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*The collective voice of Long Island's  
not-for-profit and public hospitals*

## **Covering the Uninsured**

Testimony

of the

Nassau-Suffolk Hospital Council

before the

New York State Insurance Department and  
New York State Department of Health

Partnership for Coverage  
Public Hearing

October 30, 2007

New Yorker Hotel  
New York, New York

Thank you Commissioner Daines and Commissioner Dinallo for this opportunity to speak on behalf of Long Island's hospitals and the Island's uninsured population. I am Kevin Dahill, president and CEO of the Nassau-Suffolk Hospital Council, the association that represents the 24 not-for-profit and public hospitals on Long Island. Collectively, our hospitals minister to a population of 2.8 million in just two counties.

When I first heard that the state would be conducting hearings in order to solicit input regarding universal health insurance coverage, I knew that the hospitals in our region needed to and would want to get involved. The Hospital Council, along with its member hospitals, has been a strong supporter of universal coverage for many years. It is most admirable that our state government is taking this proactive step toward solving this perennial dilemma.

The key word in this endeavor is "partnership." Universal health care coverage must be a shared responsibility of government, employers/payers, and individuals, and a coverage strategy must be developed through a consensus-building process that includes all stakeholder groups. There is not a one-size fits all approach. We believe that the solution lies somewhere in the middle between a single payer system and a voluntary, tax-credit only approach, which rely on high-deductible plans. We refer to this as the "shared responsibility" approach.

Such an approach is uniquely geared toward assisting the nearly 280,000 uninsured residents of Long Island. This represents roughly 10% of our population. Our demographics are such that pockets of wealth and pockets of poverty exist alongside one another, sometimes literally, and a “shared responsibility” approach would ensure that all patients throughout this spectrum would have access to quality, affordable health care.

The blended model adopted by our Massachusetts neighbor is one which could work in New York State. Massachusetts’ health care reform legislation blends major components, including coverage mandates for individuals and employers, expanding Medicaid, enacting health insurance market reforms, and creating an independent public entity to facilitate the purchase of health insurance products. Any reforms that our state considers enacting should include a close examination of the Massachusetts plan and what has worked and not worked for that state to date. We must remember, however, that Massachusetts was successful in developing a reform proposal because it relied on building a consensus between representatives across all stakeholders. If New York State is to be successful, we must do the same.

The Hospital Council agrees with the enrollment and coverage expansion proposals set forth by its state counterpart agency, the Healthcare Association of New York State (HANYS). These include strategies to cover those not currently eligible, but nonetheless uninsured, as well as those who are currently eligible, but have not, for whatever reasons, been identified and added to the public insurance rolls. These strategies include:

- Streamline and simplify Medicaid and Family Health Plus (FHP) enrollment, including simplified re-certification process
- For Medicaid, use the gross income for eligibility standards, not net income. FHP and Child Health Plus (CHP) already use the gross income measurement; remove the asset test as an eligibility requirement for Medicaid and FHP.
- Expand FHP income eligibility to 150% of federal poverty level for childless adults; allow for subsidized buy-in to FHP, enabling individuals with incomes between 150% and 300% of the FPL to buy into the program with sliding-scale premium assistance. This builds on a similar law enacted by the Spitzer administration earlier this year for employers
- Enhance the seamlessness between public insurance programs by utilizing state databases and information technology; Express Lane Eligibility uses existing government programs in New York State to identify and enroll low-income uninsured in the state's Medicaid or CHP programs.
- Link all government subsidized programs; facilitates seamless eligibility transfers between public insurance programs and ensures continuity of care for recipient
- Continue and build upon outreach programs to enroll the uninsured.
  - The Hospital Council has served as an enrollment agency for the state since 1999. The Hospital Council's Facilitated Enrollment Program, to date, has assisted 25,000 plus children and 8,000 plus adults in obtaining health insurance.
  - Our program places bi-lingual enrollers in libraries, churches, community centers, offers enrollment on a scheduled basis at seven hospitals on Long

Island, and holds Open Enrollment Houses at several locations each month

- Continue to push for the state's expansion of CHP eligibility to 400% of the FPL. There are just under 51,000 uninsured children on Long Island. Research has documented that routine care – such as immunizations and physicals - will keep the population healthier in the long run, avoiding chronic and more acute care needs.

Workable coverage strategies will only succeed if we ensure that managed care practices are in line with a mandate to truly provide health insurance coverage and access to affordable, quality health care for all. That is why the Governor and the state legislature must continue to examine managed care practices and institute reform where and when needed.

This was the case with the managed care reforms put in place by the Governor and legislature this past summer. Particularly, the mandate that insurers must pay for pre-authorized services helps the cause toward universal coverage for all, because providers are assured of reimbursement and need not resort to timely and expensive confrontations with insurers for services that are legitimately and medically necessary.

The Nassau-Suffolk Hospital Council once again offers its assistance and encouragement to the departments of health and insurance, as they tackle the monumental task of recommending coverage strategies by May 31, 2008 to Governor Spitzer. Toward that goal, the Hospital Council and its member hospitals would be pleased to serve as a pilot site for any recommendations that develop. As a regional association representing

hospitals in a suburban area, we have developed key relationships with businesses and the commercial insurers serving those businesses, community service organizations, all of our elected officials, and our partners in education and government agencies.

Again, thank you for the opportunity to express our views.