opportunity to provide testimony on this important matter.

In Unity,

A handwritten signature in blue ink, reading "Robert Jackson", with a long, sweeping horizontal stroke extending to the right.

Robert Jackson

January 9, 2023

Council Member Carmen De La Rosa

City Hall

New York, NY 10007

Council Member De La Rosa,

I write in opposition to Int. No. 874, which would amend Administrative Code Section 12-126 to permit the Mayor and the Municipal Labor Committee to create “class[es] of individuals” that would receive different levels of health care coverage. The intent of the legislation is to permit the Mayor and the Municipal Labor Committee to move City retirees from traditional Medicare to a Medicare Advantage Plan administered by Aetna, a private for-profit corporation.

Advantage plans are inferior to traditional Medicare because of limited networks of doctors and hospitals and requirements of prior authorizations before necessary procedures.

From 1990 to 1998, I served as Manhattan Borough President. Prior to that time, I served on the City Council from 1978 to 1989, representing the Upper West Side of Manhattan. In 1988, during my term on the Council, Mayor Ed Koch asked us to change Section 12-126, but we resisted his efforts.

Similarly, I ask that you reject any attempt to amend Section 12-126 to reduce benefits for employees and retirees. You are known in your community for your devotion to promoting equity and fairness, and the Mayor’s proposal would particularly impact older women of color who have small pensions as a result of their low-salaried City positions. These retirees would not be able to pay \$200 a month to opt out of a Medicare Advantage Plan.

Thank you for your consideration,

Ruth Messinger



**Testimony of
Wilson Guzman
AARP New York**

NYC Council Committee on Civil Service and Labor

Subject: NYC Retiree Benefits - Intro 0874

January 9, 2023

Contact: Erik Kriss (518) 360-9213 | ekriss@aarp.org

Good morning Chair De La Rosa and members of the Civil Service and Labor committee.

My name is Wilson Guzman and I am the Associate State Director of Community & Engagement at AARP NY

I am here on behalf of AARP New York's 750,000 New York City members to voice opposition to Intro 0874 which seeks 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.

Retired city workers are the very people who built this city and made it great. They deserve what they were promised, and above all, they deserve the assurance of good health care in their later years.

The City's Medicare Advantage scheme could instead saddle retirees with higher costs, smaller networks, and greater administrative obstacles to accessing health care and preferred doctors.

A promise made should be a promise kept. These retirees were promised solid health plans at no cost and that is what they should be guaranteed.

No retiree should be forced to pay more to get the same coverage or to lose coverage they currently have.

But this is even more than about what's fair and what's right. This is also about placing retirees under undue financial stress for the purposes of saving the city some money. Cost savings should not be brought to bear on the backs of retirees. For that, the city should look elsewhere.

Last year we released AARP New York's blueprint for action, titled "[What New Yorkers 50+ Deserve](#)," which is filled with recommendations to help city officials address vital issues facing older New York City residents. This blueprint lays out the financial hardships faced by our older residents. These hardships already impact housing and hunger; let's not add health care to the mix by making it more expensive for retirees to see their doctor.

A promise made should be a promise kept. That's what older adults deserve.

If there is any change to retirees' health insurance - and, again, any alternative plan must offer what retirees get now at the same no-cost basis - there must be an education effort to support retirees and help facilitate them making a transition. So many things today are confusing enough, let's not add health insurance transition to the list for our former city workers.

Thank you.

Chapters 3, 25, 28, 38 & 41
Civil Service Technical Guild, Local 375

cstgchapter41@gmail.com

Testimony to the Committee on Civil Service and Labor

New York City Council

January 9, 2023

Chair De La Rosa and Members of the Committee on Civil Service and Labor:

Although we are unable to testify in person, we would like to submit this testimony as long-serving City employees and as Presidents of Chapters 3, 25, 28, 38, and 41 of Local 375, DC 37, representing more than 1,200 staff members at the Health & Hospitals Corporation; New York City Housing Authority; Departments of City Planning, Finance, and Consumer and Worker Protection; Department of Housing Preservation & Development; and Landmarks Preservation Commission.

We stand in solidarity with thousands of other active City employees and retirees opposing efforts by Mayor Adams, the Municipal Labor Committee (MLC), and our own union, DC 37, to change Administrative Code 12-126 to make Medicare Advantage the default option for retirees and charge retirees on fixed incomes \$200 per month to remain in their current Senior Care plan. These are our main objections:

- Changing Administrative Code 12-126 would renege on a promise of free, comprehensive retiree healthcare that the City has made to employees for more than 50 years. This promise has provided a major incentive for many of us to remain with the City throughout our careers despite our lower wages. It would be unconscionable for the City to now pull the rug out from retirees and active employees who have accepted lower pay year after year with the expectation that this promise would be honored in our retirement.
- Although the MLC and DC 37 argue that changing the Administrative Code is necessary to replenish the Health Insurance Stabilization Fund, they have not been fully forthcoming about the Fund's finances. While DC 37 claims that the Fund went into "a negative balance" in July of 2022, documents we have seen from other sources seem to contradict this claim. DC 37 states that the Fund's bankruptcy "has been independently verified" by reports from two actuarial firms, but it has not provided these reports to its members. It would be irresponsible for the City to charge ahead with permanent, devastating reductions to retirees' benefits without fully assessing the causes of the Fund's depletion and considering less-drastic alternatives. We therefore request a thorough, independent audit of the Stabilization Fund before the Council considers further action on the Administrative Code.
- Forcing retirees into Medicare Advantage to help replenish the Stabilization Fund would not answer the key question of how and why the Fund was allowed to reach its apparent state of crisis. In 2016, the Fund was worth \$1.8 billion; today, we are told, it is broke. Rather than allowing those who presided over its apparent collapse—including MLC Chair Harry Nespoli, UFT President Michael Mulgrew, and DC 37

Executive Director Henry Garrido—to evade accountability for depleting this vital resource for 300,000 City employees, we should be asking how this happened and instituting oversight reforms to make sure it never happens again.

- The City is currently experiencing an unprecedented staffing crisis hampering the efficient delivery of city services. This crisis has been caused by decades of plummeting wages relative to inflation, the institution of the inferior Tier 6 pension in 2012, the lack of telework options, and the skyrocketing cost of living in New York City. The City has struggled to hire new employees as experienced employees have fled to the private sector in droves. Changing Administrative Code 12-126 would provide yet another incentive for long-serving City employees to leave, and exacerbate and extend the current staffing crisis.
- The shortcomings of Medicare Advantage are well known. As *Consumer Reports* explained just last month, Medicare Advantage plans limit access to healthcare providers, require pre-authorization for specialists, and have higher out-of-pocket costs, meaning that “some people in Medicare Advantage end up paying unexpectedly high costs when they become ill or find their network lacks the providers they need.” It creates a two-tiered system of healthcare, rewarding the healthy but cruelly limiting options and increasing expenses for those who need care the most.
- Healthcare is a human right. Although DC 37 argues that changing Code 12-126 to permit the MLC and the City “to collectively bargain our healthcare options” would be a good thing, we disagree. Healthcare should be no more subject to collective bargaining than clean air or water. Further privatizing healthcare by pushing retirees into a for-profit Medicare Advantage plan takes our city and society in the wrong direction. Our unions and the City Council should be fighting for universal healthcare not for privatization, which enriches insurance company executives at our expense.

Finally, we would like to add how disgraceful it is for city union leadership to try to turn active members against retirees in its campaign to cripple a benefit we have paid for through our service. Our unions have betrayed not only retirees but their active members in discarding the sacred union principle that we are all in this together.

We urge you to kill this proposal to change Administrative Code 12-126.

Sincerely,

Migdalia Acevedo

Migdalia Acevedo
President, Chapter 3
Health & Hospitals Corporation

J. Barnett

Joshua Barnett
President, Chapter 25
NYCHA

Evan Lemonides

Evan Lemonides
President, Chapter 28
City Planning

Elizabeth Eastman

Elizabeth Eastman
President, Chapter 38
HPD

Michael Caratzas

Michael Caratzas
President, Chapter 41
Landmarks Commission

cc: **Adrienne E. Adams, Speaker, New York City Council**
 Members of the City Council Committee on Civil Service & Labor
 Members of the City Council Committee on Oversight and Investigations
 Lee Saunders, President, AFSCME
 Henry Garrido, Executive Director, District Council 37
 Michael Troman, President, Local 375



240 West 35th Street ■ Suite 302 ■ New York, New York 10001

Testimony on the New York City Health Insurance for Employees and Retirees

Submitted to the New York City Council Committee on Civil Service and Labor

January 9, 2023

Ana Champeny, Vice President for Research, Citizens Budget Commission

Good morning. I am Ana Champeny, Vice President for Research at the Citizens Budget Commission (CBC), a nonpartisan, nonprofit think tank and watchdog devoted to constructive change in the finances and services of New York State and City governments. Thank you for the opportunity to submit testimony regarding health insurance coverage for City employees, City retirees, and their dependents.

CBC has long advocated bringing health care benefits for New York City's retirees and active employees more in line with other public and private sector workers. This would be appropriate and reduce ongoing City costs, increasing the City budget's sustainability and preserving the City's ability to provide services.

New York City's employees and retirees have non-contributory plans, whereas New York State employees and retirees contribute to premiums for health insurance, as do most private sector workers. With health insurance costs budgeted to increase at a rate of 8.5 percent per year between fiscal years 2023 and 2026, efforts to restrain the City's costs are critical.

The agreement between the City and Municipal Labor Committee (MLC)—a consortium of municipal labor unions that negotiate with the City for health benefits for all City workers—is a positive step forward. It would allow retirees to either continue with a premium-free option by enrolling in the new Medicare Advantage Plus plan or remain in their current Medigap program and pay a roughly \$200 monthly premium. The free option is designed to be as good as plans many Medicare beneficiaries in the United States choose and pay for.

The City's annual costs would be reduced by around \$600 million, because the premium for the Medicare Advantage plan is paid for by the federal government. However, this would not provide City budget relief since the City and MLC agreed to direct those savings to the Health Insurance Stabilization Fund. While CBC does not support this choice, the agreement still is beneficial in restraining cost growth and reducing the City's other postemployment benefit (OPEB) liability, therefore it should be implemented.

Introduction 874 is a workable solution that allows the City-MLC agreement to move forward. Ultimately, the law in whole should be repealed since this level of benefit specificity should not be codified.

The City and MLC also should undertake a comprehensive review of health and welfare benefits for employees and retirees and agree on a set of policy changes that preserves employee health and welfare while reducing the City's costs to more manageable levels. These changes should include premium sharing for employees and pre-Medicare retirees, elimination of some or all of the Medicare Part B reimbursement, and consolidation of union welfare fund benefits.

Stuart Eber Testimony to Civil Service and Labor Committee January 9, 2023

My name is Stuart Eber. I am the Chairperson of the Council of Municipal Retiree Organizations (COMRO) and President Emeritus of the NYC Managerial Employees Association.

I became a Caseworker in the Human Resources Administration in 1970. By the time I retired in 2004, I had been appointed as a Deputy Commissioner for about ten years. During my career I worked with the Office of Labor Relations and the Office of Management and Budget. I understand the need to protect the taxpayers as well as the employees and the residents of our great City.

The Administration has created a false dichotomy. They are forcing you to choose between preserving Medicare as our primary medical coverage with the City paying for our supplemental coverage or imposing premiums on all members of the City health plan. The attempt to rush you to vote on the amendment to Administrative Code 12-126 is just one of their tactics to force us into a Medicare Advantage plan.

Your committee has received thousands of emails from concerned retirees documenting the deficiencies in the for profit private Medicare Advantage plans. In particular, the required pre-authorizations for dozens of procedures and tests has proven to prevent patients from receiving necessary care, the refusal of many doctors and hospitals to accept Medicare Advantage plans, and the billions of dollars the federal government is trying to recoup from fraudulent claims demonstrates why most people do not want to lose Medicare and be forced onto Medicare Advantage.

What should be done? I urge you to hit the pause button - table the motion - and form the blue ribbon panel the NYC Organization of Public Service Retirees suggested. The panel would be chaired by a former City official acceptable to all parties and include representatives of the major retiree organizations, the Independent Budget Office, the MLC, the Comptroller's Office, the Public Advocate's Office, the Administration, and the City Council. Their charge would be to find alternate means of saving \$600 million or more dollars a year in health care costs without imposing premiums or eliminating Medicare.

The history of our City since 1975 proves that we can solve our problems when we all sit down together at the table and work to find solutions to our problems. Please do not allow the Administration to force you into amending the Administrative Code that the courts have ruled protects our Medicare.

Thank you and stay well.

January 9th, 2023

**Testimony of Henry Garrido, Executive Director, District Council 37, AFSCME
Before the New York City Council Committee on Civil Service and Labor**

Good Morning. I'm Henry Garrido, Executive Director of District Council 37, AFSCME, and I testify before you today on behalf of the city's largest municipal employee union. We represent 150,000 members and 89,000 retirees across every city agency. Thank you to Chair De La Rosa and members of the Civil Service and Labor and Civil committees for inviting us here today. And I would like to thank the Speaker for her leadership as well.

I am here to speak in favor of amending administrative code 12-126, which will allow us to protect and preserve healthcare for more than 300,000 New Yorkers.

In the past few months, there has been a lot of misinformation about the motives behind the proposal to amend the administrative code. We have allowed fear of the unknown to truly become "the perfect br the enemy of the good". To be clear, my priority is to continue providing our active and retired New York City municipal workers the best healthcare coverage possible while making sure we have the funds to sustain it long term. Amending the Administrative Code has been and will always remain about "Choice".

Updating the administrative code will protect our unions' ability to negotiate healthcare options, as we have done for the last 40 years. Without this amendment, the security of life-saving programs like PICA is at stake. Through the MLC, we negotiated coverage of self-injectables and chemotherapy medications for all active and pre-Medicare retirees. When I tell you that this is very personal to me, it's because both of my grandparents died from cancer. They didn't have the power of a union to fight for a program like PICA to help with their cancer treatment and keep them alive.

Our stabilization fund has been exhausted and continues to go under every month. Now we have to take responsible action. Unless the City Council is willing to fund \$1.8 billion for the next 3 years and \$600 million annually going forward to keep the status quo in place, my members and DC 37 retirees and their dependents will

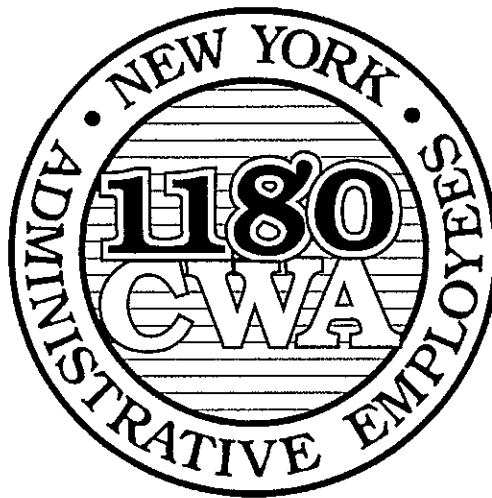
have to face the prospect of paying premiums, or retirees will no longer have options in their healthcare plans. There are hundreds of thousands of people who are relying on you to do the right thing, not the popular thing. Do what needs to be done.

If we don't amend the administrative code, it will NOT prevent the City from implementing a Medicare Advantage plan. Judge Frank's decision, the appeals court's discussion and the arbitrator's ruling have all indicated that the City is not legally required to provide retirees with an array of healthcare plans to choose from. But we know that our retirees deserve and want to have a choice, and that's what we're here fighting for today. We're fighting to preserve choice and we're asking the Council to protect that choice by voting to approve this amendment.

I will conclude with this quote from Doctor King: "In the end, we will remember not the words of our enemies, but the silence of our friends."

Today, I am accompanied by Nellie Rodriguez, one of the DC 37 retirees.. Please hear her testimony. I am available for questions.

**Testimony of
Gloria Middleton, President
New York Administrative Employees
Local 1180
Communications Workers of America,
AFL-CIO**



Council Committee on Civil Service and Labor

Hearing on Int. 0874-2023

**Health Insurance Coverage for City Employees,
City Retirees, and Their Dependents**

Monday, Jan. 9, 2023

Good morning/afternoon Committee Chair De La Rosa, Council Member Ayala, committee members, and all City Council members.

My name is Gloria Middleton. I am President of Communications Workers of America, Local 1180. We represent almost 9,000 active City administrative workers, and close to 7,000 retirees, which is why I am here today speaking out in **favor** of legislation that allows Administrative Code 12-126 to be amended.

As you know, the Municipal Labor Committee has a long history of bargaining on behalf of all unions regarding health care issues for active and retired city workers. In order to

fulfill our duty to ensure the City's health care plans meet the needs of both our members and our retirees, the MLC has been working with the City nonstop since 2014 to reach savings that keep the Stabilization Fund afloat.

To generate savings, the MLC negotiated the Medicare Advantage Plus Plan for retirees that provides for equal or better benefits and qualifies for federal subsidies needed to reduce the current \$600 million health care deficit that is rising daily.

The proposed Medicare Advantage Plan will replace **both** traditional Medicare and a Medicare Supplement plan with one unified program at **no premium cost** to retirees or to the City. This plan would provide **all the health care services**

previously covered by original Medicare, and those supplemented by the Senior Care program, while also **adding** important new benefits **not** covered by the current Senior Care plan.

The **proposed** Medicare Advantage Plan is **not** a limited network or HMO-type plan, but rather an **extended service area plan**. This means our retirees can utilize **ANY** doctor nationally that accepts payment from Aetna at the Medicare-allowable rate – even if they are not in Aetna's network.

The arbitrator dealing with disputes regarding the health savings agreement has ruled that the City **MUST** move forward with a Medicare Advantage Plan to achieve savings. In its decision, the court ruled that the City is **NOT** required

to offer Senior Care or any other similar plan. That means the Medicare Advantage Plan will be the **ONLY PLAN** available for retirees and eliminates all options.

This is **NOT** what we want.

We want to make sure our retirees **have** options, but we cannot do that without your support. Unless this City Council acts **NOW** to pass legislation that will allow for amending Administrative Code 12-126 – and supports the MLC in negotiating health care benefits for retirees – they will lose their freedom of choice in selecting a health care plan. Let me repeat – **ALL options will be eliminated.**

.....
It is **IMPERATIVE** for this City Council to act responsibly and allow labor leaders to engage in negotiations that ensure our retirees have the freedom to choose a plan that best works for them.

Local 1180 and CWA wholeheartedly support Int 0874-2023 to amend the Administrative Code ... and we are asking for you to do the same.



**NEW YORK CITY
MANAGERIAL EMPLOYEES
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STUART EBER
President Emeritus

WILLIAM DWORKIN
President Emeritus

STUART SALLES
Legal Counsel

**"Health Insurance Coverage for Municipal Employees,
Municipal Retirees, and Their Dependents"**

New York City Council
Civil Service and Labor Committee Hearing

Monday, January 9, 2023
9:30 am
Council Chambers
City Hall, New York, NY

Good morning / afternoon, Madame Chair Carmen De La Rosa, Committee Members, and attendees.

I am Darrell Sims, R.A., President of the New York City Managerial Employees Association (MEA) and with me is Alice Wong, the Executive Director of the MEA. We would like to thank the Committee for providing us with the opportunity to testify on behalf of the 16,000 NYC managerial and confidential employees and MEA members.

After a 39-year tenure working at the NYC Department of Housing Preservation and Development (HPD), I retired on January 1, 2020. Elected as MEA President, I commenced my term on January 1, 2022. Based on my knowledge and concerns expressed to me from the MEA Executive Board and members – especially our Retirees Chapter, the following is MEA's position.

The New York City Managerial Employees Association objects to the proposed amendment to the Administrative Code, Section 12-126 enabling the City to impose Medicare Advantage as the only premium free retiree health care plan. The current Medicare / Senior Care plan will then cost at least \$191 a month per person or be eliminated. Amending Section 12-126 of the Administrative Code will seriously undermine and compromise the health care protections for all municipal employees and retirees, and their dependents (insurees). It will allow the City to renegotiate premium rates for everyone and place insurees into different economic classes based on financial ability to pay. It will allow for coverage and benefits reductions, and eliminate protections and equal treatment that current insurees have at this time.

We strongly oppose the Administration's and the Municipal Labor Committee's planned reductions in health insurance coverage and benefits through the privatization of Medicare for retirees. The City seeks to weaken the protections



**NEW YORK CITY
MANAGERIAL EMPLOYEES
ASSOCIATION**

guaranteed for all municipal employees and retirees, and their dependents in the Administrative Code. There are alternatives for managing rising health care costs rather than amending the Administrative Code. The Administration could use its purchasing power to challenge hospitals to reduce exorbitant charges, address the skyrocketing costs of prescription drugs, and audit insurance providers on a regular basis.

I will now relinquish to Ms. Wong for our closing statement.

It is advised that creative, knowledgeable and competent-thinking individuals representing all concerned parties, including municipal retirees, form a working committee to develop an appropriate and sustainable long-term solution to address the high costs of health care. Proposing to amend Section 12-126 of the Administrative Code is an expression of a "Quick-Fix - Get Stuff Done" attitude for resolving the high cost of health care at the expense and detriment of municipal workers, municipal retirees, and their dependents.

Health care is one of the most sacred and indispensable necessities required to sustain our lives. Therefore, the quality of health care insurance and the performance of the insurer are of the upmost importance. Section 12-126 affects the lives of all municipal workers, municipal retirees, and their dependents. Municipal retirees should not be "sold-off" like livestock to a for-profit private insurance entity with an inferior Medicare Advantage Plan in order for the City to relieve itself from its legal and financial obligations. Based on our many decades of dedicated civil service to New York City and its residents, we have earned and deserve much better treatment and respect. The high health care cost burden should not be resolved by diminishing current workers, retirees, and their dependents codified insurance coverage and benefits.

Accordingly, MEA requests of you to please do not vote in favor of amending Section 12-126 of the Administrative Code of The City of New York.

Respectfully submitted,

Darrell L. Sims
President

Alice Wong
Executive Director



Testimony for the Hearing to Consider Legislation Amending Administrative Code to Preserve Health Care Choice for Retirees. To view [click here](#).

Chair De La Rosa and members of the committee, thank you for this opportunity.

My name is John Mudd. I'm with the Midtown South Community Council (MSCC) we've been around for for 38 years serving the public. We take issue with our deplorable health, hunger, homelessness, and housing conditions. There's a thread as to why we have these problems, which I'll save from this discussion.

MSCC joins the city workers and retirees in the fight to stop the Administrative code 12-126 from being amended; doing otherwise will threaten their health.

Union leaders gave plenty of reasoning for the need to cover rising hospital and drug costs at the expense of the retirees camouflage in variety of impassioned words as 'ensure, preserve, and protect' the union members choices, while accusing them of lying. They riled the crowd when they were obfuscating and twisting reality while defending their integrity, job, and intent.

The first three panels including a zoom of union and city representatives with their willingness to work within the destabilizing and broken system of care *to set the terms* for the public was apparent.

The City's Department of Labor Relations Daniel Pollock's moment of firm and affirming declaration was particularly disturbing, "I want to be clear, this isn't about whether the Advantage plan proceeds, we are planning on moving forward with that plan. We think this amendment is necessary to provide the choices for the retirees."

UFT President Michael Mulgrew said it's about a fight for healthcare costs. The executive director of MLC, the largest municipal union with 150,000 across new York, and others said the bill provides choice. As if struggling with a death defying moment (well it is healthcare) a panelist decried, "We have to to keep the city going." An agreeable bunch, they assured us that, they've done everything in their power to work within a system to hold down costs, but the cost is out pacing the budget; and with no stabilization funds available, they are short 1.8 billion, 600 million annually, to cover the costs of healthcare.

We're going to do everything in our power to serve our members. We've got 75% of the care given without the need for prior authorization. I believe they are earnest, but it's not enough, going and doing are completely different. I wouldn't want to be the 25% to struggle for

authorization in a stressful medical moment, and I don't believe insurers should dictate the care for the public to the doctors.

Henry Gorrido, executive director of District Council 37, NYC's largest municipal employees union with 150,000 members and nearly 89,000 retirees, said the COVID testing had increased costs. Were they drafting funds to help the healthcare industry to their billions during a pandemic which was mismanaged and federally funded by our government?

The MLC director says to the committee, "do the right thing but not the popular thing." Shall we allow a broken system to take over the last remnants of quality care? Are we to give up on the last bastion fighting against corporate care and the insane rising costs that will ultimately worsen the health crisis?

In questioning the union representatives as to why there were so much resistance to changing this code, the group's cascading answers came: the narratives were not presented well, we weren't allowed to explain the truth of it because De Blasio wanted to push it through, we were still dealing with the ghost of the past, they don't understand the program and who will pay for it, it was rolled out wrong, "Fear of the unknown becoming the enemy of the public good," change is hard, "Change has to be made. Nobody likes change," and my favorite, they were up against a "cottage industry" focused on how to stop the medicare advantage plan.

After the narrative of selflessly fighting against the "cottage industry"; the peppered arguments, theories, and lies in righteous defense of their integrity to protect their members; and Henry Garrido's quote from Dr. Martin Luther King—who is turning over in his grave hearing his name used to support a corporate health insurers interest—another bad and insulting narrative came disguised in a question.

Councilman Lincoln Restler encapsulated his contribution in discovering the question of the day, the "Union is doing the best they can in an earnest heartfelt way and we have people who are truly fearful of what this means for their healthcare," and what "We're all struggling with is the inability to communicate to *them* as that it is not as devastating as they think it is. The crux of the challenge...how can we compromise and work toward a path to negotiate the interests" of the healthcare industry and force "the compromises necessary to move forward..."

I'm not sure why there would be any support for the few union representatives, District 37 being one of the largest with 150,000 membered society, when they do not have the support from the "cottage industry." The "cottage industry" of members should take precedent, despite the fact the Union-affiliated PACs Put Millions to Work for New York City Council Candidates.

Not a hardline to follow. It is known the Mayor is operating aggressively and wants the Council Members' vote to change the Administrative code; thereby agreeing to an Advantage plan; before sharing the contractual agreement with Aetna the insurer who will benefit from this deal. Also known and conclusive, the "average citizens' preferences continue to have essentially zero estimated impact upon policy change, while economic elites are still estimated to have a very large, positive, independent impact."

But why would anyone get behind a mayor who would negotiate with an insurance company, when you have the awesome power of 124 unions with 1 million plus members collectively? That's voting power. Now who should dictate the terms to the private profit motivated insurance company?

As the various arguments led to the bottom line—the funds being not there—and the only salvation—as it is in every disaster capitalistic moment—is to give away the farm to Aetna (a healthcare conglomerate) to underwrite an Advantage Plan—to serve their bottom line during a continual rise in costs and deterioration of healthcare—for the city's employees and retirees, that will have them come back to capitulate another.

The administrative change will allow the mayor to do an end run around to sell the care for city workers and retirees to an insurer when things are fairly secure. They've avoided the majority of traps and pitfalls that the rest of the population find themselves in with their insurance plans—that is the social contract they agreed upon, and the city needs to hold up their end.

The grumbling amongst the retirees whose healthcare is endangered by a pact between the Mayor and Union heads who subordinate themselves to health care industry continued through the meeting. Everyone understands the dangling carrot this advantage plan offers; the ploy of dividing various groups; the likelihood of a return in a few years to negotiate away their health; and the grey haired years means they've accumulated some time on this earth, and they do not need to comprehend or accept the theoretical reasoning cooked up by the union heads, Mayor, and other political representatives who are willing to sell their care to an industry that stripping it away to increase their bottom line.

"Historically, every other developed nation has achieved universal health care through some form of nonprofit national health insurance. Our failure to do so means that all Americans pay higher health care costs,"—Harvard Gazette—and many pay with their lives.

One case in point: Bart, a person who is not quite there in death, but is facing a determined healthcare system wishing to kill him. Bart is a 74 year-old, retired man with an income of \$1,000 a month. He's a quiet person, lives by himself in a rent controlled apartment one floor

below me. He reads philosophy, science, and some fiction, watches movies, does a little writing, swims, and eats takeout. Estranged from his brother and two sisters who live in Colorado, he has a somewhat lonely existence. It's a humble modest life that is deserving of basic health security.

He thought he was going into the hospital for a simple procedure. A few days prior, we're chatting in the hallway, and he tells me he's going to have his aorta replaced. I was taken aback by the seriousness. He tells me, "It means they have to open up my rib cage."

He seemed to have a certain confidence in his medical care. After all, he is covered by an Advantage plan, and there were a lot of fingers in the pie to give him supplemental support too. There is Northwell, Life science implant card, Meditronics, UnitedHealthcare, Humana, and AARP, that the United Healthcare G-supplemental Plan is purchased through.

The semi short of it, Bart spent two months in a coma, at NYU Langone Hospital on 75th Street teetering between life and death. In Bart's first few weeks of his hospital stay, United Healthcare gifted him with a "Notice of Denial of Medical Coverage." It didn't upset him so much, and he couldn't appeal the decision, he was in a coma.

Very soon after awakening, the hospital—or my guess—the insurance company had him hastily shipped to the Regency Nursing Home in Yonkers for rehab; further away from the very few people—Rakeeb, Lucio, Mercedes, and me—who knew him, as we were neighbors living in the same building. I'm guessing the expedited move caused some complications, because no sooner than he arrived at the Regency he was rushed to a nearby hospital for a week or so, before returning him to the poor care of the Regency Nursing Home.

Bart's been in a dark place wishing to die. Frustrated he punches outward to those attending him. He's been confused and unsure of how he found himself in a hospital in Yonkers. He's complained about the food, noisy neighbor, bed sores, and being left in dirty diapers. Bart says he's not getting enough PT time. Rakeeb and I can vouch for the nursing home slash rehab's lack of staff, poor management, and non nurturing atmosphere pervades throughout, particularly in the hallways where overly drugged patients wander and lounge about. It took a 20 minutes or more to remove such individual who was wheel chair bound from an elevator for us to use. The other elevator was moving slower, and as they said, there were no stairs going up to 2 flights.

What ranked him this service was the gap between expenses and profits. Was there a better supplemental insurance to give him better care? You would need to a crystal ball or best estimate of your future health to pick the right plan. Working in the *now* to protect Bart from being buried in debt, I took a crash course of the various confusing medicare plans, the A, B, C, D, E, F, G...

The multiple plans with multiple coverages, seems purposeful and useful for the insurance companies to avoid paying. Wow, we really allow these roulette wheels of choice for care.

Because of the complicated care and daily dialysis, Bart's insurance has ended. The Insurance stopped giving around Christmas. His sister, who is less estranged now, because of Bart's crisis of health, has helped to secure better insurance coverage: The supplemental G plan chosen; so that his medical bills would be paid and his care would continue. As of January 1, 2023, United Healthcare Supplemental Plan started withdrawing 278.25 a month from Bart's banking account. And there are limits as to how long they'll pay that I have yet to sort out. They just don't want to be locked into longterm costly care.

Bart is receiving Social Security, his total income for the year puts him below the poverty line. His rent is a modest 500.00, plus 278.25 for insurance, add phone, electric and gas, where, what, and how will he eat. There are lot of elderly people in the city who are equally cost burden.

We're in sensitive, critical, and pivotal point in time, where suffering is growing to the extremes. And it's clear who's responsible for destabilizing an important pillar for society to function. They've stolen the Medicare name to entice people into an "Advantage Plan"—a misnomer—to strip away care and add to their bottom line. And we expect you to stop or at the very least to make things a little tougher for those who would drive further disparity and trade lives for profits.

Midtown South Community Council, 331 W 38th St., NY, NY 10018, midtownsouthcc.org, 917-520-3009

New York City Council Retiree Health Plan Testimony January 9, 2023

New York City is at a crossroads. Is NYC planning to live up to their commitments made to civil servant retirees or not?

Distinguished Acting Supreme Court Justice Lye Frank's decision, 2022: The Law in question, requires the city to "pay the entire cost of health insurance coverage for city employees, city retirees and their dependents." Any attempt to impose a premium or other cost for coverage is thereby illegal, he ruled.

As a retiree of Council Of School Supervisors and Administrators, CSA, this fall, I received a retiree plan enrollment guide containing false information that related to key aspects on the new plan. The city sent false information!

From The City (digital news platform): Nearly all Medicare Advantage plans include fewer doctors than traditional Medicare does. The city has repeatedly claimed that the Alliance's plan will enable retirees to see any doctor that accepts Medicare, which the vast majority of doctors do. But retirees cast doubt on this claim, giving testimony at hearings and submitting affidavits in state court saying that their doctors have told them that they will not be participating in the plan, or are unaware of it.

The new plan will also make it more difficult for retirees to access many treatments. Under Medicare Advantage, health care providers will have to get approval in advance from insurance companies before conducting dozens of procedures or treatments including some doctor's office visits, mental health care treatments, home health care services, and tests such as x-rays and blood work, legal documents show.

Exceptions noted: 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.

I would like to forward a final statement taken from DC 37's website site: The City's active employees and retirees could be forced to pay premiums for themselves and their dependents.

NYC is responsible for the health being of their civil servants.

How many retirees will die before treatments are approved?

Fix this! Pay for services New York City has promised its civil servants.

I await your support on this important issue.

Sincerely,

Michelle D Winfield

New York State Democratic Committee Person, 74th A.D.

Council of School Supervisors and Administrators, CSA Retiree



January 2, 2023

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[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-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.

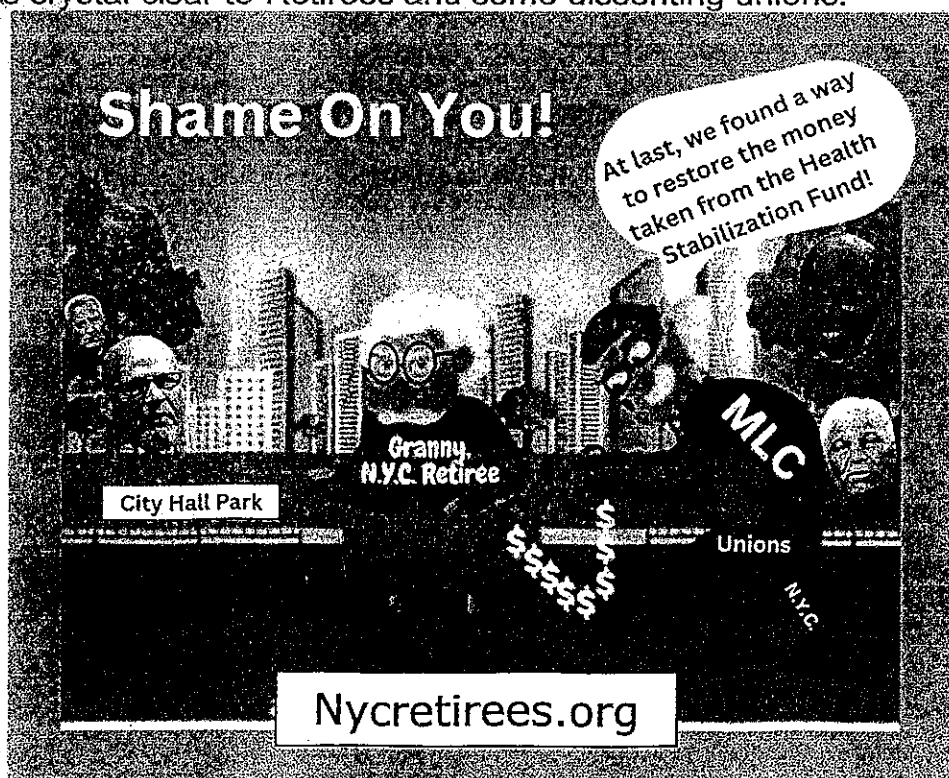
The City Council should not participate in the illegal effort to force Medicare Advantage on Retirees, who are entitled to the traditional Medicare benefits they were promised and which they desperately need. Let the Mayor be the one to strip retirees of these hard-earned benefits. The retirees will 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.

NYC Organization of Public Service Retirees

250,000 NYC Retirees & 750,000 EMPLOYEES are depending on City Council to **PRESERVE ADMIN CODE 12-126 AS IT IS!** The Code provides the maximum limit the City must pay for health insurance. Any reduction passes costs onto us. Union contracts do not offer the protections this code has provided since 1967.

Table of Truth	
The MLC "Claims"	The Truth
The Judge stripped our choice of plans and took away the MLC's ability to bargain	The 1992 Agreement states the City MUST negotiate all plans with the MLC
"We have to amend the law! We have no choice! It's an emergency!"	There are choices, you just do not want to make them. The emergency is manufactured.
The Stabilization Fund is "belly up"	The balance is approximately \$1 billion and would be more if the MLC/City didn't use it as a slush fund
The Medicare Advantage (MA) plan mirrors the Senior Care plan	The MA plans are inferior to Traditional Medicare w/Supplemental due to limited networks & prior authorizations. If the federal subsidy is reduced, benefits will be diminished or retirees absorb costs
The MLC/unions claim they are preserving choice by amending 12-126.	The amendment as proposed gives the MLC/City the power to minimize the amount the City will pay. Currently, the MLC/City proposes a limit for retirees of \$7.50/month, down from \$192. This puts premiums on us all or forces us into a plan we don't want. This is their work-around to the Judge's ruling.

Many younger employees don't realize the ramifications of amending ADMIN CODE 12-126. The harm that will be done to NYC employees and retirees may not be apparent to you, but it is crystal clear to Retirees and some dissenting unions.





Testimony of Marianne Pizzitola

President

NYC Organization of Public Service Retirees

Marianne.pizzitola@gmail.com

631-793-9715

Opposition to Intro Bill No. 874

Good Afternoon Chair DeLaRosa and Council Members and members of the Civil Service and Labor Committee, I come before you today with a wide range of emotions. My name is Marianne Pizzitola and I am the President of the NYC Organization of Public Service Retirees and FDNY EMS Retirees. As a retiree, I left the job and would not have thought I would have to fight to retain something I earned and paid for. I should not have had to form a corporation, organize over 100,000 retirees, fundraise, hire lawyers, government liaisons and sue the City and fight my own union to protect my health benefits from OLR and OMB.

I want to tell you some straight facts and get right to the point. Admin Code 12-126 has a lot of history. It provides two benefits; Reimburses the retiree for their Medicare B premiums which are currently \$165 per month and their City Healthcare Plan up to the HiP HMO benchmark. Today that benchmark is about \$918 per month, but the Medicare plans are all inexpensive and the most popular which is my focus in this testimony, is GHI Senior Care which costs about \$191.

Please understand that the unions are trying to get YOU to change a law that has been around for over 55 years. Mayor LaGuardia wanted to give people health care and dignity in retirement.

The union's contracts are expired, that is why they want this. There is no emergency and the City isn't going bankrupt. And if it is going bankrupt, why would you take healthcare from retirees, while still in a pandemic, to fix it? Not even in the fiscal crisis of the 70s did the City take away a retiree benefit. If you change the administrative code, the City will have the leverage to change the active workers plan (this includes you!) and then when this happens, the unions will blame YOU. When active workers realize it was the City Council that allowed the City to screw them, they will not forget you gave them the ability to do that by changing the Admin Code. The new benchmark will be lowered for them too, and Mayor Adams and the unions will smile, and you will be blamed.

As the City Council of record, we urge you to just say No to Intro bill No. 874. You have the power and the voice to protect us. If what the unions and City say happens, you can always intervene. But if you do this now, to "fix" something that hasn't even happened yet, you will never be able to undo it, and will never get it back. Play chicken. They are playing you.

Retirees can no longer be represented by their former unions under the law. It is why they never touched a retiree benefit before, because of the precedent it would have set.

We urge you to encourage the unions to go back to the table with the City and find other funding streams to fix the supposed deficit. Our organization has identified over \$ 697 million on the low side and \$ 1.2 million in income stream and savings to assist with funding, but someone has to look at it. We also identified that there are options that the city can look at for potential savings through the Center for Medicare and Medicaid Innovation (CMMI) to tap federal funds. There is a way to move forward with the current code and protect the retirees from being taken advantage of.

You've been hearing from the MLC for months tell you the following misinformation:

- **“there is a terrible funding problem with the Health Insurance Stabilization Fund”**

There is a funding issue because the Stabilization fund is being used for other things than it was intended. As described by the IBO and the Comptroller, a rainy day fund used for budget gaps and \$1B for the UFT contract to offset the raises. Michael Mulgrew says that was paid back in health care savings according to his UFT FAQ document. Well, that was another “giveback” if you will. They negotiated increased co-pays and expanding prior authorizations, and narrowed the network of providers. The City & MLC also agreed to reduce the benchmark value of the HiP HMO rate. While that reduced what the City had to pay for employees, retirees and dependents, it also reduced what went into the stabilization fund. While these were considered “savings” then, they are surely costing Medicare retirees now and your fund is still in the hole. This fund, also barely provides a benefit to Medicare retirees, it's primarily used by the active workers. Medicare eligible health plan premiums DO NOT COME OUT OF THE STABILIZATION FUND. And this is not the first time the fund ran out of money.

- **“The Judge said the City has to offer one plan and took away “choice”**

The Judge never said the City didn't have to offer more than one plan, in fact his exact words were, “Respondent and nominal respondent aver that the definition of “health insurance coverage”, as defined in Admin. Code§ 12-126 (a), stating “a program” as opposed to “any program” means that the City of New York need only pay for the entire cost of one program. **This Court respectfully disagrees.** The definition in NYC Admin. Code § 12-126 (a)(iv) simply provides what constitutes a program or plan that the City of New York is required by law to pay for, by defining the contents of such a plan. This Court holds that this is the only reasonable way of interpreting this section. **Of course, none of this is to say that the respondent must give retirees an option of plans, nor that if the plan goes above the threshold discussed in NYC Admin. Code § 12-126 (b)(1) that the respondent could not pass along the cost above the threshold to the retiree; only that if there is to be an option of more than one plan, that the respondent may not**

pass any cost of the prior plan to the retirees, as it is the Court's understanding that the threshold is not crossed by the cost of the retirees' current health insurance plan. This is buoyed by the fact that the current plan has been paid for by the respondent in full to this point." This was in the "dicta" of his decision; dicta is the judge's explanation of how he got to his decision and it is not binding. The Judge could not render an opinion on the number of plans offered, because that question was not put before him.

(INDEX NO. 158815/2021 NYSCEF DOC. NO. 215 page 3)

- **"The Judge took away the unions collective bargaining rights"**

The Judge didn't take away anyone's ability to bargain. I asked OCB if the unions lost any bargaining rights and they said No. The Judge never mentions collective bargaining. What's evident is that the City and MLC wanted to be able to pass a premium onto retirees for funding of their collective bargaining for raises.

- **"The Arbitrator said the Council has to amend the code by January 29th and negotiate a plan with the City by January 9th."**

The Scheinman report is just that, a consultant report. Not a binding decision. In a document we sent to you with the heading, 'A Message to City Council,' we explain that this document is his opinion. He says He cannot order a legislative body to change a law to meet the demands of the MLC, the Mayor, OMB or OLR. In fact, an arbitrator is supposed to operate WITHIN the law, not demand you change it to meet his recommendation. He even signs the documents affirming this was his "recommendation" as the Tri-Partite Chair, not an arbitrator as he had in previous arbitrations: "I, MARTIN F. SCHEINMAN, ESQ. , do hereby affirm upon my oath as **Impartial Chairperson of the Tripartite Committee** that I am the individual described herein and who **executed this instrument, which is my Recommendation.**"

We need you to vote no on this bill in order to save the lives of retirees who are here before you and for those who are unable to fight. They deserve proper healthcare and should not be faced with this fight.

Thank you.

Marianne Pizzitola

January 10, 2023

To all Members of the New York City Council,

Representatives from New York City Sergeants Benevolent Association appeared at yesterday's hearing at City Hall to testify on proposed amendments to Administrative Code 12-126. We did not have the opportunity to testify, so as the Fund Administrator for the 13,000 member SBA, I am relaying our position on the proposed changes to Administrative Code 12-126 and its use as a device to implement a Medicare Advantage plan.

New York City has reaped the benefits of its public employees being paid lower wages than comparable positions in the private sector for decades. Public employees knew that they were being compensated less than many of their private sector contemporaries, but the social contract stipulated that the City of New York would keep its promise of providing health benefits during retirement.

City employees knew that Administrative Code 12-126 protected them from their retirement benefits being politicized, and they could not foresee that the Municipal Labor Committee (MLC) leadership would collaborate with the Office of Labor Relations (OLR) to change these safeguards once they retired.

This issue before you now - the amendment to Administrative Code 12-126 - isn't about the imminent destruction of NYC Employee health benefits as some might want you to believe. It also isn't about uncontrollable health and hospital cost trends. This is the story of how our health benefits reserves were irresponsibly used by MLC leadership as a cash box to further their "individual financial goals" and sanctioned and endorsed by OLR to destroy a funding mechanism: the Equalization and the Stabilization Fund that has successfully served as a "healthcare blanket" for NYC employees for decades.

For almost a half a century, employee healthcare premium rates, paid by the City of New York, and pegged to the HIP- HMO rate, were equal for "all" active and retired NYC employees regardless of whether you had a GED or a PhD, pushed a broom in a city facility, was a firefighter or police officer, or taught college courses on a CUNY campus. The funding mechanism has always been administered in an equitable way. This method has been applied legally, correctly, and consistently as confirmed by Judge Frank and five different Appellate Court Justices.

The future intentions of OLR and their co-conspirators in the MLC was viewed by these courts as inequitable, and thus an unfavorable legal decision terminated the viability of their Medicare Advantage program goals. Now you are being asked to bloody your hands and be complicit in changing the equity and symmetry of Administrative Code 12-126 by allowing MLC leadership and OLR opportunists to have unlimited discretion in dividing all NYC workers into sub-groups and disrupting the decades-long equity and goodwill built into the current law.

This would allow for OLR funding to be solely based on the group for which you have been assigned. The reimagined world and purpose of an amended Administrative Code 12-126 initiative is a byproduct of multiple court decisions that ruled Medicare-qualified retirees were being subject to unlawful and unreasonable treatment specifically by forced migration from a “traditional” Medicare Plan” to a “Commercial” Advantage Plan.

It is not an accident or an omission that I left out the word “Medicare” in front of Advantage. Make no mistake, the Advantage Plan is a “commercial entity,” with substantial levels of cash flows and profits to CEOs and stockholders, not patients and not the government run entity directly answerable to the people and our representatives.

This “Medicare” Advantage world is currently under review from every angle, alleging the commercial healthcare carriers are misappropriating billions of dollars by providing inflated medical data to Centers for Medicare & Medicaid Services (CMS). It has been reported in such prestigious periodicals as the New York Times that these medical carriers have been exaggerating health outcomes, overstating member health profiles, and embellishing member plan satisfaction to increase federal funding from CMS.

The OLR-MLC joint venture is looking to go “all in” for this Medicare Advantage plan at a time when the funding is being scrutinized and potentially reduced. Their goal is to change healthcare funding - and you are their tool to reach their goals by amending Administrative Code 12-126.

What occurs when CMS funding is decreased took place in 2017, when Emblem Health HIP VIP sustained a 7.9% loss to its federal funding. HIP VIP cost is also the benchmark, where the MLC and OLR is looking to peg required Medicare contribution rates.

Here are some pertinent questions and answers:

Q: Did NYC-OLR increase its contribution to allow for the CMS decrease in funding?

A: No. Not one penny!

Q: Did Emblem Health's parent company, HIP -VIP, lessen their excessive profits to maintain the base plan?

A: No. Not one cent!

Q: Did the MLC leadership act to ensure that plan participants didn't sustain a significant loss in benefits?

A: Absolutely not! Not one bit!

What actually occurred was the complete elimination of the prescription drug benefit in the base plan and a substantial increase in all members' co-pays, out-of-pocket costs, and a tightening of the network of providers.

Result: All SBA members and 250,000 other Medicare retirees being forced into the new NYC Medicare Advantage plan will be subject to a similar unfortunate outcome in the near future. This inevitable outcome would be a direct consequence and result from a change to Administrative Code 12-126.

What is perhaps most disgraceful is that the loudest proponents of changes to Administrative Code 12-126 proponents know that their populations are protected from these draconian changes. There is a NYS Assembly Bill from 2009 that protects "retired school employees" from diminished health benefits without a corresponding change to active benefits. And DC 37 has their own "collectively bargained" health plan that can serve as a venue for their members to default to as a traditional Medicare program. Both are immune from the fallout by the Administrative Code 12-126 changes.

We at the Sergeants Benevolent Association and other unions will have to face our members when the hammer falls. These unpleasant details have been artfully concealed from you in the City Council, which is in no way an act of "equity" or impartiality.

You might wonder how far the proponents for Administrative Code 12-126 changes have gone to achieve their goals? In June 2021, the rate for HIP VIP, a Medicare subsidized plan, was \$188 per member per month (PMPM). This rate was argued by the advocates to be the OLR "funding benchmark" for Medicare participants. With the pending Medicare Advantage Plan implementation in January 2022, this same HIP VIP Rate mysteriously plummeted to \$7.50 PMPM, with no quantifiable plan change to warrant such a decrease. This engineered rate coincidentally matched the proposed NYC Medicare Advantage plan rate and was then re-designated as the new Medicare funding benchmark by OLR.

When CMS's funding structure changes, who is on the hook for the increased premiums above the proposed \$7.50 PMPM rate?

Will OLR be empowered to do draconian plan cuts like increase co-pays and deductibles or severely limit the network of providers, as occurred in 2017?

Have the MLC unions, who claim legal and moral responsibility to oversee the interests of these 250,000 plan participants, created a plan of action to address this question? The answer is an undisputable no, which is a cause of great concern.

Please note: A zero rate change for 5 years does not preclude medical carriers from changing their plan designs to make up for CMS shortfalls.

These unpleasant consequences are the byproduct of a change to Administrative Code 12-126. This effects of this amendment goes well beyond Medicare retirees and will permanently enable OLR and their agents in the MLC leadership to create cash or generate value by designating different plan designs and cost sharing configurations for each conceivable subgroups created. There is no limit to where this disastrous road can take us. The MLC leadership will tell us that such unpleasant actions are not possible. This is a lie, as only two union leaders out of the 150 NYC unions control the conversations and exert tremendous power and influence on the majority. If it has a purported value and OLR wants it done, an imminent Quid Pro Quo will be created as represented in the 2014 UFT Contract Memorandum of Understanding and the 2014 and 2018 MLC Health Agreements where almost \$5 billion in cash and value changed hands

A change to Administrative Code 12-126 will create a new commodity for OLR and the Leadership, to tap into towards their negotiating individual collective bargaining agreements and future health agreement settlements on the backs of active and retired NYC employees. All NYC employees will be subject to perpetual disruption, as a result of amending Administrative Code 12-126:

- If you tolerate this game of "Benefits -Monopoly," then what's next? "Selling off" of the Medicare Part B reimbursement.
- Selling off our welfare funds, collective bargaining agreements, long held precedents? Where does it end?

- MLC leadership, allied with OLR, will have the authority to create a revised definition for “eligibility for retiree benefits” that is defined “by age” not a change of employment status or vesting of service. Age will determine when you are eligible for retiree health benefits.
- Active and Non-Medicare retirees who reside outside of a pre-determined service area, such as out of state or even out of the five boroughs if advantageous will be carved out and be subject to premiums, different co-pays, deductibles or out-of-pocket maximums.
- New York City Employees can be limited to access only a limited hospital network or limited network of providers assigning those wanting expanded access to a carve out groups with separate premiums, co-pays, deductibles or out of pocket maximums.
- The amended Administrative Code 12-126 allows those of influence to join forces and establishes their ability to carve out any union organization not meeting their collective social views or their political agendas or philosophies. In an MLC where the majority of voters are centered in two organizations, this threat can be used as leverage against radical or non-conforming union principals and the organizations they lead.

You might think some of these situations are farfetched. The change to the decades old Administrative Code 12-126 is a chess game move. This enables collaborators to out-position our oldest and sickest retirees in allowing them to reach their financial goals. All potential scenarios that they can use to attain personal financial objectives are possible. The only protection to these dangerous outcomes is a renunciation of any changes to Administrative Code 12-126 by the NYC Council.

This vindictive behavior is expected from an employer. What’s heartbreaking is when a consortium of labor unions uses their combined power and influence to stage a “beat down” of our oldest and sickest members in an attempt to force their compliance. Then when the beatings don’t reach the desired results, they conspire to move the goal posts. Hence, amend NYC Council amend Administrative Code 12-126.

Have no doubts this healthcare disaster was clearly MLC leadership created -and OLR backed and not an act of nature or a result of some independent entities, or unavoidable circumstances as it is being promoted. This was the result of greed and short-sighted decision making. The double-down failure of fiduciary responsibility in pursuing this Administrative Code 12-126 changes will destroy healthcare for “all” NYC active and retired employees and their families unless we all come together to fight back. If the NYC Council aids and abets these actions, they will be a

part of the problem and not as we hope part of the solution. Don't allow them to bring you into the mess they alone created.

Thank you for giving the Sergeants Benevolent Association the opportunity to speak on behalf of our members.

Sincerely,

Errol Ogman
Fund Administrator
NYC Sergeants Benevolent Association



The New York City Council

City Hall
New York, NY 10007

Committee Green Sheet Committee on Civil Service and Labor

Carmen N. De La Rosa, Chair

*Members: Erik D. Bottcher, Tiffany Cabán, Eric Dinowitz,
Oswald Feliz, Kamillah Hanks, Rita C. Joseph, Julie Menin,
Francisco P. Moya and Sandy Nurse*

Monday, January 9, 2023

9:30 AM

Council Chambers - City Hall

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

The New York City Council

*City Hall
New York, NY 10007*



Meeting Minutes

Monday, January 9, 2023

9:30 AM

Council Chambers - City Hall

Committee on Civil Service and Labor

Carmen N. De La Rosa, Chair

*Members: Erik D. Bottcher, Tiffany Cabán, Eric Dinowitz,
Oswald Feliz, Kamillah Hanks, Rita C. Joseph, Julie Menin,
Francisco P. Moya and Sandy Nurse*

Roll Call

Present: De La Rosa, Bottcher, Cabán, Dinowitz, Feliz, Hanks, Joseph, Menin, Moya and Nurse

Other Council Members Attending: Speaker Adams, Brewer, Carr, Schulman, Borelli, Moya, Lee and Holden.

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

Attachments: Int. No. 874, January 4, 2022 - Charter Meeting Agenda, Committee Report 1/9/23

This Introduction was Hearing Held by Committee

Attachments: Int. No. 874, January 4, 2022 - Charter Meeting Agenda, Committee Report 1/9/23

This Introduction was Laid Over by Committee



THE COUNCIL OF THE CITY OF NEW YORK

COMMITTEE REPORT OF THE HUMAN SERVICES DIVISION

Andrea Vazquez, *Legislative Director*
Smita Deshmukh, *Deputy Director, Human Services*

COMMITTEE ON CIVIL SERVICE & LABOR

Hon. Carmen De La Rosa, *Chair*

January 9, 2023

Int. No. 874-2023:

By Council Members De La Rosa and Ayala (by request of the Mayor)

Title:

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

I. INTRODUCTION

On January 9, 2023, the Committee on Civil Service and Labor, chaired by Council Member Carmen De La Rosa, will hear Introduction Number 874-2023 (Int. 874), 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. Witnesses invited to testify include representatives from the New York City (City) Office of Labor Relations (OLR), the Municipal

Labor Committee (MLC), municipal labor unions, the New York City Organization of Public Service Retirees, other interested stakeholders, and members of the public.

II. HEALTH INSURANCE COVERAGE FOR CITY EMPLOYEES, RETIREES, AND THEIR DEPENDENTS

State law authorizes the City to contract for health insurance benefits for employees, retirees, and their dependents.¹ OLR is required to administer such contracts.² Through collective bargaining agreements with municipal labor unions, OLR administers multiple health insurance plan options that range in benefits and cost.³

The City has discretion to determine the percentage of the total cost of health benefits contracts it will pay, up to the full cost of such contracts.⁴ Local law (“section 12-126 (b)(1)” of the administrative code) requires the City to pay the cost of any health insurance plan that a City employee or retiree selects among City-offered options, up to the cost of H.I.P.-H.M.O.⁵ Costs of offered plans that exceed the cost of H.I.P.-H.M.O. may be passed onto enrolled employees or retirees.⁶ Under section 12-126 (b)(1) and agreements with municipal labor unions, the City has covered the full cost of premiums for multiple plans, including GHI Senior Care, a Medicare supplement plan historically offered to Medicare eligible City retirees and their dependents.⁷

¹ General Municipal Law § 92-a; *see also* General City Law §§ 20 (29), (29-a).

² General Municipal Law § 92-a (5).

³ *NYC Health Benefits Program*, NYC OLR (2022), <https://www.nyc.gov/site/olr/health/healthhome.page>.

⁴ General Municipal Law § 92-a (2).

⁵ *NYC Organization of Public Service Retirees, Inc., et al., v. Champion*, 210 A.D.3d 559, 560 (1st Dept 2022) (citing administrative code § 12-126(b)(1)).

⁶ *NYC Organization of Public Service Retirees, Inc., et al., v. Renee Champion, City of NY Office of Labor Relations, City of New York*, Sup Ct, NY County, March 3, 2022, Frank, L., index No. 158815/2021).

⁷ *See, e.g., id.*; *see also* In the Matter of the Dispute Between City and MLC, Opinion and Award (Dec. 15, 2022), available at <https://www.uft.org/sites/default/files/attachments/Dec15-healthcare-arbitration.pdf>.

In an effort to address rising costs of providing health insurance coverage under multiple health insurance plans, the City and MLC agreed in June 2018 to generate an employee healthcare cost savings of \$1.1 billion over fiscal years 2019-2021, and additional savings of \$600 million in every following fiscal year.⁸ Under the agreement, a taskforce evaluated eight options to reform healthcare benefits, including a Medicare Advantage benchmark plan.⁹ On July 14, 2021, MLC voted to approve a contract to move City retirees from traditional Medicare with supplemental city insurance (i.e., GHI Senior Care) to a Medicare Advantage plan. The City and MLC claimed that the plan switch was a necessary measure, and would result in \$600 million in annual savings.¹⁰

Retirees sued to stop the plan switch, concerned that the Medicare Advantage plan would provide inferior coverage and that they could not afford to pay the cost of monthly premiums to remain enrolled in GHI Senior Care.¹¹ On March 3, 2022, the Supreme Court granted the retirees' request to prohibit the City from charging retirees to enroll in GHI Senior Care, reasoning that the cost of GHI Senior Care was equal to or less than the cost of H.I.P.-H.M.O., entitling enrolled retirees to no-cost coverage under section 12-126 (b)(1).¹² On appeal, the judgment was affirmed.¹³

⁸ *Health Benefits Agreement Fiscal Years 2019-2021*, NYC OLR (June 28, 2018), available at <https://www1.nyc.gov/assets/olr/downloads/pdf/collectivebargaining/health-benefits-agreement-fiscal-years-2019-2021.pdf>.

⁹ *Id.*

¹⁰ *Mayor de Blasio, Commissioner Campion Announce New and Improved Health Benefits Program for City Retirees*, OFFICE OF THE MAYOR (July 14, 2021), available at <https://www.nyc.gov/office-of-the-mayor/news/497-21/mayor-de-blasio-commissioner-campion-new-improved-health-benefits-program-city>.

¹¹ *See NYC Organization of Public Service Retirees, Inc., et al., v Renee Campion*, City of NY Office of Labor Relations, City of New York, Sup Ct, NY County, March 3, 2022, Frank, L., index No. 158815/2021).

¹² *NYC Organization of Public Service Retirees, Inc., et al., v Renee Campion*, City of NY Office of Labor Relations, City of New York, Sup Ct, NY County, March 3, 2022, Frank, L., index No. 158815/2021).

¹³ *NYC Organization of Public Service Retirees, Inc., et al., v. Campion*, 210 A.D.3d 559 (1st Dept 2022).

Although the Supreme Court noted in its decision that the City is not required to offer GHI Senior Care to City retirees,¹⁴ the City and MLC did not eliminate GHI Senior Care from City health insurance plan offerings, in an apparent effort to preserve retiree choice among plans. However, in an opinion and award issued December 15, 2022, Martin Scheinman, independent arbiter of the Healthcare Savings Tripartite Committee, ruled that, in connection with the implementation of a Medicare Advantage plan, the City may not offer GHI Senior Care to retirees “unless the City Council amends the Administrative Code within forty five (45) calendar days of ... [December 15, 2022] to permit retirees to buy into Senior Care[.]”¹⁵

III. ANALYSIS OF INTRODUCTION NO. 874-2023

Int. 874 would amend section 12-126 (b)(1) to authorize the City and MLC to agree to the health insurance plans that shall be covered at full cost for City employees, City retirees, and their dependents.

IV. CONCLUSION

The City’s health insurance offerings to its employees, retirees, and their dependents are a core benefit upon which current and former City employees and their families rely to meet their healthcare needs. Legal obligations and the rising costs of healthcare have forced the City to consider changes to its health insurance plan offerings. The Committee is interested to hear from representatives of OLR, MLC, and municipal labor unions, as well as City employees, retirees, and their dependents, to understand how Int. 874 could affect the affordability, accessibility, and quality of healthcare for City employees, retirees, and their dependents.

¹⁴ *NYC Organization of Public Service Retirees, Inc., et al., v Renee Campion, City of NY Office of Labor Relations, City of New York*, Sup Ct, NY County, March 3, 2022, Frank, L., index No. 158815/2021).

¹⁵ *In the Matter of the Dispute Between City and MLC, Opinion and Award*, p. 30 (Dec. 15, 2022), available at <https://www.uft.org/sites/default/files/attachments/Dec15-healthcare-arbitration.pdf>.

By Council Members De La Rosa and Ayala (by request of the Mayor)

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

Be it enacted by the Council as follows:

1 Section 1. Paragraph (1) of subdivision b of section 12-126 of the administrative
2 code of the city of New York, as amended by local law number 39 for the year 2001, is amended
3 to read as follows:

4 (1) The city will pay the entire cost of health insurance coverage for city
5 employees, city retirees, and their dependents, not to exceed one hundred percent of the full cost
6 of H.I.P.-H.M.O. on a category basis, or in the alternative, in the case of any class of individuals
7 eligible for coverage by a plan jointly agreed upon by the city and the municipal labor committee
8 to be a benchmark plan for such class, not to exceed the full cost of such benchmark plan as applied
9 to such class. Where such health insurance coverage is predicated on the insured's enrollment in
10 the hospital and medical program for the aged and disabled under the Social Security Act, the city
11 will pay the amount set forth in such act under 1839(a) as added by title XVIII of the 1965
12 amendment to the Social Security Act; provided that such amount shall not exceed the sum of
13 nineteen dollars and fifty-three cents per month per individual for the period beginning January
14 first, nineteen hundred eighty-eight and ending December thirty-first, nineteen hundred eighty-
15 eight, and provided further however that such amount shall not exceed the sum of twenty-seven
16 dollars and ninety cents per month per individual for the period beginning January first, nineteen
17 hundred eighty-nine and ending December thirty-first, nineteen hundred ninety-one, and provided
18 further that such amount shall not exceed the sum of twenty-nine dollars per month per individual

1 for the period beginning January first, nineteen hundred ninety-two and ending December thirty-
2 first nineteen hundred ninety-five. Provided further, that such amount shall not exceed the sum of
3 thirty-two dollars per month per individual effective January first, nineteen hundred ninety-six.
4 Provided further, that such amount shall not exceed the sum of thirty eight dollars and seventy
5 cents per month effective January first, two thousand and provided further that each year thereafter,
6 the City shall reimburse covered employees in an amount equal to one hundred percent of the
7 Medicare Part-B premium rate applicable to that year.

8 § 2. This local law takes effect immediately.



NEW YORK 10-13 ASSOCIATION

Established 1986

260-09 Hillside Avenue Floral Park, NY 11004 • 718-343-7271 • NewYork1013@gmail.com

NYPD Retired and Active Police Officers

January 10th, 2023

From: Joseph Jay Finn as a member on the Board of Directors representing 15,000 NYPD Retirees from:

1-NYPD Superior Officers Association Retired (SOAR)

2-NYPD New York 10-13 Association representing both local and national chapters

To: New York City Council Committee on Civil Service and Labor

Subject: Submission of written testimony in support of in-person testimony before the committee on January 9th, 2023.

This submission includes my organizations positions and at times includes references to statements made by other parties during witness testimony and/or statements or Issues raised by Council Members during the hearing in reference to NYC Council Bill Int. 0874-2023 to Amend Administrative Code Section 12-126

Honorable Chair Person De La Rosa and Members of the Committee on Civil Service and Labor,

I would like to start by thanking Speaker Adams, Chairperson DeLaRosa, Committee Members and all of the additional NYC Council Members present and participating in today's hearing on the proposed amendment to NYC Administrative Code Section 12-126 and allowing me to testify on behalf of my membership.

A summary of my testimony before the committee today is both my personal position and the position of the Board of Directors of two NYPD retiree fraternal organizations that I represent 1) The NYPD New York 10-13 Association and the 2) The NYPD Superior Officers Association Retired (SOAR) that have a combined membership of approximately 15,000 NYPD retirees that **respectfully request that this committee take NO ACTION** on the proposed legislation being evaluated In committee **AND** that the **NYC Council Committee on Civil Service and Labor evaluate if the CURRENT composition of the Municipal Labor Committee (MLC) and the existing operational MLC agreement and by-laws are sufficient to properly represent NYC retirees.**

While the MLC clearly represents ACTIVE UNION MEMBERSHIP in current and future collective bargaining negotiations it is our position that due to conflicts of interest that now exist between active duty union members and NYC retirees, and the MLC as currently structured, the MLC can no longer properly represent NYC Retirees. The current MLC is acting against established contractual interests and fully vested retiree healthcare benefits of former union members that were previously represented by the MLC in the past. Retired union members DO NOT VOTE In current Union elections and also DO NOT VOTE ON THE RATIFICATION OF CURRENT CONTRACT PROPOSALS. The current actions of the MLC and the current NYC Administration under Mayor Adams are attempting to force all NYC Retirees into an unwanted Medicare Advantage Plan has resulted in the disenfranchisement of NYC retirees who are not represented In the current voting process.

It is our stated position that Retiree Health Care costs associated with closed union contracts MUST be removed from current collective bargaining agreements. Both the current NYC Administration and current leadership of the MLC have demonstrated that they are incapable of properly calculating past sacrifices and agreements and are attempting to reopen closed contracts to the detriment of all NYC retirees.

During past collective bargaining negotiations NYC has consistently incorporated the cost of health care benefits into union contracts as a significant factor in calculations relative to salary increases for employees. NYC should not now be allowed to retroactively revise past agreements when past NYC Administrations may have used flawed healthcare actuarial values that understated the rising costs of future healthcare costs. The current NYC Administration and the current MLC are attempting to use a false "claim of equal or better medical coverage" by forcing retirees into an unwanted private Medicare Advantage Plan that is Inferior to existing coverage. **We are respectfully asking that retirees maintain our current Medicare and Senior Care coverage at no cost that retirees achieved under previously negotiated and closed contracts.**

During my testimony I have stated that it is our position that the current leadership of the MLC does not properly represent the interest of retirees due to a significant conflict of interests as active members seek salary increases in the present while retirees rely on healthcare benefits and pensions that were achieved through sacrifices made during contractual negotiations years in the past. This position was supported during the testimony of Mr. Henry Garrido, the Executive Director of DC 37, when Mr. Garrido stated that in the last DC37 union contract a significant and ongoing conflict of interest arose between active duty union members and former member "retirees" when active members had to accept lower raises to offset increases in retiree healthcare costs.

My verbal testimony concentrated on the inequities on how the MLC currently operates under a discriminatory rules process that exercises a **"Weighted Vote"** that consolidates unchecked power among only the largest NYC unions. The MLC allocates "votes" based on the number of active members that favors larger unions and the operating agreement does not include any provision that provides for the protection minority interests. This weighted vote process has resulted in a disparate and unfair impact resulting in preferential treatment and benefits obtained by larger unions that are in control of the MLC to the detriment of smaller unions **AND** retirees. The most glaring example of this abuse can be found in the 2014 United Federation of Teachers (UFT) contract that allowed the UFT to obtain over One Billion Dollars from the Healthcare stabilization fund to pay for salary increases for then CURRENT UFT UNION MEMBERS. **During testimony the NYC OMB representative downplayed the significance of this Billion dollar transaction when he stated that this was a "one-time withdrawal from the stabilization fund". While this statement is partially true the statement was an incomplete representation of the use of the funds. This single Billion Dollar disbursement was incorporated into the 2014 UFT union contract that funded teacher raises. The inclusion of this "one time withdrawal" to fund raises had a significant and long lasting impact on future costs when year over year salary increases are included.** Additionally the 2014 UFT contract had a direct and significant impact on **ALL future union contracts** that followed the 2014 UFT agreement as this single contract set the "bargaining pattern" for all of the other NYC unions that has significant costs on **ALL future NYC Budgets.** This 2014 agreement was between the MLC and NYC DeBlasio Administration that incorporated "anticipated health care savings" language into the agreement that were overstated and have not materialized. As the MLC does not represent retirees, and retirees were not a party to these negotiations, retirees should not now be negatively impacted with the poor results of this flawed agreement.

In addition to rejecting any changes to the section 12-126 the NYC council now must take the opportunity to codify through new legislation that is separate and apart from amending section 12-126 that clearly protects and pays for retiree healthcare. **NYC Council Member Charles Baron clearly stated during the hearing that in a "100 Billion Dollar NYC budget" funds should be allocated to fund existing retiree health care and we agree.**

During testimony today from "the current representatives from NYC OMB and the MLC" have taken the position that since 2014 these two parties have the right to take steps to come into compliance with stated conditions in the 2014 agreement that will result in making significant changes to the existing healthcare benefits of NYC Retirees if NYC is permitted to move forward with the proposed Medicare Advantage Plan.

However, we believe that these two current entities do not have the authority to unilaterally re-open contract negotiations that were agreed to by retirees in good faith prior to 2014 that resulted in a number of signed collective bargaining agreements between previous NYC Administrations and the MLC. The signatories of the 2014 collective bargaining agreement are free to absorb the costs of the results of the flawed 2014 agreement that called for healthcare savings that have not materialized between themselves and NOT from NYC Retirees.

In addition to retirees being excluded from the process and prior to the introduction of Bill Int. 0874-2023 the NYC Council was also been excluded from this process of making changes to NYC retiree healthcare. It appears that at this late date the proposed legislation is only now being introduced to the NYC Council, at the request of NYC Mayor Adams, as a result of adverse court rulings that have been decided against NYC and in favor of the NYC Organization of Civil Service Retirees (NYC-OCSR) that has initiated lawsuits to protect the vested interest of NYC retirees health care benefits. During the testimony of representative from the NYC-OCSR it was disclosed that this new organization is not recognized by the larger parties consisting of Mayor Adams and the current NYC Administration, NYC-OMB, the MLC and many of the individual unions that comprise the MLC. The NYC-OCSR is an organization staffed by volunteers with all legal costs self-funded and paid for by donations from senior citizens and only has standing on these issues as they have successfully initiated well reasoned and compelling legal arguments in New York State Court. We are respectfully requesting that the NYC Council include the NYC-OCSR in all future fact finding hearings and in any and all other efforts made to address directly or indirectly the current healthcare benefits or proposed changes to the healthcare benefits of NYC Retirees.

*I am requesting that the Committee on Civil Service and Labor **take NO ACTION on the Bill Int. 0874-2023** as formerly requested by the NYC Organization of Civil Service Retirees as this entity is currently the only party that is currently acting in the best interest of all NYC retirees and during their testimony stated that they believed that any change to Administrative Code 12-126 at this time would have a direct negative impact on ongoing litigation to protect current NYC Retiree Healthcare coverage.*

Respectfully,

Joseph Jay Finn

For the NYPD - New York 10-13 Association

For the NYPD - Superior Officers Association Retired (SOAR)

Contact Email: jfinn@nypdsoar.org



TESTIMONY
NYC Council Labor and Civil Service Committee
Hearing January 9, 2023
To Change Intro 12-126
By Ralph Palladino

Before retiring I was the Second Vice President of Local 1549 and the Legislative Chair of the Bellevue Hospital Advisory Board. I testified before the City Council many times in the past 35 years. I served on the Healthcare Transition Teams for Mayor Adams and former Governor Elliot Spitzer. I worked in healthcare at Bellevue Hospital for over 40 years and was formerly a DC 37 Health and Security Plan Trustee for the Welfare Fund.

I have never once seen the Council take up an issue that is so directly related to Collective Bargaining between the city and public sector unions. I made requests throughout the years for budgeting funding for collective bargaining and was told emphatically that “We do not get involved in collective bargaining.” But now, make no mistake, the issue of Intro 12-126 is directly related to collective bargaining and is political. That said, I ask that the City Council vote NO to change Intro 12-126. Don’t become a party to the race to the bottom for healthcare.

Changing this plan could adversely affect retirees, who are on fixed incomes and receive an average of a \$26,000 a year pension. It also will affect the health care benefits of current city employees. The city stated at the hearing on Monday that it is currently in negotiations with the Municipal Labor Committee (MLC) for a new health plan for current employees.

When Mayor Adams was running for office, he opposed the changes in the health plan for retirees, winning thousands of votes as a result. Given the closeness of the election it could be said this helped tip the election in his favor. Unfortunately he has now changed his position.

As a member of the Healthcare Transition Team I suggested a year ago that the retirees’ elected officials should be brought into discussion about the proposed changes. I wrote that they should see the books and the finances. The mayor could have held a roundtable or formed a committee made up of these representatives and others to figure out alternatives. But this was not done.

One of the main problems is the lack of transparency. We do not have all the facts. If the Medicare Advantage plan is in fact better or equivalent to what we have now, then show us what is in it. It was stated that negotiations were not completed for the new plan. If that is the case how could the city and union leaders say it is a good plan? How could they say that although Aetna Advantage plans were downgraded for quality of service to 3.5, the new plan is rated as a 4.0? How is this possible? Has the listing of the plan’s mandates for prior authorization, for example, been given to the city council yet as promised? Why can’t the retirees’ leaders see it?

A year and a half ago in June 2021 DC37 Executive Director Garrido told DC 37 Delegates that if these negotiations were not completed by the upcoming September that the plan would not be able to exist. He also said the same thing in September about an end of the year deadline. Then again it was by last spring. What should we believe?

When the new DC 37 Dental Plan was announced a couple of years ago, we were also told how “great” the new plan was. The devil is in the details however. We now have longer waits for service and co-pays where none existed before. Dentists are leaving the plan, and dentists who inquire about joining the plan instead decide to go elsewhere. Replacing the lost dentists is impossible. That includes gum specialists. It has not lived up to its promise of greatness.

So why should we believe anything said about the Aetna plan now?

No one bothered to explain at the hearing how and why over \$1 billion was taken from the trust fund to be used for collective bargaining pay raises for one union during the DeBlasio administration. This trust fund is supposed to be for healthcare. The city council members asked the current city administration representatives at the hearing about why this was done. They correctly answered that the MLC decided to use the funds for it. Sadly, union leaders were not asked this question at the hearing. My understanding is that the union whose members got raises was supposed to reimburse the fund but did not.

Is it any wonder why so many retirees are outraged about this?

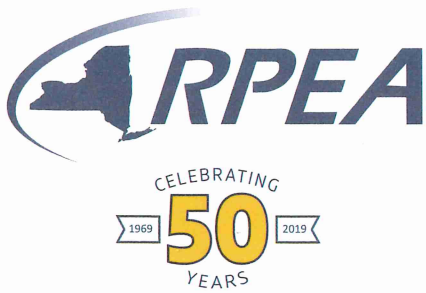
In summary I request a NO vote on the change for Intro 12-126. I respectfully request that the mayor not follow through with his deadline of the end of this month. He has shown the good quality of changing course on other issues when it was the right thing to do. This issue affects the lives of too many city retirees and current employees. This is the right thing to do.

I agree with others who have requested a blue ribbon panel of union leaders and leaders of retirees associations to join with healthcare experts and city officials including the city council to go over the books, audit them if necessary (maybe working with the council's Finance Committee staff), flush out all the details of the new proposal and discuss all possible alternatives and then offer an opinion. Like arbitrator Sheinman's decision, the findings do not have to be binding. But I believe that both the city and unions want to find the best possible solution. If they do things the way I outlined, then they more than likely will. Egos and turf fighting will have to be eliminated if this is to work for the retirees and current union members. If this process is done, then I can support it.

It might cost a bit more to delay implementation. But as one city council member pointed out that there are billions of dollars in the city's surplus. I know from my own years of budget fights that at end of every "crisis," which is a yearly issue according to every mayor I have dealt with, there is always a budget surplus.

We can get this done if we put our heads together.

THANK YOU FOR THE OPPORTUNITY TO TESTIFY AND EXPRESS THESE THOUGHTS.



Retired Public Employees Association

165 Jordan Road • Troy, NY 12205 • (518) 869-2542 • e-mail: mail@rpea.org
Diana M. Hinchcliff, *President* Edward C. Farrell, *Executive Director*
Representing the interests of 500,000 New York state and local government retirees

Testimony In Support of Maintaining Retiree Health Insurance

Edward C. Farrell, Executive Director

"The Retired Public Employees Association, representing the interests of state and local government employees, urges the City Council to maintain Administrative Code Section 12-126 in its current form.

The First District Appellate Court unanimously agreed with the Supreme Court that the Administrative Code protects the health insurance currently available to retirees. They are, indeed, wise justices.

Public employees work their entire career with the promise and expectation that when they retire, their existing benefits will be preserved. However, Mayor Adams' proposal to move all retirees and beneficiaries out of traditional Medicare and switch them to a privately administered Medicare Advantage Plan would increase out-of-pocket expenses and reduce treatment options, since not all health providers accept Medicare Advantage. During his campaign for mayor, Adams called the proposal "bait and switch." He was right then, and it's still right now.

Having failed twice in court, the mayor and the Municipal Labor Committee, now you want to change the rules. You, the City Council, are the retirees' last line of defense. On principle, RPEA strongly opposes diminishing health benefits for those who have already retired. Members of the Council, in your hearts, you know that this is just plain wrong.

We strongly urge you to maintain Section 12-126 as it pertains to current retirees. These retirees committed themselves throughout their careers to serve the people of the City. They have the correct expectation, that upon retirement, the benefits they earned will be there.

We urge to reject amending Section 12-126.”

From: Shelley Bissessar <shelley@bns146.org>
Sent: Wednesday, January 11, 2023 3:35 PM
To: Testimony
Subject: [EXTERNAL] Vote NO to changing Administrative Code 12-126.

Dear Council Persons,

As a public school administrator, I am appalled that NYC officials and my union, are attempting to strip the retirees and 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 NYC city DOE employee who is still working, I also know that once this administrative code, 12-126, is amended, active health benefits for 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,

--

Shelley Bissessar
Community Coordinator
The Brooklyn New School, PS 146
610 Henry Street
Brooklyn, NY 11231
718 923-4750 x3082



Testimony at the Public Hearing on Proposed City Retiree Health Care Legislation

Expand Adjunct Health Insurance Eligibility and Raise the Total Compensation for CUNY Adjunct Lecturers!

Vote No on changing Administrative Code 12-126!

Monday, January 9th, 2023

Good morning, Carmen De La Rosa and Civil Service and Labor Committee members. I am Zhuo Yin, *Vice Chair for Graduate Affairs of the University Student Senate (USS)*. University Student Senate (USS) is the official representative organization of all 500,000 students at the **City University of New York (CUNY)**.

As a physics doctoral student from CUNY Graduate Center, I previously taught physics labs at City College of New York (CCNY) and Hunter College as an adjunct lecturer. Being a CUNY doctoral adjunct lecturer allows me to qualify for affordable health care: the New York State Health Insurance Program (NYSHIP) Empire Plan. However, the individual annual cost of the NYSHIP Empire Plan already increased from \$921 in 2015¹ to \$1,456 in 2023² with annual inflation of around 6%. The proposed change to Administrative Code 12-126 will potentially further compound the health cost of CUNY doctoral students. **I urge you to VOTE NO on changing Administrative Code 12-126** when it comes up for a vote.

Instead of balancing the budget on the backs of New York City (NYC) workers and their dependents, there are other strategies for the government of NYC to contain costs. For example, CUNY master's students, undergraduate students, and other part-time workers who work as adjunct lecturers usually do not get NYSHIP. I believe that health care is a basic human right and everyone should get it. **Expanding NYSHIP to all CUNY part-time workers ameliorates the purchasing power of NYC.** *The city government can take advantage of the enhanced purchasing power to collectively bargain with the hospitals and insurance providers to further reduce health care costs.*

In addition to NYSHIP and a tuition award, current total compensation for CUNY doctoral students is **\$27,115³** in the fall and spring semesters with less than 1% increase per year. However, the MIT Living Wage Calculator calculates the required annual income before taxes for one working adult, living in NYC with no children, to be **\$52,873⁴**. Because the median monthly rent of studios in apartments and condos in NYC has jumped approximately 10% for the

¹ <https://www.cs.ny.gov/employee-benefits/nyship/shared/publications/rates/2015/settled-rates-2015.pdf>

² <https://www.cs.ny.gov/employee-benefits/hba/shared/publications/rates/2023/ny-active-rates-2023.pdf>

³ <https://www.gc.cuny.edu/fellowships-and-financial-aid/doctoral-student-funding/prospective-doctoral-student-funding>

⁴ <https://livingwage.mit.edu/counties/36061>

past year, from \$2,771 in January 2022 to \$3,035 in January 2023⁵; many CUNY doctoral students like me are financially stressed out.

Due to tight government funding from New York State and NYC, CUNY administration predominantly enlarged class sizes over the years. When I started to teach physics lab class at CCNY, the class size was 18 students per course. Within 2 years, it went up to 33 students per class. **Inflated class size undermines the quality of public education and abuses the course lecturer.** The raise of total compensation only *with reduced classroom size caps* can avert the exploitation of CUNY graduate students.

Below are some of the demands from CUNY students:

Benefits

- All students to receive health care
- Health insurance consistent among job titles
- Expansion of adjunct health insurance eligibility

Pay

- Based on MIT Living Wage Calculator, total annual compensation before taxes of \$53,000 for CUNY doctoral adjunct lecturer who want it
- Pay raises across job titles to keep up with cost of living and inflation
- Pay equity for graduate assistants and adjuncts titles
 - \$13,000 per 3-credit course
 - recognition of work outside classroom
- One funding source for all graduate students⁶
 - CUNY is unable to track the total compensation for some of the graduate students such as Research Foundation of CUNY⁷
 - graduate students are currently required to track and report late payments by themselves, power dynamics come into play here to prevent students from reporting late payment

Security and Working Conditions

- Class size caps must be reduced to less than pre-pandemic levels, and it must be clear and included in contract

Grievance process

- Expedited arbitration process for violations of student caps at start of semester, combined with monetary penalty for untimely grievance resolution Cf. United Federation of Teachers (UFT), Teachers Union NYC, contract
 - current process takes 2-3 years to settle grievances

Thank you for the opportunity to testify. I am happy to answer any questions.

⁵ <https://www.zillow.com/rental-manager/market-trends/new-york-ny/>

⁶ <https://psc-cuny.org/clarion/2022/april/doctoral-students-confront-pay-glitches/>

⁷ <http://cunydisc.org/wp-content/uploads/USS-and-DGSC-Centralized-Payment-System-Resolution.pdf>

INTERNATIONAL NETWORK FOR THE PREVENTION OF ELDER ABUSE



September 29, 2022

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SECRETARIAT

School of Nursing, Midwifery &
Health Systems, University
College Dublin, Dublin 4,
IRELAND.

Tel: 0035317166482

Fax: 0035317166450

E-mail: INPEA@inpea.net

URL: www.inpea.net



Via e-mail

Adrienne E. Adams, Speaker, New York City Council
Nantasha Williams, Chair, Committee on Civil and Human Rights
Crystal Hudson, Chair, Committee on Aging
Tiffany Cabán, Chair, Committee on Women and Gender Equity
Lynn Schulman, Chair, Committee on Health
Carmen De La Rosa, Chair, Committee on Civil Service and Labor

Dear Speaker Adams and Committee Chairs,

It has come to my attention that, in addition to appealing the NYS Supreme Court March 3, 2022 decision enjoining the City from imposing a monthly premium on retirees enrolled in the city's medigap plan, the Administration is now planning to come to the City Council with legislation to change the city law (Administrative Code Section 12-126) the judge cited in enjoining the city.

Each June 15 since 2006 the City has celebrated World Elder Abuse Awareness Day, a day when citizens, businesses and governments are called on to recognize and address elder abuse. Definitions of abuse vary by country and by state within the United States, but most if not all fall within the World Health Organization's: "Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person." The WHO adds that this constitutes a violation of human rights *and includes a serious loss of dignity and respect.*

Sadly, last year the City of New York betrayed the trust it had fostered among its retirees by providing them premium-free health care for over 40 years. Last July with no warning the city announced that 200,000 retirees enrolled in its Medigap plan Senior Care would have to pay a \$191.57 monthly premium beginning January 1, 2022. That this action caused harm or distress to thousands of elders, particularly those with low pensions, is clear from the court record that was developed as a group of retirees took the city to court. That the city took this action with no conversation with or input from retirees showed a total lack of respect for them and is a violation of their human right to dignity and respect (Article I of the Universal Declaration of Human Rights).

Directors: Ariela Lowenstein (ISRAEL), Lia Daichman (LATIN AMERICA/CARIB), Patricia Brownell (USA), Tavengwa Nhongo (AFRICA), Kim Boettcher (OCEANIA).

Regional Representatives: Natasa Todorovic (EUROPE), Mala Kapur Shankardass (ASIA), Alba Mehio Sibli (MENA), Gina Bardelli Corigliano (LATIN AMERICA/CARIB)

The city Administration's appealing the court's decision protecting these retirees only continues the abuse of these retirees and of their human rights. The current effort of the Administration to amend Administrative Code Section 12-126, if successful, would make the Council's complicit in this abuse.

The Council must firmly and soundly reject any effort that would diminish the protection provided NYC retirees by Section 12-126.

Sincerely,



Susan B. Somers, President INPEA

cc: Patricia Brownell, United States Representative, INPEA

INPEA SECRETARIAT

SCHOOL OF NURSING, MIDWIFERY & HEALTH SYSTEMS,
UNIVERSITY COLLEGE DUBLIN, DUBLIN 4, IRELAND.

TEL: 0035317166482

FAX: 0035317166450

URL: WWW.INPEA.NET

2 | P A G E



**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Ibeth Majia

Address: _____ 64th Rd

I represent: UFT

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: BILL SCHILLINGER

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Bonnie Nelson

Address: _____

I represent: _____

Address: _____

◆ Please complete this card and return to the Sergeant-at-Arms ◆

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/23

(PLEASE PRINT)

Name: Gail Benjamin

Address: Clifton Place, Bldg. N.Y.

I represent: myself.

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 1-9-2022

(PLEASE PRINT)

Name: Licitra Vincent

Address: Dickie Ave SI NY

I represent: Myself as Retiree

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. City Council Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/23

(PLEASE PRINT)

Name: Santos Crespo

Address: Atkins Ave Bklyn. 11205

I represent: Retiree

Address: _____

Please complete this card and return to the Sergeant-at-Arms

250
BWR

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: THEODORE MANNESCU

Address: VOJO AVE SOUTH ORANGE NJ

I represent: _____

Address: _____

250
BWR

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 874-2023 Res. No. _____

☐ in favor ☒ in opposition

Date: JAN. 9, 2023

(PLEASE PRINT)

Name: GLORY ANN KERSTEIN

Address: W 106 ST. NYC 10025

I represent: HPD Retiree

Address: _____

250
BWR

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: JOHN POWERS

Address: BRACE MANHATTAN

I represent: _____

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 01/09/2023

(PLEASE PRINT)

Name: MURPHY SCOTT

Address: Beach 134 St

I represent: my Petitioner Advocate

Address: Bklyn NY

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: CARMELA DEK

Address: CHESTNUT HILL, 115th

I represent: SELF

Address: carmela DEK

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/2023

(PLEASE PRINT)

Name: John Hyland

Address: Homes St, Mamaroneck NY 11566

I represent: member of PSC-CUNY

Address: 25 Broadway

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: LYNN BENDER MAX

Address: RIVERSIDE DR

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. ADM 12/126 Res. No. _____

☒ in favor ☐ in opposition

Date: 1/9/2023

(PLEASE PRINT)

Name: Michelle Keller

Address: Benefield Blvd, Peekskill, NY

I represent: Retiree DC37 // President of NYC Coalition

Address: labor Union Local

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Gregg Floyd

Address: Local 237

I represent: Teamsters

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Wendell Potter

Address: 5-Broad St Philadelphia 19147

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 1/9/23

(PLEASE PRINT)

Name: MARILYN YOGT-DOWNEY

Address: E. 14th St Brooklyn

I represent: VET Retiree advocate

Address: Pk 5th Brooklyn 11238

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 12-126 Res. No. 12-126

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Sandra Roberson

Address: Midwood St

I represent: NYC Org of Ret. City Workers

Address: NYCIA retiree
Midwood St Bklyn NY 11203

Please complete this card and return to the Sergeant-at-Arms

250

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/23

(PLEASE PRINT)

Name: BILL FRIEDHEIM

Address: BAINBRIDGE AVE, BRONX 10467

I represent: PSC

Address: 25 B'WAY

250

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 9 January 2023

(PLEASE PRINT)

Name: Susan O'Malley

Address: St James Place, Brooklyn, NY

I represent: PSC/CONY union

Address: _____

250

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Bonnie Nelson

Address: Court St Brooklyn 11231

I represent: PSC

Address: _____



Please complete this card and return to the Sergeant-at-Arms



**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 01/09/23

(PLEASE PRINT)

Name: Suzanne Knabe

Address: 9 St. BKlyn' NY 11218

I represent: LIF 7 member

Address: 51 Broadway NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/2023

(PLEASE PRINT)

Name: William Russo

Address: E. 37 St. Brooklyn, NY 11234

I represent: Myself & Organization of Retired NYC employees

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: January 9, 2023

(PLEASE PRINT)

Name: Frederick Schloss

Address: EAST 14th ST. BROOKLYN NY 11230

I represent: I am the former President of

Address: DC 37 100th 1757

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 01-09-2023

(PLEASE PRINT)
Name: JACK LA TORRE
Address: Bergen Place Bklyn 11220
I represent: SELF (RETIRED NYPD LT)
Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)
Name: RUTH SOLOMON
Address: East 67 St NYC NY
I represent: _____
Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)
Name: Joseph SMYTH
Address: East 3rd St NY NY 10003
I represent: _____
Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 12 Res. No. 126

☐ in favor ☒ in opposition

Date: 11/9/2023

(PLEASE PRINT)

Name: Danren Andrade

Address: 45 St

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Jan Garbony

Address: Senator St NY NY 10020

I represent: PSC UNY

Address: 25 Broadway NY NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 12 Res. No. 126

☐ in favor ☒ in opposition

Date: 11/9/22

(PLEASE PRINT)

Name: Angela Loguercio

Address: Pierrepont St Brooklyn NY

I represent: David Marshall

Address: Greenwich St, NY NY

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 11/9/2022

(PLEASE PRINT)

Name: ZEZLIE BLYDEN

Address: ST. JAMES PLACE BKLYN, N.Y. 11205

I represent: SELF

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 12-126 Res. No. _____

☐ in favor ☒ in opposition

Date: 1/8/23

(PLEASE PRINT)

Name: Adina Schwartz

Address: Wash Sq Vlg - 7-0 NYC 10012

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: JANICE DUNHAM

Address: WEST END AVE

I represent: PSCUNY Retirees

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/2023

(PLEASE PRINT)

Name: Jacqueline Frazier

Address: Pennsylvania Ave

I represent: CWA Local 1180

Address: 6 Harrison St. NY NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/23

(PLEASE PRINT)

Name: STEPHEN FISHER

Address: Cornelia St, NY 10014

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 12-126 Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/23

(PLEASE PRINT)

Name: Stuart Eber

Address: Riverside Avenue Bx NY 10477

I represent: COMRO

Address: 10 PSC 1 B'gh

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: Jan 9th 2023

(PLEASE PRINT)

Name: Gerald A. Longarzo

Address: Hyatt Ave

I represent: Yonkers, N.Y. 10704

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Penny Mintz

Address: West 11th Street

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: SUZY SANDOR

Address: 2857651 HIVE

I represent: _____

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 1-9-23

(PLEASE PRINT)

Name: David Kotelchuk

Address: W 95 St.

I represent: Myself Am union member PSC

Address: 61 Broadway

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: LISA ELANDER

Address: Melbourne Ave

I represent: Flushing NY 11367

Address: NYC Organization of Public Service

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 12-126 Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/2023

(PLEASE PRINT)

Name: Aurea A. Mangual

Address: Edgemoor Avenue

I represent: NYC 10031 DC 37 Retirees

Address: 75 Maiden Lane NYC

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Joyce Chediac Wilcox

Address: W. 28th St NYC

I represent: self

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 874 Res. No. _____

☐ in favor ☒ in opposition

Date: 11/9/23

(PLEASE PRINT)

Name: Kristi Powell

Address: Broadway

I represent: Retirees/myself

Address: 8

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/2023

(PLEASE PRINT)

Name: DARRELL L. SIMS, PRESIDENT

Address: WEST 114TH ST NY, NY 10026

I represent: NYC MANAGERIAL EMPLOYEES ASSOCIATION

Address: 42 BROADWAY, SUITE 1945, NY, NY 10004

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 1/9/23

(PLEASE PRINT)

Name: Kathleen Cahill

Address: W 28, 10001

I represent: Self

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 12-126 Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/23

(PLEASE PRINT)

Name: MARCIA BIEDERMAN

Address: 60 field Pl

Brooklyn 11215

I represent: self

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 12126 Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: George FARINACCI

Address: maiden lane

I represent: UFOA Local 854

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Mariam HAVES

Address: AVE S, Brooklyn ny

I represent: UFT

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/23

(PLEASE PRINT)

Name: Doreen D. Leonakido

Address: Grad central Parkway

I represent: Bellerose.

Address: my self Dist 26.

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 09 JAN 2023

(PLEASE PRINT)

Name: ALICE WONG

Address: 42 BROADWAY NYC NY 10001

I represent: NYC MANAGERIAL EMPLOYEES ASSOCIATION

Address: 42 BROADWAY NYC NY 10001

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Anthony J. Pileonardo

Address: Grand Central Place

I represent: Myself

Address: _____

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 12-126 Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/23

(PLEASE PRINT)

Name: NEAL FRUMKIN

Address: Maple St Brooklyn

I represent: DC37 Retiree's Association

Address: 75 Madison Ave Suite 501

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Phil Servinder

Address: _____

I represent: SAW-tahon Retiree

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 274-2023 Res. No. _____

☐ in favor ☒ in opposition

Date: 11/10/23

(PLEASE PRINT)

Name: _____

Address: 24 ST 100-11-11

I represent: Regent, NY State

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: JAN. 9, 2023

(PLEASE PRINT)

Name: DOUGLAS HANTUSCH

Address: _____

I represent: UNIFORMED RETIRED FIREFIGHTERS OF N.Y.C.

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 12-12 Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Donald Afflick

Address: Virgil Pl Bx 10473

I represent: _____

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 874 Res. No. _____

☒ in favor ☐ in opposition

Date: 11/9/23

(PLEASE PRINT)

Name: Kenneth J. Godiner

Address: _____

I represent: OMB

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 11/9/23

(PLEASE PRINT)

Name: Daniel Pollak, OLR First Deputy Commissioner

Address: 22 Cortlandt Street

I represent: NYC Office of Labor Relations

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: JOSEPH FERAMOSCA

Address: 241 37th St, Suite 303 Bklyn NY 11232

I represent: Connection Captains' Association

Address: 241 37th St Suite 303 Bklyn NY 11232

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 11/9/23

(PLEASE PRINT)

Name: DOMINICK MARTINO

Address: 152 ST PLWSTING

I represent: RETIREESS NY OC 37

Address: 75 MAIDIN LANE

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 874 Res. No. _____

☐ in favor ☒ in opposition

Date: 11/9/2023

(PLEASE PRINT)

Name: Arthur Schwartz

Address: E 93 ST NY, NY 10128

I represent: myself

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 874 Res. No. _____

☐ in favor ☒ in opposition

Date: 11/9/23

(PLEASE PRINT)

Name: CAPT. (RET.) BRENDA BERKMAN

Address: 105 ST NY NY 10029

I represent: FDNY OFFICER RETIREES

Address: NY NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 874 Res. No. _____

☐ in favor ☒ in opposition

Date: JAN 9th 2027

(PLEASE PRINT)

Name: Jim Hayhurst

Address: Harte Street

I represent: President RMA - Retired Members Assoc

Address: FDNY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Clare Levitt Deputy Comm OLR

Address: OLR

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: John Mudd

Address: W 38ST NYC 10018

I represent: MSCC

Address: same as above

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Logan Clark

Address: 110 Williams

I represent: Independent Budget Office

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 874 Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: MARIANNE PIZZUTOLA

Address: PRESIDENT

I represent: NYC ORG OF PUBLIC SERVICE RETIRED

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 874 Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Michelle L. Rossius

Address: Chesville Rd

I represent: NYC ORG OF PUBLIC SERVICE RETIRED

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/23

(PLEASE PRINT)

Name: WILLIAM SCHILLINGER

Address: 242ND ST BELLEROSE 11426

I represent: NYC FIRE DEPT RETIREES

Address: 242ND ST BELLEROSE, NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 834 Res. No. _____

☐ in favor ☒ in opposition

Date: JAN 9, 22

(PLEASE PRINT)

Name: ANDREW ELLER

Address: 215TH ST

I represent: MYSELF

Address: 215TH ST

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 874 Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/23

(PLEASE PRINT)

Name: ROSIE VARTORELLA

Address: PRESIDENT ST PH 2

I represent: SELF/NYC RETIREES.ORG

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 874 Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Johanna Garcia

Address: _____

I represent: Senator Robert Jackson

Address: NYS Senate

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Jacqueline DiSalvo

Address: 8th Ave, Brooklyn NY 11215

I represent: P.S.C.

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 874 Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/2023

(PLEASE PRINT)

Name: ROBERTA GONZALEZ

Address: E. 11th St

I represent: MYSELF

Address: E. 11th St Bklyn 11235

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 874 Res. No. _____

☐ in favor ☒ in opposition

Date: Jan 9, 2023

(PLEASE PRINT)

Name: Susan Kassapian

Address: PPW Bldm NY

I represent: myself

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 874 Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Barbara Turkewitz

Address: W 15th St

I represent: myself

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0874-2023 Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/23

(PLEASE PRINT)

Name: James Davis

Address: Waverly Ave Brooklyn, NY

I represent: Professional Staff Congress/CUNY

Address: 25 Broadway 9th floor, NYC, NY

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0874-203 Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/

(PLEASE PRINT)

Name: BARBARA CARESS

Address: W. 23rd St

I represent: PSC

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: President Michael Mulgrew

Address: UFT

I represent: 52 Broadway

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 2129 Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Colette Sweetman

Address: W 24th St NY

I represent: Self / PNHP

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 12-126 Res. No. _____

☐ in favor ☒ in opposition to △

Date: _____

(PLEASE PRINT)

Name: Maureen McDermott

Address: W 121 St

I represent: A U F T Retiree - MYSELF

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Judy Arnold

Address: Berkley Pl

I represent: myself

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: LAWIE KILL

Address: E 21ST NYC 10010

I represent: NYC Retirees

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: EVELYN E. DAVID

Address: Lexington Ave. - 4R

I represent: Ret Teachers NYC 10065

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. MARY LUTZ

Address: E. 18 St

I represent: PSC - CUNY RETIREES

Address: 25 BROADWAY, NYC

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Carmen Alvarez

Address: 52 Broadway 14th Fl NY NY 10004

I represent: UFT Retirees

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Roy Fischman

Address: Ookdale St

I represent: NYC Retirees A

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Juliette Giorgio

Address: Euston Rd

I represent: Self

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Michael Brocoun

Address: W 12 St

I represent: SELF

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 874 Res. No. _____

☐ in favor ☐ in opposition

Date: 1/9/2023

(PLEASE PRINT)

Name: Abigail Martin

Address: Waldo Ave 4 E BX 10463

I represent: Myself

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 1/9/23

(PLEASE PRINT)

Name: BENNETT FISCHER

Address: RUGBY ROAD, BROOKLYN, NY

I represent: MYSELF

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Judith Fox-Miller

Address: South End Ave. 67

I represent: NYC Organ of Retired

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 11/9/23

(PLEASE PRINT)

Name: Lama Genovese

Address: East Broadway, NYC 10002

I represent: Retirees/self

Address:

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Monica Borfman

Address: W 15th St

I represent: Public School Teachers

Address:

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 12-126 Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Karen L. Anderson

Address: West 111 Street, NYC 10025

I represent: myself ↑

Address:

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/2023

(PLEASE PRINT)

Name: OLIVER FEIN, MD

Address: NY SKIFF ST.

I represent: PHYSICIANS for a NATIONAL HEALTH

Address: 131 W 33rd ST. NY NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Deborah Poleshuck NY

Address: Walnut St Staten Island

I represent: UFT

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Nome Apterstein

Address: 67 DR. #6A, Forest Hills 11375

I represent: UFT Retiree

Address: 52 Broadway NYC

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: 1/9/2023

(PLEASE PRINT)

Name: Henry Garrido

Address: 125 Barclay Street NY NY 10007

I represent: Executive Director, DC37

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: 1/9/2023

(PLEASE PRINT)

Name: Nelly Rodriguez

Address: Clinton Avenue, Uniondale NY 11553

I represent: Retiree, DC37

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 874 Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/23

(PLEASE PRINT)

Name: Susan Petito

Address: 8th Ave, NYC 10011

I represent: Self

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

874

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 11/9/2023

(PLEASE PRINT)

Name: Susan Herzog

Address: Bank Street

I represent: New York N 10014

Address:

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

874

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Deborah Kohn

Address: 153 Ave

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

874

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Marc Kagan

Address: Bennett Ave NYC 10033

I represent: PSC-CUNY

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

1/09/23

(PLEASE PRINT)

Name: _____

MARILYN COPPA

Address: _____

16th St - 11215

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. 874

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: _____

Neily Rodriguez

Address: _____

Clinton Ave. Uniondale, N.Y.

I represent: _____

LC 37 Retiree

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. 874

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: _____

Laura Dargen Agala

Address: _____

Payson Ave

10051

I represent: _____

Self

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Elyse Newman

Address: President St BKlyn, NY 1125

I represent: Myself

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Anthony Amato

Address: _____

I represent: Sergeants Benevolent Assoc. (Active/Retired)

Address: 35 W 14th St NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/23

(PLEASE PRINT)

Name: Philip Seelig

Address: Sutton Place S NYC

I represent: Opposition COBA Retiree

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor

☒ in opposition

to Amend
Admin 12-126

Date: 1/9/12

(PLEASE PRINT)

Name: Ana Juarbe

Address: Amsterdam Ave

I represent: City Retirees, myself + MEA

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor

☒ in opposition

Date: _____

(PLEASE PRINT)

Name: James Rossi

Address: Strawberry Lane

I represent: _____

Address: 1115 Broadway 213 04844

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor

☐ in opposition

Date: 1/9/23

(PLEASE PRINT)

Name: ANTONIA MANUELA

Address: WEST 108th ST. NYC

I represent: RETIREES

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 1/9/23

(PLEASE PRINT)

Name: BOBBY GREENBERG

Address: 7 AVE. BRLYN, NY 11217

I represent: RETIREE ADVOCATE / UFT

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: M. Baker

Address: Bedford Ave

I represent: UFT retiree

Address: 24 B'WAY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 12 Res. No. 126

☐ in favor ☒ in opposition

Date: 1/9/23

(PLEASE PRINT)

Name: THERESA ROTH

Address: W 45th ST. #126

I represent: NYC RETIREES

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 874 Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/23

(PLEASE PRINT)

Name: Dense Pickles

Address: Overlook Terrace

I represent: CROC - Retiree Advocate

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Gail Godbar

Address: Milton St

I represent: Retirees

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/23

(PLEASE PRINT)

Name: Michele Rayvid

Address: Clark St. B'Klyn

I represent: CROC + RA NY 11201

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 879 Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/23

Name: Gloria Brandman (PLEASE PRINT)

Address: 5th St.

I represent: CROC (Cross-union Retire Org Com) Retiree Advocate UFT

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 12 Res. No. 126

☐ in favor ☒ in opposition

Date: 1/9/23

Name: JOLANDA PUMAREJO (PLEASE PRINT)

Address: E RALEIGH Ave ST NY

I represent: DC 37 Retiree

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

Name: Terry Rayton (PLEASE PRINT)

Address: Morrison Ave

I represent: Retiree

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 874 Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/2023

(PLEASE PRINT)

Name: RICHARD ALLES

Address: E. 80TH ST, NEW YORK 10075

I represent: MYSELF AS A NYC MUNICIPAL RETIREE

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Sarah Shapiro

Address: 17th St.

I represent: Cross-union Retirees Organizing Committee

Address: 17th St. Brooklyn NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 12-126 Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/23

(PLEASE PRINT)

Name: Mervitt C. CLAUDE

Address: Henry Hudson Pkwy

I represent: DC37 Retirees BX 10471

Address: union office

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Rene Dinnerstein

Address: First Street

I represent: UFT Retiree

Address: First Street, Apt 1123

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Nestor Danyluk

Address: Karlov St

I represent: MYSELF

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: 01/09/2010

(PLEASE PRINT)

Name: Thomas Schecter

Address: First St York, NY 10017

I represent: NYC Organ of Retired Employees

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Deirdre Burke

Address: W 255 St

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/23

(PLEASE PRINT)

Name: Thomas Ryan

Address: Hillside Ave

I represent: NY 10-13

Address: Hillside Ave

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 12-126 Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/23

(PLEASE PRINT)

Name: Joseph Finn

Address: Hillside Ave, Queens NY

I represent: Superior Officers Association (SOA)

Address: Hillside Ave, Queens NY

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: MARKIN E. GARDNER

Address: 211 E. 10th St.

I represent: myself

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: 1/9/2023

(PLEASE PRINT)

Name: BARBARA W. LUDMANN

Address: HIGHVIEW AVE. SENECA

I represent: NET RETIREE

Address: 52 BROADWAY 10044

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 874 Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/03

(PLEASE PRINT)

Name: Richard Elgart

Address: Edi Court, Plainview, NY 11803

I represent: Self

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)
Name: John Soldini
Address: Chart Loop, Staten Island 10309
I represent: UFT Retiree
Address: _____

▶ Please complete this card and return to the Sergeant-at-Arms ◀

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)
Name: Ellen Gentilviso
Address: FDR Dr 2105 NY, NY 10002
I represent: UFT Retiree
Address: _____

▶ Please complete this card and return to the Sergeant-at-Arms ◀

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Nina Tribble

Address: Tampa Lane West Hemp Hill

I represent: 1155

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 874 Res. No. _____

☐ in favor ☒ in opposition

Date: 1/9/03

(PLEASE PRINT)

Name: Sue Dodel (Dodel)

Address: Delaheld Avenue

I represent: _____

Address: _____

Please complete this card and return to the Sergeant-at-Arms