CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH

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B E F O R E: Mark Levine
Chairperson

COUNCIL MEMBERS: Keith Powers
Mathieu Eugene
Alicka Ampry-Samuels
Inez Barron

A P P E A R A N C E S (CONTINUED)

Richard N. Gottfried
New York State Assembly

Alessandra Biaggi
New York State Senator-Elect

Dr. Mary Bassett
Former New York City Health Commissioner

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Greater New York Hospital Association

Judy Sheridan-Gonzalez, RN
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Dana Offenbach

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Jane Willis

Joshua Salverman

Austin Horace
New York Bike Messenger Association

Barbara Estrin

Joseph Pedoriano

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[sound check] Test, test, test. Today is the Committee on Health. Today's date is December 6, 2018. This is recorded by Sakeem Bradley. [pause]

CHAIRPERSON LEVINE: Good afternoon, everyone, and welcome to the New York City Council's Committee on Health. I'm Mark Levine, chair of the committee. Welcome to what I hope and expect will be a momentous hearing on a critical topic. I am pleased that we are joined by fellow health committee member, Dr. Mathieu Eugene, council member from Brooklyn, and others will be joining us on this very busy day. Today the health committee will hear Resolution 470, sponsored by Speaker Corey Johnson and no fewer than 30 of our colleagues in the City Council, including myself. This resolution calls on the state to pass the New York Health Act and we'll be hearing shortly from the prime sponsor of this act in the assembly, the great Dick Gottfried, who has been nothing short of heroic in his leadership of a decades-long push to pass universal health care in New York, and I'm also pleased that we'll be joined by other stalwart allies in this fight, representing the State Senate and the State Assembly, and of course we'll have a wide range of advocates from

across the spectrum who are deeply engaged on this issue offering testimony today. The United States enjoys the largest economy on earth. By many measures, we are the richest society in human history. And so it's inexplicable and unconscionable that in this society there are tens of millions of people who lack the basic human right of affordable, accessible, quality health care. It's not that we don't spend on health care. We spend more, far more per capita than most other developed nations on earth. And it's not that we're getting more health care for all this spending. It's that we are paying an extraordinarily high cost for the health care we do get. And this care is consistently yielding health outcomes which are inferior to those of other developed nations. Fortunately there is an alternative to our current inefficient, overpriced, and unequal system. We have a chance to ensure that all people have health insurance, regardless of age, employment, immigration status, or financial means. We have a chance to ensure that never again will anyone face bankruptcy because their private insurance company failed to cover a critical process. We have a chance to eliminate vast inefficiencies

inherent in our current fractured system of private, for-profit insurance. We have a chance to create single-payer health care. Yes, such a plan would ideally be implemented at the national level through a Medicare for all program. But for now control of the White House and Senate lay in the hands of leaders who are hostile to even modest steps towards universal coverage and this has ensured that meaningful reform remains, continues to face exceedingly long odds in Washington and will for the foreseeable future. But New York need not and must not stand still in the face of an action at the national level. We must act now in our state using our own authority, using our own resources, to provide comprehensive universal health coverage for every New Yorker. And that is exactly what the New York Health Act will do. Under this legislation all New Yorkers would automatically have their health care covered by a public statewide fund without deductibles, co-pays, or other out-of-pocket costs. The plan would provide comprehensive inpatient and outpatient care, primary and preventative care, prescription drugs, and other benefits. The plan would be financed through existing federal and state

funding, as well as progressive graduated state taxes. According to a Rand Corporation study examining the potential costs of the plan under different tax regimens, while the highest-earning New Yorkers might pay more for healthcare under the plan, most New Yorkers would pay less. This is not some untested, experimental concept. It is similar to Medicare or the Canadian system, but with important improvements to these already-successful programs. The bottom line is that we have an opportunity here in New York to act decisively to improve the lives of millions, both the insured and uninsured alike. Today's hearing will explore in further detail the rationale for such a plan and will not shy away from confronting meaty questions about costs and implementation, and we will pay particular heed to the need of workers who have fought hard to negotiate their current health benefits and should not be the ones to bear the burden of any transition. The exciting truth is that thanks to the work of so many of you here today New York is closer than ever to winning universal, guaranteed health care for every person in this state, and we hope that this hearing and the resolution we are considering will move us

closer to that critical goal. And now to lead us off, I want to call up a man who is nothing less than a prophet of universal health care and someone who we all agreed earlier today was fighting for this issue long before it was cool, and you are now cool again, Assemblyman Dick Gottfried. Please join us. [applause, cheers] Now folks, we're going to allow loud applause just that one time because it was for Dick Gottfried, and generally you can express your approval through our City Council way of waving, but again if there's anyone who deserved an infraction it is Assembly Member Dick Gottfried, and I'm going to ask you to take it away, sir.

RICHARD N. GOTTFRIED: Well, thank you. You know, I've read a little of the Bible and I know what usually happens to prophets [laughter], so let's find a different...anyway, and we're for health care without a prophet, anyway, so I'm Assembly Member Richard Gottfried. I chair the Assembly Health Committee and I am the introducer, along with State Senator Gustavo Rivera of the New York Health Act, to create single-payer health coverage for every New Yorker. I appreciate the council Health Committee holding this hearing on Speaker Corey Johnson's

resolution endorsing the bill, and I support the resolution. In both houses of the state legislature we now have solid majorities who have co-sponsored, voted for, or campaigned supporting the New York Health Act, and in districts all across the state the New York Health Act was a front-burner issue for voters in cities, suburbs, rural areas, all across the state. Governor Cuomo supports single-payer health coverage, although he says he has questions about whether it can be done at the state level, and we're working on persuading him. But every New Yorker should have access to the health care they need without financial obstacles or hardship. No one says they disagree with that and the New York Health Act is the only proposal that can achieve that goal. In New York State we spend 300 billion dollars, federal, state, and nongovernmental, on health coverage. Nationally we spend far more than any industrial democracy as a percentage of GDP. But 18 cents of the insurance premium dollar goes for insurance company bureaucracy and profit. Our doctors and hospitals spend twice what Canadian doctors and hospitals do on administrative costs because they have to fight with insurance companies.

We pay exorbitant prescription drug prices because no one has the bargaining leverage to negotiate effectively with drug companies. Just about every New Yorker, patients, employees, employers, and taxpayers, is burdened by a combination of rising premiums, sky-rocketing deductibles, co-pays, restrictive provider networks, out-of-network charges, coverage gaps, and unjustified denials of coverage. I know I am, and I bet everyone in this room is. And those financial burdens are not based on ability to pay. The premiums, the deductibles, the insurance company doesn't care if you're a multimillionaire, CEO, or a receptionist. In a given year, a third of households with insurance has someone go without needed health care because they can't afford it, and usually for a serious condition. The number one cause of personal bankruptcy is health care, even for those who have commercial health coverage. We've put control of our health care in the hands of unaccountable insurance company bureaucrats. Nobody wants insurance company bureaucrats deciding what doctor you or your family can see and when. The health insurance system means massive cost increases for most everyone and better

health care for hardly anyone. It's a disaster. But it doesn't have to be that way. The New York Health Act will save billions of dollars for patients, employees, employers, health care providers and taxpayers, while providing complete health coverage to every New Yorker. Everyone would be able to receive any service or product covered by any of the following - New York Medicaid, Medicare, State Insurance Law mandates, and the current state public employee benefit package, plus anything that the plan decides to add. And there will be no premiums, no deductibles, no co-pays, no restricted provider network, and no out-of-network charges. We will actually save billions of dollars because we get rid of insurance company bureaucracy and profit. Doctors and hospitals will be able to slash their administrative costs and New York Health will be able to negotiate much lower drug prices by bargaining for 20 million patients. And this lower cost will be shared fairly based on ability to pay. New York Health will be funded by broad-based, progressively graduate taxes. There will be one tax on payroll and at least 80% of it must be paid by the employer. There will be a similar tax on currently taxable

unearned income, like capital gains and dividends. Because of the savings and the progressive graduated tax mechanism, 90% or more of New Yorkers will spend less and have more in their pocket. Pumping this money back into the economy will create 200,000 new jobs in New York. And there will be money to completely cover everyone and make sure doctors, hospitals, and other providers are paid fairly. And today most of the time they are not. The vast majority of our hospitals get most of their revenue from Medicaid, Medicare, and uncompensated care pools, none of which fully cover the cost of care. The New York Health Act requires full funding for all hospital care and hospitals will save billions in reduced administrative costs. Here are three basic numbers. The savings from insurance company bureaucracy and profit, provider administrative costs, and drug prices will total 55 billion dollars a year. The increased spending for covering everyone, eliminating deductibles, co-pays, and out-of-network charges and paying providers more fairly will cost 26 billion. So the net savings, 55 minus 26, to New Yorkers is 29 billion dollars net savings. The way our society deals with long-term care,

meaning home health care and nursing home care, for the elderly and people with disabilities, is a moral outrage. New York's Medicaid does a much better job than other states. But today New Yorkers spend 11 billion dollars a year out of pocket for long-term care, and family members, usually women, provide unpaid care worth 19 billion dollars. In January Senator Rivera and I will be announcing that the New York Health Act will cover long-term care. Now, that will use up 19 billion dollars of the net savings. But it means no New York family will have to wipe out lifetime savings, and no family member will have to give up a career to provide long-term care for a loved one. That's profoundly important. How much tax revenue will we need? With the net savings we'll need 129 billion dollars from the New York Health taxes. When we add home care and nursing home care we'll need 159 billion dollars. How do we know the New York Health program will treat us and our doctors and hospitals fairly? Two ways - first, the legislation explicitly requires that provider payments be reasonable, related to the cost of providing the care, and assure an adequate supply of the care. No coverage today has that guarantee.

And, second, we'll all be in the same boat, rich and poor. Every New Yorker, every voter, will benefit from the program and every voter will have a stake in making sure our elected officials keep it as good as possible. Remember where we started. Every New Yorker should have access to needed health care without financial obstacles or hardships. We are not there today. The New York Health Act will get us there. If anyone doesn't like the New York Health Act they should either put on the table another plan that will get us there or admit that they're OK with depriving millions of New Yorkers of health care or family financial stability. Now, concerns have been raised by many of New York City's municipal labor unions. They are justifiably proud of the good deal they have won for their members over the years - good scope of coverage, the city pays the full premium, and the contract says that if there are savings in the health benefit the savings go into a stabilization fund to pay for salaries and benefits. As they remind us, at the bargaining table they have given up wages and benefits to protect this deal. Under New York Health by law every municipal employee, like every New Yorker, would have an even

broader scope of benefits and without deductibles, co-pays, restricted provider networks, and out-of-network charges. Under the bill now, collective bargaining could continue to have the city pick up the whole tab for the payroll tax and pass on the savings to the stabilization fund. But Senator Rivera and I have offered to add bill language that would by law require the city to do that without the need for the unions bargaining for it. Our parents didn't raise us to screw workers, period. And Senator Rivera and I are determined to make sure that laborers' concerns are protected under the New York Health Act, and we are continuing the dialogue with them, and thank you for the ability to testimony today. I'd be happy to respond to any questions. [scattered applause]

CHAIRPERSON LEVINE: Thank you. Good, good, you learn very quickly. Thank you, Assembly Member, for your leadership and for your testimony. We expect to hear later in the hearing from some folks who are skeptical of the plan and since you might not be here to answer those questions directly I do want to give you an opportunity to address some of those concerns in your own words. It is sometimes

said that enactment of this plan would disrupt the health care that people currently have in this state, and I want to give you a chance to respond to that concern.

RICHARD N. GOTTFRIED: For 27 years I've been working night and day to disrupt the covering of 20 million New Yorkers. I certainly hope it will have that effect. I think millions of New Yorkers are praying to have their health coverage disrupted. Our health coverage is a disaster. It needs to be disrupted. For the 31 years that I've chaired the health committee in the Assembly I've talked to a lot of doctors and a lot of hospitals, and a lot of other health care providers. I don't think I've ever spoken to a health care provider who considers the health insurance industry as their friend. They are not anybody's friend except their stockholders. They exist not to make us healthy, not to be fair to us, they exist as every for-profit corporation exists, to return as much of our money as possible to their stockholders, and yes, I hope to disrupt that system.

CHAIRPERSON LEVINE: All right. You have conceded, it's not really a concession, it's part of the design, that there will be a big change in the

way the state pays for health care, a transition from paying via premiums to a tax-funded system...

RICHARD N. GOTTFRIED: Right.

CHAIRPERSON LEVINE: ...which does allow us a progressive distribution of those tax payments. But there's a transition and I'm wondering how you view that transition and how you view the stages of implementation through what would be a period of deliberate disruption.

RICHARD N. GOTTFRIED: There doesn't really need to be a period of transition. An awful lot of staff people will spend a lot of time writing regulations and the like before they're ready to blow the whistle and start plan. But, you know, when Medicare was created, several years before I was elected to the Assembly, there were 193 year of American history before I was elected to the Assembly, ah, when Medicare was created, if you go back into the newspaper archives and try to find the news stories about disruption and chaos when this new system began, etc., etc., you will not find any of those stories. One morning when doctors delivered care they started getting check from the Medicare program. And they were very happy with that. There

was no transition need. One night they didn't get checks, the next morning they did. There may be some brief period when insurance contracts will still be in force before they don't get renewed because New York Health is there, and all of that can be easily abbreviated. I think people who imagine that there is some great disruption to happen I think are just mistaken. Instead of dealing with insurance company bureaucracies they'll deal with a system that works kind of like the way my doctor talks about Medicare. You know, my family doctor does not accept any health insurance except Medicare. Which is kind of a pain in the neck for me and my wife, because while we're both over 65 we both have employment-based coverage. So when we go to our doctor we give him our credit card and then we have to deal with the insurance company. But if you ask him why he accepts Medicare, but not any other insurance, he says I send them a bill, they send me a check. Nobody else does that. So one morning every health care service in New York will have that wonderful experience.

CHAIRPERSON LEVINE: Let's hope. Your plan, this plan, our plan, requires, is funded partly by state tax revenue and other sources, but also

presumably upon passage we would seek a waiver from the federal government to redirect funding which is currently supporting Medicare and Medicaid and other programs in New York State. Does the plan require such a federal waiver, and in the climate of hostility in Washington how do you plan for difficult contingencies?

RICHARD N. GOTTFRIED: Yeah, well, and first of all let's reiterate. A lot of the funding of the plan comes from the fact that we will be saving net almost 30 billion dollars, and so what New Yorkers will be paying will be less. On the waiver question, the New York Health Act will be easier to implement with federal cooperation. It would save the federal government a lot of money if they cooperate with implementing with the New York Health Act. But if they don't, the plan can still go forward without any federal waiver. It would operate essentially, for example, with Medicare as a wrap-around program, filling in the gaps in the Medicare program. Fortunately, in the age of computers that's a relatively simple thing to do. I say simple, I mean, I don't know, don't ask me to run a computer, but people who run computers know how to do that, and

so, no, we don't need a federal waiver. It would make everything simpler, but we can do it without their cooperation.

CHAIRPERSON LEVINE: You and I in our opening remarks both reference a concern for the well-being of workers whose labor unions have negotiated contracts that include strong medical coverage. This has been an important mission of the labor movement in New York and one that broadly has been successful for workers. I've heard you talk on other occasions about ways in which the existing legislation could be tweaked in order to assure maximum protection to these workers. Could you explain more about ways in which you might go about amending the legislation to protect...

RICHARD N. GOTTFRIED: Sure.

CHAIRPERSON LEVINE: ... workers and their unions?

RICHARD N. GOTTFRIED: Yeah, sure. First of all, the substance of the benefit, what gets covered. Under the New York Health Act without us having to change a comma will be dramatically better than you or I as public employees or any New Yorker now has. And all of us, public employees and 20

million other New Yorkers will have coverage without deductibles, co-pays, restricted networks, etc., all of which currently apply to I think almost every New York City municipal employee. Certainly it applies to me as a state employee. Unions have said to me, gee, we, you know, we worked hard to get, you know, to be able to pay extra for dental coverage and hearing aids, you know, are we going to lose that? No, they're not going to lose that. Every New Yorker will have that coverage now and it will be included in the New York Health Act funding. Now two key points they do raise where legislation would be helpful. One is the fact that the city pays 100% of their premium, although none of their deductible and co-pay, or out-of-network charges. So we have put language, we have offered to put language in the bill and we've given it to the unions. We've said, you know, labor law is not my speciality. Please look at it. Have I written it right? If not, tell me how. That would guarantee that any, every public employer in the state, whatever percentage above 80% that they are now paying of the premium for health benefits they would have to pay at least that percentage of the New York Health payroll tax for their workers.

So if the city is now paying 100% of the premium it would pay 100% of the payroll tax. If the Village of West Overshoe is paying 90% of the premium, they would pay 90% of the payroll tax. In case anyone is wondering, I made up the name, West Overshoe, there is no [laughter]. Um, secondly, the current contract says if there are savings in the plan, in the health benefit plan, the savings, the amount of the savings goes into a stabilization fund to pay for wages and benefits and the second piece of language that Senator Rivera and I have offered to the unions would say that that also would apply to every public employer. And, again, we're waiting to hear back what they think of that language. On the benefits side we've said we're not aware of anything that any benefit plan has that is not covered by the New York Health Act let us know, we can fix it. We haven't, in all the times I've said that nobody has ever said, ah, you don't cover X. So I'm still waiting to hear. This is a continuing dialogue with the unions. We've said that, they've said that. I believe we can guarantee to them that their members, like all New Yorkers, will be a whole lot better off. Also, we will be taking the health benefit issue. By taking

it off the bargaining table they can get back to using their bargaining clout on everything else - wages, benefits, vacation, retirement, etc. There are many people in the labor movement who are aching to have that opportunity, to get the health benefit because today it eats up all the oxygen in the room when they're bargaining because collective bargaining, not only for municipal workers but all over the labor movement, is overwhelmingly consumed with a usually retreating effort to protect the union health plan. That shouldn't have to be.

CHAIRPERSON LEVINE: I was about to start a push to get a similar resolution passed in the West Overshoe City Council. [laughter] I guess that won't be necessary, is that right?

RICHARD N. GOTTFRIED: Right. Actually, there's actually quite a few cities and counties around the state, though, that have passed resolutions endorsing the New York Health Act.

CHAIRPERSON LEVINE: Well, we're bigger than that. [laughter]

RICHARD N. GOTTFRIED: The New York City Council will be the biggest [crosstalk]

CHAIRPERSON LEVINE: We sure will. Speaking of New York City, the current structure for Medicaid funding does require the localities pay in...

RICHARD N. GOTTFRIED: Yes.

CHAIRPERSON LEVINE: And New York City pays in a lot...

RICHARD N. GOTTFRIED: Yes.

CHAIRPERSON LEVINE: I think we pay in about 7 billion dollars.

RICHARD N. GOTTFRIED: Yep.

CHAIRPERSON LEVINE: I'm sure it's way more than any other place in the state.

RICHARD N. GOTTFRIED: Yep.

CHAIRPERSON LEVINE: Explain what would happen under the New York Health Act, would that funding no longer be required in municipalities? Would that money be recaptured...

RICHARD N. GOTTFRIED: That is correct.

CHAIRPERSON LEVINE: So that money could then be reinvested in, if West Overshoe wanted to do property tax relief they could do that, and in New York City we could invest it in whatever productive way...

RICHARD N. GOTTFRIED: That's right. The New York Health Act has a very specific paragraph that eliminates the provision in current law that imposes on counties and New York City the obligation to pay a share of the Medicaid tab. That would be eliminated, as you said. That would be worth close to 7 billion dollars a year to New York City. Now, it would still be funded by taxpayers, but instead of being funded by property taxes around the state, which are not a very fair form of taxation, it would become part of what is funded by the New York Health Act, which is totally based on ability to pay. And it would no longer be on the books of New York City.

CHAIRPERSON LEVINE: The universality of the New York Health Act is one of its most important components and, as we've both mentioned, this would cover everybody, regardless of age, income, immigration status.

RICHARD N. GOTTFRIED: Yes.

CHAIRPERSON LEVINE: Can you explain, then, how enrollment would work? Would it be automatic? Have you thought through that process?

RICHARD N. GOTTFRIED: Ah, it would be pretty close to automatic. There would have to at

some point be a transaction in which the state would either send you a postcard and say Levine, we see you live here, you're now on New York Health, or you would, you know, send in a postcard. With Social Security, getting kids into public school, there's a piece of paper involved, or an electronic transaction. You know, when I signed up for Social Security and I had to sign up for Medicare, even though I don't get anything from it, I mean, it took minorities. It's not a big deal. So yes, it would be virtually automatic that all 20 million of us would be enrolled. You mentioned immigrants. The federal government is right now looking to extend the public charge issue to cover means-tested health benefits, so that if a green card holder were on Medicaid that would be deemed being a public charge, which you're not supposed to be if you have a green card and could result in an awful lot of people being at risk of being deported. Because the New York Health Act, like sending your kid to public school, is not a means-tested program it would avoid the whole public charge issue.

CHAIRPERSON LEVINE: I want to acknowledge, Assembly Member, that we've been joined

by our colleague on the health committee, Council Member Alicka Ampry-Samuel from Brooklyn, and I want to pass it off to Dr. Eugene, who I believe has a question for you.

COUNCIL MEMBER EUGENE: Thank you very much, Mr. Chair, and thank you for your leadership.

CHAIRPERSON LEVINE: Thank you.

COUNCIL MEMBER EUGENE: Assembly Member Gottfried, I want to commend you and thank you for your advocacy for this very, very important issue, and we all know that health care is one of the most important things that a human being must have, especially for hard-working people in New York City, and again I commend you for your advocacy. But we know that every time that there is a change it's never easy. And what you are doing is commendable. We have to make it pass. The New York Health Act is very important. But what do you plan? What do you have in mind? What is in place to ensure a smooth transition, you know, to educate the people about the change, to reach out to people, because if the people know nothing about it, even it is a beautiful thing, very helpful for people, if they are not prepared that may create some other challenges. What do we

have in place in case if the New York Health Act were to pass, to make sure that people are prepared to embrace that and to get involved in?

RICHARD N. GOTTFRIED: Well, several things. One, the bill has language in it that says that money in the New York Health Trust Fund can be used for providing guidance, assistance, technical associate, etc., both for health care providers in learning about and dealing with the system, and for patients, employers, etc., in understanding how to use the new system and guiding them through it, which I think will be a relatively simple process. New York State in recent years dramatically simplified the way people enroll in the Medicaid program using the New York State of Health exchange, and we've done, I think, a pretty good job of getting information out to the public through advertising. We have a program called Community Health Advocates, which the legislature provides money for in the budget that does a lot of outreach work helping people deal with their health insurance, etc. That program will be there to tell people that there is this new program, here's how to fill out the form to be part of it, here's what it means. So the bill

speaks to that. We've got, there are mechanisms to do all that. It will be a whole lot easier than the effort we now have to go through to get people to enroll in Medicaid, to enroll in Affordable Care Act plans, etc.

COUNCIL MEMBER EUGENE: Thank you very much. Assembly Member, we know that when we do something at the city level or state level, especially in terms of health care, that will require also the participation or collaboration of the federal government. Can you talk about the involvement or the participation of the federal government in terms of funding, what they will be required to provide in order for the New York act to succeed, and if they will have the power to block it or oppose it, what will be the situation? In case, let us assume that New York Health Act passed at the level of the state, with respect to the federal government, what will be the situation?

RICHARD N. GOTTFRIED: Generally speaking, you need a waiver from the federal government for any federally supported health program. If you either want to get more money from the federal government for that program, like if you

want to cover some new service or cover some new category of people, if you want federal money for that you have to ask them. If you want to take away something from people that they're entitled to under federal law you have to ask the federal government for permission to do that, and sometimes they'll give you that permission and sometimes they won't. I mean, that's what waivers are all about, either getting more from the federal government than you now get or cutting back on one of their programs. The New York Health Act doesn't do any of those. We're not taking any benefit away or any right away from anyone. We're giving people more. And by the way, our Medicaid program since it opened its doors in 1970 has covered millions of people that do not qualify for federal matching money under maid. For example, when it started out Adults Without Children, a lot of the immigrant community, we covered them under Medicaid, the federal government didn't recognize them. There are services that we cover under New York Medicaid, abortion is one key example, that the federal Medicaid program will not pay for. So we have to demonstrate to them that the care we're asking them to pay for is for people and services

that they recognize. If we want to use state money to pay for something else we don't have to talk to them. Similarly, with Medicare, if we want to pay doctors for the pieces of service that Medicare doesn't pay for we can just do it. We don't have ask the federal government for permission to do that. That's what you would call wrapping around the existing program. Now, what would be great would be if the federal government would say how about we send you a check every month for what we would have spent on Medicare in New York and you just put that check in the New York Health Trust Fund, guarantee to us that every Medicare-eligible person will get everything they would have been entitled to under Medicare, and we'll call it even. The federal government would save a lot of money if they did. Maybe after January 20, 2021, they will see their way clear to doing that. But if they don't we can still do it as a wraparound program.

COUNCIL MEMBER EUGENE: Thank you very much. With your permission, Mr. Chair, only one, the last question. We know that this is very important. It is a must. We have to get it, universal health care is important, it is necessary, we need it. But

one question. We know that actually hospitals, they're competing to get the best doctors and those with money can hire the best doctors, because they can afford to pay the prices. But in case of the New York Health Act, what is in place of the make sure that the quality of care would demand excellence? What will be in place to make sure that the people will be provided with the best quality of health care, because, you know, there will be a big change.

RICHARD N. GOTTFRIED: Well, you know, it's interesting, a few weeks ago a right-wing think tank put out a paper on what the New York Health Act would do to hospitals and on one page they said it's terrible because our finest academic medical centers will lose money under the New York Health Act. A page or two later it said, oh my God, under the New York Health Act those major academic medical centers, you know, they've got an enormous amount of political clout. They're going to rob us blind. I read that and I said which is it, we're going to cheat the academic medical centers or they're going to use their political clout to rob us blind? I think the answer is neither one. The bill guarantees that a hospital that is providing a special level of care

will be entitled, and it's expensive to do that, the New York Health Act would assure that they are paid adequately to do that. There's nothing in the law that gives them that kind of guarantee today. You know, the vast majority of New York hospitals, most of their care is paid for by Medicaid and Medicare, which everyone agrees underpay. Under the New York Health Act that will no longer be the case, and so our hospitals, big, small, and in between, I am convinced that the bill makes it clear they will all be better off under the New York Health Act. And if they've got the ability to hire world-class surgeons today, they will be able to do that tomorrow. And believe me, if legislators get phone calls saying, oh my God, just to pick a hospital at random, you know, Memorial-Sloan Kettering, you're going to sink them. No legislator wants to get that phone call. We're going to make sure that our world-class hospitals stay world class. And there will be legal guarantees as well as the politics of the fact that all 20 million of us will be getting our coverage through that system is what will guarantee that the quality of health care in New York continues to be as top-notch as possible.

COUNCIL MEMBER EUGENE: Thank you very much, Assembly Member. Thank you, Mr. Chair. Thank you.

CHAIRPERSON LEVINE: Thank you, Dr. Eugene. And I want to acknowledge that we've been joined by fellow health committee member, Council Member Keith Powers. Thank you. And I believe that Council Member Alicka Ampry-Samuels has a question, is that correct? And we're happy for that. I just want to remind my colleagues, we have 70 people who have asked to testify today, so we're not on a clock up here at the moment, but please be mindful of the outpouring of public interest in speaking today.

RICHARD N. GOTTFRIED: And of course I'm the main culprit.

CHAIRPERSON LEVINE: You're doing great, Assembly Member. You're doing great. OK.

COUNCIL MEMBER AMPRY-SAMUEL: Thank you so much, Chair Levine, and I'm not a medical doctor so [laughs] I don't have that amount of experience. For me this all informational and educational and very helpful. So thank you so much, Assemblyman Gottfried. I remember my days of working in the State Assembly as a staffer and always admired your

leadership and expertise in the field. My question is just related to jobs. You stated in your testimony that, and I'm just going to read it. Because of savings and the progressively graduated tax mechanism 90% or more of New Yorkers will spend less and have more in their pocket. Pumping this money back into our economy will create 200,000 new jobs in New York, and so my question is how will the New York Health Act actually create jobs, outside of the community outreach advocates, of course, but can you just give us a little example of what you mean or if there was any kind of research around what types of jobs this would create?

RICHARD N. GOTTFRIED: Well, you know, if you give more money back to employers, entrepreneurs, and consumers, the employers can afford to hire more people, the consumers can afford to buy more things that those employers will produce. That's how jobs get created. I didn't come up with that number. That number comes from at least a couple of reports that have been done about the New York Health Act. One three years ago by Professor Gerald Friedman, who is the chairman of the economics department at the University of Massachusetts at Amherst, and he came

up with that number. Interestingly, the Rand Corporation, which was commissioned by the New York State Health Foundation and was paid about twenty times what Gerry Friedman was paid, came up with a report that had just about exactly the same number for job creation, resulting from the savings going back to employers and consumers. The other question relating to jobs that one would ask is there are about 23 or so thousand people working in the health insurance industry in New York today. There are several times that number of people who have administrative jobs in doctors' offices and hospitals mainly to fight with those insurance company people. If we're not employing those people anymore where are they going to go? And I think we're all concerned about that. The fact that the people who work for insurance companies are basically, their job is to stand between us and health care and financial stability, that's not their fault, and the people whose job is to fight with insurance companies, the fact that we no longer will need to fight with insurance companies, that doesn't mean we shouldn't care about them, and that's why the New York Health Act has language in it that specifics that some of

the New York Health Act funding can be used for retraining, transition, etc., costs for any workers who are displaced by the bill. We've been having conversations with some in the labor movement for ways to flush out that language with some more specific pieces as to how that money would be used. So we will be creating an enormous number of jobs just by the operation of the economy with the money we'll be putting back in the economy, and we have language to provide help for people whose jobs will no longer be needed under the New York Health Act.

COUNCIL MEMBER AMPRY-SAMUEL: Thank you.

CHAIRPERSON LEVINE: Council member, and now I'd like to offer a chance to Council Member Powers.

COUNCIL MEMBER POWERS: Thank you, nice to see you.

RICHARD N. GOTTFRIED: Hi.

COUNCIL MEMBER POWERS: One of my overlapping assembly members.

RICHARD N. GOTTFRIED: Yes.

COUNCIL MEMBER POWERS: One of the best.

RICHARD N. GOTTFRIED: Thank you.

COUNCIL MEMBER POWERS: I want to talk about in terms of, I have just five questions and we can go through them quick. The first thing is can you just talk about New York City versus small cities throughout the state. We have, my district, for instance, has, as you know, many access points for health care, a lot of hospitals. Obviously smaller cities, other jurisdictions in the state would have lesser access points to health care, and what might be any difference today versus in the future if we went to single-payer in terms of access for, especially in the smaller cities outside of New York City or any of the big five cities in the state?

RICHARD N. GOTTFRIED: Ah, some of the difficulties with access upstate have to do with geography and a very spread-out population. The New York Health Act can't fix that. We can't stop upstate blizzards that make it hard to get from here to the hospital 40 miles away. But we've been losing a lot of hospitals in this state over the last decade or two and part of what is killing them off is their inability to stay afloat financially, because they are heavily dependent on programs that do not adequately pay for health care. And the New York

Health Act, and also the insurance companies, when they look at, you know, a little hospital somewhere in a small town upstate and say to themselves do I really need them in my provider network, eh, not really. So am I going to pay a lot of money to them to be in my network? Not really. And many of us still painfully remember in '09, was it, or 2010. What did in St. Vincent's, finally, the final and biggest nail in their coffin was that insurance companies, when they looked at Manhattan, they said, well, you know, there are big academic medical centers, there are hospitals that are part of big networks, we've got to have them in our network. St. Vincent's, eh, he, not so important, and as a result St. Vincent's was being paid by a lot of insurance companies less than Medicaid was paying them, and you can't keep the doors open on that basis and St. Vincent's is no more. And I think that's part of what is shutting down doctors' offices in a lot of parts of the state, hospitals and clinics in a lot of parts of the state. The New York Health Act I think will help reverse that.

COUNCIL MEMBER POWERS: Great, thank you, thank you for that answer. And on private insurance,

is there a role for private insurance if you went to move to single-payer health care, what happens to private insurance, whether it's still available or does it become restricted or limited or prohibited?

RICHARD N. GOTTFRIED: Yeah. The bill would prohibit the sale of health insurance that duplicates any benefit covered by the New York Health Act. If there's something that an insurance company wants to, can find that they want to cover that isn't covered by the New York Health Act, and I don't know what that might be, they could sell insurance to cover it. The reason why we don't want to have insurance companies duplicating what the New York Health Act covers is that if people with wealth think that they can buy better coverage than the rest of us, then they are no longer in the same boat with the rest of us. They will no longer be part of the constituency to make sure that my doctor and the doctors on Park Avenue and Sloan-Kettering and New York Presbyterian, they will no longer, and I don't mean to pick them out particularly, they will no longer be part of a coalition to make sure that they are well paid for by the New York Health Act.

COUNCIL MEMBER POWERS: And you'll take them out of the pool, presumably.

RICHARD N. GOTTFRIED: Correct. We need New Yorkers with wealth and influence in the same boat with everybody else.

COUNCIL MEMBER POWERS: Got you. Ah, three more questions and then I want to hand it back, because we have a big audience here. I think payroll tax pays for a large part of this...

RICHARD N. GOTTFRIED: Yes.

COUNCIL MEMBER POWERS: And it's based on income tax. You know, there's always a sensitivity whether it's true or not, but it always comes up in the conversation about migration of the tax base that might help pay for this, so what does happen if you lose a part of the constituency that is, that decides that they want move or they want to leave, whether it's a reality or not, this comes up about who pays for it and how it gets paid for and what income stream, or what revenue streams pay for and if you are dependent on a small population of people to help for it, what happens in that case?

RICHARD N. GOTTFRIED: You know, over the years there have been instances where New York State

or New York City have raised taxes on high-income New Yorkers and people have said, oh my God, you know, wealthy people are going to leave New York. Ah, it doesn't happen. There's a reason why apartments on West 57th can be priced at 90 million dollars a year. People who are buying 90-million-dollar apartments and who pay rents of thousands of dollars a month, those folks are not leaving New York. You know, if the New York Health Act tax on really upper-income New Yorkers will be on the same order of magnitude as a significant rent increase or co-op maintenance increase for them, and I've never heard any say, oh my God, people on Park Avenue need to be included or else they're all going to leave New York. Boy, I'd love it if somebody said that.

COUNCIL MEMBER POWERS: Some of us represent Park Avenue, by the way. [laughter]

RICHARD N. GOTTFRIED: Yes, ah, and I do, I also have a few blocks on Park Avenue and West 57th Street. You know, somehow if landlords and co-ops are going to raise the rent or the maintenance by three thousand a month, nobody says oh my God, that will be terrible, rich people will move out of town. Rich people keep coming in. And one of the main

financial burdens on people with wealth in the health care area is long-term care. I mean, I know because my mother was a self-pay, home-care recipient for quite some time. When we add long-term care to the New York Health Act that is actually going to be a very substantial financial benefit to an awful lot of upper income New Yorkers.

COUNCIL MEMBER POWERS: Great, you, and I'll ask one question to cover two parts. One is can you just tell how enrollment would happen on an ongoing basis, so how would people get in to it, whether you moved here, how would you get enrolled, and second is just generally doing it state by state versus doing it federally, when you talk about a marketplace, whether it's a state by state or regional marketplace, obviously to me is doing this federally is better, though more difficult, for a host of reasons. But can you just talk to us about the challenges that might exist if you're doing it on a state by state basis, and then also obviously about enrollment as well.

RICHARD N. GOTTFRIED: Enrollment will be very simple. The state will need to know, you know, your name and address, and maybe your Social Security

number. It will be easier than enrolling your kid in school. On the state by state question, you know when Canada adopted what we call the Canadian health system, a single-payer system, it's actually a collection of about a dozen provincial health plans. In the mid '60s Saskatchewan and Manitoba created provincial single-payer health plans, and then a couple more provinces came in, and within a couple more years their national government said, you know what, if you went to every province, if you adopt a plan that's like Saskatchewan we will pay half the cost, and in no time every province did. Same thing happened in this country with what we in New York call Child Health Plus. Minnesota created it in the late '80s. We created it in 1990. In the mid '90s Congress said you know what, let's offer matching money to any state who does what New York and Minnesota did, and within a couple years not only were we getting more federal matching money than every before, but every state has now a child health insurance plan. I think that's how single-payer will come to America. We'll do it, a couple of other states will do it, and people all over the country will demand that the federal government either create

a national program or, as Canada does, offer to provide matching money to every state.

COUNCIL MEMBER POWERS: Thank you, and with respect to time, I want to say thanks to the chair for having this hearing as well, and thank you, good to see you. Thanks.

CHAIRPERSON LEVINE: Thank you, Council Member Powers. We have been joined by Council Member and fellow health committee member, Inez Barron, who I also believe has a question.

RICHARD N. GOTTFRIED: And a former member of the Assembly Health Committee.

CHAIRPERSON LEVINE: That is correct.

COUNCIL MEMBER BARRON: Yes, thank you, thank you Mr. Chair, and to my former colleague, but still colleague in government, Dick Gottfried. I want to thank you for coming, for sharing your plan with us, and before I make my comment I want to say I want to acknowledge the great long-standing work that you have done in the field of health, how you have advocated for a more equitable system, and how you have been a voice for those people who are burdened by these healthcare costs unnecessarily. I commend you and appreciate the work that you've done. I just

want to say that I support the plan. I think that it's a great introduction to what we can do and be as a leader in this field, and everybody, well, not everybody, so many people are talking about the new composition in Albany, and my question is if this bill passes both houses and if for some reason the governor does not sign it, whatever that reason might be, do you think that there will be enough people of conviction and commitment who will override his veto?

RICHARD N. GOTTFRIED: Well. The short answer is no. We have in the state senate 40 Democrats, counting everybody who is enrolled as a Democrat. That's almost two-thirds, but not quite. In the Assembly we've got a little more than two-thirds. But, as you may remember...

COUNCIL MEMBER BARRON: Yes.

RICHARD N. GOTTFRIED: ...in the New York Legislature over the generations governors have managed to convince us that overriding one of their vetoes is just an unacceptable antisocial act and so we almost never do that, even if we had the votes to do that. But I don't think we need, I don't think we're going to need to go there. You know, Governor Cuomo has said that he thinks single-payer coverage

makes sense. He thinks it's best done at the federal level and has concerns about whether we can do it at the state level. We've been talking with people in the administration to try to, and we will be doing more of that, to try to bring them on board. So I don't think he has any objection in principle to it. He's got some, I would say, practicality questions. As far as I know, his position on single-payer coverage is, I think, better than 49 other governors. So I'm optimistic with the governor.

COUNCIL MEMBER BARRON: Thank you so much [inaudible] just what to say, be encouraged and continue in the same path that you have and being a voice for people in the legislative body. Thank you so much.

RICHARD N. GOTTFRIED: Thank you, and give my assembly colleague, Charles, an extra hug.[laughter]

COUNCIL MEMBER BARRON: I will, thank you.

CHAIRPERSON LEVINE: OK, we've got some state-city bonding going on here. [laughter]

RICHARD N. GOTTFRIED: You bet.

CHAIRPERSON LEVINE: Thank you, Assembly Member, for not only these remarks, but for your decades of leadership. We would not be on the precipice of this historic, historic shift in health care if not for your preaching in the wilderness, to continue the biblical references.

RICHARD N. GOTTFRIED: Well, all I can say is there's an awful lot of people around the state who are working night and day and have been for years to bring us to this point.

CHAIRPERSON LEVINE: OK. Thank you very much.

RICHARD N. GOTTFRIED: Thank you.

CHAIRPERSON LEVINE: And speaking of principled and bold elected representatives in the state legislature, I am pleased that our next panel will consist of two newly elected stars from the Bronx, including State Senator-Elect Alessandra Biaggi and State Assembly Member-Elect Karines Reyes. If you could please make your way, and as if this panel couldn't get more exciting, I want to call a woman who I consider to be the greatest health commissioner the city has ever had, who is back in this chamber after leaving us, and that is Dr. Mary

Bassett. And State Senator-Elect, would you like to kick us off? I'm sorry, is [inaudible] Reyes still with us and able to...?

UNIDENTIFIED: Great.

CHAIRPERSON LEVINE: She may not be.

UNIDENTIFIED: She had to run [whispered].

CHAIRPERSON LEVINE: OK. Apologies, it looks like we had...

STATE SENATOR-ELECT BIAGGI: I would love to kick us off.

CHAIRPERSON LEVINE: Please do.

STATE SENATOR-ELECT BIAGGI: Thank you. I promise to stick to brevity [laughs], so members of the City Council I first want to just start by saying thank you to Speaker Johnson, to the health committee chair, Mark Levine, and the other members of the health committee, and the council, who honestly are supporting this resolution, which is an incredibly important solution, ah, resolution. I have said many times throughout my campaign, and I continue to say it post campaign, and I will say it until it is actually true, which is that health care is a basic human right. So I am grateful to be here today and I am looking forward to represent the people of

District 34 in the Bronx and Westchester, who would benefit greatly from the passage of the New York Health Act. I also want to thank all of the individuals and organizations that have been and will continue to fight for single-payer in the State of New York. It is, it was once considered, I believe, politically courageous and perhaps it still is, but I think that we are on the forefront of something very special and in the State of New York I believe we can be a leader in this area. So I strongly support a practical, effective, oh, excuse me, my goodness, I would be remiss if I did not actually thank Assembly Member Gottfried for being a champion on this bill. It's because of leaders like Assembly Member Gottfried that I even fully was able to grasp the concepts of this bill and able to digest them and then to share them with other individuals in District 34 who had never heard of the New York Health Act before. So with that being said I want to go on the record saying that I strongly support developing a practical, effective, affordable, single-payer system that provides access to health care for all New Yorkers. Again, that was one of the key issues of my campaign and I look forward to taking that on when I

take office in January. But today I want to focus on one very important issue that must be part of any single-payer program and that is long-term care, which is essential for many of our seniors. Unfortunately, I got to see why good long-term care is so essential and so important. My grandfather, my father's father, who lived until the age of 97, had good long-term care. The pleasure of spending many, many years, and I had the pleasure of spending many, many years with him as a result of that. My grandmother, my mother's mother, lived until the age of 86, did not have it. She went to a nursing home and sadly she suffered because of that. Now that's not say that all nursing homes, of course, are bad. But in many instances people are not left with a choice. One essential goal of a single-payer program is to ensure that everyone has access to health care, of course. Access to health care has a major impact on your ability to work, on the quality of your life, on how long you live. The promise of life and liberty and the pursuit of happiness is quite frankly an empty promise without access to good quality health care. That's especially true for seniors, and in District 34, which I'm about to represent, there

are many, many seniors who would benefit from the passage of this act. That is why we must ensure that any single-payer program guarantees long-term care to aging New Yorkers and people with disabilities. The long-term care program must include, in my opinion, the following - benefits that prioritize home- and community-based services over institutional care; an assessment system that utilizes existing assessment infrastructure and expands the assessment infrastructure to limit waiting periods for home- and community-based services; a living wage for home-care workers, access to training, and the opportunity for workers to come together to advocate for a stronger home care system; supportive measures for unpaid family caregivers, to include increased education and training, short-term respite and counseling, and access to support groups, among other services. Again, thank you for taking up this issue, for being brave. You had many references to the wilderness and I am very fond of the wilderness, but also I think that being here today and shedding light on the support for this resolution as well as this bill is an important way to come out of the wilderness and to make this a reality. So thank you very much. I have

an immense sense of gratitude for what you're doing here today, and I look forward to taking on this fight in Albany.

CHAIRPERSON LEVINE: And your election, Senator, based partly on a bold promise, to make universal health care a reality, is one of the reasons why we're no longer in the wilderness and we're very, very excited to add your voice...

STATE SENATOR-ELECT BIAGGI: Thank you.

CHAIRPERSON LEVINE: ...to add your voice to those up in Albany. I'm going to ask Dr. Bassett to speak and then we'll go to questions.

DR. MARY BASSETT: Thank you, and thank you to the committee and to you, Chair Levine, for your kind words. I'm here today as a long-term resident of New York City, as a medical doctor, and a public health advocate, but as has been mentioned I served as health commissioner for about four-and-a-half years and stepped down a couple of months ago at the end of August. I currently have a position at the Harvard School of Public Health, but I'm still here in New York, and I'm very pleased to speak today in support of the resolution, in support of the New York Health Act and improved Medicare for all. I

think we've all learned a lot from the interaction between the committee and Assembly Member Gottfried, and much of what I have to say has been said. I submitted my testimony for the record. Let me just point out that in addition to the fact that our health care system as a nation is the most costly in the world on a per capita basis that our country consumes much more than its fair share of global health expenditure. We're 5% of the world population and comprise 50% of global health expenditure, and for that we get a very bad deal. If the goal of health care systems is to deliver better health, the United States gets a D. We have the worst outcomes of other wealthy nations across any number of outcomes. So the solution to this sad state of affairs is a single-payer system. It is the only way to adjust the unconscionably fragmented, costly, inefficient, for-profit private system and the only way to ensure that everyone has access to health care. It's such a pleasure to be able to say that without any caveats, I must say [laughs] [laughter]. But that is not all, and I want to make the point that perhaps hasn't been made clearly enough today that it is the poor and communities of color that

bear the greatest brunt of our broken health care systems and single-payer is also part of the pathway to equity and health, something that I have committed my working life to advancing, and those who stand to benefit the most are those who have been left out and left behind. That's why when we talk about health as a human right we should be talking about support for single-payer and the New York Health Act. It will represent, it doesn't solve everything but it represents real progress in the sense that every resident, regardless of income, employment, or immigration status gets coverage, no one will face the financial barriers that keep people from seeking care, and we can expect to see improvement in our health outcomes, which have been not nearly what they ought to be, given what is spent on health care. Assembly Member Gottfried also mentioned something that I do want to highlight as another benefit of a single-payer system. In September of this year the Department of Homeland Security proposed a new regulation in the definition of public charge. This is an old concept that is used to identify legal immigrants who may become dependent on the public purse. It was long limited to cash benefits, but now

has been extended to Medicaid, food stamps, housing, and other benefits. These proposed measures are already having a chilling effect on legal residents and their citizen children. People are afraid to enroll their children in health insurance, afraid to take advantage of free vaccination programs, and these are dangerous outcomes of these intended changes to the public charge. These changes are opposed by just about every physician organization, and, as was mentioned, the New York Health Act would protect immigrant residents by eliminating means testing health care and guaranteeing the right to health to all residents of our city. We should oppose the changes to the public charge, public comments close on December 10, and support the New York Health Act. Thank you for the opportunity to testify.

CHAIRPERSON LEVINE: Thank you, Dr. Bassett, ah, Commissioner. We've been extremely active in the fight against public charge. I consider it to be no less of a moral outrage than separating children from their families at the border or eliminating DACA. And we do want to emphasize that this remains a proposal, and that means first

and foremost that we can still beat it. The public comment period remains open. It's been a 60-day public comment period, as you well know, and it closes on Monday night. So anyone here who has not weighed in, in your words, you have a chance to go online right now and add public comment in opposition to these proposed changes of public charge. The city actually has a website set up. It makes it very easy. It's just nyc.gov/public charge. We have 125,000 people across the country who have already weighed in with comments, but we want to get closer to 200,000 in these final, final days. So please do add your voice. And one other important point on this issue, we have heard very, very disturbing stories from the front lines of social service providers, of immigrants of various documentation statuses, already unenrolling from critical publicly supported health and nutrition programs out of fear for a policy which not only hasn't been put into force yet, but hasn't put into force yet, but hasn't even been approved, and at any rate wouldn't be retroactive. So one message to everyone is that every person in the city, immigrant or not, should continue to seek out the benefits for which they

qualify in the meantime. That you for that. I do want to ask you briefly, Dr. Bassett, the ways in which, I want to ask you about one criticism which is labeled at this plan, which is that some folks who defend the status quo say well, since hospitals will already take all comers regardless of ability to pay, in emergency services, for example, we don't need to take the dramatic step of single-payer, and so with your physician's hat on perhaps you could explain to us what the difference between the kind of system in place now and a universal health insurance system actually would be and what it means for health outcomes.

DR. MARY BASSETT: Thanks, that's a really good question. And the answer is that we want people to have comprehensive primary health care that focuses principally on prevention, on keeping people healthy. The fact that you can, you know, we don't allow people to die on the street and look after them when they appear in the hospital doesn't take us to the place where people get ongoing, comprehensive care that preserves their health and doesn't just patch them together when they're in an extreme state. So that's the goal of single-payer health care. We,

you know, pay a lot of health care and people don't use it that much, which is another irony of the US health system that people are scared of the hidden costs, often don't go to seek the doctor even when they have cognitive. That's what single-payer will do, it will make it transparent, it will eliminate the cost barriers to ongoing high-quality health care.

CHAIRPERSON LEVINE: Incredibly important point, when someone who has been denied basic care, preventative care, winds up in the emergency room in the midst of a crisis it's terrible for the patient, but it also, by the way, costs our system a lot more than it would have cost to provide basic preventative care, and one of the ways we recoup some savings in a universal coverage is by giving people a chance to get preventative care that's good for their health and saves us more costly procedures down the road.

DR. MARY BASSETT: You're an honorary doctor, what can I say.

CHAIRPERSON LEVINE: I've learned from you. [laughter] I know that Council Member Powers has a question, and I am going to put my colleagues on the clock at this point, only because we have 70

people waiting to testify and I just want to make sure everyone gets their voice heard. But, please, Council Member Powers.

COUNCIL MEMBER POWERS: Dr. Levine, I will keep it very short. First of all, thank you, nice to see you, Dr. Bassett, and I just want to say first thank you for your service, and I'm sure you're very happy to be at the microphone and that desk not getting grilled by the City Council on budgets and so forth and so on, so you, nice to see you again. Senator-Elect, congratulations, and I know we're all very excited about the work you and many of your colleagues are going to do, especially around health care. I want to ask, you ran on a platform, I think, about single-payer or expanding access to health care. Can you tell us, both in your experience primarily this year, in your district and elsewhere, what that conversation was like and the reception in your district and the conversations around expanding health care in New York State?

STATE SENATOR-ELECT BIAGGI: I would love to, thank you. That's a great question. And actually as I was finishing my testimony I was thinking to myself I wished I talked a little bit

more about the people of District 34, who I think really represent all New Yorkers across the entire state. So many people probably know I knocked on thousands and thousands of doors from January until September, and then from September until November. I'm also four generations in District 34 and have lived in District 34 for my entire life. And so a lot of the conversations that I was fortunate to have because of this door-knocking and honestly talking to people in the streets, talking to people at the supermarket, on the corner, were around health care. I think the number one issue that came up on the campaign trail and afterwards is health care, and, you know, the most shocking part of it is that District 34 is very diverse, racially, socioeconomically, and in the Westchester portion of the district in Pelham and in Fleetwood, which is in Mount Vernon, more people talked about their concern about going bankrupt, about not being able to pay their mortgages, invited me into their homes and asked me what I thought the solution was, to which of course I said the New York Health Act. But it's everywhere. So, you know, you look at this district and it has the South Bronx in it as well and you

would think that that would be the only area where people are suffering or struggling, and it is everywhere. There was almost not one person that I met who didn't have a health care story, and I think that that just shows not only how important it is to pass the New York Health Act, but how afraid people are, and I think oftentimes when someone invites you, a stranger invites you into their home to share with you, whether it's about their child or about their husband or their life, or about their elder parent that lives with them, it really shows, not only a sense of vulnerability, but just a sense of great need, and so I often would share in return that I also have a father who has Parkinson's disease and he is a well-educated man, he is an attorney, and he has had significant difficulty navigating the health care systems. Fortunately for him he is self-employed and so he's been able to take the time on the phone with the insurance companies, but not many people are able to do that, and so I think one of the great benefits of government is that we can make the quality of life, but the way of living much easier on people, and I feel like it's our responsibility, and I feel very responsible for doing that for the people of

District 34, so that nobody ever has to choose between paying their mortgage or their rent and a health insurance cost. Thank you.

COUNCIL MEMBER POWERS: Great. Thank you. That's a fine answer.

CHAIRPERSON LEVINE: Thank you, Council Member Powers, and I believe Council Member Barron has a comment or a question.

COUNCIL MEMBER BARRON: Just a comment, yes, thank you Mr. Chair. I want to thank the panel for coming and I particularly want to echo the accolades which you extended to Dr. Bassett. We want to thank you for your years of service and highlighting and fighting against those health disparities that we see, especially in poor and low-income communities of color. So I just want to echo the accolades and say all the best to you. Thank you.

CHAIRPERSON LEVINE: This is more fun than being grilled as a commissioner, isn't it, by far. Thank you very, very much to both of you for your leadership and for speaking out today. Thank you for being here. I want to call up next David

Rich from the Greater New York Hospital Association. Welcome, Mr. Rich.

UNIDENTIFIED: [inaudible]

CHAIRPERSON LEVINE: Please. If you could push the button on the mic.

DAVID RICH: Yes, sorry. We're the association for all of the hospitals in New York City, as well as hospitals throughout the state and the tri-state region. Just yesterday our association board of governors reaffirmed what has always been a fundamental tenant of our association - that health care is a human right. And while many people say they believe that, our members have done a huge amount to advance the cause. First, obviously, they treat New Yorkers in their greatest times of need, 24/7, 365, regardless of their ability to pay or their insurance status. Second, working with our partner, the hard-working people of 1199SEIU, we've done more to advance the goal of providing quality health care to all than almost any organization in the state, or any state. In the early '90s we worked together with 1199 on a campaign to create the Child Health Plus Program. Later, the federal government passed a similar plan based on that plan. CHP now

covers millions of children nationwide and that started in New York with our campaign. Later in the '90s we and 1199 worked with the city on an unprecedented campaign to sign up people for Medicaid and Child Health Plus, which resulted in hundreds of thousands of New Yorkers having health insurance for the first time. We launched a similar campaign for immigrants after the courts ruled that New York had to make certain immigrants eligible for Medicaid. In '99 we launched a major statewide campaign to convince the state to expand health insurance for hard-working low-income families and we were successful. The state enacted the Family Health Plus Program, which covered hundreds of thousands of New Yorkers. And we worked hand in glove with President Obama both to help design the Affordable Care Act and then to pass it. President Obama's landmark achievement resulted in the number of uninsured in this state being cut in half, from 10% of New York residents to 5%, and we were there. Most recently, we and 1199 funded campaigns all over the US to save the ACA from repeal. While we have succeeded so far, there are still threats and we're fighting those proposals all the way. So you can see, our

commitment to quality health care for all New Yorkers runs strong and deep. However, there is still so much to do. While many of the 95% of New Yorkers who have health insurance are happy with it, too many are not and too many are still left behind. People are rightly upset and confused by the red tape associated with private insurance companies, confusing bills, and denials of care. So are we. We must work with the state to require insurers to simplify their processes on behalf of consumers and to ban inappropriate payment denials. People are rightly upset by high co-pays and deductibles insurers require them to pay, and so are we. After all, these co-pays and deductibles mean that many people cannot afford to pay for their care and hospitals must go without payment or chase people around, which we do not want to do. So this needs to be fixed and we need to bring the cost of health care done. I testified here several weeks ago about all the ways hospitals are working to lower costs, but the state can and should do more. People are rightly upset that despite our gains 5% of New Yorkers are still uninsured, and so are we. We have ideas in my written testimony for how the state can ensure the

one-third of the uninsured who are immigrants, the one-third of uninsured who are already eligible for public programs, and the one-third who simply cannot afford health insurance. We must act on those ideas in 2019. And people are rightly concerned about the viability of safety-net institutions, especially since so many hospitals have closed throughout the five boroughs over the last decade. So are we. We must do more to provide Medicaid and Medicare payment adequacy for safety-net hospitals and we will be working hard on this issue in 2019. Having said all of this and having fought all these fights over the years, we respectfully disagree that the New York Health Act is the way to achieve the goals we all share. We believe that there are huge obstacles in the way of the act reaching these goals and we do not believe these obstacles can be overcome. These obstacles include disrupting the health care coverage of 95% of New Yorkers, including seniors who are Medicare- and Medicaid-dependent, and the millions of New Yorkers who are covered by employer-sponsored health plans. Adding hundreds of thousands of residents of other states who work in New York and currently receive health insurance through their New

Yorker employers to the ranks of the uninsured, including many hospital employees. The fact that we have no federal partner to help us create a single-payer system and even if we did there would not be new federal Medicare and Medicaid dollars made available to fix the current inadequacies in those programs. This means that all of the new costs of the act would fall on New York taxpayers and health care would become such a huge part of the state budget it would crowd out spending on all other priorities, like education. Finally, we believe the act would mean major funding cuts for hospitals across New York, academic medical centers and safety-net hospitals alike. We base this on our experience with the Medicare and Medicaid programs, both of which are badly underfunded and both of which provide payments that do not come close to covering the costs of caring for Medicare and Medicaid patients. So in closing I think we need to ask ourselves what we are trying to achieve. For us, yes, we must cover the remaining 5% of New Yorkers who are uninsured and we can do that. Yes, we must make health care more affordable, get rid of inappropriate denials of care, and cut the maddening red tape for consumers, and we

can do that. But we can do this without the disruption that we fear would be caused by passing a single-payer system. I'm happy to answer any questions you may have.

CHAIRPERSON LEVINE: Thank you very much, Mr. Rich. Do you support single-payer at the national level?

DAVID RICH: We have questions about it. There are so many different Medicare for all proposals before the Congress. Some members who ran for election this year and talked about Medicare for all have Medicare buy-in for 50 and over, or 55 and over, or have talked about a public option on the New York State of Health, but we have not yet come out with a position on Medicare for all, if you will.

CHAIRPERSON LEVINE: Well, given your expressed reservations about the New York Health Act, I want to paraphrase a question that Assemblyman Gottfried posed earlier, which is are you altering, are you offering an alternative path to coverage for the more than one million people in the state who are uninsured today, or are you comfortable with them remaining uninsured?

DAVID RICH: No. As I said, we absolutely are not comfortable with them remaining uninsured.

CHAIRPERSON LEVINE: So are you offering an alternative?

DAVID RICH: Yes, in our written testimony we talk about three different ways, because the remaining uninsured, the 5% who are uninsured, the million people, tend to fit into three different categories. About a third of them are already eligible for programs but not signed up because of enrollment barriers or what have you, and we want to do, and we commit to doing a campaign to make sure that people know what they're eligible for and actually sign up. A third are immigrants and that is a challenging problem because the federal government will not provide funding for that. But what New York State can do, and they've done this kind of thing before, and actually Assemblyman Gottfried mentioned it, undocumented immigrants, the only thing they're eligible for right now is emergency Medicaid with the federal government helping to pay the cost. What the state could do with its own dollars is then provide all the other benefits around that, the comprehensive

health benefits that would be needed. That we cost, we think, we've costed it out, that would cost probably about a billion dollars statewide, but in that way you could make sure that that third of the uninsured would be covered. And then the other third are people who may be eligible for subsides on the New York State of Health, but it's still unaffordable for them, and so there we could do, we could have a state program that would add to those subsidies to help them afford it, and perhaps also take the eligibility for subsidies from 400% of federal poverty up to 600%. So these are the coverage options that we think can really get you from 5% to zero.

CHAIRPERSON LEVINE: The problem with these incremental solutions is that it leaves in place a fractured for-profit-driven insurance industry, which frankly I hear many hospital executives themselves complain about. Are you comfortable with this existing system of insurance?

DAVID RICH: We have a huge, and I think we, I testified with you a couple weeks ago about a lot of the concerns we have with insurance companies. We have major concerns with insurance companies. The

concern, though, that we have is that our experience with government-funded insurance is that it doesn't pay for the cost of care. Medicare and Medicaid paid 85 cents on the dollar for caring for Medicare and Medicaid beneficiaries. And so the only way that hospitals have stayed afloat is if they also have people who are privately insured and they can negotiate higher payments on their behalf, so it's like a cost shift, unfortunately. But that's what they've had to do. The concern that we have, despite pieces in the bill that seem to say that rates for doctors and hospitals have to be reasonably associated with what it costs is that Medicaid used to have that provision in law, too, and the state repealed it, and the federal government had it also it and they repealed it. So we have not had good experience in terms of actually having these government payers well funded. And the other concern we have is that unlike the federal government New York State can't print money. So when there's a recession and they need to cut back or raise taxes again one of the first places I think they would have to go would be the New York Health Act because it would be, it's bigger than the current state budget,

just the New York Health Act, and so they would have to cut back and the first place they would cut back would be on provider payments.

CHAIRPERSON LEVINE: You mentioned the cost of the New York Health Act and of course the Rand Corporation, which is hardly a far-left think tank, analyzed this and concluded that there would be cost savings over time. Are you disputing the methodology of the Rand Corporation study?

DAVID RICH: You know, I'm not expert enough to do that, so I'm not doing that. I do know that there were a lot of assumptions that Rand had to make in terms of what administrative cost savings there would be and we're not necessarily sure that's true. I think a lot of our hospitals would still have to be dealing with insurance companies because people come in from other states. I mentioned employers, you know, employees that we have in our hospitals who are from New Jersey and Connecticut who presumably will still need to have some sort of private insurance. So I do have a lot of questions about a lot of the assumptions that they made. But they also said that it would require 156% tax increase in New York. Now, granted, that would be

replaced, premiums being paid over here, but they said that it could be done in a progressive way, but they expressed a lot of concern about having that huge a tax increase on a small number of New Yorkers who are wealthy, but who also fund the majority of our state budget currently. So those are a lot of concerns we have regarding costs.

CHAIRPERSON LEVINE: Other than complaints about insurance companies, the most frequent complaint I hear from hospitals is the burden of providing care for people who are uninsured. So one might think that a system that removes that expense from hospitals would be a net win for you. Why is that not such a strong priority for you?

DAVID RICH: It is a strong priority for us. As I mentioned, we have, you know, we have fought really hard for many, many, many years to make sure that people have health insurance and we have now put forward proposals to get from 5% to as close to zero as we can get. So that is an extremely high priority for us. What we are concerned, though, about is that, you know, our senior patients who have Medicare being unsure if Medicare is taken away from

them what it will be replaced with, and it will be replaced with a state program, not a federal program. We don't really know how that will work and how it will improve their lives. Seniors tend to really, really like their Medicare. So we do have a lot of concerns on their behalf from that standpoint. And also I think there are a lot of people who do have private insurance who, you know, polls have shown a lot of people do like it, they have concerns about it and problems with it, but I think just, it seems to us just sort of taking everything that we have, throwing it out, and promising something new is disruptive to our health care systems.

CHAIRPERSON LEVINE: I want to pass it off to my colleagues, but I just have a very profound and basic question for you.

DAVID RICH: Yes.

CHAIRPERSON LEVINE: Do you believe that health care is a human right? Do you believe that health coverage is a human right?

DAVID RICH: Yes, as I said in my testimony, just yesterday our board of governors, who are the CEOs of all the hospitals in the area, reaffirmed our fundamental principle that health care

is a human right. They, after all, are the only providers who take everybody in their emergency room regardless of their ability to pay. They have got clinics all over the city that do the same. Physicians' offices don't do that. Nursing homes don't do that. Other types of providers don't do that. Hospitals do do that. So of course we believe that, and we'll take care of them.

CHAIRPERSON LEVINE: I'm glad to hear that you share our belief that health care and health coverage is a human right. It's a right that is being denied right now to hundreds of thousands of people in the city, millions around this country, and our attempts at incremental change, while welcome, have not solved this fundamental failure of our society, a wealthy society, a society that is capable of fulfilling this moral obligation, and we are going to continue to push for dramatic action to meet this obligation here in New York and nationally. And I'm going to pass it off to my colleague, Council Member Powers.

COUNCIL MEMBER POWERS: Thank you. I would just, you know, I asked the assembly member and the chair of the health committee a number of

questions about implementation, because I do recognize there are a lot of issue and challenges to actually going from a bill to implementation of a law. I would argue in the position here of 5% uncovered and that's the problem, that we have much bigger challenges around health care than just the 5% that aren't covered. I think 95% that are covered, many feel a lot of challenges and as the Senator-Elect made her point as well, feel an emergency away from bankruptcy, feel like their coverage is inadequate. I think there's under-coverage in addition to be covered, and so I think the characterization, and I'm not saying, I'm not blaming, but I do think the characterization that the problem here just lies with covering the 5%, or that's sort of the primary issue. I think that 95% are actually asking for something much different than what the marketplace offers today, and that's my feeling from my constituents. I was there with Candidate Biaggi as I heard those stories from her constituents as well about the challenges. So with that being said, even today under the, in that 95%, this is a, you have to, it's a myriad, it's a maze, really, to figure out what your health care coverage

is and how you get covered. Once system would actually simplify that, I think, in many ways, but giving you a short of, I think a clearer picture. But I did ask a question about private insurance, which is not covered under the bill, you made a point about private coverage being, would still have to exist, and I just wanted to ask the question to you since I asked it to the assembly member, which is what, I mean, what happens, you mentioned the hospitals wouldn't have to cover, would have to still have private insurance in order to, would members of other states not be able to take advantage of it if they were here or how does that work?

DAVID RICH: Yes, that's correct. So currently most of the people who commute into the city from New York, sorry, from New Jersey or from Connecticut, most of them get coverage through their employers. What would happen under this bill, my understanding is that anyone who is a New York resident would no longer have private insurance or Medicare or Medicaid. They would have the New York Health Act. So it raises the question then of what happens to the insurance for those employers from those other states who now get it from their

employer? If there are no longer private insurance companies in New York, ah, and they get sick on the job, these are types of the questions we have about what would happen to them. Many of those commuters do get their health care while they're here in the city working. They'll take a little time off to go to the doctor or whatever the case may be, or after work or before. So that's a very fundamental question for us, not just as hospitals but as employers. So we would have to, you know, because we would feel, I would think, the moral obligation to make sure that those employees also had coverage, but then how do you do that and what does that mean? Do we have to then just work with insurance companies in other states because no more would exist in New York State? I think it's a very big questions that does need to be answered, and I'm not quite sure that anyone has one for it at the moment.

COUNCIL MEMBER POWERS: I'll just ask a follow-up, but then I'll hand it back. Today hospitals do deal with different policies and different insurance providers anyway, right? Does that become a really prohibitive part of implementing the New York Health Act, I mean, the fact that we

have different plans. One is a state-run plan and one is a private insurer from another state. I mean, that seems to be, it's just a different plan from New York State.

DAVID RICH: Well, I think the difference now would be that, you know, right now a lot of employers and hospitals provide sort of a choice of a few health plans, and they tend to be New York State health plans, like Empire or, you know, some of the other health plans, and also for our unionized employees, 1199, SIU, NYZA, the hospitals provide them insurance with no premiums, no co-pays, no deductibles, similar to what the assemblyman described as the New York Health Act providing. So if there suddenly were no New York insurance companies and you didn't have those choices to offer to people, the question would be, and they were from New Jersey or Connecticut, the question would be what do you do for them. Maybe you could buy them into the New York Health Act or something like that, but that really is not something that has been addressed yet at this point.

COUNCIL MEMBER POWERS: OK, thank you, and I'm sorry I have to leave early, but I wanted to

say thank you everybody for being here as well. Thank you.

CHAIRPERSON LEVINE: Thank you, Council Member Powers. You raised a critical point that I'm not entirely sure you had a chance to answer, Mr. Rich, which was concerning the 95% of people who do have coverage but who might be facing premiums they can't afford and deductibles and co-pays, and ultimately the risk of bankruptcy if they have a medical crisis.

DAVID RICH: Yes.

CHAIRPERSON LEVINE: So solving that problem is at the heart of the mission of the single-payer plan and you did talk about some solutions for the uninsured. But what about the other 95% who are also suffering today?

DAVID RICH: We have put forward to the state a variety of ways of dealing with a lot of those problems. First of all, we definitely think there need to be limitations and there are actually are if you're in an ACA-compliant plan on co-pays and deductibles. And as I mentioned, for our unionized employees they don't have any. So we totally support making sure that people don't have these high co-pays

and deductibles and I think the state could take action to make sure that those are reduced. They could also take action to make sure that, I mean, we don't even have a law in this state that says that all medically necessary care needs to be covered by an insurance plan and so we end up being denied for care that we have already provided to a patient and after the fact an insurance company will come back and say that's not medically necessary and then you fight about it for the longest time. Eventually you might end up getting paid for it, but sometimes you don't. And so there are things like that that the state could do to make a very big difference in people's lives under the current system without necessarily having to go to we're getting rid of everything we currently have and creating something new.

CHAIRPERSON LEVINE: OK, thank you. You made a point which I just wanted to respond to about seniors who currently have Medicare being worried about losing that, and the New York Health Act is actually modeled on many of the best qualities of Medicare, and therefore would not be a diminution of service. It would be only an enhancement. No senior

would see a rollback in services or an increase in cost in a transition out of Medicare. I just want to clarify that.

DAVID RICH: Right, I think that's the goal. I would hope that the state would be able to afford to do that.

CHAIRPERSON LEVINE: OK. Well, we do thank you for being here and for taking our questions, and we look forward to continuing to dialogue with you on this very important matter.

DAVID RICH: Thank you very much.

CHAIRPERSON LEVINE: Thank you. I want to call up for our next panel Judy Sheridan-Gonzalez, president of the New York State Nurses Association. Also, from the Nurses Association Marva Wade, from PSC/CUNY James Perlstein, and from the Screen Actors Guild Pension Plan, Jim, and sorry, I can't read the name, Brikita?

JIM BRACCHITTA: Bracchitta.

CHAIRPERSON LEVINE: Bracchitta, OK. I do understand that President Sheridan-Gonzalez is on a short, ah, timetable, so we'll ask you to go first.

JUDY SHERIDAN-GONZALEZ: Thank you so much. Yes, my name is Judy Sheridan-Gonzalez. I've

been an emergency room nurse for 34 years. I live and work in the Bronx, the county with the worst health statistics in New York, and I'm also president of New York State Nurses Association. So we nurses deal with the nitty gritty of health care, which is a rollercoaster system that can transparent a liver, a heart, lungs, but can't prevent cirrhosis, heart attacks, strokes, and cancer. Be aware of these invisible cost factors that we witness in our practice, knowing that flaws in the system directly contribute to patients' inability to stay healthy. Lack of access to affordable quality care results in preventable traumas and complications. The system is designed to pay homage to insurance companies, not to patients. We take an oath to do no harm. Our system causes harm and costs far more. Patients with predisposing factors to organ damage forego appointments due to costs, co-pays, and changes in providers. They don't fill scripts, they cut their meds in half. I remember a gentleman, and this is only one story, who would come to the ER to check his blood pressure periodically. One day he arrived with an ischemic stroke and a blood pressure of 240/138. He stopped taking expensive cholesterol meds, missed

appointments due to insurance changes, and couldn't renew his BP meds. Hospitalized for months after his stroke, he regained consciousness, but couldn't speak, eat, or walk, eventually succumbing to complications. He died at the age of 48. His two weeks in the ICU cost $140,000. A month of his BP meds cost $14 and $11, respectively. His cholesterol drug cost $43 a month. **NYZA** is a union of caregivers. We also negotiate contracts for 42,000 members. While we cherish our health benefits, it consumes a huge chunk of our package. We're thrilled that the New York Health Act, once finalized, will provide superior benefits to those we enjoy with no out-of-pocket costs. Even with a modest payroll tax, net costs will be reduced dramatically. We know some unions fear the bill. It's an union. Give me a minute more, 30 seconds [laughter]. Better the devil we know is the saying. We're convinced that once details are ironed out to ensure no loss of current benefit our sibling unions will embrace New York Health as much as we do. In an atmosphere of vitriolic anti-union rhetoric, how inspiring that our New York unions, our committed elected leaders, and community partners will humbly usher in a universal

health plan that embraces all of society - members, nonmembers, young and old. In the spirit of the birth of the labor movement whose motto was an injury to one is an injury to all, a victory to one is a victory to all. Let's embrace victory. I just want to add that I've saved many lives and I've also seen many death. Death is always tragic, but unnecessary and avoidable death is criminal. Thank you. Sorry about that.

JIM BRACCHITTA: That's OK. Thank you, good afternoon. Thank you, Mr. Chairman. Thank you for the opportunity to support Council Resolution 470 and the New York Health Act. My name is Jim Bracchitta. I'm an actor by trade and for the last 12 years I've served as a trustee on the Screen Actors Guild Pension Plan and the SAG Health Plan. I also hold the designation of certified employee benefit specialist from the Wharton School and the International Foundation of Employee Benefit Plans. Let me say clearly, though, that the opinions I express are my own. I'm not speaking on behalf of my plans or the unions I belong to.

CHAIRPERSON LEVINE: Understood.

JIM BRACCHITTA: JIM BRACCHITTA: The reason I'm here today is that I believe there's a strong additional argument to be made for the New York Health Act that as far as I can tell has not become part of this conversation, and that is that a single-payer health care system has the ability to provide real and immediate relief to the crisis of underfunded multi-employer pension plans. Let me tell you how. We all know there is a retirement crisis in this country. In fact, the National Institute for Retirement Security published a study in September which found that the median retirement account balance of all American workers, the median retirement account balance of all American workers, the median retirement balance is zero. Zero. Half of all American workers have less than zero dollars in retirement savings. Now that's primarily because most American workers don't have an employer-based retirement plan at all. But even those with a retirement plan are in serious trouble. Of the 235 multi-employer pension plans in New York State, 60, just over 25%, are either critical or critical and

declining status, red zone status according to the Labor Department, which basically means they don't currently have enough money to pay their outstanding pension benefits. Multi-employer pension plans, as you know, exist in industries like construction, trucking, entertainment, and they currently provide retirement benefits for 1.8 million New Yorkers. So, what does all this have to do with the New York Health Act? Well, it turns out that an overwhelming number of multi-employer pension plans in New York State also have accompanying health plans. Of the 1.8 mil New Yorkers covered by multi-employer pensions, roughly a million of them are also covered by a sister health plan. Here's my main point. A single-payer health system in New York would free these health plans from the obligation to provide health insurance, and once that obligation is lifted the money in those health plans can be shifted to an associated pension plan, shoring up funding levels and boosting retirement security. In other words, an unexpected but welcome benefit of single-payer health in New York State could be a dramatic strengthening of retirement benefits for New York workers. Your support of the New York Health Act can provide real

relief to underfunded multi-employer pensions. Thank you.

CHAIRPERSON LEVINE: Thank you very much, and you're right, we had not brought that up. It's a very important benefit and one we're glad that you put on the record.

JIM BRACCHITTA: I submitted written testimony. I'm happy to engage on this any time with anyone. So, I know Amy **Schlatter**.

CHAIRPERSON LEVINE: Yes, well, we'll see you in Washington Heights.

JIM BRACCHITTA: Thank you so much.

CHAIRPERSON LEVINE: Nurse Wade.

MARVA WADE: Thank you so much. Good afternoon...

CHAIRPERSON LEVINE: Could you press your mic button.

MARVA WADE: Button?

CHAIRPERSON LEVINE: There you go. We can hear you.

MARVA WADE: Ah, good afternoon, thank you so much for inviting me here to speak. It is my honor. I stand very much in support of the Resolution 470 in favor of the New York Health Act.

My name is Marva Wade, as you already know. I'm a registered nurse and board member of the New York State Nurses Association, as Judy said, representing over 42,000 registered nurses and patients that we serve. We are here to tell the council that we enthusiastically support the New York Health Act, an improved Medicare for all program in New York State that would establish a comprehensive system of universal health care for every single resident. This bill would provide New Yorkers with health care coverage without, regardless of their age, income, health, or employment status. It would be paid for fairly through progressive taxation based on what you can afford, and there would be no financial barriers to the point of delivering care. Benefits would include all medically necessary health services, including preventative and primary care, hospital care, dental, vision, prescriptive drug, mental health, addition, addiction treatment, and rehabilitative care. The New York nurses are on the front lines every day, helping patients navigate the complexity of a health care system. Unfortunately, our members all know too well are familiar with the failures of this system that we meet as we try to

help our patients. Both highly complex cases such as the financial devastation that so many cancer patients face as well as the deadly consequences of not being able to afford basic health care for chronic conditions. Just ask any person with diabetes how much they fear about going without...

CHAIRPERSON LEVINE: Go ahead, continue, please.

MARVA WADE: Go without health insurance for even a short period of time. It is heartbreaking to see patients denied or dangerously delay care because they simply cannot afford treatment. But it is also a moral outrage that this is happening in the richest country in the world, where we spend more on health care than anybody else on the planet. This broken but insanely expensive health care system is delivering health care that doesn't really help anybody. Certainly the patients go without, that the families are stuck if you can't afford it. It is the fastest way to bankruptcy in this country. For example, while maternal mortality is declining in every other industrialized country, maternal mortality is actually increasing in the United States, especially for black women. Life expectancy

gains are also reversing in the US, including for white men. Our people are facing horrific realities trying to receive the most basic mental health and substance abuse treatment. As we know, there are many factors in play in determining the health outcome of the population. One very important ingredient is reversing those shameful health outcomes is timely and accessible health care. That is something nurses are trained to deliver, but only if we have a system that allows us to put the need of our patients ahead of the profits of a few. It is no secret that nurses are passionate advocates for an improved Medicare for all system in New York State and the country to meet the moral imperative, guaranteeing high-quality health care for all. We want to guarantee that the progress that we make towards health care for all lifts all boats and every working person. We believe our advocacy is for the plan that guarantees workers currently receiving health care benefits through a collective bargaining contract will see the same for better benefits and an improved Medicare for all program. For the record, NYNA is committed to working with our brothers and sisters in labor to address any concerns they may

have as health care for all legislation moves forward through the democratic process. Thank you for the opportunity to testify today.

CHAIRPERSON LEVINE: Thank you, Nurse Wade, and thank you for your service to the medical community, to your patients, and to the labor movement.

MARVA WADE: I'm like our president. [laughter] She's going to the same meeting I'm going to.

CHAIRPERSON LEVINE: All right, well, we don't want you to be late. Mr. Perlstein.

JAMES PERLSTEIN: My name is James Perlstein. I'm retired after 43 years of teaching at City University of New York. I speak for the social safety networking group of the Professional Staff Congress, the union of 30,000, representing faculty and professional staff at the City University. Our union believes that health care is a human right and a public responsibility. The PSC has endorsed the principle of single-payer health care for all Americans. The New York Health Act, A4738 and S4840, Gottfried, Rivera, is a constructive initiative pointing in the direction of universal,

comprehensive, and affordable care for New York State residents. The New York Health Act is a work in a progress. The PSC will continue to work with others to ensure that the high-quality benefits and protections already received by labor unions are not undermined and that the sacrifices unionized workers have made in salary to ensure good health benefits are recognized. The PSC will remain engaged with the bill's sponsors, our sister unions, and community partners to secure enactment of a law that serves the interest of all New Yorkers. We view today's hearings and the resolution before the council as a step in that direction and a valuable part of creating broader public awareness about the benefits of a single-payer system to provide high-quality, cost-effective care to all New Yorkers. Thank you.

CHAIRPERSON LEVINE: Thank you, Mr. Perlstein. Thank you very much. We're going to call up our next panel. Sammy Disou, who I think might be outside holding the baby that has been better behaved than some of the adults in this room, Anthony Feliciano, Henry Moss, Charmaine Ruddock, Leonard Rodberg, and I'm sorry, I'm having a hard time reading this name, it's last name Malily, it might be

Lisa. And while our panel is making its way up front, I want to tell you that the leaders, the current acting chair of the health department, Dr. Oxiris Barbot, as well as the president and CEO of the city's Health and Hospitals system have submitted testimony for this hearing. They couldn't be here in person, and this testimony is going to be available online for anyone to look at. But I do want to read just one sentence, which I think is worth sharing. They say in this letter a single-payer system would make strides to decrease segregation of care based on insurance type and decrease needless administrative costs of our current health care systems. So this is a very powerful statement, but that one line is noteworthy and this will be on the record publicly, and Sammy, as super-dad we're going to let you go first so that you can attend to your wonderful baby as needed. Please, why don't you lead us off. And if you could make sure that your microphone is on, the button on the base.

SAMMY DISOU: Respected Council Member, elected officials, and colleagues in the social justice movements, my name is Sammy Disou. I teach in the Africana Department at John Jay College of

Criminal Justice. I'm also an adjunct liaison with Professional Staff Congress CUNY. I speak today in support of Resolution 470, and in my capacities as a father and a regular New Yorker. Several years ago I was in a restaurant with my wife, about to have dinner, and before the meal was served I collapsed and couldn't move at all. An ambulance was called. I was placed in that ambulance and that's really where my experience with this need for New York Health Act arose. I was unemployed at that time and so I didn't have any health insurance, and right there, as I lay in the ambulance, my wife and I had to make the difficult choice of whether to have the ambulance deliver me to the hospital, which was just a mile away, or whether we should try and save some costs that we knew would be significant and get out of the ambulance, have her run over to car, which was parked not too far, and then make our way to the hospital. My wife made the right decision and gave her consent to have me transported via ambulance. This, unfortunately, members of the health committee, this is the kind of gut-wrenching decisions that New Yorkers face every day. My case was, turned out to be a simple issue of severe dehydration, but many

others who are in similar, or face similar situations, find themselves in the hospital, realize that there are significant health issues that they must overcome and they must go bankrupt, essentially, first before Medicaid kicks in. Others are not even that lucky. They simply must forego health until a day when they are rushed into the emergency centers, which obviously places enormous cost burdens on the entire system for the rest of us. In short, or in closing, I would like to commend the speaker for advancing this resolution. I would like to commend all of the members of the health committee, who I believe will do the right thing and move this bill, this resolution to the floor as quick as possible so that your colleagues in the, in Albany can do what's right and finally put a stop to what's definitely bleeding in terms of human potential, lives, economic potential. Thank you.

CHAIRPERSON LEVINE: My goodness, Mr. Disou. Thank you for sharing your storing. It's absolutely a moral outrage that you or anyone would have to be lying in the back of an ambulance and start to have run through calculations of the costs of various health care options. No moral society

would allow that to continue, and your personal story adds significantly to this hearing. It is quite compelling, and we're grateful that you are here, and that both of you are here. Thank you very much for speaking out. Please start on the end if you want to continue. Yes.

LEONARD RODBERG: OK, I'm Leonard Rodberg. I'm emeritus professor of urban studies at Queens College. In my two minutes I want to make three points, but I'm here primarily because I supervised, along with Assemblyman Gottfried, the economic analysis of the New York Health Act that was conducted by Professor Friedman three years ago, and more recently the Rand Corporation has done an economic analysis of it, and I prepared a report looking, which both reviewed the Rand Corporation and modified it somewhat to take advantage of what we really know from research. They made very conservative assumptions that weren't really backed by research. That report that I prepared is attached to my testimony for your benefit. It is also, if you're interested in the source of the numbers Assemblyman Gottfried described, describing the savings under the New York Health Act, they're in

that report. So my three points. The first is the New York Health Act would have no co-pays, no deductibles, no cost sharing. For Americans they find that unbelievable and you see, you hear comments that it would break the bank if we didn't have that. If you go a few hundred miles from here north, you cross the border, the Canadians have a health care systems which is single-payer and which has no cost sharing. No Canadian approached going to a doctor's office or a hospital has to put out any funds. It's all tax funded. In this country we have the Medicaid program and the V.A., both of which have no cost sharing, in most cases, at least in New York. And I did a study of around the world and about a third of all countries have no cost sharing. They spend half of what we spend. You do not have to have people have skin in the game in the health care field in order to have a health care systems that works. Second, the savings that we describe under the New York Health Act come from administrative savings. There's no assumption in any of the analyses we do that there will be any reduction in the spending of health care. That addresses particularly the point that the hospitals are worried that their budgets

will be cut. We are not in our analyses of the funding of this assuming any reduction in the spending on actual health care, only on wasteful administration. And third, I did a short study of what New York City's government would, what the effect of the New York Health Act would be on the New York City government and what I found was it would save three and half billion dollars a year on health benefits as the cost of providing health benefits to the employees of the New York City government would be reduced by three and a half billion dollars. The government would in addition save the 5.9 billion that is now city government's share of Medicaid. A total of 9.4 billion dollars, or 11% of the city's budget. We're talking about major savings to the city government which could be used for a lot of things, a lot of problems we have in the city from hospital survival to housing. Thank you.

CHAIRPERSON LEVINE: Thank you, and that point just cannot be emphasized enough. There are vast, vast savings to be realized in moving to a more rationale single-payer system, and thank you for bringing an economic perspective to that. Thank you. Anthony.

ANTHONY FELICIANO: Good afternoon. My name is Anthony Feliciano. I'm the director of the Commission on the Public Health System. I'm going to skip a lot of part of my testimony. But, you know, you've heard already. There's been arguments against a universal single-payer system because the cost to government. But our current health care systems is actually already extremely expensive and what about the millions of New Yorkers who pay the human toll and the price for high cost of care. Would it not be beneficial to be able to negotiate favorable terms with drug companies and service providers? No one should ever be unable to afford the care they need. You know, no one should be able to be forced to ask themselves do I pay a hospital bill or do I pay a utility bill or food at the table or the roof over a family. I will say that insurance obviously, it would be wrong to try to put insurance like it's a panacea against to fight all problems that's going on in the health care systems. But including around issues of historical racism, structural racism within the health care systems, but, and my experience in working with diverse communities insurance status, issues of insurance, is strongly associated with

medical bill difficulties and is strongly associated with issues around this combination as well. For many people paying hospitals bills we know it impacts greatly. I will say that part of the issue is that as a person of color I know intimately well the unequal conditions in our marginalized communities. I know how they get treated. I understand the difficulties they face accessing quality health care. I'm horrified by those stories all the time. But the way New York Health Act is one major solution to a major form of discrimination within that system. And this resolution was giving a strong message to the state about what the support is like on the city level around this. And I want to just say that, I wasn't mentioning this before, but it heartens me where industry like the hospitals talk about how they take care of everyone when we know in this city there's a system of two systems here. There's a tale of two health care systems. A tale of two cities. Looking, and part of it is also around the insurance. And so we need to address that. There is structural racism and this bill is not to resolve that. However, what would it do it will be greatly impact our communities, communities of color, all

communities, and that's what's important about this. You know we can't keep the status quo, it's not acceptable. We cannot continue having New Yorkers skipping health care because of issues like affordability. We cannot continue to rely on major players like health insurance industry to continue to be reliable partners in delivering their health care. Thank you.

CHAIRPERSON LEVINE: Thank you, Anthony, thank you. Please, sir. It's Mr. Moss, is that correct?

HENRY MOSS: YES.

CHAIRPERSON LEVINE: OK.

HENRY MOSS: My name is Henry Moss. I'm on the board of the New York City Chapter of Physicians for a National Health Program, although I'm not a physician. I do have a doctorate, but I'm not a doctor. I'm here to support the resolution. Conservative anti-government ideologues from the Manhattan Institute and the Empire Center for Public Policy have been spreading myths about the New York Health Act. They are contradicted by the facts. One set of myths concerns the role of government in health care. Myth number one - the government cannot

control health care costs. As we've heard today, fact, costs in the current US market-based system have risen by 50% since 2000 and are still out of control. Premiums have risen by 19% over the past five years in this country. And as you have heard, countries with single-payer are heavily regulated universal systems, spend half of what we do on average with better health outcomes, and these countries and government programs like Medicaid and the V.A. can negotiate lower drug prices and medical device prices through the leverage that government has and the population it serves. Myth number two - the government cannot run an efficient health care system. Fact - Medicare trustees reported that in 2015 Medicare had an administrative overhead of under 2% of total expenditures, while the Congressional Budget Office reported 13% for commercial insurers, which of course gets passed along in premiums. This includes the cost of excessive executive compensation, corporate profits, marketing expense, and the thousands of workers needed to field calls from doctors who are, who need prior authorization or who are fighting a denial, and other wasteful practices aimed only at reinforcing the bottom line.

And there are additional thousands of workers in the hospitals and in physicians' office who spend their time interacting with hundreds of different insurers with thousands of constantly changing plans. Myth number three - government programs are overly bureaucratic and result in poor customer service. Fact - the traditional, the single-payer traditional Medicare program is hugely popular. According to the Kaiser Family Foundation, 80% of those over 65 have a favorable opinion of Medicare, including 67% of older Republicans. 69% of those under 65 also have such an opinion. And finally myth number four - the New York Health Act would mean government control of health care delivery, i.e. socialized medicine. That's just either wrong or a lie. New York Health Care will make the payments for health care, but private hospitals and physicians will continue as independent operators under the New York Health Act and be in complete control of health care delivery. They will negotiate fair and reasonable payment from New York State in exchange for providing the quantity and quality of care needed by New Yorkers. And there will be no restricted networks. Our market-based approach has failed us and only the government, yeah,

the government, has the leverage to get costs under control and to meet constitutional obligation to safeguard the health and welfare of all.

CHAIRPERSON LEVINE: Thank you, Mr. Moss. You know, the perspective of the people on the front lines, doctors, nurses, other providers, has been too often absent from this debate and there's a lot that you said that's important. But I do want to emphasize that there is such a thing as socialized medicine in the world. It's the system, for example, in the United Kingdom, the National Health Service. It does, by the way, cost less than what we're spending in the US per person and it's getting better health outcomes. That, however, is not on the table today. We're talking about payment, talking about single-payer. Thank you for emphasizing that point. It's a common misconception.

HENRY MOSS: The folks in England won't give up their National Health Service. The UK has a very good service. But all you read about in the papers are the problems.

CHAIRPERSON LEVINE: And that's the consensus from right to left, in the United Kingdom, by the way.

HENRY MOSS: Correct.

CHAIRPERSON LEVINE: Mr. Disou, your child is awake now. And still incredibly well-behaved. Putting us all to shame. And is it a she? Would she have any comments to make? [laughter] Does she support single-payer health care?

SAMMY DISOU: In a year. Make some noise.

CHAIRPERSON LEVINE: All right, well, we'll check back in with her in a year. Please.

DR. MALILY: I'm here as a New Yorker, also as someone who has worked as an epidemiologist and health economist internationally, and I'm in support of the New York Health Act. This act reports New York State joining global efforts outside the US, ensuring universal access to health care and a public health focus that makes everyone important and keeps track on how well we're achieving our health care priorities as a state. This includes prevention and treatment of cancer, cardiac disease, and the like. The NYHA will be administered via separate geographic sections of our state, which allows critical assessment of unmet needs, such as where we need more doctors and hospitals, nurses,

etc. What NYHA needs, once passed, is cost control measures to ensure an affordable, cost-effective, state health system, one like the rest of the world. What we know from all other countries, except ours, is that cost controls help to create a workable budget. A workable budget requires negotiating drug prices based on clinical outcomes. The list is endless of New York State can do and everywhere else is doing it. The bill will probably include a preferred drug program, a measure that allows prescription of medications without any preauthorization that are demonstrated to achieve optimal health outcomes with demonstrated cost effectiveness, meaning cost is commensurate with how much patients benefit, no me-too drugs that cost more, no high-cost new drugs with negligible clinical benefit over current gold-standard treatments. I urge the City Council to demand passage of this bill to ensure all New Yorkers access to health care with measures that include negotiation of drug costs, looking at the type of outcomes and measuring them, and a preferred drug treatment program. It's important to the health of New Yorkers, to the economic solvency of our vibrant health care systems

that includes some of the best hospitals in the world, if not in our country, if not the world, what good is it if all New Yorkers can't get access, and just echoing Dr. Bassett about, you know, basically the racial divide is the health divide. This is what NYHA ensures and why the City Council should and needs to endorse this plan.

CHAIRPERSON LEVINE: Thank you very much, Dr. Malily. And thank you very much to this panel. We are going to hear next from the great Bobbie Sackman and her affiliation is listed as Jay French and the Caring Majority. And we have Heidi Siegfried, the Center for Independence of the Disabled. And one of the leading activists in this fight, across the city, Gwen Peryasami from FPWA, Jean Ryan from Disabled in Action, and the final member of this panel will be Kayla Lawrence from the New York Caring Majority, as well as 1199SEIU. Bobbie, would you like to kick us off?

BOBBIE SACKMAN: Yes. It's nice to see you, Councilman, thank you. As you said, I'm here on behalf of Jews for Racial and Economic Justice and the New York Caring Majority Coalition, which is a statewide coalition whose mission is basically to get

universal long-term care, and so we're very excited and thankful that Assemblyman Gottfried and Senator Rivera are amending it into the bill, and I thank you for holding this hearing today. We've been through some great battles together.

CHAIRPERSON LEVINE: Yes, we have.

BOBBIE SACKMAN: And I know you don't give up, so that's really great. What I wanted to say, a few things just off the top of my head, because I'm not going to read the hold testimony. So for 28 years I was the direct of public policy at Live On New York, which represents senior services, and for at least the last 20 years I came to City Council, and they're going to come back this year, saying we have waiting lists, we have waiting lists for the program called Expanded In-Home Services for the Elderly Program, known as EISEP, for people above the Medicaid level, but their incomes are between twelve and twenty thousand dollars a year. And they can't get home care. And there's another part of the program called Case Management, to monitor, to make sure they get what they want. I know that this year they're going to come back and say there's over a thousand people whose average age is 85 waiting for

case management. Hundreds are waiting for home care. Passage of the New York Health Act with long-term care in it, we'll never have to come back to you again and talk about waiting lists. We could talk to you about other needs that seniors need. And this would be incredible. It would place long-term care, you would get what you need on the basis of your need and not your income. And that's where we've been for too long, that if you're not eligible for Medicaid you're just lost. You're really pretty much sitting on a waiting list. The other thing, I was a little disturbed to hear the gentleman from the hospital association saying that, and I will finish it, that seniors are afraid they're going to lose their Medicare. That sounded like propaganda to me. You don't walk around saying that to people unless you really want to instill fear in them, and you want them to oppose this bill. So I don't know if we were given a message that they're going to give out, but I really feel that that was, it's a very dangerous and untrue message.

CHAIRPERSON LEVINE: And I picked up on that as well, and the truth is that the New York Health Act would offer superior benefits to what a

senior is currently receiving, so there would be no reason for anyone to be fearful.

BOBBIE SACKMAN: And I'm now a Medicare recipient. You do not...

CHAIRPERSON LEVINE: Impossible.

BOBBIE SACKMAN: You will not lose your card, and I just think that that's a message we can't let them get that one through. That's the wrong message. Thank you.

CHAIRPERSON LEVINE: Thank you, Bobbie. And is it Ms. Lawrence, is that correct? If you could turn your mic on.

KAYLA LAWRENCE: Good afternoon, everyone. My name is Kayla Lawrence and I just want to see that I feel very proud to sit here today to speak on behalf of the New York Health Act, on behalf of myself, the National Domestic Workers Alliance, whom I represent, also New York Caring Majority, and also 1199SEIU, which I work in three sectors. I started out as a caregiver when I came to this country. I started as a home attendant and I worked there for eight years, and then I proceeded to become a certified nurse's, nurse aide, and I've also done private duty, you know, home care around New York.

So I've pretty much, I've had a lot of experience in providing care. And I just want to say that, you know, over the years of working and providing care for these clients, I've seen many of them suffer because they're either not getting enough hours, or they have problems with their Medicaid and, you know, stuff like that. So I am very happy to hear about this New York Health Act that will, hopefully will eliminate all of those kind of problems, you know, for New Yorkers that's disabled and need care, because, you know, New Yorkers, we're getting up in age and I've seen statistics that people, we're not having that many children anymore, and we are getting older and older and we need, you know, proper health care. So I am all for New York Health Act and hopefully it will solve some of the problems that, you know, the hospitals closing, the nursing home, because New York is the big apple. We should be setting the pace for the other states in this country, and we should have a universal health plan that set the pace for other states to follow. We shouldn't be falling behind on care for our elders, people with disabilities, and so on. We should be the role model state for everyone. Thank you.

CHAIRPERSON LEVINE: Very well put. We couldn't agree more, and it's so great to have the voice of caregivers at the table today. Thank you for testifying.

KAYLA LAWRENCE: Thank you.

CHAIRPERSON LEVINE: Gwen.

GWEN PERYASAMI: Good afternoon. Thank you so much to the council. Thank you so much, Council Member Levine, for your introduction. I'd like to turn that back on the council for their leadership in setting up this hearing around this resolution. FPWA is a membership organization that I am a part of, um, of nearly 170 direct service providers working across the city on issues of health equity, for example. We are also on the steering committee of the New York Caring Majority, whose stories you are hearing all around me right now. Just to point on the long-term care part, long-term care for too long has been a financial hardship for the 1.2 million older adults in New York City alone, the countless disabled individuals and their loved ones, and the workers who support them for far less than deserve to achieve in income equity in New York City, and we entirely endorse a single-payer system

that prioritizes, including long-term care, in all of its needs. Just to talk a little bit about this resolution, whether it has been about the threats to public charge, to providing leadership on Access Health NYC, which helps immigrant New Yorkers' needs, as well as many others, and countless other health equity issues in New York City, the council has shown such leadership in health equity, and this resolution is an opportunity to continue to show that leadership to show that New York City believes in health equity in comprehensive, affordable, accessible health care for all, and I encourage the council to vote on this resolution as soon as possible.

CHAIRPERSON LEVINE: Thank you very much, Gwen, for those comments and for your leadership in this field.

HEIDI SIEGFRIED: Hi, so my name is Heidi Siegfried. I'm the health policy director at Center for Independence of the Disabled in New York. We, our goal is to ensure full integration, independence, and equal opportunity for all people with disabilities by removing barriers to full participation in the community. We help, we have a lot of people who help people try to understand,

enroll in, and use their private and public health coverage, so we appreciate the opportunity to share with you our thoughts about New York Health Act. We've heard a lot today about affordability, but another problem that we've really uncovered with the current health care systems as it is, which we find does not work well for people with disabilities, is the issue of networks, and so the New York Health Act would really liberate people from networks, much as people who age into Medicare or disabled into Medicare find when they are able to see any participating provider, and we have, we've conducted focus groups around the state with other health care advocates and found that a lot of people are delaying or just throwing up their hands and going without care because they cannot find the proper provider in their network. So we think that a system where you can go to any participating provider, and also the care coordination service that's separately funded in this bill, would really go a long way to helping people deal with that. Some of the other concerns, people with disabilities would have, is we really would want to see, we look forward to seeing the bill amended to include long-term care. This is obviously

very important to us. The managed long-term care plans that we have to deal with now are both cutting back on their hours and the ones who provide adequate hours are going under, and so that, we see this as a possible solution. The other thing we would like to see is strong durable medical equipment providers that know how to deal with complex rehab technology, and physical therapy, occupational therapy, and speech therapy without visit limits, which is what we've been encountering both in commercial coverage, Medicaid, and private, ah, Medicare has a dollar threshold. So the idea is that services would be based on medical necessity. So we're looking forward to having less restrictive benefits and less restrictive networks. Thank you.

CHAIRPERSON LEVINE: Thank you, Ms. Siegfried. And Ms. Ryan, is that correct?

JEAN RYAN: Hi, I'm Jean Ryan. I'm president of Disabled in Action, and I got sick last night, so I'm sorry for my voice, but at least I have one now. We're a cross disability civil rights organization. We were founded in 1970. Long-term care and home care is a right. We're confident that long-term care of all kinds will be included in the

New York Health Act because not only is it a right, it is a necessity. People are going without medical care because they cannot afford insurance or the co-pays from affordable insurance. People are going without long-term care because of not enough money to get care. People are having to quit jobs to take care of family members, and then not have enough money to live on. Caregivers are losing their own health more because they are unable to take care of themselves adequately, to get enough rest and medical care while they are taking care of their loved ones. People who are in need of full-time specialized care and who are dying and want to be home are unable to stay home to die and get enough care because now through hospice they can only get two hours of care at home per day. Two hours. What about the other 22 hours? No one person can provide 22 hours of care every day. When long-term care is a reality under the New York Health Act people with disabilities will be able to live productive lives and be paid a decent salary in a productive job and not have to worry about making too much to get out of poverty, as they do now under Medicaid. Caregivers will not have to worry about becoming ill or dead or impoverished

while taking care of sick relatives. People with disabilities who need care will get the care they need. This is our vision of what the New York Health Act will mean to people with disabilities. Thank you.

CHAIRPERSON LEVINE: Thank you, Ms. Ryan. And I'm not sure if you were here for the opening comments of Assembly Member Gottfried, but he did make it clear that in January they are going to officially announce that the reintroduction of the bill will include long-term care. That's a very, very, very big deal. Thank you for speaking on this important topic. And thank you to this excellent...

JEAN RYAN: [inaudible] enough, a lot could happen between now and January.

CHAIRPERSON LEVINE: That is true, that is true, and we share your sense of urgency in addressing this crisis. Our next panel will be Kimberleigh Smith from Callen-Lorde, Kim Barrons from the New York State Nurses Association, Mark Levitz from PNHP, Alec Forbach, and Joshua Clemon from Harlem Young Democrats. Thank you, and I'm informed that we have a very, very long list of people still waiting to testify, so if I'm a little tight on the

timing piece I hope you'll forgive me and understand. So, please.

ALEC FORBACH: I'm Alec Forbach. I'm a medical student and the fellow for the New York Metro Chapter Physicians for a National Health Program. My role with them is to organize the growing contingent of medical students in this area that are staunch supporters of single-payer health care. Right now we have nine chapters of students for a national health program at medical and public health schools in this area, and that number is consistently growing. I think the reason for this is actually quite simple. All of us came to medical school because we want to help people. Yet as we get deeper into our training and as we get more exposure to the shortcomings of our health care systems we realize that that's often not possible. Far too often we present patients with an impossible dilemma - go without needed care or go bankrupt trying to pay for it. Now, as a medical student I've been exposed to the wonders of modern medicine. I remember a patient who was brought into the emergency room unresponsive and seizing, only to be begging for discharge two days later so he could go to Central Park and take pictures of the snowstorm

with his wife. So it's no doubt that in this city we have some of the most advanced medical care in the world. Yet far too often we must bear witness to the ways that the structures governing our health care systems prohibit the provision of even the most basic care. Just last month I walked out of the hospital at midnight. There was a man shivering in a wheelchair in the cold. All he needed was a place to stay, and we stood right outside of the emergency room. But the first thought that came to my mind was about what an unaffordable hospital bill would do to any hope of a better future for that man. I don't want to practice in a system where that's the first thought that comes to my mind when I see somebody in need of care. None of us do. Now, in New York we don't have to have that system. With the New York Health Act we can have a system in which everybody has access to the world's most advanced medicine, and we could have a system in which nobody has to go bankrupt to pay for it. With the New York Health Act we could have a system in which all of us medical students are proud to practice and to train, and that's important because today's medical students will be the leaders of tomorrow's health care

systems. So that is why I am urging you today to continue to fight for the New York Health Act so that we can have a health care systems in which we can all go back to the reason we came to medical school in the first place - to help people. Thank you.

CHAIRPERSON LEVINE: Thank you very much.

Thank you very much, council members and chair. My name is Kim Barrons. I'm a New York State Nurses Association member and I am ER nurse. And every day that I work I am witness to the people that come in, choosing the ER not because they're dying but because that's the only access to health care that they have, because they have no option, because they have under-insurance, and the gentleman from the hospital association said, oh, well, we help support so everyone gets health care, no one is denied. Emergency room is not health care. And there are hospitals down the street that cherry-pick patients who can pay and who cannot pay. They pay their own insurance, er, their own ambulance systems that cherry-pick patients that are undesirable and they divert them to the public hospital which I work. Access to health care does not equal access to care delivered, and the New York Health Act would be that

one option that we all can have that we can actually get care and not just access to care.

CHAIRPERSON LEVINE: Thank you, Nurse Barrons, and thank you for vividly illustrating exactly the challenge that we want to call attention to, the inadequacy of a system that forces people into the emergency room for what could have been treated in a primary care setting, to the advantage of the patient and the health system. Thank you for that important perspective.

DR. MARK LEVITUS: Committee Chairman Levine, the committee council, I am Dr. Mark Levitus. I have long time worked actively for Physicians for a National Health Program here, and I'm here as a physician. My point, number one, as such I personally will make no money out of the implementation of a single-payer plan. None of the other works, physicians, nursing people, social work people, community activist people, we don't make money from this. In fact, some of my colleagues, the higher-paid set of speciality surgeons, for example, are going to lose money. Yet, in fact, if you poll physicians all of them will favor, they say we need some sort of reform for health care and now more than

half of them will say yes, we need a single-payer plan. For us, what a single-payer system represents is to give us the ability to deliver better care to more people in a more user-friendly, user-friendly for both us and the patients' health care systems. Regarding our detractors, the insurance, the pharmaceutical industry representatives, in truth they are here to protect our current convoluted health care systems. It has been a cash cow for them. Their contention that a single-payer system will be too expensive is absurd and I can sort of remind you that my colleague, Dr. Len Rodberg, expressed that very clearly a few moments ago. So my plea to everyone listening to this is no matter who speaks to you, pro or con on the issue, pay attention to who's talking to you. And my last minute or second is that, my second issue is the issue of state level as opposed to national level. Assemblyman Gottfried certainly addressed that. I just want to remind you that it's a big tradition in New York State. Our former governor a hundred years ago, Al Smith, a hundred years ago in response to the Triangle Shirtwaist fire down the street introduced

tremendous local legislation that became a template for the New Deal. We should do that again.

CHAIRPERSON LEVINE: All right, thank you very much. And I do want to ask Olanikay Oyayema from the National Association of Social Workers to join the panel and in the meantime, Kimberleigh, you can take it away.

KIMBERLEIGH SMITH: Thank you. Good afternoon and thank you for the opportunity to testify this afternoon. My name is Kimberleigh Smith and I'm representing Callen-Lorde Community Health Center. As you know, we are a federally qualified community health center whose mission is to reach lesbian, gay, bisexual, and transgender communities, as well as people living with HIV in New York City and beyond with high-quality, comprehensive, non-judgmental health care regardless of ability to pay. We are very much a part of the New York City's dynamic health care infrastructure and cared for about 18,000 patients in 2017. And I want to just add that before I worked there I was a patient at a time when I needed care. So we are here today to publicly endorse and emphatically urge the New York City Council to pass Resolution 470. As a recognized

community health care facility that was born out of the Stonewall era at a time when mainstream medical establish did not fully embrace or acknowledge the primary and sexual health needs of the LGBTQ community, we believe we hold a particular expertise in how to make health care fully equitable and accessible to all. So I want to offer today our support for this resolution as providers, as employers, and as principled proponents of health, economic, and racial justice. First, our perspective as health care providers. Technically, we, you know, our ability to treat a patient is not constrained by the insurance status of that patient because we're a community health clinic, but we still suffer the inordinate burden of wrangling with commercial and public insurers, navigating complex billing systems, and untangling administrative bureaucracies. One example is we spend hundreds, possibly thousands of hours of staff time helping our transgender patients contest insurance denials for gender-affirming care, care that is medically necessary and mandated to be covered by both Medicaid and commercial insurers in New York. As an employer, we did a basic study that determined that we will save 3.5 million dollars

annually under the New York Health Act program, and then finally we support the single-payer health care systems because it will advance health, economic, and racial justice in our city and our state. I have left a detailed testimony and you can read it at your leisure.

CHAIRPERSON LEVINE: Impeccable timing. Thank you for those remarks and for the work of Callen-Lorde. It's very important. Ms. Oyayema.

OLANIKAY OYAYEMA: Hi, good afternoon. My name is Olanikay Oyayema and I'm a licensed master social worker and I represent the National Association of Social Workers, the New York City Chapter. The National Association of Social Workers, New York City Chapter, appreciates this opportunity to speak on behalf of Resolution 470 that expresses the council's support for the New York Health Act. In fact, our association has already expressed its support for the act directly to legislators in Albany. We represent 6000 social workers in the metropolitan area. Social workers are on the front line of the fight for universal affordable health care because we deal with on a daily basis with the problems our clients experience. For example, when

they become sick and are without insurance, have inadequate coverage, cannot keep trusted providers because their employers change their insurance plan, or they cannot afford even if insured. Social workers know too well the profound anxiety of patients and their families having to deal with insurance companies limiting or denying treatments ordered by the doctors or facing bankruptcy because of medical bills. Because social workers always focus on the person and his or her own environment, we understand the impact poor health care has on mental health, employment, since patients may lose their jobs when they delay treatment because of cost, and then face hospitalization for lengthy rehabilitations. Clients can lose their housing because of unpaid bills. Stress due to financial debts can negatively affect relationship with partners or spouse and children, resulting in a loss of emotional support when they need it the most. Dr. Martin Luther King stated of all forms of inequity injustice in health care is the most shocking and inhumane. We agree and believe that the solution rests with our elected officials who can decide that the misery inflicted on New Yorkers is no longer

acceptable, and it is time to adopt a solution that every other wealthy country has adopted - a truly affordable universal health care. The solution is there. It is the New York Health Care. What is needed now is the political will to implement it. The National Association of Social Workers of the New York City Chapter therefore hopes that the New York City Council representing millions of New Yorkers will add its voice to the many communities, large in small, in our state who have expressed support for the New York Health Act and have asked our elected officials to act at last.

CHAIRPERSON LEVINE: Thank you. Thank you very much for your testimony and for your work as a social worker.

OLANIKAY OYAYEMA: Thank you.

CHAIRPERSON LEVINE: Very quick follow-up for you, Kimberleigh. You mentioned that there was an expected 3 million dollars in savings for you. I think you meant you as an employer...

KIMBERLEIGH SMITH: Yes.

CHAIRPERSON LEVINE: ...if this is enacted. Could you explain how you would realize those significant savings?

KIMBERLEIGH SMITH: Sure, sorry, I was rushing through...

CHAIRPERSON LEVINE: No, no, great, please.

KIMBERLEIGH SMITH: So we just did a very basic analysis. We took the cost of our current, we pay 100% of our health care for our employees at Callen-Lorde. So we took the cost of the current health care. Then we did an estimate of the cost of administrative services, whether it be billing, referrals, insurance navigation. We added those two together, and then we used the Friedman's, used Friedman's analysis to estimate how much we would pay for our employees' health care based on his cost estimates and just subtracted the two and came up with 3.5 million.

CHAIRPERSON LEVINE: That is an important data point and we thank you for sharing that with us. Thank you to this excellent panel. Next up we have some of the most prominent activists who have been leading this charge for years, including Carlyn Cowen from the Chinese American Planning Council, Max Handler from the New York Immigration Coalition, Rachel Eicher from the Arab American Family Support

Center of New York, Cameron Non from Mekong, Tasvia Ramen from CACF, and finally Sylvia Sikter from India House. Sorry, India Home. OK. Great, and how about you start us off. That would be Sylvia, correct?

SYLVIA SIKTER: Good afternoon. Thank you very much for the opportunity to testify in front of all of you. I here representing India Home. India Home is a nonprofit organization and we provide services to the South Asian seniors. So I'm going to make it shorter. I'm here today on behalf of India Home to voice our support for the New York Health Act. As you know, the New York Health Act will provide comprehensive universal health coverage for every New Yorker and would replace private insurance coverage. This will have the positive impact on all New Yorkers. This health care act will give every New Yorker resident the opportunity to handle health insurance regardless of age, income, and the immigration status. This is especially important for the South Asian older adults we work with, as they are vulnerable immigrants themselves who live in poverty depend on adult children, speak little English, have low to no income, and are socially isolated. Immigrants comprise of almost 50% of New

York City's older adults. Many immigrants, including those we serve require extra attention due to their unique needs. Furthermore, we provide services to many seniors who are also undocumented. These undocumented seniors currently do not have any form of health insurance. This population is growing older and facing a great number of health complications and other difficulties. At our Richmond Hills location we provide senior services and half of our members are there undocumented. One member in particular, I'm giving the example, who speaks Punjabi, is undocumented and has lived in this country more than 30 years. When he is sick he says he has no choice but to stay at home and rest, because like most undocumented people he doesn't have insurance. When such seniors needs health care services we refer them to NYC Health and Hospital facilities and the emergency room or the community qualified health centers and the community clinics. But the community health centers are not adequately equipped for the extensive care to the undocumented seniors specifically. This newly proposed legislation established the New York Health program would help target these issues by instituting our

universal single-payer health plan guaranteed for all New York State residents. Moving forward, we have some recommendations to following steps. Number one - create and disseminate informational materials to ensure seniors are aware of their rights to the New York Health program coverage. Number two - ensure information is available in major South Asian languages prevalent in New York City, such as Bengali, Hindi, Punjabi, Urdu, etc. Thank you very much for the opportunity.

CHAIRPERSON LEVINE: Thank you, Sylvia. OK, Max.

MAX HADLER: All right. Good afternoon, Council Member Levine. Good to see you. Thank you very much for calling the hearing. My name is Max Hadler. I'm the director of health policy at the New York Immigration Coalition and we strongly support the resolution and the New York Health Act because, as we've heard today, it would cover anyone in this state, regardless of immigration status. We have an entire campaign called Coverage for All that we run with Make the Road New York to extend coverage to all undocumented adults to protect coverage for people losing temporary protected status and deferred action

for childhood arrivals, which is another 80,000 people that because of attacks by the Trump administration would not only lose their immigration status, but potentially also their health insurance coverage. While these steps are very important and that's why we have a campaign for it, passing the New York Health Act and implementing the New York Health Program would resolve all of these issues as pertain to coverage. So we are extremely supportive of it. I do want to raise a few points that while we still have a lot of work to do to see the New York Health Program become a reality, I think it's never too early to think about implementation, and in terms of implementation there is pervasive segregation in the current health care systems by payer type and by patient race and ethnicity and preferred language that is not going to be solved overnight by the creation of the New York Health Act, and it requires a really concerted effort to make voluntary hospitals and other private providers rise to the level of culturally responsive and linguistically appropriate care that currently and already takes place in best practice organizations like community health centers, for example. And then another issue related to

public charge and to walls on our borders and to the suspension of asylum and to all of these other issues that immigrant communities are facing today is that we need a well-conceived, well-funded, and well-executed outreach and education program to encourage use of the health care systems by immigrant communities, discouraged from seeking services by all of these policies now. We have a great model in Access Health NYC that I know you are very familiar with and very supportive of, and I thank you for that. I think if we were to implement a program like the New York Health Program that provided universal coverage we need to acknowledge that there are many steps we need to take to get all the way to the point of having true equal opportunity and access in the health care system. Thank you very much.

CHAIRPERSON LEVINE: Thank you for those excellent, excellent points. I am recalling a statistic I got from Dr. Katz, who is the head of the Health and Hospitals, which is that about two-thirds of the patients who come to them uninsured are actually eligible for some form of subsidized plan. It could be Medicaid, it could be a subsidized plan on the exchange, and they have not enrolled for

whatever reason. It could be the fear factor that you describe and there could be other barriers. But it's not too soon to begin to think through that challenge, how to make sure that people actually access the benefits to which they're entitled. They're not doing it today in many cases, hundreds of thousands of cases, and so you're right to say we have to start planning for that in what we hope would be an expanded universal benefits.

MAX HADLER: Thank you very much.

CHAIRPERSON LEVINE: Thank you, Max. Carlyn..

CARLYN COWEN: Good afternoon. My name is Carlyn Cowen. Today is deeply personal for me because the US health care system has single-handedly devastated my family. So I thank you for your leadership on this issue. But I'm actually here to talk about my work at the Chinese American Planning Council, where we serve 60,000 Asian American, low-income, and immigrant New Yorkers each year. The community members that we serve desperately need the New York Health Act, because one in four people that walks through our doors is uninsured. The community members that we serve need the New York Health Act

because for those who are lucky enough to have insurance so many of them still don't get needed medical care because they can't afford the doctors' visits, the co-pays, the prescription drug costs, and they're still paying for insurance, and it's a choice that's a trade-off between their rent, groceries, and insurance, and putting off care that they need. The community members we serve need the New York Health Act because we have people coming into our centers and de-enrolling from government subsidized health care programs because they are afraid that it is going to hurt their immigration status. And the community members that we serve need the New York Health Act because one in three of our seniors lives under the poverty line. Two in three of them don't speak English and many of them don't have a plan for their long-term care. Senior Asian American women are actually the highest suicide population in New York City because our system leaves them no other options and they are isolated and alone. I'm about to give everyone about 30 seconds of my testimony time back, but I just want to ask one question for everyone in the room. Do we all believe that health care is a universal basic human right and if so how

bold action are we willing to take to make it happen? Thank you.

CHAIRPERSON LEVINE: Yes, and very bold would be my answer. And, boy, the connection between both of your testimony reminds us that if we, when we succeed we are going to bring in new people to the health system who might not currently be served and many of them will be non-English speakers and face other culture barriers. So we darn well better be sure we can solve the problem of inadequate care to people who do not speak English, people of color, people of other faiths, who currently are not getting equitable care and that challenge is only going to be greater as we bring in what we expect will be many, many, many new patients who have, who could potentially face these challenges if we don't fix the problem now. Thank you very much. Thank you.

RACHEL EICHER: Hi, my name is Rachel Eicher. I'm with the Arab American Family Support Center. And I want to thank the Committee on Health for convening this today and inviting community-based organizations to comment on these proposals. As one of the few organizations with an Arabic-speaking health navigator in New York AFSC has extensive

experience expanding access to health care for immigrants and refugees. Over the past year alone we enrolled over 1200 individuals in free or low-cost health insurance programs, including Medicare, Medicaid, and essential health benefits under the ACA. We also promote early intervention and preventative care, building community awareness through workshops, and also have recently partnered with the department, the NYC Department of Health and Mental Hygiene, on a mental health initiative. We can attest that despite progress under the ACA there is still unmet need for health coverage among immigrant and refugee communities, and we see disturbing trends. The US Department of Homeland Security has proposed changes to the definition of public charge and its implications for immigration status threaten the health, safety, and livelihoods of immigrants and refugees. In light of the resulting fear of deportation we have already seen our community members give up needed services, jeopardizing the health and safety of themselves and their children. We also see families with limited income struggle with the cost, the rising costs of health, and avoid routine interaction with the health

care system, postponing treatment until problems require urgent care or cannot be helped. Children and the elderly are at heightened risk, but these choices have negative public health implications for the entire city and state. So in light of this, AFSC welcomes measures by New York State to ensure that all residents, regardless of age, wealth, income, employment, or other status, and including undocumented immigrants, can receive the health care they need. We applaud efforts to lower health care costs and improve outcomes for vulnerable populations and encourage further action to simplify the maze of health insurance regulations that leave so many families confused and under-resourced. And we respectfully request that city and state authorities continue to include culturally and linguistically competent service providers in the conversation around community health to ensure proposed solutions are fully inclusive and optimally designed. Thank you.

CHAIRPERSON LEVINE: Thank you very much, Rachel. Please.

TASVIR AKMAN: Good afternoon. My name is Tasvir Akman and I'm the policy coordinator for

the Coalition for Asian American Children and Families. We're the nation's only pan-Asian children and families advocacy organization and leads the fight for improved and equitable policies, systems, funding, and services to support those in need. I am here representing the APA community. Our community is very heavily immigrant, with 78% being foreign-born and has the highest rate of linguistic isolation of any group at 42%. The act will alleviate the burden that many immigrants face in understanding and navigating the complexity of health insurance plans, many of which are too exclusive for families. Additionally, and most importantly, almost 15% of APAs of over the 18 remain uninsured in New York City. And a majority of APAs, 89%, nearly 90%, uninsured is foreign-born. Many APAs are also self-employed, working in small businesses or in cash-based industries that are less likely to offer health benefits. The health care access problems are exacerbated in APA communities by immigration status-related challenges, language barriers, cultural stigmas regarding public benefits, and low utilization of primary and preventative care. In light of the impending public charge we need, we

cannot afford to dismiss an opportunity to protect and improve health, the health and well-being of our immigrant communities. So I just have three recommendations. One is, of course, to work on passing the resolution, to call on the New York State Legislature to pass the New York Health Act, and two, we also urge City Council to ensure that community and organizations serving APAs and other immigrant communities are included and supported in the outreach efforts during the implementation of the act. CACF also asks the City Council to guarantee that the New York Health Act provide a thorough and inclusive coverage which provides care often overlooked in basic health insurance plans, such as dental, eye care, mental health care that is both language accessible and culturally competent. Thank you so much for taking the time to hear our testimony. We appreciate your commitment to improving the health of APA children and families in New York City.

CHAIRPERSON LEVINE: That was an outstandingly timed statement, but also the content was very, very good as well. Thank you very much to you and CACF and to this entire panel. Wonderful.

Next up we have Bob Lederer from Physicians for National Health Care, Charmaine Ruddock from the Institute for Bronx Health Reach and the Institute for Family Health, Beverly Koster, Ellen Polavy from Geriatric Care Managers, and Priscilla Bassett from the Statewide Senior Action Council. This is quite a treat. OK, why don't you kick us off, please.

CHARMAINE RUDDOCK: Sure. So, good afternoon. I'm...

CHAIRPERSON LEVINE: Your microphone, please. Thank you.

CHARMAINE RUDDOCK: Is that better? Yes. Good afternoon. I wish to thank the City Council and its Health Committee for this opportunity to provide testimony in this hearing on Resolution 470 in support of the legislation A4738, AS482, to establish a New York health program, a universal single-payer health plan for all New York State residents. I'm Charmaine Ruddock, the project director of Bronx Health REACH, a coalition of 70-plus community and faith-based organizations in the Bronx. This coalition is led by the Institute for Family Health, a network of 30 federally qualified health centers in the Bronx, Brooklyn, Manhattan, and in Ulster and

Kingston counties in upstate New York. The institute serves 117,000 patients and do 650,000 patient visits each year. Bronx Health REACH's focus, since its inception in 1999, is the elimination of racial and ethnic disparities in health outcomes, especially in the Bronx. Much of our work in the community has focused on diabetes and its prevention, which disproportionately impacts Bronx residents for a number of reasons, including access to health information, access to healthy lifestyle choices, and access to health care. By almost every health measure the Bronx has the poorest health outcomes in New York. For the past nine years, the Robert Wood Johnson County Health Rankings Report has ranked the Bronx 62 out of 62 counties in New York State in health outcomes and health factors. It is why Bronx Health REACH, the Bronx Health Action Center formerly, the Bronx District Public Health Office, Montefiore Health System, and the Bronx borough president's office cofounded Not62, The Campaign for a Healthy Bronx. Some statistics: Within New York City, the Bronx has the largest percentage of adults without health insurance, 22%, and the largest percentage of adults going without needed medical

care, 12%. The work of the coalition has involved multiple focus groups with community residents to determine the obstacles they encounter in getting good health care, and the themes that emerged were distrust of the health care system, a sense of being disrespected by the system, poor communication, feeling of inadequacy in advocating for themselves. These findings were used to develop a community-based initiative that engage a community in many primary prevention activities. But while valuable and while they can and do make a difference, in order to make the change that will ensure sustainable health care for Bronx residents access to quality health care had to change. As we examine the causes of widespread racial and ethnic health disparities in health care we determined that there was a pervasive segregation of care based on the link between race, ethnicity, and insurance status, resulting in the systematic separation of white and people of color into different systems of care. We call it medical apartheid. This legislation, if passed, will have a profound impact on changing all of this. It will mean that people in the South Bronx would be able to access the same quality of health care as people just

a few zip codes away from them, whose care now looks very different from theirs and whose outcomes in many instances as a result is different. In conclusion, the Bronx Health REACH coalition and the residents of the Bronx are not naive to believe that the establishment of the New York Health Program will be the magic bullet that in one fell swoop eliminates racial and ethnic health disparities. However, we do know that it will certainly eliminate a major obstacle in achieving that goal - lack of health insurance or inadequate health insurance. Thank you very much, Ms. Ruddock.

CHARMAINE RUDDOCK: Thank you.

CHAIRPERSON LEVINE: And I'm very excited to have another Bassett joining us, Priscilla Bassett.

PRISCILLA BASSETT: Well, yes, I am Priscilla Bassett.

CHAIRPERSON LEVINE: And if you could turn your microphone on, please.

PRISCILLA BASSETT: Oh, I thought it was. Is that better?

CHAIRPERSON LEVINE: Yes.

PRISCILLA BASSETT: My name is Priscilla Bassett and I'm a long-time member and former officer of New York Statewide Senior Action Council, and I'm retired co-chair of SLAC, the Senior Legislative Action Committee of Sullivan County, which is right next to the Bronx at the bottom of the rankings, the county rankings. Both of these are grassroots organizations dedicated to supporting the security and quality of life of seniors through education and advocacy. We have long supported previous bills intending to establish universal health insurance on the federal and state level. I'm also a member of DC37 Retirees Association, having been, having worked for the New York Public Library. I now live part time, part of the year, in Manhattan. You may ask why seniors, already beneficiaries of Medicare, would direct their energies towards passage of the New York Health bill. Why would I, a 25-plus-year beneficiary of traditional Medicare be here before you today? Part of the answer is very simple. In my childhood there was an elegant automobile, the Packard car. Its slogan was Ask the Man Who Owns One. So, ask us. We seniors know from personal experience the sense of security, the guaranteed access, and the simplicity

of billing that Medicare offers. Universal health insurance works for seniors and would work for everyone. Now, this is not to say that Medicare, how happy I am to be such a beneficiary, that as it is currently constructed it has its own shortcomings. The untoward effects of partial privatization are apparent with Medicare Part D, the pharmaceutical insurance component, a gift to the already immensely profitable health insurance industry. The introduction of Medicare Advantage plans in the Medicare Modernization Act has brought profit-making and thereby the undermining of original Medicare. Hearing aids, dentures, eye glasses, we all have heard, are not covered by Medicare. These are important accoutrements of aging as we strive to maintain our health and quality of life. Long-term care, and we've heard about that today, is extremely limited under Medicare and leaves most seniors dependent on Medicaid if coverage fails. These benefits would be covered under the New York Health bill. Such welcomed improvements would be provided for everyone. Significantly, the New York Health bill would eliminate deductibles and out-of-pocket costs for seniors. People enrolled in Medicare pay a

significant amount in cost sharing or for seniors for supplemental insurance to control out-of-pocket costs. Others today have testified and will, I assume, analyze the savings that universal single-payer coverage would bring. We in SLAC upstate in Sullivan provided such background to our county legislators, and I am proud to stay that the bipartisan Sullivan County legislature has unanimously endorsed the New York Health bill. I am truly honored to be speaking to the City Council, and thank you for this opportunity. We seniors bring a unique perspective to universal health insurance because it is clear we are living examples of the benefits of a single-payer system. We are proud to support the New York State health bill. It is not only a good idea, a moral commitment to health care as a human right, it is cost-effective and it will work. Please pass City Council Resolution 470 on behalf of my fellow New York City constituents cradle to grave. Thank you.

CHAIRPERSON LEVINE: My goodness. Thank you, Ms. Bassett, for testifying. There's nothing that makes a City Council member more upset than learning that we are behind the Sullivan County

Legislature. [laughter] I'm going to make sure all of my colleagues know that. It is great to have you speaking here, and I understand a little bit more where Dr. Bassett gets some of her leadership qualities. So thank you for that education as well. Thank you.

PRISCILLA BASSETT: Thank you.

CHAIRPERSON LEVINE: Please.

BEVERLY KOSTER: Good afternoon. My name is Beverly Koster. I am an independent advocate assisting people in obtaining Medicaid and home care services. And I'm finding it increasingly difficult to obtain live-in home care services for people who are definitely in need of that, and what I'd like to do is provide personal examples from my own experience as to what is so terribly wrong with this system. I have been successful through the Medicaid Immediate Need Program in getting approval for 24-hour live-in care, but when they need to transition to managed long-term care it's a different story. I have a client who is 101 years old. She can do absolutely nothing for herself and she had been getting live-in care through the Immediate Need Program and her first MLTC, but there was a recent

reshuffling between vendor agencies and MLTCs, and in order to not lose her aides, whom she and her family love very much, we went with another MLTC that has a contract with the same vendor. That nurse approved only nine hours per day and told her son and daughter-in-law, who live in a separate upstairs apartment in the same house to get a baby monitor. Another client, 97 years old, who wobbles greatly the moment he stands up, is getting live-in home care also through short-term immediate need, but the MLTC nurse evaluating him said he qualifies for only nine hours, even though despite his unsteady balance, despite using pull-ups, he frequently wets the bed at night, and left to his own devices would not be able to help himself. The daughter of another client with dementia was told by the MLTC nurse to see if she could get some medication for her mother to "control her behavior." After I told the daughter that that was reportable, the agency backed down big time and approved the necessary live-in care. The MLTC nurses use a computer program to determine needed hours of care, but it doesn't capture the total needs for a client. If someone needs help getting dressed in the morning do they not need the same help getting

undressed and into pajamas at night? Do they not need the same assistance with dinner meals that they need for breakfast and lunch meals? They also split hairs on definitions. For example, if a person is "forgetful" about taking their medications they don't need an aide. A family member can call them to remind them to take their meds and the person will hang up and do it. If the person is "confused", then they need an aide, because they will hang up the phone and do nothing. It's very important for family members to be aware of the proper choice of words when they are dealing with an MLTC nurse.

CHAIRPERSON LEVINE: And Ms. Koster, I'm so sorry, if you could just try and summarize, only because we're behind and we have seven more panels waiting.

BEVERLY KOSTER: OK, I'm basically done, yes. Thank you.

CHAIRPERSON LEVINE: Well, OK, thank you very, very much. All right. Please.

BOB LEDERER: My name is Bob Lederer. I'm the executive director of Physicians for a National Health Program, the New York Metro Chapter, and we'd especially like to thank you, Chair Levine,

for your leadership on this issue and for convening this hearing. I'm going to be reading a statement from our chair, Dr. Oliver Fein, who is unable to be here because of his clinical and educational responsibilities. So this is Dr. Fein's statement. I'm a practicing internist, professor of clinical medicine and health care policy at Weill Cornell Medicine. I'm here today representing the New York Metro Chapter of Physicians for a National Health Program, of which I am chair. Our organization represents 22,000 physicians nationwide and hundreds in this city who advocate for a universal, publicly financed system of guaranteed health care for all. We strong support the New York Health Act. As physicians, we constantly see the devastating consequences for patients who have no health insurance. We also witness an epidemic of under-insurance. Saddled with unaffordable deductibles and co-pays, many patients with insurance, like the uninsured, are forced to delay seeking care, stop their medications, and show up at emergency rooms for basic care. The New York Health Act guaranteed coverage for all of the uninsured and eliminates deductibles and co-pays for the insured. I want to

address some misconceptions promoted by opponents of the New York Health Act. First, that the health act is government-run health care. In reality, under this bill you and your chosen health care providers will make the decisions about your health care. No more narrow networks, no more insurance denials of needed care. New York Health would just pay the bill. Second, that the New York Health Act would quadruple your taxes. Yet studies show that over 90% of New Yorkers will actually pay less in New York health taxes than they do now for premiums, deductibles, co-pays, and out-of-pocket costs for health care and prescription drugs. Third, that the New York Health Act will cut payments to doctors and hospitals. Actually, there will be sufficient savings from cutting out administrative waste and negotiating lower drug prices so that most provider reimbursement rates can be raised. In sum, the New York Health Act is feasible, long overdue, and would allow doctors to return to focusing on providing the best possible care for our patients while finally guaranteeing health care as a human right for all New Yorkers. Thank you very much.

CHAIRPERSON LEVINE: Thank you, thank you very much.

ELLEN POLAVY: Thank you. My name is Ellen Polavy. I'm a medical social worker and geriatric care manager. My colleagues here, who spoke to the problems of Medicaid, talked about the problems that actually the private care companies are doing and we call that crapified health care - unnecessary barriers to necessary treatment. Networks, long wait times, pre-certification, requests for more information, denials, appeals - medical care accompanies liability, a private company's liability, and in the case of Medicaid we have the State of New York has outsourced Medicaid to private companies so home care is now provided by these private managed long-term care companies, which crapify the care for people. It's a little bit irreverent, but that's really what's happening. Traditional Medicaid, traditional Medicare is simple. We can, people can in Medicare, traditional Medicare you can see any provider who takes Medicare. I can arrange for home doctors, therapists, etc., for home-bound patients, for tests or treatment that can happen quickly. In Medicaid, traditional Medicaid,

if we do an immediate-need application, which is traditional Medicaid, we can get 24-hour care and it's easy. There are procedures. We find, there are procedures, there are, now I'll read what I said actually. There are, as a social worker, private care manager for 40 years without question it's been far easier to deal with traditional Medicare and Medicaid, which are closest things we have to single-payer. Any of the for-profit companies are giving us a hard time. Medicare and Medicaid are transparent. They have clear, published rules and procedures with honest appeal systems and lots of professionals watching and keeping the system fair. So...

CHAIRPERSON LEVINE: Sorry to do this, Ms. Polavy, if you could.

ELLEN POLAVY: The choice is clear. We really need this single-payer.

CHAIRPERSON LEVINE: Thank you. Thank you for also sharing that new technical term for our current system, which I wasn't aware of [laughter], but we like irreverence around here. Thank you to this panel. It was a great panel, featuring at least one celebrity. Next up we have Jeff Michaelson, David Lee, Tova Ovitz, Dana Offenbach, and Koshu

Uling. OK. Since we have a couple extra seats open here, I'm also going to invite up, well, maybe not so much, OK. I'll ask Jane Willis also to join us, if Jane is here. OK. Great, and why don't you kick us off, please?

DAVID LEE: Mr. Chair, members of the New York City Council Committee on Health, and fellow organizers for the fight for health care justice, thank you so much for this opportunity to share my story with everyone today. My name is David Lee. I was born in this city and I am a proud resident of Queens. Earlier this year as a Columbia University student I unfortunately suffered from rather severe depression. I remember feely deeply isolated and helpless in the face of a damaging school culture, and I remember that the wonder that I once felt from learning and studying was extinguished. I lost the will to go to class, and it was debilitating enough that even seemingly mundane tasks like getting up out of bed in the morning or going out to eat seemed laborious. So what happened was I left school on medical leave, and Columbia policy mandates that in order for students to return they must receive treatment and procure a doctor's note proving so.

But for me, affording mental health care is simply out of the question. My low-tier health insurance covers next to nothing and the school health plans range in the thousands of dollars for one school year alone. It is truly a moral disgrace that because I'm not rich I'm hurt by a system that sees me as not deserving of quality care, because I can't contribute to their profit margin, and because I cannot afford treatment I am unable to continue my studies at school. I've lived my life without treatment that I've needed for months and until single-payer health care is realized in New York this is the reality that I have to live with. So I urge the City Council to vote in affirmative on Resolution 470 in support of the New York Health Act. But, more importantly, I want to urge everyone to have the moral imagination to envision a society in which we put the sanctity of people's health over the cruel greed of corporate profits. I want everyone to say it with the rest of us, that guaranteed health care is a human right. Thank you.

CHAIRPERSON LEVINE: Thank you, David, thank you so much. Please.

JEFF MICHAELSON: Council Member Levine and the Health Committee, thank you very much for convening this hearing. My name is Jeff Michaelson. I have been a freelance photographer and small business owner in New York City for a little over 18 years. For the first several years of my career I had no health insurance because I could not afford it. During these years, I did not see a doctor or a dentist and went without treatment for issues that for all I knew could have proven life-threatening. I am one of the lucky ones. I was lucky enough not to get seriously ill or injured during this time, but it was the source of constant anxiety, knowing that if at any point I got sick or seriously injured I would either go bankrupt or I would get no treatment at all. Eventually I was able to purchase a cheap insurance plan through the Freelancers Union, which was an improvement, but just a few years later when the Affordable Care Act was passed those plans became obsolete and I was forced to buy insurance on the individual marketplace at a much higher premium and with higher deductibles. It was a huge burden on my business. I won't deny that the ACA has done some good. My wife, for example, who is also a freelance

artist, gained insurance for the first time under the ACA. But as we discovered when we married three years ago, the ACA contains a marriage penalty and as soon as we got married our combined income caused her premiums to skyrocket. My own health insurance premiums and deductibles rise every year, with constant, bewildering changes in coverage and network access. My current plan has a monthly premium of six hundred dollars, and with a deductible of more than seven thousand dollars, and it's set to rise 15% next year. To top it all off, I received a letter from my insurance company informing me that they are dropping coverage for my primary care provider starting next year. As a small business owner, I can tell you this constant run-around is a burden and a distraction that saps creative and entrepreneurial energy, impacting freelancers like myself in material and immaterial ways that are not reflected in the official statistics. I believe our private health insurance system is unjust, inhumane, and unnecessary. Passing the New York Health Act would lift an enormous weight from the shoulders of small businesses and allow millions of self-employed New Yorkers to live with greater dignity and without the

anxiety of wondering whether they can afford what should be a basic human right. Thank you.

CHAIRPERSON LEVINE: Thank you, Jeff, and this is an incredibly important point and I'm glad that the day didn't end without it. One of the reasons why this has an economic benefit is because entrepreneurs and risk-takers are going to feel more comfortable starting businesses and new enterprises and freelancing if they don't have to worry about health care, and this needs to be entered into the calculus of the economic upside of universal coverage. So thank you for being here today to express that perspective and for the work you've done in leading in this important effort. Thank you.

DANA OFFENBACH: Hi, I'm Dana Offenbach. I'm going to go a little off script, just being here all day listening to all of this, and I came here because I'm just mad as hell and like Jeff I am a small business owner, but my business was too small to get a good health care plan, so I'm basically a freelancer. I've been freelance for 16 years, and I grew up in the city. I've been paying taxes here since I'm 14 years old. I pump seven figures of business into this city annually, and I cannot get a

good health care plan. My hospital doesn't, my hospital only takes six health care plans on the exchange, none of which I'm on. They're all unaffordable for me. And we're mad. We are falling through the cracks. We are a group of people, and I'm actually going to compare it to today. The politicians spoke first. The corporations spoke. The organizations spoke. And look who's here for the little people, the people that represent over 4 million people in this city are independent contractors and freelancers, and we're here talking to each other and thankfully talking to you. So we're really glad. I'm a girl from Washington Heights. So I'm really glad you're and doing this. I'm glad that I'm here, and I'm going to take just a few seconds to tell you something that's critical that's not in this testimony. Last year, through one of the guilds that I belong to, I was approved for the first time in years a PPO through Cigna. When they then found out right at the cutoff point for health care, they found out I had a pre-existing condition. They then informed my broker that they were denying me coverage. I said how is that possible, it's illegal to do that in this city. And

they said, no, well, actually you filled out a form to sign up for some association and the association has the right to deny coverage to whoever they want. I said no, I never filled out a form for an association. I only filled out a form for Cigna on their [inaudible] portal. It said on the top of my form for medical coverage, and Cigna has found a way to break the law. And because of that and because of everything we've heard, that's why we need you to keep fighting for us.

CHAIRPERSON LEVINE: Thank you very, very much Dana for your powerful words and strong perspective. Thank you. Please.

ULING KOSHU: Hi, my name is Uling Koshu. I've spent more than a decade working with small businesses to help them grow, in HR and operational capacities from empires like the Momofuku restaurant group, smaller businesses like Emily Thompson Flowers, or one-on-ones with freelancers. In the past two years I've been able to speak with hundreds of businesses statewide about their experiences with health insurance and health care as a volunteer with the Campaign for New York Health. I've learned that businesses statewide from freelancer to small,

medium, large, from farmers, restaurants, exterminators, medical device companies, tech start-ups and cooperatives, whether the business is struggling or able to open multiple locations and hire more workers, whether the business can't afford to provide insurance or if the business has to provide insurance under the ACA, they all share the same extreme anxiety and financial burden caused by our current system of health insurance that puts profits over patients. Business owners, even the ones struggling to pay rent, would rather pay the progressive tax on payroll under the New York Health Act to provide guaranteed for all because health care under the New York Health Act is simple, it's predictable, and good for everyone, whether consumer, business owner, or worker. Business owners do not want to be part-time insurance brokers. Under the New York Health Act all that time, money, and energy put towards evaluating and administering intentionally confusing health insurance plans and all the money and energy put towards keeping up with at least annual changes in those plans, under the New York Health Act all of that money and energy would go towards actually growing their business, taking care

of themselves and their employees, and their employees' families. Booney Coffee, for example, is an independent coffee and cafe business with locations in the Bronx and Manhattan. The owners are partners in life and business. One has to keep their full-time job outside of that business so that they can have health insurance for themselves and their kids, and especially because there's a chronic illness in their family. Under the New York Health Act they would be able to provide health care for themselves, their family, and their employees, and their employees' families for less than what they would pay under our current fragmented system. The majority of New York City small businesses are people of color and immigrants, both as owners and workers. I want to emphasize that the New York Health Act is a form of racial immigrant justice and it goes hand in hand with economic democracy, which helps move all of our social justice movements, whether we're consumers, business owners, or workers.

CHAIRPERSON LEVINE: Thank you, and I love Booney Coffee and I'm sorry to hear about their hardship behind the scenes. One more important reason to fight for this bill, and it sounds like

Dana knows Booney Coffee as well as a fellow Washington Heights person. Please.

Hi, Council Member Levine and Health Committee and everybody, hi, I'm so grateful for your stamina, oh my. My name is Jane Willis. Thank you for this public hearing. The New York Health Act is under siege by billionaire lobbyists who want to protect an industry that profits from our illness and injury. For those of us giving testimony today, our personal stories are our currency, and we'll keep telling our stories until the New York Health Act is passed into law. I self-pay into an ACA plan with robust monthly premiums. Premiums, we'll remember, the Supreme Court determined are taxes. I needed to get foot surgery. A bone spur in my right foot, it hurt to walk. The spur needed to be shaved down and corrected, a simple procedure. Metro Plus sent me their list to podiatrists. The first doctor was an on-staff at a hospital that took my plan. The insurer rejected the second doctor because of a discrepancy with his tax ID number. Both doctors offered to submit appeals so they could treat me. But both admitted most appeals were time-consuming and were usually rejected by the insurers. This was

no longer about my foot. So far, I'd shelled out $160 in co-pays and neither doctor could treat me. As my farmer dad would say, Metro Plus sold me a bum steer. Then the second doctor, a rock start, did something the insurer couldn't or wouldn't do. He matched my plan with a former student of his in a hospital. The surgery was done. My foot's OK, although the uncovered expenses keep rolling in. By design, commercial insurance is full of tricks and trap doors, lots of out-of-pocket and hidden expenses, even after folks have paid their premiums and co-pays and are eating their deductibles. And why are doctors and patients doing all the administrative work? By design the New York Health Act allows doctors to treat patients and not the needs of the insurer. I'd much rather pay into a system that is about helping people get better, not lining shareholders' pockets. The New York Health Act will enable folks to live more independently than they are in our current system. I urge you to please support Resolution 470. Thank you.

CHAIRPERSON LEVINE: Thank you very much, Ms. Willis. Thank you to this great panel. Next up we have Rich Holman, Diego Quinones, Joshua

Salverman, Barbara Estrich, and Joseph Pedoriano. It looks like we have room for two more, so I'm going to ask Austin Horace and Guy Yowab, if they're here, to join us. If not, we will invite up Alana Lancaster and Allen Boonville. OK. Why don't you start us off, sir? Thank you.

JOSHUA SALVERMAN: Many thanks for holding this event. My name is Joshua Salverman. I'm the failed congressional candidate from New York's Third District. I'm a resident of Whitestone, Queens. I greatly appreciate the opportunity to have a two-minute [inaudible] conversation about health care and its vital importance to the sustainability of our great city as state. As a recent congressional candidate, my bid fell far short of expectations, not for a lack of charisma or personality, both of which admittedly remain in short supply. Instead, it was for the recurrence of cancer which requires a substantial financial commitment, even with insurance. Despite now having health insurance, ground-breaking advancements such as immunotherapy are still not covered by most insurers. The fact that I stand before you now is but a mere testament to my rapidly depleted wealth. But what

about those who haven't the means or resources to survive? Do we tell their families and friends, sorry Charlie, but your insurance will only cover FDA-approved treatments that may cause you greater harm than your actual disease? Too often I've seen family and friends go without treatment. Some have even set up GoFundMe accounts to cover added expenses of our deregulated health care system, which is rife with bureaucratic largess and free bottle koozies. Recently my mom, who is a special education teacher in Jamaica, Queens, was denied approval for an MRI of her knee by Evacore, a third-party provider of Emblem Health. An employee at their outsourced call center in the Philippines, a nation with universal health care, determined that her physician needed to send a detailed note before they would authorize a scan, even though her doctor got on the phone in the middle of seeing patients and stated that her matter was of an urgent nature. It took four days and a call to the New York State Department of Financial Services, not the Department of Health, before she would learn that she had a torn meniscus and another two weeks before they would operate. I don't know about how you feel regarding this. But I feel that these

increasing obstacles to care are wholly unacceptable in a developed nation like American. During my recent run for Congress I had identified and emphasized many cost reductions and tax-saving benefits that would keep more New Yorkers in their homes. In particular, a single-payer system would save families upwards of 25% on their property taxes and would allow municipalities to reallocate savings towards [inaudible] public services. As our roads and rails decay alongside our overburdened hospitals and schools, and at a time when both our mayor and governor are hell-bent on accommodating the whims of the monied few, shouldn't we send a message to Albany that we will not stand idly as our loved ones died in the streets. I implore the City Council to pass Resolution 470 in support of the New York Health Act because no New Yorker can afford to wait another moment longer. Thank you.

CHAIRPERSON LEVINE: Thank you, Mr. Salverman. Thank you for sharing your story, and I certainly hope that you will run for office again, here or elsewhere.

AUSTIN HORACE: Hello. My name is Austin Horace. I'm with the New York Bike Messenger

Association, and I want to tell you a story about my friend, Bill, as he and I are very similar. I'm uninsured as well, but this is about his story. But we're separated by almost two decades. Bill Meyers started working as a messenger around his 18th birthday, first in San Francisco and then in New York City. When I met Bill I had just started working. He was a very welcoming figure in the community and embraced all. As a frequently lonely person in New York City, his friendship was very welcome. As Bill aged he occasionally needed help from us. I was happy to offer him what I could, but unfortunately it was not enough. One day Bill passed out from blood loss. He had been carrying an untreated ulcer for years. We all knew something was wrong, but we're not doctors. Our efforts to help him in the form of couch surfs, home-cooked meals, a bike to replace his when it got stolen, even fund raising to move to a more hospitable setting in California were no substitute for the routine medical treatment an ulcer should receive. Bill didn't make it. He's not the only the only one of us to die or be seriously affected by deferring our treatment. As a messenger, it's similar to the other low-wage jobs that make New

York City run. There's often a murky corporate structure so health care won't come from that. There's a culture of toughness and the fear of losing work which precludes Workers' Comp to most. There's a pressure to run around all day, and then the overwhelming urge to react, relax or cut loose on your off hours, making hard to research affordable options. There's a tax bias against bike work, so our vehicles, bikes and fuel, lots and lots of food, are not taken into account when calculating work expenses, making many of us ineligible for Medicare, despite a grilling job and high living expenses. I want a health care system that recognizes the value of a strong and healthy population and is accordingly publicly funded. I want a health care system that eases the confusion and burden of preventative care. I want a health care system that doesn't image corporations. And I want a New York Health Act to be a universal single-payer and give Medicare for all. Thanks.

CHAIRPERSON LEVINE: Thank you very much, and a tragic story. Thank you for sharing it. It is important for us to confront those painful stories as

we weigh this policy decision. Thank you for being here.

BARBARA ESTRIN: I'm Barbara Estrin. I'm from the Bronx. I could sing that song from Gigi, I'm so glad I'm not young anymore, because I have Medicare. The stories in the packets that I gave you are from people who have good health insurance. They all went bankrupt after one illness. 42% of cancer patients go bankrupt because they cannot afford the care that they're getting. People are dying. Medical bills are the leading cause of bankruptcy in the United States. Reason not the need, as Lear told his daughters before they threw him out into the cold night. There is a need and you can do something about it. You can support the New York Health Act. And thank you for these hearings from the bottom of my heart.

CHAIRPERSON LEVINE: Thank you, and this is a very powerful collection of stories that you have...

BARBARA ESTRIN: They're from, this is the Bronx, a weekly newsletter published by Gary Axelbank, in which people tell their health care

stories. They're astounding. They will move you to tears, but they need to move you to action.

CHAIRPERSON LEVINE: Amen, and this will be entered into the record for the public to read as they wish.

BARBARA ESTRIN: Thank you.

CHAIRPERSON LEVINE: Thank you very much.

JOSEPH PEDORIANO: Good afternoon. I might be the elephant in the room here. No pun intended. But I am adamantly opposed to the New York Health Act. I am employer and I have a business of my own. My clients are employers. The New York State Health Act is adamantly flawed in a myriad of ways. First, according to the details of the bill that I've read in this packet right here, employers will be paying a higher payroll tax, and the employer will be 80% of that payroll tax, according to this thing right here. Council Members, do you know what this means for small businesses, like me and my clients? Well, this bill means that businesses will be paying more in taxes while I provide more part-time jobs or less jobs, in some cases, and some businesses will not be able to afford to stay open. Do you know what that means? That means more poverty which will take

place, and to be honest state-run health care has failed on a myriad of occasions. It has hurt businesses, especially with the ACA, and furthermore on a micro-economic level there are many businesses that will not, this bill will basically get rid of competition because of the fact that it will actually drive up costs for consumers, and furthermore the people who will be paying for this bill, being that this is a universal health care bill, will be the taxpayers in this room, especially the middle class, and the people of the 50th Council, my district, in Staten Island, are working hard. They are hard working like the rest of the people in this room, and in my opinion this bill is deeply flawed. This should not be, we should not have universal health care because universal health care has many flaws to it. Unfortunately we are too big of a state to afford universal health care and businesses like mine, my clients, the people in my council, my district, are going to be suffering from this bill. So this bill is deeply flawed. The New York Health Care Act is flawed, and I am in adamant opposition to it. So that's my opinion, and it does not work. I will fight tooth and nail to stop the passage of this

bill. Yes, I want to help people who are in terrible situations, but there's a way about doing that and that way is by having more competition, by having more of a, you know, deregulated health care system, but with reasonable parameters to it, and yes, I might be the only one in the room saying this, but this is clear that universal health care is deeply flawed and it does not work. Thank you.

CHAIRPERSON LEVINE: I actually want to thank you, Mr. Pedoriano, for coming and speaking. It's not easy to be one of the few voices against a proposal which has this much support in this room and elsewhere. I want to point out some of the basic economics here, which is that except for the top 10% of earners this will on net be a reduction in costs, because what might be passed on taxation is more than recouped in savings and health care spending, and I truly value your perspective and I thank you for coming. I will say that we hear from many business owners who see this as a relief because it takes the burden of providing health care off the business and passes it to the state.

JOSEPH PEDORIANO: [inaudible]

CHAIRPERSON LEVINE: You could put your mic back on.

JOSEPH PEDORIANO: Oh.

CHAIRPERSON LEVINE: Yeah.

JOSEPH PEDORIANO: But with all due respect, Councilman, according to this thing these taxes include a payroll tax by employers 80%. That's a, payroll taxes in New York State are ginormous, and 80%, right here, basically employers are like covering 80% of the payroll tax in their business. It's crazy. You know, I understand where you're coming from. You want to help out people. I know that some small business owners have come in here and cited their support for the health care act, but it's clear to me that this act, for existing businesses, which a lot of people that I work with have existing businesses, some for over 30, 40 years, they'll have to provide health care for their employees, and, you know, I understand that we want to help out everybody, we want to help out the poor. But the thing is this. Don't do it on the backs of people who are hard-working individuals, I'm not saying the rest of you aren't hard-working, but don't do it on the backs of hard-working individuals who created

jobs, who are building up businesses, who are trying to improve the community, and who actually do, you know, give back, don't do it on the backs of business owners, and I feel that this bill is going to lead to that happening, and that has happened in the past before with the ACA bill, ah, law. The ACA has burdened a lot of small business owners and it's burdened, and, you know, when Obama said Joe the Plumber is not going to be paying, ah, the bill. Guess what. Joe the Plumber did pay the bill. And obviously, you know, this bill, I feel has a similarity to Obamacare, if not an elaboration of Obamacare. I'm not saying Obamacare should be fully repealed or not, I do not have the experience to make that kind of a decisions, but the thing is this. You know, this bill is basically going to expand the size of government and time and time again government has failed, especially in the health care industry. Yes, we need to regulate some portions of the health care industry, but this bill is deeply flawed and it's going to hurt business owners like me.

CHAIRPERSON LEVINE: Well, we expanded the size of the government when we created Medicare and we created Medicaid, and those have been...

JOSEPH PEDORIANO: I understand that. But that's, but this bill is going to take government to the next nth of a level.

CHAIRPERSON LEVINE: We should only hope that this bill is as successful as those previous government expansions for health care have been.

JOSEPH PEDORIANO: My conclusion - we'll see what happens.

CHAIRPERSON LEVINE: All right.

JOSEPH PEDORIANO: And if it's bad, all the Democrats will be voted out [chuckles].

CHAIRPERSON LEVINE: I do thank you for joining us today. Please.

JOSEPH PEDORIANO: Thank you. Thank you for letting me speak.

CHAIRPERSON LEVINE: I'm not chasing you out. You're welcome to stay.

JOSEPH PEDORIANO: Well, I need to go, I have to catch a bus to Staten Island.

CHAIRPERSON LEVINE: OK. Sorry about the mass transit, but that's the state and not the city. [laughter]

ALANA LANCASTER: So my name is Alana Lancaster and when I was 19 I had pneumonia, and I

lost my health insurance and I was sick and I was scared and I couldn't breathe and there were debt collectors creating a nightmare for me, calling me about a chest x-ray that I thought would be covered but wasn't. Um, I recovered because I'm both lucky and because I had, I had privilege of education and the fact that I'm white, the fact that I worked in health care and knew how to navigate the system. But I didn't know that that was going to happen and I was terrified. Now I'm an adult who still works in health care. I know that that nightmare of a bill that I struggled to pay might have been ten times lower if an insurance company had been paying it instead of a broke 19-year-old. And this problem isn't limited to people who are uninsured. I've seen over and over again that in our profit-motivated system people who think that they have good health insurance, well, my experience is that a lot of people think that they have good health insurance until they get sick, and then they find out that that's just not how our system works, and I've seen so many people's faces as they confronted that reality, that really painful, horrifying reality that they were so much more vulnerable than they thought

they were, and I never want to have that conversation with anyone again. As a transgender person who works in trans health I've seen the ways that our system disproportionately makes trans people vulnerable to denial of care, to dangerously substandard care, not to mention the fact that even though in New York State people, ah, health insurance plans are required to cover transition-related care, I've had to have that conversation with people where they work with, they work in New York State, they live in New York State, they access care in New York State, but their health insurance plan isn't regulated by New York State, so it's legal for them to be denied care. There's a lot more I could say about this, like everyone else, but above all, honestly, it's that part of me that's always going to be that scared, sick, uninsured 19-year-old. I know what it feels like to be in a system that tells you that you don't deserve care. I don't want that to happen to anyone else. I don't think any of us want that to happen to anyone else, and the way to prevent that from happening is the New York Health Act.

CHAIRPERSON LEVINE: See, this is why people need to stay until the end of hearings. Thank

you, that was very powerful and compelling testimony. Thank you, Alana, for speaking out. Thank you to all of you, including Joseph, who I think left us. And we're going to go to our next panel. OK, we have James Ryan. We have Dr. Elizabeth Kolod, sorry if I'm mispronouncing. We have Naomi Zodoy, Sharon Khan, and Rachel Bernstein. OK, if they're here we'll invite up, OK, we'll invite one more up if Andrew Mead Vonsales is here. And would you be Mr. Ryan?

ALLEN BONNEVILLE: Ah, Allen Bonneville.

CHAIRPERSON LEVINE: Sorry.

ALLEN BONNEVILLE: I was hung over from the last two, yeah.

CHAIRPERSON LEVINE: Ah, I apologize. But please, kick us off.

ALLEN BONNEVILLE: No, that's totally fine. I just want to make a quick comment about the person who is over there, they brought up the idea of part-time workers and I think that's something we haven't talked about, is that employers all over the country, all over the city and state, will purposely hire part-time workers and keep them below full-time work for so many reasons that do not benefit the

workers. They just benefit them as the employers. So I, um, yeah.

CHAIRPERSON LEVINE: But is your point that when you remove the health care factor from that decision there's no reason to avoid hiring full-time workers?

ALLEN BONNEVILLE: Well, that was a thought that I had. It was like, you know, you're missing the point. That could be a benefit, that you could actually hire full-time workers if you didn't have to deal with this craziness with insurance.

CHAIRPERSON LEVINE: OK.

ALLEN BONNEVILLE: Yeah. Um, but I came here today to share a bit about my health care story, or my lack of health care story. I've been in the workforce for over 20 years, many of those years uninsured or under-insured, and the rest of those years I've spent chained to jobs just because they offered health care of some kind. See, I'm a theater artist and educator. The nature of my industry can be one where work is wildly variant. This year alone I've gone from being insured on the Affordable Care Act's Essential Plan to its Bronze Plan with a four-thousand dollar deductible I couldn't possibly

afford, never mind the ridiculous premium payments and co-pays, to being uninsured, to being back on the Essential Plan. It seemed no one wanted a marketplace of insurance providers except the greedy architects of this current system, like that jerk earlier. We always wanted a Medicare for all, a single-payer plan. And you can imagine, as I'm sure many of us have had this experience, how infuriating it is to sit on the subway on your way to work and look up to see a plethora of advertisements for ACA health care plans that all offer the same things because that's what the law mandates. And so billions of dollars each year being wasted on advertising and administrative costs for this bogus plans, and we as the people are beyond fed up. You and all elected officials down to the monster who is installed in the White House are officially on notice. We're watching you very closely now. And we are done. We're through with broken promises and false starts, with half-truths and outright lies. Either act boldly in the fight for single-payer, for a Medicare for all type plan, or you will face our wrath. If you fail to act we the people will destroy

your political careers. So do the right thing. Do it now. Medicare for all is a human right. Period.

CHAIRPERSON LEVINE: We appreciate your passion on this topic. Thank you.

RACHEL BERNSTEIN: Well that is very hard to follow up, but I'll do my best. My name is Rachel Bernstein. I'm a native New Yorker. I have worked as a substitute teacher for many years, and a lot of people may not know this, but I am a member of the UFT. However, they do not provide us with any medical insurance, no sick days, no vacation days, no holiday pay, or weather, bad weather pay. So although I am an educated person, also certified to teach, I haven't been covered, and I've also been, even with the ACA, denied certain medicine that I greatly need because I'm an asthmatic and recently my health insurance stopped covering an asthma inhaler I have taken for over ten years on a daily basis. It is considered a long-term care inhaler and it is the only thing that has kept me from being in the ER or long-term hospital care. And most people are living their lives like this, just trying to find a medicine to help them. So with that pulled out from under me I had to spend my little time in a weakened state

looking for a new insurance, a new doctor, and an actual pharmacy that would fill the prescription of the inhaler that I needed. I was shocked to find a pharmacy that many people go to and love said they would be happy to fill it for me, for three hundred dollars. So of course I couldn't do that. So without any advance notice I was just denied this medicine, and I went on like this for six months in a very weakened state. And what I'd like to bring up is that people die from asthma. It is not an optional insurance to say no, you know. So I would like to also ask for people to realize that people's lives are more important than profit. We have to stop profiting off the lives of people and stop allowing people to die because of our lack of sufficient health care. Americans deserve guaranteed health care, which will allow people to concentrate on living their best lives, and not have to worry about dying because they can't afford treatment for a serious illness or from a freak accident, which seems to be an increasingly growing problem. We need a system that is kind to everyone and helps people to live better lives. Not potentially hazardly shorten it. We need a system for everyone that is fair and

affordable and that system is Medicare for all. We need this now so we can all be the happy and healthy thriving nation we once were and like we've never been before. So let's join the global economy, save billions of dollars, and put it back into who deserves it.

CHAIRPERSON LEVINE: Thank you.

RACHEL BERNSTEIN: The American people.

CHAIRPERSON LEVINE: OK.

RACHEL BERNSTEIN: Thank you.

DR. SHARON KHAN: Hi. My name is Dr. Sharon Khan and I wish to testify about my experiences as a senior psychologist at Coney Island Hospital and then my later experiences as a medical expert for Social Security in psychology. When I started at Coney Island Hospital in the '90s in child psychiatry we offered many programs to the community that had nothing to do with mental maladjustment. We offered programs to help children with reading and literacy problems, free to the community in the zoned area. Participation in these programs did not involve an intake or require a psychiatric diagnosis. Children do not like receiving a psychiatric diagnosis. It is difficult to engage them if they

believe they have to participate because they are bad. It's easier to engage them if it's an after-school program. After-school programs are relatively normal. However, by early 1998 this program and all such programs were abolished. Anything that Coney Island Hospital had to offer had to be reimbursable by insurance, which privileges medication over relationship. Children do not become good citizens and they do not thrive as students on medication, but with relationships. So now I'm a medical expert for Social Security and I have reviewed all the files for a representative sample of hospitals and clinics in New York State, and in every case, in every hospital, in every clinic I see that doctors are documenting that the patient was discharged from this clinic, we no longer take his insurance, the patient has not been on medication for the past three months, the insurance company would not cover this medication, or physician phoned the insurance company and the insurance company told them that they won't cover the medication unless the patient fails the covered medication. Failure in mental health means this patient is at risk for harming themselves or others, and the piece de resistance, if the patient then is

so disabled that they require inpatient the insurance executives then call up and say, well, you know, they don't require this level of, ah, you know, intensity and they can be treated on an outpatient basis. So let's review. If the outpatient facility takes their insurance they can't provide the medication the patient requires. If the patient decompensates the insurance company tells the hospitals they are not suitable for that level of treatment and then want their release. If they miss work because of their inpatient stay they may lose their insurance itself and thus access to treatment. Why are we letting the insurance company tell us how to treat the patient, or that the patient, or when the patient is stabilized? Within two or three days patients are not stable on medications. They are zombified personas, drooling, sometimes unsteady on their feet...

CHAIRPERSON LEVINE: And Dr. Khan, if you could just wrap up quickly, please.

DR. SHARON KHAN: OK. So medications and what, the insurance does not, you know, provide for preventative programs. The insurance does not provide for empirically designed treatment programs.

The design of insurance is to maximize profits, not to proffer treatment. Psychologists, psychiatrists, and social workers proffer treatment, and our decisions need to be unfettered from the chains of insurance dictates. Thank you.

CHAIRPERSON LEVINE: Thank you.

NAOMI ZODOY: Hi, my name is Naomi Zodoy. I'm a postdoctoral research scientist at the School of Social Work at Columbia. My Ph.D. is in health policy. I have two points. Firstly, the gentleman from the hospital association stated earlier that hospitals charge higher prices to privately insured patients as a form of cost shifting to cover their uninsured and publicly insured patients. But actually the economics literature does not support that, because you'll notice when the number of uninsured goes down they do not reduce the prices to the privately insured to reflect that, which you would think would be the logical extension of that. And so there is no evidence of that. In fact, prices continue to rise without regard to the mix of payers for their patients. OK, secondly, I mean, the best of the Affordable Care Act and when I say, is Medicaid expansion, and when I say best I mean in

terms of the rates of participation among those who are eligible for in and in terms of the satisfaction rates among the people who are covered by it. The private insurance under the Affordable Care Act, as people have testified, has really high deductibles. In fact, some of my research found that for 25% of previously uninsured adults eligible for the marketplace it would be cheaper to file for bankruptcy than to meet the deductible of the subsidized private insurance polices in the marketplace. So it doesn't really provide any form of financial protection. Medicaid expansion, on the other hand, it's like, you know, really high rates of satisfaction, participation, and it's also been relatively fairly impervious to the political winds. It's still here, it's intact. It's politically popular. So it could be a really important, um, achievement for the people. Thank you.

CHAIRPERSON LEVINE: Well said. And you've completed your doctorate, so do I call you Dr. Zodoy?

NAOMI ZODOY: Sure.

CHAIRPERSON LEVINE: Thank you for speaking.

UNIDENTIFIED: Chairman Levine, thank you for this opportunity. I'm a medical malpractice lawyer of 30 years. I have extensive experience getting people not only due compensation for medical injuries, but also restoring of treatment of them. My clients' health and well-being is, and their futures, are really on me. Health insurance is an obstacle to each aspect of their challenge, and myself, as a low-income solo professional now, I am a Medicaid and Medicare patient who has found both my Medicare and my Medicaid to have lapsed this year due to miscommunication or error, etc. Despite my doctorate-level degree and my professional experiences, I have to struggle to remedy that. Optional versus mandatory Medicare enrollment, um, the premiums charged on Medicare coverage, primary versus secondary coverage, financial qualifications for enrollment, coverage exclusions, and other issues are complex enough to stymie my clients and me, and many Medicaid or Medicare staff, too. So I have asked some physicians, under oath, during their depositions, or off the record during breaks about my clients' health insurance. Ever since President

Clinton delegated Hillary in 1989 to propose a federal single-payer program these doctors have almost always told me that such a program would have been better for them and for their patients' health, that's my clients, than the for-profit health insurance is. They've spelled out the reasons, and they have expressed their own frustration, too. My clients have told me unimaginable stories of just how private health insurance has hurt or killed them or a patient on whose behalf we're suing. Sometimes it's insurance obstacles and not actually medical malpractice that directly caused those disabilities and deaths, and then I could only commiserate. The anguish of losing a parent is multiplied when the child is an adult with a duty to figure out how to get their parent the medical treatment that would rescue their life or health. Too often insurers' denials of needed treatment rest on its costs, the profit motive. When I do win compensation for the damage done, health insurers then are often, over-assert their liens against the amount that I recovered, frustrating justice yet again. New Yorkers need single-payer health insurance. Thank you.

CHAIRPERSON LEVINE: Thank you for your remarks today, and I do want to remind you and anyone who is in need that the Medicare Rights Center, which the City Council helps fund, can help you enroll and other people that you might know. I'm sorry Greater New York Hospitals wasn't here to hear this panel, particularly Dr. Zodoy, but we're going to make sure that they, they we ask them to respond to the very important points that you made. And I do actually have some breaking news, which is that I'm just informed that our committee is going to vote on this resolution next week. [applause]

UNIDENTIFIED: [inaudible] your witnesses.

CHAIRPERSON LEVINE: And it is no doubt due to the compelling testimony of all of you who have joined us today, and I am pleased that after multiple speaking engagements and other important activities we've been rejoined by stalwart Health Committee Council Member Powers. And so for our final panel, we're closing strong, I would like to call up Collette Swidnicky, David Gurin, Iliana Roman, James Mansfield, Rhianna Ross, Morgan Moore, Jean Fox, and Monya Cue. [pause]

COUNCIL MEMBER POWERS: I'm taking over for the chair so he can have a quick breather. I know he has to run uptown. So, thank you, I'm back, I'm pinch hitting here.

COLLETTE PRICE SWIDNICKY: Good afternoon. My name is Collette Price Swidnicky. I'm a retired nurse midwife. I've worked the Health and Hospital Corporations for 30-plus years. Over those years I've watched health caring disintegrate into financial efficiency packages of what today passes for a health care system. To all of those whose vision is not clouded by insurance company checks and propaganda, the New York Health Act is a no-brainer. I'm going to skip over some of the points that other people had made. I just want to get to the point about the top 10% being charged more for this health care package than 98% of the rest of us who, for whom it's more affordable. I wanted to say that I don't think that makes us anti-rich, which we've been accused of before, because it's being financed by a progressive income tax, which, as we all know, is not anti-rich, it's paying your proportional share. When your pie is bigger your cost of the piece is bigger. And if they want to talk about inequalities vis a vis

the rich, here's one pointed out by billionaire Warren Buffet. In a *New York Times* op ed Buffet confessed that although his salary was many times larger than that of his secretary, they both paid the same premium to their health insurance network. Why? Because the larger number of employees created the larger pool, which made the premiums affordable for everybody. So I want to ask. Is this a case of the working class subsidizing the rich? We might be warned that we had better treat our millionaires nicely or they'll move away. But really I find this incomprehensible. You think finance capitals are going to move from the finance capital of the world? Where are they going? Timbuktu? OK. We don't need health insurance. We need health care. But we can't even approach the job of putting together the best health care system for every New York resident until we get through this morass of health-mongering and profiteering. Please help us pass the New York Health Act now.

COUNCIL MEMBER POWERS: Great, thank you. I've got some fans.

ILIANA ROMAN: Good afternoon. My name is Iliana Roman and I am the health justice and

immigration staff attorney at the New York Lawyers for the Public Interest. Thank you to Chairperson Levine and to the committee members for having this oversight hearing. Nobody supports the passage of the New York State Health Act legislation that would establish the New York Health Program, since it will cover undocumented immigrants who need health care. NYLFTPI is privileged to be part of the City Council's immigrant health initiative and we thank you for that support. Through this funding the council supports our Undocucare program. We screen many clients in our Undocucare program with serious health conditions, who unfortunately do not have any immigration relief available to them. For instance, we had a potential client who was 22 years old when he came to us for help. The client had a growth deficiency and needed Medicaid for treatment. Unfortunately, he did not qualify for immigration relief. If we were able to submit an immigration application on his behalf, then the client could, would have been Proocall and could have been able to attain the needed care that he needed. Sadly this was not the case and he continued to suffer. Many undocumented individuals are similarly situated and

unable to make their presence known to Immigration and so cannot become Proocall eligible and cannot have access to lifesaving health care. Unfortunately, we regularly see New Yorkers with serious health conditions in the same situation, ineligible for immigration relief and ineligible for any health care beyond emergency room Medicaid. In fact there are approximately 400,000 undocumented immigrant New Yorkers who do not have any kind of health care coverage. Additionally, there are hundreds of thousands of additional New Yorkers who fall between the cracks and are unable to access coverage. Further, having coverage does not always mean access to comprehensive or quality coverage that addresses a person's real needs in an affordable way. The New York Health Act could change that and provide needed health care to these individuals, and in doing so save lives. Our leaders must pass strong, affordable legislation that protects all New Yorkers and supports the undocumented immigrant population in New York. Thank you.

JAMES: Hi, my names is James. I'm on my own here, and Mr. Gottfried talked about a disruption in the system and that's good, and I think that the

New York State Health Act will lead to Medicare for all nationwide. And it can, and so that's why I would support the New York State Health Act. OK, ah, now in addition to that there's something called perfectly preventative protocols promoted professionally, so that's five Ps, and that can lower the cost, it will lower the cost of health care, and it will make people more healthy, OK? So I see that the Councilman has returned, thanks for that, and I don't, it's going to be exceedingly long odds, exceedingly long odds to get the Medicare for all act passed, to get Medicare for all. I think it's worth it to continue seeking Medicare for all in addition to the New York State Health act, OK, so that's it, and preventative care is what it's all about. It can really happen.

COUNCIL MEMBER POWERS: Right. Thank you. You're never alone, my friend.

JEAN FOX: Hi, my name is Jean Fox. I have been involved in several small businesses over the years and covering health care costs has always been a difficult burden. In my thirties, as a sole proprietor, I had some kind of catastrophic coverage, which of course is a ridiculous compromise, because

then you struggle to pay for routine medical care, or you can't afford medical expenses that fall within the sky-high deductible. At one of my businesses later on we never did provide health care for the two partners, sometimes because we had coverage at other jobs, but sometimes because it would have been too complicated or too expensive to secure covering wherever, whenever we were between day jobs or when we covered, were not covered because of a part-time side job. Isn't it absurd in the United States that so many of us have to be constantly scrambling over how to maintain adequate health care coverage. At another start-up that I cofounded six years ago, in the beginning we bought health insurance on the exchange for the two partners and our kids. But after the initial capitalization of the company when things started to get more intense as we tried to grow we had to make tough decisions, including cutting the expense of health care. If the government honestly wants to encourage and be supportive of small business, universal health care is fundamental. How many people out there with great ideas don't even try starting a business, partly because they are afraid to risk finding themselves at

some point unable to afford health care for their families. Now, I am also on for another testimony on behalf of Beacon's Closet, you have me in there twice.

COUNCIL MEMBER POWERS: Sure, go ahead.

JEAN FOX: OK, thank you. So should we let the clock reset? This is also short. This is short. So I have also been asked to read some comments about Beacon's Closet, which is a popular and successful female-founded vintage clothing store that embraces sustainability and ethical business practices. They opened about 21 years ago and they now have three locations in Brooklyn and one in Manhattan. Beacon's Closet chooses to cover 100% of insurance costs for their full-time employees. They also offer funds for both full and part-time employees who need mental health services, because they understand that mental health is essential for all of us and they see that that major hole which exists even in the so-called good health insurance policies. One of the reasons Beacon's Closet advocates for the New York Health Act because the perpetually increasing costs of health care in our current dysfunctional system are a major barrier to

raising wages, offering other benefits, hiring more people, and growing their business.

COUNCIL MEMBER POWERS: Great, thank you, thank you for that experience.

MONYA CUE: Good evening. My name is Monya Cue, and I'm the executive vice president at the Academy of Medical and Public Health Services, otherwise known as AMPHS. We're a not-for-profit organization based in Sunset Park that provides free health screenings integrated with individualized health education and social services, immigrant populations in New York City without discrimination to documentation status, socioeconomic status, or any other demographic factor. In the past eight years that organization has been operating the importance of universal health care access cannot be clear. I want to talk to you about the story of one of our community members, Rosa. At 44 years old Rosa has faced a lifetime's worth of obstacles. Rosa was born and raised in Mexico City. She was working as a special education teacher when she was diagnosed with thyroid cancer in her twenties and could only access very limited medical care. Like many of the community members whom we see at AMPHS, Rosa is a

survivor of complex trauma. She and her family members have had several frightening encounters with gang members and a former boyfriend was even murdered. But she never received mental health treatment and suffered in silence. Coming to New York was the only way for Rosa to find safety for herself and her family. She was detained for approximately one month crossing the border without the medications actually required for her thyroid and other conditions and she greatly decompensated and nearly died. But she never stopped fighting, not even after making it to New York, where she suffered operative complications to her left molars that left her molars fractured, which has led to substantial tooth pain and recently migraines. She presented to AMPHS seeking help managing her chronic conditions and we were able to connect her to services and direct her to medical facilities where she could obtain services for a lower cost. But even with these integrated Social Services Rosa is still struggling to make ends meet. Her eight-hundred-dollar monthly income hardly supports her living expenses, not to mention follow-up dental care, the three-thousand-dollar fee of which she cannot afford,

and even though Rosa now knows that there are mental health treatment options available, she cannot yet afford the weekly twenty-dollar fee. And now more than ever augmenting numbers of immigrants are falling into this health care gap. Federal immigration threats like the dismantling of DACA and termination of TPS means that immigrants may no longer have access to Medicaid. Undocumented immigrants remaining ineligible to be covered under public health insurance. While undocumented youth are losing their health insurance coverage as soon as they turn 18 years of age. Proposed public charge regulations are also discouraging immigrants from applying for health care benefits. Our work is in prevention and care coordination, but when there are gaps in the system this model cannot work. Coordination cannot work when a health care system fails to open the bridge to provide equitable access to all. It is in times like these that the New York Health Act is both timely and essential. Health care is not a privilege, but a basic human right.

COUNCIL MEMBER POWERS: That was a good final word. Thank you, and I just want to say that we are, as we kind of move through these issues and

we have to vote and things like that, I think as important are the stories from the elected officials and those that came early, it's really the people who are on the ground doing the work, and the work that you guys are doing and your stories that I think inform us and help us make, feel like we're moving in the right direction as we do this and I'm encouraged as I got back here, ah, to hear that we'll be voting on it next week, and I am a supporter of it and, so, I guess there's a good group of troupers here as well. So thank you all for your work you're doing. Thank you for staying here. I see some familiar faces from the beginning and for stick through a very long hearing to make your voice heard, and as we move through this we'll be voting on it some time next week, so we'll use all your testimony to help us in that process. So with that being said, I'm only pitching in for Chairman Levine. I know he had to run at the very last second, but I know he thought this was a wonderful hearing as well. So thank you, and thank you to all the staff here who stuck here as well, and we are adjourned. Thanks. [gavel]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date January 7, 2019