

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 TASC0: Good

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morning. We're going to call the

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Council's Committee on Public Health and

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Human Services to order, and we're going

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to ask the Clerk to please read the

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resolution.

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THE CLERK: Resolution 130111,

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authorizing the Council Committee on

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Public Health and Human Services to hold

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hearings regarding the impact of the

12

Commonwealth's failure to expand Medicaid

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under the Patient Protection and

14

Affordable Care Act.

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COUNCILWOMAN TASC0: Thank you

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very much.

17

Let me just say that I

18

recognize Councilman William Greenlee and

19

to my right Councilwoman Maria

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Quinones-Sanchez, and other members will

21

come throughout the morning as we move on

22

with this discussion.

23

I want to welcome you all to

24

City Hall and thank you for taking time

25

to come down to express your concerns

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 about the whole issue about the Medicaid
3 Expansion and Affordable Care Act, and I
4 do believe we'll come out with some very
5 productive recommendations that we can
6 share with our legislators and the
7 Governor, really the Governor. I just
8 want to make a statement before we begin.

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

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 save precious tax dollars, end of quote.

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

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 under the Affordable Care Act -- Medicaid
3 under the Affordable Care Act.

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

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

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 the Affordable Care Act due to its cost
3 and lack of flexibility. However, the
4 Urban Institute, a non-partisan economic
5 and social policy research organization,
6 has estimated that Medicaid expansion
7 would bring an estimated \$30 billion in
8 additional federal dollars to
9 Pennsylvania between 2014 and 2022.
10 Additionally, they also estimate that
11 Pennsylvania's spending on Medicaid
12 between these years would grow only 1.4
13 percent over what the state will spend
14 without expansion once state savings on
15 uncompensated care for hospitals are
16 factored.

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 revenues, creating tens of thousands of
3 new jobs statewide and growing the state
4 and local economies, which, considering
5 that Pennsylvania's unemployment rate is
6 higher than the national average, this
7 economic growth is needed for
8 Pennsylvania's fiscal recovery.

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

17 From this perspective, it is
18 important for Council to hold hearings
19 regarding the impact of the
20 Commonwealth's failure to expand Medicaid
21 under the Affordable Care Act. Further,
22 and considering that Pennsylvania would
23 expand Medicaid as early as January 1,
24 2014, it is also important to analyze the
25 fiscal impact of Governor Corbett's

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 decision as we deliberate the City's
3 Fiscal Year 2014 Operating Budget and
4 Five Year Plan.

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

13 (Witnesses approached witness
14 table.)

15 COUNCILWOMAN TASC0: Good
16 morning, gentlemen. Thank you so much
17 for coming.

18 Representative, you want to
19 begin.

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111

2 actually my first time here in City Hall.

3 COUNCILWOMAN TASC0: Welcome.

4 REPRESENTATIVE DiGIROLAMO:

5 I've lived in Bucks County, Bensalem,

6 which is not that far away, for my 63

7 years, but it's actually the first time

8 I've had the opportunity to be here in

9 the City Hall Chambers, and you just have

10 an absolutely magnificent place to work.

11 COUNCILWOMAN TASC0: Thank you

12 very much.

13 REPRESENTATIVE DiGIROLAMO: But

14 thank you for the opportunity to testify.

15 Critically important issue.

16 I'm in my 19th year up in

17 Harrisburg, and this might be the most

18 important issue that I have had the

19 opportunity to work on.

20 I've come out in favor of doing

21 this. We've got to try to do everything

22 that we possibly can up in Harrisburg to

23 make sure that we opt into this Medicaid

24 expansion. And maybe just a little bit

25 of history, and then I'll tell you why I

1 3/22/13 - PUBLIC HEALTH - RES. 130111

2 think we ought to do this.

3 We have the present Medicaid
4 program, and the present Medicaid
5 program, over 2 million Pennsylvanians
6 are on the present Medicaid program. And
7 I think that's a good thing. I mean, one
8 in six people in Pennsylvania have
9 healthcare coverage under Medicaid. It's
10 a very expensive program, and the way the
11 present program works is that the federal
12 government pays approximately -- it
13 changes a little every year, but the
14 federal government pays approximately 54
15 percent of the cost and the State of
16 Pennsylvania pays approximately 46
17 percent of the cost. Very expensive.
18 It's almost \$10 billion of cost to the
19 State of Pennsylvania. It makes up the
20 biggest part of DPW's budget. But,
21 again, I think it's a great program,
22 life-saving program for the people that
23 are on this.

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 the Affordable Healthcare Act, which was
3 passed. A lot of people refer to it as
4 ObamaCare, and I think there is a lot of
5 misconceptions about how this expansion
6 is going to work, especially among
7 members of my party. And when the
8 original bill passed, the Medicaid
9 expansion was a mandate for the states.
10 They had to opt in. I think
11 unfortunately when it was down at the
12 Supreme Court and challenged in the
13 Supreme Court, the Supreme Court upheld
14 all of the act of the Affordable
15 Healthcare Act, except the mandate for
16 the states to opt into the Medicaid
17 expansion. They left that as an option.
18 So that's what brings us to this point in
19 time. And as, Madam Chairman, you said
20 in your testimonies, a number of states
21 recently have decided to opt in, and as
22 we look around Pennsylvania, Ohio,
23 Governor Christie in New Jersey just
24 recently decided to opt in. Maryland and
25 New York have decided to opt in, a number

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

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

17 And I'll tell you why I think
18 we got to do everything we can to do
19 this. This is going to cover between
20 700,000 and 800,000 Pennsylvanians with
21 health insurance. Most of these
22 people -- and here's where the
23 misconception is. Most of these people
24 are in the workforce making minimum wage,
25 10, 12, 14 dollars an hour, with no

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 healthcare coverage at their place of
3 employment, 700,000 to 800,000
4 Pennsylvanians. And the way it's going
5 to work from the state's perspective is,
6 the first three years, '14, '15, and '16,
7 the federal government is going to pay
8 for 100 percent of the cost. It is
9 estimated at this time that that will be
10 between \$3.5 and \$4 billion a year coming
11 into Pennsylvania. And as you also said,
12 if we decide not to opt in, that money
13 does not come into Pennsylvania and it
14 stays down in Washington, going to other
15 states or having Washington decide what
16 to do with that money.

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

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

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

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

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2 do this.

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

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 very quickly, and I know it's important
3 to Don Schwarz also.

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

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 because it's just a terrible idea to pit
3 these poor people to fight against one
4 another for a limited amount of
5 resources.

6 Thank you.

7 COUNCILWOMAN TASC0: Thank you
8 for your testimony.

9 Would you like to ask some
10 questions before.

11 So you may feel free to leave.

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

14 DR. SCHWARZ: No, not at all.

15 COUNCILWOMAN TASC0: Thank you.

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

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 statistic.

3 COUNCILWOMAN SANCHEZ: It
4 phases in?

5 REPRESENTATIVE DIGIROLAMO: --
6 95 percent federal, 5 percent state.
7 Then it goes to 94 in 2018 and 93 in
8 2019. Then in 2020, it's a 90/10 split,
9 and it stays like that for, I guess, for
10 eternity.

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

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

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

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2 \$4 billion a year. So when you're at
3 2020, that means that the state will have
4 to pay 10 percent, which will be \$400
5 million. So it's a large amount of money
6 and it's certainly a consideration for
7 Governor Corbett.

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

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

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

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

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

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

19 COUNCILWOMAN TASC0: Thank you.
20 We talked about -- you just
21 mentioned the hospitals picking up
22 providing services to people who get sick
23 and go to the hospital. Is there any
24 reimbursement to the hospitals from the
25 state to the hospitals to cover some of

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2 their costs or the hospitals have to eat
3 the cost?

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

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

14 COUNCILWOMAN TASC0: There's a
15 mix?

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

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 federal taxes go to Washington. They
3 won't come back to Pennsylvania, either
4 in Medicaid coverage or in DSH payments.

5 COUNCILWOMAN TASC0: Does the
6 Governor have to bring legislation to the
7 Legislature to opt in or can he make that
8 decision on his own?

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

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 we can put it maybe in the welfare code
3 bill or the budget bill somewhere. I
4 think that's the right way to do this.

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

9 COUNCILWOMAN TASC0: Okay. Do
10 you have questions?

11 COUNCILMAN GREENLEE: Just real
12 quick.

13 COUNCILWOMAN TASC0: Councilman
14 Greenlee.

15 COUNCILMAN GREENLEE: Good
16 morning, Representative and Commissioner.

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 that you mentioned must have looked at
3 those kind of things. So I didn't know
4 if there was any real numbers out there,
5 any kind of studies that show that.

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

13 SENATOR HUGHES: Keep talking.

14 COUNCILWOMAN TASC0: Yes.

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111

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

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

21 All right. Thank you.

22 REPRESENTATIVE DIGIROLAMO: All
23 right.

24 COUNCILWOMAN TASC0: Thank you.

25 Last week the City Council

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 passed a bill that would require certain
3 employers to provide earned sick pay for
4 the employees. During the discussion on
5 this legislation, we heard from various
6 statewide business organizations who
7 stated that this legislation was bad for
8 Philadelphia's business community.

9 Considering that various
10 neighboring states like Delaware,
11 Maryland, and New York are moving forward
12 with expanding Medicaid in their states
13 and for small businesses in these states,
14 their employees will now have health
15 insurance. Have you heard from any
16 statewide business organization lobbying
17 for expanding Medicaid in Pennsylvania
18 because they are afraid that
19 entrepreneurs will look to start
20 businesses in the states that will
21 provide Medicaid; therefore, their
22 workforce will have healthcare?

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111

2 Pennsylvania but all over the state,

3 should be all over this for two reasons.

4 One, we're surrounded by states that have

5 done this already. I mean, if you're a

6 business looking to relocate to another

7 state, I mean, where are you going to go?

8 Are you going to go to a state where

9 possibly some of your employees could be

10 covered by this? And, again, the numbers

11 on this, a family of four that makes up

12 to \$31,000 can get coverage with this

13 Medicaid expansion.

14 And the second point is,

15 there's a term that's being passed around

16 that's called droppers, which means that

17 people who are working for a business

18 that maybe have some type of healthcare

19 coverage and are making under that

20 \$31,000, if we decide to opt into this

21 Medicaid expansion, that company can drop

22 them from their rolls, from their

23 healthcare rolls, thereby saving money

24 and put these people on Medicaid. I

25 mean, it would be a cost savings to a lot

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 of the small businesses across the state.

3 COUNCILWOMAN TASC0: Okay.
4 Well, thank you very much for your
5 testimony. We appreciate your taking
6 time to come, and thank you for your
7 leadership on this issue, and we can feel
8 your passion and we certainly appreciate
9 it.

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

14 COUNCILWOMAN TASC0: Okay.
15 Thank you.

16 Good morning, Senator.

17 SENATOR HUGHES: Good morning,
18 Councilwoman.

19 COUNCILWOMAN TASC0: We have
20 Senator Hughes here. We didn't know he
21 was coming. And, Senator, I have to
22 allow my health --

23 All right? Thank you,
24 Dr. Schwarz.

25 He's a busy guy too, and I

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 wanted to really have him say whether we
3 would move forward to you, because he's
4 been here for a while.

5 But thank you, Dr. Schwarz.

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

11 SENATOR HUGHES: I did at one
12 time, yes.

13 COUNCILWOMAN TASC0: But it
14 didn't stop your interest in providing
15 and raising the issues around --
16 particularly the issue of HIV/AIDS. So
17 why don't you go ahead and you want to
18 testify now.

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

22 COUNCILWOMAN TASC0: We'll have
23 it for the record.

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 to my good friend and buddy for far too
3 many years that we'd like to probably
4 acknowledge, Dr. Schwarz, for his
5 incredible leadership and service and for
6 giving me the mic at this particular
7 moment. And I can only say about the
8 Representative here, we would all be
9 better served if we had more guys like
10 him in Harrisburg. I can tell you that
11 right now.

12 COUNCILWOMAN TASC0: Yeah.

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

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 has led on the issue of local funding for
3 public education, if I could throw that
4 in. Because I know you don't get enough
5 credit on that particular issue.

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

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

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 federal contribution will take that, and
3 the feds have that. What that does is,
4 it frees up those dollars to be used in
5 other areas, maybe other healthcare
6 areas, maybe other education areas or
7 things of that nature.

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

25 But in addition to that, just

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 by basic economies of \$4 billion coming
3 in, based on a Missouri study that
4 analyzed what happened there, our state
5 budget would grow by about \$150 million,
6 just basic growth of new money coming in.
7 So that's how we get the \$230 million in
8 growth and \$440 million in savings,
9 because the money comes in.

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

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 Jackson Hewitt Tax Service -- and I'm
3 going to read this portion. "On the flip
4 side, a decision not to expand Medicaid
5 would have very dire consequences for our
6 state economy. Jackson Hewitt Tax
7 Service released a study on March 13th,
8 2012 discussing the Supreme Court's ACA
9 decision and its hidden surprise for
10 employers.

11 "Coverage options for low
12 income adult residents may be limited in
13 states that do not expand Medicaid. In
14 drafting the ACA, members of Congress
15 assumed that individuals under 138
16 percent of the federal poverty level
17 would be eligible for Medicaid expansion.
18 They consequently limited the access to
19 the premium assistance tax credit
20 programs to eligible individuals between
21 100 percent and 400 percent."

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 higher shared responsibility payments
3 under the ACA. The associated costs to
4 employers could total \$876 million to
5 \$1.3 billion each year in the 22 states
6 that have opposed or are leaning against
7 or remain undecided about expanded
8 Medicaid. For Pennsylvania, this means
9 between \$57 million to \$85 million in
10 shared responsibilities.

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

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 that opt out of Medicaid expansion will
3 have to choose whether to compensate for
4 the shortfalls with their own funds,"
5 which means the state would have to pick
6 up the cost, "or leave hospitals to
7 absorb the cost, which will increase
8 rating pressures on the hospitals,"
9 Nicole Johnson, the Senior Advisor and
10 President with Moody's, said in a
11 statement.

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

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

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

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

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

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

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

20 Hopefully we'll get to the
21 point, as Representative DiGirolamo said
22 earlier, we'll get to the point by June
23 30th when we have to do a budget in
24 Harrisburg that we'll be able to pass
25 some kind of legislation to get this

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

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

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

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

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2 have.

3 COUNCILWOMAN TASC0: Thank you
4 very much.

5 Do you have questions of the
6 Senator?

7 COUNCILMAN GREENLEE: He said
8 it all.

9 COUNCILWOMAN TASC0: You said
10 it all. Just maybe you can assure the
11 Governor that it's all right to forget
12 the action he took in terms of suing and
13 just forget about it, because you always
14 have the right to change your mind, to
15 change your position.

16 SENATOR HUGHES: Exactly.

17 COUNCILWOMAN TASC0: He can do
18 that.

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 prepared to all do a nice Kumbaya session
3 and come together and figure out a way
4 for us to solve everybody's concerns.
5 There's room enough for everybody to
6 solve their problems. But while we're
7 waiting for that, we must still continue
8 to fight.

9 COUNCILWOMAN TASC0: Well,
10 please do. And we appreciate your fight,
11 and keep up the good work, both of you,
12 and thank you so much for coming down to
13 testify. And the battle continues.

14 SENATOR HUGHES: Yes, it does.

15 COUNCILWOMAN TASC0: But in the
16 end, I think maybe the Governor will
17 change his mind. I got that feeling. I
18 don't know it, but, you know, I just got
19 that feeling.

20 SENATOR HUGHES: Gotta believe.

21 COUNCILWOMAN TASC0: Maybe next
22 week when he meets with the Secretary,
23 she may convince him that it's the right
24 thing to do. Let's hope so.

25 SENATOR HUGHES: Thank you very

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 much.

3 COUNCILWOMAN TASC0: Thank you
4 very much for your testimony.

5 SENATOR HUGHES: Thank you.
6 Now the distinguished --

7 COUNCILWOMAN TASC0:
8 Dr. Schwarz, good morning. Thank you.
9 DR. SCHWARZ: How are you?
10 Thank you so much for both inviting me
11 and for having these hearings. I'm
12 Donald Schwarz and I'm the Commissioner
13 of Public Health for the City and the
14 Deputy Mayor for Health and Opportunity,
15 and I am here today to testify on behalf
16 of the Mayor and the Administration on
17 the issue of Medicaid expansion.

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

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2 Philadelphia.

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

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

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

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

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2 insurance exchanges.

3 What that will do to the
4 business environment in Philadelphia and
5 employment in Philadelphia is a
6 substantial issue that the Commerce
7 Department is certainly concerned about
8 and many Philadelphians are concerned
9 about. And it's not something that's
10 been written extensively about and it's
11 not something that it seems to me the
12 business community in Philadelphia has
13 mobilized about, but it is a tangible,
14 visible, very real impact of not
15 implementing the Affordable Care Act as a
16 whole.

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

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

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

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

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

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

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

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

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

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

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

7 And the other issue is
8 hepatitis C. As I've mentioned to
9 Council and will continue to mention, for
10 people who are between the ages of 45 and
11 65, we know that a sizable proportion of
12 the national population and the
13 population in Philadelphia are infected
14 with hepatitis C. Most people are
15 currently asymptomatic, but hepatitis C
16 is a time bomb. It ultimately leads to
17 liver injury, liver cancer, and death.
18 And there will be a very large number of
19 people in Philadelphia who will require
20 diagnosis and treatment for hepatitis C.
21 We have been trying to gear up to do
22 something about this epidemic that's
23 invisible at the moment. The cost of
24 treating folks with hepatitis C will
25 ultimately be higher than the cost of

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

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

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

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2 locally that about 16 percent or, as I
3 mentioned, over 200,000 people currently
4 are uninsured. Three-quarters have at
5 least a high school diploma or GED.

6 About 50 percent of the uninsured are
7 employed. They work in the arts or in
8 healthcare, social services. They're
9 salespeople, food prep workers, taxi
10 drivers, and food servers. In our city,
11 just under 50 percent of the uninsured
12 make less than \$15,000 a year. And even
13 a household of -- as a household of one,
14 all of these individuals would be
15 eligible for Medicaid expansion. Large
16 numbers of people.

17 Without expansion, we expect
18 the Department of Public Health's eight
19 federally qualified look-alike health
20 centers to continue to see more than
21 30,000 people earning below 100 percent
22 of the federal poverty level who will
23 have no insurance. We currently provide
24 care to about 44,000 uninsured
25 individuals, some of whom are uninsurable

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

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

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

18 COUNCILWOMAN TASC0: Thank you
19 very much. Certainly as Councilmembers
20 we hear from our constituents some of the
21 problems that they have when they do not
22 have insurance, and some of us personally
23 have experienced family members who need
24 medical care and don't have insurance.
25 So it hits everyone, and I think the bill

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

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

10 DR. SCHWARZ: The expansion of
11 Medicaid?

12 COUNCILWOMAN TASC0: Yes.

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

25 Even with insurance, if we

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

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

12 COUNCILWOMAN TASCO:
13 Councilwoman.

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

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

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

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

12 COUNCILWOMAN SANCHEZ: In what
13 numbers? In what ways?

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

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2 dollars, which is a very big worry.

3 Remember, we had, as the State

4 Representative mentioned, from the

5 Governor a cut in the dollars that we

6 receive on the county side because of the

7 whole block grant issue. That cut

8 combined with the GA cut is likely to

9 mean that we have people who are going to

10 be on very long waiting lists for drug

11 and alcohol treatment, which means we

12 have people who are addicted who want to

13 come off their drugs and we won't be able

14 to offer them services for a period of

15 time. We simply won't have the

16 resources.

17 COUNCILWOMAN SANCHEZ: How will

18 this Act help us in offsetting some of

19 that GA?

20 DR. SCHWARZ: So it's the same

21 population. Remember, that GA medical

22 assistance didn't change, but what

23 happens is, we're seeing fewer people who

24 would have been GA eligible getting

25 medical assistance. We don't know if

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

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

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

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

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

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

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

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

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

13 COUNCILWOMAN TASC0: We
14 certainly will try. We have a
15 representative here, Joe Grace, who is
16 the -- he's the, I guess -- what do you
17 call him, a lobbyist? Legislative
18 Director for the Philadelphia Chamber of
19 Commerce and --

20 SENATOR HUGHES: Grace is? He
21 is?

22 COUNCILWOMAN TASC0: -- will
23 take that message back.

24 SENATOR HUGHES: He is?

25 COUNCILWOMAN TASC0: Yeah. So

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

10 So, Joe, next charge.

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

13 COUNCILWOMAN TASC0: Thank you.
14 Thank you.

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

20 COUNCILWOMAN TASC0: He just
21 started.

22 SENATOR HUGHES: Okay. All
23 right.

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

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2 not aware of, the fact that I think his
3 numbers indicated that there are about
4 237,000 people in Philadelphia who could
5 get coverage, and I think I also heard
6 him say that if just 30,000 of them got
7 coverage, that would pay -- their
8 payments would handle the financial
9 responsibilities of our health centers.
10 Did I hear that correctly?

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

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

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

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

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

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

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

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

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

19 COUNCILWOMAN TASCO: Thank you
20 all very much.

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

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2 you could do that.

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

5 COUNCILWOMAN TASC0: It would
6 be good. Thank you.

7 DR. SCHWARZ: Thank you very
8 much.

9 COUNCILWOMAN TASC0: You're
10 always on time.

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

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

18 COUNCILWOMAN TASC0: Thank you
19 very much. Tell him I said hello.

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

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

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

9 MR. EURY: Yes, ma'am.

10 COUNCILWOMAN TASC0: And then
11 we have Dr. Garrick Baskerville, National
12 Physicians Alliance, and Dr. Amy Nunn,
13 Assistant Professor of Medicine from
14 Brown University.

15 (Witnesses approached witness
16 table.)

17 COUNCILWOMAN TASC0: Good
18 morning and thank you so much for coming.
19 We'll take you in the order as I called
20 you, if that's okay, unless you may
21 decide between yourselves you want to go
22 some other way. It's up to you.

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

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2 MR. EURY: Thank you,
3 Councilwoman. Brian Eury, Legislative
4 Director, Delaware Valley Healthcare
5 Council of the Hospital Association of
6 Pennsylvania, Legislative Director. We
7 represent and advocate for more than 50
8 acute care and specialty care hospitals
9 and health systems, 30 facilities
10 providing inpatient behavioral health
11 services, 20 facilities providing
12 physical rehab in Southeastern
13 Pennsylvania. On behalf of the hospitals
14 in the City and the region, DVHC welcomes
15 today's discussion on the importance of
16 Medicaid expansion to Philadelphia and to
17 Pennsylvania.

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

22 COUNCILWOMAN TASC0: That would
23 be good. Thank you.

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

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2 were brought forth on the previous panel
3 as well.

4 COUNCILWOMAN TASC0: All right.
5 Good.

6 MR. EURY: So from 2014 to
7 2017, the federal government will pay the
8 entire bill, which is about 100 percent
9 of the cost for the state's expansion of
10 the Medicaid program, and then we'll pick
11 up 90 to 95 percent of the cost after
12 that. This is far from the 55 percent
13 federal match Pennsylvania now receives
14 for Medicare spending on healthcare. So
15 that's basically about 55 cents on the
16 dollar the federal government pays us.

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

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

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2 regardless of insurance or financial

3 status. The question is when and where

4 will this care be provided? In the

5 emergency room when a lack of health

6 insurance has caused delays in treatment

7 so that health problem is now a crisis?

8 Or at a routine checkup in a doctor's

9 office or outpatient setting when a

10 potential health issue is detected and

11 addressed early on?

12 Medicaid expansion is important

13 to hospitals because they are dedicated

14 to improving America's health and

15 healthcare while reducing per capita

16 healthcare costs. Increasing the number

17 of Americans who have coverage, as

18 envisioned by healthcare reform, or ACA,

19 is crucial to achieving these goals.

20 The national hospital community

21 supported the Affordable Care Act,

22 accepting \$157 billion in Medicare and

23 Medicaid payment cuts over ten years in

24 order to fund the expansion of health

25 coverage. Pennsylvania hospitals'

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

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

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

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2 from these payment cuts.

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

13 According to the Pennsylvania
14 Healthcare Cost Containment Council,
15 Pennsylvania hospitals already absorb
16 nearly \$1 billion a year in costs
17 associated with caring for the un and
18 underinsured. Hospitals in the Delaware
19 Valley, Southeastern Pennsylvania,
20 provide about \$343 million already in
21 uncompensated care.

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

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2 city, region, and state. According to a
3 report from the Kaiser Commission, from
4 2013 to 2022, Medicaid expansion would
5 bring an additional \$38 billion in
6 federal funds to Pennsylvania, including
7 17.5 billion in increased hospital
8 payments to help cover the cost of
9 services for the additional
10 Pennsylvanians newly covered by Medicaid.
11 These funds would support increased
12 utilization of healthcare services, the
13 additional hires and other resources
14 needed to provide those services, and
15 much more needed economic stimulus.

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

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

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

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

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

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

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

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

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

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

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

21 COUNCILWOMAN TASC0: We'll wait
22 until the end to have questions, if
23 that's okay.

24 Dr. Baskerville.

25 DR. BASKERVILLE: Good morning.

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

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

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

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

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

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

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

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

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

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

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

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

6 In the end, though, the patient
7 did survive after I placed her on
8 antibiotics for six months, and during
9 this time, she had a drainage tube that
10 the hospital placed in her kidney. So
11 this drainage tube was coming out of her
12 back. And so she had this huge tube
13 coming out of her back that was draining
14 pus and remnants of her kidney. But when
15 the drainage finally stopped, we stopped
16 antibiotics. I sent her to a kidney
17 specialist, whom she wound up did paying
18 for. They wound up removing the tube
19 coming out of her back and stitched her
20 back up, all of which she had to pay for
21 out of pocket, and she now has over
22 \$40,000 of debt that is on her credit
23 that she is supposed to be paying back.
24 This could have all been prevented if,
25 number one, she had health insurance.

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

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

25 So cases like this -- and I saw

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

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

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

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

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

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

17 COUNCILWOMAN TASC0: Thank you
18 very much.

19 (Applause.)

20 COUNCILWOMAN TASC0:
21 Interesting testimony. Thank you.

22 Dr. Nunn.

23 DR. NUNN: Thank you so much.

24 COUNCILWOMAN TASC0: Nice to
25 see you back. Are you still doing work

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2 around HIV/AIDS?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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2 many hospital systems and federally
3 qualified health clinics are now doing
4 this, but sustaining these efforts really
5 requires that we expand Medicaid and
6 Medicare. The next step is getting
7 people who test positive into treatment
8 and care services, and then the third
9 step is making sure that they stay in
10 care so that they don't have large
11 amounts of HIV virus in their blood.

12 That is important, because people who are
13 on treatment have low levels of virus in
14 their blood and do not transmit the virus
15 to other people.

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

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

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

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

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

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

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

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

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2 individuals.

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

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

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

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

24 Thank you again for this
25 opportunity to testify before the

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2 Council.

3 COUNCILWOMAN TASC0: Thank you.

4 Thank you very much, all of you.

5 Are there any questions?

6 (No response.)

7 COUNCILWOMAN TASC0: I guess
8 you gave it all to us.

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

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

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

6 DR. NUNN: Thank you,
7 Councilwoman.

8 COUNCILWOMAN TASC0: Next we'll
9 have Ms. Colleen McCauley of PCCY and
10 Kristen Dama from Community Legal
11 Services.

12 (Witnesses approached witness
13 table.)

14 COUNCILWOMAN TASC0: Good
15 morning. Thank you for coming to share
16 your testimony with us. This has been
17 very interesting, very informative. It's
18 a lot different, more impactful for me
19 and I'm sure some of the Councilmembers
20 who may not be at this table, but we have
21 TVs and boxes in our office, so we listen
22 to the testimony and putting the face on
23 this whole issue of the need to implement
24 the Medicaid Act. And the testimony has
25 been very -- it's different hearing it

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2 and discussing it rather than just
3 reading about it.

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

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

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

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

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

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

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

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

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

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

25 So my main message really is

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

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

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

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

13 So this is why expanding health
14 insurance coverage is particularly good
15 for adults with kids. And among eligible
16 Pennsylvania residents is an estimated
17 131,000 uninsured parents, the majority
18 of whom again are working. We've heard
19 that over and over. And so, as I said,
20 healthy kids need healthy parents, and
21 whole family coverage makes a lot of
22 sense.

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

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

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

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

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

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

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

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

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

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

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

15 Ms. Dama.

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

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

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

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

7 As you may know, we serve
8 18,000 low-income Philadelphians a year
9 who need legal assistance on a whole
10 range of issues, and the Medicaid program
11 as it currently exists can't serve all of
12 them. It's written so that you have to
13 be low income, you have to have very
14 little money in the bank, but you also
15 have to fit into a category of
16 eligibility that Congress or the State
17 Legislature has decided is most needy.
18 And that includes seniors, it includes
19 adults who are eligible for TANF, it
20 includes children, it includes pregnant
21 women, and it includes adults with
22 disabilities lasting 12 months or longer.
23 And so the clients that we see that we
24 can't help to get Medicaid are clients
25 who are between the ages of 19 and 64,

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

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

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

7 I think it's really important
8 to note -- and people have said this in
9 other ways, but just to really stress
10 that the Affordable Care Act is an
11 enormous transformation of healthcare in
12 this country. It's the biggest
13 transformation of healthcare since the
14 1960s when Medicaid and Medicare were
15 created and began to be implemented.
16 It's just -- I mean, we're on the cusp of
17 near universal coverage for this country,
18 and the only people who may have the door
19 shut for them are very low-income people
20 for whom lack of insurance and medical
21 bills and one illness is catastrophic.

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

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

6 One of the most obvious places
7 of savings is that the state spends up to
8 \$200 million a year on state-funded
9 medical assistance that used to go along
10 with the general assistance program
11 before it was ended, and most of those
12 people will be able to get fully funded
13 federal healthcare instead of using state
14 dollars to cover people, and the benefits
15 will be easier to get. You won't have to
16 have your doctors fill out paperwork.
17 You won't have to prove that you have
18 been accepted to a drug and alcohol
19 treatment program, particularly if there
20 are waiting lists. And so there are
21 people who are currently getting health
22 insurance that were paying that are
23 running into red tape, bureaucratic
24 obstacles, as Dr. Schwarz said earlier,
25 and those people's lives will become

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

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

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

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

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

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

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

21 COUNCILWOMAN TASC0: Thank you
22 very much.

23 Any questions?

24 (No response.)

25 COUNCILWOMAN TASC0: Thank you

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2 very much. We appreciate your testimony.

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

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

13 (Witnesses approached witness
14 table.)

15 COUNCILWOMAN TASC0: Desire,
16 are you okay with your coughing over
17 there? You need some more water?

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

20 COUNCILWOMAN TASC0: You all
21 right? Okay.

22 MS. KRONLEY: Thank you,
23 Councilwoman.

24 COUNCILWOMAN TASC0: Good
25 afternoon.

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2 MS. KRONLEY: How are you
3 doing?

4 COUNCILWOMAN TASC0: Okay. How
5 you doing? It's nice to see you.

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

8 COUNCILWOMAN TASC0: I haven't
9 seen you in a while.

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

17 COUNCILWOMAN TASC0: Would you
18 identify yourself for the record.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21 COUNCILWOMAN TASC0: Thank you.
22 Desire, would you identify
23 yourself, please, for the record.

24 MS. WHITNEY: Desire Whitney.

25 COUNCILWOMAN TASC0: Speak into

1 3/22/13 - PUBLIC HEALTH - RES. 130111

2 the mic. I have old ears.

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

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

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

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

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

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

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2 to between 600,000 and 800,000
3 Pennsylvania hard-working people who
4 currently make too much to be on Medicare
5 but not nearly enough to afford health
6 insurance. There is also 600,000 to
7 800,000 people who will no longer need to
8 depend on costly emergency room visits
9 for their healthcare, which drives the
10 cost up for everyone in Pennsylvania.

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

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

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2 to come if we turn this opportunity down.

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

7 (Applause.)

8 COUNCILWOMAN TASC0: Thank you.

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

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 certainly hope that -- Brian Eury said he
3 was working with the chambers of commerce
4 across the state, because it does impact
5 on them and has benefit for them.

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

10 (Applause.)

11 COUNCILWOMAN TASC0: Our next
12 panel is Letty Thall and Brenda
13 Shelton-Dunston, and then we will have
14 Carol Tracy and Carol Rogers.

15 Is there anyone else here to
16 testify?

17 (No response.)

18 COUNCILWOMAN TASC0: Okay.
19 Thank you.

20 (Witnesses approached witness
21 table.)

22 COUNCILWOMAN TASC0: Good
23 afternoon, ladies.

24 MS. SHELTON-DUNSTON: Good
25 afternoon.

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2 COUNCILWOMAN TASC0: How are
3 you? Still working in the venue.

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

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

8 COUNCILWOMAN TASC0: We need
9 your constant lobbying and advocacy for
10 these kinds of issues.

11 So who is going to go first?

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

16 COUNCILWOMAN TASC0: Good
17 afternoon.

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

25 We at the Alliance support

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

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

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

24 According to the Institute of
25 Medicine, the inability to access

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

8 Given the enormous benefits of
9 Medicaid expansion to the health and
10 well-being of Pennsylvania's citizenry,
11 inclusive of employment opportunities and
12 \$5.1 billion, we call upon all of our
13 legislative representatives, the
14 Governor, to not allow partisan politics
15 to prevent access.

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

19 Thank you.

20 COUNCILWOMAN TASC0: Thank you
21 very much. Thank you.

22 Letty.

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 opportunity to be here.

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

12 COUNCILWOMAN TASC0: What can
13 we do about that, Letty?

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

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

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

25 So under the current rules also

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 under Medicaid, pregnant women are
3 eligible if they earn -- a single woman,
4 about \$25,000. That lasts for 60 days.
5 Afterwards they go back then to that 5,
6 6, 7 thousand dollar annual income.

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

16 So that's why the Affordable
17 Care Act is so important. It expands
18 coverage for people with incomes below
19 15,415 for an individual to be able to
20 purchase health insurance through the
21 marketplace.

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 continue to discriminate against low-wage
3 employees, many of them are women?

4 COUNCILWOMAN TASC0: Thank you
5 very much. We appreciate your testimony.
6 Any questions?

7 (No response.)

8 COUNCILWOMAN TASC0: Thank you.
9 We appreciate it. Keep up the good work,
10 both of you.

11 (Applause.)

12 COUNCILWOMAN TASC0: We know
13 your records. You've been out there a
14 long time doing good work.

15 Next we have Carol Tracy and
16 Carol Rogers.

17 (Witnesses approached witness
18 table.)

19 COUNCILWOMAN TASC0: Two other
20 warriors.

21 MS. TRACY: Good morning.

22 COUNCILWOMAN TASC0: Good
23 afternoon.

24 MS. TRACY: It's afternoon?

25 COUNCILWOMAN TASC0: I know you

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 came this morning.

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

15 I will summarize my testimony.

16 COUNCILWOMAN TASC0: Thank you.

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

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

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

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

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

14 Poverty is also associated with
15 a host of health conditions, including
16 chronic diseases, malnutrition, and even
17 obesity, as nutritious foods are often
18 less available in poorer neighborhoods.
19 Poverty is also associated with lower
20 rates of breastfeeding, denying mothers
21 and babies a range of associated health
22 benefits such as antibodies for babies
23 and a lower risk of certain cancers for
24 mothers.

25 I have a copy of our new

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 report, Through the Lens of Equality:
3 Eliminating Sex Bias to Improve the
4 Health of Pennsylvania's Women, and I
5 meant to include a PDF to attach to my
6 testimony, but I will send it, if I
7 could, make sure that it's attached to
8 the testimony.

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

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 with Medicaid are less likely to ignore
3 other bills or borrow money to pay
4 medical expenses than people without
5 health coverage. When women have health
6 coverage, the entire family can better
7 manage its health. Women in Philadelphia
8 will benefit tremendously from Medicaid
9 expansion.

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 in obtaining health insurance. About 15
3 years ago, we were the whistle blowers on
4 discovery that insurance companies rated
5 domestic violence victims in the same
6 category as they did parachutists,
7 because the insurers determined that
8 battered women voluntarily engaged in
9 dangerous lifestyles and denied the whole
10 range of health insurance. And, in fact,
11 the ACA modeled their prohibition of
12 discrimination against battered women in
13 the ACA on our work out of Pennsylvania.
14 Naturally we discovered this in
15 Pennsylvania.

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

24 COUNCILWOMAN TASC0: Who makes
25 the decisions for this stuff? The

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2 legislatures in terms of --

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

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111

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

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

9 Thank you.

10 COUNCILWOMAN TASC0: Thank you
11 very much. Thank you.

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

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 underserved area of the City, in the
3 Lower Northeast, zip codes 19111, 19120,
4 19124, and 19149. We applaud your
5 intention to learn of the impact on our
6 lives and on our health here in
7 Philadelphia of the Commonwealth's
8 failure to expand medical assistance.

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

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2 In our city, 14 percent, or
3 213,000 people, had to forego needed
4 healthcare last year because they could
5 not afford it. When people are sick, the
6 last thing they should worry about is how
7 they're going to pay for their care. In
8 Philadelphia, we have about 99,000 people
9 who are uninsured and who earn less than
10 137 percent of the federal poverty level,
11 people whose health could be protected if
12 the state accepts the federal
13 government's offer to expand medical
14 assistance.

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

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 assistance if the state is to expand it,
3 who will tell you his own story.

4 COUNCILWOMAN TASC0: Thank you.

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

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

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

25 COUNCILWOMAN TASC0: Well,

1 3/22/13 - PUBLIC HEALTH - RES. 130111

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

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

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

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

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

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 and you heard from Dr. Schwarz about what
3 a difference it will make. But Healthy
4 Philadelphia and the people who are
5 working with us, we're going to urge a
6 solution to this problem whether or
7 not -- I mean, personally I cannot
8 imagine Governor Corbett not expanding
9 medical assistance. There is just so
10 much at stake, not only for us here in
11 Philadelphia but across the entire
12 Commonwealth.

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

15 COUNCILWOMAN TASC0: You know,
16 didn't we pass legislation here in
17 Council to open a federally qualified
18 health center? Was that in the
19 Northeast?

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

22 COUNCILWOMAN TASC0: I have to
23 call my --

24 MS. ROGERS: Is he looking that
25 up?

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2 COUNCILWOMAN TASC0: -- memory
3 bank here.

4 We'll check it out.

5 MS. ROGERS: I know that it
6 is --

7 COUNCILWOMAN TASC0: He didn't
8 remember, and when he doesn't remember,
9 we're in trouble.

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

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

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2 COUNCILWOMAN TASC0: We'll
3 schedule some time with you to talk more
4 in detail about that.

5 MS. ROGERS: Thank you so much.

6 COUNCILWOMAN TASC0: Because we
7 send staff up there to -- Kathy Wersinger
8 from my staff has attended some of those
9 meetings. So we will follow up with you
10 on that.

11 MS. ROGERS: Great. Thank you
12 so much.

13 COUNCILWOMAN TASC0: Thank you
14 all for your testimony. We appreciate
15 it. You've certainly given us a lot of
16 information that we will share with our
17 Governor. I kind of feel that he may
18 change his mind. I really do. I think
19 he's just trying to find a way to do it.

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

22 (No response.)

23 COUNCILWOMAN TASC0: Okay.

24 There being no other individuals who want
25 to testify, we will recess this Committee

1 3/22/13 - PUBLIC HEALTH - RES. 130111
2 until the call of the Chair. And thank
3 you very much.

4 (Committee on Public Health and
5 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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direct control and/or supervision of the
certifying reporter.)

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