

Statement to the DOH/DOI Public Hearing 11/26/07

I am Dr. Peter Mott, a physician and Associate Professor of Preventive Medicine, Univ. of Rochester (retired), and former director of the Rochester Regional Medical Program, the ambulatory services of St. Mary's Hospital and Westside Health Services. I have taught this subject---health insurance and medical care organization---at three universities, and want to make just three points:

First: If NYS continues the present multiplicity of payers, with the present double digit cost increases in health insurance premiums each year, and simply adds programs to cover the uninsured...Then total health costs will escalate much faster than they already are. Costs will increase so much, in fact, that there will be very hard choices needed including the rationing of care. Do you want to be the ones to say, eg, that there will be no major surgery for people over age 70?

Second: As you know, multiple studies have shown very clearly, time and again, that there is one option which could cover everyone for all reasonable care and NOT cost more---in fact, save NYS billions of dollars every year. If the State Government had named a commission to analyze the cost of all options---with the help of consultants such as the Lewin Group---then you know the result would be (as in California, Vermont and elsewhere) that a single payer system is the only realistic choice

Third: Private insurance corporations, both for-profit and non-profit have FAILED in all the ways you know very well:

- more people uninsured every day.
- an equal or greater number underinsured. These two groups total about one-third of our population.
- costs rising far above the general cost of living.
- higher sickness and death rates as a result of so many being uninsured.
- the loss of businesses (such as Toyota) from the US to Canada---wanting to save \$2000 in employee health care costs per car.
- administrative costs of 15-30%, compared to 2% for Medicare and 1.7% for the Canadian health plan. (Administrative costs include advertising, billing, collecting, and stockholders' profits)

You know all this. You know what would be best for the people of this State. We hope you have the courage to listen to the people and not the special interests and private insurers. This is not a time for compromise. If any of us can help, please ask us. Thank you. I have enclosed --regarding your question # 19 about "single payer" --a True/False list which our Interfaith Health Care Coalition finds useful in dispelling the overwhelming propaganda surrounding our discussion.