



*Representing the advocacy interests  
of hospitals and health systems on Long Island and the Hudson Valley*

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**Kevin Dahill, President and CEO**  
**Statement on**  
**New York Health Act**  
**Sponsored by Senators Richard Gottfried and Gustavo Rivera**

**February 11, 2019**

**Suburban Hospitals Oppose the New York Health Act**

*Act is administratively unreasonable, imposes a high tax burden, limits consumer choice*

New York has been among the most successful states in the country at providing access to health insurance by expanding Medicaid, establishing the Essential Plan for individuals with modest incomes, establishing its own health insurance exchange, aggressively holding down insurance premiums, and requiring expansive hospital charity care policies for those who are uninsured. As a result, approximately 95 percent of New Yorkers have health coverage. Suburban Hospital Alliance members have supported and participated in these efforts, and firmly support access to affordable coverage for all.

The New York Health Act instead would take New York down a much more dangerous path, relying on steep tax increases and unrealistic assumptions about obtaining federal waivers — to say nothing about New Yorkers’ willingness to have their hard-earned Medicare and employer retirement benefits supplanted by a state plan.

As the legislation itself states, “A large portion of hospitals, health centers and other providers now experience substantial losses due to the provision of care that is uncompensated.” That’s absolutely true, and we appreciate that the bill’s sponsors acknowledge this financial burden. However, the legislation fails to acknowledge that hospitals also shoulder substantial losses due to Medicare and Medicaid reimbursement rates that don’t cover the cost of care provided. If the New York Health Plan reimburses providers at anything near the Medicare and Medicaid rates, it will not be possible for many institutions to keep their doors open. No amount of administrative simplification gained from having a single-payer system would close that gap.

Our focus now should be on ensuring that the remaining 5 percent of the population has access to affordable coverage, building on the successes of the Affordable Care Act and the state’s own initiatives. We welcome the governor’s proposal to instead establish a Universal Access Commission to assess the most practical and effective ways to expand coverage.

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