

**Public Hearing
Increasing Access to Health Insurance Coverage and Moving Toward
Universal Healthcare Coverage; Defining the Goals and Identifying the
Steps**

**November 13, 2007
Onondaga Community College Storer Auditorium**

Testimony presented by: Jeffrey S. Sneider, M.D. as an individual

First, briefly, what is the problem as I see it?

The problem is a Medicaid program bloated with excessive coverage and benefits that is the most expensive in the nation and still can't provide access to basic services for its beneficiaries.

The problem is employers who can no longer compete internationally because the cost of health care for their employees and retirees is too high.

The problem is a huge number of people who cannot afford health insurance who must choose to go uninsured.

The problem is millions of insured individuals who still face bankruptcy if they have a catastrophic illness.

The problem is a physician community that has seen income falling for 10 years, which no longer attracts the best and the brightest to primary care professions.

The problem is a free market that has produced wonder drugs that no one can afford, and pharmaceutical companies that profit while everyone else pays their bills.

But, what is the solution?

When the problem is multifaceted and complex, solutions cannot be simple, but there can be simple principles involved. Let me propose some principles that may have widespread support:

Concerning Medicaid

Simplify Medicaid so that basic services are covered without trying to be all things to all people.

Pay physicians a reasonable fee, comparable to fees paid by Medicare, to provide service to Medicaid beneficiaries. The apparent cost will be more than

offset by savings from emergency visits and hospitalizations that do not need to take place.

Get everyone into Medicaid who should be covered, especially children, and guarantee them coverage for a fixed period, such as 6 months to a year, even after the primary recipient gets a job and is no longer eligible.

Concerning the uninsured

Allow insurance companies to create **simple basic and inexpensive insurance** packages for individuals and families without including all the mandates required by government.

Require everyone, no matter how young and healthy, to purchase such a **basic insurance plan** to cover catastrophic care.

To keep the insurance companies honest and to provide a professional check on the power of insurers over individuals, **create insurance buying groups** that will help people get the right policy for the right price.

Concerning the overuse of services

Make accepted **guidelines for services** widely available to the public. Stress those services which are least beneficial or least likely to help.

Create **report cards for physicians** covering both cost and quality of care. Make the information transparent and public.

Create a program like the CDC campaign against the unnecessary use of antibiotics aimed at reducing the unnecessary use of MRI and other high tech services. Publish information about which services are least likely to be beneficial, such as chest X-rays to prevent lung cancer or back X-rays, CTs or MRIs for simple back pain. As in the case of antibiotic use, encourage physicians to consider the cost of care in all decisions, not as a first priority, but as a factor in their decisions.

Encourage everyone to create **advanced directives** indicating their choice for end of life care. Encourage individuals to take control of their lives at the end by deciding how and where they would like to die, if given a choice.

In Conclusion

Much can be done to reduce the cost of health care and health insurance, but it must be made a priority.

Quality measurement and assurance must go hand in hand with any cost reductions.

Any reduction in cost which can make health care more available, more affordable and more accessible to more New Yorkers will have a tremendous benefit of the health of our population as a whole.