



HEALTH & WELFARE COUNCIL of LONG ISLAND, INC.
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Health & Welfare Council of Long Island (HWCLI)
Testimony of Gwen O'Shea
President/CEO, HWCLI
New York State Budget Hearings
November 30, 2007

Good Morning, my name is Gwen O'Shea and I am the President/CEO of the Health & Welfare Council of Long Island. The Health & Welfare Council of Long Island is a private, non-profit health and human service planning, research/public education and advocacy organization that serves as the umbrella for public and voluntary agencies serving Long Island's poor and vulnerable families. I am also a steering committee member of Medicaid Matters New York, a consumer-oriented coalition that advocates on behalf of New York's Medicaid program and the people it serves. We are a state-wide coalition of over 120 organizations, with members from here on Long Island to Rochester, Buffalo, Binghamton, the Southern Tier, Watertown, the Hudson Valley and New York City.

As a steering committee member of Medicaid Matters and as the President/CEO of the Health & Welfare Council of Long Island, one of my most pressing concerns is health care—the lack of adequate, affordable care, the rising number of the uninsured and the vulnerability of the public health insurance programs—such as Medicaid, Child Health Plus and Family Health Plus which provide critical health coverage to millions of New Yorkers, most in need—children, the working poor, the disabled, seniors, HIV positive individuals, homeless individuals and individuals with mental health disabilities.

1. Health Care for Children: Right now, close to 60,000 Long Island children are uninsured. 76% of these uninsured children are already eligible for an existing public health insurance program, but are not enrolled. Many, who are currently eligible for public programs, do not enroll because of high premium costs and because of the complex application process. I applaud the Department of Health for addressing the barriers that the uninsured face by proposing to simplify the enrollment process and truly

expand coverage for New York children. New York State Children's Health Insurance program continues to be a model for the nation. Regardless of the outcome on the Federal Waiver approval, New York State must expand CHP eligibility to 400% of the Federal Poverty Level by including the funding necessary to implement the expansion with state dollars during the fight to ensure federal contributions.

2. Health Care for Adults: I applaud the Department of Health and the Governor for proposing new legislation that will streamline the renewal process by eliminating unnecessary documentation requirements for Family Health Plus. We need to provide coverage to adults up to 250 percent of the Federal Poverty Level (the current SCHIP eligibility level). All New Yorkers-regardless of age, marital or parental status-should be eligible at the same eligibility levels. This is a matter of equity, and it also results in a program that is less administratively difficult for counties to administer. Currently children are covered without any cost sharing up to 160 percent of the FPL; parents are covered to 150 percent; and single adults and childless couples up to 100 percent. A single eligibility and cost-sharing standard for low income Long Islanders and New Yorkers will increase access to preventive care and services and make program administration easier for consumers and providers.

3. Complete the Medicaid simplification and streamlining agenda: While the State has included some streamlining efforts in the 2007 budget and again in the 2008 budget, I urge the state to address the following:

a. Eliminate unnecessary coverage gaps with biennial renewals. Studies have shown that close to 50% of Medicaid and Family Health Plus recipients lose program eligibility each year because they are unable to navigate the annual renewal process. Most of these recipients remain eligible for public coverage. A recent study found that less than seven percent of children who failed to renew coverage had actually become ineligible for enrollment in Child Health Plus. Other research indicates that most children who churn off public coverage end up re-enrolling within a relatively short time, an indication that their eligibility did not change.

b. Eliminate the face-to-face application requirement

Currently, New York is one of only six states to require a face to face interview for families applying for children's Medicaid coverage, and one of only 14 states to require a face to face interview for parents seeking Medicaid coverage. Face to face interviews have a disproportionate impact on the enrollment of families of working parents and families with immigrant members.

In order to accommodate the new federal requirement for original citizenship and identity documentation while still eliminating the face-to face interview requirement, policies can continue to be put in place that would allow for facilitated enrollers and other deputized agencies to attest to viewing the original documents before they are mailed or faxed in.

On behalf of the Health & Welfare Council of Long Island and Medicaid Matters NY, I look forward to continuing to work with the Spitzer administration to improve New York State's public health insurance programs and to strengthen the health care delivery system for all New Yorkers.

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