

Remarks by
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First Public Hearing on
“Partnership for Coverage”

Glens Falls Civic Center
Glens Falls, New York

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Good morning.

I'm very pleased to be here in Glens Falls. I think it's appropriate that we begin this series of six public hearings across New York State in the city so "all-American" it was dubbed "Hometown USA" by Look magazine during World War II. I understand that America's Hometown for the 21st Century will be the theme as Glens Fall celebrates its centennial year as a city in 2008.

For any town in New York State to be a strong and viable hometown, its residents must have the opportunity to live healthy, productive lives.

One of Governor Eliot Spitzer's highest priorities is to find a way that all New Yorkers can have access to affordable, high-quality health care.

As I'm sure you have noted, that vision has two essentially equal and inter-related parts.

One part is access to health care. Access requires both the availability of health care services and the means to pay for them.

The second part is that the health care made available is of high quality, is effective, safe and economical.

Improving, indeed universalizing access, will not suffice. Accompanying improvements in quality and effectiveness are essential. Currently, even though by many measures New York is a leader in expenditures on health care, we do not have equivalently stellar results.

In June, the federal Agency for Healthcare Research and Quality issued state rankings for quality of health care. Based on 129 performance measures, New York State was rated "average" for overall health care quality performance compared to all states.

The agency rated New York as "weak" compared with other states on several performance measures, including diabetes care and care for persons with respiratory diseases.

"Average" and "weak" are not what we generally associate with the home of the Erie Canal, Ellis Island, the Adirondacks and the Yankees. "Average" is not what we should be getting for the billions of dollars we spend on health care in New York -- some \$46 billion alone through the Medicaid program.

So these advances – in access and affordability, and in quality and effectiveness -- must proceed together.

If we put all of our efforts and resources into bringing the currently uninsured into a health care system that quite obviously now fails to deliver the highest standards of quality, safety and effectiveness to the currently insured, frustration and bitterness will result.

Universal health insurance is important because it gives people access to the medical system. But as the Kaiser Permanente Institute for Health Policy reported earlier this year, simply having health insurance is no guarantee of access to necessary or high-quality health care. The care received by the currently insured falls well short of virtually all standards of optimal primary and preventive care.

So the Governor has directed that – at the same time that we explore ways to achieve health insurance coverage for all New Yorkers -- that we also find ways to improve the quality, affordability and efficiency of the health care we are buying.

I hope that this hearing today is not about whether we should or should not have universal health insurance coverage in New York State. I think we are all agreed that we want coverage for everyone. These hearings are about the means, not the end. Before we discuss where we should head for the future, let's briefly review where we are today.

- There are about 2.6 million New Yorkers who lack health insurance.
- About 14 percent of New Yorkers are uninsured compared with the national rate of just under 16 percent.
- Just under 9 percent of children in New York are uninsured;
- And about 19 percent of adults 19 to 64 are uninsured.
- While a safety net of sort exists, these uninsured individuals do not have adequate access to care, and this is seen in health status and outcomes that contribute to New York's poor performance.
- 61 percent of New Yorkers who are insured have employer-based health insurance.

We also know that approximately 5 million New Yorkers are getting health insurance through publicly-supported or supplemented programs. This number includes:

- About 4 million low-income New Yorkers enrolled in the Medicaid program;
- About 510,000 working adults enrolled in Family Health Plus;
- About 390,000 children enrolled in New York's Child Health Plus program;
- And about 147,000 individuals covered through New York's Healthy New York program.

These are all programs that are providing health insurance to New Yorkers who otherwise would not have insurance. Those with the lowest incomes are getting this coverage at no cost, while many others enrolled in the programs are paying monthly premiums scaled to their available family income.

This hearing today is about finding ways that we can economically extend coverage to those New Yorkers who lack health insurance and don't qualify for any of these existing programs.

The Governor is taking a building-block approach to providing coverage that ensures access to affordable, high-quality medical care for every single New Yorker.

As the first stage of this effort, we are focusing on getting health insurance coverage to the 1.3 million uninsured children and adults who are eligible for state insurance programs but currently not enrolled in any of these programs.

Reaching these families and getting them enrolled is a critical building block in our quest to achieve universal coverage.

To accomplish this we are streamlining program rules to make it easier for those who are eligible for these programs to get coverage and keep that coverage. And we are strengthening our marketing, outreach and enrollment efforts.

A second significant step in this building block approach is to allow thousands more New York children to get health insurance through the state's Child Health Plus program.

Governor Spitzer and the State Legislature provided for this expansion through legislation included in the State Budget that would expand eligibility for this program to families with incomes up to 400 percent of the federal poverty level. The current eligibility level is capped at 250 percent.

Because the funding for this program requires federal participation, New York applied for the necessary federal government approval of New York's expansion plan. But in August we encountered new roadblocks to this plan in the form of new, more restrictive rules governing the State Children's Health Insurance Program that have been put in place by the Bush administration.

You may have read news about this and about a joint letter that recently was sent to the President by Governor Spitzer and California's Governor Schwarzenegger – urging the President to remove these obstacles and allow New York, California and other states to move forward with their initiatives to expand health insurance coverage for children.

Finally, a third step in the building block process of achieving coverage for New Yorkers involves looking at ways to provide health insurance coverage for the 1.3 million uninsured New Yorkers who do **not** qualify for any of New York's public health insurance programs.

There are many ways to go about this, and we hope to hear your ideas today on how this can best be accomplished.

We call this “Partnership for Coverage” because it is an initiative that involves many partners working together to make this vision a reality for New York.

These partners include government, and they include business.

They include dedicated physicians, marvelous institutions and every health care worker and their associations.

They include professional associations and nonprofit human services agencies;

In fact, they include every New Yorker who has an interest in achieving access for all to affordable, high-quality health care.

Again, I'm glad to welcome all of you to this hearing today. We're here today to listen and to learn, and I look forward to hearing your comments and suggestions.

With that I will turn it over to my colleague and partner in these hearings – the New York State Superintendent of Insurance – Eric Dinallo.