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The Public Ought To Know

January 22, 2015 By Corey Bearak

A single payer plan for NYS might just drive what we need for our nation. Part 2

Despite the changes afforded under the Affordable Care Act, too many New Yorkers may not opt to get the care they need. To the extent these consumers gain the coverage afforded under the universal "single payer" system envisioned under this legislation, it also protects the health of public transit workers.

There was testimony at the hearing that even under ACA, more than a million New Yorkers remain uncovered by any health plan. And that does not go to coverages, deductibles and other plan issues than may dotor so called covered individual and families to access health



other plan issues than may deter so-called covered individual and families to access health care they need.

Replacing insurance company coverage, premiums, deductibles, co-pays, limited provider networks and out-of-network charges also helps the bottom line of workers. Too often health costs for care and drugs riddle labor negotiations. Workers must often choose between health care and wages; it often affects ability of workers to adequately provide for their families. Under a single payer system, even public employees with good coverage can enjoy benefits; Chairman RIchard Gottfried emphasized that concept after (ATU 1179 President) John Lyon's testimony at his December hearing.

If New York (state) adopted a universal care program funded through progressive, broad-based revenue measures as this bill proscribes, New York also becomes the showcase for similar federal program, in much the manner the Massachusetts care program became the model for ACA.

Eliminating the local share of medicaid would also empower local governments with additional resources to address service needs (and more than cover any costs the new system's expense may impose on municipalities.

The special interests that oppose Assembly Member Gottfried's New York Health Bill – as with those who still try to overturn ACA, raise issue of choice and cost. No one seems to understand the making care truly available reduces costs, helps to reign in the expense of drugs which increases often unabated and ensures more will use their coverage. More discussion in the third commentary in this series.

*Corey Bearak can be reached at StrategicPublicPolicy.com. Find his ebook, The Public Ought To Know, at <u>Kindle</u>, <u>Nook</u> and <u>Apple iBooks</u>.

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