

Testimony at Public Hearing

Partnership for Coverage – New York State Department of Health  
and New York State Department of Insurance

Recital Hall, SUNY College at Old Westbury  
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Good morning, my name is Dr. Humayun Chaudhry and I am the Commissioner of Health Services for Suffolk County, N.Y. and Chair of the Suffolk County Board of Health. Like Commissioner Daines, I've spent my professional career in New York, as a medical student, intern, resident, attending physician, residency program director, and medical school department chair and assistant dean. I have a Master's in Health Care Management from Harvard and, having grown up in Brooklyn and trained in the Bronx and on Long Island, I have seen first hand the reality of health care disparities and the plight of the uninsured and the underinsured.

While my time is limited, I'd like to share with you some basic information about my department and my County. Then, I'd like to share with you two primary concerns that I have as we proceed with the necessary steps to reform health care in New York State.

Suffolk County is located on the eastern half of Long Island, spanning some 912 square miles from Amityville on its Western end to Orient Point and Montauk on its Eastern ends. The county has a population of nearly 1.5 million. The Department of Health Services has 1,615 employees and a budget of \$436 million, making it the second largest local health department in New York, after New York City. My department includes the Office of the Medical Examiner, a Nursing Home, a Jail Medical Unit, Divisions for Children with Special Needs, Environmental Quality, Public Health, Emergency Medical Services, Patient Care Services, Community Mental Hygiene, a new Division of Preventive Medicine, and Offices of Health Education and of Minority Health.

Because of the unique and expansive geography of Suffolk County, a decision was made several decades ago to provide essential primary care and some secondary services to our residents not through a County hospital but through county-run health centers, Article 28 facilities, that are dotted throughout the County. While we are fortunate in our County to have about a dozen hospitals, including Stony Brook University Hospital Medical Center, providing acute, chronic and emergency care,

everyone in our County recognizes the value of our 11 health centers and the essential role they play as a primary care safety net for our residents.

Everyone in our County also knows that if our health centers did not exist, not only would you have our hospital Emergency Room doctors serving as surrogate primary care physicians - at considerable expense to our struggling hospitals - you would also have exorbitant delays for our residents in receiving timely, regular preventive health care services. Delayed health care, ladies and gentlemen, is tantamount to health care denied.

So my first concern is the ability to provide, as we move forward towards providing some form of universal health coverage, the effective delivery of quality public health, preventive and primary care medicine to the most vulnerable among our population, the young, the elderly, the infirm, various minority ethnic groups, the underinsured and, numbering 150,000 in our County alone, the uninsured. Through our 11 health centers my department provides some 80,000 patients with 300,000 patient encounters a year. While we appreciate state funding to partially help provide these services, it is not enough. While Suffolk County spent \$62 million in 2006 on our health centers, we incurred losses of \$26 million. Now, as a public entity charged with protecting the public's health, we are not in the business of making money. However, providing necessary and vital health care services to those who can't afford it does have its fixed costs, despite our best efforts to improve efficiency and lower variable costs.

I ask, as you solicit input for achieving health system reform and increasing access to health care, that you not neglect the essential services provided by local health departments like ours and do everything possible to shift additional funding to those counties that provide such patient care services. This type of investment in primary care and preventive medical services will lead to, as many studies have demonstrated, savings down the road due to better disease management, earlier detection of cancer, hypertension and diabetes, and lesser morbidity and mortality overall. That quality of health will improve quality of life, and make for a more vibrant economy as healthier people are better able to do their jobs, earn their pay, and purchase goods and services. Looked at another way, our department's health centers already provide a path to universal health coverage in our county. Strengthening our ability to provide such coverage, something that may not work in every county but can and is working here in Suffolk, is something that should be looked at.

My second concern has to do with the ability of our County's residents to have access to those secondary and tertiary health care services that our Department of Health Services has not historically provided or, when it does, can only do so as limited resources allow. I refer to the services provided by such specialties as orthopedic surgery, neurosurgery, and obstetrics-gynecology, to name just three. Physicians in these specialties, as the Suffolk County Medical Society and every primary care physician in Suffolk County can attest, are leaving Long Island or deciding not to practice here after they complete residency training.

The primary reason for this exodus is simple and known. Three letters: PLI (Professional Liability Insurance). While the most recent increase in PLI rates by 14% by the NYS Department of Insurance has negatively impacted every physician in New York, it has impacted some specialties, such as those I've mentioned, more than others. As an internist, as a primary care physician, and as a public health official, I worry terribly about access to adequate health care for my patients to these services. When I see physicians leaving Suffolk County, leaving Long Island, leaving New York State, I worry. Ladies and gentlemen, any partnership coming out of these hearings that strives to ensure access to affordable, high quality medical care for every single New Yorker must come up with a long-term solution to the PLI crisis, a crisis made all the more grave when you consider that there is now a consensus that there will not be an adequate number of physicians, especially primary care physicians, available in the United States to provide for the health care needs of every one of its residents.

At a meeting yesterday for the United Hospital Fund, Commissioner Daines made mention of the fact that there are in New York, as elsewhere, "constraints of fiscal reality." We understand and recognize those restraints and look forward to participating in the Partnership for Coverage to make the right decisions, some of which may be more difficult than others. Something has to be done, however.

I applaud Governor Spitzer and the NYS Departments of Health and Insurance, however, for beginning a process in New York that is long overdue.

Thank you.