



CAMPAIGN FOR NEW YORK HEALTH

New York Health

Assembly bill A. 4738 (Gottfried)/Senate bill S. 4371 (Perkins)

This bill would create a universal single-payer health plan – New York Health – to provide comprehensive health coverage guaranteed to all New Yorkers.

Eligibility, Benefits

Every New York resident would be eligible to enroll, regardless of immigration status, age, income, wealth, employment, or other status.

There would be no financial barriers to receiving care (premium, deductibles, or co-pays).

The benefits will include comprehensive outpatient and inpatient medical care, primary and preventive care,



prescription drugs, contraception, abortion, laboratory tests, rehabilitative, dental, vision, hearing, mental health etc. – all benefits required by current state insurance law or provided by the state public employee package, Family Health Plus, Child Health Plus, Medicare, or Medicaid, and others added by the plan.

Everyone would choose a primary care practitioner or other provider to provide care coordination – helping to get the care and follow-up the patient needs, referrals, and navigating the system. But there would be no “gatekeeper” obstacles to care.

A broadly representative Board of Trustees will advise the Commissioner of Health.

Long- term-care coverage is not included at the start, but the bill requires that the Board develop a plan for it within two years of passage.

Payment to Health Care Providers

Health care providers, including those providing care coordination, would be paid in full by New York Health, with no co-pays or other charges to patients. The plan would develop alternative payment methods to replace old-style fee-for-service (which rewards volume but not quality), and would negotiate rates with health care provider organizations. (Fee-for-service would continue until new methods are phased in.)

Funding

Health care would no longer be paid for by insurance companies charging a regressive “tax” – premiums, deductibles and co-pays – imposed regardless of ability to pay.

Instead, New York Health would be paid for by premiums based on ability to pay, through a progressively-graduated state payroll tax (paid 80% by employers and 20% by employees, and 100% by self-employed) and a surcharge on other income for the wealthy.

Federal funds now received for Medicare, Medicaid, Family Health Plus and Child Health Plus would be combined with the state revenue in a New York Health Trust Fund. The “local share” of Medicaid funding – a major burden on local property taxes – would be ended.

Private Insurance

Private insurance that duplicates benefits offered under New York Health could not be offered to New York residents.

Federal Funding and Waivers

For the system to work most effectively, New York would seek federal waivers that will allow New York Health to completely fold in Medicare, Medicaid, Family Health Plus, Child Health Plus, ACA benefits, and any other federally funded program.