

**Testimony Before the NY State Partnership for Coverage
By Tim Joseph, Chair, Tompkins County Legislature
Syracuse, NY 11/13/07**

My name is Tim Joseph, and I am the Chair of the Tompkins County Legislature. I want to tell you how pleased I am that this taskforce exists and is exploring the options for universal health care. I also want to thank you for holding public hearings and for the opportunity to speak to you today.

There are two fundamentally different approaches that can be taken to solve the problem of health care access. One is to build on the current patchwork of, employer provided insurance, Medicare, Medicaid, Child Health Plus, Family Health Plus, individual pay as you go, indigent care provided by emergency rooms, etc. This approach involves making the health care system more complicated by adding additional patches to cover people who are currently left out. The other approach is to replace the current system with a single government managed health insurance system, sometimes called “single payer” or “Medicare for all.”

As an elected county leader, I find that a tremendous amount of my time, and my budget, is devoted to one or another aspect of health care for some segment of our citizens. Nearly all of that time is devoted, not to the actual delivery of health care, but to sorting out who will pay for it. One of the big advantages of a single payer system, when compared to our current patchwork, is that it resolves this issue once and for all, and thus offers substantial savings in administrative costs. I have seen estimates of those savings that range from 10% up to 25%, but every estimate I’ve seen overlooks a myriad of hidden costs associated with our current system. I’d like to point out just a few of those costs that I encounter every day in county government.

- 1) My county, like every county, has an Office for the Aging. We have a 10 person staff and the largest part of their work consists of helping seniors to navigate the health care system, find the programs that are available to help them, and plan how they will manage health care costs now and in the future.
- 2) In our Personnel department we have a full time benefits manager who is mostly occupied with assisting employees in dealing with the health insurance program. Those employees also lose productive work time consulting with the benefits manager and fighting insurance company denials, which can take hours from the workday.
- 3) When we negotiate with our employee unions, health care is always the biggest topic. We have a health care consultant on retainer to help us examine and cost out plan changes that we present to our unions in an attempt to control costs. At least two thirds of the staff time devoted to collective bargaining is spent on health care issues.
- 4) We devoted hundreds of hours of staff time to developing and publicizing a discount prescription drug card available to all county residents to reduce drug costs for those without insurance.

- 5) We have a \$400,000 grant from NY State to form a health insurance consortium among local governments so that we can purchase employee health care as a larger group.
- 6) We will be hiring a consultant to help us through the process of forming that consortium and then finding a suitable plan. Various county staff are devoting substantial time to moving this project forward.
- 7) We have staff in our Mental Health Department, Public Health Department, and Department of Social Services, devoted to collecting fees from private insurers to reduce the public cost of programs that deliver various health services.
- 8) We have people waiting in jail that judges are prepared to release to drug or alcohol treatment programs as soon as we can assure payment to the treatment center. We have staff in local agencies and our Department of Social Services who work on getting these inmates into health care programs, mainly Medicaid, that will cover treatment. Meantime, we pay the cost of incarceration.
- 9) Our economic development staff encounters aspiring entrepreneurs who would like to start their own business, but are tied to a job by the health insurance benefits. Young businesses that do get started often have trouble attracting the employees they need, because they cannot yet offer a health plan.
- 10) We have staff who don't like their jobs, and perform at less than the desired level, but who remain because they need the health insurance.
- 11) Nurses and other health care professionals routinely leave direct service to take jobs in insurance companies processing claims, thus contributing to our severe shortage of nurses and physicians.

This is just a partial list of the many ways that county government and local economies spend both time and money dealing with the question of who will pay for health care. None of these costs are ever included in cost comparisons between single payer and other health care systems, but every one of them would go away if there was a single, simple and consistent answer to the question, "who will pay." Only a single payer system will accomplish that.