NEW YORK STATE INSURANCE DEPARTMENT PUBLIC FORUM
ON THE
NYS HEALTH INSURANCE EXCHANGE

Rochester Public Hearing

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Testimony
of
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Good morning. My name is Wade Norwood and I am the Director of Community Engagement at the Finger Lakes Health Systems Agency. The Finger Lakes Health Systems Agency is the only fully functioning independent, community-based and community oriented health planning entity left in New York State.

Our mission is to improve health care in Rochester and the nine county Finger Lakes region by analyzing the needs of the community, bringing together stakeholders and organizations to solve health problems and measuring the results of collaborative health improvement efforts.

As part of our health planning work, FLHSA convenes and supports our community's African American Health and Latino Health Coalitions. This work has much to offer for your consideration as you think about how the design and operation of health insurance exchanges can help make people healthier AND save money by delivering the right care, in the right place and at the right time:

And it is offered with the hope that we avoid fulfilling Winston Churchill's prophecy that you can "always count on Americans to do the right thing - after they've tried everything else."

I don't envy you your task: The national ACA put much of the responsibility for implementation of health care reform in your hands and that of the state Legislature. Your decisions will have a major impact on the ability of consumers to understand their new health care options, gain access to appropriate insurance and afford health health care.

And so FLHSA's request is that your work related to health insurance exchanges does more than increase quality and decrease cost: it must also aim to improve patient experience and health equity through deliberate design features related to governance, patient navigation and consumer assistance, and data collection.

1. Exchange Governance: Whether the exchange is a public authority or a state agency, it is critical that there be a substantial consumer role in its governance, through representation on the agency's or authority's governing board. The Massachusetts Health Insurance Connector, the existing Massachusetts exchange, is governed by a 10-person board, one of whom is a consumer appointed by the Attorney General. FLHSA recommends that there be far more than one consumer representative.

2. Patient Navigation and Consumer Assistance: The state must ensure that consumers have sufficient information and assistance to be able to protect their rights under the new federal law and state enabling laws and rules. The state implementation law should establish a preference in assigning consumer assistance and navigation functions to community-based organizations. Such a preference will allow communities across the state to tap into the ability of non-profit community-based organizations that – with local knowledge, connections, and expertise – are best positioned to explain the new law to individuals and families in the neighborhoods in which they live and work.

   Mature and effective grassroots organizations, like Rochester's Ibero American Action League, work with a broad network of community partners to ensure the efficient, culturally competent delivery of needed health and human services to people in their own neighborhoods. These "trusted messengers" understand how to reach and assist diverse, low-income, and vulnerable populations – the people who will be most dramatically affected by health reform.

   Locally, Ibero has developed a cadre of *Promotores de Salud* who are linking their neighbors to healthcare and social services and educating their peers about disease and injury prevention. This program is currently is jeopardy because of funding needs. FLHSA believes that patient navigation and coaching programs like *Promotores* should be supported and expanded. Better chronic disease management and navigation are the ounce of prevention that could save the state government several pounds of medical cure.

3. Standardized Data on Health Disparities: Overwhelming evidence exists that, both nationally and in New York, racial and ethnic minorities receive a lower level of care and have poorer health outcomes. Disparities also exist by gender, primary language and disability status. I do not mean to suggest that health insurers created these problems or that insurance coverage, alone, can eliminate disparities; but insurers have an important role to play in improving health equity. In order to ensure that health insurers and health care institutions are held accountable for fulfilling this role, a single office in the State Department of Health should be assigned to oversee the collection of health disparities data - both the data required to be collected under the ACA and additional state requirements. The State should use this information to develop ways to reduce disparities. This data should be made available to the public in an easy to use format at no charge.

In closing, I just want to underscore that insurance reform must extend beyond simply expanding coverage – it must also improve population health and eliminate health disparities – and health policy cannot ignore the social determinants of health. As Dr. Martin Luther King Jr. observed "of all the forms of inequality, injustice in health care is the most shocking and inhumane."

Thank you.