

New York State's Crisis – Affordable Health Care

The Employer Alliance for Affordable Health Care

Press Release

Extraordinary Times Call for Extraordinary Measures

By Scott Miller, chairman of The Employer Alliance for Affordable Health Care

In 1996 New York legislators, armed with little more than anecdotal information, responded to a backlash against managed care by passing a law that required 48-hour hospital stays in maternity cases involving an uncomplicated birth. The measure received unabashed public enthusiasm and passed with considerable political fanfare. This overwhelming support was despite little evidence to show that the practice of 24 or 36-hour discharges were widespread or studies to back claims that hospitals stays shorter than 48 hours were harmful to the health of newborns.

Fast-forward to December 2002 and a definitive study in the New England Journal of Medicine, examining the efficacy of keeping newborns and mothers in hospitals for 48 hours. The study found no evidence that shorter stays harmed the overall health of babies. In fact, the authors concluded that mandated 48-hour maternity stays might have actually undermined health outcomes because “newborns were less likely to be examined as recommended on day three or four.”

The study highlights a serious problem associated with health insurance mandates: statutory mandates are static and science is dynamic.

New York is one of the most heavily mandated states in the nation with 33 requirements of specific services or providers. The law dictating maternity length of stay is one recent example of a mandate that is out of step with current science. It is by no means unique.

Pap Smear Mandate (1992) – Long recognized as an effective test, “Pap smears” are largely credited as the reason for the significant decline in deaths due to cervical cancer. Information available in 1992 *suggested* that

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PO Box 1412 Albany, NY 12201-1412
Telephone: (315) 363-9657
Fax: (315) 363-9659

an annual Pap smear was the most effective way to screen for cervical cancer. Accordingly lawmakers passed legislation mandating insurance coverage of the test annually. Subsequent studies have prompted the Centers for Disease Control, the American Cancer Society, the American Academy of Family Physicians and others to revise their guidelines to allow for less frequent screenings if three consecutive pap smears are found to be normal. Despite the scientific evolution, New York's outdated law remains in effect.

Prostate Mandate (2000) – In the wake of Mayor Giuliani's treatment for prostate cancer, the state legislature passed a prostate mandate requiring coverage of an annual standard diagnostic examination. At that time, every major cancer organization opposed mass screening for prostate as embodied in this law. New studies continue to support limited prostate screening. Most recently, a May 2002 study from the University of Colorado concluded that many older men with low readings in a blood test for prostate cancer now given annually may "be able to safely have the screenings less often, a change that could save hundreds of millions of dollars annually."

The rigidity of the legislative process ultimately fails patients by subjecting them to procedures that are often outmoded or needless.

Businesses across the state are experiencing double-digit increases for their health insurance premiums for an unprecedented third, and in some cases fourth, straight year. Fueling premium increases are mandates that contribute to the inflationary growth of health care costs. Employers, particularly small businesses, are buckling under the pressure of these steadily rising costs.

While a mandate that is current with science may in fact help keep long-term costs down, New York has never studied existing or proposed mandates for cost and efficacy.

Extraordinary times require extraordinary actions.

The Employer Alliance for Affordable Health Care is calling on the state legislature to adopt a measure that would require a cost/efficacy analysis for all proposed mandates *prior* to legislative consideration. We also advocate a re-examination of current mandates with the goal of updating or eliminating those mandates that don't make scientific or economic sense.

Employers across the state are seeking answers. Health care costs are high enough without precious dollars being spent on mandated services and providers that are not proven effective. We call upon the Legislature to take a leadership role in making the purchase of health care in New York more rational and affordable.

Scott Miller is the president of Miller Printing & Lithograph, Inc., an Amsterdam-based printing company and chairman of the Employer Alliance for Affordable Health Care, a grassroots coalition of more than 1,200 New York businesses committed to preserving quality affordable health care for all New Yorkers. For more information about the Employer Alliance for Affordable Health Care, call 315-363-9657, or e-mail the Alliance at employeralliance@yahoo.com. You can also visit their website at www.employeralliance.com.