Albany Update From
ASSEMBLY MEMBER RICHARD GOTTFRIED
HEALTH COMMITTEE CHAIR

Dear Neighbor,

This newsletter will bring you up to date on some of my work in Albany.

In the 2014 legislative session in Albany, health care, education and taxes were key topics. As Chair of the Assembly Health Committee, I won several important victories. This newsletter covers these and other developments.

New York's success depends on our extraordinary assets – including an educated workforce, diversity, culture, health care, and mass transit. Keeping those assets strong – and making sure every New Yorker has a fair chance to lead a full life – requires public spending for schools, housing, hospitals, subways and buses, and other public services. And in fairness, the necessary taxes must be based on ability to pay. To me that's just common sense. I have always worked for these values in Albany and our community.

You can follow my work and legislative news by going to the Assembly website: www.assembly.state.ny.us/Gottfried. And if you'd like to contact me or sign up for updates from me, you can click on the "contact" link there, or e-mail me at: GottfriedR@assembly.state.ny.us.

I look forward to hearing your comments and suggestions on legislative issues and community problems.

I work for you full-time, year-round, in Albany and in the neighborhood. I am a lawyer, but I do not maintain a private practice. My only job is working for you.

My Community Office at 242 West 27th Street, 212-807-7900, GottfriedR@assembly.state.ny.us – is here to serve you. Please contact us if you're having a problem with a government agency, your landlord, a utility, noise or traffic issues, etc. We can help you. We can also assist you to apply for programs and benefits.

If your block association or other group needs my help or would like me to come to a meeting, or if there is any other way I can help, please call or e-mail.

Sincerely,

Richard Gottfried

New Law Allows Medical Use of Marijuana in New York

Medical marijuana bill becomes law:
After introducing legislation for 17 years to allow medical use of marijuana in New York State, I was particularly gratified when the Governor signed my bill into law in July. Senate bill sponsor Diane Savino and I had an impromptu celebration with advocates in the Capitol after the bill passed both houses of the legislature. Photo credit: Melody Lee

Thousands of New Yorkers suffering from severe debilitating or life-threatening conditions will be able to live longer and more tolerable lives through treatment with marijuana under medical supervision, thanks to legislation I have been sponsoring for 17 years. The bill passed the Assembly and Senate (where it was sponsored by Sen. Diane Savino of Staten Island) in June and the Governor has signed it into law.

The new law includes restrictions that were necessary to win the Governor's support, and it will probably take a year and a half or so to implement. But it will make a real difference – often a life-saving difference – for thousands of seriously ill people.

If a patient and physician agree that a severe, debilitating or life-threatening condition should be treated with medical marijuana, New York State government will no longer stand in the way.

Provisions of the bill include:

- Patients will receive a certification from a physician registered with the State Department of Health (DoH) and will then be issued a registration card.
- The law lists conditions for which medical marijuana may be used, and allows the Health Commissioner to add to the list.
- Medical marijuana may not be smoked, but may be in forms such as edibles or oil extracts, or used with vaporizing devices (similar to refillable e-cigarettes).
- "Registered organizations" that manufacture and dispense medical marijuana will be licensed and tightly regulated.
- An excise tax of 7% of the dispensing price will be paid by registered organizations. Almost half the revenue will be divided between the county (or New York City) where the product is manufactured and where it is dispensed. Some of the revenue is earmarked for the Office of Alcoholism and Substance Abuse and the Division of Criminal Justice Services. The rest goes to the State treasury.

I will work with the Health Department to speed up implementation as much as possible and to make sure that New York has the best medical marijuana program in the country. Sen. Savino and I also plan to seek amendments to the new law to make it more workable.

Health Care Reform: N

The Affordable Care Act is making important repairs to our broken health care system. But the sign-up process is complicated. Many health plans have narrow, restricted provider networks, and high deductibles and co-payments that shift a large part of the cost of care to the individual. Employers are continuing to drop coverage of their employees or shift more costs to them.

The root cause of these problems, and the basic flaw of the ACA, is that it leaves insurance companies in charge – with high premiums, high deductibles, and co-pays; too much control over which doctors or hospitals we can go to and what care they can provide; and high administrative costs. The exchanges are complicated because the system requires means-testing to see who is eligible for Medicaid or subsidies, and then requires people to select from multiple plans.

We can do better. Instead of patchwork repairs, we can cover everyone, provide better coverage, and save billions. How?

Through publicly-sponsored, single-payer health coverage.

Like many other key services, health care should be a basic right, not a privilege.

Washington might not be ready to act, but individual states have long been the "laboratories of democracy." That's why I've introduced a single-payer bill here in the Empire State (with State Sen. Bill Perkins) called "New York Health."

New York Health would save billions of dollars because we wouldn't be paying for insurance company profits, administrative costs and overhead. For employers, it would free up money that is now consumed by high-cost insurance premiums, making the savings available for business expansion and increased wages and benefits. Individuals who pay for health coverage would also save. (For more specifics on New York's single-payer health care bill, see below.)

The New York Health bill has already gained significant support. It has been co-sponsored by 92 members of the Legislature and a long list of organizations, including the NYS Nurses Association, the New York Academy of Family Physicians, the NYS American Academy of Pediatrics, the Public Health Association of New York City, the NYS AFL-CIO, Citizen Action, SEIU 1199, NYS United Teachers, 32BJ SEIU, CWA District 1 and Local 1180, Doctors Council SEIU, UAW Region 9 & 9A, UFCW Local 1500, RWDSU, the Committee of Interns & Residents, United Steelworkers District 4, United University Professions, the Professional Staff Congress, IATSE Local 1, Utility Workers of America Locals 1 & 2, Make the Road/New York, and New York Communities for Change.

As Chair of the Assembly Health Committee, I will be holding hearings around the state in the coming months on New York Health. The hearings will offer an opportunity to demonstrate the strong backing for the bill among labor, health care, and community organizations, and to grow broad support for the legislation while increasing public awareness of the need for it.

How New York Health Would Work:

It would provide comprehensive, universal health coverage for every New Yorker and would replace private insurance company coverage. You and your health care providers work to keep you healthy. New York Health would pay the bill.

1. **Freedom to choose your health care providers.** There would be no network restrictions. Only patients and their doctors – not insurance companies – would make health care decisions.
2. **Comprehensive coverage.** All New Yorkers would be covered for all medically necessary services, including: primary, preventive, specialists, hospital, mental health, reproductive health care, dental, vision, prescription drug, and medical supply costs – more comprehensive than commercial health plans.
3. **Savings for consumers**. Today, insurance companies set the same high premiums, deductibles, and co-pays, whether it's for a CEO or a receptionist, and a big successful company actually pays less than a small new business. Under New York Health, individuals and employers would not pay premiums, deductibles and co-pays.

   Instead, coverage would be funded through a graduated tax on payroll and non-payroll taxable income, based on ability to pay. The total cost will be smaller because of the savings, and it will be shared more fairly. For most people, it will be a substantial reduction in what they now spend. Most people's take-home pay will go up.
4. **Less administrative waste, better care, more accountability.** The total cost would be tens of billions less than what we now spend, because we wouldn't be paying for huge insurance company administrative costs and profits or for the time and paperwork of dealing with insurance companies. Health coverage would be accountable to the people of New York, not to insurance company stockholders.

State Budget: Good News on Health Care

The 2014 New York State budget marked some major achievements. As Chair of the Assembly Health Committee, I was particularly proud of several victories in the budget for patients, consumers, and families. These include:

"Basic Health Program": I successfully led the drive in the State budget to provide health insurance coverage to hundreds of thousands of New Yorkers with incomes too high to qualify for Medicaid but too low to afford commercial insurance (even with Affordable Care Act subsidies). Starting late in 2015 or 2016, individuals earning between 133% and 200% of the poverty level (in 2014 that's $47,700 for a family of 4) will be able enroll in New York's new Basic Health Program (BHP). The State pays the patients' share of premiums not covered by the federal government under the ACA. With strong advocacy by the Community Service Society and others, I was able to get the Governor, the Assembly and the Senate to include it in the budget. Under the BHP, New York State will now be able to collect federal matching funds for health care for many immigrants, saving the State budget several hundred million dollars a year.

Protecting Home Care Patients: When a frail elderly person or someone with a disability receives home care, a cut in that care can be devastating. "Aid continuing" is a Medicaid rule that protects a patient when Medicaid proposes to cut a service. But if a service was approved for a particular period and is cut for the next period, the State has argued this means there is nothing to "continue." I worked for two years to get a law passed to correct this, and was able to get it included in the budget in the final hours of negotiation.

Out-of-Network Health Coverage: Too often, people are hit with surprise medical bills from providers who turn out not to have been in their insurance plan's network. I have sponsored an out-of-network protection bill for several years. This year, the Governor put language similar to my bill in his budget proposal, and with some modifications it was enacted. It requires reasonable notice if the doctor is out-of-network, limits co-pays for "surprise" and out-of-network emergency care, and sets up an arbitration process for setting rates for out-of-network care. It's an important package. But it does not solve the basic problem of restricted health plan networks, and it does not apply at all to the "self-insured" plans used by many large employers (federal law bars us from regulating them). The real solution will be to enact my "New York Health" single-payer health plan.

Nurse Practitioners: Nurse practitioners (NPs) play an increasingly vital role in health care. This year's budget legislation allows an NP with about three years' experience to practice without the outdated and onerous requirement of a written collaborative agreement with a physician. Instead, they will have a collaborative relationship with a physician or hospital. I had sponsored this legislation for several years.

Corporate Ownership of Hospitals: New York does not allow large for-profit corporations to own hospitals, but the Governor proposed allowing it on a limited basis. I led the successful fight to reject this plan. Corporate ownership is not the answer for patients. Hospitals should be focused on how to serve the community, not how to add or cut services that make the most profit for stockholders.

ew York Can Do Better

"New York Health" single payer health bill:
Publicly funded, single-payer health care in New York State would insure everyone, provide better coverage, and save billions. I drafted the "New York Health" single-payer bill and State Senator Bill Perkins sponsors it in the Senate.

5. **More business-friendly.** New York Health reduces costs for employers – large and small – by taking them out of the business of buying health coverage. That would make New York dramatically more job-friendly, especially for small businesses, start-ups, low-margin businesses, local governments and taxpayers, and non-profits.
6. **More affordable.** A 2009 report by New York State found that a single-payer plan would have the lowest cost for providing universal coverage, compared to plans relying on insurance companies and employment-based coverage.

The Affordable Care Act and New York's new health benefit exchange are cleaning up some of the damage caused by the way we pay for health care. But it's time to truly fix the system.

For details, contact me at GottfriedR@assembly.state.ny.us.

Help for More Rent-Regulated Seniors and People with Disabilities

SCRIE and DRIE just got better, thanks to laws we passed! The Senior Citizen Rent Increase Exemption (SCRIE) prevents rent increases for people 62 or older below a certain income level, in rent-controlled, rent-stabilized, Mitchell-Lama, HDFC Cooperative Shareholder apartments, or hotel stabilized apartments. The rent may not go above whatever they're paying now or 1/3 of their income, whichever is higher. The Disability Rent Increase Exemption does the same for people with disabilities.

The income limits have not been raised in years. The household limit for SCRIE was raised from $29,000 to $50,000, as of July 1, 2014. The new limit for DRIE is also $50,000 (it had been $20,000).

To be eligible for DRIE, a tenant must be at least 18, live in a rent-regulated or Mitchell-Lama apartment, HDFC cooperative, or have a federally insured mortgage under Section 213 of the National Housing Act, and have been awarded federal SSI, SSDI, VA Disability Pension or disability-related Medicaid.

When SCRIE or DRIE prevents a rent increase, the landlord is compensated by a cut in property taxes.

Note: Seniors who own their homes may be eligible for SCHE, the Senior Citizens Homeowners' Exemption (SCHE), if the combined income of all owners and their spouses is not more than $37,399. SCHE provides a property tax exemption for seniors who are 65 and who own one, two, or three family homes, condominiums, or cooperative apartments. For more details, please see http://www.nyc.gov/html/dof/html/property/senior_citizen.shtml or contact my district office.

SCRIE AND DRIE – ARE YOU ELIGIBLE? HOW DO YOU APPLY?

To help you figure out if you are eligible for SCRIE or DRIE and apply for this important rent benefit, I am co-sponsoring a SCRIE/DRIE Workshop hosted by State Senator Brad Hoylman on Wednesday, September 17 from 6:00 - 8:00 p.m. at Hudson Guild – Elliott Center, 441 West 26th Street, 2nd Floor, between 9th and 10th Avenue.

To RSVP and to find out what documentation to bring, please contact me at 212-807-7900 or Senator Hoylman at 212-633-8052.

New Law to Help Prevent Overdose Deaths

Opiate overdose is now the leading cause of accidental death in New York State and heroin overdoses are sharply on the rise in New York City, jumping by more than 80% in the last three years.

A new state law I helped write will allow use of the drug naloxone to save the lives of people at risk of dying from a drug overdose. Individuals, family members, community organizations and others will be able to obtain naloxone kits and use the drug without a doctor's prescription.

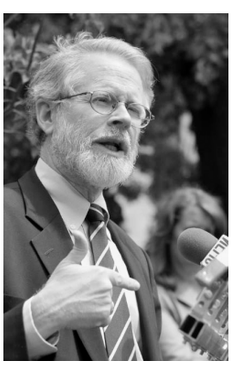
Naloxone is safe and easy to use. It has no harmful side effects. With a simple device in the kit, a dose is sprayed in the patient's nose.

This is practical, common-sense legislation that will save many lives.

As Chair of the Assembly Health Committee, I worked closely with the bill's sponsors, Assembly Member Jeff Dinowitz and Senate Health Chair Kemp Hannon; the State Health Department; and a coalition of advocacy organizations including VOCAL-NY, to draft the legislation and pass the bill.

2014 Heritage of Pride parade:

With State Senator Brad Hoylman and Assembly Member Daniel O'Donnell at this year's LGBT pride parade in Manhattan. I will work closely with them and other colleagues to pass the Gender Expression Non-Discrimination Act (GENDA) that I sponsor in the Assembly



Health Committee Chair
Assembly Member

Richard Gottfried's

Newsletter Part 2: Albany Update.

August 2014

Este boletín está disponible en español.

Get More News and Help Update Our List

Please return this coupon to: Assembly Member Dick Gottfried's Community Office
242 West 27th Street, New York, NY 10001 or by E-mail: GottfriedR@assembly.state.ny.us.

Name _____ Home Phone _____

Address _____

City, State Zip _____

Work Phone _____ E-mail _____