

Single Payer Health Care for New York State

Its called the New York Health Act (Senate Bill S4840, Assembly Bill A4738). This bill has been passed by a large majority of the Assembly in each of the last three years. Currently it is being held from a vote in the NYSenate by the senate health committee chairperson, State Senator Kemp Hannon. The bill, authored by Assemblyman Richard Gottfried, has been under review and development for more than 20 years. It has been studied by Health Care Economist Gerald Friedman of the University of Massachusetts (https://d3n8a8pro7vhmx.cloudfront.net/pnhpnymetro/pages/139/attachments/original/1431621788/One-pager_on_Friedman_Report.pdf?1431621788) and is currently under study by the nonpartisan Rand corporation, report due this summer.

“Single Payer” means that all medical bills are paid by one entity – that would be the New York Health Trust Fund under the New York Health Act, but the delivery of care would remain private. Medical care decisions would stay with patients and their doctors rather than with insurance companies, and the administrative expenses needed to negotiate with thousands of different insurance plans would be dramatically reduced. As an example of potential savings, a physician in practice in NYS spends on average \$84,000/yr in order to complete forms and negotiate with insurance companies.

The New York Health Act if passed would guarantee comprehensive health care for all New Yorkers. There would be no copays, no deductibles, no out of pocket costs. Health Care would be financed by a graduated progressive payroll tax and a tax on non-payroll income. The additional tax for 98% of New Yorkers would be less than they now pay in insurance premiums.

Why should New York enact single payer legislation when there is so much talk of single payer (HR676) in Washington? Not only does it seem unlikely that a single payer plan could get through Congress, but Canada's experience has much to teach us. Their system began in a single province – Saskatchewan. Its success initiated a slow spread over a period of years, ending with the passage of the Canadian Health Act in 1984. Since that time Canadians have chosen by a large majority to make incremental improvements, but never to abolish the plan. The most publicized criticism of the Canadian Health System pertains to wait times for surgical procedures. However long wait times are only for elective procedures, never for necessary or emergency procedures.

The New York bill has been endorsed by a number of local government entities including the City of Ithaca and the Tompkins County Legislature. Some advantages include a likely drop in property taxes as the Medicaid portion of the county budget would revert to the NYTrust Fund, the addition of benefits for dental, hearing, and vision services, and the elimination of the need for hospitals to absorb the cost of charity care for the uninsured which we pay for as NY taxpayers. If you would like to learn more about the New York Health Act you can request an informational program to be presented at your community center with an opportunity for Q&A. —Judy Jones, FingerLakes for New York Health