



**ASSEMBLY STANDING COMMITTEE ON INSURANCE
ASSEMBLY STANDING COMMITTEE ON LOCAL GOVERNMENTS**

NOTICE OF PUBLIC HEARING

SUBJECT: Municipal Health Insurance Alternatives and Affordability

PURPOSE: The purpose of this hearing is to examine the risks and benefits of the methods by which local governments may provide health insurance benefits to their employees.

Roosevelt Hearing Room C

Wednesday
October 23rd, 2019
11:00 a.m.

Legislative Office Building, 2nd Floor
Albany, New York 12247

ORAL TESTIMONY WILL BE BY INVITATION ONLY

There are several methods by which local governments and school districts may provide health insurance benefits to their employees including, but not limited to, purchasing a health insurance policy from a NYS-licensed insurance company, self-insuring and joining with other local governments to form municipal health insurance cooperatives. Providing health care coverage can be expensive and, in an effort to control the rising costs of such, municipal entities may choose to self-insure or form cooperatives rather than purchase a policy. Each of these methods present different risk profiles. For example, a locality that purchases a policy from an insurer is liable only for the premium to the insurance company, while a municipality that self-insures or joins with other municipalities in a health insurance cooperative is liable for all claims, including those that may arise unexpectedly.

The purpose of this hearing is to explore alternatives by which local governments and school districts may provide affordable health insurance for employees and the methods these municipal entities can use to minimize risks while also ensuring adequate reserves, coverage and consumer protections.

Persons invited to present testimony to the Committees at the above hearing 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 10 minutes' duration. In preparing the order of witnesses, the Committee 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 Committee staff as early as possible.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements.

In order to meet the needs of those who may have a disability, the Assembly, 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 Assembly facilities and activities.

Kevin A. Cahill
Member of Assembly
Chairman
Committee on Insurance

Fred W. Thiele, Jr.
Member of Assembly
Chairman
Committee on Local Governments

PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the public hearing on "Municipal Health Insurance Alternatives and Affordability" are requested to complete this reply form as soon as possible and mail, email or fax it to:

Felicia Harris
Committee Assistant
Assembly Committee on Insurance
Room 520 - Capitol
Albany, New York 12248
Email: Harrisf@nyassembly.gov
Phone: (518) 455-4311
Fax: (518) 455-7095

- I plan to attend the following public hearing on "Municipal Health Insurance Alternatives and Affordability" to be conducted by the Assembly Committees on Insurance and Local Governments on October 23, 2019.
- I have been invited to make a public statement at the hearing. My statement will be limited to 10 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- I will address my remarks to the following subjects:

- I do not plan to attend the above hearing.
- I would like to be added to the Committee mailing list for notices and reports.
- I would like to be removed from the Committee mailing list.
- I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** _____

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX TELEPHONE: _____