



Suffolk County Voter

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February 2009

CHECK



THE DATE

Wed. Feb. 18

LWVSC Board Meeting, Riverhead Public Library 10:00am-12 noon

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National Health Care Community Forum

On December 22, LWVSC responded to an invitation sent out hastily by County Executive Levy to provide input on health care reform to the new Administration. We heard statements by health professionals, residents with health problems, and social workers concerned about reaching those who need health care, and we made the following statement:

It is clear that we need to improve our system for paying for health care if we wish to build a healthy work force. Under the current system, employer-provided insurance covers 54 percent of all Americans. Twenty-five percent of Americans are covered by Medicare and Medicaid because they are elderly, disabled, or have low incomes. Five percent purchase their own insurance, and sixteen percent of Americans are uninsured, either because they cannot afford insurance or do not choose to purchase it. Even for those who are insured, the rising cost of health care is a problem: many families find that the rising cost of their deductibles and co-payments, for medical care or prescription drugs, is more than they can afford. Medicare enrollees who do not have supplementary insurance must purchase private supplemental insurance to pay for prescription drugs. Employers are finding that the high cost of insurance is adding to the price of their product and reducing their ability to compete on the market. Preventable illnesses often turn into crises, burdening the emergency rooms and curtailing employability.

The members of the League of Women Voters across the United States are seeking a system that provides a basic level of quality health care at an affordable cost. It must work toward containing out of control health care costs so that health care dollars go to caring for people rather than paying for expensive emergency care or excess administration. We see various building blocks that are already in place through a combination of federal, state, and local programs. Medicaid and Child Health Plus can be extended by broadening the eligibility and increasing the enrollment of those already eligible. The addition of Family Health Plus would extend coverage to adults who are eligible. The public health systems of the various states, localities, and the federal government are already charged with monitoring and improving the nation's health, with particular emphasis on prevention, early detection and access to treatment for all in need. Further integration of mental health into the public health system, especially in primary care, early intervention, and chronic care management, would be an efficient and effective way to address prevention and insure that our healthcare system keeps people healthy and remains affordable. If we make it possible for uninsured persons to purchase group coverage through a health insurance program with a large purchasing pool like the Federal Employees Health Benefits Program, small businesses or individuals without employer coverage would be better able to purchase insurance. The Veterans Health Administration can serve as a model for other delivery systems because of its comprehensive coverage, and its success in developing an electronic health record system. Medicare, like the Veterans Health Administration, does away with the system of multiple payers (individuals, employers, insurers, government, etc), has low administrative costs and could be extended to younger retirees without compromising the concept of self-insurance. As a single payer plan, like the VA insurance, Medicare could be financed by payroll taxes.

Report on Healthcare Public Hearing at Stony Brook University

This was apparently one of 4200 meetings throughout the country scheduled between 12/15 and 12/30 to give input to the incoming administration on the subject of health care. This meeting lasted from 10 AM to 1 PM with each speaker who had signed up ahead limited to 5 minutes. In addition, speakers who could not attend could hand in written comments. Also those who had not contacted the organizers in time to get on the agenda could turn in written comments and/or speak after 1 PM.

Rep. Bishop, our congressman, framed the issue in this way: We spend a smaller percent of our health care dollars on actual patient care than other nations, starving those who provide the care, while rewarding those who ration the care. He predicts the economic stimulus program will include a major emphasis on health IT (Information Technology) which should save money in the future, and an increase in FMat funding (Medicaid payments to the states).

Those who spoke included many physicians and representatives of medical schools. There was frequent support for increased emphasis on primary care and prevention, universal coverage, single payer Medicare type coverage, reducing preventable medical errors, and community outreach. There was concern that based on current graduation levels, a shortage of physicians is predicted – especially in primary care. The high debt of most med school grads encourages them to go into better paying specialties rather than primary care. The high cost of dealing with the paperwork required by HMO's was also a concern.

Some additional specific suggestions included:

- Tort reform, medical liability reform, antitrust reform
- Expand and simplify S-CHIP (child health coverage)
- Improve Medicare and lower age for eligibility
- Limit advertising by hospitals and drug companies and funnel profits from cost containment to cover uninsured
- Primary care specialties in med school should be subsidized
- Reform methods for calculating payments
- Expand reform for catastrophic emergency preparedness
- Reduce multiple billing practices
- Health information connectivity, subsidies for real info medical records transfer, meaningful outcomes
- Tele-medicine could save money

Some non-medical people who spoke included a police officer who was concerned about the effects of untreated mental illness and the need for treatment so that incarceration is not the only option. An attorney who offers free legal assistance to low income people with cancer stressed that people who have worked their whole lives are now seeking bankruptcy because of their illness. Since they are not eligible for Medicaid until much later, they suffer delays in getting adequate treatment.

Betsy Gaidry, LWV Brookhaven

National Health Care Community Forum Statement *continued*

The League believes that quality, affordable health care should be available to all U.S.residents. Our goals include the equitable distribution of services, efficient and economic delivery of care, advancement of medical research and technology, and a reasonable total national expenditure level for health care. All Americans should have access to a basic level of care that includes the prevention of disease, health promotion and education, primary care (including prenatal and reproductive health), acute care, long term care and mental health care.

In Suffolk County, the League supports the system of health centers and public health nursing that provides comprehensive quality affordable care through the cooperation of private hospitals and the County Department of Health. In New York State, we support the addition of the Family Health Plus Program and the effort to create universal health care. Healthcare reform can only succeed if it takes into account the values of fairness and responsibility, as well as access.

Nancy Marr, President, LWV Brookhaven