

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON HIGHER EDUCATION

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December 11, 2009
Start: 10:15 am
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HELD AT: Hearing Room
 250 Broadway, 16th Floor

B E F O R E: CHARLES BARRON
 Chairperson

COUNCIL MEMBERS:
 Charles Barron
 Tony Avella
 Gale A. Brewer
 Darlene Mealy

A P P E A R A N C E S

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CUNY School of Public Health

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2 CHAIRPERSON BARRON: Good morning.
3 My name is Councilman Charles Barron. I'm chair
4 of the Higher Education Committee of CUNY, City
5 University of New York and I just wanted to wish
6 everyone off the top have a wonderful, wonderful
7 holiday if we don't see each other again. Be
8 safe. Be happy. Be a revolutionary. This is
9 very important.

10 This is a special meeting for us.
11 It's the last meeting of the year. I'm certainly
12 going to miss the Council Member that's on this
13 panel with me here. He's been a great, great
14 supporter of CUNY but not only a supporter of CUNY
15 but he's been a great leader in New York City
16 fighting to make sure that rich developers don't
17 displace, use eminent domain and displace people
18 from their homes or businesses. Mr. Tony Avella
19 is going to be sorely, sorely missed. Please give
20 him a big handclap.

21 I must say that of all the Council
22 Members in the City Council it is Tony Avella that
23 really stood up for the rights of the most
24 vulnerable in New York City and had the most
25 courage and commitment and conviction to stand up

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2 to the Speaker, the Mayor, whomever was violating
3 his principles or violating the people of New York
4 City. So he's going to be missed. I'm going to
5 miss that vote, Tony, 49 to 2 and now it's going
6 to be 50 to 1. So I'm losing my vote.

7 I got to say, I told Tony earlier
8 when I announced certain things on the steps of
9 City Hall, some of my staunch strong Black
10 Nationalist friends said how come you had the
11 white guy on the steps with you. I thought this
12 was going to be you know. And I said, he's
13 probably more black than a lot of the blacks on
14 the City Council. I'm going to get in trouble for
15 that but I stay in trouble. I stay in trouble so
16 why stop now. There's no sense in stopping now,
17 Tony.

18 COUNCIL MEMBER AVELLA: When you
19 tried to help you hurt me.

20 CHAIRPERSON BARRON: All I have to
21 do is go out and endorse his opponent in his area
22 and he will be helped tremendously. So, Tony, I'm
23 personally really, really going to miss you but I
24 don't think we will not see each other again. I'm
25 sure we'll be joined on other issues. So I just

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2 wanted to open it up to you to say whatever your
3 heart desires.

4 COUNCIL MEMBER AVELLA: Thank you,
5 Mr. Chairman. I have to say it has really been a
6 privilege to serve on your committee. I serve on
7 six different committees of the City Council, but
8 I got tell you, this is one of the most active
9 committees that exist in the Council.

10 You have done a great job, a really
11 great job in promoting higher education and
12 keeping CUNY's feet to the fire when they had to
13 be and for advocating for CUNY. I really think
14 most people don't know the job that you do. So I
15 want to congratulate you on the work.

16 I will miss the two of us standing
17 up to be sometimes the lone voice when we had to
18 stand up and say something's wrong in the Council.

19 The interesting thing about the
20 Kingsbridge Armory that's obviously before my
21 committee and before the City Council and which
22 we'll probably vote on Monday. It's interesting
23 to see the other Council Members finally standing
24 up and saying no to what the Administration is
25 doing.

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2 So at least I can say I'm leaving
3 on a good note. I hope it continues into the new
4 sessions. But, Charles, I know you will continue
5 to be that voice for the people of this city and
6 not be afraid to stand up when you think something
7 is wrong. I'm going to miss serving with you.

8 CHAIRPERSON BARRON: Thank you. I
9 want to open up this very, very important hearing
10 on health care. As everybody knows, there's a big
11 national debate on health care. As a matter of
12 fact, health care is going to have global
13 implications with countries around the world.

14 There is nothing more important
15 than your health. We can fight for affordable
16 housing and we do and living wage jobs and we do
17 and quality affordable education and we do, but
18 what's the sense of having a PhD if you're not
19 healthy enough to really do anything with it, or
20 have a living wage job if you can't even get
21 around because your health is failing, or even
22 have an affordable home you couldn't enjoy unless
23 you had health care.

24 It certainly is going to greatly
25 impact CUNY students and the CUNY family dependent

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2 upon what happens on a national level. It will
3 certainly have impact locally. We always say
4 think globally but we have to act locally. This
5 is really going to impact us. So this hearing is
6 trying to combine the both.

7 We're going to open it up with
8 someone who is going to testify on what's
9 happening on a national level and its impact and
10 then we'll have our CUNY panel.

11 I've always been a support of the
12 single payer. Medicare for all, socialist way of
13 doing it as opposed to the capitalist way of doing
14 it and that is to let the insurance companies and
15 let the profit mongers just have it all and
16 premiums and costs skyrocketed and limited
17 preconditions and not everybody and deductibles
18 and co-payments and all of that stuff.

19 I think I went to the dentist
20 recently and I thought I had a nice plan and when
21 they showed me the bill it was like \$1,600. I
22 said, hmm, I work for the city. When I got it
23 back, I still had \$1,100 to go. And if that's
24 happening with me I can only imagine what's
25 happening to our struggling families in our

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communities.

So with that I'm going to read my opening statement for the record. Ms. Cyrus, I don't know what I would do without you. She makes me appear smarter than what I really am. So when I read these things and talk all this stuff, this is the research, this is the brains behind the whole committee.

I'm not even going to introduce you because you never sit with us. She always sits in the back. I want her up there. Another brain child who helps us with the financial aspect of this. Stand up and introduce yourself out loud.

SHADAWN SMITH: [off mic].

CHAIRPERSON BARRON: That's what you get for not sitting with us up here. But another brilliant, brilliant, brilliant young lady that really puts the finance, the cost effective to all of this stuff, the financial impact that it's going to have. So I've been really fortunate and blessed to have two fantastic young ladies working on this committee and making sure that we're prepared for all these hearings and that it goes well.

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2 With that, good morning, my name is
3 Charles Barron, chair of the Committee on Higher
4 Education. I'd like to thank everyone for coming.
5 During today's hearing we will examine how
6 national health care reform may affect CUNY
7 students.

8 Young adults between the ages of 18
9 and 34 represent the largest population of
10 uninsured nationwide at 55.1%. Young adults also
11 represent half of the uninsured in New York State,
12 which closely mirrors the national trend.

13 Barriers that contribute to young
14 adults lacking health insurance include working
15 part time, working for businesses that do not
16 offer health care and health insurance, aging out
17 of their parent's health care coverage and not
18 being eligible for government sponsored programs.
19 At times they may resort to do it yourself health
20 care such as using old prescription drugs and
21 using the internet to self-diagnose conditions.

22 Approximately 4.5 to 5.5 million
23 college students are uninsured. Part time
24 students, older students, students from low income
25 families and students from under represented

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2 groups such as blacks, Latinos and Asians are more
3 likely than others to be uninsured. Moreover,
4 only 7% of college students receive public health
5 insurance like Medicaid.

6 Comprehensive health reform
7 legislation is currently being debated in
8 Congress. In recent months a number of reform
9 proposals have been introduced. On November 7th,
10 2009, the U.S. House of Representatives passed the
11 Affordable Health Care for America Act and on
12 November 18th, 2009, the U.S. Senate introduced
13 the Patient Protection and Affordable Care Act.

14 These bills supposedly focus on
15 provisions to expand health care coverage, control
16 health care costs and improve the health care
17 delivery system.

18 Access to health care is essential
19 to a student's physical and mental well being,
20 financial stability and education attainment. If
21 students do not have health insurance, they're
22 less likely to address their health issues
23 properly.

24 This may ultimately cause them to
25 drop out of school to tend to medical needs that

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2 have become serious as a result of being
3 untreated. They may also incur medical debt which
4 is an additional financial burden to increasing
5 college expenses like tuition and textbook costs.
6 We look forward to this hearing.

7 They say a large percentage of
8 those go into bankruptcy list medical costs as one
9 of the primary reasons that people go into
10 bankruptcy. So this is a critical hearing. With
11 that statement I want to open up the hearing.

12 We've been joined by our Brooklyn
13 Council Member from Brownsville, Ms. Darlene
14 Mealy. Give her a big handclap. We do handclaps
15 in my hearings. Welcome, Ms. Mealy. Would any of
16 my colleagues like to say anything? If not, we
17 will proceed.

18 FEMALE VOICE: Tim Foley. Please
19 raise your right hand. Do you swear or affirm
20 that the testimony you are about to give is to the
21 best of your knowledge truthful and accurate?
22 Proceed.

23 TIM FOLEY: Good morning. I'd like
24 to thank Council Member Barron and all the members
25 of this committee for inviting me to speak with

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2 you today. My name is Tim Foley. For the past
3 year I've served as the health policy coordinator
4 for the grassroots group NYC for Change. For most
5 of the year I was also the editor and chief
6 blogger for the universal health care section of
7 the social advocacy site Change.org.

8 As such I've become intimately
9 familiar with both the policy and practical
10 politics involved in the current legislation that
11 has passed through the House of Representatives
12 and is currently being debated in the United
13 States Senate.

14 I've submitted a longer statement
15 for the record, but I would like to sort of give
16 you the quick highlights and how it directly
17 applies to CUNY students.

18 Comparing the 2008 student
19 experience survey as broken down by CUNY's own
20 Office of Instructional Research and Assessment
21 and the national trends for un-insurance as cited
22 by the United States Census Bureau, we find that
23 the student population of CUNY is particularly at
24 risk for being uninsured based on national trend
25 lines.

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2 For one thing, 70% of the student
3 population is under the age of 25, which is the
4 highest concentration of uninsured. The Census
5 says that those who are 18 to 24 are 28.1% in 2007
6 and 28.6% in 2008 were uninsured. That's the
7 highest for any age band that they looked at. In
8 addition to that, the next level up, 25 to 34 was
9 the second highest.

10 Now, oftentimes people look at the
11 makeup of this group and tend to think of them as
12 "the young invincibles". They presume that the
13 reason why they do not have health insurance is
14 because they somewhat pridefully scorn it and
15 think that they are indestructible and that their
16 good health makes purchasing health insurance not
17 a priority.

18 In my experience and in the
19 analysis of others who have looked at the data,
20 that may be true for some but it is not true for
21 most. They are not young and invincible. In
22 general they are young and broke.

23 I'd like to read a quote from
24 Anthony Wright who is executive director of the
25 Health Access California. Most of the difference

1
2 is not really about age or attitude, but income
3 and job type. I think that's certainly true for
4 students of CUNY who may be working part time or
5 full time.

6 In addition to that, however, in
7 terms of income, 76% of all CUNY students are in
8 households that make \$50,000 or less each year.
9 Compare that to the Census that's 62% of uninsured
10 in the country fit a similar demographic.

11 And of course, in addition to that,
12 CUNY student body is more representative of
13 minorities that the national population as a whole
14 and both African Americans and Latinos are
15 likewise more likely to be uninsured. In the case
16 of Latinos, it's a staggering 30.7% are uninsured,
17 which is nearly twice the national average.

18 The bad news is that means that the
19 CUNY population is highly at risk for going
20 without health insurance for part of all of a
21 year. The good news is that that means they are
22 specifically targeted by the initiatives of the
23 national health insurance plans that are going
24 through both the House and the Senate.

25 I'd like to walk you through four

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2 scenarios that likely fit very well with CUNY
3 students and how they would or would not be
4 affected by the legislation that's currently
5 moving the House and the Senate.

6 First are students who currently
7 qualify and are enrolled in Medicaid. Based
8 purely on income and eligibility in New York
9 State, 19% of the CUNY student body population
10 could be eligible and may be enrolled in Medicaid.
11 Their experience of health care will not change.
12 If anything, it will improve slightly. Most of
13 the changes in Medicaid in the legislation have to
14 do with the financing of it, how much the federal
15 government pays, how much the state pays. That
16 will largely be invisible to the student
17 experience of achieving health care.

18 The two areas where they will
19 likely have a better experience is co-pays,
20 deductibles, cost sharing for preventative care
21 will be phased out for Medicaid as well as for
22 Medicare and ultimately for private insurance as
23 well.

24 This is part of a national
25 reprioritization of our health care delivery

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2 system to focus on prevention, which we know
3 yields better quality and decreases costs and is
4 something that all other industrialized nations
5 work very hard at achieving. It's often said that
6 we don't have a health care system currently; we
7 have a disease care system where we work more on
8 expensive interventions when the patient has
9 already become dramatically sick.

10 The other thing that those who are
11 enrolled in Medicaid will notice is that all of
12 the sudden they've got a lot of company because
13 the eligibility for Medicaid will be expanded.
14 We're going to see that a lot less in New York
15 State because Medicaid in New York State is
16 already quite generous.

17 However, there will still be an
18 expansion primarily financed by the federal
19 government which would expand Medicaid eligibility
20 to 133% of the poverty level. That in current day
21 dollars would work out to be \$14,404. That alone
22 will increase the number of CUNY students eligible
23 for Medicaid from 19% to 30%.

24 The second scenario is for students
25 who receive coverage through their parents'

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2 employer sponsored insurance. When I was in
3 college that's how I maintained coverage because I
4 was able to stay on my parents' plan. In this
5 particular aspect actually New York health care
6 reform initiatives have overtaken whatever is
7 likely to come out of Congress.

8 On July 29th, Governor Paterson
9 already signed into law a requirement for New York
10 State to allow young adults to remain on their
11 parent's plans regardless of financial dependence
12 through the age of 29. That will help those who
13 are in that situation more so than national health
14 care legislation which is only targeting through
15 the age of 26.

16 So the real benefits of national
17 health reform will be much more obvious to the
18 last two scenarios that I mention. Those students
19 who are ineligible at their income and at the
20 household income level for Medicaid or other
21 federal programs, and those who neither through
22 themselves nor through their parents have access
23 to employer sponsored insurance.

24 What is in health care reform for
25 them? Well, currently let's take a look at what

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2 they could expect on the individual market in New
3 York State to pay for premiums. The self-reported
4 2007 data from America's health insurance plans
5 say that the average cost for an individual
6 premium in the non-group market is \$394.50 a
7 month. That was in 2007. Obviously it's more
8 today.

9 The one caveat on that is that
10 that's an average of all plans, ranging from the
11 very skimpy to the very good. A casual look at
12 ehealthinsurance.com or other online portals will
13 suggest that if you are looking for comprehensive
14 plans that cover primary care, prevention, mental
15 health, so on and so forth; you're looking more at
16 a monthly premium of \$450 per month.

17 Obviously, when you're looking at
18 the income levels for the households that CUNY
19 students are in and that means purchasing a plan
20 that includes good coverage will cost nearly 10%
21 of an individual's income. If you're looking at a
22 family plan, family rates are much higher.
23 They're over \$1,000 a month. You're talking about
24 a staggering 24.5% or more of a family's salary
25 going just for health insurance. Well obviously

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that's unaffordable for most.

Now if either the House or the Senate bill becomes law, the situation will improve. There will be more affordable options. They're not as optimal as perhaps a single payer system would be, which obviously would benefit CUNY students tremendously, but they're still a step in the right direction.

The plans offered in the health exchanges that are set up, it's a transparent marketplace set up by federal and state governments where you can compare standardized benefit plans, comprehensive plans, they cover primary care, and they cover prevention and so on and so forth. Because they have a standardized set of benefits you can compare like to like and figure out my premium is actually going for this, it covers this and it's all transparent.

In addition to that, the federal government will provide tax credit subsidies specifically targeted on a sliding scale on income that will put more insurance options within reach for more CUNY students.

In my longer statement I used

1 something called the health reform subsidy
2 calculator which is a tool that was set up by the
3 Keiser Family Foundation to give an expectation of
4 what students and their families might be expected
5 to pay for premiums in 2009 dollars. The problem
6 with that of course is that in both of the bills
7 the health exchanges wouldn't open until 2013 or
8 2014. But this gives you a sense of what type of
9 an impact it would have if it were available
10 today.

12 A CUNY student who's making \$30,000
13 per year or in a household making \$30,000 per year
14 which is the majority, 54%, would be able to
15 obtain a comprehensive plan for less than \$230 a
16 month under both the House and the Senate bills.
17 That's still a difficult road for some of them but
18 is much better than the \$394.50 that's currently
19 available to them.

20 If we go up to an income of \$50,000
21 an individual at that point has already exceeded
22 what would be the national cutoff point for a
23 subsidy which is 400% of the federal poverty
24 level. However, because the exchange would have
25 other reforms that would require administrative

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2 simplicity, negotiate for the best rates based on
3 the large number of people in that pool, so on and
4 so forth, the Kaiser Family Foundation's
5 calculator suggests that even for that the premium
6 would be less, about \$320 per month.

7 The other thing that of course is
8 worth stressing again and again is these are
9 comprehensive plans. They are equivalent to what
10 you could get in employer sponsored insurance.

11 The last scenario that I just want
12 to talk about is comparing the plans in the
13 exchange to the plan that's already being offered
14 by CUNY through GHI. In 2009 dollars, an
15 individual can purchase the pretty decent GHI plan
16 for a monthly premium of \$229.68. Now whether
17 this would continue to be a competitive price for
18 CUNY students would largely depend upon their
19 income.

20 For a student making \$20,000 a year
21 because subsidies are pegged to their income, the
22 answer is that the exchange would be a much better
23 option for them. Based on the calculator they
24 would be able to get a plan on the exchange for
25 under \$100 a month. At \$30,000 it's more or less

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2 a wash. At \$50,000 the GHI plan provides a better
3 deal in terms of what the premiums cost.

4 The one thing I will note however
5 is that the GHI plan currently offers coverage
6 only for in network providers. That's not
7 necessarily a standard insurance practice. That's
8 one of the things that they do to be able to
9 provide a cheaper premium in the current context.

10 However, plans in the exchange
11 would likely allow for some compensation and
12 coverage both in network and out of network since
13 that's just more common in the insurance industry
14 as well. That in and of itself may either prompt
15 more students to sign up through the exchange or
16 cause GHI to reexamine their ability to deliver a
17 network like that.

18 The one thing that I wanted to
19 mention in addition is that regardless of which
20 plan that they offer, CUNY students would benefit
21 as would their families from a number of the other
22 provisions of health care reform that I want to
23 touch on very lightly.

24 No co-pays or deductibles for
25 preventative care, a cap on yearly out of pocket

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2 expenses based on income, something that simply
3 does not exist in the United States today and is a
4 leading factor in why over 62% of personal
5 bankruptcies involve some medical debt to some
6 extent, often above the \$5,000 range.

7 Including Americans who have what
8 would be considered good insurance. In addition
9 they will benefit from a ban on excluding
10 customers on the basis of preexisting conditions.
11 There will be an end to the practice of
12 rescissions, whereby a customer's policy is
13 nullified when they file a claim. More
14 transparency, better consumer protections and so
15 on and so forth.

16 Now, I just want to mention one
17 last option that will be available through the
18 exchange. It is only in the Senate bill. It's
19 not in the House bill. It's something that is
20 actually called the young invincible's plan.
21 Those who are under the age of 30 would qualify
22 for a catastrophic only coverage. They would get
23 some limited coverage for preventative care. They
24 would have a plan with a high deductible, up to
25 about \$5,900.

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2 Again, it's designed only for those
3 who think that they have good health, think that
4 that good health will continue, are willing to
5 gamble on that and would prefer the tradeoff for a
6 much lower premium for something that's high
7 deductible. That's an option that's in the Senate
8 bill. Since most CUNY students are under the age
9 of 30, they would qualify for that.

10 I do have to mention that as a
11 progressive health care advocate, I don't find a
12 lot to recommend in such plans. The whole point
13 of having health insurance is not that you're
14 covered in the event of a catastrophic illness or
15 injury but that you're covered to maintain your
16 health. That improves quality and brings down
17 costs in general. But it is worth mentioning.

18 Even if national health care reform
19 is passed, it will continue to be a challenge to
20 make sure that juggling tuition, housing, living
21 expenses and a new requirement in 2013 to carry
22 health insurance does not push the pursuit of
23 higher education out of reach for low and middle
24 income students. These bills help. They do not
25 entirely remove the financial pressure.

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2 In addition to that, the majority
3 of benefits, include expanded Medicaid eligibility
4 and the health exchange do not kick in until 2013
5 or 2014 at the earliest, presuming some version of
6 the bills in Congress are passed and signed into
7 law within a reasonable timeframe. Personally I
8 think we've already exceeded the reasonable
9 timeframe for this but there's always hope.

10 That means an additional three or
11 four years at a minimum where CUNY students who
12 come from households that make too much money to
13 qualify for Medicaid and do not have a parent with
14 benefits through an employer are faced with
15 scraping together enough money to afford a monthly
16 premium that will continue to be out of reach to
17 many. Thank you very much. I'm happy to answer
18 any questions.

19 CHAIRPERSON BARRON: Thank you so
20 much. Matter of fact, give him a handclap. This
21 is great information. I had the pleasure of
22 meeting with him and learning much more about the
23 health care and the impact. It was sorely needed.
24 Let me ask you a few questions though.

25 Is there a penalty? What penalty

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is there if the students don't sign up?

TIM FOLEY: Beginning in 2013 when the exchanges are open there will be something that's called an individual mandate, a requirement to purchase coverage or to pay a fee. The fees are different in the House and the Senate bill. The House is easier to remember. It would be 2.5% of your income assessed under income tax. There is an individual mandate in Massachusetts as a basis of their health care reform. The mandate in the House bill as well as the Senate is loosely modeled on that.

There are hardship waivers in Massachusetts that are available. There are provisions in the House bill as well. There are looser provisions in the Senate bill wherein someone who truly is unable to afford health insurance would be able to apply for a waiver. They would still be uninsured but they would not be penalized for not being able to afford a plan that is unaffordable to them which is a real concern.

The concern with the Senate and the reason why I brought up the young invincible's

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2 plan is it is very likely that and we don't have
3 an estimate on what those premiums will be.
4 They'll be significantly lower and you will see
5 more students sort of shuttled off into that plan
6 because it is an option that's available to them
7 and not available to most and a way of escaping
8 any tax penalties from the individual mandate.

9 CHAIRPERSON BARRON: Can you speak
10 a little bit about this public option and where it
11 stands right now? I mean I think single payer, as
12 you said, would be the best way to go. You could
13 speak a little bit on that too, single payer,
14 what's the possibilities of that in the future and
15 some of the characteristics that makes that so
16 much more attractive and then the public option,
17 where it's at and where it stands right now.

18 TIM FOLEY: I'll start with the
19 public option. Its current status is, what time
20 is it, hard to say. There was a version that was
21 passed in the House. There is a version that is
22 in the current Senate bill.

23 The original conception of the
24 public option was that within this exchange which
25 is open to those who don't currently have

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2 insurance and to small businesses and would
3 gradually be expanded over time so that larger
4 businesses would be able to apply for coverage
5 through it as well for their employees.

6 That you would have a number of
7 comprehensive plans that would be similar in
8 composition and in terms of the benefits that they
9 would cover and you would have a wide range of
10 private insurance plan from Aetna to WellPoint.

11 But that one of those options would
12 be a private insurance plan that is run by the
13 federal government similar to the way it runs
14 Medicare. The reason for it is two-fold. Number
15 one, because it creates economic pressure on the
16 private plans within the exchange.

17 We know that public coverage is
18 much more efficient in terms of administrative
19 costs than private coverage is. Private coverage
20 spends anywhere from 15% to 30% of the premiums
21 that they take in on administrative costs. For
22 Medicare that's 3% and even for Medicaid which has
23 a lot more administrative costs because you have
24 to determine eligibility, it's only 7%.

25 And also because the public health

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2 insurance option would be run by the government
3 and not liable to shareholders or Wall Street
4 prices or so on and so forth, they would have no
5 incentive to sit on that money. They would
6 essentially furnish a lower premium. The hope is
7 that through head to head competition that would
8 drive the price of private insurance down as well.

9 So the public option is meant to be
10 one of those options in the exchange. The House
11 bill uses negotiated rates. It does not use
12 Medicare rates. It was a stronger public option
13 than many progressives were hoping for. There do
14 not appear to be enough votes for it even in the
15 House. So it uses negotiated rates the same as
16 any health insurance plan.

17 As a direct result the
18 Congressional Budget Office has not scored it as
19 suggesting that it actually would have lower costs
20 because among things they believe that sicker
21 patients would gravitate towards the public
22 option. With its lower administrative costs it's
23 less likely to deny you care. To which I say, by
24 the way, great. If that's all that we would get
25 out of a public option that's reason enough for

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2 having it to have an option that's not based on
3 finding reasons to deny people care precisely at
4 the time that they need it.

5 There is a version in the Senate
6 that is similar. It uses negotiated rates again.
7 It has an extra twist of an opt-out whereas if the
8 state legislature passed a bill saying we don't
9 want the public option, they would not be required
10 to have it in their exchange. That's really the
11 only difference but the two are structured very,
12 very similarly.

13 The one thing that I do want to
14 mention is obviously you mentioned single payer
15 before. There is no doubt that in terms of our
16 health care system as a whole, based on the
17 experience of looking at other countries who have
18 implemented this, a single payer system is far
19 more efficient. We often refer to it as Medicare
20 for all.

21 Medicare as we know is slightly
22 better although it could be much better. Many of
23 the aims of health reform are to make it better at
24 controlling costs. It tends to be a much better
25 experience in terms of patient satisfaction and

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2 customer satisfaction. It pays more promptly to
3 providers even if there is occasionally grumbling
4 about the rates that it sets, so on and so forth.

5 Also, when you have a global budget
6 like that you are able to much more effectively
7 control the amount of costs that is in your health
8 care system as a whole, not to mention that
9 administrative costs of the 15% to 30% more or
10 less ceases to exist, a savings that would be
11 approximately \$300 or \$400 billion a year.

12 Single payer obviously is a beloved
13 institution in the countries that have implemented
14 it. There are many advocates for it, particularly
15 in New York City. Congress at this point does not
16 have the votes to attempt something along those
17 lines. They're having enough trouble getting a
18 relatively weak public option that's been
19 compromised again and again and again passed.
20 That is not a question of policy, that is a
21 question of political will.

22 CHAIRPERSON BARRON: Let me just
23 ask you this. On the single payer isn't it true
24 that the insurance companies couldn't even offer
25 certain health care services? I was reading

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2 something where they said that like now even with
3 the public option, even the president himself I
4 think he computed this into the 300 million
5 population, it would only really cover 5% of the
6 population even if they did have a public option.
7 But that's computing the entire population. And
8 that there's like thousands of health care plans
9 out there.

10 So people think when we say single
11 payer that the government is now going to provide
12 the hospitals and the doctors and all of that but
13 it would still be in the private sector in terms
14 of the hospitals and doctors for the most part.
15 But the single payer would be the government. Is
16 it something like that?

17 TIM FOLEY: That's exactly right.
18 When we mean single payer we mean exactly that.
19 We don't mean that government is providing the
20 care as they do in the VA system for example where
21 the clinics, the hospitals, the doctors they are
22 all financed by the government directly from tax
23 revenue and they are actually government
24 employees. That's the model that's in the British
25 National Health Care system. That's not what

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we're talking about.

In general what we're talking about is a national health insurance plan, a single payer where the costs of premiums, co-pays, deductibles, so and so forth instead of being sort of paid in a piecemeal fashion are paid in a systematic fashion that's derived from tax revenue. But the hospitals would continue to be private. The doctors would continue to be private.

To get to your question of whether a single payer system would actually restrict the services that you would be able to get under it, the quick version is it depends on how it's structured. There is actually a lot of variance in the way single payer systems are constructed around the world.

In Canada, for example, that is in fact exactly the situation. If you have their version of Medicare, you get the coverage for what's in Medicare. There are actual barriers to you to buy private supplemental insurance to have other procedures that are not covered by Medicare. In general Canadian Medicare covers almost

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2 everything so this is a problem that affects very
3 few.

4 However, France is more or less a
5 single payer system. They tend to act like it.
6 And actually not only are you able to buy
7 supplemental private insurance, nonprofit, not for
8 profit, but still a health insurance plan as a
9 supplement, but 98% of the population does so,
10 which essentially means that they've been able to
11 cover their entire population nearly twice over
12 while we're still just trying to get everybody
13 covered once. So as I said, it would very much
14 depend upon how it was structured.

15 Medicare, the one thing I'll
16 mention, is that most people who have Medicare
17 also purchase medigap coverage. Medicare is
18 itself a single payer system. However, you can
19 get the medigap coverage as a supplement to cover
20 procedures that are not covered through Medicare.
21 It would likely be an expansion of Medicare rather
22 than creating a whole new system like the British
23 system.

24 CHAIRPERSON BARRON: That's HR 676?

25 TIM FOLEY: HR 676.

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2 CHAIRPERSON BARRON: We want to
3 read up more on it. Do any of my colleagues have
4 any questions? Thank you so much. This is going
5 to be vital information for us. This is the kind
6 of information we wanted to get out of this
7 hearing. Then we'll be monitoring of course all
8 of the congressional bills to see where they go
9 from here. But once again, we thank you so much
10 for coming by and making this presentation to us.

11 TIM FOLEY: Thank you and good
12 morning.

13 CHAIRPERSON BARRON: Good morning.

14 FEMALE VOICE: Jennifer Raab, Peter
15 Jordan, Kenneth Olden.

16 [Pause]

17 FEMALE VOICE: Please raise your
18 right hand. Do you swear or affirm that the
19 testimony you are about to give is to the best of
20 your knowledge truthful and accurate? You may
21 proceed.

22 PETER JORDAN: Good morning
23 Chairperson Barron and members of the Higher
24 Education Committee of the New York City Council.
25 I'm Peter Jordan, interim vice chancellor for

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2 student affairs at the City University of New
3 York. I'm joined this morning by President
4 Jennifer Raab of Hunter College and Dr. Kenneth
5 Olden, the founding dean of CUNY's newest school,
6 the School of Public Health.

7 I'm pleased to testimony before
8 your committee again, this time to update you on
9 what we know about the health insurance coverage
10 among CUNY students and the health services
11 provided by campuses across the university.

12 As the U.S. Congress takes up the
13 issue of health care reform, your interest in
14 student health could not be timelier. CUNY
15 faculty and administrators appreciate your
16 attention to this important topic as it relates to
17 CUNY students.

18 Last month I had the opportunity to
19 join CUNY, SUNY and private university staff from
20 across New York State in testifying before the New
21 York State Senate Committee on Higher Education.

22 Our testimony focused specifically
23 on our state of preparedness for addressing the
24 H1N1 influenza pandemic. Clearly, the physical
25 and mental health of our students is paramount to

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2 the stability and well being of our campuses, the
3 communities they're in and our students' academic
4 success.

5 Let me share some of what we know
6 about the health insurance coverage among CUNY
7 students. Some of this you've heard already from
8 Mr. Foley.

9 Our 2008 survey of student
10 experience data revealed the following, the
11 majority of CUNY students are covered by parents'
12 health insurance policies. Less than a fourth,
13 23%, of CUNY students are uninsured. Community
14 colleges within the CUNY system tend to have
15 higher percentages, 26% on average, of uninsured
16 students. 27% of CUNY students participate in
17 some form of public assisted or public subsidized
18 health insurance programs including Family Health
19 Plus, Child Health Plus and Medicaid.

20 Again, community colleges tend to
21 have higher proportions, averaging about 32% of
22 students on public assisted or subsidized health
23 insurance programs.

24 To assist students who are not
25 insured, we work with the Office of Citywide

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2 Health Insurance Access to offer these students
3 access to enrollment specialists for Medicaid,
4 Family Health Plus and Child Health Plus. Child
5 Health Plus being important to our students who
6 have children, especially those who are in our
7 child care programs across CUNY.

8 These enrollment specialists work
9 with our CUNY health services offices and student
10 activities directors to promote awareness and
11 provide assistance with applications.

12 Between September 2008 and December
13 2009, 3,355 CUNY students were enrolled in public
14 assisted or subsidized health insurance plans
15 through these efforts.

16 In addition, the university
17 promotes, as you heard before, a CUNY endorsed GHI
18 health insurance plan for students who are
19 uninsured. Less than 1% of CUNY students purchase
20 the CUNY endorsed GHI health insurance plan. The
21 2008-2009 enrollment data provided by GHI shows
22 that 1,500 CUNY students were enrolled in this
23 plan. To date, in this academic year and we are
24 just about halfway through the academic year, that
25 enrollment figure is now over 1,700 students.

1
2 Currently, monthly payments to
3 participate in this plan are, as you heard before
4 \$229.68 per individual and \$655--

5 CHAIRPERSON BARRON: [interposing]
6 Excuse me one second. I know we did this already
7 but since he has to leave, this is his last
8 hearing. You're not sneaking out Tony. This is
9 his very, very last so I just wanted to give him
10 another big round of applause. Thank you so much
11 for everything Tony. With you all the success in
12 all of your future endeavors. I'm sorry.

13 PETER JORDAN: So currently,
14 monthly payments to participate in this plan are
15 \$229.68 per individual and \$654.61 per family.
16 However, it's important to point out that this
17 plan does not include prescription drug benefits.

18 Finally, let me share with you some
19 information about the direct health and mental
20 health services we offer across CUNY campuses to
21 our students.

22 As you know, CUNY is an urban
23 commuter university in the heart of New York City.
24 Students on our campuses have easy access to major
25 medical and health facilities throughout the five

1
2 boroughs. Of CUNY's 23 campuses and schools, four
3 of these institutions have residence halls housing
4 less than 1% or 260,000 degree seeking students.
5 As a result, the university's health services
6 program is not designed to provide full service
7 long term clinical care.

8 All of CUNY's Health Services
9 Offices and counseling centers provide basic first
10 aid and emergency response, psychological
11 assessments, referrals to doctors and clinics and
12 ensures compliance with New York State
13 immunization laws.

14 Our students have access to 18 CUNY
15 Health Services Offices and personal psychological
16 counseling services are available on each campus.
17 Our counseling services are becoming increasingly
18 important as CUNY commits to meet the needs of our
19 special of our special populations, including
20 veterans returning to college.

21 There are nearly 3,000 student
22 veterans enrolled at CUNY campuses. We continue
23 to aggressively plan and manage to accommodate
24 their health and counseling needs.

25 Increasingly, our campuses are

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2 expanding health and counseling services to
3 students. Across CUNY campuses there are six part
4 time physicians, 12 full time and 12 part time
5 registered nurses, 2 full time and 7 part time
6 nurse practitioners and 1 full time and 5 part
7 time EMTs. Additionally there are 81 licensed
8 mental health professionals employed by the
9 university who provide mental health counseling
10 and support to our students.

11 In closing, Mr. Chairman, across
12 CUNY we are committed to the health and well being
13 of our students. With your help and the help of
14 the City Council of New York, CUNY can continue to
15 take steps to ensure the maintenance of health
16 student and campus environments.

17 I want to express my appreciation
18 to you, Chairman Barron and members of the Higher
19 Education Committee for your timely and well
20 placed focus on this important public health
21 issue.

22 The City University of New York
23 values your continued interest and partnership to
24 ensure that our students have access to quality
25 health insurance and services. These are

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2 important requirements to improve quality of life
3 and academic success for our students. I thank
4 you for your time.

5 JENNIFER RAAB: Jennifer Raab,
6 President of Hunter College. Good morning,
7 Councilman Barron. Thank you for this
8 opportunity. My role this morning is to introduce
9 to you one of the initiatives CUNY has to address
10 the public health crisis while the federal
11 government is developing the national health
12 policy and national health insurance.

13 CUNY, by creating the new CUNY
14 School of Public Health at Hunter College is
15 taking very important action that is synergistic
16 with the new health care reform by both training
17 the workers needed to influence and to implement
18 the public health policies that will be coming.
19 The federal government estimates that there'll be
20 about 700,000 new jobs in the public health field
21 in the country. And also to provide the important
22 research and the applied research to deal with
23 this crisis, particularly in the areas of
24 prevention and more effective health care delivery
25 system.

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2 So about two years ago Chancellor
3 Goldstein asked Hunter College to work with Lehman
4 College, the Graduate Center in Brooklyn College
5 all of which have public health programs to create
6 a new CUNY School of Public Health that will be
7 based at Hunter College.

8 We're very excited about this
9 initiative because it is a new way of looking at
10 public health. As you know, we have very strong
11 public health schools in the city and the state
12 but they look more at a more traditional model of
13 public health about infectious disease. While
14 we've all spent a lot of time recently talking
15 about H1N1, the real issues in public health right
16 now are what we've been discussing this morning
17 and that's about prevention of disease and
18 management of chronic disease.

19 So we're creating a school that's
20 looking at a society that is really increasingly
21 urban. We're all living more closely in more
22 dense environments. And we're all living
23 fortunately longer. So as a closely knit urban
24 society and aging society, the CUNY School of
25 Public Health looks to address the issues of how

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do we help people live longer healthier lives?

The first emphasis is on preventing disease. We all know there are so many environmental factors that can be controlled that can help us prevent disease. Those diseases are those that we're talking about in policy debates all the time now such as obesity, diabetes, AIDS, and asthma. To the extent we can prevent them from creating better environments, the CUNY School of Public Health is going to be working on training the workers to do this and to do the research to help create solutions.

We're also going to be working on managing chronic diseases such as diabetes, cancer, AIDS, diseases people live with. They can live more effectively and they can live longer if they have the right care and a better delivery system.

Finally, a major emphasis of the school, something I know, and something that I know that's very important to you is the issue of health disparities. We all know the figures in urban areas; particularly low income areas are just completely unequal. The numbers of diabetes,

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2 of obesity, of asthma in our poor neighborhoods,
3 particularly in the city are really just
4 untenable.

5 So the purpose of this school is to
6 really address this crisis by both creating this
7 workforce and we're very proud that this school
8 will have both undergraduates getting degrees in
9 community public health, master's degrees in a
10 number of areas and PhDs.

11 As of a year ago, CUNY, through the
12 State Education Department was granted the right
13 to give joint degrees between CUNY, the Graduate
14 Center and Hunter College and in doctorates of
15 public health. So it is a new of initiative of
16 CUNY's that is directly related to dealing with
17 the health care crisis in the city and in the
18 state.

19 We've made some great progress in
20 particularly two areas. The first is to find a
21 home for this wonderful new CUNY School of Public
22 Health at Hunter College. That will be in the
23 building that we broke ground on about two weeks
24 ago on 119th Street and 3rd Avenue.

25 Through a land transaction which

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2 involved having the philanthropy that owned our
3 Social Works School on 79th Street sell that
4 building and make a major gift to CUNY of \$30
5 million, we were able to begin planning a new
6 social work building and then get the funds
7 through our state appropriations to turn the
8 social work into a school of social work and
9 public health.

10 So a new 138,000 square foot
11 building will be built on 119th Street and 3rd
12 Avenue. We are in construction. We are on time
13 and on budget and we will open in September 2011
14 and welcome the CUNY School of Public Health as
15 well as the Hunter School of Social Work to that
16 corner of East Harlem.

17 We have already begun working very
18 closely with neighborhood organizations to make
19 sure that the school will be addressing local
20 problems. East Harlem happens to have one of the
21 highest incidents of some of the chronic diseases
22 we've been discussing such as obesity, asthma, et
23 cetera, and we're very eager to really engage with
24 the neighborhood and make sure that the research
25 we do affects and betters the lives of that

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neighborhood and the whole city.

Another major step that we've taken is to find the leadership we need for this very exciting endeavor. I'm very pleased now to introduce our founding dean, Dr. Ken Olden. Dr. Olden is really a distinguished scientist and that's something very important to underscore. He has a long and incredibly successful career as a cancer researcher. He is himself a biologist.

Spent the beginning of his career on the faculty and running the cancer center at Howard University and then went on to become the first African American in the country to head one of the divisions of the National Institute of Health which was the National Institute on Environmental Health Sciences.

That is where he began to have a career that began to focus on not just basic research but on how research and the environmental impact on disease can be really looked at together so that we could begin to focus on how we can change our environment to limit disease.

We were very, very fortunate. Dr. Olden, as I said, had a distinguished career in

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2 the NIH and in academia. He was going on to think
3 about towards retirement and towards becoming a
4 sort of faculty member and teaching and writing
5 when we were able to recruit him to come and
6 choose to come to CUNY and to come to New York
7 City to help us launch this very really visionary
8 plan to have an impact and to help address the
9 public health crisis.

10 So I'm very pleased and honored to
11 introduce to you this morning Dr. Ken Olden, the
12 founding dean of the CUNY School of Public Health
13 who has already helped us make great progress in
14 hiring the faculty and recruiting the students we
15 need to make this venture a success.

16 DR. KENNETH OLDEN: Thank you very
17 much and good morning. I'm founding dean of the
18 School of Public Health at CUNY. I provided my
19 testimony in its final sketch for the records.
20 I'm grateful for the opportunity to speak with
21 this committee about the exciting developments at
22 the CUNY School of Public Health and how these
23 developments relate to the President's health care
24 reform proposals that's being debated in
25 Washington, D.C.

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2 Medical research has led to
3 remarkable improvements in the health and life
4 expectancy of the American people in the past
5 century. Yet the health care delivery system
6 faces many challenges in translating new
7 discoveries and new technologies into practice.

8 The health care proposal that is
9 currently being debated by the U.S. Congress
10 addresses the challenge of providing universal
11 access to care to all people. However, one of the
12 other important challenges that have not been
13 addressed by the president's health care reform
14 proposal is the issue of affordability.

15 If health care costs continue to
16 rise as they have in recent years, it is estimated
17 that we will be spending 20% of our gross domestic
18 product on health care by year 2020.

19 To address affordability, the
20 health care system must put greater emphasis on
21 promotion of health and prevention of chronic
22 diseases as indicated by President Raab.
23 Therefore, Chancellor Goldstein's decision in
24 September 2006 to create a new school of public
25 health at CUNY was visionary. Visionary in that

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2 it correctly anticipated to pressing needs in the
3 field of public health.

4 These two need are as pointed out
5 by President Raab first that the need for the
6 training of more public health professionals. And
7 second is the need for a new model for public
8 health in this country, one that emphasizes
9 prevention of chronic diseases.

10 As pointed out by President Raab,
11 although infectious diseases has not been
12 eradicated and that is primarily the focus of
13 other schools of public health, they are no longer
14 ever the cause of the primary burden for disease
15 and health care costs in this nation.

16 The Institute of Medicine of the
17 U.S. National Academy of Sciences published a
18 report in 2003 in which they took special note of
19 the shortages of certain health care
20 professionals. Of particular concern to the
21 Institute of Medicine, was the under
22 representation of racial and ethnic minorities in
23 all of the health professions.

24 The Institute also expressed
25 concerns about the lack of interdisciplinary

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2 training necessary to develop the competencies
3 required to deliver care to an increasingly
4 diverse population. Given the social, economic
5 and racial makeup of the student body at CUNY and
6 Hunter, the new School of Public Health is
7 positioned to make important contributions to
8 address many of the concerns raised by the
9 Institute of Medicine.

10 Chancellor Goldstein's vision and
11 decision was timely in that it coincided with
12 increased national interest in reducing health
13 care costs by promoting healthy aging and disease
14 prevention. It is anticipated that the U.S.
15 government will make tremendous increased
16 investments in health research and public health
17 and particularly towards prevention.

18 The mission of the CUNY School of
19 Public Health as articulated by Chancellor
20 Goldstein and President Raab, is to generate
21 knowledge and evidence based practices to promote
22 healthy aging, prevent chronic diseases and to
23 reduce disparities in health by emphasizing
24 research on behavioral and environmental aspects
25 of the diseases.

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2 These goals are being achieved by
3 the recruitment of world class faculty, by the
4 development of collaborative interactions with the
5 city's Public Health Department, the Housing
6 Authority, community hospitals and neighborhood
7 clinics and integration of public health practice
8 with social and behavioral sciences in a community
9 setting.

10 As President Raab reported, the
11 school has made remarkable progress in the past
12 three years. The primary mission of the School of
13 Public Health at CUNY is to train health care
14 professionals as there is an urgent need. The
15 Centers for Disease Control and Prevention
16 estimates that 80% of health care workers in the
17 U.S. lack training in public health.

18 We are pleased that the school has
19 been able to attract several outstanding
20 applicants in its new doctoral program in public
21 health. The applicants are attracted by CUNY's
22 affordable tuition and quality of education.
23 Without CUNY, most of these applicants would not
24 be able to become trained health care
25 professionals.

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2 The co-location of the School of
3 Public Health with Social Work in East Harlem
4 provides an excellent opportunity to develop
5 interdisciplinary programs to address the social
6 and behavioral aspects of disease ideology.

7 The location of both schools in
8 East Harlem also provides an excellent opportunity
9 to establish community partnerships necessary to
10 solve the disparate health problems in this city.

11 In summary, our vision for a
12 healthy and productive society cannot be achieved
13 without comprehensive and affordable health care
14 available to every person residing in the U.S.
15 However, access to health care alone will not
16 solve the nation's health care problems. As
17 studies show that more than 70% of avoidable
18 mortality is due to behavior and environment
19 factors.

20 Therefore, prevention and promotion
21 of population health through public health
22 training and practice is critical to improve the
23 nation's health and to reduce health care costs.

24 New York City is the most diverse
25 city in the world with distinct neighborhoods and

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2 each with their own unique health profile. These
3 characteristics make New York City the best place
4 in the world to investigate the preventable causes
5 of illness.

6 Chairman Barron and members of the
7 committee, I'm grateful for the opportunity to
8 address this committee on this important problem.
9 Thank you very much.

10 CHAIRPERSON BARRON: Thank you for
11 a profound testimony. We want to welcome Council
12 Member Gale Brewer from Manhattan. Give her a big
13 handclap. A great supporter of CUNY. Give her
14 another handclap for that. Give her two.

15 This was great testimony. I wanted
16 to ask some global stuff and then I'll get some
17 particulars. I visited Cuba and their health care
18 system. Their infant mortality rate is healthier
19 than ours. Their life expectancy rate, they live
20 longer than we.

21 I'm wondering how a nation that's
22 struggling so seems to be providing better quality
23 health and affordable health care and free health
24 care. And here a nation that has a \$3.6 trillion
25 national budget and some of the highest technology

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2 in the world, what's going on that we can't do
3 better as a nation in health care when we have
4 such access to such wealth and high technology?

5 DR. KENNETH OLDEN: I won't get the
6 number right, but there was an article in New York
7 Times a few years ago that I actually quote a lot.
8 It said, "Health Care Ask Cuba". That was the
9 title of the article. It indicated that if we had
10 a health care system that is evaluated and one way
11 health care systems are evaluated is on infant
12 mortality.

13 So if we had an infant mortality
14 rate in the U.S. comparable to Cuba's we would
15 prevent, it was more than 1,000 American babies
16 dying every year. It seems to me like the number
17 was 1,200 American babies every year. So it means
18 that we have an infant mortality rate that exceeds
19 Cuba's. And Cuba we consider a third world
20 country.

21 So that was the point of the
22 article is that there are at least two third world
23 countries that have infant mortality rates that
24 are better than the U.S. I think that is the
25 impetus for providing universal care. The issues

1
2 are prevention and early intervention is what's
3 going to make the difference and promote better
4 health.

5 CHAIRPERSON BARRON: Thank you.

6 GHI, why that? The co-payment is like \$27 per
7 visit? That seems to be like a pretty high co-
8 payment for CUNY students. But why did we select
9 GHI? Was there better or most cost effective or
10 was that the best we could do?

11 PETER JORDAN: My understanding in
12 terms of when we went to bid on this is that it
13 was the best insurance plan that we could identify
14 for students at the time. What we're doing
15 currently is trying to work with GHI to improve
16 that plan to include prescription drug benefits
17 that will go into place this spring as well. But
18 at the time my understanding is that it was the
19 best bid that we had coming through.

20 CHAIRPERSON BARRON: There's an 11-
21 month waiting period?

22 PETER JORDAN: Eleven month waiting
23 period for students to sign up for the plan?

24 CHAIRPERSON BARRON: For those with
25 preexisting conditions to sign up.

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2 PETER JORDAN: I'd have to look
3 into that. I'm not sure about the waiting period
4 for individuals with preexisting conditions at
5 this point.

6 CHAIRPERSON BARRON: There are a
7 lot of plans that we have real problems with the
8 co-payments, deductibles, preexisting conditions,
9 which are some of the legislation that they're
10 trying to address a lot of that now. So we're
11 trying to find plans for CUNY students that while
12 we're waiting for that how can we ease the pain
13 and get better health care.

14 PETER JORDAN: We're certainly with
15 you on that in terms of trying to find the best
16 insurance plans and the most affordable that can
17 get the greatest number of uninsured CUNY students
18 insured at this point.

19 CHAIRPERSON BARRON: You have the
20 uninsured number, what's the underinsured number?
21 That's usually a much larger number, particularly
22 around dental care and certain types of care.

23 PETER JORDAN: That's a very good
24 question. One of the ways that we collect or the
25 way we currently collect data about student

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2 insurance is through a survey method as you heard
3 before, the Student Experience Survey. So that
4 particular instrument doesn't give us the level of
5 detail to get to the question that you just asked.

6 But it's an important issue and one
7 that we're hoping from a Student Affairs
8 perspective with a School of Public Health on
9 board within CUNY that we will work more with that
10 school to understand better and more thoroughly
11 the health care needs of our students including
12 questions like the one you just posed.

13 CHAIRPERSON BARRON: Gale, do you
14 have any questions? I want to say this that I'm
15 very impressed. Dr. Olden, it's a blessing for
16 CUNY to have you as a part of our family in this
17 particular institution and the creation. I mean
18 it couldn't be more timely. I'm looking for some
19 very great things to come out of that.

20 Certainly this hearing here is
21 going to be on public access television and we're
22 going to write up, take the testimonies and we're
23 going to send something to Congress based upon
24 these testimonies that would address some of the
25 needs of SUNY and CUNY students and really college

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students across the country.

I think New York we have to provide some leadership in this particular area and I'm very concerned about health care. With the testimonies today I believe that we can still have some impact on this legislation that's still alive and there are still so many possibilities.

You're right, preventive care is probably the best way we can go and looking at diets and exercise and all of that and early detection different diseases. I think that we're on the right track with this School of Public Health and I think that it's going to have a tremendous impact on the New York City community and certainly CUNY students.

I thank all of you for your testimony and have a happy holiday. Thank you all for coming and this meeting is adjourned.

C E R T I F I C A T E

I, Donna Hintze 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 *Donna Hintze*

Date December 21, 2009