

**TESTIMONY /HEARING NYS LEGISLATURE
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INTRODUCTION

Good morning/afternoon, it's a pleasure to participate in this hearing, thank you to the conveners of this hearing for inviting remarks from the Occupational Health Clinical Center, in Syracuse NY. I'm Jeanette Zoeckler, Director of Preventive Services. Originally, the Medical Director, Dr. Michael Lax was invited. He was regrettably unable to make this date and time, but has sent me to bring our message.

The Occupational Health Clinical Center is a member of the New York State Occupational Health Clinical Network, funded by an act of the New York State legislature in 1987 to create a network of Occupational Health Clinics across the State. Administered by the NYS Department of Health, the mission of these clinics was to address the occupational disease burden in NYS through high quality occupational medicine specialty services and through the establishment and activation of a prevention agenda. So you see there are two sides to our operation. The doctor, nurse practitioners, and social worker tend to workers who are sick or injured on the job, while our industrial hygienist develops ways to adjust the workplace to make work healthier and safer. That's the clinical side. My role is to develop outreach, education and research projects designed to prevent working people from getting sick in the first place. Each clinic affiliates with a parent institution and ours is SUNY Upstate. Our clinic is meant to be on guard for sentinel cases of occupational disease, stand at the forefront of our field to anticipate and ameliorate workers' health issues. We see a steady stream of patients, several thousand each year, who have become ill from their workplace hazards. We are focused on population health and unfortunately – especially for our patients, -- we are nearly consumed with one big question: How can patients ACCESS the quality health care they need in a timely way?

Dr. Lax has been a staunch advocate for universal health care for decades.

UNIVERSAL HEALTH CARE: AN OCCUPATIONAL SAFETY AND HEALTH ISSUE
http://ohccupstate.org/create_blog.cfm

**Michael B. Lax MD MPH
Medical Director, Occupational Health Clinical Center
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Workers injured or made ill on the job in New York state face major problems accessing the health care they need. Among those problems two stand out:

- Locating a physician who accepts Workers' Compensation (WC) as payment

- Workers Compensation insurance carriers deny payment for medical care for all kinds of reasons, resulting in delays in necessary testing and treatment that can last months or even years

These fundamental problems undermine one of the ostensible purposes of the Workers' Compensation system: providing timely and appropriate medical care to injured workers. As a consequence, health conditions often worsen or fail to improve, and can become needlessly prolonged or even permanent. Careers can be unnecessarily curtailed, and the lack of ability to earn a living may be devastating, condemning an injured worker and his/her family to impoverishment. Significant and long term mental health impacts are frequent as another result.

The likelihood of these problems being fixed is virtually zero within the confines of the current WC system. The many forces driving doctors in the community out of the WC system remain, while the system seems unable and/or unwilling to institute countermeasures to keep physicians participating, let alone bring back practitioners who have already left. Meanwhile the abusive behavior of the WC insurance carriers continues unabated with challenges to every aspect of care provided by physicians including: diagnoses made, testing requested, and treatment recommended. Not only does this place a tremendous burden on the doctor and her/his office, it also prevents the practice of high quality medicine. The Workers' Compensation Board (WCB) and legislature have likewise failed to confront and curtail the powers of the insurance industry.

If they can't be fixed then why bother writing about these problems? Because if we look beyond the confines of the existing set-up there is a simple solution: universal public health care. A system such as Ontario's single payer program resolves these issues.

The division of health care into two parallel systems, one for general health and one for work related health problems, is a consequence of the US' peculiar history. Workers' Compensation systems were created in one state after the other in the decade or so following the Triangle Shirtwaist fire in Manhattan in 1911. Labor and its allies had been arguing for some time for a system to quickly and fairly provide medical care and compensation to injured workers as a replacement for workers having to sue their employers. Workers filing suit occasionally won significant sums, but for the vast majority the process was extremely burdensome and the barriers to winning a case made it very difficult for an injured worker to prevail. The sight of 146 bodies piled up near blocked exits and on Greene and other surrounding streets after the Triangle Shirtwaist fire galvanized reformers and gave the necessary push to pass Workers' Compensation legislation. By the time general health insurance became widespread and often employer based in the following decades, the Workers' Compensation system was already well established.

Participation by physicians in WC is voluntary and a significant section of MDs has always chosen not to accept WC. In the past their reasons have included: low reimbursement, delays in payment, excessive paperwork, and demands to testify in court. WC underwent a significant reform in NY in 2007. As these changes were implemented incrementally over the next few years, many more physicians exited the system. The perceived increased demands of the reforms were the straw that broke the camel's back and led many practitioners to declare "enough!". As a result injured workers, especially outside the larger urban centers are unable to find doctors to treat their work related condition. Even those with doctors who have been treating them under WC often find themselves out in the cold as their physician informs them that s/he no longer will be accepting WC and will stop providing their care.

A single payer universal health care system could address the problem of participation quite simply. Private health insurance and WC insurance would be eliminated, to be replaced by a government entity that would be responsible for financing all health care costs: a single payer. All patients would be covered for all health conditions. All health care providers would participate and provide care to

all without needing to concern themselves about the work relatedness of a health problem. The issues of WC reimbursement rates, delays, paperwork, and court testimony become non-issues in a universal health care system, removing the disincentives MDs face in under the current system.

Universal health care would also resolve the issue of poor quality care under WC as a consequence of insurance carrier abuse. In a single payer system the rules of what is approved and reimbursed are the same, whether a condition is work related or not. This is not to say the system is dispute or delay free, but there are far fewer than under the current system in the US. In addition, there is only one level of care, in stark contrast to NY where the health care received under WC is subject to so many challenges and barriers erected by the insurance carriers.

The resolution of these key issues with a universal single payer system is not just theoretical. Just across the border in Ontario, for example, a single payer system has been in place for decades. There, injured workers have no problem finding a doctor to get treatment. They do not have their testing or treatment delayed, interrupted, or blocked altogether by a WC insurance carrier. Instead, the treatment they receive is the same any other resident would be provided, whether or not the condition is work-related. Ontario and Canada is just one example of how the system has already proven itself. Many others could be found across the developed world.

Advocacy for single payer universal health care in the United States has been going on for decades. There is a tendency for politicians of both major parties to dismiss it as a possibility, Republicans mostly because they are opposed on ideological grounds to what they call (inaccurately) 'government' based medicine, and Democrats because 'it's just not realistic'. In the current Trump and Republican dominated administration it might seem like a pie in the sky goal. HOWEVER...popular energy in favor of universal health care has arguably never been higher. Bernie Sanders' campaign made the issue a central plank of its platform, generating widespread support. He and many others continue to press for this kind of change. With popular support continuing to rise, the deficiencies of the current market-based health care system becoming ever more obvious, and the lack of any credible Republican alternative, there is legitimate reason for optimism for single payer.

<<JZ insert/ updated remarks>>: We are standing here today because Richard Gottfried has introduced this bill once again and it is no longer unrealistic to think that the New York Health Act could soon pass the New York legislature. Thank you to all who have supported this legislative effort over time. Thank you to the co-sponsors. Today, I have raised the issue of workers' compensation and health care.

<<ML remarks continue>> - As it stands now, the bill does not include health care currently provided under Workers' Compensation. Its sponsors, however have expressed an openness to eventually wrapping WC into the system. Passing the New York Health Act is a crucial step on the road to changing the WC system and providing for the medical needs of injured workers. Health and safety advocates should see this as a top priority for our action agenda. And hopefully we can convince other advocates for New York Health of the importance of including the WC piece as a necessary part of truly providing universal health care in New York State.

Inclusion of medical care for injured workers in New York Health should, however, not let employers off the financial hook for the responsibility they bear for working conditions causing worker injuries and illnesses. Injured workers and their families, and taxpayers already pay a high proportion of the costs of occupational illness and injury. To avoid socializing what should be the employers' responsibility even further; New York Health should explore options for making sure employers pay their fair share, and include an effective mechanism in the universal health care system to be created.

<<JZ remarks continue>>

Primary, Secondary, Tertiary PREVENTION – NYS Health Act gives HOPE that all people will be able to access health care sooner in the process, saving millions of dollars and enhancing longevity and quality of life for all of our residents. Getting in to a medical care provider earlier improves possibility of getting to the root causes of illness.

Illustrative cases: Barriers to Health Care for Patients with Work-Related Illnesses and Injuries

- Carpal Tunnel Syndrome
- Low Back Pain
- Work-Related Asthma
- Anxiety /Depression Short-term counseling for anxiety/depression

Public Health – Buzzwords – “health disparity”

Health Disparity Defined: Unfair advantage by some at the expense of others with regard to health services: clinical and preventive.

NY Health Act, when enacted and responsibly administered, will at least begin to put an end to the complex red tape that is every patient’s problem and is especially hard on those with fewer resources. Personal story: We get a 7-10 page document delivered to our home every time a family member has a medical appointment. Our family is well educated, but we cannot figure out the meaning or purpose of most documents like this. Insurance companies want to keep us in the dark about what’s covered, what’s not covered, and the current health care system puts too much power into the hands of office managers and bureaucrats instead of health care providers and patients. The insurance companies stand in the way of quality health care.

When you discuss health with as many people as I do in the community, this is an overwhelming refrain. At the Occupational Health Clinic, we observe this day in and day out as our patients attempt to recover their health and return to work.

I’ve read the Act. I’ve read the economic analysis in full. I’ve read the RAND report. This move to universal health care is no longer a radical new idea. It’s an idea whose time has come to NYS. We who have a mission to address workers’ health (occupational health) have a saying... “An injury to one is an injury to all.” Leveling the playing field and providing quality health services without corporations profiting from those who are sick and dying while only some of us get good health care... is not only ethical, but entirely within the grasp of the NYS legislature to make it so. I urge you all to move beyond current supportive stances to an even more active role. The NY Health Act is a bold and hopeful move in our time. The technology is available to enact this new kind of system. It’s time to find the will to pursue the NY Health Act.

It’s time for NYS to take the lead in the delivery of health care. NYS Health Act is the best hope for creating meaningful system change so that my colleagues who are health care providers.... At SUNY Upstate Medical University and elsewhere can get on with healing sick patients. They tell me that this is why they went into medicine, nursing and social work in the first place: not to fight systems stacked against working people at every turn, but to heal sick patients.