The NY State Constitution states:

"The protection and promotion of the health of the inhabitants of the state are matters of public concern and provision therefore shall be made by the state and by such of its subdivisions and in such manner, and by such means as the legislature shall from time to time determine." (Article XVII, § 3.)

This bill would create a universal single payer health plan - **New York Health** - to provide comprehensive health coverage for all New Yorkers. **The "local share" of Medicaid funding - a major burden on local property taxes - would be ended**! Private insurance that duplicates benefits offered under New York Health could not be offered to New York residents.

- **Isn't single payer socialized medicine?**

No. The term "Socialized Medicine" is often used as a scare tactic to conjure up images of government bureaucratic control and interference in medical care. Socialized medicine is a system in which doctors are government employees and hospitals are government owned – the Veteran's Administration (VA) and the Armed Services hospitals are good examples of this system. In a single payer system, the financing is public while the delivery of care remains private as it is now.

- **Wouldn't a state program create a bigger bureaucracy?**

No. Our healthcare is the most bureaucratic of any in the world with 30-35% of every healthcare dollar going to paperwork and overhead and profits. Our current system is extremely complex and fragmented due to the thousands of different insurance plans creating waste, confusion and stress.

- **Won't a single payer health plan harm providers?**

No. Single payer eliminates the need for hospitals and other providers to absorb the cost of charity care for the uninsured because everyone is insured under this plan. Single payer also reduces needless administrative expenses and bureaucracy, substantially lowering their costs. Providers receive known, dependable and predictable income.

The New York Health Act

A Universal Health Care Bill

(Based on Ability to Pay)

Senate Bill S3425 & Assembly Bill A1466

Health Care Should Be A Basic Right
Not A Privilege

QUALITY, GUARANTEED
HEALTH CARE
FOR ALL NEW YORKERS

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The New York Health Act: Healthcare for ALL of Us

The New York Health Act is a universal, comprehensive plan passing the NYS Assembly 4 years in a row and was only one State Senator endorsement short in 2017 of becoming a majority and coming out of the Health Committee for a Senate debate and floor vote. Upon passage the bill goes to the Governor's desk to be signed and implemented.

The NY Health Act would:

- **Provide** quality care to **ALL** New Yorkers, regardless of income, wealth, or employment status:
  - Reduce cost of health care for 95% of New Yorkers.
  - Medical decisions would stay between patients and doctors, rather than with insurance companies.
  - No networks, so patients would regain choice of doctors and hospitals especially important with referrals to specialists.
  - Eliminate paperwork and overhead for the complex and fragmented health insurance system we have now. Predictable provider income.
- **Eliminates ALL** financial barriers to healthcare:
  - No out-of-pocket costs.
  - No unpredictable renewal premium increases every year.
  - No private insurance co-pays and no deductibles.
  - No private insurance premiums.
  - No out-of-network charges, all providers in network.
  - No Medicare premiums, co-pays and no deductibles.
  - No bankruptcies due to medical bills.
  - No medical balance billing.
- **Cover ALL** medically necessary care, including:
  - Prescriptions and Durable Medical Goods - such as wheelchairs, prescription glasses, walkers, hearing aids, dentures etc.
  - Physicals and Well Child visits, DOT physicals for hired drivers.
  - Dental, Hearing and Vision services
  - Emergency Room visits and Ambulance Services.
  - Pre-Natal & Post-Natal Health Services
  - Long-term, Home Health Aide, Skilling Nursing and Palliative care
  - Office Visits and In-Patient Hospital Care and Surgeries.
  - Mental Health and Substance Abuse care and treatment
  - Worker's Compensation & Motor Vehicle Accident Health Care Sves.

How would the NY Health Act be paid for?

New York Health would be paid for based on ability to pay, through a progressively graduated payroll-based tax (paid at least 80% by employers and not more than 20% by employees, and 100% by the self-employed) and by a progressively graduated tax based on other non-payroll taxable income, such as capital gains, interest and dividends.

Federal funds now received for Medicare, Medicaid, Family Health and Child Health Plus would be combined with the state revenue in a New York Health Trust Fund. New York would seek federal waivers that will allow New York to completely fold those programs into NY Health.

The NY Health Fund Trust would be the only payer for health care services. The cost to all of us, either through premiums or out of pocket expenses, would go away. Cost reductions include the ability to negotiate prescription drugs prices, having a unified fee schedule, greatly reduced administrative expenses and elimination of private insurance profits.

There are no "individual", "couple" or "family" plans to choose among. There are no annual renewals with sky rocketing premiums. Everyone's in.

This table shows an April 2024 ***estimate*** derived from Prof. Rodberg's analysis on what would be deducted **monthly** from each employee's pay and the employer's payroll based on the employee's annual taxable income:

Annual Income	Hourly Income	Employee Pays 20%	Employer Pays 80%	Self-employed Pays 100%
$31,200	$15/hr.	$6.61/mo	$26.45/mo	$33.07/mo
$41,600	$20/hr.	$17.71	$70.83	$88.53
$49,920	$24/hr.	$26.58	$106.33	$132.91
$62,400	$30/hr.	$42.79	$171.15	$213.93
$83,200	$40/hr.	$70.78	$283.13	$353.92
$99,840	$48/hr.	$94.36	$377.43	$471.78
$200,000	Salary	$261.25	$1,045.00	$1,306.25

Updated Analysis of the Economics of the New York Health Act Prepared by Leonard Rodberg, PhD

Everyone's first $25,000 of income is not taxed. (The first $50,000 not taxed for Medicare recipients!). The 6.4% applies only to the $25,000-$50,000 range, the 7.8% only to the $50,000-$75,000 range, the 8.5% is only to the $75,000-$100,000 range and 10% is only to the $100,000-$200,000 range. The 11.3% applies only to the income over $200,000.

Non-payroll income, such as capital gains, interest and dividend income would be taxed similarly like the payroll brackets above. The percentages are likewise associated with each range of income and not the entire income.