

**Jackie DiSalvo, PSC-CUNY,**

**Testimony: New York City Council Committee on Civil Service and Labor, Jan. 9, 2023  
Against replacing Medicare with Medicare Advantage**

I am a retired professor from Baruch College and a member of the Retiree Chapter of the PSC, and I am urging you to vote No on changing the Administrative Code 12-126, through which retirees would have to either give up our free traditional non-profit Medicare plus Senior Care and take a for profit Medicare Advantage plan or pay to retain coverage at a \$2400 per person per year cost that will be onerous for many municipal workers.

I understand that NYC has increasing health costs but object to its acquiring savings at the expense of retirees, even though we have been paying into Medicare all our working lives. Extensive studies have documented the inferiority of Medicare Advantage, which fails to control costs while preserving the quality of care but serves private health insurers and investors at the expense of recipients' health care. Profits could be achieved by overcharging beneficiaries, delaying or denying care, restricting services, and an inappropriate denial rate for doctors and protocols, most commonly for such procedures as MRIs and CT scans. Moreover, despite claims of full access to physicians and hospitals, many doctors have told us they will not accept Medicare Advantage, and the available networks are usually restricted, so enrollees have to pay more for "out-of-network" coverage. Such conditions literally put colleagues with life-threatening conditions in peril. So, based on its track record, Medicare Advantage could more accurately be called Medicare *Disadvantage*.

This issue is very personal for me. I am attending this session in a wheelchair, and although doing so is more arduous, it testifies to the urgency for me of the proposed change. I have an ongoing disability from having had polio at 5 years old. Mostly, except for the resulting paralysis of my right arm, for decades I was able to function without many limitations, but beginning about 10 years ago, I began to weaken increasingly due to Post-polio Syndrome, falling one day and shattering my shoulder. Then about 2 years ago I collapsed, and since then have been unable to stand or walk, leading to spinal surgery in hopes that revived nerves might also restore my muscles, orthopedic consultations and physical therapy. Moreover, as other medical care became necessary, I have had to see many doctors with various specializations and have been able to see the best and follow whatever procedures they recommended with no inhibitions due to cost. Without that I could have been reduced to the handicap I have spent my whole life attempting to overcome. I credit Medicare, my health insurance, with maintaining my quality of life.

This change in health insurance is part of the whole movement of privatization that is undermining every public service, such as replacing public with charter schools, and undermining CUNY. Just as I love my publicly funded health care, I love CUNY as a public university accessible to working class, immigrant, African-American and other students of color, my college, Baruch, first in the whole country in offering students upward mobility. However, as its budget comes less from the state and city and more from student tuition, CUNY becomes less accessible. I love my union, the PSC, when it fights not only for my immediate needs in our contract but takes a stand on progressive issues for a wider population such as defending access to CUNY and in leading this fight to preserve traditional health benefits for municipal workers by offering an alternative.

Ultimately, however, we need access to healthcare for all New Yorkers, including the many now uninsured. That will only be possible with the inclusive public health system known as Single Payer or Medicare For All. New Yorkers might achieve that through the New York Health Act, NYHA, presently before the NY State Legislature, advocated by various community groups and such unions as NYSNA, the New York State Nurses Association. That is the next fight; for now we must save the coverage we have, so **I urge you to refuse eliminating code 12-126 and seriously consider the PSC proposal, which saves funds without offering retirees as a sacrifice to the profiteering Medicare Advantage.**