

**Minutes of the Health, Hospitals & Social Services Committee**  
**Bronx Community Board 8**  
**Wednesday, January 14, 2026 at 7:00 pm**  
**Bronx Community Board 8 Office – 5676 Riverdale Ave, Suite 100, Bronx, NY 10471**  
[Meeting Recording Link](#)

Meeting called to order 7:00 pm

**Committee Members Present (5):** W. DeBeatham, MD (chair); J Gomez, PhD; S. Chittilappilly, S. Matthews; Rabbi B. Kaplan; Board Chair J. Reyes (zoom)

**Committee Members Absent:** None

**Other Board Members Present (1):** Board Chair J. Reyes (zoom)

**Guests Present (zoom):** NY State Senator Rivera; F. Salazar, Strategy and Operations Director for State Senator Rivera; M. Rabner; M. Teresa

**Guests Present (in person):** D. Gellman

Minutes from 12/10/2025 - Motion to Approve - S. Matthews; Seconded Dr. J. Gomez; Unanimous approval

**Guest Speaker** - NY State Senator G. Rivera; Discussion of New York Health Act

**Summary of the New York Health Act:**

*Background:*

1. Belief that healthcare is a human right
1. Access to healthcare should not rely on wealth/ income
2. Access to healthcare should not be linked to one's job
3. Fear of losing access to healthcare impacts people professionally/ personally (by way of job or an insured partner)
4. Health Insurance does not guarantee healthcare; it guarantees access to an insurance product.
5. America is the only modern democracy where illness can bankrupt you

***About the New York Health Act:***

1. Single Payer System - State of New York would be the payer
2. Every resident of the state would be covered; includes residents and those employed full time in the state
3. Reduced administrative costs (admin, CEO salaries, profit)
4. Reduced costs with improved primary care
  1. reduced use of ER as primary care
  2. Focus on wellness
  3. Earlier diagnosis/ treatment of chronic conditions
5. Statewide negotiation for pharmaceuticals

***Plan:***

Approximately 7-8 other states are in the process of preparing similar legislation  
Pending economic study of costs and savings (Rand Corporation) - projected \$55 billion  
Currently the proposed bill has 32 co-sponsors, potential for more  
Also supported in the Assembly - Amy Paulin - Chair of the Assembly Health Committee

***Questions from the floor:***

6. **Would this replace employer-funded insurance? What would it do to Medicare/Medicaid?**
  1. Graduated Payroll Tax (based on ability to pay)
    1. Retires - first \$50,000 in income exempted
    2. Employees pay 80% at minimum; employees pay 20% max
  2. Medicare still available, would eliminate the need to purchase supplements
7. **What services are provided?**
  1. Anything that is medically necessary, including Dental, Long-Term Care
8. **How does this impact on Health Care Providers?**
  1. I would not become employees, as in the UK National Health Care System
9. **How is the formulary created? What about non-formulary drugs?**
  1. Determined by the board - ~ 30 members, physicians and nurses, hospitals. Formulary would constantly be reviewed based on medical necessity.
10. Medicaid Patients would like similar (re: access and financially); Potential for better revenue to safety net hospitals. Improved access to care by clinicians.
11. **What will reimbursement rates be?**
  1. A little less than private, but far btw than Medicare/Medicaid rate
  2. Statuary language declaring that costs should be
12. **How will you ensure that federal dollars will be allocated appropriately (i.e. towards citizens)?**
  1. Possible creation of tracking system for federal share
  2. State dollars can be spent any way the state deems appropriate
  3. Existing legislation granting waivers to states w Single Payer systems; but may not be needed
13. **How long would the process take?**
  1. Plan for a 3-year transition from private to single payer program
  2. Creation of transition board to facilitate the process, manage regulations, etc.
  3. Legacy insurance companies would manage claims incurred prior to transition
14. **What happens to those working for insurance companies in the state?**
  1. Current language of bill insures them whether they'er employed. Bill also proposes re-training, and some people will be needed to help administer the program; Additional language regarding unemployment funding for some
15. **How does this affect dependents in college out of state?**
  1. Current language in the bill similar to current ACA - dependents covered up until a certain age
16. **How does this affect companies based in New York but with remote employees?**
  1. Rare; Depends on several factors, but if employed outside of New York, not likely to be covered, ... still in development; However, externally, would look like a traditional insurance product to other states
17. **Is there a possibility of a "California effect? Whereby virtue of size, their standards become the de-facto stands elsewhere?**
  1. Yes. Use a pilot for possible nationwide program - unique circumstances given state size, population and tax base; potential for regional system before that
  2. Shifting focus of health care to service delivery and patient welfare

#### **Chair's Report:**

- Review of the discussion regarding Harm Reduction
- Budget Priorities
- Collaboration w/ Aging Committee; Possible visit to meeting (4:00 pm); Possibility of meeting during the day on a weekend
- Following up on DV resources
- Safe Horizons
- 50th Precinct Representative - Victim Advocate

- Follow Up on Public Resources - Mosaic?
- New Liaison - Jaylyn Adorno
- Need/Desire to have these resources in print/online
- Riverdale Press?

**Old Business:**

- Collaboration with Aging Committee
- Fiscal Year 2028
- Budget/ Committee Priorities
- Possibility of advocating for harm reduction, e.g. fentanyl test strips, intimate partner violence

**New Business:**

Topic of Vice Chair

Steve Matthews nominated; Unanimous vote; Dr. J. Gomez agrees to be mentor

Next Meeting - February 11, 2026

Motion to Adjourn

Minutes Submitted by: Dr. Wayne DeBeatham