Committee: Bill's Health Care Package is Bad Medicine

By Craig McGuire

Forewarnings of massive reductions in health care and potentially inequitable services, both health care providers and health care reform advocates con-President Clinton's Health Care Reform Plan at recent hearings held in Brooklyn by the New York City Council Health Committee.

"We intend to reach out to New Yorkers throughout the city and hear their concerns about health care reform," said Health Committee Chair Enoch Williams, "We will then take those concerns to the federal officials who will be considering this issue in Congress this spring."

Williams added that these "Public Speak-outs on Health Care Reform" are being held citywide because "the Committee on Health wants to know what New York health care consumers consider pressing."

Representatives from New York City not-forprofit health care providers attacked the Clinton plan on multiple fronts.

"We have to ensure that Clinton's Health Care plan does not come at the expense of not-for-profit hospitals," said Emory Edwards, Director of Media Relations at Maimonides York City Hospitals alone. Hospital, 4802 10th Ave-

Addressing the board on behalf of Maimonides President Barry Spero, Edwards said there were three major flaws in the Clinton plan that would seriously limit service to many New York-

The points Edwards outlined -- Medicare and Medicaid cuts, no provisions for residency programs, and the potential for limiting services to accommodate domineering large regional alliances -- were echoed in testimony presented later by Brooklyn Hospital spokesman Timothy Riley on behalf of the hospital's president, Frederick Alley.

"We serve some of the poorest neighborhoods in the city," said Riley, "and we cannot absorb the proposed cuts in Medicaid and Medicare."

"We are working on a thin line. We're not talking about cutting into profits, we're talking about reductions in service," explained Edwards.

According to projections by the Greater New York Hospital Association, even after adding the additional revenues, the cuts in Medicaid and Medicare will result in a loss of \$4 billion over five years for New

Plan Must Include Medical Residency Programs

Clinton's health care package does not include funding for medical residency programs, a staple of the New York City system, which includes 16 percent of all the resident physicians practicing in the country.

'The final plan must recognize the unique educational atmosphere in New York," urged Riley, who added that hospital residents are often the primary health care providers in many urban communities.

The benefits of a residency program infrastructure, who often provide patient care, are seen particularly in poorer neighborhoods," agreed Edwards. "When they have to be replaced, where will the money come from?"

According to Governor Cuomo's Task Force on Health Care, New York State hospitals can expect to lose 25 percent of its residency staff under the Clinton proposal.

Perhaps the most flexible of the discords was the struggle for autonomy under the Clinton proposal.

"If the large regional hospital alliances are held accountable on the local

level, then we won't have a nity health care providers problem," said Edwards.

"However, the fear is that without local control. health care in urban areas will suffer," warned Edwards. "The health care needs in an urban setting. like AIDS and tuberculosis. are different than those of outlining areas, and may not be adequately addressed."

"The regional alliances must serve communities and be held accountable," agreed Riley. "If commu-

loose their independence, the community will be loosing a valuable resource.

The Single-Payer Plan Advocating the Single-Payer plan, based on a federal proposal introduced into Congress by Rep. Jim McDermott, speakers representing many diverse groups, from the disabled to the elderly, dominated the rest of the hearings.

If passed, the McDermott-Wellstone-Convers

(H.R. 1200/S.491). would provide a single payer system, with the federal government as that single payer, as opposed to the number of alliances that would be paying different insurance companies. Administrative costs would be greatly reduced with the government collecting taxes, as well as premiums, and paying the health care providers.

Representatives from various groups, from the

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