

Health and Medicaid – Joint Legislative Hearing
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Testimony provided by:
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Good afternoon.

We know that monopolies have never worked before. So imposing one now on autistic children might not be a good idea.

I'm going to talk about that in a moment. But before I do, and before you decide that I was raised in a barn, I want to thank you for bearing with us. I know that it's been a long day already, and that there are a lot of other things that you'd rather be doing. But I hope you don't think that any of them are more important.

My name is Marco Altieri, and today I'm the Chief Executive Officer of All-American Home Care in Rochester. I didn't start out here, though. I began my homecare career as a homecare aide. I helped elderly people shower and get dressed. I cleaned their homes and cooked their meals. And I loved it. I can't tell you how satisfying it is to enable a person to stay in his/her own home, and out of the big institutions.

My business partner, Tom Hanna, founded All-American just 3 years ago and already we have 700 employees. In fact, we're one of the Top 50 employers in the 6 county Rochester area. We serve several hundred clients across dozens of upstate counties. We have the largest geographic footprint of any CDPAP provider the state, and a few people have actually noticed. Tom and I have been awarded Rochester Business Journal Health Care Achievement Awards in a town nationally renowned for its health care giants.

Despite those accomplishments, the Governor's proposed budget would literally legislate our company out of existence. Let me be clear on that point: If the Executive Budget passes, All-American Home Care will not be allowed to operate.

Why? Because the budget seeks to eliminate home care competition within the CDPAP Program. Across the State today, there are 550 companies that provide CDPAP services. The Department of Health wants to reduce that number to somewhere between 1-5.

I can't tell you what a mistake that would be.

All-American Home care has grown as rapidly as it has because the consumers have a choice. That's what drives provider performance. It's good for us, it's good for our employees, and it's great for the customer. But it disappears in the Governor's proposed statutory language.

Under the Executive Budget, there are just two ways a company might be allowed to survive:

- a) It must either have been operating prior to 2012, or it must be an Independent Living Center. Both standards are arbitrary and designed simply to slash the number of providers. And guess what? Even if a company is lucky enough to fall into one of these 2 categories, odds are it will still be closed. The Commissioner alone decides which – if any - of those companies will live, and which will shutter their doors. And he's given no direction on how to do it. The Commissioner would have free reign.

"Ok," you ask, "but aren't there other ways for you to stay in business?" Well, yes, but just one. The Commissioner can hand out no-bid contracts to provide statewide CDPAP services to anyone he wants. There are no qualifications to be met there, either. I don't have to expand on the problems that would invite.

Look, we get it. There are lots of vendors right now. If you want to cut back, do it by requiring employee minimums, customer minimums, or geographic regions served. But creating state-appointed monopolies is bad for everyone, including the homecare aides. They would face depressed wages and lousy working conditions because they wouldn't have the option of moving to a competitor. If you want home care to be a minimum wage industry, this budget is the ticket.

Finally, adopting this budget as is will turn home care to the elderly upside down. Many, especially rural communities, will have to move into an expensive institution.

It's not smart. It's not compassionate. It's not cost effective. And it's not right.

Tom Hanna is back in Rochester running the shop today, and he trusted me to speak for him. Also not smart. I'm going to close with a story that will make him livid if he ever finds out I told it. But it will give you insight into home care and into All-American. About two years ago, we were caring for an elderly Jewish woman who never had any visitors. It was sad, but not especially unusual. The terrible part came when she passed away, and nobody claimed her body. Nobody. Our caregivers were the only people in the world she had. So Tom claimed her body, he researched what was required for a Jewish service, he paid for the funeral out of his own pocket, he closed the offices, and he pulled his 6 kids out of school so that her funeral would be well attended.

If you think you'll get that from a state-appointed monopoly, you're mistaken. If you think that a nursing home will go those extra 5 miles, I don't agree.

The CDPAP program is one of the best things Medicaid has to offer. But it will only work if people can choose the provider that's right for them. Please allow them to keep doing so.

I am grateful for your time and will be happy to answer any questions you have, any time. Thanks very much for listening.

TESTIMONY ON RECREATIONAL MARIJUANA

Russell Kamer, MD

Good afternoon. My name is Dr. Russell Kamer. I am a Clinical Associate Professor of Medicine at New York Medical College, **and I am a practicing primary care physician.**

I am here representing Smart Approaches to Marijuana, or SAM NY, a group that favors a smart approach-decriminalization of marijuana/social justice reforms but opposes legalization and commercial sales of recreational marijuana.

Today, I see us going down the same path that we did 20 years ago when the opioid epidemic was starting. Well intentioned people (along with a drug industry intent on maximizing profit) advised prescribing opioids to eradicate pain. Now, we have a billion-dollar drug industry, but we also have well intentioned people who believe it is good to legalize recreational marijuana. I say "slow down." I don't want to see history repeat itself.

Today's marijuana is not your old Woodstock weed. THC levels are much stronger than in the past. THC is not a harmless substance. It accumulates in the brain causing many problems from learning and memory problems to psychosis - **every major medical group opposes or has serious reservations about legalizing pot.**

What has the experience been with legalization in Colorado? Let me tell you about Pueblo Colorado- sometimes called the Napa Valley of Cannabis. My colleague Dr Karen Randall directs an Emergency Room there. Every day she sees patients suffering from the effects of THC—and I say thc because **it's not just marijuana leaf, people use thc concentrates - oils, wax, shatter up approaching 100% thc. She sees cannabis induced psychosis - last week she treated a 13 y/o with a psychotic break from THC. There are child poisonings from thc candies.**

There are even diseases that didn't exist when I was in medical school. Cannabis hyperemesis syndrome- a severe vomiting disorder is common, causing visits to ER every day. Hard to treat. There are more ER visits for marijuana related disease than the flu.

Dr. Randall has noticed major strains on the system. **So, if you are going to put marijuana in the budget, you need to write it in red ink. Marijuana is a net negative. And that's just the financial cost. That doesn't include the human cost, for example, of drugged driving. Marijuana-related fatalities are up in legal states - in some places they've more than doubled — and stoned driving is hard to detect and prove.** There is no test like breathalyzers for alcohol that is accepted as proof of impairment. These are just a few problems with increasing use of marijuana.

Now Is not the time for promoting another addiction for profit industry. Slow down, truly decriminalize, but don't create Big Tobacco or Big Pharma 2.0.

