

DISCLAIMER

Electronic versions of the exhibits in these minutes may not be complete.

This information is supplied as an informational service only and should not be relied upon as an official record.

Original exhibits are on file at the Legislative Counsel Bureau Research Library in Carson City.

Contact the Library at (775) 684-6827 or library@lcb.state.nv.us.

TESTIMONY FOR SB289

For the record, my name is Pilar Weiss, with the Culinary Workers Union, Local 226, in Las Vegas.

I am testifying in support of the general concept of SB289, the expansion of health care coverage for all Nevadans. I think all of us in this room are acutely aware of the health care crisis in Nevada, and would hope that this committee would take the opportunity presented by SB289 to fully investigate the causes of this problem and thereby, the most feasible solutions.

I commend the ideas that are outlined in SB289 as the creation of a Health Authority certainly acknowledges that the current system is broken and that Nevada must make some changes if it is to confront the crisis situation in which we currently find ourselves.

In a report issued several weeks ago by the Robert Wood Johnson Foundation, Nevada ranked #39 in terms of the proportion of its non-elderly population that lacks insurance. The report showed that more than 30% of the state's non-elderly population (that's over 600,000 people) went without health insurance during 2001-2002. Perhaps more importantly, the study also found that more than 70% of the uninsured population comes from working families. This data is important as it begins to explain what the central problem is – that we have an overwhelming number of Nevadans who despite their employment, or the employment of someone in their family, are without health insurance and thus, may turn to the public health system. In a time of tight budgets and fiscal crisis, we cannot ignore this.

In southern Nevada, as many of you know, we have seen an increasing number of people who lack health insurance, adding to an already over-strained public health system. In 2000, a UNLV study commissioned by UMC began to look at this issue in an attempt to understand what industries the working uninsured came from. This initial study demonstrated that in southern Nevada, workers without insurance are not evenly distributed across industries. That is, we see industries that may have a smaller overall market share but use a disproportionately large portion of taxpayer-supported care. For example, the 2000 data showed the retail and construction sectors disproportionately contributing to the uncompensated care costs at UMC.

The data from this initial study clearly showed that we have some sectors of the business community whose employment may add jobs to our State but which also add a strain upon the public system as their employees are forced to seek publicly-sponsored health insurance or rely on the hospital safety net. In essence, these businesses are receiving a subsidy – taxpayers are supporting the health care costs for their workers and as the problem reaches epic proportions, taxpayers are being asked to find a solution to the problem this disparity has created.

I would therefore encourage this committee to take the opportunity that SB289 presents and use the idea of a Health Authority to strive to fully understand why Nevada is among the worst when it comes to its population's access to health care. A State Health Authority's mandate, in our opinion, should include very clear direction to study the demographics of the uninsured population, and especially to investigate what industry sectors users of state-funded health care work in. In other words, which industries are forcing their employees to use publicly funded health care because they do not provide affordable health insurance. With careful direction and focus, such an examination should lead us to feasible solutions and ultimately, closer to the commendable goal of SB289.

Finally, although I realize that the intent of SB289 is to initiate an examination of the challenges to health care access in Nevada, I would also encourage the committee to consider interim solutions. Within the context of the state's current fiscal environment, the situation of the uninsured in Nevada has certainly reached crisis proportions. Interim measures such as a system that would provide tax incentives for businesses that provide comprehensive health insurance and disincentives for those businesses who are over-using the public health system could provide some relief in a time when the state and local jurisdictions are seeing both higher case loads and increases in the cost of providing health care.