

# **NEW YORK UNIVERSAL HEALTH CARE OPTIONS CAMPAIGN**

Rekindling Reform  
155 West 72<sup>nd</sup> Street, Suite 402  
New York, NY 10023  
212-588-3890

Hunger Action Network of NYS  
275 State Street, 4<sup>th</sup> fl.  
Albany, NY 12210  
518-474-7371

## **SUMMARY OF A.6575 (Gottfried)**

### ***The Legislative Commission on Health Care Coverage Reform Act of 2005***

The objective is have the State Legislature set up a process that would get New Yorkers and their legislators thinking and talking about achieving quality health care for all New Yorkers and exploring different options for how to get there – a process that would engage all those who see a need for a better system.

The bill would set up a 14-member legislative commission on health coverage reform. The leadership of the Assembly and Senate would appoint the commission, including two co-chairs.

The commission would have five tasks:

- (1) hold hearings in various parts of the state to get input on what is needed
- (2) invite interested persons to submit detailed proposals/models for achieving what is needed
- (3) contract for independent expert evaluation of these options as to their cost and their impact on coverage
- (4) hold a second set of hearings – on the results of the studies
- (5) report the results to the legislature, along with any recommendations “for providing comprehensive, affordable, quality...coverage to all New Yorkers while controlling costs and ensuring...choice” of providers.

The commission would have two committees. Each committee would look into designs/models independently of the other committee. The purpose of this arrangement is to ensure to both Assembly and Senate the freedom to generate the kinds of options they would prefer. In a shorthand description, one committee would seek models offering comprehensive benefits, with no more than minimal cost sharing by consumers, and with a major state role in the making and administering of policy. The other committee would be more open to market-based models. Both committees would be required to measure the proposals they receive against a specified set of standards (below.) Options considered by the committee on publicly-oriented approaches would have to satisfy additional requirements. Each committee’s chair would name an advisory board representing the views of consumers, providers, labor, business, insurers, and policy analysts.

Both committees would need to ensure that proposals control provider capital expenditures and would be required to consider the effect of proposals on:

- (a) advancing the goal of universal health coverage;
- (b) controlling the cost of health coverage and health care;
- (c) fairly and equitably distributing the cost of health coverage and health care;
- (d) the level and distribution of costs as a barrier to health coverage or health care;
- (e) employers and employment;

(f) the special concerns of small businesses; the self-employed and sole-proprietors; collective bargaining arrangements; people with multiple, seasonal or sporadic employment; low-income households; and people who are unemployed, under-employed or unable to work; and

(g) the economic viability of hospitals, community health centers, health care professionals, and other health care providers.

The commission would set its own timetable.

The bill calls for a half million dollars in state funding but would look to grant funding for support, too.