

Testimony of Peter Grant Jordan, Ed.D.
Interim Vice Chancellor for Student Affairs
The City University of New York
New York City Council Higher Education Committee
December 11, 2009

Good morning Chairperson Barron and members of the Higher Education Committee. I am Peter Grant Jordan, Interim Vice Chancellor for Student Affairs at The City University of New York. I am joined this morning by Dr. Kenneth Olden, Dean of CUNY's newest school, the School of Public Health. I am pleased to testify before your committee again; this time to update you on what we know about health insurance coverage among CUNY students and the health services provided by campuses across the University.

As the U.S. Congress takes up the issue of healthcare reform, your interest in student health could not be timelier. And CUNY faculty and administrators appreciate your attention to this important topic as it relates to students. Last month, I had the opportunity to join other CUNY, SUNY and private university staffs in testifying before the NYS Senate Committee on Higher Education. Our testimony focused specifically on our state of preparedness for addressing the H1N1 Influenza Pandemic.

Clearly, the physical and mental health of our students is paramount to the stability and well-being of our campuses, the communities they are in, and our students' academic success.

Let me share some of what we know about the health insurance coverage among CUNY students. Our 2008 survey data reveal the following:

- The majority of CUNY students are covered by parents' health insurance policies;
- Less than a fourth (23%) of CUNY students are uninsured;
- Community colleges within the CUNY system tend to have higher percentages (26% on average) of uninsured students;
- 27% of CUNY students participate in some form of public-assisted or public-subsidized health insurance program, including Family Health Plus (9%); Child Health Plus (2%); and Medicaid (16%). Again, community colleges tend to have higher proportions (32%) of students on public-assisted or subsidized health insurance programs.

To assist students who are not insured, we work with the Office of Citywide Health Insurance Access (OCHIA) to offer these students access to enrollment specialists for Medicaid, Family Health Plus and Child Health Plus (for student-parents) on our campuses. These enrollment specialists work with our CUNY Health Services offices and student activities directors to promote

awareness and provide assistance with applications. Between September 2008 and December 2009, 3,355 CUNY students were enrolled in public-assisted/subsidized health insurance plans through these efforts.

In addition, the University promotes a CUNY-endorsed GHI Health Insurance Plan for students who are uninsured. Less than one percent of CUNY students purchase the CUNY-endorsed GHI Health Insurance Plan. The 2008-09 enrollment data provided by GHI show that 1,500 CUNY students were enrolled in this plan. Currently, monthly payments to participate in this plan are \$229.68/individual and \$654.61/family. However, it is important to note that this plan does not include a prescription drug benefit.

Finally, let me share with you some information about the direct health and mental health services we offer to students. As you know, CUNY is an urban, commuter university in the heart of New York City. Students on our campuses have easy access to major health and medical facilities throughout the five boroughs. Of CUNY's 23 campuses and schools, four of these institutions have residence halls. Less than one percent (approximately 1,700) of the 260,000 degree-seeking students lives in campus housing.

As a result, the University's health services program is not designed to provide full-service, long-term clinical care. All of CUNY's Health Services offices and Counseling Centers provide:

basic first aid and emergency response; psychological assessments; referrals to doctors and clinics; and ensure compliance with New York State immunization laws.

Our students have access to 18 CUNY Health Services offices. And personal/psychological counseling services are available on each campus. Our counseling services are becoming increasingly important as CUNY commits to meet the needs of our special populations, including veterans returning to college. There are nearly 3,000 student-veterans enrolled at CUNY campuses. We continue to aggressively plan and manage to accommodate their health and counseling needs.

Increasingly, our campuses are expanding health and counseling services to students. Across CUNY campuses there are six part-time physicians, 12 full-time and 12 part-time registered nurses, two full-time and seven part-time nurse practitioners, and one full-time and five part-time EMTs. Additionally, there are 81 licensed mental health professionals employed by the University who provide mental health counseling and support to students.

In closing, across CUNY, we are committed to the health and well-being of our students. With your help, ladies and gentlemen of the New York City Council's Higher Education Committee, CUNY can continue to take steps to ensure the maintenance of healthy students and campus environs. I want to express my

appreciation to you, Chairman Barron, and members of the Higher Education Committee, for your timely and well-placed focus on this important public health issue. The City University of New York values your continued interest and partnership to ensure that our students have access to quality health insurance and services. These are important requirements to improve quality of life and academic success for our students.

Thank you.

Kenneth Olden, PhD, ScD

Founding Dean of the City University of New York School of Public Health

Testimony to the New York City Council, December 11, 2009

Brief: Higher Education Committee

Oversight: National Health Reform and Higher Education

Good morning, Chairman Barron and Members of the Committee. I am Kenneth Olden, the Founding Dean of the CUNY School of Public Health. My testimony and bio-sketch have been submitted for the record. I am grateful for the opportunity to speak to you about the exciting developments at the CUNY School of Public Health and how they relate to the President's Health Care Reform Proposal now being debated in Washington, DC.

Medical research has led to remarkable improvements in health and life expectancy over the past century. Yet, the health care delivery system faces many challenges in translating new knowledge and technologies into practice. The health care proposal being debated by the US Congress addresses the challenge of providing universal access to quality health care. Another major

challenge, not addressed by the President's health care reform proposal, is the issue of affordability. If health care costs continue to rise as they have in recent years, estimates are that the US will be spending more than 20% of its GDP on healthcare by year 2020. To address affordability, the health care system must put greater emphasis on health promotion and prevention of chronic diseases.

Therefore, Chancellor Goldstein's decision, in September 2006, to create a new School of Public health at CUNY was both visionary and timely. Visionary in that he correctly anticipated two pressing needs in the field of public health. These two needs are, the need for the training of public health professionals, and the need for a new model of public health, in a public institution, that would emphasize research on the prevention of chronic diseases. Although infectious diseases, the focus of research at most schools of public health, have not been eradicated, they are no longer the primary cause of human morbidity and mortality. Furthermore, the Institute of Medicine (IOM), of the US National Academy of Sciences, published a report in 2003 that took special note of shortages of certain health care professionals. Of particular concern to the IOM was the under representation of racial and ethnic minorities in all of the health

professions. The IOM also expressed concerns about the lack of interdisciplinary training necessary to develop the competencies required to deliver care to an increasingly diverse population. Given the social, economic and racial makeup of the student body of CUNY, the new School of Public Health is positioned to make important contributions to address these many concerns.

Chancellor Goldstein's decision was timely in that it coincided with increased national interest in reducing health care costs by promoting healthy aging and disease prevention. The mission of the CUNY School of Public Health, as articulated by Chancellor Goldstein, is to generate knowledge and evidence-based practices to promote healthy aging, prevent chronic diseases and reduce disparities in health by emphasizing research on behavioral and environmental risk factors. These goals are being achieved by the recruitment of world-class faculty, development of collaborative interactions with the city's public health department and housing authority, community hospitals and neighborhood clinics, and by integration of public health practice with social and behavioral sciences in community settings.

I am pleased to report that the school has made remarkable progress over the past three years. A few important milestones are referenced below.

DPH Program

The primary mission of the School is the training of public health professionals as there is urgent need. The Center for Disease Control and Prevention (CDC) estimates that 80% of public health workers lack training in public health. We are pleased that the School has been able to attract several outstanding applicants for its new doctoral program in public health. These applicants are attracted by CUNY's affordable tuition and the quality of education. Without CUNY, most of these applicants would not be able to become trained public health professionals. DPH program now has 44 students in three tracks. By fall 2001, when we will be full size, we expect to have about 100 students in four tracks. These tracks are Community, Society and Health; Epidemiology; Environmental and Occupation Health and Public Health Policy and Management. Our students, all of whom enter with an MPH or other graduate degree come from CUNY, elite institutions (Columbia, Yale and Johns Hopkins), and other public health programs. Since May 2007, we have had about 130 applications and about 350 people have made

inquiries about the program or attended an information session. In our first three cycles, the number of applicants, and their GRE scores have increased and our acceptance rate has dropped. Currently 45% of our students are white, 30% Latino, 16% are African Americans and 9% are Asians.

Most of our students are working professionals in NYC. This is consistent with our mission of making immediate and practical contributions by providing leaders for public health enterprise in NYC and elsewhere.

Faculty Recruitment

The 2008-2010 University Budget Plan for the SPH approved funding for thirteen (13) new faculty lines. To date, we have successfully recruited seven (7) new faculty members and offers have been made to two (2) others with negotiations pending. We also acquired an Associate Professor for the Epidemiology program from an existing Demography cluster line. The SPH faculty comes from prominent institutions such as Yale, Princeton, Johns Hopkins University, Harvard, Columbia and the University of Michigan.

Accreditation & Membership

The Council on Education for Schools of Public Health (CEPH) approved our application to become a candidate for accreditation as a School of Public Health on October 26, 2009. We can now officially call ourselves a School of Public health!

Our application for Associate membership in the Association of Schools of Public Health (ASPH) was approved on November 5, 2009.

Facilities & Physical Infrastructure

The CUNY School of Public Health will be located in East Harlem in the Hunter College Lois V. and Samuel J. Sillberman building on 119th street and third avenue in a new structure that is scheduled to be completed in 2011. The school will share the building with the Hunter College School of Social Work and the Center for Puerto Rican Studies. The groundbreaking for this new facility took place on November 16, 2009.

The co-location of the Schools of Public Health and Social Work provides an excellent opportunity to develop interdisciplinary programs to address the social and behavioral aspect of disease etiology.

In summary, our vision for a healthy and productive society cannot be achieved without making comprehensive and affordable health care available to every person residing in the US. However, access to health care alone will not solve the nation's health care problems as studies show that more than 70% of avoidable mortality is due to behavioral and environmental factors. Therefore, prevention and promotion of population health through public health training and practice is critical to improve the nation's health and reduce health care costs.

Chairman Barron, members of the committee, thank you for providing me the opportunity to speak with you today.

Kenneth Olden, PhD, ScD, LHD

From 1991-2005, Dr. Olden was director of the National Institute of Environmental Health Sciences (NIEHS) and the Nation Toxicology Program (NTP) in the U.S. Department of Health and Human Services. He was the first African American to become director of one of the NIH institutes. In 2005, he returned full time to his research position as chief of The Metastasis Group in the Laboratory of Molecular Carcinogenesis at the NIEHS, which he also held while director. He held the position of Yerby visiting professor at the Harvard School of Public Health for the academic year 2006-2007, and is now Founding Dean of the School of Public Health at the City University of New York.

He received his PhD in cell biology/biochemistry from Temple University. He is the recipient of several honorary degrees, namely, Sc.D. degrees from Metropolitan University, San Juan, Puerto Rico; the University of Medicine and Dentistry of New Jersey; North Carolina State University, the University of Rochester; and from Tulane University. He also holds an honorary LHD from the College of Charleston. After completing his PhD degree, he was a research staff fellow and instructor of physiology at Harvard University (1970-1974); a senior staff fellow and then a research biologist at the laboratory of Molecular Biology in the Division of Cancer Biology and Diagnosis at the Nation Cancer Institute, NIH (1974-1979); associate director for research in the Howard University Cancer Center and associate professor of oncology at the Howard University Cancer School (1979-1982); professor of oncology and deputy director at the Howard University Cancer Center (1982-1985); and director (1985-1991), professor, and chair of the Department of Oncology (1985-1991).

His honors and awards include the Toxicology Forum's Distinguished Fellow Award, the Presidential Distinguished Executive Rank Award; and the Presidential Meritorious Executive Rank Award for sustained extraordinary accomplishments; the HHS Secretary's Distinguished Service Award; the American College of Toxicology's First Distinguished Service Award, the National Minority Health Leadership Award (2005); and invitations to participate in the International Conference of Disaster Prevention and Mitigation sponsored by the Harvard School of Public Health (2006) and the Think Tank on 21st Century Public Health Challenges co-sponsored by the Harvard Schools of Business and Public Health (2009). Alone among institute directors, he was awarded three of the most

prestigious awards in public health; the Calver Award (2002), the Sedgwick Medal (2004), and the Julius B. Richmond Award (2005). He was elected to membership in the Institute of Medicine at the National Academy of Sciences in 1994 and appointed member of the Visiting Committee, Board of Overseers, Of Harvard College (2007-2010). He has been on the editorial board of numerous journals, serving in most instances as associate editor. He has been cited in Current Contents, Life Sciences for having published two of the 100 most-cited papers in 1978-1979. Over 28 visiting or postdoctorate fellows have trained in his laboratory, and he has published over 132 manuscripts in peer-reviewed journals (most recent in the Journal of Biological Chemistry 284:20936-20945, 2009) and more than 58 review articles and book chapters. He has chaired or co-chaired numerous national and international meetings and has been an invited speaker or keynote speaker at over 175 symposia seminars. Most recently, he served on the Bipartisan Panel of Industry; NGO and Academic Experts to Propose New Rules for Science in Federal Regulation, Chaired by the Honorable Sherwood Boehlert (R.NY) and Donald Kennedy. former Editor of Science.



Testimony of Timothy Foley

Health Policy Coordinator for NYC for Change

Before the Higher Education Committee of the New York City Council

December 11, 2009

Good morning. I'd like to thank Councilmember Barron and all the members of this committee for inviting me to speak with you today.

My name is Tim Foley, and for the past year I have served as the Health Policy Coordinator for the grassroots group NYC for Change, an all-volunteer political advocacy organization focused on winning the passage of national health reform in 2009. For most of the year, I was also the editor and chief blogger for the Universal Health Care section of the social advocacy site Change.org. As such, I have become intimately familiar with both the policy and the practical politics involved in the current legislation that has passed through the House of Representatives and is currently being debated in the United States Senate.

If, as we anticipate, health reform is passed either this year or early in 2010, the situation for millions of Americans will change dramatically. On the whole, this will constitute a marked improvement for tens of millions of Americans who currently only have bad options and worse options for coverage because they are not offered benefits through their employer and do not qualify for a public program like Medicaid or Medicare.

However, we should make no mistake -- some segments of the population are still at risk of falling through the cracks. The demographics of the student body at CUNY suggest that they are one such at-risk population.

A comparison between the student demographics as outlined in the 2008 Student Experience Survey¹ as broken down by CUNY's own Office of Instructional Research and Assessment, and the national numbers by the United States Census² delineating the demographic makeup of the uninsured as laid out in the 2008 and 2009 Annual Social and Economic Supplements tells the tale.

¹ CUNY Office of Institutional Research and Assess, "2008 Student Experience Survey Results." http://owl.cuny.edu:7778/portal/page/portal/oira/OIRA_HOME/SES_2008_Final_Report.pdf,

² DeNavas-Walt, Carmen, Bernadette D. Proctor, and Jessica C. Smith, U.S. Census Bureau, Current Population Reports, P60-236, *Income, Poverty, and Health Insurance Coverage in the United States: 2008*, U.S. Government Printing Office, Washington, DC, 2009.

As of Spring 2008, approximately 70% of the student population at CUNY is under the age of 25, as we would expect in a university setting. The percentage of people in the age band from 18 to 24 who are uninsured is the highest concentration for any age range tracked by the Census: 28.1% in 2007 and 28.6% in 2008, far outstripping the 16% average for all Americans. The age band from 25 to 34 does only slightly better: 26.5% in that age bracket were uninsured in 2008. Taken together, that's 18 million of the estimated 46 million Americans without health insurance.

The students at CUNY tend to fit the demographic that is often referred to as the "young invincibles." The popular conceit is that uninsured Americans within this age group are uninsured by choice. We imagine that they believe their good health translates into indestructibility, and they would rather spend their income on other items than health insurance since they're skeptical that they'll ever need to use it. Although that certainly would describe the motivations of some, the data overall doesn't support the myth. As Anthony Wright, Executive Director of Health Access California has written, "Most of the difference is not really about age or attitude, but income and job type. Graduates who gain employment in this economy will likely find it in low-income, entry level jobs that are, relative to other jobs, less likely to offer health coverage. Even those graduates on professional tracks start at lower incomes."³

Put another way, people who are between 18 and 24 are not uninsured because they're young and invincible – it's because they're young and broke.

That leads me to my next point. In terms of income, 76% of all CUNY students are in households that make \$50,000 or less each year, putting them once again in the danger zone according to the Census: 62% of the uninsured in this country are in households making \$50,000 or less.

Finally, CUNY's student body tends to have a stronger representation of minorities than the national average – again, a warning sign, as minorities are substantially more likely to be uninsured. The concentration of Latinos who are uninsured according to the Census – a shocking 30.7% -- is nearly twice the national average.

The CUNY student population, then, is at the intersection of three high-risk demographic trends which make them more likely to be without health insurance for part or all of the year.

The good news is this also means that the coverage provisions of national health reform are designed to not only benefit them but target them for assistance.

I'd like to walk you through four likely scenarios for CUNY students, and how the elements of national health reform would or would not give them more affordable options for quality health coverage.

³ Wright, Anthony. "Young And Not So Invincible." *The Treatment Medical Bankruptcy in the United States, 2007: Results of a National Study*. Ed. Jonathan Cohn. The New Republic, 25 June 2009. Web. <http://www.tnr.com/blog/the-treatment/young-and-not-so-invincible>.

First are students who currently qualify and are enrolled in Medicaid.

Second are students whose parents receive employer-sponsored insurance as a fringe benefit of their job.

Third are students who neither have employer-sponsored insurance themselves nor have a parent who has employer-sponsored insurance.

And finally, students who are currently on the Student Health Program insurance plan offered by GHI specifically for CUNY students.

The caveat in all of this is that the plans in the House and the Senate are still in motion. I'll do my best to give you a general overview and not get too distracted by the still-moving parts.

The easiest demographic to discuss are students who currently qualify and participate in Medicaid. New York State is already extremely generous in its Medicaid eligibility, covering up to 100% of the poverty level for single individuals. That translates to an income level of \$10,830 and means that at least 19% of the CUNY student population is already eligible for Medicaid.⁴ Although the financing of Medicaid will see some changes behind the scenes as a result of health reform, CUNY students already on the program will scarcely notice the difference. What they will notice is that there will no longer be cost-sharing – meaning co-pays or deductibles – for preventative services, a long-overdue step to improving the quality and costs of our health care system as a whole by fostering a culture of prevention.

CUNY students currently on Medicaid will also notice that they suddenly have a lot of company. Beginning in either 2013 for the House bill or 2014 for the Senate, Medicaid eligibility will be expanded in all states beyond 100% of the poverty level. Even using the lower figure from the Senate bill – which is expanded eligibility up to 133% of the poverty level or \$14,404 for an individual in current-day dollars – that will increase the number of CUNY students eligible for Medicaid from 19% to 30%.⁵

The second scenario is for students whose parents have employer-sponsored health insurance. These students likewise will see little change in their coverage from national health reform. In this case, I can happily report that the reason why is that New York State has already beaten the United States Congress to the punch. Included in the federal health reform bills is a requirement that young people be allowed to stay on their parents' insurance plans through age 26. This is one of the provisions that would take effect almost immediately after the bill has been signed into law. However, on July 29 of this year, Governor Paterson already signed into law a requirement for New York State to

⁴ The CUNY Office of Instructional Research and Assessment does not break out the numbers for students in low-income families with income ranges that would currently qualify them for Medicaid. However, it is safe to presume this applies to some segment of the population. Families up to 150% of the poverty line are eligible for Medicaid in New York State -- \$33,075 for a family of four in 2009.

⁵ Under the Senate bill, a family of four with an income up to \$29,327 would be eligible for Medicaid. This is less than the eligibility that New York State already extends to families. The bill would require New York to maintain its higher level of eligibility.

allow young adults to remain on their parents' plans, regardless of financial dependence, through the age of 29. This is a tremendous improvement over the previous cutoff age of 19 in New York State, and a reaction to the fact that approximately 837,000 of the uninsured in New York in 2008 were between the ages of 19 and 29.

The real benefits of national health reform will be more obvious to the last two scenarios for CUNY students – those who do not have health insurance either through their own employment or through their parents'.

Both the House and Senate bills would create health exchanges to provide affordable options to uninsured individuals and small businesses. I don't need to tell you that the number one reason why people don't purchase insurance is because of its exorbitant cost. According to self-reported 2007 data from America's Health Insurance Plans⁶, the average cost for an individual premium in the non-group market was \$4,734 a year or \$394.50 a month. Keep in mind, however, that this is an average of all premiums, including for high-deductible plans that are cheaper but offer substantially less coverage. A casual perusal on sites like eHealthInsurance.com will show comprehensive plans easily exceeding \$450 a month.

The average cost for a family plan is, of course, much higher: \$12,254 a year – well over \$1,000 a month -- by AHIP's calculations. Given that 70% of CUNY students are in households whose income is \$50,000 or below, that means purchasing a plan that includes good coverage will cost 9.4% or more of that individual's income, and a staggering 24.5% or more for family's coverage. If we consider students in households making less than \$30,000 a year – a threshold that encompasses a majority of CUNY students – then AHIP's average premiums would be 16% of that student's income just for an individual plan.⁷

It's enough to make your head spin. That's simply not affordable for a full-time or even a part-time student – particularly for a student in New York City, where everything from rent to the cost of living is likewise expensive.

Now, if either the House or Senate bills become law, the situation will dramatically improve. The plans offered in the exchange will be standardized, replacing the uncertainty in the current individual insurance market in regards to what is covered and which is not for any given plan with real transparency, enabling an apples-to-apples comparison between insurers. The tax credit subsidies will put more insurance options within reach for more CUNY students. Using the "Health Reform Subsidy Calculator" created by Kaiser Family Foundation⁸ based on the legislation in Congress, and sticking to 2009 dollars in order to make the comparison a little easier to grasp, we see a big improvement. A CUNY student making \$30,000 per year would be able to obtain a comprehensive plan for less than \$230 a month under both the House and Senate bills.

⁶ "Health Insurance: Overview and Economic Impact in the States." America's Health Insurance Plans, 2007.

⁷ As mentioned, a family of four making \$30,000 or below would be eligible for Medicaid.

⁸ *Health Reform Subsidy Calculator -- Premium Assistance for Coverage in Exchanges/Gateways* Kaiser Family Foundation, n.d. Web. <http://healthreform.kff.org/SubsidyCalculator.aspx>

If we go up to an income of \$50,000, an individual making that much money would not be eligible for a subsidy. Kaiser Family Foundation's Calculator, however, suggests that the plans offered in the exchange would still be more affordable than the current individual market, and that individual's premium would be less than \$320 per month.⁹

Now let's expand the discussion to include our last scenario, and to compare the plans in the exchange to the plan already being offered by CUNY through GHI. In 2009 dollars, an individual can purchase the relatively decent GHI plan for a monthly premium of \$229.68. Whether this would continue to be a competitive price for CUNY students would depend on their income. For a student making \$20,000 a year, the answer is no – he or she could get a plan on the exchange for under \$100 a month. At \$30,000, it's a wash. For the student making \$50,000, the GHI plan continues to be a better deal. However, I will note that the GHI plan currently offers coverage only for in-network providers. Plans in the exchange would likely allow for some compensation and coverage both in-network and out-of-network, which is far more common in the insurance industry. That in and of itself may prompt GHI to change its policies to be competitive with plans in the exchange.

Regardless of whether the CUNY student chose the plan offered by GHI or one of the plans in the exchange, he or she would benefit from a number of the other provisions of health reform: no co-pays or deductibles for preventative care, a cap on yearly out-of-pocket expenses based on income – something that simply does not exist in the United States today, and whose absence is a major reason why over 62% of personal bankruptcies involve medical debt¹⁰, including Americans who have what would be considered good insurance – a ban on excluding customers on the basis of pre-existing conditions, an end to the practice of rescissions whereby a customer's policy is nullified when they file a claim, more transparency and better consumer protections, and so on and so forth.

Now I should mention one last insurance option which is only to be found in the Senate bill. As written, those who are under the age of 30 would be eligible to purchase a catastrophic coverage plan, dubbed the "young invincible" plan. This would not be equal in coverage to other plans in the exchange, or to the current GHI plan for that matter. It would cover only two things – preventive services and catastrophic illness or injury. The tradeoff is lower monthly premiums for greatly reduced benefits and a high deductible: up to \$5,950 for an individual in 2009 dollars. I must admit, as a progressive health care advocate, I find little to recommend in such plans, which originated as a means for private, for-profit insurers to attract more highly-sought young and healthy customers. In my view, these catastrophic-only plans are essentially a gamble on continued good health. Nevertheless, many young Americans, including CUNY students, will likely opt for the less comprehensive plan at the lower premium if the Senate bill becomes law.

⁹ By the same calculations, a family of four making \$50,000 would be able to purchase a family plan for \$285 per month under the House bill and \$301 per month under the Senate – a substantially better deal than under current law.

¹⁰ Himmelstein, David, Deborah Thorne, Elizabeth Warren, and Steffie Woolhandler. "Medical Bankruptcy in the United States, 2007: Results of a National Study." *American Journal of Medicine* 122.8 (2009): 741-46. Web. 11 Dec. 2009. <http://www.amjmed.com/article/S0002-9343%2809%2900404-5/abstract>.

Finally, I must note that once the exchanges are open in 2013 or 2014, there will be an individual mandate in effect – a requirement that all individuals either purchase coverage or pay a fine. Although hardship waivers for those for whom there truly are no affordable insurance plans available could be applied for, it adds a dramatic sense of urgency to future students contemplating which plan works best for them.

In conclusion, the combination of health reforms at the federal and state level are specifically designed to have a dramatic effect on the exact demographics that make up the majority of CUNY's student population. But the majority of these benefits do not kick in until 2013 or 2014 at the earliest – presuming some version of the bills in Congress are passed and signed into law within a reasonable time frame. That means an additional three or four years at a minimum where CUNY students who come from households that make too much money to qualify for Medicaid and do not have a parent with benefits through an employer are faced with scraping together enough money to afford a monthly premium that will continue to be out of reach to many, or gambling on their health.

Even if national health reform is passed, it will be a challenge to make sure that juggling tuition, housing, living expenses, tuition, and a new requirement to carry health insurance does not put the pursuit of higher education out of reach for low- and middle-income students.

Thank you, and I'm happy to answer any questions.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Jennifer Raab Hunter College

Address: 695 Park Ave

I represent: Hunter College - City

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 12/11/09

(PLEASE PRINT)

Name: TIMOTHY FOLLY

Address: 200 RIVERSIDE BLVD MANHATTAN

I represent: NYC FOR CHANGE

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Kenneth Olden, Dean
Address: School of Public Health, Hunter
I represent: CUNY - School of Public Health
Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Peter Jordan, Vice Chancellor, Student Develop.
Address: CUNY, 535 E. 80th Street
I represent: CUNY
Address: _____

Please complete this card and return to the Sergeant-at-Arms