

*Medicaid*  
**Medicaid Matters New York**  
*Matters*

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**Partnership for Coverage Hearing**  
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My name is Denise Soffel and I am the health policy coordinator at the National Center for Law and Economic Justice. I also serve as the coordinator for Medicaid Matters New York. Medicaid Matters New York (MMNY) is a consumer-oriented coalition that advocates on behalf of New York's Medicaid program and the people it serves. It is our goal to bring the voices and concerns of the people who rely on New York's public coverage programs into the policy conversation.

I want to address my remarks today to the important perspective that MMNY brings to the discussion of how to achieve universal health coverage. Any effort to expand health coverage in New York State must begin with recognition of the central role played by our public coverage programs. Given the magnitude of our public programs, Medicaid, Family Health Plus and Child Health Plus, they will inevitably be central building block as New York moves toward universal coverage.

Public programs are important not only because they cover a large number of New Yorkers. They also highlight the challenges and concerns that people with few resources face as they try to get health care. The experience with our public programs provide some important guidance in thinking about what "universal coverage" should mean.

**Public programs already cover a large and diverse number of people.** MMNY represents and speaks for the 4 million people in the range of populations that rely on public coverage programs for their health insurance. New York's public programs, which include Medicaid, Child Health Plus and Family Health Plus, provide coverage to mothers and children, adolescents, the working poor, people with disabilities, seniors, HIV positive individuals, homeless people, and individuals with mental disabilities. It is a model that works across these diverse groups, that has been shown to be an efficient and cost-effective means of providing health care. Benefits provided through CHP and Family Health Plus are more comprehensive than many commercially available products, and the premiums through our public programs are lower than most commercially available coverage.

**Affordability is relative.** By definition, people who are poor have no money. By definition, people who are receiving Medicaid are poor. What may seem to a middle-class New Yorker like a trivial co-pay can be a significant barrier to care for a Medicaid beneficiary. What seems reasonable in terms of premium contributions may be completely unaffordable to someone living in New York City and paying 75 percent of their income in rent. Medicaid requires that co-payments be nominal, and furthermore, Medicaid requires providers to provide care to a Medicaid beneficiary even if they are unable to pay their co-pay. This policy is a fundamental recognition that lack of ability to pay should NEVER be a reason that someone does not receive needed medical care. That principle should be one of the fundamental building blocks of any universal coverage design.

**Coverage must be comprehensive.** You do not find "pre-existing conditions" clauses in Medicaid coverage. Medicaid recognizes that ancillary services such as dental and vision care and rehabilitative services are essential to maintaining health. These services would

otherwise be unattainable for people with limited financial resources. Medicaid provides coverage across illnesses and diagnoses and sites of care, from primary care to hospital care to institutional care to home-based services. If private coverage looked more like Medicaid, we would all be better off. Any plan for universal coverage needs to build upon and strengthen both the range of services and the flexibility reflected in public programs.

**Coverage Alone is Not Enough.** It is tempting to think that connecting people to health care is a simple (or maybe not-so-simple) matter of providing them a health coverage card. If New York is serious about a “people first” health care agenda, however, universal coverage is only the first step in improving access to care and actually linking people to health services. Many New Yorkers, even if they have coverage, are unable to obtain the health services they need because of the challenges created by our fragmented and confusing health care/managed care delivery system. If people do not understand how to navigate within the health care system, they are unable to get appropriate and timely health care. As New York State pursues universal health care solutions, any plan to expand coverage should develop a state-wide ombudsprogram to provide assistance and counseling.

**Public Coverage Programs Must Be Part of Mainstream Health Care.** Governor Spitzer has stated unequivocally that Medicaid is an insurance program. Any stigma that arose from its association with public assistance should be a thing of the past. This attitude must permeate our health care delivery system as well. Providers should be reimbursed at rates that are reasonable and that are not so low as to create a disincentive for caring for publicly insured patients. Health plans that have products for any government program (Medicaid, Medicare, or S-CHIP) should be required to serve all public programs. Provider lists for those public plans should mirror the provider lists for their commercial plans. We cannot run the risk of ghetto-izing our public health coverage programs.

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