



# MEDICAID WATCH '05

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## Some key facts to consider:

- Already the biggest spender on Medicaid, New York led 45 other states in percentage increase in Medicaid enrollment in the first half of 2003, according to the Kaiser Commission on Medicaid and the Uninsured.
- In most states, children are the majority of Medicaid recipients. In New York, more recipients are adults, and the proportion who are children is among the lowest in the country.
- Our Medicaid spending per enrollee is \$10,788, nearly two-thirds above the national average.
- Hospital lobbyists attack Governor Pataki's budget, but it would leave our Medicaid spending on hospitals above the combined total of California and Texas — which have a combined population three times that of New York.

## VIRTUALLY EVERYONE AGREES MEDICAID COSTS TOO MUCH. WILL ALBANY FINALLY ACT?

New York's business leaders, county executives, farmers, taxpayers, editorial writers, Governor Pataki, Senate Majority Leader Bruno, Comptroller Hevesi ... all agree on one thing:

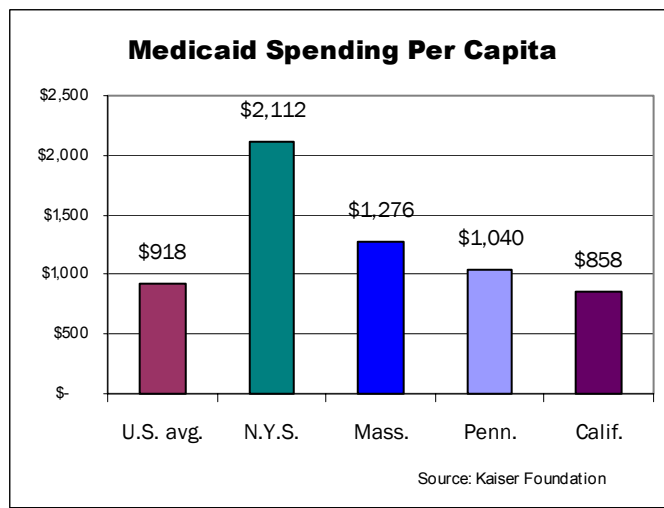
### Medicaid costs too much.

Just how much does the program cost New Yorkers? And how does that compare to what other states spend?

Governor Pataki's budget projects total spending around \$45 billion on Medicaid, including federal and local funds, in the 2005-06 fiscal year. The powerful hospital workers union and other organizations want billions more.

The program cost every New Yorker an average of \$2,112 in fiscal 2003, the latest year for which national data are available. That was 2.3 times the national average, and far above comparable states such as Massachusetts, Pennsylvania and California.

If we could get New York's spending down to merely twice the national average, taxpayers could save a total of \$5.3 billion. Roughly half those savings could accrue to Albany and our



local governments. Such reform would go a long way toward eliminating the budget problems facing the state, New York City and many counties.

What kind of reform, exactly, is needed? Two things.

The Legislature is considering a proposal from Governor Pataki to cap the Medicaid costs Albany imposes on localities and property taxpayers. That's a good idea. If future governors and legislators have to pay more of the bill, they're

likely to keep a more careful eye on spending.

But capping local increases, alone, won't solve our fundamental problem of Medicaid costing too much.

The Governor and the Legislature must also act to scale back New York's outmoded health-care system, restructure long-term care, and otherwise **control Medicaid costs**. Not shift costs — control them. That's the only real answer.

## HEALTH-CARE SPENDING: UP \$6.2 BILLION IN FIVE YEARS

Medicaid and New York State's other public health-care programs aren't just taking more from taxpayers — increasingly, they soak up resources that otherwise might go to education, transportation and other programs.

From 2001 through the

coming year, spending on Medicaid and related programs will have grown by \$6.2 billion, not counting federal funds. That's nearly twice the increase in aid to public schools and transportation spending, combined.

Increases in the cost of care and number of Medicaid recipi-

ents (some of that resulting from policy choices by the Governor and Legislature) both drive up spending. The Budget Division projects coverage will continue to rise sharply, from 3.6 million New Yorkers this year to just under 4 million in 2007.



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## Some key facts to consider:

- Medicaid costs often vary sharply from one region to another. In 2000, according to Health Department data, an average hospital stay in New York City cost taxpayers \$12,329, while outside the city the average was \$6,532.
- Typically, the one key area in which New York spends relatively little is the program best suited to contain costs—managed care. Enrollment in managed care is proportionately far lower here than in most states.
- The state will spend some \$589 million just on Medicaid administration in the coming year, according to the Executive Budget.
- If we could simply get New York's overall Medicaid spending down to **twice** the national average, instead of 2.3 times average, taxpayers would save \$5.3 billion.

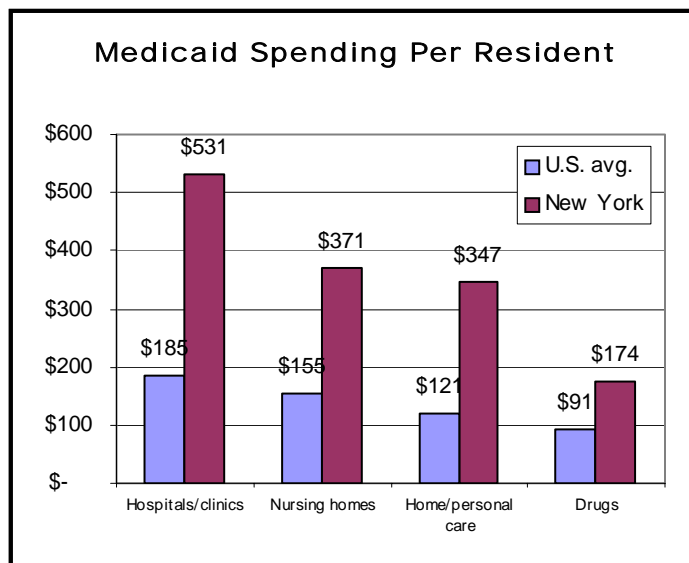
## WHERE DO ALL THOSE BILLIONS OF TAXPAYER DOLLARS GO? ANSWER: ALL OF THE ABOVE

How does New York spend 2.3 times the national per-capita average on Medicaid? There's no single answer. Medicaid pays for many different programs. In almost every area, New York spends more – **much more** – than other states.

The biggest single gap between New York and the rest of the country is in spending on hospitals and clinics. With a total cost of \$10.2 billion in 2003, or \$531 for every state resident, our hospitals/clinics expenditures are almost three times the national average, on a per-capita basis. Reducing our spending in this area to the U.S. average would save taxpayers \$6.6 billion.

Expenditures in two other major areas drive New York's Medicaid spending far out of line with competing states.

We spent \$7.1 billion on nursing homes, and \$6.6 billion on home health care and personal care, in 2003. Our per-capita spending in each of those areas is well over twice the national average. In each case, reducing our spending to the average would save taxpayers more than \$4 billion.



Spending on prescription drugs has been rising in recent years, but is still far from the biggest cost in Medicaid.

New York enrolls far more residents, proportionately, than most states. As of 2003, 19.6 percent of New Yorkers were enrolled in Medicaid – compared to 13.9 percent nationwide.

It's often said that comparisons with other states are

misleading because Albany uses Medicaid to pay for services that other states fund through other means – caring for the mentally disabled, for instance.

There's some truth in that, though less than defenders of the status quo would have us believe. In any case, it doesn't explain our high spending on hospitals, nursing homes, and home and personal care.

## TWO-THIRDS OF THE DOLLARS GO TO NEW YORK CITY

New York City's legislative delegation is traditionally the strongest supporter of Medicaid, and it's easy to see why.

The city is home to about 42 percent of the Empire State's population. But it represents just under two-thirds, or 66 percent, of individuals on Medi-

caid and of dollars spent on the program.

Long Island and the three counties just north of New York City – Westchester, Putnam and Rockland – represent 21 percent of the state population and just over 12 percent of Medicaid dollars.

The 52 counties of Upstate New York, from the lower Hudson Valley to the Niagara Frontier, are home to just over 36 percent of state residents. They spend fewer than 23 percent of all Medicaid dollars in the state.



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## Some key facts to consider:

- Most experts agree New York spends too much on hospitals in part because we have too much capacity. Adjusted for population, New York has one-third more hospital beds than Massachusetts.
- The average hospital stay in Massachusetts is 4.9 days. In New York, it's 6.0 days, 22 percent higher.
- Massachusetts has more privately owned hospitals, and proportionately fewer owned by the state or local governments, than New York does.
- Some 63 percent of Medicaid recipients in Massachusetts are in managed care, compared to 53 percent in New York.
- If we could simply get New York's overall Medicaid spending down to **twice** the national average, instead of 2.3 times average, taxpayers would save \$5.3 billion a year.

## HOW DOES MASSACHUSETTS MANAGE TO SPEND SO MUCH LESS THAN NEW YORK DOES?

Those who defend New York's enormous spending on Medicaid like to say we have to spend so much because we're different from everyone else: We're home to a world-renowned hospital system, and we have more poor, sick, and old residents than other states.

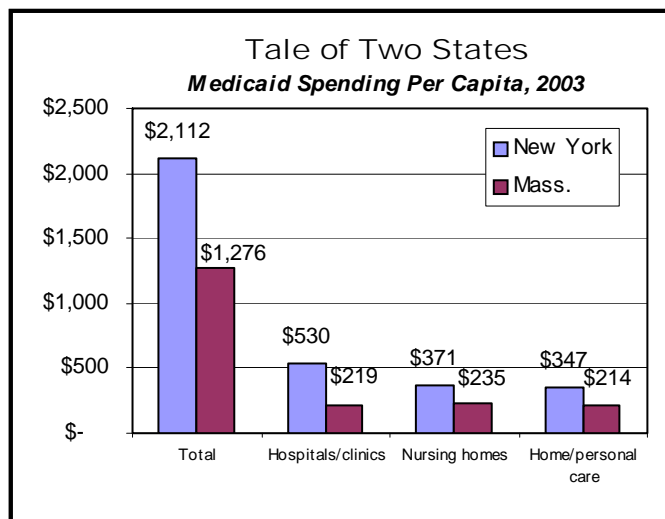
Besides, they ask, do we really want New York's health-care system to be like Alabama or another low-spending state?

No. But perhaps we could try to be more like Massachusetts.

The Bay State is home to hospitals and medical schools widely considered among the best and most prestigious in the world. There's no skimping on talent; its ratios of doctors and nurses to population are both the highest in the country. No one suggests the nursing homes in Massachusetts are noticeably inferior to those in New York.

True, the poverty rate is higher here in New York. But in Massachusetts, the proportion of residents who are elderly is higher than ours.

Yet, somehow, this neighboring state that has produced



some of the country's most liberal politicians and policies manages to spend far less on Medicaid than we do.

Adjusted for population, our overall Medicaid spending is two-thirds higher than that in Massachusetts. Spending on hospitals, in particular, is more than twice as high here in New York.

New York's program covers far more people, with 19 percent of our population enrolled

in Medicaid compared to 14.3 percent in Massachusetts.

Even if we assume that New York has more needy people, that doesn't explain the difference in spending. We spend more per recipient, not just per capita. In fact, New York spent \$7,609 on an average Medicaid enrollee in fiscal 2000, according to the Kaiser Family Foundation. That was 56 percent higher than Massachusetts' \$4,862.

## HIGHER SPENDING DOESN'T GIVE NEW YORKERS BETTER CARE

Our billions in Medicaid spending are supposed to improve health outcomes for New Yorkers. Yet, compared to Massachusetts and many other states, we're not doing especially well.

In New York, 4.7 percent of expectant mothers receive late

or no prenatal care. That's more than twice the proportion in our neighboring state. Our infant mortality rate is 22 percent higher than Massachusetts'. Our child immunization rate is 73 percent, compared to 83 percent in the Bay State.

If all our spending doesn't

produce better care, one reason may be that the extra cost of government programs drains private spending. More than 74 percent of Massachusetts residents are covered by private health insurance, compared to 66 percent in New York.



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## Some key facts to consider:

- Albany imposes some \$800 million in extra Medicaid charges to pay hospitals for graduate medical education; roughly half the doctors we train leave to practice in other states.
- Partly because New York does not do enough to promote preventive care, our rate of inpatient hospitalization is 42 percent above the national average.
- Although hospital lobbyists continually predict devastation from funding “cuts,” the number of hospital jobs in New York is up by 28,000, or 9 percent, since 1990. That’s three times the growth rate in overall private-sector employment.
- If we could simply get New York’s overall Medicaid spending down to **twice** the national average, instead of 2.3 times average, taxpayers would save \$5.3 billion.

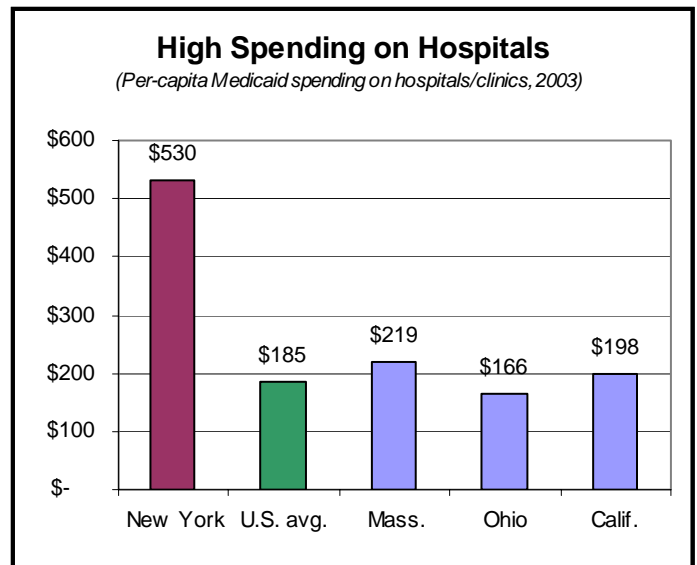
## WHAT’S OUR BIGGEST SINGLE DISPARITY WITH OTHER STATES? NEW YORK’S HOSPITALS

If New York is ever going to get serious about controlling Medicaid costs, we need to go where the money is. For starters, that means hospitals.

Hospital spending represents the biggest single disparity between Medicaid spending in New York and in our competitor states. That means it presents the greatest opportunity to reduce costs at both the state and local levels. (It’s also the most important cost center Albany will assume from localities, if the Legislature approves a proposed cap on the local share of Medicaid spending.)

Our Medicaid spending on hospitals and clinics totaled more than \$10 billion in 2003. Adjusted for population, that was almost **three times** the national average. It was well over twice the level in Massachusetts, another liberal state with highly regarded teaching institutions.

Billions in additional spending are driven by the state government’s long and continuing opposition to the market forces that reduce costs and improve quality elsewhere. Analyses by independent experts such as



Standard & Poor’s and Governor Pataki’s Health Care Reform Working Group find that Albany artificially props up hospitals that should close or downsize.

Such taxpayer support “is often politically driven,” rather than based on actual consumer needs, according to S&P. Primarily at the behest of the powerful hospital workers’ union, state officials even refused to approve one hospital

closing that local officials had sought as a means of strengthening their overall health-care system.

The state’s longstanding rejection of consumer-driven forces leaves New York with 21 percent more hospital beds than the national average, adjusting for population. As the Governor’s working group noted, “Excess capacity is expensive to maintain and yields no good result.”

## A MAJOR OPPORTUNITY TO IMPROVE CARE, AS WELL

Contrary to what we sometimes hear, making New York’s hospital sector more efficient does not mean “taking away our health care.” It’s more likely to improve quality of care.

When too many hospitals perform a service, such as cardiac surgery, some will attract

too few patients to maintain expertise. Higher volumes in fewer institutions can improve treatment outcomes.

Because New York’s political establishment tends to focus on preserving institutions, the state has paid inadequate attention to measuring results

and taking other steps to improve quality. That’s changing, but more must be done.

For instance, Medicaid should reward hospitals that achieve performance benchmarks, while reducing reimbursements when complications arise from hospital error.



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## Some key facts to consider:

- Although New York's spending on nursing homes is far higher, federal quality measures do not show major differences with other states.
- Our nursing homes pay New York State's high workers' compensation rates; and for-profit homes pay high property taxes.
- The New York Association for Homes and Services for the Aging estimates that developing more alternatives to nursing-home care could reduce current nursing-home residency by 10 percent.
- Some 78 percent of our nursing-home residents are on Medicaid, compared to 65 percent nationally.
- If we could simply get New York's overall Medicaid spending down to **twice** the national average, instead of 2.3 times average, taxpayers would save \$5.3 billion.

## WHY DOES NEW YORK SPEND BILLIONS MORE ON LONG-TERM CARE?

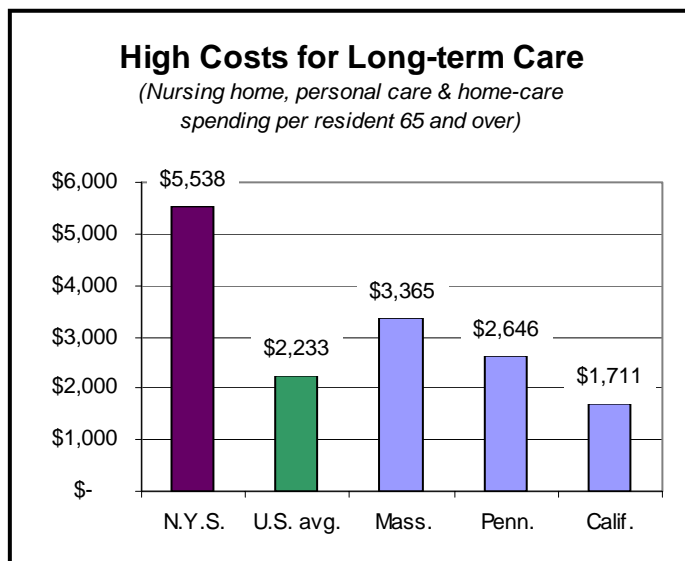
Defenders of the status quo in New York's costly Medicaid program like to argue that if we spend less, we'll end up leaving our elderly loved ones out on the street. If that's true, why doesn't every other state have such a crisis?

In New York, Medicaid spending on nursing homes, home care and personal care totals more than \$13.7 billion. That's more than 17 percent of the nationwide total. Our share of the nation's older population is less than 7 percent.

For every resident aged 65 or over, New York's Medicaid program spends more than \$5,500 on those three major elements of long-term care. That's 2.5 times the national average, and well above the cost in states such as Massachusetts and California.

If New York's spending on nursing homes, home care and personal care reflected national trends, taxpayers would save more than \$8 billion.

Albany spends billions on programs intended partly to keep older residents out of nursing homes. Yet among our 65-and-over population, 4.4



percent live in a nursing facility. That proportion is nearly one-sixth higher than the national average.

One reason we institutionalize more of our aging citizens: State government reflexively opposes entrepreneurial solutions, such as continuing-care retirement communities. In California, Pennsylvania and other states, such communities allow seniors to use their own resources, rather than

Medicaid, to choose a preferable place to live.

State policies give families incentives to shift costs to taxpayers. The state imposes heavy taxes on nursing homes that drive private-pay rates up by thousands of dollars a year. Spouses are free to refuse to pay for care; a Nassau County man worth more than \$1 million forced taxpayers to pay his wife's nursing-home bills.

## HOME AND PERSONAL CARE: BILLIONS EXTRA IN NEW YORK

New York's Medicaid program spends far more on nursing homes than any other state's. But we're especially out of line in home and personal care, where we spend nearly one of every five dollars nationwide. (Our share of older U.S. residents is one in 14.)

New York City residents are the primary beneficiaries of home and personal care. Of \$3.2 billion spent statewide in 2003, 84 percent went to the five boroughs.

Home and personal care help older residents with services such as housekeeping,

dressing, bathing and meal preparation. Why does New York spend billions more than other states on such services? How do most older residents of Upstate and Long Island, and of other states, get by without such assistance? No one in Albany seems to ask.



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## Some key facts to consider:

- In 1997, after enactment of the original Health Care Reform Act, hospital employment statewide fell by 6,300. But since then, it's risen to the highest level in at least 15 years.
- The average length of stay in New York hospitals is down modestly since HCRA was enacted; average stays nationwide have declined, as well.
- The new state budget will keep in place some \$1.3 billion in taxes, first imposed in 1996, to pay for graduate medical education and other costs. The taxes were called "temporary," but Albany is not even considering reducing them.
- If we could simply get New York's overall Medicaid spending down to **twice** the national average, instead of 2.3 times average, taxpayers would save \$5.3 billion.

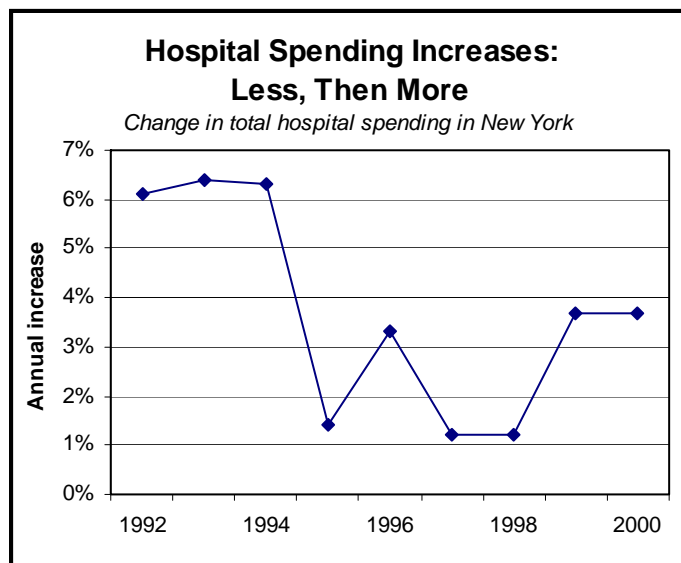
## WHAT HAS HCRA DONE TO REFORM OUR COSTLY, INEFFICIENT HOSPITAL SYSTEM?

Although the debate over health-care finance in New York centers on Medicaid, it goes much further. In recent years, state leaders have made policy affecting billions in health-care spending under the rubric of the Health Care Reform Act adopted in 1996.

The original HCRA was a major step toward higher-quality and more affordable health care for New Yorkers. It eliminated a government-imposed set of hospital charges for various services, in favor of allowing hospitals and their customers to negotiate prices — similar to the system in virtually every other state.

New data from the federal Centers for Medicare & Medicaid Services suggest that HCRA and other reforms from Albany had an impact. In the early 1990s, overall hospital spending in New York State — from all payers, private and public — rose more than 6 percent every year. When Governor Pataki restrained Medicaid spending in 1995 and 1996, the annual increases fell to 1.4 and 3.3 percent, respectively.

HCRA's introduction of mar-



ket forces helped push the increases in hospital spending even lower, to 1.2 percent in both 1997 and 1998. Spending increases grew significantly — totaling more than \$1 billion a year — in 1999 and 2000.

Those are the latest years included in the federal data. But employment statistics, available through 2004, indicate that since state leaders revised HCRA in December 1999 to pour vast amounts of

new money into the hospital sector, hospital jobs in the state have grown by 7,300.

Our hospital system is still characterized by:

- Too much capacity;
- Longer average stays than other states;
- Focus on dollars instead of quality of care;
- And failure to measure quality outcomes, despite the Legislature's order that the Health Department do so.

## CAN MEDICAID WORK TO PROMOTE QUALITY, EFFICIENCY?

Making Medicaid work more like private health insurers would drive both greater efficiency and higher quality in New York's too-large, too-bureaucratic hospital system.

The 1996 HCRA legislation gave health insurers the authority to negotiate what they would pay hospitals for differ-

ent treatments. Medicaid, by contrast, pays largely on the basis of how much is needed to prop up inefficient hospitals.

Large employers and private insurers are pushing hospitals and other health-care providers to focus more attention on improving quality of care, in part by measuring health out-

comes. Medicaid, which spends more than \$10 billion a year on hospitals and clinics, could add substantially to that pressure for better care. Albany's proposed hospital-system restructuring commission creates a long-overdue opportunity to make the system healthier — in more ways than one.



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## Some key facts to consider:

- New York State ranks below most other states in overall health, as measured by the United Health Foundation and other organizations.
- In the UHF ratings, New York scores well for motor vehicle deaths and occupational fatalities, but poorly for infectious disease and lack of health insurance — factors that arguably should be improved by high Medicaid spending.
- New York's ranking from UHF has improved since 1990, largely because of an extraordinary drop in violent crime. Since then, our number of uninsured as a share of total population has increased sharply.
- If we could simply get New York's overall Medicaid spending down to **twice** the national average, instead of 2.3 times average, taxpayers would save \$5.3 billion.

## DO BILLIONS IN EXTRA MEDICAID SPENDING BUY BETTER CARE? ALBANY DOESN'T KNOW

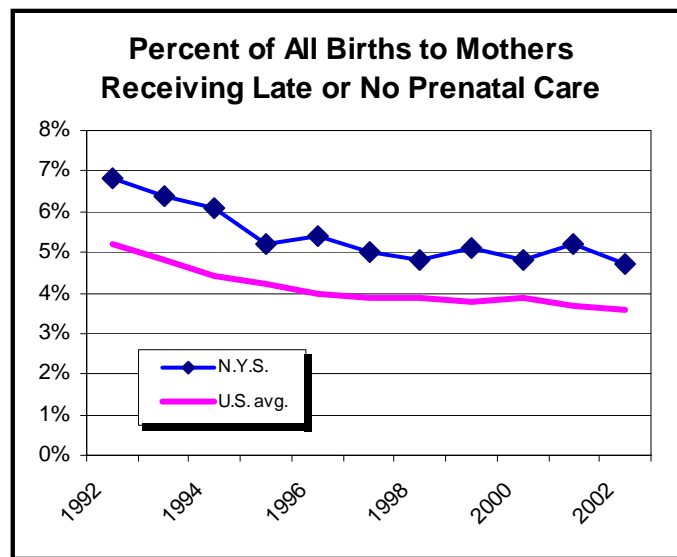
"In New York, we spend far more on health care than other states, without achieving dramatically better health outcomes for New Yorkers."

That was the conclusion Governor Pataki's Health Care Reform Working Group reached last year, after extensive study of the issue. No one has seriously challenged the finding.

As previous papers in this series have shown, Medicaid spending is higher in New York than anywhere else. It's even dramatically higher here than in states such as Massachusetts that have respected hospital systems and extensive social-welfare safety nets.

Many indicators show New Yorkers are not unusually healthy, despite all that spending. Our death rates from some diseases, such as AIDS and certain cancers, are higher than average; with some others, our death rates are lower than average. But in most cases, those indicators are heavily affected by lifestyle, genetic and other factors.

There are a few statistical indicators that, at least in theory, should be influenced by



government spending on health care. For instance, New York designs and promotes its Medicaid, Family Health Plus and Healthy NY programs to attract as many pregnant mothers as possible.

Spending on those programs has expanded dramatically over the past decade, and pregnant mothers seem to be getting better care. The proportion of babies whose mothers did not receive prena-

tal care, or did so late in pregnancy, has fallen noticeably.

But the same is true nationally, as shown above, even though spending elsewhere is much lower. And the disparity between New York and the rest of the nation is about the same as it was a decade ago, despite our billions in new spending.

New York must do more to analyze what our Medicaid billions buy — for the sake of recipients as well as taxpayers.

## TECHNOLOGY, FINANCIAL INCENTIVES CAN BOOST QUALITY

Two powerful forces — technology, and pay for performance — are driving quality improvement in health care around the country.

Employers and private-sector organizations provide much of the impetus. The Leapfrog Group uses employer purchasing power to promote

safer, higher-quality care. Regional efforts such as one led by the Taconic Independent Practice Association will share medical data electronically among doctors, hospitals, employers, consumers and others to coordinate care better, reduce medical errors and otherwise improve patient care.

Like most states, New York has done relatively little to promote technology and financial incentives as drivers of health-care quality. The new state budget includes demonstration projects for health information technology and pay-for-performance. Those efforts are small, but encouraging.



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## Some key facts to consider:

- Nationwide, Medicaid accounts for an average 22 percent of state budgets. In New York, the proportion of overall state spending is roughly 44 percent.
- Florida, South Carolina and some other states base their reform proposals on a key principle traditionally shunned in New York — that Medicaid spending must be more predictable and affordable.
- Seventeen states, including New York, have won federal waivers to traditional Medicaid rules since 2001. Most were for cost-saving moves; New York's was for the biggest program expansion in the nation, Family Health Plus.
- On a per-capita basis, our Medicaid spending is 2.3 times the national average. If we could simply get that figure down to **twice** the national average, taxpayers would save \$5.3 billion.

## OTHER STATES MOVE BOLDLY TO REFORM MEDICAID; WHY SHOULDN'T NEW YORK?

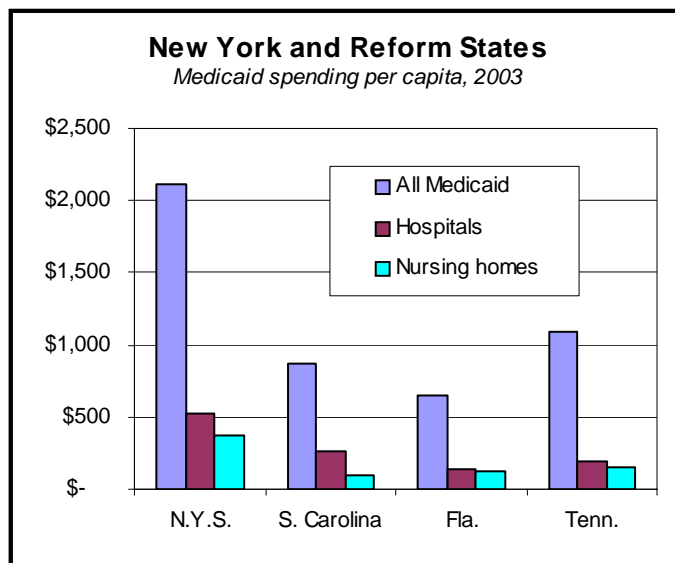
This year's New York State budget takes some steps toward a Medicaid system that provides better care, while acknowledging the need to control costs. Much more remains to be done in both areas.

Fortunately, ideas for major Medicaid reform — aimed at both controlling costs and improving quality of care — are bubbling up around the country. States such as South Carolina and Florida are considering especially innovative proposals.

Florida and South Carolina both seek federal permission to give consumers more power over their Medicaid benefits. That would drive more dollars where they are most needed, rather than allocate limited resources based on political demands.

In each state, recipients would be guaranteed coverage for preventive and catastrophic care. South Carolina is considering offering incentives to encourage behaviors such as receiving screening for diabetes, or maintaining cholesterol levels below certain points.

"It is essential to both enable and require that the Medi-



caid beneficiary participate as a prudent buyer of health care services," South Carolina Governor Mark Sanford says. That's even more true in New York, where spending is far higher and more individuals receive Medicaid benefits.

Both states would make it easier for Medicaid recipients to transition into employer-paid health insurance. In Florida, Governor Jeb Bush has proposed allowing some tax-

payer dollars to go toward employer-based insurance, where that would prevent the need for full Medicaid coverage.

What could a more consumer-friendly Medicaid system mean in New York? As just one example, it might mean fewer dollars going to the powerful hospital workers union, and more dollars spent on measuring and improving quality of care through use of technology and financial incentives.

## TENNESSEE TAKES ACTION TO KEEP TENNCARE AFFORDABLE

"This is an area in which we literally could spend unlimited amounts. But as we all know, we don't have unlimited amounts to spend. We don't remotely have the money to continue on the current path."

Tennessee Governor Phil Bredesen made those comments recently on his decision

to preserve enriched health-care benefits for all children in the state's TennCare program, while cutting benefits for some adults.

The Volunteer State ranks near the top of all states in the percentage of residents covered by Medicaid (or, in its case, TennCare). Yet, like every

other state, it spends far less than New York. Our overall spending is nearly twice that in Tennessee, on a per-capita basis. Hospital spending is 2.5 times as high here.

Governor Bredesen also ordered a task force to study neighboring states' systems and suggest further changes.



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## Some key facts to consider:

- The new \$80 million fund for Local 1199 is being criticized by AIDS advocates and others. The Legislature put it in the budget with no public notice.
- “Elder-law” lawyers offer free seminars on how middle-income patients can access Medicaid dollars — then recoup their costs through billable hours ultimately reimbursed by the taxpayers.
- Albany pays for TV commercials urging residents to take advantage of taxpayer-funded health care. The Senate proposed educating New Yorkers on alternatives to Medicaid financing of long-term care, but the proposal failed this year.
- On a per-capita basis, our Medicaid spending is 2.3 times the national average. If we could simply reduce that level to **twice** the national average, taxpayers would save \$5.3 billion.

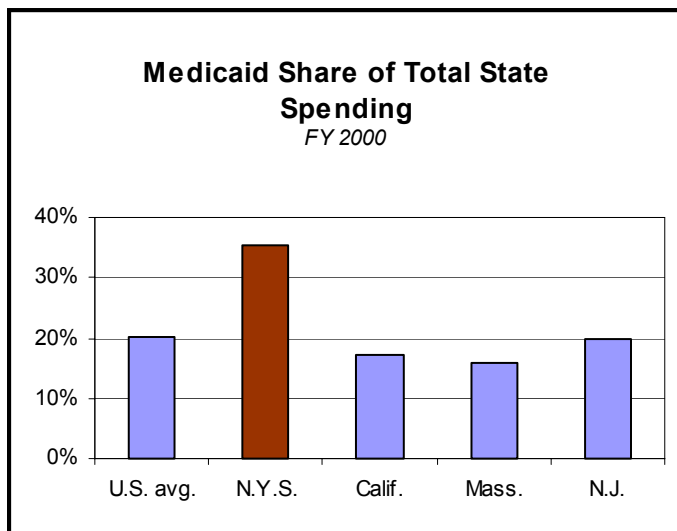
## WHO IS STANDING IN THE WAY OF REAL MEDICAID REFORM IN NEW YORK STATE?

Virtually everyone agrees Medicaid costs too much in New York and does not deliver a commensurately high level of care. Why isn't there bold action, in Albany and at the local level, to reform the system?

The answer is a Catch-22: There's limited political will to tackle the problem, partly because elected officials know the interests who benefit from the status quo will paint any cost-saving reforms as a vicious attack on the aging and the needy. At the same time, those interests know they can get away with clinging to the status quo, because there's limited political will to push for change.

Over the past eight years, the high and rising cost of Medicaid has benefited one particular interest group more than any other: the health-care workers union, Local 1199 SEIU.

The budget adopted by the Legislature this year continues the practice of granting special favors to the union. This time, it's an \$80 million fund to raise union members' salaries in Upstate nursing homes.



Local 1199 uses millions of dues dollars to make political contributions, lobby, and engage in expensive TV and radio campaigns — all aimed at pressuring Albany not to reform Medicaid. So when legislators send even more taxpayer millions to the union, they give union President Dennis Rivera even more power to block reform.

Ever-higher Medicaid spending means not only higher taxes, but a growing

shift in resources away from other areas such as education and transportation. Over the past five years, state-funds spending on Medicaid is up \$4.4 billion. That compares to \$2.6 billion for the area with the second-biggest increase, aid to public schools.

New York leads the nation in the proportion of overall state spending that goes to Medicaid, according to the National Association of State Budget Officers.

## THE LAWYERS TELL US WE SHOULDN'T PAY FOR OUR CARE

Want taxpayers to cover your spouse's nursing-home bill? New York is the place for you.

Reasons include our state laws, court rulings, and lawyers who spend heavily on marketing their “stick it to the taxpayers!” professional services.

Industry experts say New York's elder-law bar is a na-

tional leader in promoting the idea that even well-off families should not have to pay their own costs for long-term care. One Albany-based firm boasts it has prepared more than 1,000 applications for Medicaid in the past decade, with a success rate over 95 percent.

Lawyers who specialize in

Medicaid planning are resisting reform proposals by Senator Ray Meier and others that would require well-off individuals to pay part of their nursing-home bills.

The chair of the state Bar Association's Elder Law Section, Howard Krooks, told fellow lawyers, “We're under attack.”