



## Healthcare Association of New York State

*Proud to serve New York State's  
Not-For-Profit Hospitals, Health Systems,  
and Continuing Care Providers*

Daniel Sisto, President

### 2008 Board of Trustees

#### OFFICERS

*Chairman*  
MICHAEL DOWLING  
Great Neck  
*Chairman-Elect*  
DAVID KRUCZLNICKI  
Glens Falls  
*Secretary*  
JOSEPH QUAGLIATA  
Oceanside  
*Treasurer*  
HERBERT PARDES, M.D.  
New York  
*Immediate Past Chairman*  
STEVEN GOLDSTEIN  
Rochester  
*Past Chairman*  
STANLEY BREZENOFF  
New York  
JOHN SPICER  
New Rochelle

July 21, 2008

Richard F. Daines, M.D.  
Commissioner  
New York State Department of Health  
Partnership for Coverage, Room 2001  
Corning Tower, Empire State Plaza  
Albany, NY 12237

Eric R. Dinallo  
Superintendent  
New York State Insurance Department  
Partnership for Coverage, Suite 1700  
One Commerce Plaza  
Albany, NY 12257

Dear Commissioner Daines and Superintendent Dinallo:

Achieving universal health insurance coverage in New York has been an important component of the Healthcare Association of New York State's (HANYs) advocacy agenda for years. HANYs is pleased that the State of New York has created the Partnership for Coverage to explore and develop innovative strategies to ensure that every patient has access to high quality, affordable health care. HANYs has been an active participant throughout the Partnership for Coverage process, testifying at two public hearings and a statewide call-in hearing.

HANYs thanks the state health and insurance departments for the opportunity to comment on the modeling instructions that will be delivered to the Urban Institute to evaluate the cost and coverage implications of four universal coverage proposals.

HANYs believes that these modeling results should be the point from which serious deliberations begin. A consensus-building panel of representatives across all stakeholder groups—government, providers, employers, payers, and consumers—should be convened to fully analyze the modeling results and recommend specific coverage strategies that will most appropriately fit New York State's economy, demographics, and health care infrastructure.

The most notable state coverage effort to date, in Massachusetts, was successful in crafting a plan because they forged a consensus from across political lines and industries. While the plan's long-term success is yet to be determined, Massachusetts' approach is a model for developing agreement on challenging and often polarizing issues.

In testimony delivered at last year's Partnership for Coverage hearings, HANYs expressed support for a specific principle around which any coverage proposal should be built: shared responsibility. A shared responsibility model for universal coverage includes roles for government, employers, payers, and individuals.

Of the four models that the State of New York is considering, HANYs has focused its attention on the combined public-private model, which reflects the principle of shared responsibility.

#### Class of 2008

STEPHEN ALBERTALLI  
Coring  
JAMES BARBA, J.D.  
Albany  
CHARLES FAHD II  
Massena  
DAVID FELTON  
Hamilton  
DAVID FREED  
Nyack  
LINDA JANCZAK  
Canandaigua  
RICHARD KETCHAM  
Dunkirk  
JOSEPH MCDONALD  
Buffalo  
DONNA MCALEER  
Goshen  
STEPHEN MILLS  
Flushing  
GINO PAZZAGLINI  
Troy  
PAUL ROSENFELD  
Staten Island

#### Class of 2009

LINDA BRADY, M.D.  
Brooklyn  
PAMELA BRIER  
Brooklyn  
RICHARD HAWKS  
Canandaigua  
SAMUEL LEHRFELD  
Brooklyn  
ANDREW LITT, M.D.  
New York  
ALAN MORSE, J.D., PH.D.  
New York  
THEODORE PASINSKI  
Syracuse  
THOMAS OCKERS  
Patchogue  
JOHN REMILLARD  
Oneonta  
DAVID ROSEN  
Jamaica

#### Class of 2010

ALAN AVILES, J.D.  
New York  
C. WILLIAM BROWN  
Rochester  
JOAN CONBOY  
Little Falls  
SAMUEL DANIEL, M.D.  
New York  
JAMES DOOLEY  
Geneva  
WENDY GOLDSTEIN  
Brooklyn  
CHANDLER RALPH  
Saranac Lake  
JOEL SELIGMAN  
Mount Kisco  
WILLIAM STRECK, M.D.  
Cooperstown  
DANIEL WALSH  
Mineola  
BETSY WRIGHT  
Jamestown

Page Two  
Richard F. Daines, M.D.  
Eric R. Dinallo  
Partnership for Coverage

The foundation of this proposal is simplifying and expanding public coverage programs, while retaining and reforming the private insurance market. In fact, the model includes several of HANYS' recommendations with respect to public program simplification and expansion. Any coverage proposal must streamline the public program enrollment and recertification processes to address the population of uninsured residents who are already eligible for coverage—a cohort that represents nearly half of the roughly 2.4 million uninsured New York State residents.

This proposal also includes health insurance market reform, reflecting similar experimental actions taken in Massachusetts: merging the individual and small group markets and establishment of a health insurance exchange.

Massachusetts merged the small group insurance market (with 750,000 covered lives) with the non-group market (with about 60,000 covered lives). Individuals are already experiencing better coverage, better benefits, and lower premiums than they paid before in the individual market. The monthly premium for a typical 37-year-old purchasing coverage in the non-group market before the reform was \$335, compared to \$184 post-reform. This same person went from having no drug coverage to having full drug coverage, and the overall deductible dropped by 60% from \$5,000 to \$2,000.

The combined public-private model also creates a health insurance exchange similar to the Connector in Massachusetts. The Connector has thus far been successful in enrolling 330,000 of the previously estimated 600,000 uninsured Massachusetts citizens. However, 263,000 of these are in free or subsidized plans and the cost has been over \$150 million more than budgeted.

HANYS supports the evaluation of other elements in this model, including individual and employer mandates, which reflect a shared responsibility approach.

Again, HANYS urges the state to assemble stakeholders to discuss and formulate the specific details of a final coverage proposal, built around the principle of shared responsibility. The modeling results will provide this group with the tools necessary to make calculated decisions. The real-world application of many of these coverage options in Massachusetts will further inform the process and allow New York to construct customized proposals most appropriate for our state.

Thank you for the opportunity to comment on this important process.

Sincerely,

Raymond Sweeney  
Executive Vice President

RS:nh