

February 10, 2026

PASS THE NEW YORK HEALTH ACT

WITH THE 2026-27 STATE BUDGET

Written Testimony for the Green Party of New York

Submitted to

Joint Legislative Budget Hearing on Health/Medicaid

Senate Finance Committee Chair Liz Krueger,

Assembly Ways and Means Committee Chair J. Gary Pretlow,

and Members of the Legislature

Written by Mark Dunlea, senior advisor and Gloria Mattera, co-chair

Green Party of New York

Healthcare is a human right, and all people should have guaranteed access regardless of income, employment status, or immigration status. The Green Party supports a single payer, improved and expanded Medicare-for-all healthcare system that prioritizes wellness and prevention. A for-profit healthcare system will continue to restrict access while costs continue to skyrocket.

New York Health Would Make Health Care a Right for All New Yorkers

Every New York resident, and individuals employed full time in New York but living out-of-state, will be eligible to enroll, regardless of age, income, wealth, employment, or other status. There would be no network restrictions, deductibles, or co-pays. Coverage would be publicly funded. The benefits will include comprehensive outpatient and inpatient medical care, long-term care (including home care and nursing home care), primary and preventive care, prescription drugs, laboratory tests, rehabilitative, dental, vision, hearing, and hospice, as well as all benefits required by current state insurance law or provided by any state or local public employers, the Essential Plan, Child Health Plus, Medicare, or Medicaid, and others added by the plan. All these benefits would apply to all NYH enrollees.

Everyone would choose a primary care practitioner or other provider to provide care coordination - helping to get the care and follow-up the patient needs, referrals, and navigating the system.

Health care providers, including those providing care coordination, would be paid in full by New York Health, with no co-pays or other charges or "balance billing" to patients.

Federal funds now received for Medicare, Medicaid, the Essential Plan, Child Health Plus and the Affordable Care Act would continue to come into New York. Depending on the degree of federal cooperation (or not), NYH would wrap around those programs or fold them into NYH. In any event, people eligible for Medicare or the other programs would be entitled to every right and benefit they are entitled to under New York Health. The "local share" of Medicaid funding - a major burden on local property taxes - would be ended.

New Yorkers - as individuals, employers, and taxpayers - have experienced a rapid rise in the cost of healthcare and coverage in recent years. A million New Yorkers are without health coverage. Every year, millions of New Yorkers who have health coverage go without needed care because they can't afford it or suffer financial hardship to get it. Businesses have also experienced extraordinary increases in the costs of health benefits for their employees.

Health care providers are also affected by inadequate health coverage in New York State. A large portion of voluntary and public hospitals, health centers and other providers experience substantial losses due to the provision of care that is uncompensated. Individuals are often deprived of affordable care and choice of provider because of decisions by health plans guided by the plan's economic needs rather than their health care needs.

The Fiscal Case for the New York Health Act (S3425/A1466).

Independent analysis from the RAND Corporation, commissioned by the New York State Health Foundation, concluded that a single-payer system modeled on the New York Health Act (NYHA) would reduce overall spending by approximately 3% by 2031, primarily through administrative simplification and pricing efficiencies¹.

¹ Liu, J. L. (n.d.). An Assessment of the New York Health Act. *RAND*. https://www.rand.org/pubs/research_reports/RR2424.html

Subsequent interpretations of the RAND findings estimate that net annual savings of approximately \$20 billion could accrue under NYHA compared with projected status quo spending.

RAND further projected that the majority of New Yorkers would pay less overall for healthcare when premiums and out-of-pocket costs are replaced with progressive financing tied to ability to pay.

Under a unified public financing model:

- Universal coverage would eliminate uncompensated care subsidies
- Administrative overhead associated with multi-payer billing and managed care would be substantially reduced
- Provider payments would be standardized and predictable
- New York State would gain greater fiscal stability by consolidating healthcare financing into a single public trust.

This represents a restructuring of how healthcare dollars are collected and deployed, while providing a long-term solution for healthcare financing.