

# HEALTH ADVOCACY BULLETIN

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## Is There a Health Care Safety Net in Westchester County?

by *Desiree McDougall*

Over 3.2 million people in New York State live uncovered by health insurance. In Westchester County this translates to approximately 200,000 people, a group predominantly comprised of low income families, non-elderly adults, and Latino immigrants. At some point in time all will require health care services. Without these services this population, and in fact society as a whole, may suffer insurmountable morbidity.

Who does this group historically turn to for care? Can these sources of care remain viable in this era of health care finance restructuring? Is this population a prime focus of concern for county or state policymakers? How can health ad-

vocates best assist these individuals? These questions were the focus of a conference held March 15, 2001, sponsored by the Westchester Health Action Coalition and moderated by Lois Steinberg, HAP 2000. Bringing together county legislatures, administrators from community health centers and local hospitals, officials from the county Department of Health, and concerned community activists, the conference sought to define the un/underinsured population and examine the current status of their "safety net" providers.

One of the principal speakers, Lindsey Farrell, CEO of the Open Door Medical Centers (community health centers), examined the financing mechanisms that serve to shore up Westchester's safety net institutions, that is the network of

providers willing to provide care for minimal reimbursement. Traditional public insurance programs such as Medicaid and Medicare, in addition to other government vehicles (an increasing proportion of which are becoming privatized), such as CHIP (Child Health Plus), Health Source, Community Choice, Genesis, and the newly created program Family Health Plus\* (which has just been approved by HCFA), serve as one source of revenue for these institutions. Another source of funding comes from federal, state and county grants and contracts. A third source of support comes from "uncompensated care distributions," a pool of money derived from taxes paid on health insurance and health care services. This money is dispensed by Albany and redistributed to those institutions providing "charity care." While essential, this money is not always guaranteed to the institutions, making it difficult to insure the continued operation of their programs from one year to the next, or to plan for expansion.

Despite the best intentions of Open Door and other safety net institutions, there still remain gaps in services and resources needed by the un/underinsured. Two key areas yet to be addressed are the lack of insurance coverage for adult specialty care (children have access to specialized services through CHIP, however there is no similar broad based managed care resource for adults)\* and the absence of a cost-effective mechanism for supplying medication to these individuals. Immigrants face even more restrictions in access to services, as recent legislation has barred those immigrants who arrived in this country after 1996 from receiving any public health insurance for a period of five years following their arrival. Fortunately, children are excluded from this ruling since all children, documented or undocumented, are eligible for CHIP.

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Michael Brown, Director of Public Affairs at Sound Shore Medical Center in New Rochelle, summed up the important role of the safety net providers by stating "the buck stops with us." Noting that all of Westchester's safety net institutions, such as Sound Shore's emergency room, face precarious financing situations, Brown described how their financial dependency placed them squarely in the midst of what he called the "tense" relationship between state and federal funders, and that this dependency made them subject to increasingly complex regulations. In addition, changes in health care financing mechanisms such as those occurring under managed care have resulted in increased provider accountability for the safety net providers but have provided few additional dollars.

The Honorable Thomas Abinanti of the County Board of Legislatures, chairman of the County Health Committee, acknowledged the importance of safety net institutions as "front line fighters in the health care battle." He pointed out that the county legislature recognizes and supports the important work of these centers. This past year their recognition translated to allocation of \$2.6 million to four community health centers in Westchester, including Open Door.

However, as Abinanti indicated, county funding alone cannot insure the continuous operation of these institutions. State support and funding is also crucial to their viability, particularly since our system of government is one in which the bulk of the power (and decision making regarding allocation of money) lies with the states. He reminded the audience that Westchester County is

a valuable resource for New York State and in fact state government bodies will "occasionally" capitalize on successful models of health care delivery initiated by the county.

Naomi Matusow, State Assemblywoman from the 89th district, energized the conference by citing several examples of successful grass roots movements, which she said "can make a difference." She passionately urged everyone to write their legislative officials to inform them that, as registered voters, they care about crucial health care issues such as broadening insurance coverage and increasing the funding for safety net institutions, and also to remind them that their actions on these fronts would be "carefully monitored."

Dr. Jean Hudson, Deputy Commissioner for Community Health Services of the Westchester County Department of Health, concluded the first half of the program on a pragmatic yet optimistic note by sharing her guiding philosophy, "Build from where you are and capitalize on that." County Legislator Lois Bronz also attended the conference, and U.S. Member of Congress Nita Lowey and State Senators Nicholas Spano and Suzi Oppenheimer sent delegates to represent their offices.

Mark Hannay, director of Metro Health Care Campaign, a sister organization of the Westchester Health Action Coalition, directed the second half of the conference, focusing on consolidating support for safety net providers and increasing the momentum of the movement for universal health coverage. He asked those present to collect and share patient anecdotes that recounted difficulties with health insurance or health care providers. These types of stories serve as powerful motivating forces when garnering support for health care and insurance reforms.

Hannay also discussed two key measures awaiting discussion at the state legislative level. One involves possible reconfiguration of the bureaucratic state Medicaid application process. Hannay noted that the process as it exists today prevents many qualified applicants from applying for Medicaid and has hindered the approval and implementation of the Family Health Plus Program. Hannay also discussed a measure pertaining to the monitoring procedures of insurance companies. Until recently insurance

companies intending to raise their rates by more than 10% were required by state law to hold a public hearing. The recent expiration of this law has resulted in the absence of any prospective review mechanisms regarding insurance rate hikes. State legislatures are planning to review the need for the reimplementation of an oversight mechanism and need to be reminded how crucial this measure is to keeping insurance premiums affordable.

Overall the conference did an admirable job in acknowledging the increasing diversity of the un/underinsured population in Westchester County, in identifying gaps in the safety net (services that remain underfunded and inaccessible), and in presenting recent modifications in laws, government actions, and funding issues affecting health care delivery to this population. Anyone wishing to participate in further discussions regarding these or related issues is encouraged to call the Westchester Health Action Coalition at 914-693-9504 and is welcome to attend future meetings, held the second Thursday of each month at the American Red Cross in White Plains. ■

*Desiree McDougall will complete her master's in health advocacy in December 2001. She has worked as a pediatrician in community and public health clinics. As both a health care provider and a graduate student, Desiree's main focus has been on women's, children's and minority health issues. She is interested in pursuing work in the health policy arena.*

\*Family Health Plus is a comprehensive health insurance program that will service, at no cost, low income adults (up to 150% of the poverty level for parents living with a child, and up to 100% of the poverty level for those not living with a child) who do not have employer sponsored coverage, and are not eligible for Medicare and Medicaid. It would cover specialty services for qualified individuals.

\*\*The Westchester Health Action Coalition seeks to ensure that "everybody has access to health care that is affordable, comprehensive, and publicly accountable." Its membership includes official, voluntary and community organizations, as well as dedicated individuals in Westchester County, New York City as well as other state counties. WHAC holds public forums on health issues and legislation to "help citizens make informed decisions on health policy."

## Congratulations!

Congratulations to HA professor Terry Mizrahi, Ph.D., M.S.W., on her election to the presidency of the National Association of Social Workers (<http://www.naswdc.org>). More on Terry's dynamic new role in the national spotlight in the next HAP Bulletin.