

Testimony of
John Lyons
President/ Business Agent, Amalgamated Transit Union Local No. 1179
Chair, ATU Legislative Conference Board
Assembly Health Committee Hearing
Assembly Member Richard N. Gottfried, Chair
December 16, 2014, 10:00 a.m.

Thank you for this opportunity to comment on A.5389-A/S.2078-A, introduced by Assembly Health Committee Chair Richard N. Gottfried and Senator Bill Perkins. I am John Lyons, President/ Business Agent, Amalgamated Transit Union Local No. 1179. In my role as Chair of the ATU NYS Legislative Conference Board, I lead of coalition of public transit locals across New York State and with particular presence Brooklyn Queens and Staten Island: My own local ATU 1179 represents bus operators, mechanics and supervisors who work from the Far Rockaway and JFK Depots of the MTA Bus division (former Green Bus lines). ATU 1056 members – bus operators and mechanics – work for MTA New York City Transit's Queens bus division. ATU 1181 represents the paratransit drivers of MTA's access-a-ride) and about 200 MTA Bus division drivers and mechanics of buses that operate along the routes of the former private Command Bus line in Brooklyn (and the school bus drivers and matrons). ATU 726 represents bus operators and mechanics who work for MTA New York City Transit's Staten Island bus division. Additional ATU locals – 282 (Rochester), 580 (Syracuse), 582 (Rome), 923 (Amsterdam), 1145 (Binghamton), 1321 (Albany & Troy), 1342 (Buffalo), 1592 (Binghamton) and 1625 (Buffalo) – represent public transit workers servicing communities across New York State.

The ATU, at the national level, strongly supports a single-payer health plan. In New York, we see the this innovative "New York Health" bill both as a crucial step towards a national single payer health care system and a more rational – and healthy – plan to ensure all New Yorkers receive adequate health care. ATU members interact with members of the public including many with inadequate coverage.

Despite the changes afforded under the Affordable Care Act, too many New Yorkers may not opt to get the care they need. To the extent these consumers gain the coverage afforded under the universal "single payer" system envisioned under this legislation, it also protects the health of public transit workers.

Replacing insurance company coverage, premiums, deductibles, co-pays, limited provider networks and out-of-network charges also helps the bottom line of workers. Too often health costs for care and drugs riddle labor negotiations. Workers must often choose between health care and wages; it often affects ability of workers to adequately provide for their families.

If New York (state) adopted a universal care program funded through progressive, broad-based revenue measures as this bill proscribes, New York also becomes the showcase for similar federal program, in much the manner the Massachusetts care program became the model for ACA.

Eliminating the local share of medicaid would also empower local governments with additional resources to address service needs.

The special interests that oppose this legislation – as with those who still try to overturn ACA, raise issue of choice and cost. No one seems to understand the making care truly available reduces costs, helps to reign in the expense of drugs which increases often unabated and ensures more will use their coverage.

Research on national health care found that medical tax deductions and other federal health spending could fund universal health care; that premise continues to hold true today.

Health insurance costs leave many Queens residents who work for small businesses or part time or who otherwise lack benefits without access to regular care. Look at the costs of care on a health insurance statement, how much the insurer allows the care to cost and the reimbursement. You can quickly calculate how a working- or middle-class person - or worse, a family - without adequate insurance faces financial ruin from a long-term illness. Canadians have long enjoyed the benefits of their universal care system. Canadians face no worries about paying for coverage no matter how long the care takes; this includes following up home care. Of course they receive universal medical coverage without paying premiums.

Think of the other benefits. Universal care alleviates the concerns of families when elderly parents face heart issues or the onset of Alzheimer's disease. No need to worry about affording medical care.

An Institute of Health's (January 2004) report offered five guiding principles in evaluating strategies to address health care needs. It recommended: universal health care coverage; care should be continuous care; care should be affordable to individuals and families; care should be affordable and sustainable for society; and care should enhance health and well-being by promoting access to effective, efficient, safe, timely, patient-centered and equitable high-quality care. (See <http://search.nap.edu/nap-cgi/getrecid.cgi?isbn=0309091055>). In finding all the principles necessary, "the first is the most basic and important." And clearly the New York Health Bill meets these standards.

We commend its sponsors. We urge the committee, the Assembly and Senate to move it to passage and the Governor to get behind this landmark legislation

Thank you for this opportunity to share our view; I stand ready to answer any questions.

John Lyons
President/Business Agent, ATU Local 1179
Chairman, ATU NYS Legislative Conference Board
214-53 Jamaica Avenue, Queens Village NY 11428 P: 718-736-1179 C: 516-633-5045

For more information, contact Corey Bearak, Policy & Political Director
(718) 343-6779 * cell: (516) 343-6207 * Bearak@me.com