RPEA Retired Public Employees Association

CELEBRATING 1969 50 2019 YEARS

165 Jordan Road • Troy, NY 12205 • (518) 869-2542 • e-mail: mail@rpea.org
Diana M. Hinchcliff, *President* Edward C. Farrell, *Executive Director*
Representing the interests of 500,000 New York state and local government retirees

FACT SHEET
Empire Plan Lack of Skilled Nursing Facility (SNF)
Coverage for Medicare-Primary Enrollees (S.8192, A.9215)

Original Intent

When the state opted into the Medicare program in 1966, it was the full intention that NYSHIP enrollees would not incur any reduction in benefits, for NYSHIP would provide full coverage if needed. (See Exhibit A- Sponsor Bill Memo, Recommendations from Department of Civil Service and Division of Budget that the bill be signed into law).

Why is SNF Coverage Excluded?

In spite of the intent to provide full coverage for Medicare-primary enrollees, in this instance such coverage was never provided. Inquiries to the Department of Civil Service did not produce any evidence of a policy decision regarding this matter. For current Civil Service employees, the answer is that "it's always been that way". Why is there no benefit for SNF coverage, when it is readily available to those who are not Medicare-primary?

Could This Have Been Resolved Administratively?

YES. In 2017, RPEA asked Civil Service to correct this disparity in coverage. That request was not met with success. Accordingly, RPEA made a formal request to the Council on Employee Health Insurance to correct the inequity. In August 2017, the Council declined to remedy the inequity.

In September 2017, RPEA contacted the Department of Financial Services to intervene and compel Civil Service to provide the benefit. Not having received a reply, in February 2018 RPEA followed up on our request. In December 2018, a meeting was held at DFS, where it concluded that not providing SNF benefits was "not a violation of law". (See Exhibit B- correspondence).

Hence, no administrative relief was provided. The only remaining recourse was to seek a legislative remedy. Senator Breslin and Assemblyman McDonald introduced the bill.

Cost Implications

Recognizing that there would be some cost (in our view minimal) associated with providing this benefit, in November 2018 RPEA requested from Civil Service very specific information regarding SNF utilization and cost, for both Empire Plan-primary and Medicare-primary enrollees. Having received no reply, a follow-up request was made in July 2019. Again, no reply (see Exhibit C).

Since there would be some fiscal implications in implementing this proposal, in December 2021, RPEA contacted Governor Hochul requesting that whatever funds may be needed be included in the 2022-23

Executive Budget. This did not happen. A "thank you" is extended for implementing the second part of that request by not recommending cuts in Medicare reimbursements, nor eliminating IRMAA reimbursements. (See Exhibit D).

Unable to obtain any cost information from Civil Service, and without seeing the actual calculation from Division of Budget, we find their estimate of $60 million to be extremely high. Assume, however, the cost to the Empire Plan IS actually $60M, that means retirees are paying at least $120 million out-of-pocket since they do not have the benefit of a lower negotiated rate available to those with insurance coverage. The inequity in this is that retirees DO have insurance. Sadly, they do not become aware that they have no SNF coverage until such time as it is needed.

Who Pays?

Right now, the retiree pays 100% of the cost after the minimal Medicare coverage is used up. The Empire Plan pays zero. Spreading that cost over the entire Empire Plan population would be minimal in the big picture. After all, the benefit already exists for non-Medicare enrollees. Isn't that the concept of insurance- that the risks are spread over the entire population? Why, in this situation, is the risk not shared over the entire Empire Plan population, and instead borne solely by retirees? After all, Medicare –primary enrollees pay the same premium as other enrollees.

Summary

There is a basic question here which the prior administration refused to address, namely, why does this policy exist? There is no answer, and what has ensued is a continuation of bad policy, simply because its always been that way.

This legislation would end this discriminatory policy and provide Empire Plan Medicare-primary enrollees with the same access to SNF care that is already available to all other enrollees.

It is recommended that Governor Hochul correct this inequity and sign the bill into law (see Exhibit E-RPEA Letter to Governor Hochul).

EXHIBIT A

(1966)

Sen. Int. 1662 Pr. 5430 Rules Com.
Assem. Int. 5958 Pr. 6861

Supporting Memorandum

Re: AN ACT to amend the civil service law, in relation to reimbursement for medicare premiums of active and retired employees enrolled in the state health insurance plan

Purpose of bill:

To insure that active and retired employees enrolled in the State health insurance plan who are over sixty-five years of age will not experience an increase in their premium payments for health insurance coverage upon the integration of Medicare and the State health insurance program.

Summary of provisions of bill:

This bill adds a new Section 167-a to the Civil Service Law to provide that upon exclusion from the coverage of the State health insurance plan of supplementary medical insurance benefits for which an active or retired employee or dependent would be eligible under the Federal Old-Age, Survivors and Disability Insurance Program (i.e., Medicare benefits), an amount equal to the premium charge for such benefits shall be payable monthly or at other intervals to the active or retired employee from the health insurance fund. In the case of a retired employee receiving a retirement allowance, such amount may be included with payments of his retirement allowance. In other cases, it may be deducted from contributions payable by the employee or retired employee. Employer contributions to the health insurance fund shall be adjusted as necessary to provide for such payments.

Statements in support of bill:

Under the plan for the integration of the State health insurance program with the Federal Medicare program, benefits available under Medicare will be excluded from the State health insurance plan in the case of those enrollees and their dependents eligible for Medicare benefits. This actually will increase the total benefits available to those over sixty-five years old, since the State plan will take over when Medicare benefits terminate or where Medicare does not provide full coverage and the enrollee or dependent will thus have the full benefits of the State plan on top of all that Medicare provides.

This integration with Medicare means, however, that enrollees sixty-five years of age or over will have to enroll in the Medicare program. The medical benefits part of that program (Part B) requires payment by the enrollee of a premium charge directly to the Federal Government. This

premium charge is three dollars per month for each person covered. This bill would allow the State health insurance plan to offset this additional cost to the enrollee, so that the enrollee's total cost for his health insurance will remain unchanged.

The Civil Service Department planned initially to offset Medicare premium charges which enrollees sixty-five years of age or older themselves would have to pay, by merely reducing their contributions for the State health insurance plan by a corresponding amount. This is the way that the great majority of cases would be handled under this bill. However, this approach is not satisfactory or adequate in the case of retired employees whose health insurance contributions have been reduced or terminated entirely on account of credit received for accumulated but unused sick leave standing to their account at the time of retirement. (Chapter 570, Laws of 1965, provides for the use of such sick leave to pay health insurance premium charges after retirement.) These retirees, like others, will have to pay three dollars per month (or $6.00 per month in the case of a family of two over 65) to the Federal Government for the medical part of the Medicare coverage. However, where their contributions have been absorbed entirely by sick leave credit or reduced to less than three or six dollars per month, as the case may be, the State cannot fully offset their premium charges for Medicare by reducing their contributions to the State health insurance plan; and unless some appropriate action is taken, the total payments of such employees for health insurance coverage would increase. This bill meets this problem by providing for State reimbursement, in the form of payments from the health insurance fund, to such a retired employee for his premium charges for Medicare Such payments may be included with his retirement check.

S 4662

STATE DEPARTMENT OF CIVIL SERVICE

June 10, 1966.

SENATE
Int. 4662
Pr. 5430

Introduced by Committee on Rules

RECOMMENDATION: Approval

STATUTES INVOLVED: Civil Service Law § 167-a(new)

EFFECTIVE DATE: Immediately

DISCUSSION:

The attached bill on the integration of Medicare and the State health insurance program for the protection of retired enrollees from increased premium costs was prepared and introduced at the request of this Department.

A copy of our supporting memorandum is also attached.

MARY GOODE KRONE, President

By: John J. Mooney
John J. Mooney, Counsel

Attachments

10 DAY BILL

FORM B-201(a) (9/61) BUDGET REPORT ON BILLS Session Year 1966

SENATE		Introduced by:	ASSEMBLY
Pr:	5430	Committee on Rules	Pr:
Int:	4662		Int:

Law: Civil Service

Subject and Purpose (Brief Recapitulation): To amend the civil service law, in relation to reimbursement for medicare premiums of active and retired employees enrolled in the state health insurance plan.

Division of the Budget recommendation on the above bill:

Approve: X Veto: _____ No Objection: _____ No Recommendation: _____

This bill is identical to ( ) very similar to (X)

Department of Civil Service No. - which
(department or agency)

was submitted as a departmental bill this year. The points made in our earlier analysis of the departmental bill are still valid and our recommendation is unchanged.

(If the very similar category is checked, list below the changes contained in the bill as passed and discuss them to the required extent.)

The bill as introduced includes on line 7 of page 1 clarifying language suggested by Budget ("... covered by the health insurance plan").

A. R. Duncan

Date: June 6, 1966 Examiner: E. S. Legg

EXHIBIT B

RPEA Retired Public Employees Association

165 Jordan Road ◦ Troy, NY 12180 ◦ (518) 869-2542 ◦ e-mail: mail@rpea.org
John J. McPadden, *President* Edward C. Farrell, *Executive Director*

March 30, 2017

Mr. Michael Volforte
Interim Director
NYS GOER
Agency Bldg. 2 – ESP
Albany, NY 12223-1250

Ms. Lola Brabham
Executive Deputy Commissioner
NYS Department of Civil Service
Albany, NY 12239

Mr. Robert F. Mujica
Director
NYS Division of the Budget
State Capitol
Albany, NY 12224-0341

Dear Members of the Council on Health Insurance:

RPEA members often contact us regarding their health benefits provided under the New York State Health Insurance Program (NYSHIP). While NYSHIP provides valuable health benefits to public employees and retirees, over time, it has come to our attention that there are inequities in benefits received by older retirees once Medicare coverage becomes primary to NYSHIP. These differences often impose an undue financial burden on those who can least afford a large, unanticipated expense.

As detailed below, we have learned that there are three situations in which total benefits received (Medicare and Empire Plan combined) are lower than the benefits provided when the Empire Plan was providing primary coverage. These diminishments in benefits discriminate against older retirees and are not consistent with the intent of the original 1966 legislation that provided for NYSHIP to supplement Medicare such that enrollees and dependents would have "the full benefits of the State plan on top of all that Medicare provides." I have attached a copy of the supporting documentation related to the enactment of Section 167-a of Civil Service Law and pertinent sections of the Empire Plan Certificates of Insurance for your reference.

Given that NYSHIP premiums are not reduced for State retirees when Medicare becomes primary despite the fact that the claims cost to the Plan are substantially reduced, we maintain that there should be no reduction in the overall benefit level when the Empire Plan is secondary to Medicare. As a member of the State's Council on Health Insurance, we are bringing these inequitable and discriminatory practices to your attention for resolution.

When Medicare is primary to the Empire Plan, the following benefit reductions apply:

Skilled Nursing Facility (SNF) Coverage

Under the Hospital Program, the Empire Plan provides benefits for medically necessary care provided by a SNF when such care is in lieu of inpatient hospital care. **However, if Medicare coverage is primary the Empire Plan does not provide Skilled Nursing Facility benefits even for short-term rehabilitative care.** This exclusion has existed since the establishment of the Plan

and we understand that it has been questioned from time to time without resolution. Recently, RPEA requested information about its basis.

After researching this issue, the Department of Civil Service (DCS) staff has been unable to explain the rationale or basis for this discrepancy in benefits provided to Medicare primary enrollees. DCS has asked Blue Cross to estimate the cost of extending the same level of SNF coverage to Medicare enrollees and has indicated that based on the cost, the Division of the Budget will decide whether this inequity can be corrected. It is our position that Medicare enrollees are entitled to the same, full benefits that they had before Medicare became primary regardless of cost. And, we believe that providing SNF coverage could result in savings to the plan if the only facility based coverage available to Medicare primary enrollees for inpatient or outpatient rehabilitative services is more expensive care in a hospital. Correcting this diminishment in benefits is long overdue.

Coordination of Benefits

It is our understanding that when the Empire Plan was established, enrollees with both Medicare and Empire Plan coverage generally had no out of pocket expense when using network providers and, once the Medicare Part B deductible was met, would often have expenses covered in full. However, at some point, the way medical and mental health/substance abuse benefits are coordinated was changed to reduce coverage when Medicare is primary. There was no corresponding change to the methodology used for coordinating benefits with commercial health plans. As a result, the Empire Plan continues to pay the balance remaining after primary commercial coverage is applied to the extent that the total payment under both plan plans is not more than the reasonable and customary charge for a service covered under both plans. However, when Medicare is primary the remaining balance after Medicare's payment is subject to copay, deductible and coinsurance. As a result, there is generally a balance that the enrollee is responsible for paying, which is in some cases, substantial.

Radiology, Anesthesiology and Pathology Physician Services (RAP) provided in a hospital setting (inpatient and outpatient)

The Empire Plan's RAP benefit provides paid in full coverage for these hospital-based, physician services. This benefit was implemented several years ago to address the problem of large out of pocket expenses incurred by enrollees when a hospital contracts with a single provider group to provide these services and the group is not in the Plan's network. When this occurs the patient cannot elect to use a network provider. However, since this enhancement applies only when the Empire Plan is primary, Medicare enrollees are excluded from this coverage. Given that the annual deductible for Empire Plan medical expenses is now $1000 per person and that these types of providers often charge more than either the Medicare allowed charge or the reasonable and customary charge, Medicare-primary retirees can have outstanding balances of thousands of dollars. In contrast, enrollees with a commercial plan, such as an HMO, as their primary coverage are likely to have no or very low remaining out-of-pocket expenses.

These are extremely important issues to retirees covered by NYSHIP. We urge you to give them your immediate attention and would be pleased to meet and discuss our concerns with you further.

Sincerely,

John J. McPadden
President

Attachments

cc: David Boland
Civil Service, Dir. EBD

NEW YORK STATE OF OPPORTUNITY. | **Department of Civil Service**

ANDREW M. CUOMO
Governor
LOLA W. BRABHAM
Acting Commissioner

July 26, 2017

Mr. John J. McPadden, President
Retired Public Employees Association
165 Jordan Rd.
Troy, NY 12180

RECEIVED AUG 01 2017

Dear President McPadden:

On behalf of the members of the Council on Employee Health Insurance, I am writing in response to your March 30, 2017 letter regarding the Empire Plan benefits available to Medicare-primary members. You mentioned several areas where the Empire Plan's benefits for Medicare-primary members are not exactly the same as the benefits provided to Empire Plan-primary members.

As you know, there are certain differences between the benefits for Medicare-primary members and other members. For example, Medicare-primary members are not subject to the Empire Plan's Prospective Procedure Review process or the pre-admission certification requirement for inpatient hospital stays, whereas Empire Plan-primary members are subject to such requirements. In addition, Medicare-primary members filling prescriptions for specialty drugs may do so at any network pharmacy, whereas Empire Plan-primary members are required to do so through the Caremark specialty pharmacy.

While we understand that the health benefits offered to Empire Plan-primary members and Medicare-primary members are not identical, we find they are compliant with federal and state law. Nevertheless, we will review the three benefit differences referenced in your letter. We will keep you informed on the progress of that review, including any potential equity issues and taxpayer costs that may be associated with possible benefit plan changes.

Thank you for your interest in the Empire Plan's benefit design.

Sincerely,

Lola W. Brabham
Acting Commissioner

cc: Michael Volforte
Robert Mujica

RPEA Retired Public Employees Association

165 Jordan Road ∘ Troy, NY 12180 ∘ (518) 869-2542 ∘ e-mail: mail@rpea.org
John J. McPadden, *President* Edward C. Farrell, *Executive Director*

September 28, 2017

Ms. Maria T. Vullo
Superintendent of Financial Services
NYS Department of Financial Services
One State Street
New York, NY 10004-1511

Dear Ms. Vullo:

We are writing regarding the exclusion of Skilled Nursing Facility services and lower level of coverage under the Empire Plan when Medicare is a retiree's primary coverage.

The Retired Public Employees Association (RPEA) is a nonprofit organization with approximately 30,000 members, including retirees and pre-retirees from New York State and local governments, school districts and public authorities, and their spouses. As New York's only public retirement membership organization, we represent public service retirees and pre-retirees and advocate on issues related to the protection and enhancement of retirement benefits, including health insurance.

RPEA devotes substantial resources to addressing health insurance issues and employs staff to assist members who have questions or encounter problems. A significant majority of our members are covered under the New York State Health Insurance Program's Empire Plan. As a result of interactions with members, we have become increasingly concerned with the practice of reducing certain Empire Plan benefits when Medicare becomes primary for retirees as the result of age or disability. Since Medicare-primary retirees and dependents are covered under the same insurance contracts as plan-primary retirees and active employees and, in the case of State retirees, the same premiums apply, we believe that the discrepancy in benefit levels is discriminatory and may not comply with antidiscrimination provisions of state and federal laws.

RPEA has addressed these concerns with the Council on Employee Health Insurance, which is responsible for overseeing NYSHIP. I am enclosing copies of our letter, which details the benefit differences and the Council's response in which it finds that the Empire Plan is compliant with state and federal requirements. Since no specific basis for this determination was provided, we are seeking information from DFS regarding which state and federal laws regarding discrimination based on age and/or disability apply to the Empire Plan and an opinion regarding whether the plan is compliant with those laws as required by Section 162 of Civil Service Law. The exclusion from coverage for Skilled Nursing Facility services and the lower level of coverage under the coordination of benefits when Medicare is primary versus other secondary coverage appear to be clearly discriminatory since both apply only when Medicare becomes primary.

Please let me know if you would like any additional information. We look forward to receiving your determination regarding this matter and are available to meet with you if you would like.

Sincerely,

Jack McPadden
President

cc: M. Volforte-GOER
L. Brabham – DCS
R. Mujica – DOB
D. Boland - DCS

RPEA Retired Public Employees Association

165 Jordan Road • Troy, NY 12180 • (518) 869-2542 • e-mail: mail@rpea.org
John J. McPadden, *President* Edward C. Farrell, *Executive Director*

February 1, 2018

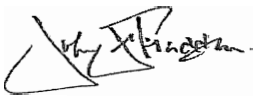
Ms. Maria T. Vullo
Superintendent of Financial Services
NYS Department of Financial Services
One State Street
New York, NY 10004-1511

Dear Ms. Vullo:

I'm following up on my letter of September 28, 2017 (attached) regarding what RPEA believes to be age discrimination by the New York State Health Insurance Plan (NYSHIP) concerning access to Skilled Nursing Facility services. I have yet to receive a reply and look forward to hearing from you.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Jack McPadden
President

EXHIBIT C

Ed Farrell

From: Ed Farrell <efarrell@rpea.org>
Sent: Tuesday, November 13, 2018 12:04 PM
To: 'Dewan, James (CS)'
Subject: Skilled Nursing Facility

RPEA is requesting the following data for persons covered by the Empire Plan for the past three calendar years (2015-2017):

- The total number of covered lives with Medicare as the primary coverage _____; and
- The total number of covered lives that are not Medicare primary _____.

For each of the two populations (Medicare primary/Empire Plan primary) please provide the following information regarding claims submitted for inpatient and outpatient services provided by a Skilled Nursing Facility:

EMPIRE PLAN PRIMARY

Inpatient services provided by a Skilled Nursing Facility		**Outpatient services provided by a Skilled Nursing Facility**	
Total number of individuals (enrollees and dependents) who submitted claims		Total number of individuals (enrollees and dependents) who submitted claims	
Total dollar amount of SNF claims submitted for reimbursement		Total dollar amount of SNF claims submitted for reimbursement	
Total dollar amount paid by the Empire Plan		Total dollar amount paid by the Empire Plan	
Total number of individuals who submitted SNF inpatient claims for whom there was $0 reimbursement		Total number of individuals who submitted SNF outpatient claims for whom there was $0 reimbursement	

MEDICARE PRIMARY

Inpatient Skilled Nursing Facility		**Outpatient Skilled Nursing Facility**	
Total number of individuals (enrollees and dependents) who submitted claims		Total number of individuals (enrollees and dependents) who submitted claims	
Total dollar amount of SNF claims submitted for reimbursement		Total dollar amount of SNF claims submitted for reimbursement	
Total dollar amount paid by the Empire Plan		Total dollar amount paid by the Empire Plan	
Total number of individuals who submitted SNF inpatient claims for whom there was $0 reimbursement		Total number of individuals who submitted SNF outpatient claims for whom there was $0 reimbursement	

We are available to meet with you and your staff to discuss this request. Please let us know if any part of our request is not doable.

Thank you in advance for your cooperation.

Edward C. Farrell

RPEA
Retired Public Employees Association
CELEBRATING 1969 50 2019 YEARS

Retired Public Employees Association

165 Jordan Road ∘ Troy, NY 12180 ∘ (518) 869-2542 ∘ e-mail: mail@rpea.org
John J. McPadden, *President* Edward C. Farrell, *Executive Director*

July 10, 2019

Mr. James Dewan
Director, Employee Benefits Division
NYS Department of Civil Service
Albany, NY 12239

Dear Mr. Dewan:

I am following-up on my email of 11/13/18 (attached), requesting data on the utilization of Skilled Nursing Facility services. I have yet to receive a reply, and am hopeful that one is in the works.

Thank you in advance for your cooperation.

Sincerely,

Edward C. Farrell
Executive Director

EXHIBIT D

RPEA Retired Public Employees Association

CELEBRATING 1969 50 2019 YEARS

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Diana M. Hinchcliff, *President* Edward C. Farrell, *Executive Director*
Representing the interests of 500,000 New York state and local government retirees

December 13, 2021

Honorable Kathy Hochul
Governor
Executive Chamber
Albany, New York 12224

Dear Governor Hochul:

As you prepare your initial Executive Budget, the Retired Public Employees Association, representing the interests of 500,000 retired state and local government retirees, hopes that you will act favorably on two areas that affect retiree health insurance benefits administered by the New York State Health Insurance Program (NYSHIP).

1. Reduced Coverage for Access to Skilled Nursing Facilities
   Medicare primary enrollees in the Empire Plan have significantly reduced access to Skilled Nursing Facilities compared to enrollees under the age of 65. As a matter of fact, NYSHIP provides no coverage at all, and those retirees receive only a limited benefit through Medicare. RPEA has sought an administrative remedy to this discriminatory policy, but our efforts were rebuffed by the prior administration.

   NYSHIP has refused to provide information regarding the fiscal implication of extending full coverage to these enrollees, but it cannot be significant. We request that you include such coverage as part of the Executive Budget.

2. Diminished Reimbursements
   Previous Executive Budgets have attempted to limit, or eliminate, Medicare reimbursements for retirees enrolled in NYSHIP. Specifically, these proposals sought to cap the reimbursement of the standard Medicare premium, and totally eliminate the reimbursement for the federally imposed Income Related Monthly Adjustment Amount (IRMAA).

   Fortunately, the legislature has rejected these proposals when included in previous budgets. We urge you to keep the covenant with retirees, and not include them in your Executive Budget.

   Also, while the state reimburses NYSHIP retirees for their Medicare premiums, it does not reimburse the federally imposed Income Related Monthly Adjustment Amount (IRMAA) for Part D prescription drug coverage. When New York opted into Medicare in 1967, there was no Part D coverage. If the state is to reimburse Medicare premiums for NYSHIP retirees, it should include all costs. An article VII bill as part of your Executive Budget would provide a permanent statutory remedy to address this inequity.

We request that you eliminate these discriminatory policies which are based solely on age.

RPEA hopes that you will act favorably upon our recommendations. We remain available to meet your staff to further discuss these important issues. Thank you for your consideration.

Sincerely,

Diana Hinchcliff
President

EXHIBIT E

RPEA Retired Public Employees Association

CELEBRATING 1969 50 2019 YEARS

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Diana M. Hinchcliff, *President* Edward C. Farrell, *Executive Director*
Representing the interests of 500,000 New York state and local government retirees

November 30, 2022

Honorable Kathy Hochul
Governor
Executive Chamber
Albany, New York 12224

RE: S.8192 (Breslin)

Dear Governor Hochul:

The Retired Public Employees Association urges you to sign S.8192, which will eliminate the current age discrimination in the New York State Health Insurance Program Empire Plan with respect to care in a skilled nursing facility. If enacted, this bill would provide a positive healthcare benefit for some 250,000 current public service retirees, as well as those in the future, who participate in Empire Plan.

A NYSHIP Empire Plan enrollee who is under age 65 is entitled to 120 days of care in a skilled nursing facility with no requirement for a prior hospital stay. An enrollee who is 65 or over and also enrolled in Medicare is entitled to only 20 days in a skilled nursing facility and must be admitted to a hospital for at least three days prior. This is blatant age discrimination.

NYSHIP requires members to enroll in Medicare at age 65; Empire Plan becomes their supplemental health insurance. This saves the state money because Medicare is their insurer of first resort. When the state opted into Medicare in 1966, it was with the understanding that there would be no diminution in benefits. Medicare-primary enrollees pay premiums just as non-Medicare employees do and should be entitled to the same coverage.

RPEA has tried for a number of years to obtain an administrative remedy through the Department of Civil Service, the Council on Employee Health Insurance and the Department of Financial Services with no success. Our bill, S.8192, passed both houses of the Legislature unanimously.

Your signature on this legislation would undo a long-term injustice to the hundreds of thousands of current and future retirees whose careers were and are dedicated to serving the public.

Sincerely,

Diana Hinchcliff

Diana Hinchcliff
President