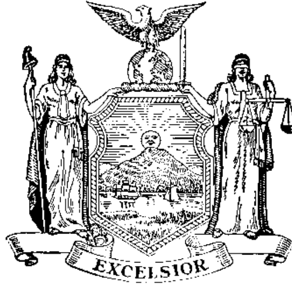

NOTICE OF JOINT SENATE AND ASSEMBLY PUBLIC HEARING

SUBJECT: The New York Health Act

PURPOSE: To gather feedback and recommendations from patients, patient advocates, health care providers, health coverage providers, labor, employers and other stakeholders about the New York Health Act and its specific provisions.

Kingston
Monday, November 25, 2019
10:00 A.M.
County Office Building
Legislative Chambers
244 Fair St
Kingston, NY 12401

ORAL TESTIMONY BY INVITATION ONLY

For millions of New Yorkers that are insured, as well those individuals that are underinsured and uninsured, cost remains a primary obstacle to accessing health care; and those who are able to access care are often left with significant debt as a result. The New York Health Act, A.5248/S.3577, would replace traditional health insurance coverage and public health coverage programs with comprehensive single-payer health coverage, including long-term care, for all New Yorkers. The program would be publicly funded, including existing federal support for Medicaid and Medicare. New Yorkers would no longer have to pay premiums, deductibles, co-pays, out-of-network charges, or have limited provider networks.

Persons invited to testify, or who want to be invited to testify, should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to four minutes. All testimony will be under oath. In preparing the order of witnesses, the Committees will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to the Committees' staff as early as possible.

Twenty copies of any prepared testimony should be submitted at the hearing registration desk. The Committees would appreciate receiving prepared statements in advance, with electronic copies being preferred.

In order to further publicize these hearings, please inform interested parties and organizations of the Committees' interest in hearing testimony from all sources.

In order to meet the needs of those with a disability, the New York State Legislature, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to the Legislature's facilities and activities.

Richard N. Gottfried
Chair, Assembly
Committee on Health

Gustavo Rivera
Chair, Senate
Committee on Health

JOINT PUBLIC HEARING REPLY FORM

Persons invited to testify, or who want to be invited to testify, at the public hearing on "The New York Health Act" are requested to complete this reply form as soon as possible, but no later than Wednesday, November 20. Mail, email or fax it to:

Anthony Kergaravat
Principal Analyst
Assembly Program and Counsel
Room 520 – Capitol
Albany, New York 12248
Email: kergaravata@nyassembly.gov
Phone: (518) 455-4311
Fax: (518) 455-7095

Carolyn Sheridan
Policy Analyst
Senate Majority Counsel's Office
Room 500 – Capitol
Albany, New York 12248
Email: csherida@nysenate.gov
Phone: (518) 455-2889
Fax: (518) 455-6995

☐ I plan to attend the hearing on "The New York Health Act" to be conducted by the New York State Assembly Committee on Health and the Senate Committee on Health on November 25, 2019 in Kingston, NY.

☐ I have been invited and plan to make a public statement at the hearing. My statement will be limited to 4 minutes, and I will answer any questions that may arise. I will provide 20 copies of my prepared statement.

☐ I would like to be invited to testify at the hearing on "The New York Health Act" to be conducted by the New York State Assembly Committee on Health and the Senate Committee on Health on November 25, 2019 in Kingston, NY.

☐ I will address my remarks to the following subjects:

____

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☐ I do not plan to attend the above hearing.

☐ I would like to be added to the Committees' mailing list for notices and reports.

☐ I would like to be removed from the Committees' mailing list.

☐ I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** ______________________________

____

Contact Information:

NAME: ______________________________

TITLE: ______________________________

ORGANIZATION: ______________________________

ADDRESS: ______________________________

E-MAIL: ______________________________

TELEPHONE: ______________________________

FAX TELEPHONE: ______________________________