CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON HEALTH

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April 23, 2009
Start: 1:09pm
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HELD AT: Hearing Room
250 Broadway, 14th Floor

B E F O R E:
JOEL RIVERA
Chairperson

COUNCIL MEMBERS:
Kenneth Mitchell
Helen Sears
Kendall Stewart
Mathieu Eugene
John C. Liu
Rosie Mendez
Inez Dickens
Helen D. Foster

A P P E A R A N C E S

Marjorie Cadogan
Executive Deputy Commissioner
Human Resource Administration’s Office of Citywide Health Insurance Access

Lois Uttley
Chair, Policy and Legislative Committee
Public Health Association of New York City

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Heidi Siegfried
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David Marcus
Board Member / Chief Operating Officer
Physicians National Health Program / Brooklyn Free Clinic

Dana Czuczka
Assistant Vice President of Government Affairs
Planned Parenthood of New York City

A P P E A R A N C E S (CONTINUED)

Robin Vitali
American Heart Association
American Stroke Association

Arthur Stringer
Lay Advocate
People with Disabilities

CHAIRPERSON RIVERA: Ready? Okay. Okay. One second. Okay. Good afternoon, ladies and gentlemen. My name is Joel Rivera. I'm the Chair of the Health Committee here in the City Council. We are here today to conduct an oversight hearing on the health insurance options for young adults.

In the United States, young adults, ages 19 to 29, represent one of the largest populations of individuals without health insurance. In 2006, young adults accounted for 13.7 million of the nearly 47 million uninsured. In New York State, there are approximately 800,000 uninsured young adults. In New York City, one out of every four young adults between the ages of 18 and 24 do not have health insurance.

Young adults face particular barriers to receiving health insurance that are unique to their age groups. One major factor why young adults do not have health insurance is because of their families' socioeconomic status. Half of young adults' families below 100% of the Federal poverty level do not have health insurance. Young adults that do not have health

insurance have a family median income three times less than those that have private health insurance.

Another major contributing factor to the low health insurance rates is employment status. Generally, when young adults enter the job market, they begin in entry level positions. They may also work for smaller employers who are not necessarily mandated to provide coverage. Both the entry level factor and trades the young adults are employed in directly affect the low rate of health insurance access.

Young adults also face a seemingly surprising hurdle; their age. Age is a significant factor that results in young adults losing their dependency status under their parents. When an individual turns 18 or 19, and does not enroll in college, they face a host of new income and eligibility standards. This is also true for young adults upon graduating from college. These barriers are evident in both public and private health insurance.

Due to these factors, young adults may seek care in unconventional ways. This can

lead to do-it-yourself health care, including using the internet to diagnose ailments, using friend's old prescription medication and, in some extreme cases, setting their own broken bones. This represents-- yeah, I know. It's surprising. I can only imagine. This represents the extreme that some will go to, as a result of not having health insurance coverage.

Today, we will examine these particular barriers the young adults face in accessing health insurance coverage. We will also explore the viable options young adults have and consider what policy action can be taken to expand their access to care. This topic is particularly significant in our current fiscal situation, given the high unemployment figures and the associated impact on individuals and families.

I would like to thank the staff of the Committee for their hard work and, being that they're the ones that are joining me here today. Before we hear from our first panel, I want to welcome, you know, the Council Members that will be joining us, you know. I'm pretty sure there are other hearings taking place here today.

So, with that being said, we'll call the first panel to come forward. And, it's Marjorie Cadogan from the Office of Citywide Health Insurance Access. Thank you very much, Marjorie. Just state your name for the record and you can proceed with your testimony. If you have any written testimony, just give it to the Sergeant of Arms and he'll present it to us.

MARJORIE CADOGAN: Thank you very much, Chairman. I think we provide the written testimony already.

Good afternoon, Chairman Rivera and soon to be full members of the Committee and staff. I'm Marjorie Cadogan, Executive--

CHAIRPERSON RIVERA: Marjorie, real quick. The staff is the one that does all the work anyway. So, don't worry about it.

MARJORIE CADOGAN: Well, that's why I'm recognizing them, as you did. --Executive Deputy Commissioner of the Human Resource Administration's Office of Citywide Health Insurance Access. First, let me thank you for the opportunity to join you today in this important discussion on health insurance options for young

adults.

Although they are not often the first group that comes to mind when people talk about the uninsured, young adults are a critical population without coverage, as you've already noted. Nationally, they are one of the largest and the fastest growing segments of the uninsured. Here in New York City, as you said, one out of four young adults was uninsured in 2007. These approximately 450,000 young adults, between 19 and 35 years of age, account for half of all uninsured non-elderly adults in the City.

Expanding access to health insurance is a priority for Mayor Bloomberg and, under his leadership, New York City has seen significant increases in the number of individuals who have coverage. As of January 2009, approximately 2.7 million New York City residents were enrolled in public health insurance programs. Since the Mayor took office, enrollment in public health insurance has increased by 37%. These gains are a result of State coverage expansions and enrollment and renewal simplifications, as well as City efforts to maximize the enrollment and

retention of eligible residents through HRA's Medical Assistance Program and, coordinated by my office, the HealthStat Initiative, with offers enrollment opportunities in neighborhoods across all five boroughs.

Mayor Bloomberg has also sought to increase access to private health insurance. In 2007, direct negotiation with insurance companies resulted in the offering of domestic partner coverage by all major insurance companies in New York City's small group insurance market. My office also has worked to expand insurance brokers' awareness of, and quoting of, lower-cost health insurance options, including Healthy New York, the State-subsidized program for low-income workers, sole proprietors and qualifying small businesses. For example, we have added Healthy New York to HealthConnect, the online insurance quoting tool used by most brokers, and we've sponsored continuing education seminars where brokers learn about Healthy New York and public health insurance options. We're happy to report that during the last two and half years, New York City has experienced a 40% increase in enrollment

in Healthy New York.

Nonetheless, there's still a million uninsured non-elderly adults in New York City, a number that's likely to grow as a result of the current recession. According to New York City Department of Health and Mental Hygiene's 2007 Community Health Survey data, young adults are the single most likely age group to be uninsured in the City. Twenty-eight percent of young adults 19 to 25 are uninsured and a quarter of young adults remain uninsured up to age 35. It is not until we get to ages 36 to 45 that the uninsured rate drops below 20% in the City.

Looking at the profile of young adults in New York City and their health insurance coverage reveals a number of disparities, some of which you've alluded to, and suggests some of the reasons why so many young adults are uninsured. Overall, there are 1.8 million young adults, 19 to 35 in New York City. Most are employed and have incomes at or above 200% of the Federal poverty level. There are about as many men as women and approximately as many living in households with children as without. About 33% of young adults

are Hispanic; 30% are White; 23% are Black; 12% are Asian.

In terms of health insurance, the majority of young adults in the City are employed; many are lower income, with incomes less than 200% of the Federal poverty level. They are predominantly male and many are Hispanic.

Some segments of the young adult population are at much greater risk for being uninsured than others. Disparities in health coverage can be seen along income, employment, sex, racial and ethnic lines. I'm going to point to those disparities; specifically, you will see the percentages clearly noted in the testimony.

Young adults who are not employed are much more likely to be uninsured and much less likely to have private coverage than their employed counterparts. Those with lower incomes are also more likely to be uninsured and much less likely to have private insurance than those at or above 200% of the Federal poverty level. Young adult males are much more likely to be uninsured and much less likely to have public coverage than females. And, nearly 40% of Hispanic young adults

are uninsured and only 33% have private coverage. In contrast, 76% of White non-Hispanics, 51% of Black non-Hispanics and 53% of Asians have private insurance.

Overall, young adults are at a great risk of being uninsured for three main reasons; changes in public and private health insurance eligibility rules when they reach 19; a lack of access to employer-sponsored insurance and the high cost of individual/direct pay health insurance. Let me walk through some of the available options and barriers to insurance for young adults.

First, in New York City, the uninsured rate drops from-- jumps, excuse me, 8% to 25% for young adults; 8% for children and 25% for young adults. The jump is due, primarily, to the fact that when young adults reach age 19, as you've noted, they're no longer eligible for public coverage. Under Child Health Plus, they can get coverage if their family income is up to 400%. There are a few instances where young adults with higher incomes can access public benefits, such as the Family Planning Benefit

Program. In general, however, eligibility for public coverage drops to 100% for childless adults and 150% for parents. Undocumented young adults, those without legal immigration status, face even greater barriers to coverage. While undocumented children are eligible for Child Health Plus up to age 19, undocumented young adults are not eligible for public health insurance, regardless of their income. Only undocumented pregnant women and persons permanently residing under the color of law, or PRUCOLs, are eligible for public coverage. Medicaid also pays for emergency medical care for undocumented adults.

Similarly, after age 19, most private insurers' eligibility rules change. The majority of insurers in New York City do not allow young adults to remain as dependents on their parents' plan past age 19, unless they’re full-time students. Once they turn 23, students usually become ineligible for dependent coverage, as well.

Second, while most adults get coverage through their jobs, the jobs available to young adults 19 to 25-- 19 to 29, excuse me, are

typically lower wage and offer fewer benefits. National data shows that low-wage workers are more likely to be uninsured. This is particularly important in New York City, where there are 860,000 fulltime workers who are considered low-wage, meaning that they earn $11 an hour or less, which corresponds to 125% of the Federal poverty level, and 400,000 of those are uninsured.

As new workers in the labor force, young adults also tend to be employed in smaller businesses and, especially low-income young adults, work in industries such as hospitality, food service or entertainment that have high uninsurance rates. They often face waiting periods or are employed in temporary or part-time positions where they are not eligible for coverage, even if the employer offers it. A survey of low-income 19 to 20-year-old young adults found the vast majority did not have access to job-based coverage, and when they did, only 16% declined the coverage, primarily because they could not afford it.

Third, young adults needing to seek coverage on their own have few affordable options.

Healthy New York is an option for eligible lower wage workers and sole proprietors with incomes up to 250% of the Federal poverty level. In addition, freelancers and part-time workers in certain industries can access lower cost plans through associations, such as Freelancers Union.

However, not all young adults qualify for these lower cost plans, and health insurance in the individual/direct pay market is too expensive for most young adults. Half of uninsured young adults have lower incomes, meaning less than 200% of the Federal poverty level, somewhere around $1,800 a month. Single premiums for individual/direct pay plans in New York City range from $752 to $2,676 a month, or about 42 to 148% of these young adults' income. For families at the same income level, the cost of family coverage is much higher, consuming 71 to 226% of the family’s monthly household income.

Before I discuss opportunities to increase access to coverage for young adults, let me acknowledge that the problem of young adults and their lack of insurance is a national problem. Hopefully, as we speak, long-term solutions are

being developed that will involve Federal and State governments, as well as the private sector.

Mayor Bloomberg has called on the Federal government to address health care reform urgently and has voiced his support for the Obama Administration health reform principles, which include aiming toward universal health insurance coverage. Yet even as these reforms are being developed, New York City is working to improve access to coverage for young adults.

Through HealthStat, my office continues to facilitate the enrollment of eligible uninsured adults into public health insurance on select CUNY campuses. In conjunction with CUNY, we developed a health insurance tutorial for students and are currently working closely with the health professionals and student health advocates on each campus to better understand the health insurance needs of their students and improve enrollment of those eligible for publicly sponsored coverage.

The City also has worked to make public coverage readily available to adults, including young adults, through the internet.

ACCESS NYC allows residents to screen themselves and start an application for public coverage online. HRA is also working jointly with the City's HHS-Connect initiative to offer an on-line public health insurance option for renewal. This summer, HRA will launch a new website developed by my office, NYC Health Insurance Link, which will be an important resource for young adults.

Many young adults are not aware of their health insurance options, limiting their ability to make informed choices about which plans are most affordable. NYC Health Insurance Link will educate them on their options. It will allow them to find and compare health plans that they may be eligible for, including lower cost plans, such as Healthy New York. They can learn which insurers allow parents to keep their children on their health plans through age 25. And, they can learn about ways to make private insurance more affordable by pairing it with public coverage for children or by enrolling in the Family Health Plus premium assistance program, which helps low-wage workers pay for job-based coverage.

The website will also include

information on health care resources, such as HHC Options, a program that provides uninsured residents who are not eligible for public health insurance with access to free or reduced-cost care. Once the new website is launched, my office will expand our outreach efforts to include web-based outreach, such as marketing on websites that serve young adults and their employers.

Looking ahead, as Federal health reform and the State's own reform initiative, New York City Partnership for Coverage, take shape, I want to briefly mention a few items likely to be on the Federal and State agendas that could help make coverage accessible to young adults. Let me start by mentioning an important consideration for health reform, which is the role of personal responsibility in reducing the number of the uninsured.

Clearly, one of the primary goals of comprehensive health reform is to ensure the maximum number of people obtain affordable coverage. When segments of the population are left out, such as young adults, it adversely affects everyone, making health insurance markets

less efficient and creating an added drain on public resources. In addition to making coverage more affordable, educating young adults about the value of health insurance can enable them to make informed choices about coverage. Finally, recognizing the budgetary and fiscal constraints that exist, safeguards should be in place to ensure that limited public dollars are available and reserved for those truly in need.

Now, let me raise a few reform items particularly relevant for young adults in New York City. First, there is an emerging consensus that changes are needed to New York's individual/direct pay health insurance market. As it exists now, the individual market is not accessible for most uninsured residents. There are a number of proposals on the table for reforming this market to make it more affordable. In considering these reforms, it will be important to ensure that they protect access to affordable coverage for older and less healthy individuals, as well as young adults in need of individual coverage.

Second, early this year, Governor

Paterson said he would introduce legislation to allow young adults to remain on their parents' health plan up to age 29, with the full cost to be paid by parents. Depending on the specifics of the proposal, this legislation could potentially expand coverage among young adults entering the labor market who do not have access to employer-sponsored coverage. At a minimum, the State should encourage insurers to treat young adults equally and permit them to remain on their parents' health plans through age 25, regardless of their student status.

Third, there is a need to increase access to coverage for undocumented workers among the young adult population. Undocumented workers, of whom there are approximately 400,000 in New York City, are a substantial and significant segment of the workforce. With the exception of treatment for an emergency condition and two groups that I've mentioned, pregnant women and PRUCOLs, undocumented residents are not eligible for public insurance. Increasing access to private insurance is necessary to reduce the number of uninsured, especially young adult,

undocumented workers.

Finally, for very low income young adults, private coverage may never be affordable. At a minimum, Family Health Plus should be expanded to align income levels for childless adults and parents to help cover uninsured young adults very near poverty.

Thank you once again for the opportunity to testify here today. I welcome any questions that you may have at this time.

CHAIRPERSON RIVERA: Thank you very much. Before we go about the questions, just let me introduce the Committee members who have joined us. As you can see, we've increased significantly in size in the past ten minutes. We have been joined by Council Member Mitchell, Council Member Sears, Council Member Stewart and Council Member Eugene. And, we do expect other members to join us, as well.

I want to thank you for your testimony. We, obviously, know that, you know, lack of health coverage is something that is a significant issue, not only for the City and the State, but for, also, for our nation. Preventive

care, primary care, these are, you know, steps that people can take to, you know, better themselves and their lives. Now, couple of questions that I have is, you know, I turn on TV. I see advertisement for the tobacco, anti-tobacco programs and other, you know, great advertising that the City puts forward. Is there any advertising that we put out to the market to let people know of the benefits that they are entitled to? Those who are currently qualified, 'cause I do know that, you know, the numbers are staggering for the amount of people who are qualified for these services, but are unaware, you know, that are unaware that these services are available to them. So, has there been any proactive effort on behalf of the City?

MARJORIE CADOGAN: There's a number of things going on at the City level. And, certainly, Chairman, and members of the Committee, you may have heard and seen some of the advertisement the State has done recently with regard to public health insurance coverage, particularly focusing on the expansion that the State adopted last year with regard to Child

Health Plus, expanding it up to 400% of the Federal poverty level. And, that has had some benefit in terms of getting the word out about available coverage.

But, I believe, as you know, the Council, at the inception of the Bloomberg Administration, adopted Local Law 1, which is a piece of legislation that requires a number of agencies to provide very accessible information about public health insurance. And, some of those agencies include the Department of Education, the Administration for Children's Services and others that made that information broadly available. Certainly, the other way that information is broadly accessible to New Yorkers is through ACCESS NYC, as I mentioned, the ability to screen oneself for, not only health insurance, but about 35 other benefits. And, our website, which gets a volume of hits per month and per year, is also another source of information on public, as well as private, coverage. So, there are mechanisms for folks to get information.

In addition, this summer, with the website that I mentioned, New York City Health

Insurance Link, there will be even more of a vehicle for individuals who are trying to understand what their options are, both on the private and the public side, but, more importantly, on the private side, really trying to get a sense of how they can pick the most affordable plan. We'll have some tools to do that.

CHAIRPERSON RIVERA: Okay. I mean, I think that's definitely a step in the right direction. Now, the new City Health Insurance Link, is that going to team up, or in some way, shape or form, advertise on, you know, digital avenues, such as FaceBook, MySpace--

MARJORIE CADOGAN: [Interposing] We're looking, from your lips to somebody's pocketbook and other places. We're looking into those opportunities because, certainly, in this electronic age, and when you are talking about young adults, some of the standard media outlets that some of us who are more mature, I won't say older, are not necessarily the ones that will be convincing, appealing, effective. So, trying to use the web media to reach young adults,

certainly, hopefully, to educate them about the value of health insurance, but also to enable them to know that they have some affordable options that are within their, or their parent's, grasp.

CHAIRPERSON RIVERA: Perfect. Now, we know that one of the options that most uninsured individuals use is the emergency room, you know. Instead of going to primary care physician, they just go to the emergency room. And, we know that, ultimately, that costs more per visit than if someone had health insurance. Now, when a person visits a hospital, when a person visits an emergency room, is there any documentation that they're provided with that's required by the City of New York to, you know, like a questionnaire, or information on-- to gather information to see if they qualify for any of these public health insurance and to have any follow up so that way, in the future, they would not have to utilize the emergency room?

MARJORIE CADOGAN: To my knowledge, Chairman, I really can't speak to what goes on in the broader City health care system and the many hospitals that comprise the health care system in

New York City. I know, specifically, with regard to the public hospital system that every attempt is made with patients, both in the emergency and other in-patient settings, as well as the out-patient setting, to try to connect people with coverage where they're eligible. And, to the extent that that's possible, I know that HHC does everything within their power to educate and both facilitate, with the help of HRA, because, as you know, there are Medicaid offices in all of the public hospitals, to facilitate that kind of enrollment.

CHAIRPERSON RIVERA: Now, with ACCESS NYC, how many New York City residents have we been able to get signed on to health insurance?

MARJORIE CADOGAN: That is a question that I cannot answer for you right now. I can find that out from the Department of Information, Technology and will get back to you on that number.

CHAIRPERSON RIVERA: Perfect. Then, last but not least, we know that, you know, I know the New York City Health Link website that you're talking about is a great opportunity to

reach out to the younger generation. But, what other avenues can we try to locate because we do know there still exists a digital divide in some communities in the City of New York? So, besides the health insurance website, what else can we do to target the younger generation?

MARJORIE CADOGAN: Well, I think, you know, part of what we are beginning to think about with New York City Health Insurance Link, as we've thought about it, long over time with our overall HealthStat initiative on public health insurance enrollment assistance, is how do you find where the population is that you are trying to ensure and then, how do you engage them. Health insurance is not, as I'm going to say, the sexiest topic to get people's attention on.

But, I think we will be looking at some of the same kind of partners that we've had for a while in the public health insurance front, even with New York City Health Insurance Link, for example, and particularly as it relates to immigrant and undocumented families, working with community-based and faith-based organizations to spread the word about the availability of this

tool; to work with social ministries in those kind of organizations or other kind of case management entities that will be able to use the tool to help individual young adults and, also, working with City agencies who serve young adults, like DYCD.

We have some HealthStat partners there that work in a number of community-based organizations that are specifically geared to help to educate both the individuals they serve in their organizations, but the community at large about health insurance options. And, we would use them also as kind of emissaries of New York City Health Insurance Link to those who may not have the internet, you know, at hand.

CHAIRPERSON RIVERA: Okay. Last, but not least, just wanted to find out what's the general cost, or the average cost, for health insurance for a 19 to 23-year-old?

MARJORIE CADOGAN: It depends on what marketplace you're talking about. In terms of what they could purchase in the individual/ direct pay market, I've run through those numbers, you know, going from $752 to I believe $2,600 a month on the individual side. On the individual

side, this is the individual/direct pay market. When you're talking about some of the-- yes, exactly.

CHAIRPERSON RIVERA: Now, [crosstalk] I mean, that goes up significantly with 30, 40--

MARJORIE CADOGAN: Exactly.

CHAIRPERSON RIVERA: -- 50.

MARJORIE CADOGAN: I guess those numbers need to be repeated for them to make the case of how the individual market is really out of reach for most young adults. When you're looking, there are, again, lower-cost options. Health of New York is one of them. And, the average premiums would run anywhere in the upper 200s to the low 300s a month for individual coverage. Freelancers Union, again, which is a very helpful option for the audience that they serve, is a little bit lower. But, again, it is targeted to certain industries that doesn't cover all of the young adults that we need to reach.

So, there is an array and still more to be done. As I mentioned, extending dependent coverage, where parents could have a

role in helping to cover their young adult's care could really provide a potential option to address both some of the affordability issues, as we talk about this individual/direct pay scenario, as well as addressing the population of young adult uninsured.

CHAIRPERSON RIVERA: I'm just looking at the page 11 here of your testimony.

MARJORIE CADOGAN: Um, hm.

CHAIRPERSON RIVERA: It gives the chart that shows it could be, for HMO, it could be 750 to 2230 and--

MARJORIE CADOGAN: Correct.

CHAIRPERSON RIVERA: -- for POS, it's 1178 to 2676. Is that generally for the young adult population? Or, is that just overall?

MARJORIE CADOGAN: That would be pretty much standard for--

CHAIRPERSON RIVERA: [Crosstalk]

MARJORIE CADOGAN: -- individuals, whether-- yeah, because we have community rating in New York City, so you're not-- there's not a special kind of age band rating.

CHAIRPERSON RIVERA: And, again,

that's per month?

MARJORIE CADOGAN: That is--

CHAIRPERSON RIVERA: Up to $2,600 per month?

MARJORIE CADOGAN: That's what I said, Chairman.

CHAIRPERSON RIVERA: And, that's -- universal health care.

MARJORIE CADOGAN: Well, as I said, we need Federal, State and private sector support to get where we need to be so that not only young adults, but all of us have affordable coverage.

CHAIRPERSON RIVERA: Exactly. Well, thank you. I'm going to open up to my Committee members. Council Member Stewart, then followed by Council Member Eugene, and then-- Council Member Stewart.

COUNCIL MEMBER STEWART: Good afternoon.

MARJORIE CADOGAN: Good afternoon, Councilman Stewart.

COUNCIL MEMBER STEWART: How are you today?

MARJORIE CADOGAN: Very well, thank

you.

COUNCIL MEMBER STEWART: I have a couple questions that really to clarify some of your policy. How do you find the young adults? How do you reach out to young adults that you want to deal with this insurance that you spoke about earlier?

MARJORIE CADOGAN: Um, hm. I think you have to reach them through organizations that they are comfortable with or in venues where you can find them. Certainly, school is one place. And, we have a relationship with the Office of School Health right now. And, ways in school to reach, not so much children, ‘cause their parents are their decision-makers, but parents, and ask them whether they are uninsured and whether they’d like help with public health insurance. And, we provide that.

We work with the Department of Youth and Community Development with, right now, about nine coordinators, who are stationed in a number of community-based organizations across the five boroughs. And, they provide education, workshops and other kinds of activities to provide

information about options that are available; but then, also to work with managed care plans or community-based facilitated enrollers to actually enroll. We would look to those same kind of partnerships with New York City Link, Health Insurance Link, to try to find the other venues where we could find the young adults.

COUNCIL MEMBER STEWART: All right. Well then, what is your ad budget? What is your budget like? What's the figures?

MARJORIE CADOGAN: We do not have--

COUNCIL MEMBER STEWART: Roughly.

MARJORIE CADOGAN: We do not have a fixed budget, nor do I have that in my head right now because it's another division of the agency. But, we look at a lot of different sources in terms of helping to fund our kind of outreach needs.

COUNCIL MEMBER STEWART: The reason why I ask that question and we often find that the local media is not involved. They're not engaged.

MARJORIE CADOGAN: Um, hm.

COUNCIL MEMBER STEWART: And, we talk about reaching out to the folks that

desperately need this help.

MARJORIE CADOGAN: Um, hm.

COUNCIL MEMBER STEWART: They're not going to read the New York Times. They're not going to, you know--

MARJORIE CADOGAN: [Interposing] Point taken.

COUNCIL MEMBER STEWART: -- in other words--

MARJORIE CADOGAN: [Interposing] Point taken.

COUNCIL MEMBER STEWART: And, the fact is the local media are not being engaged. And, to me, we are, yes, we may spend a lot of money on advertisement, but the fact is it's not really getting to where we want it to get.

MARJORIE CADOGAN: Well, your point is well taken, Council Member, in that it's sometimes really not the size of the budget, but how it's used.

COUNCIL MEMBER STEWART: Yeah.

MARJORIE CADOGAN: And, we have, in the past, used local media and community-based media, such as local newspapers, neighborhood

newspapers and other kinds of media. In fact, most recently, I appeared on a cable program that one of your colleague Council Members, Council Member Brewer, had on the topic of health insurance that was available to those who had, you know, public cable access in Manhattan. And, I would be happy to do that with other Council Members to the extent that they would like to do that with regard to young adults.

COUNCIL MEMBER STEWART: All right. My last question is in terms of options. Ever since we had the changes in terms of having the insurance, different type of insurances that have been dealt with now, where you have to be within that network or be participating within that HMO, as you may call it, it seems to have created a lot more problems for people to be able to reach providers. And, I wanted to know what are you doing, as far as trying to make it easier for folks who may want to have treatment from a provider? Let me clarify--

MARJORIE CADOGAN: Um, hm.

COUNCIL MEMBER STEWART: -- that a little bit more--

MARJORIE CADOGAN: Yeah.

COUNCIL MEMBER STEWART: -- so that you--

MARJORIE CADOGAN: [Interposing] I'm not quite sure where you're going--

COUNCIL MEMBER STEWART: Well--

MARJORIE CADOGAN: -- with the--

COUNCIL MEMBER STEWART: -- let me--

MARJORIE CADOGAN: -- concern.

COUNCIL MEMBER STEWART: -- clarify that. You know, one may participate with in an area. They have so many options. And, they, let's say, they engage with MetroPlus, but they can't--

MARJORIE CADOGAN: [Interposing] On the public health insurance side, you're talking about.

COUNCIL MEMBER STEWART: Right.

MARJORIE CADOGAN: Okay.

COUNCIL MEMBER STEWART: But, they can only go to specific places.

MARJORIE CADOGAN: That are within--

COUNCIL MEMBER STEWART: With Metro--

MARJORIE CADOGAN: -- that are contracted with--

COUNCIL MEMBER STEWART: And, even if--

MARJORIE CADOGAN: -- MetroPlus.

COUNCIL MEMBER STEWART: And, even if there's an emergency that they think that is emergency, they can only go to that particular facility that they are engaging or help or whatever. The fact is I want to know what you're doing to make it easier for the folks to be able to get treatment. And, the engagement is that if you sign up now, you might have had a provider that you've been using for years. And, all of a sudden, that provider is not in the HMO, not participating with the HMO. But so, that patient may not be able to be treated. And so, they have to go to someone across town that might be participating.

So, I want to know if there's anything that you're doing to really make it easier for patients to be able to get treatment

without going through the hassle of not knowing that they sign up the wrong thing and they have to wait a year to be change.

MARJORIE CADOGAN: Well, you point to a piece of work that I believe happens at the kind of initial stage where someone is being enrolled and screened for public health insurance by most facilitated enrollers, in terms of trying to get a sense of who the providers are that the individual is connected to because, as you know, Dr. Stewart, most physicians are connected to some insurer network. Many try to avoid that. But, most are connected to some insurer network.

So, it’s important, kind of as a personal decision, for those who are enrolling in public health insurance, or any health insurance, to be clear about what their needs are, what their affiliations are in terms of their providers, their need for specialty care, their need for prescription drugs and that level of care before they take that step of enrolling.

Once they’re enrolled with a plan that has a specific network and, unless that plan is a PPO or a POS, where they have some discretion

about going out of network, they are bound by the terms of the plan. Now, if there are real complaints in terms of their medical needs, there are avenues both with the City Department of Health, the Bureau of Health Care Access or at the State level that they can address those needs, or with their own plan.

COUNCIL MEMBER STEWART: All right. Thank you.

MARJORIE CADOGAN: You're welcome.

CHAIRPERSON RIVERA: Okay. Before we go on to the next Committee Member, if anyone has joined us that wants to testify before the Committee, just make sure you sign in with the Sergeant of Arms. Fill out the registration form and then, you'll be able to testify before us.

So, next, Council Member Eugene.

COUNCIL MEMBER EUGENE: Thank you very much, Mr. Chair. Thank you very much for your testimony. First and foremost, I want to congratulate you, congratulate and thank the Chairman for this hearing because, as we know, health is such, you know, is so important, you know, to everybody, because without health, there

is nothing is possible, regardless if you have money, power. I believe that health is a human right issue or maybe a social right issue. And, we come a long way in term of insurance for people in New York because before I, you know, I became elected, I was an community activist and I know that, at the time, there was no insurance for children. There was no insurance for certain people. We had the insurance Health Plus, Family Plus. And, after that, you know, now we get the insurance for adult and we got insurance for even children, regardless of the immigration status. This is wonderful.

But, much more need to be done, because a good nation like United States, we all know that, you know, if we don't take care of people, we don't prevent people to be sick, we are going to pay more money and it's going to be more difficult for us. And, I believe that preventive medicine is one of the best medicine-- is the best medicine. And, access to health coverage would give people access to quality of care.

My question is that we know that young people, a lot of young people are-- I'm

sorry, you know, I was late. I don't know if you address that before that. We know that a lot of young people, they don't have medical insurance; that don't have medical insurance. And, this is a big issue. Is there any policy, any proposal, any effort in term of, you know, extending the medical insurance to the young people who don't have access to medical insurance?

MARJORIE CADOGAN: There are three points that I alluded to in the testimony. And, let me kind of go through them for you. In terms of things that we can do, or the Council can help do, there are really three. One is to encourage the State to encourage insurers to treat young adults equally in terms of their access to dependent coverage, up to age 25. There is a real set of vagaries between the insurance companies that operate in New York City about how long one can have dependent coverage and what status, whether you're a student or not, fulltime student.

Consistency there would, I think, go a long way to potentially open the door for further coverage among young adults, certainly, for lower income young adults. We need to look at

aligning the income eligibility levels for parents and childless adults in public health insurance so that we are able to extend that to young adults who are very near poverty.

Also, you may be aware that the Governor mentioned earlier in the year, a proposal to extend dependent coverage up to age 29, with the cost being borne by parents. Depending on some of the details of that proposal, that, in itself, could have the potential to, again, open the door to ways to make coverage affordable for young adults, certainly with their parents' engagement.

COUNCIL MEMBER EUGENE: Thank you very much. My last question is we know that many people, they are working. They are very hard working people. But, their employers cannot afford to pay insurance for them. But, they are paying taxes. They are contributing to the system. And, is there anything available for them, also, any proposal?

MARJORIE CADOGAN: There are a number of options that are available, again, that they have eligibility requirement that do not

embrace everybody. For example, Healthy New York is a program that's State-subsidized, an insurance program, that's available for the young adult population. It is available for individuals and self-proprietors who earn up to 250% of the Federal poverty level; so, somewhere around $2,200 a month. They can get health insurance coverage under that program.

There is also Freelancers Union available for those who work a designated amount of hours in certain industries. But, again, as you can tell by what I've said, it doesn't cover every industry and doesn't cover many industries in which young adults are now working.

So, there are some options. But, we kind of need a comprehensive picture with the proposals I mentioned, plus those, to at least start to make a way with regard to the young adult population.

COUNCIL MEMBER EUGENE: Thank you very much. Thank you, Mr. Chair.

CHAIRPERSON RIVERA: Thank you very much. Before we move on to the next one, I just had a follow-up question. Healthy New York, with

the small business industry within the City of New York, what are the average rates, you know, that are given to small business owners through Healthy New York?

MARJORIE CADOGAN: I'm going to have to get back to you. I don't want to misquote something.

CHAIRPERSON RIVERA: Okay. Perfect. Okay. Next, we have Council Member Helen Sears.

COUNCIL MEMBER SEARS: Thank you.

CHAIRPERSON RIVERA: And, joined by Council Member John Liu.

COUNCIL MEMBER SEARS: Thank you, Mr. Chair. I just have one question, Commissioner. You know what, I don't think this one is working. I have a cold, so I really don't want to bother you. She'll have to use the next one. Okay. I think that one has never worked. I think that's better. I just want to know if you could share with us what some of the health needs are for the young adults.

MARJORIE CADOGAN: Well, I'll take a stab at that, even though I'm not the Health

Department, Council Member. I would think, certainly, what would be as important to young adults as it would be to older, seasoned adults, would be access to primary and preventive care. Certainly in the age range that we're talking about, 19 to 35, reproductive health issues would be important, particularly for women. I also have seen statistics about growing populations of those affected by HIV and AIDs in this age group. So, certainly the access to drugs and care for that disease, as well as other chronic conditions. So, those would be some of the things that I would think would be relevant.

COUNCIL MEMBER SEARS: Okay. I thank you for that. But, since we are looking at that age group and doesn't have the coverage that it does, I'm not so certain that some of the areas that you mentioned are covered by insurance that has minimal coverage. That's why I raised that issue.

MARJORIE CADOGAN: Point taken.

COUNCIL MEMBER SEARS: All right. Thank you very much.

MARJORIE CADOGAN: I--

COUNCIL MEMBER SEARS: Yeah.

MARJORIE CADOGAN: With regard to the plans that I mentioned, Healthy New York, certainly covers reproductive health services, as I believe does the range of plans that Freelancers Union makes available.

COUNCIL MEMBER SEARS: Thank you.

MARJORIE CADOGAN: You're welcome.

CHAIRPERSON RIVERA: Thank you, Council Member. Are there any other questions from the Committee members? Seeing none, thank you very much. Thank you.

MARJORIE CADOGAN: Thank you.

CHAIRPERSON RIVERA: Next, we have Lois Uttley from the PHANYC; Iesha Pandit from Raising Women's Voices and Sara Siegel from Raising Women's Voices and Emily Red Samaniego from Young Adults. I apologize if I butchered your name. And, if Jessica Silk [phonetic] is here, also, she can join us on the panel.

Lois Uttley: She's not here. Thank you very much, Chairman Rivera. Jessica Silk is not here at the moment. We will try to work her in as she arrives.

CHAIRPERSON RIVERA: Okay. Just state your name for the record--

LOIS UTTLEY: Yes.

CHAIRPERSON RIVERA: -- and proceed.

LOIS UTTLEY: My name is Lois Uttley. I'm here representing the Public Health Association of New York City, as chair of PHANYC's Policy and Legislative Committee. Our organization and the American Public Health Association, with which we are affiliated, are both strong and active supporters of expanding health coverage to all Americans.

Today, though, I wanted to focus on health insurance for young adults. We're doing a much better job as Americans, and as New Yorkers, in making sure our young children have health insurance. The recent re-authorization of the Children's Health Insurance Program was another important step in that progress. But once these children turn 19, they age out of CHIP. And, a similar thing happens to children from families with private health insurance. They age out and they lose eligibility for dependent health

insurance through their parents. So, when it comes to health insurance, we, as a society, are turning our backs on our young children when they become young adults.

And, of course, the results of that are not surprising. I'm sure you've have other speakers talk about the high rates of uninsurance among this group. It's 28% in New York State. And, disproportionately uninsured are those young adults living in poverty or near poverty and those who are African-American and Hispanic.

Someone just a moment ago, I believe maybe it was Councilwoman Sears, was asking about the public health consequences of lack of health insurance. And, there are many. This is a time of life when young people are just starting college, beginning their work lives, forming personal relationships and, in some cases, starting to have children. A recent Commonwealth Fund analysis of this age group found that 54% of uninsured young adults did not see a doctor or go to a clinic when they had a medical problem, compared to only 18% who did have health insurance. The same study found that 41% of these

uninsured young adults were not able to fill prescriptions they were given, and 40% skipped recommended medical tests, treatment or follow-up.

And, you know, we know what happens when you avoid or delay treatment because you can't avoid it. You might get lucky and recover. But, more often you don't. And so, you're going to school or work while you're still sick. You're passing around infectious diseases, like the flu or strep throat, to your classmates or co-workers, or the people that sit next to you on the subway.

So, what kind of services does this age group need in addition to just basic primary care? This age range has a high rate of exposure to sexually-transmitted diseases and unintended pregnancy. It's also the age range when, as we can recall, it's when you may be experimenting with drugs or abusing alcohol. There's a high rate of mental health problems, like depression and anxiety in this group.

And, increasingly, here in New York, unfortunately, this age group has a rising rate of obesity, which can lead to diabetes, a very serious condition that must be addressed

quickly through a medical intervention.

So, I wanted to talk about two of the current health insurance options that we have available for young adults. One is the dependent coverage through parents' policies. And, as you know, here in New York, you're only able to stay on your parents' policy up to age 23, if you're in college. That's much lower than in Connecticut, where it's 26 and New Jersey, where it's 30. So, we strongly support the idea of raising that age up to 28, as I believe Governor Paterson is going to propose.

I also want to talk about college health insurance plans. About 20% of fulltime students, age 19 to 23, rely on college health insurance. And, it's helpful that that option is available. But, these plans are often flawed. And, I want to offer, as an example, the City University of New York plan offered through GHI. It has a number of positive aspects, but here are the unfortunate aspects. There's a clause that denies coverage for 11 months for preexisting conditions. And so, although the plan states, for example, that diabetes management care is covered

in full. In fact, it's not until after 11 months if you join the plan with preexisting diabetes. There's no coverage for dental or vision care.

The co-pays are pretty large for someone who's a fulltime student. And, even the premium itself is pretty high for a low-income college student. For a single individual, it's $665 per quarter or $221 a month. And, for a young family, $630 a month. So, it can be unaffordable.

Even that, though, is better than nothing. A lot of the technical and vocational schools that you might see advertise in the subway do not offer their students college health insurance. Just this morning, an intern from my office called the Berkeley College, which is a business-oriented school with seven locations in New York and New Jersey, and asked about health insurance and was told no, they don't offer any health insurance to their more than 7,000 students. And, I'm sure that's not an unusual example.

So, we have three recommendations for you from the Public Health Association, aside

from, of course, supporting State and national efforts to get affordable quality health insurance for everyone. In the meantime, we'd like to see you support raising the age to which New Yorkers can stay on their parents' health insurer's policies up to 28; working to improve the availability, quality and affordability of those college health insurance plans. At minimum, they should be prohibited from refusing or delaying coverage for preexisting conditions. And, there should be meaningful standards for what coverage should be. As well, we'd like to see those vocational and technical schools begin to offer insurance to their students.

And, lastly, as is going to be recommended by Health Care for All New York, of which we are a member, we'd like to see the Family Health Plus buy-in program opened up to offer comprehensive coverage to young adults and affordable rate. Thank you.

CHAIRPERSON RIVERA: Thank you.

IESHA PANDIT: Hi. My name's Iesha [phonetic] Pandit. I work with the Raising Women's Voices project, which is a national

initiative. And, we work as part of the Health Care for All New York campaign here in New York. So, our goal is to talk about young women and young women's particular needs in relation to health care and health services. And, I'm going to speak really briefly and then, turn it over to two young women who'll share their personal stories with you.

So, Raising Women's Voices, just a little background, is a collaboration between the MergerWatch project here in New York, the National Women's Health Network in Washington, D.C. and the Avery Institute for Social Change in Boston. And, our focus is to bring women's perspectives into the health care reform debate. And, that's what we're doing now.

So, women, in particular, are really vulnerable, especially young women. Women ages 18 to 29 are the most likely age group to be uninsured. That age group of women is the most likely to not be covered at all and the least likely to have job-based coverage. Women are more likely than men to have part-time jobs, part-time employment, making them less likely then to have

employer-based coverage.

And, part of what Lois mentioned just now applies in greater intensity to women, who are more likely to sort of have a patchwork of jobs and more likely to need services. So, because of all these challenges and especially given the current economic realities, young women who are entering the workforce after high school or college or graduate school are less likely to get consistent care. And, it's really important. The previous speaker, we just caught the tail-end of it, was mentioning the access to reproductive health care. And, that's one of the really important features that young women, in particular, need access to because of these entry-level, low-wage and temporary jobs that don't necessarily offer coverage. And, if they do, it's not necessarily good coverage.

So, in particular, in thinking about reproductive health care, there are 3.5 million pregnancies a year among the 21 million women ages 19 to 29. And, this is significant because if you lack early and adequate prenatal care, as you become pregnant, you're more likely

to have devastating and costly birth outcomes, including low birth weight, preterm birth, higher risks of neonatal infant and maternal mortality. And, I mention this because it's not just in the moment of pregnancy and during the months of pregnancy that health is important for young women. Women who would like to become pregnant and have children in the future need health care before, during and after that experience.

In addition, women need consistent and appropriate access to the full range of reproductive health services, including contraception, abortion, family planning services. All women are affected by their ability to access reproductive health care. But, low-income young women and young immigrant women encounter significant barriers in this.

And, we held a speak-out at the beginning of April here in New York, in Morningside Heights. And, we had women come and share their experiences. And, one young woman told us about, she actually spoke, started speaking in a language and we all sort of were looking around. Nobody spoke it. And then, she

then began speaking in English because she's learning English. She was speaking in Mixteca, which is neither Spanish, nor English, nor a language that anybody in the hospital that she walked into spoke and said well, that's what it feels like to me when I go into the hospital. And, that burden of being ill and not being able to have anyone understand what you are saying is one that we think is, you know, an unreasonable one.

And, we had another young woman spoke. She was an advocate for young African women in the Bronx. And, she spoke about a woman that she worked with who had faced a sexual assault and couldn't find anyone who spoke her language to administer care to her immediately afterwards. Nor, could she afford the $2,000 that was for the recommended HIV Prophylaxis treatment afterwards. So, we see access and affordability sort of coming together very clearly here.

And then, just before I close, I'd just like to say that in our work with all these, we work with a lot of young women and we ask them for their perspectives. And, they're all from

different backgrounds and different life experiences. But, none of them takes health care lightly. And, none of them think of themselves as invincible, as we'll hear. Insurance companies and folks sort of try to label this group of people as folks who don't care about health care. They're often making very difficult choices about whether to pay for health care, health coverage or their rent or to pay for school or to get access to the health care that they need.

So, I think I'll turn it over with that to two of our women here with us today. Sara, do you want to go first?

SARA SIEGEL: Hi. My name is Sara Siegel. I was diagnosed with juvenile diabetes on January 20th, 1989, which was the same day that George Bush was inaugurated President of the United States.

At four years old, my diabetes was more my parents' disease than my own. Both of my parents worked hard to ensure that I had as normal of a childhood as possible. On my father's end, this meant waking up early the morning after I slept at a friend's house to drive over and give

me my morning shots before I could do so myself. And, on my mother's end, it entailed coming to school every single day to give me a blood test during lunch, as well as figuring out how I could eat cake at birthday parties, no matter what.

When I was younger, in the '80s and the early '90s, it seemed like nobody knew what diabetes was. I was the only person all of my friends knew that had diabetes, and because it was such a non-important part of my personality, though, I was never known as the diabetic one. Now that I'm older and Type II diabetes is somewhat of an epidemic in this country, it feels like everyone I come into contact with knows at least one other person who’s diabetic.

But all of this was basically irrelevant to my life until my early twenties. When I graduated college, I continued my health insurance coverage under COBRA through my father's employer, which was $700 a month. Because I'm diabetic, my parents were willing to spend this much to ensure that I had the best coverage. And, I'm lucky that they can afford it. My brother, who’s three years older and not diabetic, traveled

after school without any insurance. But, when he returned to New York, he started Healthy New York, and pays $168 a month.

My parents and I figured that I would find a job that would provide insurance soon enough. But I'm 24 now. I'm a writer and I have not had a steady job since graduation. I intern at Raising Women’s Voices and other women's rights organizations and I work strictly for-the-money jobs otherwise. Seven hundred dollars a month is too much for my parents to keep paying, and it’s way too much for me to pay. And so, we began the process of looking for affordable insurance.

Because I don’t make a sizable income, Family Health Plus is an option. But, the endocrinologist I’ve been seeing for seven years does not accept their overage, making Healthy New York my only affordable option. But, because I am on the high premium, low-deductible plan with prescriptions, because I have several, several prescriptions, I pay $294 a month to my brother's $168 a month.

I understand that I'm a greater liability than he is, even though, aside from

diabetes, I am one of the healthiest people I know. But, it does seem like this whole system is built backwards. Because Healthy New York is HMO-based, I chose a doctor I've seen twice to be my primary care physician. Every six months, I have to get referrals from her to see the same endocrinologist I've been seeing since I was 17. I also need to get bi-annual referrals to see my diabetic ophthalmologist, who's in the same practice with my endocrinologist, because I have to be careful with my eyes as a diabetic.

On top of which, health insurance companies seem to want to cover you only when you're young and not a risk, namely when you don't have a preexisting condition. I need health insurance. People like my brother should have it just in case, but he doesn't need it the way I do. So, why is it so much harder for me? Why do I have to work harder to figure out what insurance I can get? Why do I have to continually get referrals for a condition that is not going anywhere in six months? Why do I have to pay more per month when I already have to pay more out of pocket for co-pays at doctors I see more often, as

well for my part of prescription costs, as well as for glucose tablets and juice, which are not covered at all?

By chance of my genes and environment, I got diabetes. This is unfortunate, but I'm lucky that I take good care of myself and that my parents are around to support me both financially and emotionally. But, health insurance is not governed by chance. It's governed by people who have the ability to make it easier for someone like me; someone who is young and has a preexisting condition that is not her life, but takes over more of it when dealing with health insurance. Thank you.

RED SAMANIEGO: My name is Red Samaniego. I'm 20 years old and I'm already in a lot of medical debt. I am a Barnard College student and I have health insurance during the school year through my college. I'm not covered by my parents' health care plan and I am financially independent.

This past summer, while visiting a friend in Westchester, we went swimming in the lake by her house and we decided to jump off of

some rocks into the water like we had seen other people doing during the day. And, I went first, and my jump didn't go very well. I hit the water a little bit crooked and the skin on the back of my legs came off. My friend's parents made me go to the emergency room, even though I told them that I couldn't, which I understand.

And, nurses there took my blood and a doctor examined my pelvis and ribs for possible bone fractures or breaks. At first, I refused the x-rays the doctors suggested because I knew that my health insurance through the school did not extend into the summertime. And, the doctors would also-- they weren't able to tell me how much the x-rays would be. When my blood work came back, my levels were abnormal and the doctors told me that I might be internally bleeding. This made me afraid enough to accept the x-ray tests, as well as several other tests. The doctors also suggested that I take painkillers for the pain that I was experiencing. But, I was hesitant to do this because, in the past, they have made me feel very woozy and nauseous.

Long story short, the painkillers

made me vomit several times. And, the doctors didn’t want to let me leave. But, after several tests, I ended up signing a waiver, that said that I was leaving against the guidance of the doctors, because I was afraid of the medical expenses for staying overnight. It turned out that I actually did not have any internal damages or any broken bones. The medical injury that I had was just the damaged skin on the back of my legs, which I had treated with an over-the-counter anti-bacterial cream.

The bill came in the mail a couple months later for $7,000. I didn't have money to pay it and so, I applied for financial aid through the hospital, which took a long time and was extremely complicated. Calling the financial assistance help line was confusing, and each time I had to speak to a different person and explain the situation. Many of the documents needed for the financial aid applications, I did not have, such as proof of residence because I live in a college dorm and I don’t really get many bills sent there or anything. I finally received financial aid, but I still owe the hospital around

$700 dollars. And, this is double the amount of money in my bank account. I don’t know who to go to for help.

This accident really changed me. I’m afraid of what the hospital bills will do to my credit and I don't know when I will be able to pay them. I didn't really think I would have to worry about health insurance so early. I'm only 20 and I am just trying to get through college. I already have taken out loans to go to school and, being so young and already in so much debt, is pretty terrifying.

Now, I’m overly cautious about everything I do. I don’t run anymore or play sports anymore because I am afraid of an injury. The bills that come in my campus mailbox remind me monthly of my situation, and I feel anxious and stuck. And, I just wanted to say that I think my story is important because it shows that these health care issues really apply to everyone, including young women. So, thank you.

CHAIRPERSON RIVERA: Thank you. First, I want to say to you Red and to Sara, I want to thank you for your courage, you know,

coming here today and, you know, telling us your stories. I think it's important for us, you know, the Councilmen, the Committee members to really hear, you know, these real-life experiences and these stories because, you know, you got to put a face to it. And, you are those faces. And, I think that, you know, while us, as elected officials, we always talk about, you know, the importance of health insurance, the importance of making sure everyone has access to it, you know. We need to always be reminded of that. And, I thank you for coming out here today.

You know, I can't agree more with Lois and everybody that, you know, we have to raise the age, you know, to the 28. I'm, you know, shocked to hear that Connecticut and Jersey and other, you know, states have, you know, are far, you know, more, you know, friendly when it comes to health coverage. And, you know, certain aspects I'm, you know, it's shocking to hear that, you know, in the summertime, you're not covered, you know, with health insurance if you are going to CUNY and, you know, we have to look at why is that. How can we extend that to a full year, you

know, 12 months out of the year type of service?

And, you know, we have to reevaluate the charity fund that exists with the State of New York for those who are unable to pay, you know, for emergency medical care when they go to a hospital and find out, you know, it's only for public health. It's only for public hospitals, the charity care? Or, is it for private, as well? Yeah, so we have to identify what are the guidelines, as well, because I do know that the charity care is available in public and private, you know, hospitals. And, what can we do to make sure that everyone's aware? I know that we required, about two years ago, that all hospitals post up signage in the hospitals to make sure that everyone's aware that the service exist.

But, you know, your stories are very important. I want to thank you for coming out because before this, you know, we hear about it. We talk about it. But, we sometimes don't always see it. So, thank you. Thank you.

We've been joined by Council Member Rosie Mendez. And, are there any questions on behalf of the Committee? Yes, Kendall Stewart.

COUNCIL MEMBER STEWART: I just wanted to know, we know that some, like Jersey, is up to age 28, you said. But, is that a fixed number that you think that we should just look at 28? Why not 30?

LOIS UTTLEY: Why not?

COUNCIL MEMBER STEWART: That's what I'm…

LOIS UTTLEY: Yeah. I mean, it could be higher. There are other states that are higher. For whatever reason, the Governor has chosen 28. But, I'm sure he's open to suggestions from other public officials, like yourselves.

COUNCIL MEMBER STEWART: And, why not have it whereby to the extent that it is the student is in school until the time they finish school? Some people, they go to graduate school and you may end up in graduate school and you're up to 34 years old, or whatever.

LOIS UTTLEY: Yes.

COUNCIL MEMBER STEWART: But, the fact is we need some sort of relief or some sort of help to help those folks who may not be able to have the resources to carry health coverage. So,

if they are in some sort of a institution where they are studying, maybe that, to that extent, that we should look at that.

LOIS UTTLEY: Yes, I can't agree more. And, a young woman will be here shortly, Jessica Silk, who is, in fact, a Master's in public health student in the CUNY system, who cannot afford the monthly coverage for that college health plan through CUNY. And, she'll tell you why. And, you know, I think we just need to make it more affordable and better quality. And, we shouldn't allow the kind of thing like happened to Red where her plan lapses during the summer when she's not in school. That's crazy. How can you get health insurance for two months in the summer? That needs to be yearlong. And, we're sorry that happened to you.

CHAIRPERSON RIVERA: Yeah, and I think that's important because the fact of the matter is you cannot, you know, choose when you get hurt or when you get sick. So, it doesn't make sense that you only have coverage for a certain portion of the year. And, if you pay for something, you should have it, you know, for the

life of the year. So, we'll talk to CUNY. We'll find out what the rationale is and how we can try to bridge that gap because I think it's, you know, it's important that yearlong coverage is available. And, you know, how can we expand it to, you know, to 7,000 students that are currently not getting it, that I see here? And, how can we get the vocational and technical schools, as well, because, you know, that's a catch basin. You see the advertisements all over the place, you know, for these different, you know, schools. But, you know, you don't realize the difference in service - - .

LOIS UTTLEY: It's--

CHAIRPERSON RIVERA: That's important.

LOIS UTTLEY: It's the low-income students, frankly, who are in many of those vocational and technical schools and, cannot afford health insurance otherwise. And so, it's really important that we make it available to those students.

COUNCIL MEMBER STEWART: Have you looked at any of the State-sponsored HMOs, if they

will grant it to students who are in school, that because of the fact that they might be making, or they may have some sort of income, but, the fact is they're in colleges all over the state and the country. But, they can't get some of these state-sponsored HMO.

LOIS UTTLEY: Yeah.

COUNCIL MEMBER STEWART: Those that we have with children and we have with the very low income, but the fact is students may need these insurance just the same. And, I wanted to know if you did look into that to see if they-- there's a possibility that students can get those type of insurance in colleges?

LOIS UTTLEY: Well, New York State does have programs like Family Health Plus. And, I believe the speaker, who, maybe she's already spoken or is going to speak, from Health Care for All New York, is going to talk about an idea-- are you here? Yeah. Okay. -- going to talk about an idea to allow students to buy into that program. So, I won't say more about it, 'cause I don't want to preempt her testimony.

COUNCIL MEMBER STEWART: But, a lot

of times, you say buy in, but the fact is they may not-- I was wondering if they can be granted that type of-- mere fact that they should take tuition costs--

LOIS UTTLEY: Um, hm.

COUNCIL MEMBER STEWART: -- into consideration so that they don't have to really buy in. They should be able to be granted that type of insurance, while in college.

LOIS UTTLEY: I love that idea. Let's see if we can make it go.

CHAIRPERSON RIVERA: Any other questions? Well, ladies, thank you very much.

LOIS UTTLEY: Thank you.

CHAIRPERSON RIVERA: The next panel that we have is Sara Collins, Heidi Siegfried, as well as Arianne Garza. Again, if you have any prepared testimony to be distributed, just give it to the Sergeant of Arms. He'll pass it out to us. And, you can choose who goes first. Just state your name for the record and your affiliation.

SARA COLLINS: Yes. My name is Sara Collins. I am Assistant Vice President at the Commonwealth Fund, which is based here in New

York. Thank you, Mr. Chairman, and members of the Committee, for this invitation to testify on health insurance options for young adults. The Committee is to be commended for exploring ways to stem the growing tide of uninsured young adults.

Adults 19 to 29 are among, this has been stated several times today, among the largest and fastest growing segment of the population without health insurance in the United States. There are 13.2 million uninsured young adults nationwide. This is the latest available Census data from 2007. And, there are an estimated 750,000 to 800,000 uninsured young adults in the State of New York. Young adults are disproportionately represented among people who lack health insurance, accounting for nearly 30% of the 45 million non-elderly uninsured adults nationwide, even though they comprise just 15% of the population.

The most gaping hole, as we've heard today in the compelling testimony, hole in our voluntary, employer-based health insurance system occurs when people don't have access to employer coverage and have incomes that are too

high to qualify for Medicaid and the State Children's Health Insurance Program.

The individual insurance market has proven to be largely inadequate substitute for employer coverage because of underwriting and the fact that people face the full cost of the premium. Young people making the transition from childhood to adulthood fall into this gap in greater frequency than any other age group. Young adults are at risk of losing access to employer coverage or public insurance programs at two critical transition points; their 19th birthdays or graduation from high school, as well as graduation from college. Young adults covered as dependents on their parents' employer policies often lose eligibility for that coverage at 19 or upon graduation from high school, particularly if they don't go on to college. We have found, through our surveys, that nearly two in five young adults who graduate from high school, but do not go on to college, are uninsured for some time during the year following their graduation. This is more than twice the rate for adults, young adults, who attend college.

Medicaid and SCHIP reclassify all teenagers as adults on their 19th birthdays, meaning that most young adults lose coverage on their birthdays from, if they had been insured as children under either one of those programs. As a result of these changes, uninsured rates jump sharply at age 19, rising from 11%, among children nationwide under 18 and under to 29% among young adults 19 to 29. Low-income young adults are particularly at risk of losing coverage; among those in families with incomes under poverty, more than half are uninsured, compared with about one of five low-income children.

Among young adults who go on to college, the year following their college graduation, can also be perilous. As new entrants to the labor force, they confront hazards that reduce their likelihood of having coverage, similar to those faced by high school graduates; waiting periods, temporary positions, lower-wage jobs, employment in small firms, and job turnover. Of those college students who graduated between 2001 and 2003, more than a third were uninsured for at least part of the year, part of the time in

the year following graduation, with 13% uninsured for six months or more.

While young adults are on average in better health than older adults, losing insurance disrupts their access to health care and leaves them, and their families, at risk for high out-of-pocket costs in the event of a serious injury or illness, as we heard from the two witnesses just on the previous panel.

Health risks that are prevalent among young adults include obesity. Twenty-eight percent of 18 to 29-year-olds are overweight, and a quarter are obese. Over the past 30 years, obesity among this age group has increased by a factor of three. There are 3.5 million pregnancies each year among the 21 million women ages 19 to 29. One-third of all HIV diagnoses are made among young adults. Injury-related visits to emergency rooms are far more common among young adults than they are among either children or older adults.

The Commonwealth Fund Biennial Health Insurance Survey found that two-thirds of uninsured young adults, ages 19 to 29, who were

uninsured because of cost, either had failed to fill a prescription, had not gone to a doctor or specialist when they were sick, skipped a recommended medical test, treatment, or follow-up visit. Just two in five uninsured young adults have a regular doctor. This is compared to four in five among those who are insured all year.

Nearly half of uninsured adults in the Commonwealth Fund survey reported problems with medical bills including having trouble making payments, being contacted by a collection agency, significantly changing their way of life in order to pay their bills, or paying off medical debt over time.

Federal or State action to expand affordable, comprehensive coverage to all would help ensure that young adults would avoid gaps in their health insurance. Massachusetts has led the nation on expanding health insurance to all and has included policies targeted to ensure that young adults stay enrolled. In addition, 25 states have passed legislation that increases the age of dependency for young adults for purposes of private insurance coverage. New ages of

dependency range from 24 in four states to age 30 in New Jersey. Governor Paterson, as we discussed in this hearing, has proposed increasing the age to 29 in New York. Sixteen states have settled on age 25.

In the absence of universal coverage at the federal level, there are three targeted policy options that would help cover more adults. Extending eligibility for Medicaid and SCHIP beyond age 18; this would have by far the biggest impact on reducing the number of uninsured young adults. If we extended this age to 25 nationwide, 3.6 million uninsured young adults ages 19 to 25 with incomes under 100% of poverty would gain coverage; 7.6 million uninsured young adults ages 19 to 25 with incomes under 200% of poverty would potentially gain coverage.

Extending eligibility for dependents under private coverage beyond, you know, beyond 18 or 19, as 25 other states have done. This would increase the age to, even to 23 could cover an estimated 1.4 million unmarried, dependent young adults; extend it to 25 could cover 1.9 million dependent young adults.

And, States could also ensure that colleges and universities require fulltime and part-time students to have health insurance, and that they offer health insurance coverage to both.

It is imperative that the nation move affirmatively to address a situation that has become clearly tragic for millions of families by expanding affordable and comprehensive health insurance coverage to everyone. Thank you.

CHAIRPERSON RIVERA: Go ahead.

ARIANNE GARZA: Oh, you want to do the whole panel.

CHAIRPERSON RIVERA: Yeah, we'll do the whole panel.

HEIDI SIEGFRIED: Why don't you go first, 'cause then I can [off mic]?

ARIANNE GARZA: Okay. Hi. My name's Arianne Garza. I am testifying today on behalf of the Community Service Society of New York. We are a 160-year-old organization which advocates for New York's working poor and middle-income families. A large part of our organization is actually our Managed Care Consumer Assistance Program, which provides assistance for New Yorkers

in the five boroughs, who are looking to get, manage or keep their health insurance coverage.

I am also testifying today on behalf of the Health Care For All New York campaign. We are a state-wide coalition of over 70 organizations dedicated to winning affordable, quality health care for all New Yorkers. And, lastly, I am testifying on behalf of myself, as a young adult.

I already submitted my rather lengthy testimony. So, I'm not going to wow you by reading the whole thing out loud. I just basically want to go over a few points. You guys already know by now, in this conversation, that we have a lot of uninsured young adults in New York State and that they're more likely to be uninsured and the reasons why they're uninsured. So, I'm not going to go over that right now. I am going to talk about a little bit what the options are for young adults who are uninsured out there, who aren't covered under their parents' plans, who aren't covered under their employer-sponsored plans.

Basically, you know, option number

one for people looking for health insurance, we have the direct pay market. You can get fabulous comprehensive coverage on direct pay market if you can afford it, which is the catch. New York County, and this is from the State Department of Insurance website, the average rate for an individual premium is about $1,000 per month, which is more than my rent, I might add. The cheapest is $750, which I found last week. For somebody earning fulltime, minimum wage earnings, this would be about 66% of their pretax income, which is ridiculous.

Option number two is Healthy New York. Basically, if you earn less than $27,000 a year, you are possibly eligible to join Healthy New York. This is a cheap plan. I've heard different numbers for premiums. What I found last week, again, was around $300 for a basic plan with drug coverage. This is not a comprehensive plan. There are limits on preexisting conditions, like asthma, diabetes, cancer, even pregnancy. The benefits really are pretty limited. There's a $3,000 cap on prescription drugs, which is not going to help you if you happen to get really

sick, if you get cancer or anything. The benefits are really only good for people who are healthy already and are lucky enough to stay that way while they're enrolled in the program.

A third option, which Lois talked about, is a student health plan. If you are in college fulltime and if your school offers it, you generally have the option of joining the student health plan, which is usually more inexpensive than what you might find on the direct pay market. But, like Healthy New York, these generally have some sort of combination between benefit limits or limits on preexisting conditions. I actually attended NYU and I had a student health plan, which was pretty cheap. I think it ended rounding out to about $115 per month, which you paid up front, of course. The problem with it was is that it had a lifetime maximum of $250,000. So, that pretty much would have put me out of luck if I actually got hit by that cab or if I got cancer or anything else. It wouldn't last very long.

And, basically, the last option, if you aren't covered under your parents' plans, if you don't have employer-sponsored insurance, if

you make too much for Healthy New York or are too sick for Healthy New York, if you're not in college is basically to stay uninsured. Eat your vegetables, look both ways before crossing, hope for the best.

So, this is a problem. Iesha already talked about, you know, there's a misconception that young adults aren't buying insurance because they don't want it. They think they're invincible. This is not true. Young adults need just as much preventative care as anybody else. We need just as much financial protection against illness and injury as anybody else. You don't reach 19 and suddenly become this, you know, mythical being. Young adults also want insurance. This is not something that we're shunning, you know, out of principal.

CSS recently did a statewide poll and found that health care and prescription drugs are the top personal worry for young adults, particularly not having insurance. It's also the top issue that they want their elected officials to act on. In New York City alone, in the past two and a half years, we've had 930 young adults

phone into our Managed Care Consumer Assistance program looking to find or keep health insurance. This is not indicative of a population who does not want health insurance. We want health insurance. And, we want good health insurance.

So, how can we fix it? So, Governor Paterson is set to release legislation that would allow young adults to stay on their parents' employer-sponsored plan until the age of 29, through a kind of COBRA-like program. This sounds good. We haven't seen legislation yet. We're not really sure what it will entail. But, one thing we do know it's going to entail is the use of age rating. This will basically allow insurance companies to offer cheaper plans to young adults by hiking up the price of insurance for people who are older.

This is essentially, you know, robbing Peter to pay Paul or Mary or whoever. We don't think this is a good option. It's a dangerous. It's a discriminatory move. It'll basically make it harder and harder for people to afford insurance the older they get. And it will disproportionately hurt smaller employers who have

an older worker base. So, this is not the direction we really want to go.

The Health Care For All New York campaign actually has a couple of recommendations on better ways to fix this issue; one of which, I believe Lois talked about, would be to extend the current law, which allows parents to keep their kids on to the age of 23 and let them keep them on to the age of 28 or 29, 30, even, you know, by all means. But, basically let them stay on longer and without the COBRA program with age rating.

The second option, which we love, would be to utilize the existing Family Health Plus buy-in program. This program is currently open to employers and unions. It hasn't been fully implemented. There's a pilot program happening, I think, with 1199 health workers. It should be happening for more employers and unions by the end of the year. This is a better and cheaper program than anything else in the market for young adults right now. It has substantial benefits, both in-patient and out-patient services, prescription drug benefits, mental health, substance abuse benefits. And, it has

none of the hidden costs or unintended effects of age rating. So, that's basically it. Thank you.

CHAIRPERSON RIVERA: [Off mic] Thank you. - - order right there.

HEIDI SIEGFRIED: Oh, yeah. Good afternoon. My name is Heidi Siegfried and I'm here today representing the interests and concerns of New Yorkers for Accessible Health Coverage. And, we are a member of Health Care For All New York. But, we're a coalition belonging to a coalition. But, our coalition is 50 New York State organizations that provide services counseling, education and outreach to New Yorkers with serious illnesses and disabilities. So, that's what we represent is people that have high health care needs. We're a project of Center for Independence of the Disabled. And, we appreciate that you're holding this hearing today.

I think, you know, we just all rely on Commonwealth Fund and other organizations for their statistics on the disproportionate uninsurance of people in this age group of 19 to 29. You know, I've also used some of their work to come up with the different diseases and things

that people encounter.

But, in addition, NYFAHC has monthly roundtable meetings where we bring in experts, and we have brought Commonwealth Fund is as one, to talk about different issues. And, in February, we had Joel Cantor, who is from Rutgers Center for State Health Policy come to our monthly roundtable meeting. And, they're in the process right now of doing a study of dependent coverage expansion. So, they're going to be looking at the implementation and the unintended consequences and what kind of results they get when the different states. There's 25-- well, it depends on how you define it. I mean, some people say there are 30 states. Some people say there are 25 states that have expanded or extended dependent coverage.

So, he just put out there, you know, some of the arguments for it are that more young adults would be covered; that you would have more healthier lives and the risk added to the risk pool; that there's no need for State resources when you're just expanding dependent coverage; that there would be little or no burden on employers and that it would be a voluntary

program.

Now, the first thing, the idea that more young adults will be covered, now, he's going to be getting more information in the fall about whether or not this is really true, but in New Jersey, the gains have really been modest at best. So, after three years, only 15,000 of approximately 360,000 uninsured young adults had enrolled. So, you know, whether or not that's going to happen is, you know, not clear.

Now, last December, Governor Paterson announced a forthcoming proposal to extend dependent coverage to 19 to 29-year-olds, regardless of student status or actual dependency. And, we haven't, again, we haven't seen any language for this proposal. But, it has been described as a COBRA-like benefit, which would age rate these people in a separate pool in order to achieve lower premiums. This proposal does not support the second argument for expanding dependent coverage, which is that we would add healthy lives to the risk pool. And, we are very concerned about it being the first step in eroding community rating, which is what the woman from the

City agency mentioned, that we have pure community rating in New York State, which means we do not discriminate on the basis of age, gender, health status. And, the health status, of course, is particularly important to New Yorkers for Accessible Health Coverage since we represent people that have health status that they could be discriminated against because of.

So, we're proud of community rating. And, we think that we're concerned about the inequities of this proposal eroding it even further. For example, what you're going to have is a 19 to 29-year-old employee and the employer is going to be paying a higher premium than another employee is paying to cover his 19 to 29-year-old child. And, this will be unfair. So then, they'll say well, why can't we have age rating for our employees, not just the children of our employees? And, in fact, this is what, you know, actually happened in New Jersey.

So, we don't have any objection to expansion of dependent coverage. But, we believe it should be done by including the dependent child in the larger risk pool, as other states have

done. The premium setting rules in 12 states have the cost averaged into the group family premium. And, eight states establish premiums for new dependent enrollees with many requiring a rate of 100 to 102% of the child dependent rate.

We think the Legislature should seek other ways of covering this group, such as Family Health Plus and Family Health Plus buy-in. This year, in our New York State budget, we went up to 200% of poverty for all adults, contingent on getting a federal waiver. And, we hope we get that federal waiver. Seventy-two percent of uninsured young adults, aged 19 to 29, have incomes below 200% of poverty. So, this would be, you know, a good way to cover them.

And, I also agree, we're very concerned about the discrimination that was mentioned by the City agency woman between parents and single adults. So, single adults remain at 100% of poverty right now. But, parents, they just got an increase in this year's budget from 150 to 160% of poverty.

So, I mean, you know, this kind of discrimination results in like weird behavior,

like what would you do, go out and have a child in order to get health coverage? I mean, you know. It drives, you know, strange-- it could. It could. Really, honestly. I mean we see that people, there's this concept of bug chasing, where people deliberately go out and become HIV positive because of the access to benefits that they get. That's a factor in it. So, that's just an aside.

But, anyway, so, you might notice also that I haven't mentioned Healthy New York. We don't think this is a good product or a good way to go. I was hearing that we had a 40-- that the HRA office has expanded this coverage by 40%. I mean, you know, it's good for some things. But, the restrictions that Arianne mentions, such as the $3,000 on the prescription drugs, it's very skimpy coverage, so that if you actually get sick, it's not good. And, we've, you know, we've been up in the Legislature quite a bit this year and the Assembly, talking to them about, you know, how we would not like to see Healthy New York expanded. And, we would like to see more subsidization of the direct pay market.

And, of course, what we're talking

to is legislative aides who are 19 to 29. And, but, we have found people, legislative aides, 19 to 29, who were diabetic and without coverage and went and used Healthy New York. And, they understand, you know, why Healthy New York is not a good product.

So, thank you for holding this hearing and giving us the opportunity to weigh in.

CHAIRPERSON RIVERA: Thank you very much. You know, before I go on with my statements, I want to urge all New Yorkers, don't set your own bones and don't, please do not try to get a serious illness to get health insurance. That's something that we have to send out there.

That being said, I want to thank you for your testimony because, you know, you learn something new every day. And, you know, learning the stats, you know, about the fact that if a person earns $30,000 a year and they pay $1,000 per month, it can be, you know, 20 to 66% of their income, you know. Other stats show that people are paying more than 50% per month for their rent. So, you combine the two and over 100% of your income is going towards health care and

your rent. How can you afford to eat? So, you can't buy the vegetables. You can't buy the fruits. You can't buy the whole grains.

So, I think, you know, these are the key reasons why this meeting today is extremely important and why the information is important for us to go to the State. And, while we agree we have to extend it, you know, we got to make sure it's community rating, not age rating, that'll be utilized because, you know, the reality is most young people, ages 19 to, you know, 29, are relatively fit, relatively healthy. And, you know, we know that, as you get older, there is an increase in chance for different illnesses and ailments that come about. So, it does, in some way, shape or form, discriminate based on age.

So, I want to thank you. You know, you mentioned Massachusetts as getting health care for-- is that for everyone, universal health care coverage that Massachusetts is proposing?

SARA COLLINS: Yes.

CHAIRPERSON RIVERA: What is the--

SARA COLLINS: The law was passed in 2006. And, what Massachusetts has done is

build on their existing system so it's similar to what proposals that we're seeing at the federal level, where they have an employer-- require employers to offer coverage or pay a fee. They expanded their Medicaid program to children. And then, they have merged their small and individual insurance markets into what they call a connector, insurance exchange or connector exchange is the terminology we're hearing; we heard from President Obama during the campaign; what we're likely to hear in Congress is this year. But, they merged those markets. They provide premium subsidies to people who earn under 300% of poverty to buy private insurance coverage through that merged market. It's a regulated market, community rated, guaranteed issue. The plans have to provide comprehensive coverage. There's some regulations as to terms of what those benefits are.

So, it builds on the existing system. And, the other piece I left out is there is an individual mandate. So, everyone is required to have insurance coverage. But, they've been able to lower their uninsured rate to just over 2% with that structure. It was passed in a

bipartisan way. It was passed when Mitt Romney was Governor; strong support from both democrats and republicans. And, really, you know, a model for federal, what we're likely see in some of the federal legislation introduced this summer.

CHAIRPERSON RIVERA: And now, what is, I mean, obviously, we're the City Council. We're not the State Legislature. But, you know, looking at here in New York State, what would that mean? What would the process be? What would the fiscal impact be? What would the process be to get it done in the State side? Do you have the-- has there been calculations to see, you know, what that would be here?

SARA COLLINS: You know, there has been some work that United Hospital Fund has done. And, they have estimated what a similar proposal would cost in New York. So, that would be an important report to look at. I think they call it, what's called a Blueprint for Health Reform in New York. And, that would be a great document to look at in terms of the number of people potentially covered; how the premiums could be-- premium subsidies could be structured according to

a sliding scale and the cost of that, potential cost of that. But, having a strong employer role, you know, requiring employers to offer coverage or pay into a pool to partly finance that coverage, having individuals there pay, at least according to their income. Affordability is a really key part of this.

So, and then, Massachusetts went ahead with universal coverage; didn't address some of the cost issues. They're now addressing some of the health system reform issues that could potentially lower cost. Those lower costs could feed in to offset the cost of expanded coverage in the state, as well.

CHAIRPERSON RIVERA: And, they're not bankrupt, obviously.

SARA COLLINS: And, they're not bankrupt.

CHAIRPERSON RIVERA: I mean, 'cause that's what you hear more often from people who are anti-universal health care, the fact that it'll bankrupt the nation, bankrupt a state. I mean, you know, I saw the movie Sicko. And, I think that every elected official should watch

that movie because it's a very well balanced documentary talking about, you know, different systems around the world. And, you know, it goes into universal health care; how Canada is doing; how Cuba did it-- is doing it, and how other nations in Europe are doing it. And, you know, I think it's, you know, it's something that we should explore. And, I believe that, you know, it's an investment. The reality is, you know, the people who have health insurance tend to, you know, see the doctors more often, tend to take better care of themselves and tend not to get as sick in the long term as someone who may, you know, be crossing their fingers and not going to the doctor, not finding out whether or not they're diagnosed with, you know, can't get diagnosed with something.

So, you know, that definitely is something we, you know, I want the State to look at. But, you know, and also just addressing the fact that some women are getting, you know, pregnant just to get health insurance, you know, I mean that's another-- brings up a whole other slew of issues with maternity leave that the City and

State of New York doesn't have universal, you know, a good maternity leave program, you know, for some its employees.

But, you know, I want to thank you again because a lot of this information is extremely vital, you know, to us. And, you know, we'll be reaching out to the State to urge them, you know, to keep it community rating instead of age rating and to make sure they can do the expansion to 30 years old and not 28 or 29. Are there any questions? I know we've been joined by Council Member Inez Dickens and Council Member Helen Foster. Are there any questions from Committee members? Okay. Thank you very much.

Next panel will include Jessica Silk, Dana Czuczka from Planned Parenthood, David Marcus and Robin Vitali [phonetic] from the American Heart Association. Okay. Whoever wants to go first, you can go ahead, Jessica. Just state your name for the record and proceed with your testimony.

JESSICA SILK: Okay. My name is Jessica Silk. And, I'm here representing myself as a single adult. I'm a graduate student at

Hunter College. I'm actually studying public health. CUNY does not provide or require any sort of health insurance. And, I currently work part-time in public health. And, I'm a fulltime student. And, I am struggling paycheck to paycheck to pay my bills. I'm worried about rent. I'm worried about food. And, unfortunately, I can't cover the premiums for health care.

So, I guess from time, you know, it doesn't actually, like the other woman said, you just sort of have a eat your fruits and vegetables kind of approach. However if a problem arises, you don't know what to do. So, last month, I had a problem, an injury with my leg. And, I went to a community health center. They gave me a sliding scale payment, which was $50. I went there. The care was great. The doctors were great. But, the fact of the matter was, they couldn't figure out what was wrong with me. They wanted to do tests on me to see if there was vitamin deficiency or any sort of other blood work. And, they told me that if they ordered the tests, I would have a heart attack because of how much it would cost. So, I paid $50 to have somebody tell me they can't

afford to do tests on me. And then, they told me to go to an orthopedic specialist with a warning that I probably wouldn't be able to afford that either.

So, a month later, I'm limping and hobbling around, wanting to run and be fit. But, I can't. And, I just hope that, when I graduate this May, that I'll get a job with health insurance. So, I know that, for me, I chose to not have health insurance. But, it's not really a choice. I chose to go back to school to better myself and also to better the health of New York. And, this is a consequence of that. I left a job where I had health care to do so. And so, I just wanted to give a voice to I know many, many people in my exact position. So, that's it.

CHAIRPERSON RIVERA: Thank you, Jessica.

JESSICA SILK: Um, hm.

DAVID MARCUS: My name's David Marcus. I'm a medical student, a senior medical student, at SUNY Downstate College of Medicine in Brooklyn. I'm also a Board member of the Physicians for National Health Program. And, I'm

also the Chief Operating Officer of the Brooklyn Free Clinic.

So, I'm testifying as a young adult, as a young doctor and, like I said, as a member and Board member of the Physicians for National Health Program. Now, we've already heard great reviews of the numbers, all the statistics and the huge problem that young adults have accessing health care. I'm not going to bore you with repeating those numbers, although you'll find them in the written testimony.

We've heard why something happens at age 19, why people lose their insurance. I just want to point out a small irony is that most low income, uninsured young adults who age out of SCHIP actually, themselves, aren't eligible for Medicaid. And, obviously, we also know they can't afford insurance premiums. So, they're kind of just thrown out there without any second thoughts.

Now, we've also heard it said, and we've heard a few to that young adults don't actually feel invincible. We know that's true just from, again, speaking to people. You'll hear it. But, also there was a study done that showed

that, you know, only 16% of young adults decline insurance when offered it through their employers. And, of all those 16%, only 1% actually said they thought they didn't need insurance. The rest simply couldn't afford it. So, really, it's a fallacy and we have to recognize that.

Additionally, we've heard, I think from the Commonwealth Fund and perhaps also from our first speaker, about the construction, hospitality, food service and entertainment industries, who have very high uninsurance rates. And, we know this is New York. New York is a big show town. We have a lot of these people who work in part-time jobs and, obviously, are uninsured and perhaps even underinsured, which is something that I'll get to in a little bit. There was a nice story in the New York Times recently and I imagine that some of you may have read it. And, the musician that was quoted saying this 'It's not like I think I'm invincible. I'm 29. The world can't touch me. It's the very opposite of that. I've got to make rent and to eat.'

And, I can tell you from my experiences with our Free Clinic that sees only

uninsured adults, first of all, a recent sample of our patients and people who call us showed us that 50% of our patients are actually under age 30. And, that goes to all the people that call us. We have about a three-month waitlist now, so we can't even take new patients. But, also, again, we see these stories every week. - - people come in, why don't you have health insurance and why can't you afford health insurance. You know, it's simply a choice between food and medications.

And, I've seen so many diabetics and I've seen so many psychiatric patients, so many depression patients, people with real difficult-to-deal-with, expensive medical conditions, who are simply losing their employment, which makes things worse, obviously, losing their education. We had one young patient who had to drop out of grad school. She was from Louisiana. She had no connections in New York. And, it was because of her depression. She couldn't treat it anymore. She lost her parents' coverage. So, she became so depressed, she was unable to function. Eventually, she found us. Through our clinic, we were able to offer her a

psychiatric referral and also discounted psychiatric medications or anti-depressants. She rejoined her place in society, if you will, went back to school; got another job and was able to continue functioning.

So, we see this all the time. Now, as I alluded to, it's not just uninsurance. Forty percent of adults are actually underinsured. I know the term underinsurance is kind of bandied around. But, what it really means is simply that you cannot afford your health care despite having health insurance. Depending on your income level, it means that your health care expenses are basically over 10 or 20% of your income.

Now, I wonder how many people here-- we've heard the stories already, it might be unfair-- have actually had trouble with their health insurance. I know I have. And, you know, I have asthma. Not a big deal in terms of my asthma. It's not so serious. But, I still have to pay $50 a month for my medication. And, being a student, being on student loans, that's not very practical. And, I cut my medication, too. As a medical student, I still take half the dose that I

should of my asthma meds, just to save a few bucks every month.

So, you won't really know that you're underinsured until you try to use your insurance. Keep that in mind. Many people think they're very happy with health insurance. A lot of people I asked say, yeah, I love my insurance. It's fantastic. But, they've never really had to use it. So, you know, that's kind of the key when you're speaking to people about this issue.

And, statistics also shows it to be true across the board. Most underinsured and uninsured adults skip medication doses or go without because of their cost. They're more likely to go with the ER for care of chronic conditions. I'm not even talking about acute emergency, simply chronic conditions. And, additionally, uninsured is also less likely to get regular screenings for cancer, heart disease, cholesterol. And, this goes for the underinsured as well. Eventually, they become sicker. Their illnesses last longer and their care becomes just that much more expensive.

Now, my position, personally, and

our position in PNHP, is that we must end our reliance on private health insurance. Visions of free market competition between insurance plans benefitting the public have not, and will not, come to fruition due to misaligned accountability.

Now, to appreciate this, you just need to do a little thought exercise. Imagine you're shopping for a car. You know what you're going to need the car for. You know you might need it to carry your kids around. You know you might need to get to work; maybe carry some cargo. You know what color you'd like, what the engine size might be. And, going into the marketplace, you know exactly what your needs are and how to balance the cost and amenities.

Now, consider health insurance. Let's say you're shopping for health insurance. If you have a choice, and 42% of employed people offered insurance actually don't have a choice, you'll need to consider benefits. You'll need to consider deductibles, doctor's co-pays, which doctors are in and out of network, and, a lot of people hate to lose their doctors, you know, prescription coverage, etcetera.

Now, you have to make all these decisions while they're healthy. Now, is there any way for you to know what your needs are going to be in a few months or a few years? No. Does anybody in this room know whether they're going to get cancer; whether they're going to get a heart attack, a stroke? No. You simply don't know. Okay. You cannot predict what your future needs are going to be. I don't know what my needs are going to be. Your doctor doesn't know what your needs are going to be. So, we can't actually shop for our own insurance.

Now, we do know a few other things based on populations. We know that one-third of women will develop some type of cancer. One-half of men will develop cancer. One of out of every eight women will develop breast cancer. And, on average, 10% of us will have a serious heart disease. Again, on a population basis, we know. The insurers also know this on a population basis.

And so, imagine that you're an insurance executive. What you're going to do, and this is legitimate, is to try to minimize your risk. Realize that every dollar you spend on

health care is one less dollar that goes to your bottom line. And, even though you're reimbursing for medical care, per standards, as a publicly traded entity, your fiduciary responsibility is to your shareholders. It's in your best interest to minimize the amount of money you spend. You have to cut your medical loss ratio; interesting term, medical loss ratio. You lose money on medical care as an insurer.

Now, what insurers do to do this; one thing they do is compete for risk. Or, they compete to decrease their risk by cherry picking the healthier and the lower-risk patients out of the pool. Additionally, there's claims denials. They cut reimbursements. There was actually several anti-trust lawsuits that were brought by a hospital, a New York City hospital network, against a couple of the major insurers because this became so bad. The hospital simply couldn't survive without going to Court against these insurers. And, again, we've heard of ownership plans that were marketed very aggressively and sort of pushed to show the cost sharing to give the patients or the customers more responsibility.

But, really all it does, and this also has been shown by research, and the resources are in the testimony, is it sort of disincentivizes care. It discourages people from seeking health care.

Another major issue with private health insurance is the overhead. Okay. If we think about the overhead, private insurers run anywhere from 20 to 30% overhead, which means that $0.30 of every single health care dollar that's put into the health insurers is simply shunted away or diverted away from actual health care. Where this money goes, you can think of it. I mean, there's advertising. There's profits. There's, you know, underwritings. A lot of things that cost money that they have to do.

Now, there are proposals to expand private insurance. We've heard some of them here. We've heard about Massachusetts. The issue with Massachusetts is yes, they have decreased the number of uninsured. And, to that extent, they have been successful. But, they haven't achieved universality. And, they've also found that they need to exempt certain portions of the population from being insured because those people still,

even under this system, cannot afford to get health insurance.

So, we think of it as a successful program. But, we have to think again. People are being exempted. And, who is it? It's the low income adults; exact people who we're talking about now.

We've also discussed increasing the age of dependency. Governor Paterson, as many people have mentioned it here, using private health insurance to do this, again, does not really solve much of a problem. We've seen from New Jersey and other states that we probably won't reach more than 10% of the uninsured young adults. But, even if you reached 20, 30%, you're still putting more money into a broken system. You're putting more money into private insurers, whose best interest is actually to cut down as much as possible on the care.

Now, what we're proposing is to think of this from a different perspective. Think of building something from the ground up. Think of a system designed to provide care. And, we talk of a single payer system that you may have

heard about. The idea basically is we want to increase the risk pool to the largest extent as possible, so that everybody is in this together. We all have basically by increasing the risk pool to the maximal capacity, we're decreasing our average individual risk and the cost, basically, per person for health care.

I've seen lots of stories of sort of how private insurance conflicts with medical care. I'm not going to go into these. They're in the testimony. But, I do just want to point out, again, we have a system that simply grew through history, through some accidents of history. What we need to do now is build from the ground up and actually try to provide care to people. Keep things simple. Bring down your overhead. If you expand something like Medicare, and Medicare has its faults, don't get me wrong, but if you improve Medicare and expand Medicare to cover everybody, the overhead there is 3 to 5%. Okay. You're able to have a lot more money in the end to spend on health care.

Now, we all know the issue in New York. We all know that in New York we have so

many uninsured young adults. All these people are young professionals or they're artists, perhaps, or they're academics. But, we have to make sure that these people can be covered, get the health care they need so they continue on with their lives.

So, in short, what we're asking basically is City Council, in considering sort of local amendments or local improvements, I would suggest, and sort of agree with what Public Health Association speaker mentioned before and also Health Care for All, that expanding the public health insurance options to more and more people, or perhaps even having a buy-in, would be great. But, we would discourage the City, the State and the nation from continuing to rely on private insurance.

And so, to the extent that the City Council may have some kind of impact on a national level, we would also encourage you to take note of this moment in history where the nation is moving forward and pass the pending Resolution in support of HR676, which is the Kucinich/Conyers single payer bill. Thank you.

DANA CZUCZKA: Thanks. Good afternoon. I'm Dana Czuczka. I'm the Associate Vice President of Government Affairs at Planned Parenthood of New York City. I want to thank Chairman Rivera and the other members of the Health Committee and the Health Committee staff for holding this important hearing and allowing us all to provide testimony today.

I think most people know Planned Parenthood for providing reproductive health care services. We have three health centers and serve about 45,000 folks each year. The majority of our patients do fall into this young adult cohort, the 21 to 29-year-olds.

In addition to the medical services we provide and also the education services we provide, Planned Parenthood is especially proud of our leadership in expanding access to public insurance programs. So, at our three health centers, every uninsured client has the opportunity to meet with an entitlement counselor to assess his or her eligibility for public insurance and then, facilitate enrollment into those programs, such as Medicaid, the Medicaid

Family Planning Benefit program, Prenatal Care Access, excuse me, Assistance program and Child Health Plus. And, in 2008, we helped screen and obtain insurance for almost 6,000 uninsured clients.

I share this background about Planned Parenthood and our services and our clients because I think it gives us a unique perspective as a community-based safety net provider and as a representative of many uninsured young adults. I'm going to skip the wonderful numbers we all have from Commonwealth, but thank them for their amazing research.

I do want to reiterate this concept that, as a result of no insurance, young adults often forego care, often forego a prescription, you know, they don't seek a medical test, treatment, etcetera. So, as a leading reproductive health care provider, we really appreciate that young adults, particularly women, are in need of regular preventative care. And, it's important to note that many of our core services, like family planning, cancer screening, sexually transmitted infection testing and

treatment, these are time sensitive services. They cannot wait. Reproductive health care services, including family planning services, are critical to the health and wellbeing of women and families of New York. And, oftentime, these services are a gateway to other primary care services.

We've heard today the great strides that the City and the State are making in trying to close that gap between the uninsured, yet eligible New Yorkers. We believe the improvements in the application and recertification process will have a great impact on increasing enrollment. We echo the testimony of many here today about, you know, urging New York State Legislature to pass the expansion of coverage of dependents to age 29 or 30 or 34.

And, at the City level, we are very grateful for our partnership that we have with HRA. Over the course of the past ten years, we've been doing onsite screening. And, we have developed an exceptional relationship. Many, I'd say 99%, of the cases we do at Planned Parenthood are accepted. But, we contest that 1% that's

initially denied and we certainly work closely and have found great responsiveness and help in sort of facilitating that process. We've collaborated with HRA in rolling out new initiatives, like the Family Planning Benefit program. And, most recently, we've initiated screening our applications to HRA. And, this means we receive approvals very quickly. And, there are fewer errors regarding denials. And, while this is great news from an administrative and a financial perspective, this is even better news for our patients, who, as a result, receive their cards faster, are insured more quickly and then, therefore, have improved access to coverage.

Right now, this process is only available for Medicaid for pregnant women. And, we really urge HRA to consider expanding that and to implement that same streamlined process for things like FPBP.

So, a few barriers to access for young adults that I just want to point out quickly. One is confidentiality. I think the confidentiality issue is key to our services at Planned Parenthood. But, I think it really holds

true for all health care services. And, really, the import of patient attitudes about confidentiality can't be emphasized enough. Folks also forego care, not just because of the fiscal burden, but because they're scared that someone may find out about the health care they receive.

And so, you know, oftentimes, just because the care is actually confidential, doesn't mean that the explanation of benefits that are sent home or the lab results that are sent in the mail, you know, aren't received by the partner or the family member, who don't know about the services they received. And so, we need to make sure that as we think about expanding coverage in New York State and across the country that we seek creative solutions to align consumers' fundamental need for confidential services with insurance eligibility and utilization.

I just want to quickly mention the documentation requirements that are very often onerous on consumers, especially young adults. Many of our clients opt to enroll in the Family Planning Benefit program. And, despite that it has narrower coverage than some of the other

programs that we screen for, it's much easier to get into because it has a shorter application. There's a quicker turnaround time. And so, it's just, you know, again, something to really consider as we move forward in trying to close that gap between those that are eligible, but still remain uninsured.

One of the things we recommend doing about this is urging the City and the State to move forward with this backdoor verification. So, a lot of the information that consumers are required to present to enroll in a public insurance program, the City and the State already have in different databases. And, if we can sort of take the responsibility off of the consumer and see if the City and the State databases can take care of that, behind the scenes, that would really go a long way.

Also, we need to realize that young adults are transient and removing this requirement to apply for public insurance in the county of residence would be quite helpful.

And then, just to echo, again, what's been said a lot today is that the college

policies often lack critical reproductive health coverage and other sort of coverage. And, we really need to explore expanding that health insurance coverage for young adults. Many of the folks that come into our health centers are students at local universities and colleges. They may or may not have a plan or even a health center. But, they don't get the reproductive health services they need within that plan or at their health center.

So, again, I thank you for the opportunity to testify again. And, we hope you will call on us if we can be of any assistance moving forward.

ROBIN VITALI: Good afternoon. My name is Robin Vitali. I'm here to represent the American Heart Association, American Stroke Association. I realize that I might be a new face to some of you in the room. And, I'm looking for the opportunity to working with the Chairman and the full Committee and Council, as well as my colleagues in this discussion, as well. So, thank you for this opportunity to address you about this very important issue.

As I'm sure most of us are aware, heart disease is the number one killer of New Yorkers. And, obviously, that is a compelling reason why we're here to talk about health insurance coverage for those that are fighting against this disease.

Of the adults who report having heart disease, coronary heart disease, hypertension or stroke, an estimated 6.5 million, of 15%, across the country are considered uninsured. You consider that underinsured population, mentioned earlier, and that number rose exponentially. Those with cardiac disease and stroke are often denied coverage or charged premiums well beyond their means in the individual underwritten insurance market. And, particular to this conversation today, young adult patients with congenital heart defects face enormous barriers, particularly when they reach adulthood and no longer covered when their parents' health plan would no longer be relevant.

One study found that young adults with congenital heart defects would have that condition completely excluded from a new insurance

policy; thereby, making them completely on the hook for a very expensive therapeutic procedures in the future. Clearly, that is our call to action for being here.

I do want to also relate to the Committee that I'm just newly returned from Washington, D.C. We had the You're The Cure on the Hill annual event, our lobby day, where health care reform was one of our top requests. I understand from that conversation that we were having with our Congressional representatives from New York, they do anticipate having similar dialogues like this beginning in June or July. They hope to have some language crafted federally as early as May, which I think may be a bit on the ambitious side. I do applaud the Committee for perhaps spearheading some of that dialogue with this hearing today.

I do want to perhaps put another additional personal front to this conversation. And, that really involves many of the volunteers that did attend our Federal Lobby Day. I had the privilege of working with some of our wonderful New York volunteers; one of which is a student.

She's just turning 18 shortly. Based upon family dynamics, unfortunately is currently living on her own and working two jobs to cover rent and food and basic living necessities. She hopes to go to school next year to become a nurse and is a all around very, very good kid. She's someone that would tug at your heartstrings to listen to her story, as far as wanting to do the right thing and just not able to make ends meet. She's anticipating in the very near future not being able to have health care coverage. And, the thought is certainly frightening based upon her family history of heart disease and stroke.

On the opposite spectrum, we have another volunteer that's very passionate about the issue of heart disease. He is a small business owner. And, he had to make a very difficult decision that, starting next year, he's going to have to cut health care coverage for his employees by 50%. It's devastating to have to have someone, who's so concerned and passionate about the health care coverage, have to make that difficult decision.

One final point about the reason

why the American Heart Association is so, so concerned about this, we're certainly aware of the childhood obesity epidemic that our City and the State is facing with more than 16% of our children being labeled as obese. We certainly want to advocate for strong preventive measures in health care coverage so that individuals are going to be encouraged to be physically fit, follow proper nutrition and diet, as well as avoid tobacco use. And, obviously, having access to their primary medical providers is one of our number one fronts of delivering that information.

So, with that being said, I also do want to emphasize that the American Heart Association is a member of Health Care for All New York. And, I would just reiterate all of the points that they provide in their initial testimony. Thank you.

CHAIRPERSON RIVERA: Thank you. Well, thank you for your testimony. I really appreciate it. And, you know, the information you provide is truly vital, you know, to our efforts. And, you know, I have a great book over here, The Ten Excellent Reasons for National Health Care.

We'll read this and we'll, you know, be doing the proper Resolutions and trying to find innovative ways, you know, to fix this issue. Obviously, there is no perfect system. But, we have to try to find a way to make sure that we can provide health care to everyone. Thank you.

Our next panel is a panel of one, Arthur Springer. Thank you. Just state your name for the record and you can proceed.

ARTHUR SPRINGER: Arthur Springer. I'm a lay advocate for People with Disabilities. I live at 150 West 80th Street, New York, New York 1-zip-zip-24. I think I'm on your list. And, I did not plan to testify today. But, I was encouraged by various people.

I have to say that I did speak at your public session on the HHC budget recently. And, I was surprised and pleased and astonished at the healthy, positive, cordial atmosphere of the Committee, with all due respect to your predecessors. And, it was one of the reasons that I came back down here today. I think that's an enormous improvement at precisely the right time in history to have the kind of atmosphere that you

and your staff have created in the Committee all too recently.

I want to support the testimony of the NYFAHC on the question of community rating, not age rating. Heidi Siegfried is one of the few people left in the City, if not on the planet, who, when you mention risk pools and community rating, nods her head vigorously instead of looking baffled. And, I think it's a big plus to be reminded of that basic community rating issue as a critique of an otherwise, you know, sensible proposal.

My bigger problem with the proposal is its timing. I was struggling along the internet, typically at my keyboard, a few months ago when these proposal-- trying to figure out what was going to happen with the White House Summit Conference on health care reform. And, suddenly these proposals on young adult coverage started crossing my screen. And, I, frankly, you know, wondered what the hell was going on. Why were we having another incremental categorical expansion of health care precisely at the time that the Obama Administration was trying to

organize a very recalcitrant Congress and the rest of the country around universal coverage? Just when we need a broader view, we seem to have another splinter group making, you know, its usual excellent splinter group case for, you know, cover me and not anybody else. So, I think the timing is really lousy and it's unfortunate that has happened.

I can name any number of uninsured and underinsured groups in New York City and New York State that should get in line behind the young adults, if that's the direction the Council and others want to take. They include tens of thousands of people above the age of 65, who have no Medicare coverage. They include people like me, who are in the medically needy program under the Medical Assistance program. And, I'm required to put up more than a third of my income every month, while all of the professional lobbyists in the City are jumping up and down over 200% to 400% poverty. I have to, my limit is .83% poverty, you know, like one-fifth of what they're lobbying for.

So, you know, if we want to go that categorical route, there are, you know, a long

list of groups that we can do. I think the timing stinks. And, that they should step aside or step into the universal coverage movement, at least for the time being, at least for, you know, the year 2009. I personally think the Obama Administration's going to fail. But, I think it should, you know, fail grandly with a lot of support, rather than, you know, just go the way of previous health care reform projects.

The fastest way to get young adult coverage in New York City would be for the Council to think about two steps. The first is to remember what the statute of the Health and Hospitals Corporation say and remove the aura of stigma and the practical obstacles to young adults getting the care they need at HHC facilities.

Fix the glitches. And, deal with questions like the one the lady brought up about being told her extra lab tests would cost so much more in excess of the $50. The traditional policy at HHC outpatient clinics is one fee covers everything. And, had she gone there, she could have gotten all of her tests for whatever her single sliding scale fee would have been.

Take ten people. Take ten young adults, you know, disguise them, send them to make appointments at HHC outpatient clinics for the kinds of things young adults have, reproductive rights, broken ankles, whatnot, etcetera, all the things that land them in emergency rooms. See the mess they're going to run into on the bureaucracy and the sliding fee and all of the glitches. You make a list of those. Tell the HHC to work them out. And, tell the young adults to go use that system, because they have a legal right to it, because it's affordable, because the quality of care is incredibly outstanding. And, they're not going to be hassled the way this poor woman was hassled at some federally qualified health center that's in the business of hassling people.

The other thing that I would do is call the colleges in. I mean, I've, you know, known a few people who've had this or that minor or major health problem who are college covered. And, when I look at their health coverage, it's dreadful. It's incredible. We have a bunch of universities in this City with lousy health care coverage for their students; Columbia, CUNY,

etcetera. Call them in. Have them testify why is your coverage so bad? Why is it so expensive? Here's a group in tremendous need. Why can't you work with us, the famous, you know, health care advocacy phrase, to improve things a little bit? You know, and have them, you know, explain all of their problems and try to do something about that, 'cause that's an outrageous problem. The coverage is really terrible if you look at it in any detail. Thank you.

CHAIRPERSON RIVERA: Thank you. I see no questions and no one else left to testify, I want to thank everybody for joining us here today. This hearing is extremely important. And, we'll continue to move forward and try to find these innovative ways to tackle this issue. This meeting's adjourned.

C E R T I F I C A T E

I, DeeDee E. Tataseo certify that the foregoing transcript is a true and accurate record of the proceedings. I further certify that I am not related to any of the parties to this action by blood or marriage, and that I am in no way interested in the outcome of this matter.

Signature 

Date May 5, 2009