

**The New York Health Act
New York State Senate and Assembly
Committee on Health Public Hearing
November 25, 2019**



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Introduction

Thank you for inviting me to testify today. My name is Susanne Callahan and I am the Vice President of Planning and Community Engagement at the Institute for Family Health (the Institute). The Institute is a network of 31 Federally Qualified Health Centers (FQHCs) located in New York City and the Mid-Hudson Valley, including six health centers in Ulster and Dutchess Counties. The Institute serves more than 115,000 patients annually and provides comprehensive primary care, behavior health, oral health, care coordination and other services to people of all ages, regardless of ability to pay. We also operate three family practice residency training programs, including one here in Kingston, and several community-based health promotion programs addressing the needs of marginalized communities, including both low-income urban communities and more isolated rural communities.

The Institute for Family Health wholeheartedly supports the New York Health Act. We have seen firsthand the economic and human tragedies that plague New York State residents as they struggle through a health care system that has become increasingly expensive, inaccessible, alienating and complex. Community Health Centers like the Institute are the safety net facilities of our communities, providing high quality, compassionate care for the most vulnerable, medically underserved residents with the fewest amount of resources.

While there are numerous reasons to support a single payer system, I will focus my testimony on four main points:

1. We need coverage for all residents for all services

The Institute serves roughly 25,000 patients in Ulster County. Of these, about 12% are uninsured and over 40% receive Medicaid. Many of our patients identify as Black or Latino. We serve a growing number of undocumented immigrants, particularly children who are able to access health insurance while their parents are not. The Institute does not turn anyone away based on insurance status, however, patients without insurance often delay care, resulting in medical problems that might have been addressed during routine preventive visits presenting instead as acute problems in the emergency department, at a much higher cost to the individual and to society at large. Ensuring all New York State residents have access to health insurance would encourage residents to maintain regular care with a primary care provider

The New York Health Act would remove barriers to care especially in rural areas, where residents often travel long distances to see a provider considered in-network to prevent incurring

the large costs associated with seeing clinicians that are out-of-network. Additionally, patients would on average pay less for healthcare than they currently do now. A study by the RAND Corporation estimates that the average household with incomes below 1,000 percent of the federal poverty level would pay less for healthcare compared to the status quo.

The Institute also provides dental services in Kingston and Ellenville. Most of our dental patients do not have insurance, and many of our new patients tell us they have gone without oral health services for five years or more, due to the fear of what dental treatment might cost. Oral health is essential to our general health and well-being. Oral diseases and complications from untreated conditions affect our most vulnerable residents including low-income children, the elderly, and people of color. For example, there is a strong connection between untreated periodontal disease and poor health outcomes among people with diabetes, as well as an association between periodontal disease and complications in pregnancy and birth outcomes. ALL NYS residents, not just the wealthy and those with access to robust employer health benefits, deserve access to oral health care.

2. We need to simplify health insurance

The difficulties with our current system cannot be overstated; there is truly no way for patients to understand their benefits and how they are administered. It is far easier to buy almost any product than it is to decide on health insurance. First, there are different plans with different policies regarding coverage, pre authorization and drug formularies. Second, there are complex rules that govern what will be paid for and what will not for different diseases, tests, and treatments. Third, most of us are ill-equipped to determine our level of risk, so unable to make good decisions concerning various coverage options, balancing deductibles and co-payments with premium costs. And finally, every year, as family members' situations change, coverage needs change and new decisions have to be made about coverage.

3. We need equal reimbursement within the health care system

There is great variation in the payment rules between different payers. It is well known that Medicaid generally reimburses much less than both Medicare and commercial insurance, demonstrating a differential value placed on the lives of the patients it insures. Additionally, there is a wide variation for the services covered in a visit, especially in primary care. For example, one payer will pay a primary care physician for a pelvic ultrasound while another decides that they will only pay certified sonographers or radiologists for that procedure. Some payers will reimburse for a family physician to do a simple skin biopsy as a separate procedure, while others will pay only as a routine office visit. If the provider miscodes the care they provide, our Institute will not get paid appropriately or the claim will be rejected outright. The billing, coding and administrative costs to the Institute and other community health care providers are exorbitant and unsustainable. The New York Health Act has the potential to reduce this administrative waste, eliminate the differential payments to physicians and encourage health care organizations to treat all individuals equally.

4. We must eliminate disparities in the health care system

Perhaps the most compelling reason of all to move to a single payer system is to eliminate disparities in treatment and health outcomes resulting from a two-tiered system that caters to patients with private insurance, while leaving patients who are under or uninsured with fewer options, especially for specialty and tertiary care. People with private insurance have providers that promote good continuity of care, and appropriate after-hours and emergency coverage. On the other hand, people who are uninsured, covered by Medicaid and even those who are covered by low-paying health insurance plans have a subpar system of care characterized by longer waiting times, less qualified providers, and restricted access to more costly medications when faced with serious illnesses like cancer. Most horrifying, is that our most famous specialty care hospitals, accept this disparity in treatment as de-facto, without even a touch of chagrin.

Conclusion

In conclusion, the Institute for Family Health applauds this effort to establish a single payer system in New York State, and encourages the Assembly, the Senate and the Governor to adopt this proposal.

