



Rekindling Reform Review

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As States Act, RR Helps New York Move Forward

In the absence of sustained political leadership at the national level since 1997 to fix our ailing health insurance system, states have begun to step into the breach again during this decade, and the northeast appears to be a big leader.

First out of the gate was Maine with its *Dirigo* program in 2003, next came the celebrated Massachusetts law of April 2006, closely followed by its less well known neighbor Vermont's *Catamount* program a mere few weeks later. Earlier this year, Connecticut enacted its new *Charter Oak Health Plan*.

Out west, there's been lots of political back-and-forth going on in California for several years running now about various reform schemes, but nothing concrete has yet been adopted. However, Washington State this year adopted its *Healthy Washington Initiative*. Closer to home in the midwest, starting in 2005 Illinois has been undertaking an extensive two-year process to engage the public on universal coverage reform proposals, and earlier this year Wisconsin adopted its new *BadgerCare Plus* program, with its State Senate passed a quasi-single-payer-type proposal. Meanwhile, governors in Colorado, Kansas, New Mexico, Minnesota, Oregon, and Pennsylvania have either placed specific proposals on the table, or set in motion various commission-like processes to develop them. (For full details on what various states are doing, see www.kff.org.)

Here in New York, Governor Spitzer's *Partnership for Coverage Initiative (P4C)* rolled out over the fall. Its joint task force involving the Departments of Health and Insurance held eight public hearings, taking testimony from a variety of constituencies and stakeholders. Rekindling Reform (RR) testified at hearings in Glens Fall and September 5th and in New York City on October 30th. (RR's testimonies are available at www.rekindlingreform.org.)

Other elements of the P4C process include private stakeholder meetings and the hiring of an independent contractor to assess options for health reforms. Members of RR's Steering Committee met with lead staff to the governor's task force in late November, and late in the fall the Department of Health announced that the

Urban Institute, a DC-based policy group, will be conducting studies for it over the next couple of years. Both the public hearings and independent contractor components were based on legislative proposals spearheaded in 2005-6 by RR through its joint leadership of the *New York Universal Health Care Options Campaign*, along with the Hunger Action Network of New York State.

On a related note, the New York State Health Foundation announced the establishment of its own *New York State Health Coverage Consortium* to provide technical assistance and policy advice to state policymakers. Members of the consortium include Columbia University, Cornell University, the Manhattan Institute, the Rockefeller Institute of Government (at SUNY Albany), and the United Hospital Fund.

RR Stimulates Statewide Meeting of Advocates

At Rekindling Reform's urging, early in December a diverse range of health reform advocates from across New York gathered in Albany to discuss the coming 2008 legislative session, and brainstormed about collaboration on universal health care reform. The meeting was convened and planned by the *New York Universal Health Options Campaign (NYUHCOC)* along with the newly-forming *Health Care for All New York (HCFANY)* consortium. Almost 50 people attended, representing over 30 different organizations and coalitions from Long Island to Buffalo, including several members of Rekindling Reform's Steering Committee.

The first half of the meeting focused on short-term goals for 2008, with groups sharing their own policy priorities for 2008, with an eye toward identifying common concerns and building mutual support. All agreed that the FY 2009 budget fight would likely provide a prime opportunity to pursue common goals. Over lunch, Bryan O'Malley, legislative staff to Assembly Health Committee chair Richard Gottfried, gave a summary of his new "New York Health Plus" proposal for universal health care (see article below), and answered questions from attendees.

The second half of the meeting concerned cooperation on universal health care efforts. It began with a review of a 20-year history of health coverage reforms and expansions in New York,

and was followed by several coalitions now working on the issue, sharing their experiences to date and thoughts/plans for the future. These groups included NYUHCOC, HCFANY, the AFL-CIO, BALCONY (the Business and Labor Coalition of New York), and a network of explicit single-payer advocates affiliated with Physicians for a National Health Program. Other efforts identified included AARP's "Divided We Fail" campaign, and the "Cover New York" campaign of the Healthcare Education Project (of 1199 SEIU and the Greater New York Hospital Association.)

The meeting concluded with a call for leaders of these various efforts to meet to discuss how best to work together (or at least not at cross-purposes), and all agreed to try to meet again after the budget is out, likely sometime in February.

RR Welcomes New Universal Health Proposal for New York

Building on his long-time "New York Health" bill, Assembly Health Committee chair Richard Gottfried released the outlines of his new coverage reform proposal called "New York Health Plus" (NYHP.) In sum, NYHP calls for automatically enrolling all New Yorkers into a public coverage program, while allowing opt-outs to private coverage if desired. Options for public coverage programs would include a variety of comprehensive managed care plans as well as traditional indemnity with full choice of provider insurance. NYHP would be funded by taxes, as opposed to conventional insurance financing schemes involving premiums, deductibles, and co-payments. Chairman Gottfried compares NYHP's approach to that taken in the 19th century to assure universal primary and secondary education. He estimates it will save \$4 billion overall for New York families and employers, and save \$8.5 billion for local property taxpayers. The total cost of the program is estimated to be \$59 billion annually.

At the early December press conference announcing the proposal, Arnold Biernbaum, representing RR's Steering Committee greeted the proposal as "clearly a serious effort to achieve truly comprehensive coverage for New York.... We look forward to supporting and contributing to its further development." The proposal is expected to be the basis of legislation to be introduced in 2009, and Chairman Gottfried said he welcomes comments and suggestions to improve it.

RR Supports Public Insurance Reform Agenda for New York

Spearheaded by the statewide coalition Medicaid Matters New York, the *New York State Work Group on Health Access* has released a series of recommendations for 2008 to improve and

expand New York's Medicaid, Child Health Plus, and Family Health Plus programs. The Work Group includes the Children's Defense Fund, the Center for Independence of the Disabled in NY, the Empire Justice Center, the Health and Welfare Council of Long Island, the Legal Aid Society, the National Center for Law and Economic Justice, the New York Immigration Coalition, the New York Legal Assistance Group, and Planned Parenthood of New York City.

Rekindling Reform heartily welcomed and endorsed these recommendations, known as "Maximizing Access to Public Health Insurance." Its agenda calls for 1) simplifying eligibility, enrollment, and renewal standards and procedures, including hands-on guidance for individuals both during and after enrollment; 2) transforming public programs from "welfare" to less-stigmatized "insurance"; and 3) expanding eligibility to more of the working poor and middle class, and promoting uniformity across programs to facilitate transitions from one to another.

RR Holds Seminar on "Public-Private" Reforms

In early December, Rekindling Reform held one of its "sponsor seminars" on "Universal Coverage through Mixed Private and Public Insurance." The speakers and discussion leaders were Professors Sherry Glied (economist) and Larry Brown (political scientist), of Columbia University's Mailman School of Public Health.

Prof. Glied argued that the main issue for American health reform, given that a majority of the population already has health coverage through employers or government programs, involves extending insurance to lower- and middle-income groups that have been left out of current systems due to the excessive costs of insurance. She believes that it would be a major error to increase the public share of health care expenditures significantly, since the costs of health care would most likely "crowd out" other social programs for lower-income persons. An acceptable solution might consist of the creation of a new, publicly-funded system that would offer all Americans (through automatic enrollment) a basic default insurance program. Those who desired to do so would be able to buy out of the default system and continue their present private coverage. This would, Prof. Glied believes, create a mostly private system with a public sector that is larger than the present one, with all residents having some form of decent coverage. With the establishment of the new system, attention could shift to quality and cost-control issues.

Prof. Brown discussed the prospects for health financing reform in general. He argued that the idea that our current health care system is on the verge of collapse and that conditions have yet again become ripe for real reform needs considerable nuancing. As a society, we have lived with increasing costs remarkably well

for years, we have tolerated continually increasing numbers of uninsured as well, and a majority of the population is not apparently ready to demand deep systemic changes. In addition, and just as important of course, the major systemic players (employers, insurers, government, and providers) are willing to claim an interest in change, but are not, in fact, willing to support real reforms that might damage their own perceived interests or require them to provide additional dollars.

Seminar participants posed many questions to the speakers, with most participants continuing to stress a broader role for government, either federal or state or both, than the speakers believe is possible at the present moment.

(submitted by Robert Padgug)

RR Co-Sponsors Three-Part Discussion Series with Women's Civic Group

Later this month, the Women's City Club of New York is launching a three-part series on health care reform, taking place over the winter and spring. The series, cosponsored with Rekindling Reform, the Institute for Women and Girls at Fordham's Graduate School of Social Service, the School of Public Health at New York Medical College, and the Public Health Association of New York City, is titled "Changing Health Care 2008: Information Leading to Action." Its forums will be held at Fordham University's School of Law at their Lincoln Center Campus in Manhattan, and showcase a number of prominent health policy experts. The first program in the series will take place on January 28th at 8:30 a.m.. It will address "Problems with the American Health Care System," and will feature Joy Ivey Boufford (President, New York Academy of Medicine), Bob Kerrey (President, New School University), Sara Collins (VP, Commonwealth Fund), and Robert Hayes (President, Medicare Rights Center.) For further information, contact 212-353-8070 x201.

New Leadership Steps Forward for Rekindling Reform

After 18 months, Dr. Sidney Socolar completed his tenure as Rekindling Reform's co-convenor at the end of December. He will continue to serve on RR's Steering Committee and co-chair RR's National Programs Committee, where he is working to launch a national Medicare reform campaign with several

national Medicare advocacy groups. (Watch for further details in upcoming editions of this e-newsletter.) Sid, a retired physicist from the University of Miami and a long-time public health advocate here in New York, initially came to RR representing the Public Health Association of New York City. He is succeeded in his co-convenor role by Francine Brewer, who represents the Retirees' Chapter of the Professional Staff Congress of the City University of New York. Robert Padgug will continue his co-convenor role with her.

RR's Steering Committee expressed deep appreciation for Sid's leadership and helping to move RR's work to a new level. As part of a larger strategic planning process, RR established co-convenors in June 2005, and Sid stepped forward, along with Karen Ballard of the New York State Nurses Association, to help shape its role.

Did you know that...?

■...the total annual amount spent on health care for the uninsured in New York is estimated at \$7.2 billion, according to a new study conducted by the Fiscal Policy Institute, for the Business and Labor Coalition of New York. If all New Yorkers were fully insured, the total annual medical expenditures for New York's uninsured would be \$11.3 billion.

■...Karen Ballard, co-chair of RR's Labor Committee, has been elected President-elect of the New York State Nurses Association, taking office in the fall of 2008. Congratulations, Karen!

■...Dr. Oliver Fein, one of RR's founders, has been elected Vice President for the United States of the American Public Health Association. Congratulations, Oli!

Rekindling Reform is a joint project of academic programs, professional associations, civic associations, trade unions, faith communities, and health care advocates, aimed at promoting quality affordable health care for all, by conducting educational activities, supporting public discussion and dialogue, and fostering collaboration on advocacy strategies. The project's Steering Committee meets monthly, and is open to participation from a representative of its cosponsor organizations.