

**Remarks by
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New York State Commissioner of Health**

**Second Public Hearing on
“Partnership for Coverage”**

**Post Building Auditorium
Erie County Community College
121 Ellicott Street
Buffalo, New York**

**October 3, 2007
10 a.m.**

Second Public Hearing – Buffalo October 3, 2007

Good morning. It's great to be in Buffalo.

Today, we are interested in hearing your ideas on how we can increase **access** to health insurance for uninsured New Yorkers. But that is not our only purpose here. We also want your ideas on how we can make other needed reforms in our health care system.

Universal health insurance is important because it will give all people access to the medical system. But as the **Kaiser Permanente Institute for Health Policy** reported earlier this year, simply having health insurance is no guarantee of having access to the **right kind** of health care or even to **high-quality** health care.

In too many cases, New Yorkers who **have** insurance are receiving health care that falls well below standards of optimal **primary and preventive care.**

New York is rated only “**average**” on key health indicators and “**weak**” on some chronic disease management measures by the federal Agency for Healthcare Research and Quality.

I think we can all agree that “average” and “weak” are not what we should be getting in a state with the highest per capita spending on health care.

So at the same time that we explore ways to achieve **health insurance coverage** for all New Yorkers, Governor Spitzer has directed that we also find ways to improve the **quality, affordability** and **efficiency** of the health care we are buying.

I hope this hearing today is not about whether we **should** or should **not** have universal health insurance coverage in New York State. I think we all agree that we want coverage for everyone. These hearings really are about coming up with an affordable means to **achieving** universal coverage.

To know where we need to go in the future, we need to understand where we are today. Today:

- 2.6 million New Yorkers – about 14 percent of the population -- lack health insurance.
- Of New Yorkers who **do** have health insurance, 61 percent are covered by employer-based insurance.

Approximately **5 million** New Yorkers are getting health insurance through **publicly-supported or supplemented programs**. These include:

- About **4 million** low-income New Yorkers in the **Medicaid** program;
- About **510,000** working adults in the **Family Health Plus** program;

- About **390,000 children** in the **Child Health Plus program**;
- And about **147,000** individuals covered through the **Healthy New York** program.

These state programs are providing health insurance to New Yorkers who otherwise would not have insurance. Those with the **lowest** incomes are getting coverage at **no cost**, while thousands are paying **monthly premiums** scaled to their available family income.

This hearing today is about finding ways that we can economically extend coverage to New Yorkers who **lack** health insurance and don't qualify for any of these existing state programs.

The Governor believes that taking a **building-block approach** will be the most **practical** and **acceptable** way to achieve universal coverage. As the **first stage** of this effort, we are focusing on getting health insurance coverage to the **1.3 million** uninsured children and adults who are **eligible** for state insurance programs but currently **not enrolled** in any of these programs.

To accomplish this we are **streamlining program rules** to make it easier for those who are eligible for these programs to **get** coverage and **keep** that coverage. We are also **strengthening our marketing, outreach and enrollment efforts** to help people get enrolled.

A **second step** in this building block approach is to allow thousands more New York children to get health insurance through the state's **Child Health Plus program**. In this year's State budget, Governor Spitzer and the State Legislature provided for the expansion of eligibility for this program to families with incomes up to **400 percent** of the federal poverty level. The current level is capped at 250 percent.

Because the funding for the expanded program requires federal participation, New York applied for the necessary federal government approval.

In September, the Bush Administration **disapproved** New York's expansion plan on grounds it doesn't comply with **new, more restrictive federal rules**.

On Monday, Governor Spitzer announced that **New York and seven other states** would challenge the Bush Administration rules in court on grounds the rules violate provisions of the federal State Children's Health Insurance program, known as **S-CHIP**.

Getting New Yorkers who are eligible for state programs enrolled in those programs, and expanding eligibility in the state's Child Health Plus program are the first two steps of the building block process. The **third step** is to identify ways to provide health insurance coverage for the **1.3 million uninsured** New Yorkers who **don't** qualify for **any** of New York's public health insurance programs.

There are many ways to go about doing this, and we look forward to hearing your ideas and suggestions today

But as you make your comments on ways to provide **access** to health insurance for the uninsured, I hope you will **also** offer ideas on ways to improve health care **quality** and **affordability**. Because unless we can make health care more affordable, we won't have the resources to achieve universal coverage. And unless we improve quality, all the health insurance in the world won't improve the health of New Yorkers.

My hope, also, is that you will focus your comments today on what's best for New Yorkers – not what's best for hospitals, or physicians, or nurses, or health insurance plans, or other health care institutions and provider groups. These groups are all important parts of our health care system. But our goal is to create a **patient-centered health care system**, so we are looking for ways to best meet the needs of patients.

Again thanks for coming and I look forward to hearing your ideas.