



United University Professions

MEMORANDUM

TO: Chapter Presidents
FROM: Fred Kowal, President
DATE: Oct. 29, 2014 **(UPDATED 11/24/14 *Rochester Location Change*)**
RE: Statewide Hearings on New York Health Bill

New York State Assemblyman Richard Gottfried has organized a series of public hearings on legislation to create the "New York Health" plan (A.5389A/S.2078A). These hearings will take place in November and December in Albany, Buffalo, Mineola, New York City, Rochester, and Syracuse.

The "New York Health" bill would provide comprehensive, universal single-payer health care coverage for every New Yorker. This single-payer health plan would replace private insurance company coverage and, as studies have shown, save money and contain health care costs. In addition, members of this plan would not be required to pay premiums, deductibles, or co-pays, as coverage would be publicly funded.

As chapter leaders, I encourage you to notify and urge members to attend and sign up to testify at these hearings. The testimony provided should include examples of how the current system affects our health care professionals and educators and/or experiences as patients.

Included with this letter is the Campaign for New York Health flier and the Assembly Committee on Health's Public Notice, which includes information on each of the hearings: date, time, location, and how to sign up to provide testimony. Some of the key information is as follows:

- Persons wishing to testify or attend should complete the hearing reply form (enclosed) and return as indicated no later than the dates on the reply form.
- If you are unable to testify in person, you may submit written testimony instead.
- Oral testimony will be limited to 10 minutes and all testimony will be under oath.
- Ten copies of any prepared testimony should be submitted at the hearing.
- Written testimony, whether presented or not, should be e-mailed before the hearing to Mischa Sogut, SogutM@assembly.state.ny.us.
- Questions about this hearing may be directed to Mischa Sogut of the Assembly Health Committee staff at 518-455-4941 or SogutM@assembly.state.ny.us.

The Affordable Care Act allows states to experiment with single payer starting in 2017 and other states, such as Vermont, have already started to enact laws to implement a universal, publicly funded health care system. Assemblyman Gottfried has introduced a version of this legislation every year since at least 1999, and UUP has been a proud endorser of single-payer national health insurance since 1994. This series of hearings gives UUP members an opportunity to express their support for passage of a universal single-payer health plan. If you have any questions, or would like assistance in preparing testimony, contact UUP Research and Legislation Director Kristie Sammons at ksammons@uupmail.org.

Thank you.

Public Hearings on the *New York Health Bill* for Universal, Single Payer Health Care

***Speak out for a health care system that puts
patients over profits!***

The New York State Assembly Health Committee is hosting a series of public hearings to receive testimony from New Yorkers about the need for a universal, single-payer health care system.

<u>SYRACUSE</u> Thursday, Dec 4, 10 AM Medical Alumni Auditorium Weiskotten Hall Upstate Medical University 766 Irving Avenue	<u>ROCHESTER</u> Monday, Dec. 8, 10 AM City Council Chambers Rochester City Hall "A" Building, 3rd Floor 30 Church Street	<u>BUFFALO</u> Wednesday, Dec 10, 10AM Roswell Park Cancer Inst Hohn Auditorium Research Studies Center Elm & Carlton Street
<u>NEW YORK CITY</u> Tuesday, Dec. 16, 10 AM New York University Grand Hall, 5th Floor Global Center for Academic and Spiritual Life 238 Thompson Street	<u>MINEOLA</u> Wednesday, Dec 17, 10 AM Nassau County Legislative Chambers Theodore Roosevelt Executive and Legislative Building 1550 Franklin Avenue	<u>ALBANY</u> Tuesday, Jan. 13, 10 AM Hearing Room B Legislative Office Building

- Are you uninsured or underinsured?
- Have you ever delayed care because you couldn't afford the copay or deductible?
- Have you ever stayed in a job just to keep your health insurance?
- Have you ever been denied necessary care by your insurance company?
- Have you ever had to file for bankruptcy because of medical debt?
- Are you a medical professional who is frustrated with the barriers that private health insurance companies create?
- Do you have to make difficult choices between paying your health care premium and other bills?
- Are you a member of an organization, community, union, faith group that can speak to the benefits of single-payer system?

If you answered yes to any of the questions above or have another story to share about how the health care system affects you, please attend and testify at this hearing. All are welcome to attend, even if not submitting testimony. **Testimony can be submitted by completing the public hearing reply form on the back of this flyer.**

For more information and to get involved, visit www.nyhcampaign.org



Campaign for New York Health

Web: NYHCampaign.org

Twitter: @NYHCampaign

Email: info@nyhcampaign.org

Phone: 212-475-8235

Facebook: CampaignforNewYorkHealth



**NEWS FROM
NYS Assembly Health Committee**

822 Legislative Office Building, Albany, NY 12248 - Tel: 518-455-4941

250 Broadway, #2232, New York, NY 10007 - Tel: 212-312-1492

GottfriedR@assembly.state.ny.us

ASSEMBLY COMMITTEE ON HEALTH

Richard N. Gottfried, Chair

NOTICE OF PUBLIC HEARINGS

SUBJECT: "New York Health" bill to create state single payer health coverage

PURPOSE: Receive testimony concerning the "New York Health" bill

<p><u>SYRACUSE</u> Thursday, Dec 4, 10 AM Medical Alumni Auditorium Weiskotten Hall Upstate Medical University 766 Irving Avenue</p>	<p><u>ROCHESTER</u> Monday, Dec. 8, 10 AM City Council Chambers Rochester City Hall "A" Building, 3rd Floor 30 Church Street</p>	<p><u>BUFFALO</u> Wednesday, Dec 10, 10AM Roswell Park Cancer Inst Hohn Auditorium Research Studies Center Elm & Carlton Street</p>
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PLEASE NOTE: HEARING DATES FOR ROCHESTER, BUFFALO AND MINEOLA ARE CHANGED FROM A PREVIOUS ANNOUNCEMENT

"New York Health", a universal "single payer" health coverage bill, would replace insurance company coverage, premiums, deductibles, co-pays, limited provider networks and out-of-network charges. Instead, it would provide comprehensive, universal health coverage for every New Yorker, with a benefit package more comprehensive than commercial or other health plans, with full choices of doctors and other providers. The program would be funded by broad-based taxes based on ability to pay. It would eliminate the local share of Medicaid (which would become part of New York Health). The bill, A.5389-A/S.2078-A, was introduced by Assembly Health Committee Chair Richard N. Gottfried and Senator Bill Perkins.

This series of public hearings around the state will review the effects and costs of the current health coverage system on patients, health care providers, employers, labor, taxpayers and health and health care. It will review how the single-payer system would work in New York.

Persons wishing to testify or attend should complete the hearing reply form below and return as indicated as soon as possible, but ***no later than the dates indicated on the***

reply form. It is important that the form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation. If time does not permit all witnesses to testify in person, they may still submit written testimony.

Oral testimony will be limited to 10 minutes. All testimony will be under oath. In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committees would appreciate advance receipt of prepared statements. Written testimony, whether presented in person at the hearing or not, should be e-mailed (as a Word or PDF document) before the hearing or as soon as possible to Mischa Sogut, SogutM@assembly.state.ny.us

Please inform interested parties and organizations of the hearing.

In order to meet the needs of those with a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

Questions about this hearing may be directed to Mischa Sogut of the Assembly Health Committee staff at 518-455-4941 or SogutM@assembly.state.ny.us

PUBLIC HEARING REPLY FORM

Persons wishing to testify at the public hearing on the "**New York Health**" bill are requested to complete this reply form **by the dates shown below** and mail, email or fax it to:

Mischa Sogut, Legislative Aide
Assembly Committee on Health
Room 822 - LOB, Albany, NY 12248
Email: SogutM@assembly.state.ny.us
Phone: (518) 455-4941, Fax: (518) 455-5939

- I would like to testify at the following hearing:
- Syracuse, **Thursday, Dec. 4** (please **reply by Tuesday, Nov. 25**)
 - Rochester, **Monday, Dec 8** (please **reply by Monday, Dec. 1**)
 - Buffalo, **Wednesday, Dec. 10** (please reply by **Monday, Dec. 1**)
 - New York City, **Tuesday, Dec. 16** (please **reply by Tuesday, Dec. 9**)
 - Mineola, **Wednesday, Dec 17** (please **reply by Wednesday, Dec 10**)
 - Albany, **Tuesday, Jan. 13** (please **reply by Tuesday, Jan. 6**)
- I plan to attend the following public hearing:
- Syracuse, Thursday, Dec. 4
 - Rochester, Monday, Dec. 8

Buffalo, Wednesday, Dec. 10

New York City, Tuesday, Dec. 16

Mineola, Wednesday, Dec. 17

Albany, Tuesday, Jan. 13

I would like to be added to the Health Committee mailing list.

I will require assistance and/or handicapped accessibility information.

Please specify the type of assistance required:

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE:

FAX: _____