



**Testimony of William B. Jordan, MD MPH
Co-Chair, Policy and Legislative Committee
Public Health Association of New York City
Public Hearing on Establishment of an Insurance Exchange in New York State
Baruch College, New York, NY, May 18, 2011**

My name is William Jordan. I am a Harlem resident and co-chair of the policy committee of the Public Health Association of New York City (also known as PHANYC). Since 1936, PHANYC has brought together public health professionals and students to work for improved health for the city's people. PHANYC has grown to be one of the largest affiliates of the American Public Health Association. Trained in family and preventive medicine, I see patients and train future physicians at a community health center in the Bronx. I am also here today representing the New York affiliate of the National Physicians Alliance.

I want to thank Governor Andrew Cuomo and the State Departments of Health and Insurance for convening public forums around the state this month to seek input from the public on implementation of the health insurance exchange laid out in the Affordable Care Act. **I am here today to urge New York's leaders to enact legislation *this year* to establish the framework for our future state health insurance exchange.** I will offer recommendations on how the framework for the new exchange might best serve the needs of the public's health.

I believe the State must enact legislation this year to take full advantage of the Federal funds available to build an exchange that will best serve the public's health in the years to come. This means establishing the basic framework before the end of the legislative session in June, followed by robust public engagement for the rest of 2011 in order to generate additional legislation on specific policies in 2012.

I am pleased to see the public engagement signified by this and other forums around the state. **It is essential that the state continues to seek diverse community and consumer participation throughout the legislative and rule-making process, as well as in governance and operation of the exchange.** As a doctor working at a community health center in the Bronx, I serve patients of all ages and abilities, speaking more than a dozen languages, working long hours to support their families while caring for young children and elderly parents. Public input should be sought from all the residents of our state, including those who may need special outreach because of language, work schedule, family obligations, physical or other barriers. Their needs are not always illuminated, and not always addressed, but their voices must be heard to minimized disparities in access to good health.

In order to protect the public's health, our exchange must protect consumers. **Whether individuals or small businesses, consumers must be provided with insurance that serves their health needs while remaining affordable.** Many of my patients are working in jobs that don't provide health insurance, because their small business employers can't afford it. These same patients have an even harder time finding affordable insurance for themselves on the individual market. This is why we must include both individual and small group plans in a single exchange, to drive down premiums for everyone. This is also why the exchange must take the role of active purchaser. Based on experience in other states, having huge numbers of competing plans does not provide the competition necessary to drive down premiums. The many plans are usually just different enough to make it impossible for consumers to compare one plan against the other. Instead of having an expensive free-for-all, the exchange should play the role of active purchaser, using the greater leverage of the full exchange to negotiate better premiums with a smaller number of plans. This will be the best guarantee of equity in providing affordable health insurance for all New Yorkers.

The establishment of our health insurance exchange is also an opportunity to reshape the landscape of health insurance in New York, both public and private. **Through effective legislation, we could eliminate existing administrative barriers to obtaining health insurance.** I am a doctor working at a community health center in the Bronx during the worst economy since the Great Depression. My patient may have had a job 2 years ago with health insurance, and then lost it and enrolled in Medicaid, and now have a new job without insurance. She can't figure out an exchange that requires too much paperwork every time her job status changes. If she has diabetes, she can't afford to wait 3 months after she loses her job to enroll in Medicaid and start taking insulin again. If she gets a new job and moves from Medicaid to the exchange, she can afford to wait 3 months again to get her insulin. The transition from the private insurance to public insurance, inside and outside the exchange, needs to be streamlined. My patients get sicker every day that passes and they stay without health insurance. They shouldn't get sicker waiting for paperwork to be cleared.

In summary, representing both the Public Health Association of New York City, and the New York affiliate of the National Physicians Alliance, I urge you to pass legislation this session creating the framework for our state health insurance exchange. To promote the public's health, the exchange must be built and maintained with ongoing input from diverse community stakeholders, and it must provide quality, affordable health insurance free of administrative barriers.

Thank you for the opportunity to present this testimony on behalf of public health professionals in support of communities throughout New York.

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