

Testimony at the Partnership for Coverage Hearing  
Erie County Community College  
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Walter Lewis Reisner

Ladies and Gentlemen, thank you for the privilege of addressing you today.

I come to this hearing as an interested citizen. My testimony reflects a lifetime in the healthcare arena. I grew up, the son of an OB-GYN physician who practiced in rural Olean NY before the days of Medicare and Medicaid. I then spent the first 18 years of my healthcare career – not a doctor or a nurse- but as a Registered Public Health Sanitarian, I have been an Emergency Medical Technician for 32 years, and I am a principal in a small family owned rural ambulance service. Additionally I am proud to say that I am a member of the New York State Rural Health Council and the New York State EMS council.

50 years ago, when I was about 10, before Medicare and Medicaid, I remember some of dad's patients bringing fresh meat, eggs, vegetables, cookies and cakes rather than paying in money. Dad explained to me that physicians took an oath to care for all people regardless of their ability to pay. Some people don't have the means to pay, others paid in goods rather than money, some paid in cash, and others had insurance. They all got treated. We need to get back to that fundamental principal.

Times sure have changed. The art of medicine has become the business of medicine. The business of medicine needs ensure treatment for all and to become the business of Prevention.

## **Prevention**

the first 18 years of my healthcare career were spent as a Public Health Sanitarian. we practiced the age old saying "An ounce of prevention is worth a pound of cure". We made sure water was purified, sewage was properly treated and disposed of, and that food was cooked properly; all to prevent illness and disease. Prevention was the name of the game in Public Health. Unfortunately it is not the name of the game in individual health. This is where - we, as a society, have missed the healthcare boat. Prevention must become an individual's civic duty.

My lifelong observation is that the majority of people don't think about prevention; no less perceive it as a duty. They seek medical help when they think they need it, too often after it is too late to prevent the illness disease or injury. I am a perfect example of this flawed mentality - 100 pounds over weight.

We, as a society, are decades late and billions of dollars short. We must change this paradigm. We must to create a culture of prevention. It won't happen overnight, but we must start now. Begin with the children, and the adults will follow. I suggest the following:

- A.) The culture of prevention is a theme that must be injected into all aspects of our society.
- B.) Prevention should be seen as a civic duty. We should use the media, civic organizations, our religious institutions and educational systems in partnerships to help create the culture of prevention. Our churches should be encouraged to preach prevention and our educational curricula from preschool through graduation from high school should include "prevention" as a theme integrated throughout, not just in health class.

- C.) We should immediately establish a standard that every man, woman, and child in New York State see a primary care physician at least once a year for an annual preventative medical exam. The standard should also include Annual Dental exams after age 5.
- D.) We should seek Federal funding for the programs as a pilots or models that other states can follow.
- E.) We should take steps to remove barriers that would prevent compliance with the standard such as:
  - a. Ensure that there is an adequate supply of physicians and dentists or extenders to get the job done. Qualified New Yorkers who wants to attend medical school at one of our fine institutions must not be displaced by out of state or foreign students. New Yorkers are more likely to stay here rather than return here. Once we force them out of state for training chances are we won't see them again.
  - b. Incentize primary healthcare providers to be open evenings and weekends so ordinary working people don't have to miss work to get preventative medicine.
  - c. Reward providers who treat the uninsured with tax credits or other advantages.
  - d. Ensure that primary care providers are compensated adequately to ensure adequate supply, especially in rural areas.
  - e. Preventive medicine should be free to the uninsured and without co-pay to the insured.
- F.) Additionally, to promote compliance with the annual preventative exam standard, we should apply the most important behavioral principal of all times – reward good behavior! Give every family a tax credit on his/her NYS income tax return for each family member complying with the rule, and charge those, who do not comply, a surcharge.

Our investment in preventative healthcare program outlined above will be a good public policy decision that may have significant frontend cost, but will pay huge dividends over time. It must be viewed long term, not budget year to budget year.

### **1.) How can we incrementally increase access to healthcare insurance?**

I suggest that we could use the above mentioned standard annual preventative medical exam as the gateway into the healthcare system, as well as the health insurance system, and the culture of prevention. Incentize the PCP's to enroll, or start the enrollment process for uninsureds into appropriate public or private healthcare insurance plans and promote prevention. We all are beneficiaries.

### **2.) What steps should be taken to improve quality and deliver cost effective care?**

The transition from paper to community wide electronic health records is one of the most important changes that must be facilitated. This has tremendous potential to improve quality and cost effectiveness by providing comprehensive community wide records and data bases that will eliminate among other benefits, duplication of services and unnecessary procedures. This

transition is in its developmental stages. Unfortunately, these systems are developing without standardization and interoperability.

New York State must ensure standardization and interoperability of these programs to maximize their utility and efficiency. Already hundreds millions of dollars have been spent on systems that are not standardized or interoperable. We are creating Silos rather than networks.

From my perspective as an Ambulance Service operator, I know that the Electronic Prehospital Care Reports commercially available are not interoperable with the electronic medical record system used by our local hospital emergency department. This glaring conflict needs to be addressed sooner rather than later.

I recommend that Commissioner of Health:

- a.) Develop standards for, and require interoperability among all electronic health record system sold in the State, and
- b.) Fund and direct the Bureau of EMS to adopt a standard, NIMS compliant Prehospital Care electronic format that is interoperable with in-hospital electronic health records.
- c.) facilitate the movement away from the current paper Pre-hospital Care Report system to electronic PCR's as soon as possible.

Accomplishing these items can and will both improve the quality and efficiency in our communities as well as our EMS system.

### **3.) Should We Expand the Healthy New York Program?**

As the owner of an ambulance service I must make you aware of a serious flaw in the Healthy New York Program. I have already advised Commissioner Daines and Superintendant Dinallo of this shortcoming. The Healthy New York Program places a huge barrier right in front of the front door of health care – emergency ambulance service. The Healthy New York Program does not cover emergency ambulance service. This is in spite of the provisions of chapter 506 of the laws of 2001 that amended the insurance law to require that emergency ambulance services be included in comprehensive healthcare plans.

Clearly the law should be followed, and this flaw should be corrected as soon as possible. This is an expansion of the Healthy New York Program that is necessary and is good public policy.

### **4.) How do we attract young and healthy individuals and small businesses to the insurance market?**

I have a number of Ideas.

- a.) Continue and expand low cost publicly subsidized health insurance program cover that the basics. Then, as a prerequisite for obtaining and keeping a driver's license require that everyone have this basic public plan or a more robust private plan.
- b.) Make cost of individual private health insurance plans fully tax deductible.
- c.) Discourage something for nothing programs

- d.) With most municipal governments struggling, we could reward individuals volunteering for public service in return for basic healthcare coverage. Citizens could get basic coverage in return for mowing the parks, shoveling the side walks, volunteering as firemen or auxiliary police, crossing guards, or by helping to maintain, clean up, paint up and fix up our communities.
- e.) Encourage small business to sponsor their employees in doing these things for the community in return for this basic coverage. For example: A small business could adopt and keep up a park in return for basic coverage for its employees.
- f.) Encourage the young and healthy individuals to move into private health insurance products that incorporate free/discounted gym memberships and other healthy choices targeted at this audience as well as access to better more comprehensive benefits with “Move up rewards”
- g.) Offer symbolic discounts on things governments charges for in return for an individual having private health insurance -for example, an individual would get a small but symbolic discount on his/her drivers license, motor vehicle registration and/or hunting license if they have private health insurance.

### **5.) Keeping Health Care Costs Down**

Long-term health care costs for the elderly devourer an inordinate amount of the States healthcare budgets. A common estate planning strategy is for families artificially impoverish their elderly loved ones to avoid having to pay for their long-term care. Steps are being taken and need to be continued to stop these abuses.

Correspondingly, the State should provide incentives that encourage the purchase of long term care insurance by the young and healthy such as making the premiums fully tax deductible. Insurance companies could design plans that have “paid up status” before retirement age is reached similar to some life insurance products if purchased early enough.

The key to changing this dynamic is to have as many people as possible start young!! New Yorker should embrace the proposition that as a rule they have a personal responsibility for providing for their long-term care. Public assumption of that cost should be the exception. Then, combination Life insurance –Long-term care insurance products can be developed and marketed to families when their children are born and the costs are the cheapest, just as life insurance products are now marketed.

Another idea that could make sense in the health care and long-term care arenas would be to allow the proceeds from a persons 401 K or IRA to be left to heirs to grow tax free in accounts designed to pay for both private healthcare insurance as well as long-term care insurance. This would shift the process from families scheming to have the public pay for healthcare to being personally responsible and planning and paying for such care.

### **6.) What are the possible funding sources for increased access to coverage?**

.There will be increased cost to expand access. My ideas for funding include:

- a.) New Yorkers love to gamble. Create a new access to health care financing lottery with all profits directed toward funding these increased access programs.
- b.) Remove the Indians monopoly on casino gambling in the New York. Legalize casino gambling. Why should the Indians benefit disproportionately from the proceeds of this dynamic economy? Direct the proceeds toward these increased access programs for all New Yorkers.
- c.) Increase the taxes on the sale of all tobacco and alcoholic beverages with the proceeds earmarked for increased access programs.
- d.) Put a surcharge on all non-generic prescriptions filled in the state or allow the drug companies to pay an annual fee directed toward these increased access programs.
- e.) Require that a healthcare-practioner treat all patients regardless of insurance status, or allow them to buy out of the requirement for a significant fee that would be used to fund the cost of the increased access programs.
- f.) Subsidize providers who treat a disproportionate share of uninsured. Include ambulance services in this disproportionate share subsidy.

**7.) How do we ensure that public coverage does not "crowd out" private coverage?**

Fundamentally private plans must offer added value to their beneficiaries or there will be no reason for that market to exist. If public plans are as robust in benefits as private plans why would anyone spend the money to buy a private plan?

Public health insurance plans should cover only preventative, primary, and emergency care as well as essential hospitalization.

I recently had an employee quit his full time job with a no out of pocket health insurance plan with robust benefits to take on 2 part time jobs that paid a less than a dollar an hour more, but had no benefits. He put his family on a no cost public plan, and he believed that he was ahead of the game.

The challenge for the insurance industry is to create products that add true value and that people can easily know the difference and want to purchase the private plans to get better value for their family.

Thank you for opportunity to share my ideas. I hope you find them useful in doing your very important work.