

Assembly Member Dick Gottfried **Community***Update*

Manhattan Community Board 4, Sept. 3, 2014 Liaison: Eli Szenes-Strauss, szenese@assembly.state.ny.us Assembly Member Richard N. Gottfried 242 West 27th St. New York, NY 10001 Tel: (212) 807-7900 Fax: (212) 243-2035 GottfrR@assembly.state.ny.us WWW.assembly.state.ny.us/Gottfried

Help for More Rent-Regulated Seniors and People with Disabilities

SCRIE and DRIE just got better, thanks to laws we passed! The Senior Citizen Rent Increase Exemption (SCRIE) prevents rent increases for people 62 or older below a certain income level, in Rent-Controlled, Rent-Stabilized, Mitchell-Lama, HDFC Cooperative Shareholder apartments, or hotel stabilized apartments. The rent may not go above whatever they're paying now or 1/3 of their income, whichever is higher. The Disability Rent Increase Exemption (DRIE) does the same for people with disabilities.

The income limits had not been raised in years. The household limit for SCRIE was raised from \$29,000 to \$50,000, as of July 1, 2014. The new limit for DRIE is also \$50,000 (it had been \$20,000).

To be eligible for DRIE, a tenant must be at least 18, live in a rent-regulated or Mitchell-Lama apartment, HDFC cooperative, or have a federally insured mortgage under Section 213 of the National Housing Act, and have been awarded federal SSI, SSDI, VA Disability Pension or disabilityrelated Medicaid.

When SCRIE or DRIE prevents a rent increase, the landlord is compensated by a cut in property taxes.

Note: Seniors who own their homes may be eligible for SCHE, the Senior Citizens Homeowners' Exemption (SCHE), if the combined income of all owners and their spouses is not more than \$37,399. SCHE provides a property tax exemption for seniors who are 65 and who own one, two, or three family homes, condominiums, or cooperative apartments. For more details, please see http://www.nyc.gov/html/dof/html/property/se nior_citizen.shtml or contact my district office.

SCRIE and DRIE – Are You Eligible? How Do You Apply?

To help you figure out if you are eligible for SCRIE or DRIE and apply for this important rent benefit, I am cosponsoring this Workshop hosted by State Senator Brad Hoylman. To RSVP and to find out what documentation to bring, please contact me at 212-807-7900 or Senator Hoylman at 212-633-8052.

Wed., Sept. 17, 6:00 - 8:00 p.m. Hudson Guild, 441 W. 26 St., 2nd Fl. between 9th and 10th Avenue.

Gottfried Maternal Depression Bill Signed into Law

My bill (sponsored by Sen. Liz Krueger in the State Senate) to promote screening and referral for treatment for postpartum and other maternal depression disorders passed the Assembly and Senate unanimously at the end of the legislative session and has been signed into law by the Governor.

Our healthcare system doesn't do a good job of identifying new mothers with maternal depression or getting them help, despite the widespread nature and severity of the problem. A key element of the new law is recognizing that a newborn's pediatrician can have an important role in identifying maternal depression – even though the mother isn't technically the pediatrician's patient.

"Maternal depression" includes a range of perinatal mood disorders, emotional and psychological reactions a woman may experience during pregnancy or up to a year after childbirth. Symptoms can include feelings of despair or guilt, sadness, fatigue, difficulty concentrating, changes in appetite, and thoughts of suicide or of harming the baby. Maternal depression includes prenatal depression, "baby blues," postpartum anxiety, postpartum depression, and postpartum psychosis. The severest cases can include hallucinations and delusions, infanticide and suicide.

Treatment for maternal depression has an 80-90% success rate. Early diagnosis and treatment - the goals of this legislation - significantly improve prognoses. The Commissioner of Health will provide screening guidelines for maternal health care providers. The law adds maternal depression materials to maternity education and outreach programs for new mothers and their families.

The law bars insurance companies from requiring a special referral for maternal depression screening by obstetricians and pediatricians. Because pregnant women visit their obstetrician and new mothers visit their infants' pediatrician more often than they would any other health professional, these providers are in an ideal position to screen women for maternal depression.

Fighting Against Landlord Harassment in Chelsea

Long-term rent-stabilized tenants at 222-224 West 21st Street are facing extensive landlord harassment. Since April, the building owners have engaged in a campaign including false eviction notices, personal intimidation, grossly dis ruptive construction without permits, removal of fire safety measures, elimination of the superintendent position and laundry room and changing locks without notice or key replacement.

My office, along with those of Manhattan Borough President Gale Brewer, Senator Brad Hoylman, Councilmember Corey Johnson, and Housing Conservation Coordinators, is working to support the tenants in their organizing and legal fight to maintain their homes in the face of illegal and unscrupulous tactics by the landlord.

We've asked the New York State Division of Housing and Community Renewal to review the claimed de-stabilization of the building, which we believe was done illegally. We are also working with the NYPD's 10th Precinct to make sure that its Community Affairs officers are prepared to respond to calls from tenants in the event of further illegal construction, lock changes or acts of intimidation.

What is happening on 21st Street is happening across the city. Rent-regulated tenants are facing an epidemic of harassment by greedy landlords who want to flout housing protections and benefit from sky-high market rates at the expense of hard working New Yorkers who want only to remain in their long-term homes.

I hope we'll be able to help the residents of 222-224 West 21st Street remain in their homes, but stronger laws are needed at the State level to protect tenants' rights and to hold accountable landlords who engage in harassment.

St. Joseph's Immigrant Home Tenants Fighting for Affordability

My office has been working for several months to protect the long-term tenants at Saint Joseph's Immigrant Home, located in the Clinton Special District. Run by a religious order based in Connecticut, Saint Joseph's is a single room occupancy (SRO) building whose stated purpose is providing affordable housing to young women, students and immigrants otherwise unable to afford safe accommodations in New York. It is run by the Daughters of Mary of the Immaculate Conception, an order of nuns located in New Britain, CT.

In January, several residents of Saint Joseph's contacted my office after learning that some of their rents would be rising by nearly 50 percent. Many of the women are immigrants who have lived at Saint Joseph's for decades, while others are young students who rely on the affordable rents to enable them to continue their studies.

We have been working with Housing Conservation Coordinators and the Goddard SRO Law Project to foster productive negotiations that would allow the residents to stay in their homes. Community Board 4 and I have also written to the Mother Superior and Catholic Charities to express concern over the drastic rent increase and to propose a host of potential avenues for negotiation. Despite all this, the rent increases went into effect in July, and now many tenants are being threatened with eviction for non-payment. I believe the treatment of these tenants is contrary to the mission of Catholic Charities and the Daughters. We continue to explore options, and I hope our fight will allow the residents to maintain their homes.

New Law to Allow Medical Use of Marijuana in New York

Thousands of New Yorkers suffering from severe debilitating or life-threatening conditions will be able to live longer and more tolerable lives through treatment with marijuana under medical supervision, thanks to legislation I have been sponsoring for 17 years. Co-sponsored by Senator Diane Savino of Staten Island, it passed both houses of the Legislature and was signed into law by the Governor this summer.

The new law includes restrictions necessary to win the Governor's support, and it will probably take a year and a half or so to implement. But it will make a real difference – often a life-saving difference – for thousands of seriously ill people.

If a patient and physician agree that a severe, debilitating or life-threatening condition should be treated with medical marijuana, New York State government will no longer stand in the way.



Letter to Mayor de Blasio about Illegal Hotels

Illegal hotels have plagued New York City for more than a decade, and this problem has reached a critical new stage. With the arrival of online sites brokering illegal hotel activity, such as Airbnb, we have seen a rise in short-term stays on a larger scale, often bringing unsavory and illegal activities into apartment buildings. The short-term commercial use of residential units creates a host of problems for our communities, ranging from quality of life issues for tenants to grave fire and safety hazards for tenants and visitors to our city. Residential buildings do not have to comply with the strict safety, security, and fire prevention regulations required of commercial hotels. Tenants run the risk of being evicted for "profiteering" in violation of their leases.

A serious consequence of illegal hotels is the loss of thousands of affordable rent-regulated units, thus exacerbating the housing crisis in New York City. Unfortunately, in the New York State Legislature there have been efforts to legalize short-stay rentals in residential buildings. These bills would have undermined the Illegal Hotels Law that Senator Liz Krueger and I worked to enact – along with other state legislators, councilmembers, tenant groups and the City of New York – in 2010. They also have the potential to cause confusion among rent-regulated tenants across New York City, creating a conflict between state law and most rentregulated leases and possibly resulting in more rent-regulated tenants being evicted.

The Illegal Hotels Working Group -- a coalition of elected officials, tenants, and tenant advocates that has worked on this issue since 2005 – succeeded in helping to block these measures, and will continue to work to prevent these bills from becoming law. We have urged Mayor de Blasio to oppose these bills and any legislation that weakens the current laws or threatens the viability of the City's existing enforcement system.

A new coalition has formed to fight back against Airbnb's major p.r. campaign and we hope your organization can join it. We will be having a kick off rally on Friday, Sept. 12 at 11:00 am on the steps of City Hall.

Traffic Safety: Life or Death Issue

I strongly support Mayor de Blasio's "Vision Zero Action Plan" to increase pedestrian safety and carry out traffic-calming measures. These include allowing New York City to install as many traffic enforcement cameras (whether for red lights or speeding) as it wants; setting up "Arterial Slow Zones," using changes the stoplight timing; add new signage; and increase enforcement on key roadways like Broadway.

I enthusiastically voted for the new State law that lets New York City lower its general speed limit to 25 miles an hour. The City can set higher speed limits on specific roads. This will help avoid collisions and save lives.

Bicycle safety is also critically important. I welcome more bike lanes and riders, but too many riders don't obey the traffic laws as they are supposed to. Bike collisions and near-collisions with pedestrians are a major complaint. The City needs to do much more to educate bike riders and toughen law enforcement.

As New York City becomes more densely populated, the threat posed by speeding motorists and bicyclists continues to put all of us, especially our children and older residents, at risk. I applaud the Mayor for taking concrete steps towards reducing pedestrian injuries and fatalities. Many important changes – like the speed limit reduction and allowing traffic cameras – require state legislation, and I work closely with the de Blasio administration to make those changes.

"Affordability for All" March for Good Jobs and Affordable Housing

In August, I joined hundreds of New Yorkers in Manhattan at the Real Affordability for All March for good jobs and affordable housing. A new coali tion of affordable housing groups and labor organizations is urging the City to require more affordable housing to be built. A key demand is that 50% of new housing units built should be made affordable for middle- and low-income New Yorkers. With half of New Yorkers earning close to or below the poverty level, I believe this makes sense.

We need to protect and strengthen Rent Stabilization and other rent programs, so we don't lose affordable units as fast as we build them.

For years, there were often disputes among groups that should have been allies. Many affordable housing advocates wanted to keep construction costs down so more units could be built. Construction unions wanted higher wages with union labor. This march celebrated a new agreement, with unions agreeing to have a new category of newer union workers (many from the local community), on affordable housing projects, with wages 40% below ordinary union pay. This coalition of community housing advocates and labor can add tremendous power to Mayor de Blasio's goal of building 200,000 affordable homes.

I marched and spoke at the rally sponsored by organizations like New York Communities for Change, the Building & Construction Trades Council of Greater New York, individual building trades unions, VOCAL-NY, NY Tenants & Neighbors, and the Metropolitan Council on Housing to support the movement for more affordable housing now.

Fight Against Fracking: Local Right to Zone Out Fracking Upheld

Drilling for natural gas by hydraulic fracturing has huge health and environmental risks. We know too little about the long-term effects on water supplies, animals, and people who live near fracking sites. There are studies underway to help answer some of these questions, but they are not expected to be completed for another three years. The Assembly again passed legislation disallowing the issuance of new natural gas drilling permits for fracking in New York, with the moratorium extending until 2017. If fracking cannot be done safely, it should not be done at all.

On June 30, the State Court of Appeals upheld the right of municipalities to use zoning as a means of banning fracking. I cheered the decision, which upholds the right of New Yorkers to protect their communities, land and water.

New Law to Help Prevent Overdose Deaths

Opiate overdose is now the leading cause of accidental death in New York State and heroin overdoses are sharply on the rise in New York City, jumping by more than 80% in the last three years.

A new state law I helped write will allow use of the drug naloxone to save the lives of people at risk of dying from a drug overdose. Individuals, family members, community organizations and others will be able to obtain and naloxone kits and use the drug without a doctor's prescription.

Naloxone is safe and easy to use. It has no harmful side effects. With a simple device in the kit, a dose is sprayed in the patient's nose.

This is practical, common-sense legislation that will save many lives.

Health Care Reform: New York Can Do Better

The Affordable Care Act is making important repairs to our broken health care system. But the sign-up process is complicated. Many health plans have narrow, restricted provider networks, and high deductibles and co-payments that shift a large part of the cost of care to the individual. Employers are continuing to drop coverage of their employees or shift more costs to them.

The root cause of these problems, and the basic flaw of the ACA, is that it leaves insurance companies in charge – with high premiums, high deductibles, and co-pays; too much control over which doctors or hospitals we can go to and what care they can provide; and high administrative costs. The exchanges are complicated because the system requires means-testing to see who is eligible for Medicaid or subsidies, and then requires people to select from multiple plans.

We can do better. Instead of patchwork repairs, we can cover everyone, provide better coverage, and save billions. How? Through publiclysponsored, single-payer health coverage.

Like many other key services, health care should be a basic right, not a privilege. Washington might not be ready to act, but individual states have long been the "laboratories of democracy." That's why I've introduced a singlepayer bill here in the Empire State (with State Sen. Bill Perkins) called "New York Health."

New York Health would save billions of dollars because we wouldn't be paying for insurance company profits, administrative costs and overhead. For employers, it would free up money now consumed by high-cost insurance premiums, making the savings available for business expansion and increased wages and benefits. Individuals who pay for health coverage would also save.

The New York Health bill has already gained significant support. It has been co-sponsored by 92 members of the Legislature and a long list of organizations, including organizations representing healthcare providers and labor unions.

As Chair of the Assembly Health Committee, I will be holding hearings around the state in the coming months on New York Health. The hearings will offer an opportunity to demonstrate the strong backing for the bill among labor, health care, and community organizations, and to grow broad support for the legislation while increasing public awareness of the need for it.

How New York Health Would Work:

It would provide comprehensive, universal health coverage for every New Yorker and would replace private insurance company coverage. You and your health care providers work to keep you healthy. New York Health would pay the bill. Freedom to choose your health care providers. There would be no network restrictions. Only patients and their doctors – not insurance companies – would make health care decisions.
Comprehensive coverage. All New Yorkers would be covered for all medically necessary services, including: primary, preventive, specialists, hospital, mental health, reproductive health care,



dental, vision, prescription drug, and medical supply costs – more comprehensive than commercial health plans.

3. **Savings for consumers**. Today, insurance companies set the same high premiums, deductibles, and co-pays, whether it's for a CEO or a receptionist, and a big successful company actually pays less than a small new business. Under New York Health, individuals and employers would not pay premiums, deductibles and co-pays.

Instead, coverage would be funded through a graduated tax on payroll and non-payroll taxable income, based on ability to pay. The total cost will be smaller because of the savings, and it will be shared more fairly. For most people, it will be a substantial reduction in what they now spend. Most people's take-home pay will go up.

4. Less administrative waste, better care, more accountability. The total cost would be tens of billions less than what we now spend, because we wouldn't be paying for huge insurance company administrative costs and profits or for the time and paperwork of dealing with insurance companies. Health coverage would be accountable to the people of New York, not to insurance company stockholders.

5. **More business-friendly**. New York Health reduces costs for employers – large and small – by taking them out of the business of buying health coverage. That would make New York dramatically more job-friendly, especially for small businesses, start-ups, low-margin businesses, local governments and taxpayers, and nonprofits.

6. **More affordable**. A 2009 report by New York State found that a single-payer plan would have the lowest cost for providing universal coverage, compared to plans relying on insurance companies and employment-based coverage.

The Affordable Care Act and New York's new health benefit exchange are cleaning up some of the damage caused by the way we pay for health care. But it's time to truly fix the system.