COUNCIL OF THE CITY OF PHILADELPHIA

COMMITTEE ON PUBLIC HEALTH AND HUMAN SERVICES

Room 400, City Hall
Philadelphia, Pennsylvania
Friday, March 22, 2013
10:05 a.m.

PRESENT:
COUNCILWOMAN MARIAN B. TASCO
COUNCILMAN WILLIAM K. GREENLEE
COUNCILWOMAN MARIA D. QUINONES-SANCHEZ

RESOLUTION 130111 - Resolution authorizing the Council Committee on Public Health and Human Services to hold hearings regarding the impact of the Commonwealth's failure to expand Medicaid under the Patient Protection and Affordable Care Act.

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COUNCILWOMAN TASCO: Good morning. We're going to call the Council's Committee on Public Health and Human Services to order, and we're going to ask the Clerk to please read the resolution.

THE CLERK: Resolution 130111, authorizing the Council Committee on Public Health and Human Services to hold hearings regarding the impact of the Commonwealth's failure to expand Medicaid under the Patient Protection and Affordable Care Act.

COUNCILWOMAN TASCO: Thank you very much.

Let me just say that I recognize Councilman William Greenlee and to my right Councilwoman Maria Quinones-Sanchez, and other members will come throughout the morning as we move on with this discussion.

I want to welcome you all to City Hall and thank you for taking time to come down to express your concerns

about the whole issue about the Medicaid Expansion and Affordable Care Act, and I do believe we'll come out with some very productive recommendations that we can share with our legislators and the Governor, really the Governor. I just want to make a statement before we begin.

The expansion -- this is a quote. Quote, The expansion will recapture 13 billion in federal tax dollars over the next seven years, money that would otherwise go to other states. The expansion will create a greater safety net for the poor and the mentally ill and ensure a healthier revenue stream to hospitals, which will have their reimbursements cut for uncompensated care under the Affordable Care Act.

Quote, The Affordable Care Act makes sense for the physical and financial health of the state, and the expansion will create more access to primary care providers, reduce the burden on hospitals and small businesses, and

save precious tax dollars, end of quote.

In reading these two statements, one would assume that these quotes came from democratic governors. However, this assumption would be wrong. These quotes came from republican governors, John Kasich of Ohio and Rick Snyder of Michigan. These governors, as well as the republican governors of Arizona, Nevada, New Mexico, and North Dakota, have decided to expand Medicaid in their states so that millions of their uninsured constituents can receive health insurance under the Affordable Care Act, and nationwide a total of 21 states have moved forward with the implementation of this Act.

In Pennsylvania, republican State Senators Lloyd Smucker of Lancaster County, Senate Banking and Insurance Chairman Don White of Indiana County, and Majority Policy Committee Chairman Edwin Erickson of Delaware County have called on Governor Corbett to expand Medicare

3/22/13 - PUBLIC HEALTH - RES. 130111

under the Affordable Care Act -- Medicaid under the Affordable Care Act.

In concert with these senators, State Representative Gene DiGirolamo of Bucks County, who is here with us this morning and is going to testify, Chairman of the House Human Services Committee, as I said, is here with us today to also make this call on the Governor to expand Medicaid.

Representative, we thank you for your testimony and for taking time to join us today in City Council, especially after a late night last night in Harrisburg debating the liquor bill.

In contrast to these leaders in the General Assembly and his fellow members of the Republican Governors Association, Governor Corbett in his February the 5th budget address as well as in a letter to Health and Human Services Secretary Kathleen Sebelius stated that he could not recommend expanding Medicaid in Pennsylvania under

the Affordable Care Act due to its cost and lack of flexibility. However, the Urban Institute, a non-partisan economic and social policy research organization, has estimated that Medicaid expansion would bring an estimated $30 billion in additional federal dollars to Pennsylvania between 2014 and 2022. Additionally, they also estimate that Pennsylvania's spending on Medicaid between these years would grow only 1.4 percent over what the state will spend without expansion once state savings on uncompensated care for hospitals are factored.

Pennsylvania will also save an additional $300 million per year in spending on existing programs such as state funding health coverage for individuals with behavioral health problems and other disabilities. Accordingly, Medicaid expansion would save Pennsylvania money through a combination of state savings and new

revenues, creating tens of thousands of new jobs statewide and growing the state and local economies, which, considering that Pennsylvania's unemployment rate is higher than the national average, this economic growth is needed for Pennsylvania's fiscal recovery.

This economic growth is also needed for Philadelphia's fiscal recovery, and through its global reputation as a region for excellence in healthcare, the City is uniquely positioned to benefit from economic growth created by the expansion of Medicaid under the Affordable Care Act.

From this perspective, it is important for Council to hold hearings regarding the impact of the Commonwealth's failure to expand Medicaid under the Affordable Care Act. Further, and considering that Pennsylvania would expand Medicaid as early as January 1, 2014, it is also important to analyze the fiscal impact of Governor Corbett's

3/22/13 - PUBLIC HEALTH - RES. 130111

decision as we deliberate the City's Fiscal Year 2014 Operating Budget and Five Year Plan.

So we're going to begin our hearing today. Again, I thank you all for coming. And I'd like to now call to the witness table State Representative Gene DiGirolamo, Chairman of the Human Services Committee of the Pennsylvania House of Representatives, and our own Dr. Donald Schwarz, Health Commissioner.

(Witnesses approached witness table.)

COUNCILWOMAN TASCO: Good morning, gentlemen. Thank you so much for coming.

Representative, you want to begin.

REPRESENTATIVE DiGIROLAMO: Good morning, Madam Chairman and Councilman and Councilwoman. For me just an honor to be down here today and really, really appreciate the opportunity to come down here and testify. It's

actually my first time here in City Hall.

COUNCILWOMAN TASCO: Welcome.

REPRESENTATIVE DiGIROLAMO: I've lived in Bucks County, Bensalem, which is not that far away, for my 63 years, but it's actually the first time I've had the opportunity to be here in the City Hall Chambers, and you just have an absolutely magnificent place to work.

COUNCILWOMAN TASCO: Thank you very much.

REPRESENTATIVE DiGIROLAMO: But thank you for the opportunity to testify. Critically important issue.

I'm in my 19th year up in Harrisburg, and this might be the most important issue that I have had the opportunity to work on.

I've come out in favor of doing this. We've got to try to do everything that we possibly can up in Harrisburg to make sure that we opt into this Medicaid expansion. And maybe just a little bit of history, and then I'll tell you why I

think we ought to do this.

We have the present Medicaid program, and the present Medicaid program, over 2 million Pennsylvanians are on the present Medicaid program. And I think that's a good thing. I mean, one in six people in Pennsylvania have healthcare coverage under Medicaid. It's a very expensive program, and the way the present program works is that the federal government pays approximately -- it changes a little every year, but the federal government pays approximately 54 percent of the cost and the State of Pennsylvania pays approximately 46 percent of the cost. Very expensive. It's almost $10 billion of cost to the State of Pennsylvania. It makes up the biggest part of DPW's budget. But, again, I think it's a great program, life-saving program for the people that are on this.

And here we are with the expansion, and the expansion is part of

the Affordable Healthcare Act, which was passed. A lot of people refer to it as ObamaCare, and I think there is a lot of misconceptions about how this expansion is going to work, especially among members of my party. And when the original bill passed, the Medicaid expansion was a mandate for the states. They had to opt in. I think unfortunately when it was down at the Supreme Court and challenged in the Supreme Court, the Supreme Court upheld all of the act of the Affordable Healthcare Act, except the mandate for the states to opt into the Medicaid expansion. They left that as an option. So that's what brings us to this point in time. And as, Madam Chairman, you said in your testimonies, a number of states recently have decided to opt in, and as we look around Pennsylvania, Ohio, Governor Christie in New Jersey just recently decided to opt in. Maryland and New York have decided to opt in, a number

of other republican governors recently, Michigan, Ohio, Florida, have decided to opt in. So we've come down to the decision that Pennsylvania has to make and Governor Corbett has to make whether we're going to opt in or not.

And Governor Corbett -- and I know he has -- he's left the door open for him to decide to do this, and I think we have to do everything possible to make sure that we do this. I understand he has a meeting with Secretary Sebelius scheduled for the first week in April to discuss this one on one, and I think that's a really good thing.

And I'll tell you why I think we got to do everything we can to do this. This is going to cover between 700,000 and 800,000 Pennsylvanians with health insurance. Most of these people -- and here's where the misconception is. Most of these people are in the workforce making minimum wage, 10, 12, 14 dollars an hour, with no

healthcare coverage at their place of employment, 700,000 to 800,000 Pennsylvanians. And the way it's going to work from the state's perspective is, the first three years, '14, '15, and '16, the federal government is going to pay for 100 percent of the cost. It is estimated at this time that that will be between $3.5 and $4 billion a year coming into Pennsylvania. And as you also said, if we decide not to opt in, that money does not come into Pennsylvania and it stays down in Washington, going to other states or having Washington decide what to do with that money.

After 2016, the state has to start putting its share in. I believe it's like 97, 95, 93 until the year 2020. In the year 2020, the federal government will pay 90 percent and the state has to pay 10 percent. Now, that's still a lot of money the federal government is paying, but that's also a cost to the state. Four billion dollars at 10

percent is $400 million that the state is going to have to kick into this, and I think that's what has Governor Corbett's concern. I mean, how are we going to be able to afford the state's share when we get into the out years. And I think he has some legitimate concerns. That's why he wants to meet with Secretary Sebelius. He's looking for possibly some waivers or some other things to do that will help the state pay for their share of the cost. I think that's a reasonable thing that he's doing. So, I mean, let's hope that when Governor Corbett goes down, they can have a really, really good meeting that first week in April and he can come back and make the decision that Pennsylvania is going to opt in. I really hope that's going to happen.

A couple other things. I mean -- and, again, the hospitals, our hospitals here in Pennsylvania, they're in the biggest jeopardy. And I see my friend Bill Ryan from Einstein. Me and

Bill have been friends for a really long time. He's a Bucks County guy. I mean, the hospitals gave up their DSH payments as part of this Affordable Healthcare Act, and that's the money that the hospitals get from the federal government to treat people for uncompensated care. They believe that if they got the Medicaid expansion, that that would be good enough, they could give up their DSH payments. Now with the Supreme Court ruling, they are really in jeopardy, because if they don't get the Medicaid expansion, they gave up their DSH payments, and I think for a hospital such as Einstein, I think that's between $15 and $20 million a year that they gave up. So they are in real jeopardy right now if they don't get the Medicaid -- all of our hospitals. The hospital in Lower Bucks County, a hospital like Lower Bucks in Bucks County, they could very well close if they don't get this Medicaid expansion. So I really think we have to

do this.

Two studies -- and I'll just end up with this. There's two studies that are going to come out next week. One is being done by the Hospital Association of Pennsylvania by the RAND Foundation. There's another study being done by the Economy League. And I think they're both going to come out next week about what the impacts are going to be for the State of Pennsylvania. And, Madam Chairman, you mentioned in your opening remarks about the numbers of jobs that potentially this $4 billion is going to create, most of them in the healthcare industry. And I myself really believe that it's going to create tens of thousands of new jobs, which is another large reason that we should opt into that.

I'm going to stop right there, because I know my good friend Dr. Schwarz has some testimony, but if I could just put a pitch in on one other issue very,

very quickly, and I know it's important to Don Schwarz also.

Block granting of human services. Last year there was a pilot program. Twenty counties in the State of Pennsylvania decided to opt in to this block grant of human services. Fortunately -- and me and Dr. Schwarz talked about this a lot -- Philadelphia decided not to opt in.

It looks like the DPW has proposed an expansion this year of the block grant, and I would just like to encourage Dr. Schwarz and City Council to please not opt into this block grant. This is a terrible idea. This just puts these poor vulnerable people that have intellectual disabilities, mental health, drug and alcohol problems, homelessness, just pitch these poor people against one another. And I would just like to encourage City Council and Dr. Schwarz that if there's an opportunity to expand this in this coming year, not to opt in,

because it's just a terrible idea to pit these poor people to fight against one another for a limited amount of resources.

Thank you.

COUNCILWOMAN TASCO: Thank you for your testimony.

Would you like to ask some questions before.

So you may feel free to leave.

Councilwoman -- you don't mind, Dr. Schwarz, do you?

DR. SCHWARZ: No, not at all.

COUNCILWOMAN TASCO: Thank you.

COUNCILWOMAN SANCHEZ: Thank you so much for coming and joining us. I wanted to go back to the issue of the cost. The cost begins in 2020, is it, for the ObamaCare for the state?

REPRESENTATIVE DiGIROLAMO: The first three years, 2014, '15, and '16, the federal government pays for 100 percent. Starting in year 2017, I believe -- and Don might have the

3/22/13 - PUBLIC HEALTH - RES. 130111

statistic.

COUNCILWOMAN SANCHEZ: It phases in?

REPRESENTATIVE DiGIROLAMO: -- 95 percent federal, 5 percent state. Then it goes to 94 in 2018 and 93 in 2019. Then in 2020, it's a 90/10 split, and it stays like that for, I guess, for eternity.

COUNCILWOMAN SANCHEZ: When it's a 90/10 split, what's the dollar amount for the state?

REPRESENTATIVE DiGIROLAMO: It is estimated -- and it depends on how many people this actually covers, but it's been estimated from the studies that I've seen -- and there's a Kaiser Institute report, an independent institution, and they've done a pretty good study on all the states.

It's estimated that it's going to be between $3.5 and $4 billion a year to cover these people in the Medicaid expansion. So if it's, let's just take,

$4 billion a year. So when you're at 2020, that means that the state will have to pay 10 percent, which will be $400 million. So it's a large amount of money and it's certainly a consideration for Governor Corbett.

COUNCILWOMAN SANCHEZ: I just wanted to get that number. I think you presented a good case about the economic impact and the residual effects of not going there. So we appreciate your leadership on this.

REPRESENTATIVE DiGIROLAMO: There's got to be a cost for not doing this. I mean, there really has to be a cost for not doing this, 600,000, 700,000 people that are going to be out there without healthcare coverage. They're going to show up at Einstein and Jefferson and Lower Bucks anyway, and they're going to have to treat them and they're not going to get paid for that.

COUNCILWOMAN SANCHEZ: I think with the elimination of Adult First and

then looking at the fact that the majority of the people that we're talking about covering are working, they're the working poor.

REPRESENTATIVE DiGIROLAMO: And as I look at the demographics, they're really sided towards women, because most of the people are making -- they work in the beauty salons, the nursing homes. I mean, they work in the daycare centers. I mean, these are the people that are making $10, $12 an hour, with no healthcare coverage. So, I mean, I think it's really sided towards the women, this coverage, this expansion.

COUNCILWOMAN SANCHEZ: Thank you. Thank you for your leadership.

COUNCILWOMAN TASCO: Thank you.

We talked about -- you just mentioned the hospitals picking up providing services to people who get sick and go to the hospital. Is there any reimbursement to the hospitals from the state to the hospitals to cover some of

their costs or the hospitals have to eat the cost?

REPRESENTATIVE DiGIROLAMO: You know, I'm not quite sure. Maybe Dr. Schwarz could answer that, but I know the federal government -- and I mentioned that DSH payment, and they do give money to the hospitals all across the State of Pennsylvania. I'm not quite sure if the state does.

DR. SCHWARZ: Yeah. There's a match.

COUNCILWOMAN TASCO: There's a mix?

DR. SCHWARZ: There's a match. It's a question of whether the state would continue to provide those dollars if they're unmatched. So it's a loss to Pennsylvania of those dollars, and it will be a loss to hospitals, because the state isn't going to be able to expand its payments to cover that.

So we're all taxpayers. We're all paying our federal taxes. Those

federal taxes go to Washington. They won't come back to Pennsylvania, either in Medicaid coverage or in DSH payments.

COUNCILWOMAN TASCO: Does the Governor have to bring legislation to the Legislature to opt in or can he make that decision on his own?

REPRESENTATIVE DiGIROLAMO: That's a good question, Madam Chairman. At this point in time, I'm not quite clear. I mean, this is a change in eligibility, so there's some talk about they could do this administratively, but there also is going to be some cost to the state, even when the first year is free.

So I'm assuming that somewhere that we're going to have to pass legislation to be able to do this. So I would like to see that get done as part of the budget in June. To me, that would make a whole lot of sense. I mean, we could put -- it's probably going to need a little bit of language to do this, and

we can put it maybe in the welfare code bill or the budget bill somewhere. I think that's the right way to do this.

But everybody believes we're going to need some type of legislation to do this, but not quite clear at this time what it's going to look like.

COUNCILWOMAN TASCO: Okay. Do you have questions?

COUNCILMAN GREENLEE: Just real quick.

COUNCILWOMAN TASCO: Councilman Greenlee.

COUNCILMAN GREENLEE: Good morning, Representative and Commissioner.

Just on the whole cost issue, do you know, has there been any studies to show how -- I guess the cost that it might cost the state eventually is kind of counteracted by some of the savings, if you will, by the federal government bringing in the money they're going to bring in, that kind of thing? Because I got to think some of these other states

that you mentioned must have looked at those kind of things. So I didn't know if there was any real numbers out there, any kind of studies that show that.

REPRESENTATIVE DiGIROLAMO: I mean, if you look at the -- I guess if you look politically at this ObamaCare and look at the republican governors that have decided to do this, I mean, you have -- look at my good friend here Senator Hughes.

SENATOR HUGHES: Keep talking.

COUNCILWOMAN TASCO: Yes.

REPRESENTATIVE DiGIROLAMO: If you look at the states that have decided to do this, I mean, obviously these republican governors have taken a look at this and looked at the impact economically, and not only economically, as far on the healthcare side to their state, and decided that why are we going to leave this money in Washington. I mean, it just doesn't make any sense to leave $3 to $4 billion, money that would

come to Pennsylvania, down in Washington. And, again, Councilman, I think these two studies that are coming out hopefully in about a week from the Economy League and the RAND Corporation, my understanding of someone who has seen an initial analysis of one of the studies said that they are really going to come out in favor of doing this. And these are two independent groups. These are not sided one way or the other, two very, very respected, independent groups. So I am just very excited to look at these reports that are coming out next week.

COUNCILMAN GREENLEE: Because that's my point. I've got to think these other governors had those same concerns and must have looked at those numbers also.

All right. Thank you.

REPRESENTATIVE DiGIROLAMO: All right.

COUNCILWOMAN TASCO: Thank you.

Last week the City Council

3/22/13 - PUBLIC HEALTH - RES. 130111

passed a bill that would require certain employers to provide earned sick pay for the employees. During the discussion on this legislation, we heard from various statewide business organizations who stated that this legislation was bad for Philadelphia's business community.

Considering that various neighboring states like Delaware, Maryland, and New York are moving forward with expanding Medicaid in their states and for small businesses in these states, their employees will now have health insurance. Have you heard from any statewide business organization lobbying for expanding Medicaid in Pennsylvania because they are afraid that entrepreneurs will look to start businesses in the states that will provide Medicaid; therefore, their workforce will have healthcare?

REPRESENTATIVE DiGIROLAMO: Just a quick comment. I mean, the business community, not only here in

Pennsylvania but all over the state, should be all over this for two reasons. One, we're surrounded by states that have done this already. I mean, if you're a business looking to relocate to another state, I mean, where are you going to go? Are you going to go to a state where possibly some of your employees could be covered by this? And, again, the numbers on this, a family of four that makes up to $31,000 can get coverage with this Medicaid expansion.

And the second point is, there's a term that's being passed around that's called droppers, which means that people who are working for a business that maybe have some type of healthcare coverage and are making under that $31,000, if we decide to opt into this Medicaid expansion, that company can drop them from their rolls, from their healthcare rolls, thereby saving money and put these people on Medicaid. I mean, it would be a cost savings to a lot

of the small businesses across the state.

COUNCILWOMAN TASCO: Okay. Well, thank you very much for your testimony. We appreciate your taking time to come, and thank you for your leadership on this issue, and we can feel your passion and we certainly appreciate it.

REPRESENTATIVE DiGIROLAMO: It's an honor to be down here, especially sitting in between my two good friends here.

COUNCILWOMAN TASCO: Okay. Thank you.

Good morning, Senator.

SENATOR HUGHES: Good morning, Councilwoman.

COUNCILWOMAN TASCO: We have Senator Hughes here. We didn't know he was coming. And, Senator, I have to allow my health --

All right? Thank you, Dr. Schwarz.

He's a busy guy too, and I

wanted to really have him say whether we would move forward to you, because he's been here for a while.

But thank you, Dr. Schwarz.

We're pleased to have you here, Senator Hughes, and we appreciate you for all the work you do on behalf of many health issues. I do believe you chair the Health Committee in the Senate.

SENATOR HUGHES: I did at one time, yes.

COUNCILWOMAN TASCO: But it didn't stop your interest in providing and raising the issues around -- particularly the issue of HIV/AIDS. So why don't you go ahead and you want to testify now.

SENATOR HUGHES: Great. Thank you. I've prepared a statement, which I think has been passed out.

COUNCILWOMAN TASCO: We'll have it for the record.

SENATOR HUGHES: Great. And, first of all, let me say this. Thank you

to my good friend and buddy for far too many years that we'd like to probably acknowledge, Dr. Schwarz, for his incredible leadership and service and for giving me the mic at this particular moment. And I can only say about the Representative here, we would all be better served if we had more guys like him in Harrisburg. I can tell you that right now.

COUNCILWOMAN TASCO: Yeah.

SENATOR HUGHES: He's an R and I'm a D, but he's one of the best.

I have been in this room before to talk about healthcare issues, and your leadership, specifically you, Councilwoman, and the entire Council over the years, but especially on this issue, I'm proud to be from Philadelphia. I got a lot of things to brag about when I go to Harrisburg about Philadelphia, but I am very proud that our City Council has led on this issue and on issues similar to this and I might say, parenthetically,

has led on the issue of local funding for public education, if I could throw that in. Because I know you don't get enough credit on that particular issue.

And so as it relates to this issue, the statement pretty much speaks for itself. I would just like to add a couple broad provisions.

First of all, we have calculated in our shop -- and, as you know, I sit as the Democratic Chairman of the Senate Appropriations Committee. We've calculated in our shop that the state with utilizing this portion of ObamaCare, which I have no problems calling it ObamaCare, Medicaid expansion portion, would save and grow the state's budget by about $670 million.

What I mean by that is because of the annual $4 billion coming into the Commonwealth from the federal government, we save probably about $440 million of current state spending. So that 440 million, that's already being spent. The

federal contribution will take that, and the feds have that. What that does is, it frees up those dollars to be used in other areas, maybe other healthcare areas, maybe other education areas or things of that nature.

But also our calculation indicates that because of the $4 billion that comes on an annual basis, we can grow the state's economy by about $230 million annually. As you know, the Medicaid managed care companies, they pay a gross receipts tax for everybody who is involved in managed care. That's AmeriHealth and Microsheda (ph) Health Partners, all the folks that we know and work with on a daily basis. They pay a tax based on how many folks are in their plans. When you have another half million people involved coming into their plans, which is how the program will be run, that tax then goes to the state and it grows the state's coffers.

But in addition to that, just

by basic economies of $4 billion coming in, based on a Missouri study that analyzed what happened there, our state budget would grow by about $150 million, just basic growth of new money coming in. So that's how we get the $230 million in growth and $440 million in savings, because the money comes in.

We know that, as I said earlier, just on that simple math, which is I think how Chris Christie, Governor Christie, made his decision in New Jersey, that you just can't ignore this. There's huge savings. I believe in their budget year, I think the Governor testified that New Jersey would gain about $237 million just in their first half year, because it will only be a half-year implementation in New Jersey. So that's consistent with our analysis and consistent with what he's seen and other states across the country.

But recently, two reports came out that indicate a dramatic impact. The

3/22/13 - PUBLIC HEALTH - RES. 130111

Jackson Hewitt Tax Service -- and I'm going to read this portion. "On the flip side, a decision not to expand Medicaid would have very dire consequences for our state economy. Jackson Hewitt Tax Service released a study on March 13th, 2012 discussing the Supreme Court's ACA decision and its hidden surprise for employers.

"Coverage options for low income adult residents may be limited in states that do not expand Medicaid. In drafting the ACA, members of Congress assumed that individuals under 138 percent of the federal poverty level would be eligible for Medicaid expansion. They consequently limited the access to the premium assistance tax credit programs to eligible individuals between 100 percent and 400 percent."

Basic to sum it up, to skip the next two paragraphs, the key findings are as follows: States that do not expand Medicaid leave employers exposed to

higher shared responsibility payments under the ACA. The associated costs to employers could total $876 million to $1.3 billion each year in the 22 states that have opposed or are leaning against or remain undecided about expanded Medicaid. For Pennsylvania, this means between $57 million to $85 million in shared responsibilities.

That means basically the employer would have to pick up the cost if the state chooses not to expand.

The next paragraph indicates the other study that came out, which I believe was on March 14th. Moody's Investor Services warned that U.S. hospitals will be hurt unless states choose to expand Medicaid under the ACA. The law mandates a decline in Disproportionate Share Hospital payments under the assumption that most uninsured people will gain coverage through the individual mandate or the Medicaid expansion. The report stated, "States

that opt out of Medicaid expansion will have to choose whether to compensate for the shortfalls with their own funds," which means the state would have to pick up the cost, "or leave hospitals to absorb the cost, which will increase rating pressures on the hospitals," Nicole Johnson, the Senior Advisor and President with Moody's, said in a statement.

Basically what that means is that if the hospitals don't get this funding, the states would have to pick up that traditional cost. It's very intense pressure on the state to cover that. It's a lot of money. We're talking millions of dollars. And the fear is that -- Moody's indicated the fear is that increased fiscal pressure on those hospitals. So basically the bond ratings would possibly come down.

Council knows as well as I do, as well as everyone here in the room, the importance of our hospital industry in

terms of being economic drivers in this region, Philadelphia and the surrounding Southeastern Pennsylvania region, eds and meds. To have them in an environment where increased pressure economically on each one of them means potential employment decisions, means the ability to go to market and borrow money to do their job. Those ratings would be downgraded and the cost for them to borrow would increase. That's a negative impact for everybody. Thousands of people who are our constituents, our mutual constituents, who work at Temple and Einstein and HUP -- I think I said Einstein. Bill Ryan is sitting in the background. I got to acknowledge him. Everybody knows Bill Ryan.

I mean, I don't have to say the impact. You know it. You know the obvious consequences of that.

We, in the Senate Democratic Caucus, introduced a bill the same day that the Moody's study came out, Senate

Bill 12. We picked the No. 12 because it represents the 1.2 million people in the Commonwealth of Pennsylvania who have no health insurance, a number that's doubled in the last ten years, which basically is the Medicaid expansion legislation.

We've been waiting far too long in Harrisburg for our Governor to make a decision. We've seen governors who in Florida, in Ohio, all across the country, Arizona, New Jersey, who have made the decision to go down this path, but our Governor is still taking time making his decision. We thought it necessary to introduce our own bill to give a rallying point, if you will, for folks to say, Okay, now we have a piece of legislation, we need to be actively engaged.

Hopefully we'll get to the point, as Representative DiGirolamo said earlier, we'll get to the point by June 30th when we have to do a budget in Harrisburg that we'll be able to pass some kind of legislation to get this

done. Hopefully we choose not to ignore the obvious benefits that so many other states have seen right and fit to introduce and implement in their own state.

This is a program -- I'll just wind up here. This is a program that we've been waiting for a hundred years to get done. Never thought it would happen. It's finally here. It's up to us to implement it. We need to advocate, fight for it.

That 1.2 million people, all working adults, all working adults, the same individuals that you stood up for in the legislation that you just talked about, who are trying mightily to get their way through, they need health insurance. They deserve to have it. It's now up to us to make it happen for them.

So, again, I thank you for your leadership on this issue and am prepared to answer any questions that you might

have.

COUNCILWOMAN TASCO: Thank you very much.

Do you have questions of the Senator?

COUNCILMAN GREENLEE: He said it all.

COUNCILWOMAN TASCO: You said it all. Just maybe you can assure the Governor that it's all right to forget the action he took in terms of suing and just forget about it, because you always have the right to change your mind, to change your position.

SENATOR HUGHES: Exactly.

COUNCILWOMAN TASCO: He can do that.

SENATOR HUGHES: Representative DiGirolamo and I have worked closely together. We have offered up an opportunity to sit with his offices and the Secretary of DPW to talk through options. We've offered up these ideas with Secretary Sebelius, and we're

prepared to all do a nice Kumbaya session and come together and figure out a way for us to solve everybody's concerns. There's room enough for everybody to solve their problems. But while we're waiting for that, we must still continue to fight.

COUNCILWOMAN TASCO: Well, please do. And we appreciate your fight, and keep up the good work, both of you, and thank you so much for coming down to testify. And the battle continues.

SENATOR HUGHES: Yes, it does.

COUNCILWOMAN TASCO: But in the end, I think maybe the Governor will change his mind. I got that feeling. I don't know it, but, you know, I just got that feeling.

SENATOR HUGHES: Gotta believe.

COUNCILWOMAN TASCO: Maybe next week when he meets with the Secretary, she may convince him that it's the right thing to do. Let's hope so.

SENATOR HUGHES: Thank you very

much.

COUNCILWOMAN TASCO: Thank you very much for your testimony.

SENATOR HUGHES: Thank you. Now the distinguished --

COUNCILWOMAN TASCO: Dr. Schwarz, good morning. Thank you.

DR. SCHWARZ: How are you? Thank you so much for both inviting me and for having these hearings. I'm Donald Schwarz and I'm the Commissioner of Public Health for the City and the Deputy Mayor for Health and Opportunity, and I am here today to testify on behalf of the Mayor and the Administration on the issue of Medicaid expansion.

And you have heard much of the detail. I want to just start and not take a lot of time, because many colleagues are here who will have much more specific information than I do on specific populations. Let me just frame this in terms of the current state and the potential future state for

Philadelphia.

So we currently have somewhere between 200,000 and 235,000 uninsured Philadelphians. The Affordable Care Act envisioned insuring most of those people, and it was created, as we all know, as an integrated package of pieces that ultimately allowed 95 percent of Americans to have health insurance. And in that vision, Medicaid expansion was an integral piece, which means that the Act itself was built around it and the pieces were locked together in a way that without Medicaid expansion, there are negative impacts to many constituencies -- you've heard about them -- hospitals, businesses, and individuals that will happen here in Philadelphia. So the overlap between Medicaid expansion and health insurance exchanges, the overlap is the population who earns between 100 percent of the federal poverty limit and 138 percent of the poverty limit. That overlap

population will be eligible for exchanges. Those below 100 percent of poverty who don't currently have insurance will not come into the Medicaid program unless it's expanded in Pennsylvania.

That in-between population is subject -- their employers, since these folks are generally employed, their employers are subject to penalties, depending on the size of the business, should their employees move into health insurance exchanges. Should those people whose incomes are between 100 and 138 percent of poverty be covered by Medicaid, there are no penalties for those businesses.

So as things now stand in Philadelphia, where the majority of businesses in Philadelphia are small businesses, those businesses will be socked with substantial penalties if Medicaid is not expanded, and many of those employees end up in health

3/22/13 - PUBLIC HEALTH - RES. 130111

insurance exchanges.

What that will do to the business environment in Philadelphia and employment in Philadelphia is a substantial issue that the Commerce Department is certainly concerned about and many Philadelphians are concerned about. And it's not something that's been written extensively about and it's not something that it seems to me the business community in Philadelphia has mobilized about, but it is a tangible, visible, very real impact of not implementing the Affordable Care Act as a whole.

The other piece is obviously the impact of not having health insurance, Medicaid health insurance, if your income is less than 100 percent of poverty. And there, we as the Health Department are concerned about those individuals. My testimony includes a fair amount of detail. I'll highlight a couple of points.

We know from what would be called natural experiments where states have expanded Medicaid at various points in time the impact of Medicaid expansion on the health of poor folks. So when Medicaid was expanded in New York, Arizona, and Maine between 1997 and 2007, there was a 6 percent reduction in death for adults between 20 and 64 years of age compared to states without those expansions. Ironically, Pennsylvania was considered a control state. So the rate of death of poor people in Philadelphia was higher than the rate of death in those other states where Medicaid was expanded.

Oregon instituted an expanded Medicaid program in 2008 with entrance based on a lottery. They didn't have sufficient dollars to expand for everyone, so they did it based on a lottery, which we may call peculiar, but I think they were trying to do their best. The results of an analysis of that

program showed that adults with Medicaid coverage were 70 percent more likely to have a regular source of care, 35 percent more likely to go to a clinic or see a doctor, 60 percent more likely to have mammograms, 25 percent more likely to have good or excellent self-reported health, 40 percent more likely to have -- less likely to have to borrow money or skip payment of other bills because of medical expenses, and 25 percent less likely to have unpaid medical bills that were sent to a collection agency.

The impact of dead on individuals in Philadelphia is a substantial issue. Medicaid expansion would be one direct way to help address that, and that impact on the City long term we all know is real.

Studies done in Philadelphia by our own AIDS Activities Coordinating Office show that people without insurance are much less likely to access medical care and are less likely to be tested for

HIV. Expanded testing is critical, as you all know and I've testified here before, here because we believe that we have more than 4,000 individuals living with HIV or AIDS who have not been diagnosed. Medicaid expansion would fund critically needed services for those living with HIV and AIDS, including emergency care, hospitalization, prevention efforts, wellness services, and chronic disease management. At a time when federal Ryan White dollars for HIV and AIDS are being cut back, they're being cut back because of the sequestration. They will continue to be cut back because the expectation was that with more Americans insured, there would be less need for categorical dollars in the federal budget. And part of the savings that was needed to pay for the Affordable Care Act in Washington came from cutting back on categorical programs. So if we don't expand Medicaid, we will see shrinkage of

federal dollars to particularly at-risk populations in Philadelphia, and we will have no way to pay for their care.

I highlight two particular issues, not in my testimony, but I think they're relevant. One is something called pre-exposure prophylaxis for HIV. There is a treatment that people can take. If they're having sex with someone who may be HIV infected, that prevents HIV infection in someone. That treatment is expensive. It's covered by Medicaid, but it's expensive. Many people who don't have Medicaid insurance, therefore, don't protect themselves and end up with HIV. HIV is a disabling disorder, and the disability allows you to become Medicaid eligible.

So we end up paying in the end for something that we could have prevented in the beginning. And across the State of Pennsylvania and here in Philadelphia, I think we -- and across the country -- we all need to worry if a

large proportion of the population remains uninsured without the other prevention services and without an ability to have access to this important preventive measure.

And the other issue is hepatitis C. As I've mentioned to Council and will continue to mention, for people who are between the ages of 45 and 65, we know that a sizable proportion of the national population and the population in Philadelphia are infected with hepatitis C. Most people are currently asymptomatic, but hepatitis C is a time bomb. It ultimately leads to liver injury, liver cancer, and death. And there will be a very large number of people in Philadelphia who will require diagnosis and treatment for hepatitis C. We have been trying to gear up to do something about this epidemic that's invisible at the moment. The cost of treating folks with hepatitis C will ultimately be higher than the cost of

treating people with HIV in Philadelphia. And it is curable, unlike HIV at the moment.

So that we have something that could ultimately identify and treat people who have a death sentence if they don't get identified. Many of those people are uninsured at the moment. And we don't have the dollars anywhere in our budget and the state doesn't have the dollars anywhere in its budget to pay for the identification and treatment of those individuals, which will be life saving. But the federal government is offering to pay 100 percent of that cost for three years and up to 90 percent of that cost forever. It is unwise and is harmful I think to Philadelphia for that not to happen.

The other issue that I want to be sure I mention is estimates that we have on what's going to happen here. So we estimate from the best data we can find from the federal government and

locally that about 16 percent or, as I mentioned, over 200,000 people currently are uninsured. Three-quarters have at least a high school diploma or GED. About 50 percent of the uninsured are employed. They work in the arts or in healthcare, social services. They're salespeople, food prep workers, taxi drivers, and food servers. In our city, just under 50 percent of the uninsured make less than $15,000 a year. And even a household of -- as a household of one, all of these individuals would be eligible for Medicaid expansion. Large numbers of people.

Without expansion, we expect the Department of Public Health's eight federally qualified look-alike health centers to continue to see more than 30,000 people earning below 100 percent of the federal poverty level who will have no insurance. We currently provide care to about 44,000 uninsured individuals, some of whom are uninsurable

even with Medicaid expansion, but the majority will be insurable if Medicaid is expanded.

So we have an important and far-from-unique opportunity in Pennsylvania to make a difference to the lives of many people. And for Philadelphia, I believe Medicaid expansion is going to be critical.

So I really appreciate the colleagueship from both our State Representative and our State Senator, and I appreciate your all leadership in recognizing the importance and impact of this issue. I'm happy to answer questions.

COUNCILWOMAN TASCO: Thank you very much. Certainly as Councilmembers we hear from our constituents some of the problems that they have when they do not have insurance, and some of us personally have experienced family members who need medical care and don't have insurance. So it hits everyone, and I think the bill

is very critical. And I certainly thank you all for taking the lead and moving this thing forward in Harrisburg.

Dr. Schwarz, I want to ask you a question. What impact would the -- if we had the Medicare Act passed, what impact would it have on our health centers?

DR. SCHWARZ: The expansion of Medicaid?

COUNCILWOMAN TASCO: Yes.

DR. SCHWARZ: It would have an enormous impact. So that if we had another 30,000 insured individuals, the payment for Medicaid-insured individuals in our health centers covers our cost for those individuals. Depending on how Council decides to continue to appropriate dollars for our health centers at that time, I'd like to think that we might be able to expand our care in areas of the City where we have long discussed lack of access to care.

Even with insurance, if we

don't have access to care, that insurance card isn't useful. And there are a couple of areas in the City that we've talked about in this Council Chamber where there simply isn't adequate access.

So my hope is that in partnership, we would be able to provide care for people so that they not only have an insurance card, but they actually have real good healthcare services.

COUNCILWOMAN TASCO: Councilwoman.

COUNCILWOMAN SANCHEZ: Yes. I wanted to ask you, have we started to get more pressure from the adultBasic elimination in terms of our centers right now? I know for some centers -- what's the wait time right now?

DR. SCHWARZ: So we have not seen enormous impacts. That reflects the fact that adultBasic, unlike GA, general assistance, covered a number of people in Philadelphia, but proportionately in our health centers it was a small proportion

of people. So we think it's important coverage. We think for those folks, critical. To the health centers, not such a huge impact. Many of the people who had adultBasic went to other health centers and providers.

We are beginning to see, particularly in the behavioral health system, the impacts of cuts of general assistance.

COUNCILWOMAN SANCHEZ: In what numbers? In what ways?

DR. SCHWARZ: I actually don't have the numbers with me. I'm happy to get them to you. We monitor monthly. We get our enrollment numbers. We're tracking individuals. It's particularly an issue in the drug and alcohol system. We expected that to be the first impact. It is the first impact that we're seeing. The number of individuals who are now moving to the county system for drug and alcohol care is really pretty difficult and sad. We may well run out of county

dollars, which is a very big worry. Remember, we had, as the State Representative mentioned, from the Governor a cut in the dollars that we receive on the county side because of the whole block grant issue. That cut combined with the GA cut is likely to mean that we have people who are going to be on very long waiting lists for drug and alcohol treatment, which means we have people who are addicted who want to come off their drugs and we won't be able to offer them services for a period of time. We simply won't have the resources.

COUNCILWOMAN SANCHEZ: How will this Act help us in offsetting some of that GA?

DR. SCHWARZ: So it's the same population. Remember, that GA medical assistance didn't change, but what happens is, we're seeing fewer people who would have been GA eligible getting medical assistance. We don't know if

that's because people aren't going for general assistance and learning about medical assistance or if it's a processing issue in DPW. I don't know the answer. There are others here who may have opinions who you'll hear from. But what we know is, the expansion of Medicaid will provide medical insurance for those individuals. It will make an enormous difference, I believe, to drug and alcohol care in particular for vulnerable adults. It, by treating vulnerable adults, should make a difference to HIV rates, crime rates, unemployment issues, and many of the other things that you hear about on a daily, weekly, and monthly basis and you see in your neighborhoods.

COUNCILWOMAN SANCHEZ: Just one more general thing. We talked about -- I think the Representative mentioned the fact that the business community has not realized the impact of all of this. What messaging should we be getting out to the

business community about the importance of this? Because I think they have a role to play, and I think one of the things we at the state level, if any of our elected officials want to comment, but at the City level, the messaging for the community, because this is -- I know that they were very upset around the sick leave bill. We subsidized, government subsidized -- and we should -- small businesses as it relates to this. But what messaging?

DR. SCHWARZ: So the lack of Medicaid expansion will tangibly harm businesses in Philadelphia. Those businesses that can't and don't have the dollars to expand their health insurance coverage will have to pay a portion of the health insurance coverage of their employees in a pretty remarkable way if Medicaid isn't expanded for those who are between 100 and 138 percent of the poverty level. That is a big deal. And that won't happen if Medicaid is

expanded, because the Affordable Care Act doesn't penalize businesses if their employees are in the Medicaid program, only if they move into the exchanges. It's how it was financed. And remember, this was all one integrated program that was passed by Congress. Taking out a chunk of it creates things that are illogical and there are penalties, effectively, that shouldn't have been there, but will be in Pennsylvania if we don't expand Medicaid, and they will be real in Philadelphia.

REPRESENTATIVE DiGIROLAMO: Just a quick comment, and I think something that might be helpful. If we looked at what the Governor in Ohio did, Governor Kasich, he said before he decided, he said to all the entities that would benefit by this, go out and convince the Legislature that this is a good idea, and they did.

I talked to Rob Wonderling maybe about two or three weeks ago about

this. He said they were starting to take a look at this.

If the business or the Philadelphia Chamber of Commerce could come out with a resolution or a statement in favor of doing this, I think that would really, really be helpful. So any way you have to maybe encourage Rob and the Chamber to do something like that I think would really be helpful up in Harrisburg.

COUNCILWOMAN TASCO: We certainly will try. We have a representative here, Joe Grace, who is the -- he's the, I guess -- what do you call him, a lobbyist? Legislative Director for the Philadelphia Chamber of Commerce and --

SENATOR HUGHES: Grace is? He is?

COUNCILWOMAN TASCO: -- will take that message back.

SENATOR HUGHES: He is?

COUNCILWOMAN TASCO: Yeah. So

certainly I think that they may be open to listening and taking some action. I think they're beginning to move and understand the importance of their role in the City and speaking out on issues that are important, and certainly an issue like that would benefit their members.

So, Joe, next charge.

MR. GRACE: That's very accurate. Thank you.

COUNCILWOMAN TASCO: Thank you. Thank you.

SENATOR HUGHES: If I may, Madam Chair. Joe Grace working with the Chamber of Commerce is a very significant thing. I've been in Harrisburg far too long. I didn't know that. But --

COUNCILWOMAN TASCO: He just started.

SENATOR HUGHES: Okay. All right.

As always, Dr. Schwarz provided some incredible information that I was

not aware of, the fact that I think his numbers indicated that there are about 237,000 people in Philadelphia who could get coverage, and I think I also heard him say that if just 30,000 of them got coverage, that would pay -- their payments would handle the financial responsibilities of our health centers. Did I hear that correctly?

DR. SCHWARZ: It would make a big difference to the revenue that we receive. We would try to work with Council and the Mayor's Office and others to expand our services, which everyone has talked about doing and we've talked about what the impact of that is on waiting times. So we think that's an important piece.

We have about 200,000, 230,000 uninsured in Philadelphia total. Some of them won't be insurable. If we don't have Medicaid expansion, others -- we have lots of discussion of what exactly the number is, but you could figure that

we'll have somewhere probably around a hundred thousand uninsured people who will be -- would have been insurable.

SENATOR HUGHES: And the other thing from the business perspective, I'll just remind Council of this -- and most folks don't talk about this -- the rates for reimbursement under the Affordable Care Act go up dramatically for doctors and providers. We had that testimony when we had the roundtable discussion.

DR. SCHWARZ: In the Medicaid program for primary care.

SENATOR HUGHES: In the Medicaid program for primary care. And so what normally providers who are small business people, docs, what-have-you, small business people, for at least a two-year period -- and hopefully we'll keep our fingers crossed, we can figure out a way to extend it -- their reimbursement rates jump up dramatically. And a lot of time we have an issue, as you know, of a lot of providers not

necessarily wanting to accept folks who are medical assistance -- in the medical assistance program because of the lack of reimbursement.

COUNCILWOMAN SANCHEZ: Senator, I just want to add, because I know if my colleague Councilman Jones was here, he is one -- and since both of you share some of your geographic lines -- he is one that's been waiting for a health center. Every single time Dr. Schwarz testifies, he talks about this. So you get him to get on board also, because it will finally get his health center.

SENATOR HUGHES: I always love to help my Councilman. Thank you very much.

COUNCILWOMAN TASCO: Thank you all very much.

And, Dr. Schwarz, maybe Joe will ask the President of the Chamber to have you come and speak to their executive committee and you can have that discussion. I think it would be good if

you could do that.

MR. GRACE: We're going to take all this information right back.

COUNCILWOMAN TASCO: It would be good. Thank you.

DR. SCHWARZ: Thank you very much.

COUNCILWOMAN TASCO: You're always on time.

Thank you, Representative and Senator. We appreciate your coming.

REPRESENTATIVE DiGIROLAMO: I've been asked to extend greetings from the Mayor of Bensalem, Mayor DiGirolamo. He knew I was coming down here, so he said to say hello.

COUNCILWOMAN TASCO: Thank you very much. Tell him I said hello.

Okay. Thank you very much. We had such good information provided from our legislative branch and certainly the Health Commissioner from the City of Philadelphia, who does a wonderful job in keeping up on these issues and trying to

keep Philadelphia ahead of the curve and in providing health services to our citizens.

We now will entertain Panel 2: Brian Eury, Legislative Director of the Delaware Valley Healthcare Council of the Hospital Association. Is that it?

MR. EURY: Yes, ma'am.

COUNCILWOMAN TASCO: And then we have Dr. Garrick Baskerville, National Physicians Alliance, and Dr. Amy Nunn, Assistant Professor of Medicine from Brown University.

(Witnesses approached witness table.)

COUNCILWOMAN TASCO: Good morning and thank you so much for coming. We'll take you in the order as I called you, if that's okay, unless you may decide between yourselves you want to go some other way. It's up to you.

Good morning. Please state your name for the record and begin your testimony.

MR. EURY: Thank you, Councilwoman. Brian Eury, Legislative Director, Delaware Valley Healthcare Council of the Hospital Association of Pennsylvania, Legislative Director. We represent and advocate for more than 50 acute care and specialty care hospitals and health systems, 30 facilities providing inpatient behavioral health services, 20 facilities providing physical rehab in Southeastern Pennsylvania. On behalf of the hospitals in the City and the region, DVHC welcomes today's discussion on the importance of Medicaid expansion to Philadelphia and to Pennsylvania.

In respect for your time and the agenda, I'm going to submit my testimony as prepared and just highlight some of our facts and --

COUNCILWOMAN TASCO: That would be good. Thank you.

MR. EURY: We might be able to respond to a couple of the issues that

were brought forth on the previous panel as well.

COUNCILWOMAN TASCO: All right. Good.

MR. EURY: So from 2014 to 2017, the federal government will pay the entire bill, which is about 100 percent of the cost for the state's expansion of the Medicaid program, and then we'll pick up 90 to 95 percent of the cost after that. This is far from the 55 percent federal match Pennsylvania now receives for Medicare spending on healthcare. So that's basically about 55 cents on the dollar the federal government pays us.

The hospital community appreciates the opportunity to consider how this decision will impact the overall health status of Philadelphians, the stability of the healthcare delivery system, and the economy.

Hospitals in the city, region, and state share a common mission - to care for all who come through our doors,

regardless of insurance or financial status. The question is when and where will this care be provided? In the emergency room when a lack of health insurance has caused delays in treatment so that health problem is now a crisis? Or at a routine checkup in a doctor's office or outpatient setting when a potential health issue is detected and addressed early on?

Medicaid expansion is important to hospitals because they are dedicated to improving America's health and healthcare while reducing per capita healthcare costs. Increasing the number of Americans who have coverage, as envisioned by healthcare reform, or ACA, is crucial to achieving these goals.

The national hospital community supported the Affordable Care Act, accepting $157 billion in Medicare and Medicaid payment cuts over ten years in order to fund the expansion of health coverage. Pennsylvania hospitals'

payments are reduced by $8.1 billion over ten years. For hospitals in the five-county region of Southeastern Pennsylvania, this reduction is $2.7 billion over ten years.

It's important to note that those numbers are just on the ACA. We have been pretty much in the cross hair of both the federal government and state government in terms of cuts. Recently, we have just suffered 2 percent in cuts and 2 percent -- excuse me; in the sequester, and NIH funding, which is crucial to a lot of our academic medical centers, was cut by 5 percent. So this is just on top. Again, it's the continuum of challenges that we're facing financially in the marketplace as it is right now.

These agreed-to cuts were predicated on uninsured rates declining and the expectation that revenue from insurance coverage expansions would, in large part, make up for the lost revenue

from these payment cuts.

Absent Medicaid eligibility expansion, hospitals face years of Medicare and Medicaid payment cuts without the offsetting revenue from patients having coverage. Hospitals will continue to struggle with the high cost of providing uncompensated care to the under and uninsured without the important federal dollars that currently fill that gap.

According to the Pennsylvania Healthcare Cost Containment Council, Pennsylvania hospitals already absorb nearly $1 billion a year in costs associated with caring for the un and underinsured. Hospitals in the Delaware Valley, Southeastern Pennsylvania, provide about $343 million already in uncompensated care.

So why is Medicaid expansion so important to Philadelphia's economy? Medicaid expansion will improve the health, productivity, and economy of the

city, region, and state. According to a report from the Kaiser Commission, from 2013 to 2022, Medicaid expansion would bring an additional $38 billion in federal funds to Pennsylvania, including 17.5 billion in increased hospital payments to help cover the cost of services for the additional Pennsylvanians newly covered by Medicaid. These funds would support increased utilization of healthcare services, the additional hires and other resources needed to provide those services, and much more needed economic stimulus.

So it's not only just a direct impact to hospitals and healthcare providers, but also there is a ripple effect in terms of what additional jobs mean to the overall environment of the City.

In addition to the economic stimulus, expanding Medicaid has the added benefit of keeping Pennsylvania federal tax dollars here in the

Commonwealth. This was previously mentioned by the aforementioned panel. If Pennsylvania elects not to expand Medicaid, some of these tax dollars will wind up supporting the expansion in other states and providing health coverage and care and strengthening the economies in our competing states.

If Pennsylvania chooses not to expand Medicaid, vulnerable Philadelphians, many of them working poor, will still not have health coverage. Hospitals will spend more caring for these uninsured patients when they turn to emergency rooms with health crises that require the most intensive healthcare interventions. The delivery system will be weakened, and hospital services, community benefits, and jobs will be jeopardized, because hospitals would be caring for the same number of uninsured with fewer federal payments to cover the entire cost of care. Pennsylvania's federal dollars should

again go to the state and not to our competing states. We believe it's for the good of the health and economy of the city, state, and region that we support Medicaid expansion.

When this process began, we felt as an organization that we have a target date of June 30th to have this passed. The Governor has issued some strong statements about -- questions about the cost of it and, quote/unquote, flexibility that he needs, but it is important to recognize that he never said no. So it's an issue that we have begun working on.

As the Representative has mentioned before, we felt that it was incredibly important for us to make this an organic approach and not to position some person or administration or an officeholder in a corner. We have worked extensively with a lot of stakeholders, most of them on this panel or the panels preceding us, both in the region but also

in the Commonwealth, and that is to basically educate and inform basically what Medicaid expansion is and then going forward what's the options.

One of the big things that we talk about is that since the state has declined to run a state exchange, we still don't know what exactly the federal exchange is going to look like, but what we do know, if the state does not expand Medicaid, there's still going to be a coverage gap. So anyone from 138 percent or 139 to 400 percent will be part of the exchange. But the poorest of the poor, the people who need it the most, the people who are from 100 to 138, still won't have anything. So there's still -- that question still needs to be answered.

We have done an incredible amount of stakeholder outreach. DVHC has begun in terms of working with the Greater Philadelphia Chamber of Commerce, Delaware County Chamber of Commerce, Chester County community and Main Line.

So we're really trying to effect the whole Chambers. And we have also partnered with the Medicaid -- the MCOs, because they're a driver, especially here in the economy of Philadelphia, to work with the Chamber, but also to start a grassroots, like the impact on businesses and why it should come out. We're also compelled by the Commission on Jobs report that came out that basically has stated that for the past ten years and going forward, that eds and meds continue to be the number one driver for the economy of Philadelphia and the Delaware Valley, and we believe just because of our impact on the Chamber but also on the business community, that we can assist them going forward in order to try to facilitate the expansion of Medicaid.

COUNCILWOMAN TASCO: We'll wait until the end to have questions, if that's okay.

Dr. Baskerville.

DR. BASKERVILLE: Good morning.

My name is Dr. Garrick Baskerville. I'm a member of the National Physicians Alliance and I'm also a family physician.

As a family physician who has practiced medicine in the safety-net clinics in and around Philadelphia, I'm greatly concerned about Governor Corbett's shortsighted decision not to accept federal funding that would allow for the expansion of Medicaid as part of the Affordable Care Act starting, very importantly, in 2014. Currently, Medicaid covers children, parents, pregnant women, people with severe disability, and seniors, but there are a large number of patients that are non-disabled adults without dependent children that are currently not covered under Medicaid that would otherwise have health insurance -- would not be able to have health insurance without the Medicaid expansion.

In Philadelphia alone, it's approximated that between 13 to 16

percent of City residents are currently uninsured, and the Medicaid expansion would provide coverage to many, if not most, of them. Most uninsured City residents are working adults, as we've heard previously, and many have undiagnosed and untreated chronic conditions like asthma, diabetes, HIV, hepatitis C, and hypertension. Oftentimes I may not even see a patient until after they've waited several months and, in some cases, years before they sought care in an emergency department and then were referred to me working in the clinic after they were discharged. At this point, most often their disease has progressed to a point where already irreparable damage has already occurred to their bodies.

One of my patients, who I'll call Mary, is a hard-working woman in her early 60's who was previously in very good health. She had no medical problems at this age. She was on no medicines

that she needed. She was just taking multivitamins and other vitamins, who started to feel weak. She had some pain in her back for approximately three months. She was almost to the point of collapsing when her family convinced her that she really needed to go to the emergency department to seek care.

Once -- and this was in our great City of Philadelphia.

Once she was in the hospital, she was found to have a very serious kidney and blood infection that she potentially could have died from this infection. While she was in the hospital, she was treated with antibiotics. She had a CAT scan, and it was found that one of her kidneys was completely destroyed from the infection, and if the kidney was not removed, the doctors told her that she may die.

After hearing the news from the doctors and getting confused with all this information and not having the

medical knowledge that she needed or family support with her while in the hospital, she got very frustrated and she actually wound up leaving the hospital.

She then, shortly after her leaving the hospital, she came in to see me, and this was her first time seeing a doctor in over 15 years. And I tried to explain to Mary that she indeed needed her kidney removed, and I tried to get her to see a kidney specialist as an outpatient, but everyone that I called -- and I called them personally -- they refused to take her back because she had no health insurance, and also she could not afford to pay out of pocket. And as a practicing physician, I looked for some collegial kind of help in this case. I explained to them who I was and who my patient was and her state, and all the doctors -- the rate that they were giving her was -- she couldn't afford to pay for them. So she actually wound up telling me that she had accepted that she was

just going to die. And this was from an infection that she would have really, you know, been treated and she would have been fine.

In the end, though, the patient did survive after I placed her on antibiotics for six months, and during this time, she had a drainage tube that the hospital placed in her kidney. So this drainage tube was coming out of her back. And so she had this huge tube coming out of her back that was draining pus and remnants of her kidney. But when the drainage finally stopped, we stopped antibiotics. I sent her to a kidney specialist, whom she wound up did paying for. They wound up removing the tube coming out of her back and stitched her back up, all of which she had to pay for out of pocket, and she now has over $40,000 of debt that is on her credit that she is supposed to be paying back. This could have all been prevented if, number one, she had health insurance.

And as a working individual who was working in daycare who could not afford to pay for this health insurance, all of this could have been prevented. She would have come in in the early stages of her pain. I would have treated her. At the time, it would have been just a urinary tract infection. It would not have been all the way up to a kidney and then a blood infection that could have caused her death and multi-organ failure.

But thank God, with antibiotics she is saved. But she now has this enormous debt and she only has one kidney, and this puts her at risk of possible dialysis, future complications. In the future she might develop hypertension. She might develop other diseases. She could get diabetes later in life. And that one kidney she may not -- she would have to be on dialysis, which then is a disability and then she would be covered.

So cases like this -- and I saw

many cases like this working in Philadelphia in a federally qualified health center, whom would have benefited by a Medicaid expansion program and they would have been able to see me earlier and not afraid to approach a primary physician like myself based on their ability to pay.

So without the Medicaid expansion, she, like hundreds of thousands of Pennsylvania residents, will be left with few options for access to the healthcare they need. Philadelphia's safety-net clinics are already doing the best we can to provide quality care for those who are uninsured and underinsured, but without insurance, there are many services that patients like Mary would not have afforded to them, but are medically necessary, including consults with specialists, getting imaging like x-rays, CAT scans, mammograms, getting certain medications, and other life-saving surgeries.

Many of my patients, including Mary, need more care than can be provided at a clinic, and their only option is to often go to the emergency department in late stages of their disease, as I gave in an example, at which time they are very sick, like Mary was. This, in turn, puts financial stress on local hospitals, and from what I've read, this could possibly lead to some of our hospitals closing due to the financial burden of the uninsured.

I am doing my best to provide medical care for my patients, but I need your help. Every time a patient like Mary goes without preventable and timely care for chronic conditions, we pay as a society. We pay in needless disability among City residents who suffer the highest rate of premature mortality of the top ten largest cities in the nation. We pay in lost tax dollars, as City residents become unable to work due to chronic conditions that doctors like

myself could have easily treated if the patient had access to healthcare that they needed. And we pay in dollars spent for expensive hospital and emergency room care for preventable complications of chronic conditions that could have been treated easily early on by a primary care physician like myself.

As a Philadelphian -- as a family doctor, as a Philadelphian, and as someone who deeply cares about this city and my patients, I believe we need to raise our voices together to call on our legislators in Harrisburg to do the right thing and improve the Medicaid expansion.

COUNCILWOMAN TASCO: Thank you very much.

(Applause.)

COUNCILWOMAN TASCO: Interesting testimony. Thank you.

Dr. Nunn.

DR. NUNN: Thank you so much.

COUNCILWOMAN TASCO: Nice to see you back. Are you still doing work

around HIV/AIDS?

DR. NUNN: Thank you. My name is Amy Nunn. I'm an Assistant Professor of Medicine in the Division of Infectious Diseases at Brown University and I've been working on HIV prevention and treatment projects in Philadelphia over the last five years. I'm Executive Director of the Do One Thing testing and treatment campaign in Southwest Philadelphia and I'm also Executive Director of Philly Faith in Action, which is a coalition of over 100 clergy in the City committed to eradicating the AIDS epidemic. You all may have seen our billboards across the City featuring black clergy encouraging people to get tested. Those are associated with Philly Faith in Action.

I want to start by thanking Councilwoman Tasco and also Councilwoman Blackwell for their historic and ongoing support of our projects, and I also am indebted to Derek Green and Marty Cabry,

who have been very helpful in facilitating the work that I do in the community. I also want to honor the legacy of Reverend Marguerite Handy, whose support was critical for advancing the work that I've done with clergy across the City, and also Stacey Trooskin at Drexel, an infectious disease physician who takes care of all the patients who test positive for HIV and hepatitis, as well as Gladys Thomas and my team that do the hard work in the communities every day. And, lastly, I want to thank the Commissioner and Coleman Terrell and Jane Baker at the AIDS Activities Coordinating Office of Philadelphia.

Today I want to talk to you about the impact of the Affordable Care Act and the Medicaid expansion on HIV and hepatitis, but before I do that, I just want to add one economic point that might be a statement of obvious, but which I believe hasn't been said today, and, that

is, if Medicaid isn't expanded in the State of Pennsylvania, people will be paying into the federal system through the payroll tax and not getting any of the benefits back. And that's really a statement of the obvious, but I think it's really important to note that you'll probably be paying in millions or billions of dollars through the payroll tax that won't be coming back to the state if Medicaid isn't in fact expanded.

Now, just to get back to HIV, I have a few points, three points, I want to make today, and the first is to impress upon you the gravity of both the HIV and hepatitis epidemics in the City of Philadelphia. Philadelphia has alarming rates of HIV infection that surpass those of New York City and are five times the national average.

Most new infections in Philadelphia for HIV and hepatitis also are clustered in neighborhoods that have extraordinarily high rates of poverty.

This is not because people in those neighborhoods engage in any higher risk behavior. This is a social justice crisis. This is because there are too few testing and treatment services available in those communities.

Seventy percent of infections in Philadelphia are among African Americans and 2 percent of African Americans in this city are living with HIV. That's a rate that's on par with Sub-Saharan Africa.

Nearly half of people living with HIV in the City of Philadelphia present for care late in the course of their infection when they're already very sick or dying of AIDS-related causes. All of this is completely avoidable. HIV is a chronic manageable illness that could be treated if people are diagnosed and treated very early in the course of their infection.

My second point is about the critical roles of HIV testing and

treatment in reducing HIV transmission. HIV testing is important for two key reasons. Number one is that people who test positive tend to reduce their HIV risk-taking behaviors. For example, they tend to use condoms more, reduce their number of partners, and use fewer drugs. But, most importantly, HIV testing is the gateway to treatment, and in 2011, there was a landmark study that was heralded as the scientific breakthrough of the decade that demonstrated that when people take treatment, the chances that they transmit the virus are reduced to almost zero. Let me repeat that. Treatment is prevention for HIV/AIDS.

This is the single most important tool that we have to eradicate the AIDS epidemic today. It's our most important prevention tool. If everyone who tests positive stays on treatment, we could dramatically and profoundly reduce new HIV infections in the City and across the United States.

However, expanding testing and treatment require a few important steps. The first test is routinizing HIV testing. What does that mean? That means that when you go to the doctor, your doctor should be offering you HIV testing as part of routine clinical care. That hasn't historically happened because it's been very difficult for doctors to get reimbursed for HIV testing. However, there's a new U.S. preventative task force recommendation that allows for doctors to bill and be reimbursed for HIV testing through our federal health system. This is a public health triumph, and it's really important for expanding testing and treatment in the United States.

A lot of healthcare facilities in the City of Philadelphia, including in Philadelphia's public clinics and the federally qualified health centers and hospitals, have made great strides to routinize HIV testing in this city, and

many hospital systems and federally qualified health clinics are now doing this, but sustaining these efforts really requires that we expand Medicaid and Medicare. The next step is getting people who test positive into treatment and care services, and then the third step is making sure that they stay in care so that they don't have large amounts of HIV virus in their blood. That is important, because people who are on treatment have low levels of virus in their blood and do not transmit the virus to other people.

What's obvious about all of this? All of this requires that we have robust healthcare infrastructure to make this possible.

And my third point today is to underscore the potentially devastating impacts of failing to expand Medicaid on the HIV/AIDS epidemic in Philadelphia and Pennsylvania more broadly. There are 500 million uninsured people in the United

States, and most of these people are working poor. Studies, including my own, have shown that urban neighborhoods with high rates of poverty have the highest infection rates in the country. About half of new HIV infections in the United States are attributed to people who do not know they're infected. The other half are attributed to people who may know that they're infected, but aren't in care, sometimes because they have other big struggles in their lives and often because they don't have health insurance.

What we really need to do is diagnose and treat more people who are infected but don't know it, and expanding Medicaid to millions more people will allow us to do that.

Many of these people fall through the cracks of our health system, and the Affordable Care Act provides us a very important opportunity to eradicate the epidemic by expanding testing, care, and treatment, and this is absolutely

critical in parts of Philadelphia that have vast numbers of uninsured residents.

In addition -- and the Health Commissioner alluded to this, and I think it's very critical -- is that many uninsured people get very high-quality care through the -- HIV/AIDS care through the Ryan White Care Act. This is an extraordinary public health program that is a payer of last resort for the care of people living with HIV. However, those programs are means tested, and they don't often cover a lot of the really important services that people with living with HIV face - hypertension, cardiovascular disease, diabetes, and a whole variety of other co-morbidities that disproportionately affect people living with HIV.

And, lastly, as the Health Commissioner mentioned, the future of the Ryan White Care program is uncertain, and that really underscores the importance of expanding Medicaid for HIV positive

individuals.

Lastly, I want to say a few words about hepatitis C. It is the most common blood-born illness in the United States and is five to ten times more prevalent than HIV, and it is the leading cause of death of people living with HIV. However, it is now curable. Let me say that again. It is curable with new medications that are available on the market. But the health infrastructure challenges associated with treating people with hepatitis C are even more dire. There is no safety net for hepatitis C like there is for people living with HIV.

I'm the Director of the Do One Thing campaign in Southwest Philadelphia and we tested over 3,000 people for HIV in the last year, and we also test people for hepatitis. Our HIV zero positivity rate is about 1 percent. Our hepatitis zero positivity rate is 7 percent. My team spends about half of its time trying

to link people who are positive for hepatitis to treatment and care services. It is an almost insurmountable challenge, because many of them are uninsured and are not Medicaid eligible, and it is very, very expensive. And these people could be cured of hepatitis if they had access to important treatment and care services. This is a public health tragedy that could be completely avoided if we expanded Medicaid.

In summary, if you take away one thing from my testimony, please remember that in order to address the City and the state's AIDS epidemic and the hepatitis epidemic, we must expand access to HIV and HCV testing, treatment, and care services. Not to do so will have disastrous consequences for Philadelphia residents and other residents across the State of Pennsylvania.

Thank you again for this opportunity to testify before the

Council.

COUNCILWOMAN TASCO: Thank you. Thank you very much, all of you.

Are there any questions?

(No response.)

COUNCILWOMAN TASCO: I guess you gave it all to us.

We will be having our budget hearings coming up soon. There's a schedule for the dates for the various departments to testify, and if you're interested to come testify during the Health session, please feel free to do so, particularly around the HIV/AIDS issue in terms of what we might need to do through our Health Department, and if we need more dollars directed to that, we need to hear your testimony so we can look at that. All of the Councilmembers can hear the testimony about the need for those additional dollars and see what we're going to do about that.

Thank you so much. We appreciate your testimony, very powerful,

very informative, and we'll keep lobbying Harrisburg to see if we can get the Governor to implement the Medicaid Act. Thank you.

DR. NUNN: Thank you, Councilwoman.

COUNCILWOMAN TASCO: Next we'll have Ms. Colleen McCauley of PCCY and Kristen Dama from Community Legal Services.

(Witnesses approached witness table.)

COUNCILWOMAN TASCO: Good morning. Thank you for coming to share your testimony with us. This has been very interesting, very informative. It's a lot different, more impactful for me and I'm sure some of the Councilmembers who may not be at this table, but we have TVs and boxes in our office, so we listen to the testimony and putting the face on this whole issue of the need to implement the Medicaid Act. And the testimony has been very -- it's different hearing it

and discussing it rather than just reading about it.

So thank you so much for coming in and presenting. And all of the folks who are in the audience, thank you for coming. It's been quite helpful. It puts a face on the issue, puts bodies to the issue.

So we have Ms. McCauley. You're going to begin. Thank you.

MS. McCAULEY: So I'll actually turn it right back to you to thank you for your leadership on this issue and giving us a forum to exchange information about this really significant issue.

So good morning, and I'm glad to have the opportunity to speak with you. I'm Colleen McCauley from Public Citizens for Children and Youth. We're a kids health -- we're a kids policy and advocacy organization, and every day we do operate a help line. So over the phone for free in any language, we will assist a parent or a caregiver, enroll

their kids in public health insurance. So we have direct experience around health insurance.

I'm also a nurse, though, and for almost a decade, I worked in the federally qualified community health center in the Abbottsford homes and the Schuylkill Falls public housing development, and based on that, similar to Dr. Baskerville, frankly, I can tell you firsthand that people die of illnesses they never should have and largely wouldn't have to if they'd had had regular access to health insurance and healthcare.

I cared -- we cared for way too many middle-aged working adults, many of them with grown kids, whose employers didn't offer them health insurance or they were too young to qualify for Medicare or they weren't disabled enough to qualify for Medicaid. And, again, they suffered with diabetes, with high cholesterol, clogged arteries, high blood

pressure. And these things went unchecked and untreated for too long, resulting in their very unfortunate premature deaths.

We know how to manage these diseases, and we can do this, again, as Dr. Baskerville said, mostly with lower cost primary care delivered in outpatient settings, in health centers, not with more expensive hospital care. This isn't rocket science, right?

So Medicaid has a track record. It has been successful in providing the backbone of care for children, seniors living in nursing homes, and people with disabilities. Governor Corbett now has this unprecedented opportunity to build on these successes and make coverage affordable for more adults and working families, and he must seize this opportunity, and forums like this give us the opportunity to let him know this needs to be done.

So my main message really is

that expanding health insurance is that hard-working people like the folks I work for in East Falls, they have to have the security of affordable healthcare so they don't have to fear losing a job and then losing their insurance, so they can start new businesses and they can be healthy so they can ensure that their kids thrive and are successful.

And I wonder if you or a childhood friend you grew up with had a parent who was physically or mentally ill or was in pain. Having a parent with a health problem, especially one that is untreated, can increase a child's stress level and anxiety and seriously cause a kid to be just downright scared for their parent and for their own safety and welfare if that parent can't attend to that young child's needs. And children can become "parentified" if a parent is unable to do things around the house or, for example, go to the grocery store, when is my next meal coming, if a parent

loses a job or can't work as they need to. And Dr. Schwarz I believe talked about debt that families incur and causes stress in the household.

And so this can lead to kids being distracted, kids having to do things around the house, kids having to care for siblings. They are not paying attention to their schoolwork and maybe even missing school. So their parents need to be healthy.

So this is why expanding health insurance coverage is particularly good for adults with kids. And among eligible Pennsylvania residents is an estimated 131,000 uninsured parents, the majority of whom again are working. We've heard that over and over. And so, as I said, healthy kids need healthy parents, and whole family coverage makes a lot of sense.

Expanding healthcare coverage is good for all Pennsylvania adults regardless if they have kids. An

estimated -- we've heard about 700,000 Pennsylvania adults will be eligible, and accepting these federal funds to expand healthcare coverage will lead to a healthier workforce. This will lead to increased productivity, which is critical to the overall health of our economy.

So before we got up to the table, we've heard a lot about what the advantages are. So you have my testimony in writing. It's good for Pennsylvania so -- it's good for the state to expand coverage, and there are many ways. We've heard about how money can be saved. Again, adding people to Medicaid would be fully funded by the federal government for the first three years, and eventually would never pay more than 90 percent of that cost.

We've also heard that failure to expand will have negative consequences on our hospitals. The DSH payments go away. There's a lot of uncompensated care that they cover.

Rejecting this federal funding risks Pennsylvania's already fragile economic recovery. And we've talked about how these savings translate into new revenues for the state in multiple ways. We've heard Senator Hughes identify some of those. We've heard about how expansion will create jobs, an estimated 41,000 jobs in one year alone. And then we've also heard several times, right, about how these federal dollars, if we don't take advantage of them, are going to go to some other state. They should come back to Pennsylvania. That's unacceptable.

And as you may already likely know, a Commonwealth Court judge recently ruled that the Governor will have to restore funding to provide insurance to more low-income adults after eliminating the adultBasic program a couple years ago. This court decision makes an even stronger case for Governor Corbett to do the right thing and expand Medicaid.

Other states led by democrats and republicans, they've already said yes. Since nearby New Jersey and Ohio put politics aside and did the commonsense thing and agreed to expansion, Pennsylvania can too.

And I started off saying hard-working people, they need the security of affordable healthcare so they don't have to fear the loss of their jobs, so they can start businesses, and they can take care of their families. At Public Citizens for Children and Youth, we're all about the kids. They can't raise themselves. So I say to you and Governor Corbett, let's give every kid in Philadelphia the gift of affordable healthcare for their parents that they love and count on to help them grow up great.

We're going to continue to advocate on the state level to see this happen. Again, we really appreciate your efforts and your leadership to have

voices heard and the lobbying that you're also doing at the state level. We really appreciate it.

COUNCILWOMAN TASCO: Thank you. Thank you for your testimony and thank you for taking time to be a part of this. We will -- I guess people want to know what we're going to do with this testimony. Certainly try and summarize it and send a summary to the Governor to let him know we had this and these are some of the issues that were raised, and hope that he will reconsider. Thank you.

Ms. Dama.

MS. DAMA: Yes. Thank you so much for having me and thank you so much for holding this hearing and your leadership on this issue. We're hopeful that this is the first of many cities across the City -- or across the state that are going to let the Governor know how important this is.

You've heard a lot of testimony today. I have submitted written

testimony. I won't -- I'll try to summarize it.

I just want to say a few things about who Community Legal Services serves and how we view Medicaid expansion.

As you may know, we serve 18,000 low-income Philadelphians a year who need legal assistance on a whole range of issues, and the Medicaid program as it currently exists can't serve all of them. It's written so that you have to be low income, you have to have very little money in the bank, but you also have to fit into a category of eligibility that Congress or the State Legislature has decided is most needy. And that includes seniors, it includes adults who are eligible for TANF, it includes children, it includes pregnant women, and it includes adults with disabilities lasting 12 months or longer. And so the clients that we see that we can't help to get Medicaid are clients who are between the ages of 19 and 64,

who are generally working or have a little bit of income, and often have kids and just a little bit too much income to qualify for TANF cash assistance. And they don't just come to us for health insurance. They come to us because they're having problems with mortgage foreclosures, with utility shut-offs, with employment discrimination or employment issues in general, and we aren't often able to help them because they don't have insurance. If all of their money is going to prescription drugs, we can't get them into a utility payment agreement. And if they have so much medical debt that it's destroyed their credit, then we're not able to help them refinance their mortgage or work out a deal with a landlord or get a new lease.

And so medical debt is one of those things and a lack of insurance is one of those things that creates legal catastrophes for our clients in so many

ways beyond just health insurance and just access to healthcare. Although I do Medicaid work, so I see the clients who come to me because they can't get cancer drugs or can't get medication as well.

I think it's really important to note -- and people have said this in other ways, but just to really stress that the Affordable Care Act is an enormous transformation of healthcare in this country. It's the biggest transformation of healthcare since the 1960s when Medicaid and Medicare were created and began to be implemented. It's just -- I mean, we're on the cusp of near universal coverage for this country, and the only people who may have the door shut for them are very low-income people for whom lack of insurance and medical bills and one illness is catastrophic.

And so this is really an enormous social justice issue as well as an economic issue. And I think the economics are very good. I'm really

looking forward to these studies that are coming out. I think they'll show, as in other states, that there are savings to be found.

One of the most obvious places of savings is that the state spends up to $200 million a year on state-funded medical assistance that used to go along with the general assistance program before it was ended, and most of those people will be able to get fully funded federal healthcare instead of using state dollars to cover people, and the benefits will be easier to get. You won't have to have your doctors fill out paperwork. You won't have to prove that you have been accepted to a drug and alcohol treatment program, particularly if there are waiting lists. And so there are people who are currently getting health insurance that were paying that are running into red tape, bureaucratic obstacles, as Dr. Schwarz said earlier, and those people's lives will become

easier and they'll be able to get the care that they need and there will be state dollars that are freed up to spend elsewhere.

Another source of state savings or state funding that we believe exists comes from the recent adultBasic decision from Commonwealth Court. The judge in the Commonwealth Court decision ordered the state to pay -- to use its portion of the tobacco settlement fund to cover adultBasic or a similar program. And our interpretation of that decision and our reading of that decision is that a similar program is Medicaid expansion, because it covers the same population. It covers -- it serves the same mission, and it's better insurance, frankly. It covers prescription drugs, it covers behavioral health, and there's no waiting list. Medicaid is one of those programs where you can't have a waiting list for it, except in very distinct circumstances.

And so we think this really opens the door to give the Governor and Legislature an opportunity to use that funding in a way that's really smart and brings in billions and billions of federal dollars.

Time is running out. We have -- open enrollment is supposed to begin on October 1st. So we don't really have until January 1st. We have until October 1st. The computer systems have to be coded correctly. There have to be adequate staff.

We're hopeful that the appropriations process will be the process by which Medicaid expansion is accepted. We're very supportive of Senator Hughes' bill. We don't know that a bill needs to be passed, but we think that the Governor can issue a state plan amendment or the Department of Public Welfare and indicate to the federal government that this is going to happen and then simply appropriate the federal

funding in the state budget. That's our interpretation of what needs to happen, but it needs to happen very quickly.

As you all know, this is just a first step. I'm sure you get many calls from constituents who are already struggling to navigate the Department of Public Welfare's County Assistance Office and get their caseworkers to answer the phone, get their paperwork. Those offices are really stressed and really overloaded, and it's really important that we resolve the Medicaid expansion issue and hopefully accept Medicaid expansion so we can start figuring out our capacity and how we're going to serve people across the state and particularly in Philadelphia as they come through those doors.

COUNCILWOMAN TASCO: Thank you very much.

Any questions?

(No response.)

COUNCILWOMAN TASCO: Thank you

very much. We appreciate your testimony.

For those of you who want to summarize your testimony, the entire copy of your testimony will be a part of the record. So as we -- and you can receive notes of testimony on the website, our website. So we will have your full testimony in our record.

We will now call on Ali Kronley of SEIU and Desire Whitney, United Home Care Workers of Pennsylvania.

(Witnesses approached witness table.)

COUNCILWOMAN TASCO: Desire, are you okay with your coughing over there? You need some more water?

MS. WHITNEY: I'm fine. Thank you.

COUNCILWOMAN TASCO: You all right? Okay.

MS. KRONLEY: Thank you, Councilwoman.

COUNCILWOMAN TASCO: Good afternoon.

MS. KRONLEY: How are you doing?

COUNCILWOMAN TASCO: Okay. How you doing? It's nice to see you.

MS. KRONLEY: It's good to see you too.

COUNCILWOMAN TASCO: I haven't seen you in a while.

MS. KRONLEY: So I will summarize our testimony, but we really appreciate your leadership today. We're happy to be here. We're here representing the 25,000 members of SEIU Healthcare PA. So I'll talk just a little bit about --

COUNCILWOMAN TASCO: Would you identify yourself for the record.

MS. KRONLEY: I'm sorry. I'm Ali Kronley. I'm an organizer with SEIU Healthcare PA.

So I'm going to talk briefly a little bit about who we are and then just kind of three kind of core reasons why Medicaid expansion is important for us.

So we're the largest healthcare union in the state. We're the fastest growing, and our members interact with the healthcare system in a variety of ways. So we're nurses, we're hospital workers. We represent long-term care nursing assistants, we represent home care attendants, we represent dietary workers, we represent the service and maintenance departments of hospitals across the state. But we're also much more than that. We're patients, we're mothers, fathers, brothers, and sisters. We're taxpayers. We're neighbors who care that the people in our communities cannot afford access to health insurance. So we've been a huge part of the campaign to push the Governor to Medicaid in Pennsylvania. And it impacts our members in kind of three core ways.

So the first has to do with providing quality care. So as healthcare workers, our first obligation is to provide quality care for our patients,

and we believe that quality care begins with having access to affordable healthcare, receiving preventative care, routine checkups with a doctor. And when someone is forced by economic reasons to let a medical problem fester, as we've heard from several of the folks here, until they need emergency room attention, we don't believe that that's quality care, and that's not the type of care that our members want to provide. It's not why people got into the healthcare field to begin with.

So approximately 700,000 Pennsylvanians will qualify for Medicaid under the expansion guidelines, and this one policy change will cover half of our state's uninsured, leading to better health outcomes overall.

A second reason really has to do with the impact of Medicaid expansion on our local hospital budgets and the healthcare industry and healthcare jobs in general. So many of the hospitals

where our members work provide a large level of uncompensated care. As has been mentioned before, beginning in 2014, the federal reimbursements for uncompensated care are going to drop drastically. Our hospital workers are already facing tons of shortages. They're already, every single contract, bargaining givebacks. If we don't offset this drop in funding with the expanded Medicare, we're going to see our hospitals continue to suffer financially and our most vulnerable citizens unable to receive the care that they need.

If we don't opt in within a decade, our hospitals and health systems alone are going to lose 9 billion in federal funding, and the overall financial impact could be as four times as high if we leave the 38 billion in available federal funds on the table.

We know that healthcare is the main driver of our local economy here in the Southeast and across the state, and

refusing federal Medicaid funds will have a ripple effect throughout the economy, while accepting them could swing the momentum in the other way.

Families USA and the Pennsylvania Health Access Network examined the impact of this on our economy, and their model estimates that in 2016 alone Medicaid expansion would create an additional 41,000 jobs and increase economic activity by more than 5 billion. So that multiplier effect means that not all of these jobs are in healthcare, but they're across all sectors.

And then the third reason really has to do with income inequality. We know that the passage of the ACA was the biggest advancement for low-wage workers and their families since the passage of Medicaid and Medicare. We believe that if we're successful in ensuring that working families have access to the care they need, then

healthcare will no longer be one of the main drivers of economic inequality in the country.

So our union, in partnership with AFSCME, also represents home care workers. Many folks are here with me today. It's a sector of the healthcare workforce that are paid poverty wages, often with no benefits. They work hard to provide care for seniors and people with disabilities who want to live independently at home, but they often don't receive any healthcare themselves. Many home care attendants are among the working poor who will qualify for Medicaid under the expansion guidelines.

And Desire is here with me today. She's going to talk a little bit about that from her perspective.

COUNCILWOMAN TASCO: Thank you.

Desire, would you identify yourself, please, for the record.

MS. WHITNEY: Desire Whitney.

COUNCILWOMAN TASCO: Speak into

the mic. I have old ears.

MS. WHITNEY: Good morning, City Council. I'm Desire Whitney and I've been a home healthcare worker for 12 years now. As an attendant to my mother, I am able to provide her with the service that allows her to stay home. My mother is paranoid schizophrenic. She has Parkinson's disease and also dementia. Without me, she would probably be in jail, because there are no mental facilities in Philadelphia and most people do better in their own homes. Some folks are taken by force from their homes, and soon thereafter it's a funeral, just like my neighbor.

Home care is critical to keeping healthcare costs down in Pennsylvania, because the cost to the state to care for someone in their own home is about one-third the cost of what it takes to care for them in a nursing home. But one of the biggest challenges to the efficient use of Medicaid funding

is the low pay and lack of benefits for the attendants, which leads to higher turnovers and instability for our consumers.

There are tens of thousands of home care attendants in Pennsylvania, and the majority of us make $10 and $13 an hour, with no health insurance. Home care workers with health insurance are usually covered only because they are on a spouse's policy, like I am.

Expanding Medicaid to cover more people would make a huge difference for thousands of home care attendants, giving them much-needed health insurance so that they can stay healthy and take care of their consumers and make it so that they don't need to leave their consumers to work in institutional healthcare where they can find jobs with benefits.

This is, of course, just the impact on one group of workers. Medicaid expansion will provide health insurance

to between 600,000 and 800,000 Pennsylvania hard-working people who currently make too much to be on Medicare but not nearly enough to afford health insurance. There is also 600,000 to 800,000 people who will no longer need to depend on costly emergency room visits for their healthcare, which drives the cost up for everyone in Pennsylvania.

Medicaid expansion will also bring more funding for our hospitals in Pennsylvania and more jobs. New Jersey, Delaware, and Maryland have already opted in for Medicaid expansion. Philadelphia and Southeast Pennsylvania will be at a competitive disadvantage if we don't join them in opting into Medicaid expansion funding, and jobs will disappear across the border.

We need to all keep standing up to tell the Governor and our legislators what Medicaid expansion means to people around the state and how people and our state will continue to suffer for years

to come if we turn this opportunity down.

Thank you, City Council, for holding this hearing and listening to why Medicaid expansion is critical for Philadelphia and the whole state.

(Applause.)

COUNCILWOMAN TASCO: Thank you. You provide a critical service to -- while you're doing it for your mother, I mean, certainly there are other home care workers who are serving other families and individuals who may be disabled or can't get out of their home, and I find that to be a top, top, top responsibility and needs adequate income. I think the income -- the level should be higher, but just trying to convince people of the need for those kind of services. And I think by the time some of us realize it when we're older and need those services, we could have done something about it when we were younger.

So we hope that we can get this message through to our Governor and

certainly hope that -- Brian Eury said he was working with the chambers of commerce across the state, because it does impact on them and has benefit for them.

So we will add your testimony along with the others that we will present when we present other findings to the state. Thank you so much for coming.

(Applause.)

COUNCILWOMAN TASCO: Our next panel is Letty Thall and Brenda Shelton-Dunston, and then we will have Carol Tracy and Carol Rogers.

Is there anyone else here to testify?

(No response.)

COUNCILWOMAN TASCO: Okay. Thank you.

(Witnesses approached witness table.)

COUNCILWOMAN TASCO: Good afternoon, ladies.

MS. SHELTON-DUNSTON: Good afternoon.

COUNCILWOMAN TASCO: How are you? Still working in the venue.

MS. SHELTON-DUNSTON: Still working in the venue.

MS. THALL: We're glad you are too.

COUNCILWOMAN TASCO: We need your constant lobbying and advocacy for these kinds of issues.

So who is going to go first?

MS. SHELTON-DUNSTON: I'm going to go first, because I'm going to summarize a lot of my points and -- good morning -- good afternoon.

COUNCILWOMAN TASCO: Good afternoon.

MS. SHELTON-DUNSTON: I would really like to thank Councilwoman Marian Tasco as the Chair for allowing me to testify on this bill. I am Brenda Shelton-Dunston. I am the Executive Director of the Black Women's Health Alliance.

We at the Alliance support

expanding Medicaid in our state to cover persons making up to 38 percent -- 138 percent of the federal poverty level for the following reasons:

One in ten women in Pennsylvania currently lack health insurance. They earn too much to qualify for Medicaid, but not enough to afford private coverage.

African American women who lack health insurance are already at greater risk of experiencing illnesses associated with the chronic health disparate conditions that require a physician's care. That physician's care could potentially improve healthcare outcomes, quality of life, and potentially reduce escalating healthcare costs. Some of those examples, hypertension, diabetes, stroke, obesity. We know that data and we know the impact that it has on our community.

According to the Institute of Medicine, the inability to access

healthcare not only jeopardizes a family's employment and ability to generate income, but can and does contribute to self-inflicted trauma and stress that has been shown to adversely impact a child's health and well-being.

Given the enormous benefits of Medicaid expansion to the health and well-being of Pennsylvania's citizenry, inclusive of employment opportunities and $5.1 billion, we call upon all of our legislative representatives, the Governor, to not allow partisan politics to prevent access.

Healthcare is a right, not a privilege. Join us in creating a legacy of wellness, mind, body, and spirit.

Thank you.

COUNCILWOMAN TASCO: Thank you very much. Thank you.

Letty.

MS. THALL: I'm Letty Thall, Public Policy Director of the Maternity Care Coalition, and appreciate the

opportunity to be here.

We've been looking at maternity coverage in insurance plans for several years, and we have identified the discriminatory practices that permit insurance companies in Pennsylvania to charge women higher premiums than men. Yes, it is legal. Men who smoke get charged less premiums than women who do not smoke.

COUNCILWOMAN TASCO: What can we do about that, Letty?

MS. THALL: Well, the Affordable Care Act is going to help us get rid of that discrimination. We started looking at just maternity, but realized it was not. It was for all women. And right now in Pennsylvania, it is legal for some insurance plans to not include maternity as a health benefit. So those of us who have to pay, individual or small group, have to pay more. Maternity doesn't automatically get included.

So that's the background to say what happens now under Pennsylvania -- trying to figure out these percentages doesn't -- I kind of get lost. But under the current regulations, if an individual earns more than $5,138, they're going to have to pay their own health insurance premiums. They're no longer eligible for medical assistance. Or a family of three, a father, mother, child, a mother with two children, if they earned more than $8,781, they would no longer be eligible for medical assistance right now.

So who are these people? Where are they? And that's this long report I gave you with the pretty pictures that demonstrate the occupations on Page 2 and 3. They're all those occupations of people who could benefit from having health and having sick time pay that you all, thank goodness, thank you, have passed.

So under the current rules also

under Medicaid, pregnant women are eligible if they earn -- a single woman, about $25,000. That lasts for 60 days. Afterwards they go back then to that 5, 6, 7 thousand dollar annual income.

So these are the women, these are the people who need the expanded Medicaid, because we know after you've had a baby, you have 60 days to go to the pediatrician, to go get your doctor done, to get back to work, to find child care, let alone have to fill out forms for a new insurance plan and figure out what it all is.

So that's why the Affordable Care Act is so important. It expands coverage for people with incomes below 15,415 for an individual to be able to purchase health insurance through the marketplace.

So the way I look at it is that we -- how can we not ensure women have access to health insurance to pay for it and how can we morally and financially

continue to discriminate against low-wage employees, many of them are women?

COUNCILWOMAN TASCO: Thank you very much. We appreciate your testimony.

Any questions?

(No response.)

COUNCILWOMAN TASCO: Thank you. We appreciate it. Keep up the good work, both of you.

(Applause.)

COUNCILWOMAN TASCO: We know your records. You've been out there a long time doing good work.

Next we have Carol Tracy and Carol Rogers.

(Witnesses approached witness table.)

COUNCILWOMAN TASCO: Two other warriors.

MS. TRACY: Good morning.

COUNCILWOMAN TASCO: Good afternoon.

MS. TRACY: It's afternoon?

COUNCILWOMAN TASCO: I know you

came this morning.

MS. TRACY: So it is. I too would like to thank you for having this hearing. I think it's incredibly important to have on the record the impact of Medicaid expansion. I'm Carol Tracy. I'm the Executive Director of the Women's Law Project in Philadelphia. We're a non-profit legal advocacy organization, which you know, dedicated to creating a more just and equitable society by advancing the rights and status of all women.

I will summarize my testimony.

COUNCILWOMAN TASCO: Thank you.

MS. TRACY: Yes. The Women's Law Project knows firsthand how important increased access to healthcare is to low-income women. Through our telephone counseling service, we hear from women who cannot afford private health insurance. For Philadelphia workers, it is often the case that low-paying or part-time jobs offer no health benefits.

These jobs frequently provide women with too little money to afford private insurance and yet too much money to qualify for Medicaid under the current income eligibility requirements. Poverty disproportionately affects women, particularly women of color, largely as a result of discriminatory practices that continue in the workplace and in society at large that leave many women in low-paying jobs or unemployed.

In 2010, women represented 51.4 percent of Pennsylvania's population, but they made up 56 percent of those living in deep poverty. Based on data from the same year, African Americans made up 23.4 percent of Pennsylvania's females living in poverty and 11.1 percent of Pennsylvania's female population overall.

Only a fraction of poor women qualify for Medicaid under the current system, because adult women are seldom eligible for the program if they are not disabled, pregnant, elderly or caregivers

of young children. Expanding Medicaid would allow up to 241,000 women in Pennsylvania who are currently uninsured to have affordable health coverage starting next year. When combined with other reforms in the Affordable Care Act, this coverage expansion would reduce uninsurance among women in Pennsylvania from 12.5 percent to 1.2 percent. Hard-working families in Pennsylvania need the security of quality healthcare to get the care they need.

Poverty is also associated with a host of health conditions, including chronic diseases, malnutrition, and even obesity, as nutritious foods are often less available in poorer neighborhoods. Poverty is also associated with lower rates of breastfeeding, denying mothers and babies a range of associated health benefits such as antibodies for babies and a lower risk of certain cancers for mothers.

I have a copy of our new

report, Through the Lens of Equality: Eliminating Sex Bias to Improve the Health of Pennsylvania's Women, and I meant to include a PDF to attach to my testimony, but I will send it, if I could, make sure that it's attached to the testimony.

This discusses the health impact of poverty on women in Pennsylvania, but it also discusses the health impact of many cultural and workplace issues. We look at the health impact of sexual violence, domestic violence, caregiving responsibilities and, of course, issues in reproductive health in significant detail. So there is a copy for you, Madam Chairwoman.

Women covered through Medicaid will receive a comprehensive set of health benefits such mammograms, preventive health screenings, and treatment for chronic conditions. In addition, women and their families will enjoy greater economic security. People

with Medicaid are less likely to ignore other bills or borrow money to pay medical expenses than people without health coverage. When women have health coverage, the entire family can better manage its health. Women in Philadelphia will benefit tremendously from Medicaid expansion.

Victims of domestic violence are especially affected by the lack of Medicaid coverage, as they may be unable to leave an abuser for fear of losing health benefits accrued through the relationship. This is of particular concern because many studies show that abused women seek medical care at a higher rate than women who are not abused, including obtaining prescriptions and admissions to hospitals. Additionally, having led the campaign to stop insurers from denying coverage to domestic violence victims, the Women's Law Project is extremely aware of the challenges domestic violence victims face

in obtaining health insurance. About 15 years ago, we were the whistle blowers on discovery that insurance companies rated domestic violence victims in the same category as they did parachutists, because the insurers determined that battered women voluntarily engaged in dangerous lifestyles and denied the whole range of health insurance. And, in fact, the ACA modeled their prohibition of discrimination against battered women in the ACA on our work out of Pennsylvania. Naturally we discovered this in Pennsylvania.

Expanding -- but Pennsylvania was not alone. These were national practices. And although laws have changed in 43 states, it's still a combination. It's not -- there's not a significant amount of clarity, and there's no reason to believe that insurers are following the laws.

COUNCILWOMAN TASCO: Who makes the decisions for this stuff? The

legislatures in terms of --

MS. TRACY: Well, as you know, insurance commissioners generally are people who have come from the insurance industry. So the insurance commissioners and the insurance lobby and the Legislature have -- shall I say the insurance lobby has a great deal of influence over the Legislature. However, this embarrassed them, so they had to stand down on some of this.

So in concluding, health coverage for low-income individuals is an effective use of healthcare dollars. Pennsylvania must make the wise investment to grow the economy while keeping hard-working women and men and families and letting them get health coverage. Expanding coverage through Medicaid is a sensible approach to provide health coverage for the uninsured, a good deal for Pennsylvania, and a smarter use of healthcare funds. Leaving millions of federal dollars on

the table and so many Pennsylvania women without health coverage would be foolish.

We urge City Council to communicate with the Governor and members of the General Assembly the importance of expanding Medicaid for Pennsylvania's and Philadelphia's citizens.

Thank you.

COUNCILWOMAN TASCO: Thank you very much. Thank you.

MS. ROGERS: My name is Carol Rogers and I'm the Director of Healthy Philadelphia, a local non-profit organization working for decent healthcare for all in Philadelphia. We were founded as a result of a 2003 voters mandate, supported overwhelmingly in all wards of the City that as a basic human right, all Philadelphians deserve decent healthcare. I know you remember that.

We are currently working to build support for new health centers so that adequate health services are available to people living in the most

underserved area of the City, in the Lower Northeast, zip codes 19111, 19120, 19124, and 19149. We applaud your intention to learn of the impact on our lives and on our health here in Philadelphia of the Commonwealth's failure to expand medical assistance.

Medical assistance helps improve the quality of lives for those who have it and reduces their chances of dying prematurely. In our city where nearly 23 percent of us are in fair or poor health, where 13 percent of us have diabetes -- that's 202,000 of us -- where 36 percent of us, or 543,000 of us, have hypertension, and 16 percent of us suffer from asthma, medical assistance coverage will mean the difference between good health and suffering from complications, complications all the more tragic because they are preventable. And you certainly heard the testimony of the doctor who spoke, so I don't have to talk about the complications of not getting healthcare.

In our city, 14 percent, or 213,000 people, had to forego needed healthcare last year because they could not afford it. When people are sick, the last thing they should worry about is how they're going to pay for their care. In Philadelphia, we have about 99,000 people who are uninsured and who earn less than 137 percent of the federal poverty level, people whose health could be protected if the state accepts the federal government's offer to expand medical assistance.

Thank you so much for holding this hearing and for allowing me to give a data snapshot to illustrate what we in Philadelphia have to lose if Pennsylvania does not expand medical assistance.

But we all know that attached to data and each statistic are the stories of real Philadelphians and their heartache. So I'm going to turn the rest of my time over to William Ralston, himself who would benefit from medical

assistance if the state is to expand it, who will tell you his own story.

COUNCILWOMAN TASCO: Thank you.

MR. RALSTON: My name is William Ralston. I'm a lifelong Philadelphian and I live in Councilwoman Tasco's district.

August 27, no fault of my own, I lost my job. A couple months later, I lost my healthcare. So I have diabetes. I have heart problems. The only medicine I could afford on unemployment was my diabetes medicine. So a nice family member had stated, Go to the health center and they'll help you. A couple months ago, I went there. The woman said next appointment is in September. So what could I do? All these medicines, heart medicine, can't afford them. Just got to take my chance.

And that's about it. Thanks for having me here, and I hope you can do something.

COUNCILWOMAN TASCO: Well,

thank you very much for coming to provide your testimony. It certainly puts a real face on the issue that we're dealing with today.

Carol, how are we coming with the health center in the Northeast?

MS. ROGERS: Well, you tell me. I mean, Healthy Philadelphia -- and actually that's how William and I met. Healthy Philadelphia, we've been -- I've been at every civic association in the Lower Northeast to talk to people about it. People certainly do support it. You will be getting postcards from people who have signed them urging you to take some action on that issue.

So obviously if the state expands medical assistance, it will go a long way towards helping us to realize the dream to provide services to people who live in that neighborhood.

As William said, the wait for Health Center 10 is ten months. It's the most utilized health center in the City,

and you heard from Dr. Schwarz about what a difference it will make. But Healthy Philadelphia and the people who are working with us, we're going to urge a solution to this problem whether or not -- I mean, personally I cannot imagine Governor Corbett not expanding medical assistance. There is just so much at stake, not only for us here in Philadelphia but across the entire Commonwealth.

So you'll be hearing from us on this issue. So thank you so, so much.

COUNCILWOMAN TASCO: You know, didn't we pass legislation here in Council to open a federally qualified health center? Was that in the Northeast?

MS. ROGERS: I don't know. You know, there are some --

COUNCILWOMAN TASCO: I have to call my --

MS. ROGERS: Is he looking that up?

COUNCILWOMAN TASCO: -- memory bank here.

We'll check it out.

MS. ROGERS: I know that it is --

COUNCILWOMAN TASCO: He didn't remember, and when he doesn't remember, we're in trouble.

MS. ROGERS: There are some issues in that area. There are many physicians in that area who do not take medical assistance. There are a number of people that have wanted to open a health center in that area who have found it to be not -- what's the good word I can use -- a good business plan, but Healthy Philadelphia really, whether it's a good business plan or not, people in the neighborhood need healthcare, and the City will pay either at the front or at the back.

So I know that you will support everything you can to get services up there for people that need them.

COUNCILWOMAN TASCO: We'll schedule some time with you to talk more in detail about that.

MS. ROGERS: Thank you so much.

COUNCILWOMAN TASCO: Because we send staff up there to -- Kathy Wersinger from my staff has attended some of those meetings. So we will follow up with you on that.

MS. ROGERS: Great. Thank you so much.

COUNCILWOMAN TASCO: Thank you all for your testimony. We appreciate it. You've certainly given us a lot of information that we will share with our Governor. I kind of feel that he may change his mind. I really do. I think he's just trying to find a way to do it.

But thank you all -- is there anyone else here to testify on this bill?

(No response.)

COUNCILWOMAN TASCO: Okay. There being no other individuals who want to testify, we will recess this Committee

until the call of the Chair. And thank you very much.

(Committee on Public Health and Human Services recessed at 12:30 p.m.)

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CERTIFICATE

I HEREBY CERTIFY that the proceedings, evidence and objections are contained fully and accurately in the stenographic notes taken by me upon the foregoing matter, and that this is a true and correct transcript of same.

MICHELE L. MURPHY
RPR-Notary Public

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