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NATIONAL HEALTH CARE REFORM – IN CRITICAL CONDITION?

AN IMPORTANT DISCUSSION

by

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NATIONAL HEALTH CARE REFORM – IN CRITICAL CONDITION? AN IMPORTANT DISCUSSION

PROLOGUE: *What Long Islanders Are Thinking*

You have to hope that President Obama and Congress can multi-task, since their attention must be split between an economy that has yet to begin recovering and a health reform debate which is monopolizing Washington's attention.

Americans are understandably upset, since we all have had to deal with the economic fallout of the recession, losing jobs, homes, and, in some cases, life savings, and now, we must come to grips with what health care reform will cost — especially if there seems to be an estimated \$50 billion price tag for the state bureaucracies necessary to administer health care for the 35 million uninsured Americans. The question that begs to be asked is: where is the \$89 billion price tag for health care per year, for ten years, going to be spent?

The conflicting views of Long Islanders regarding health care reform were clearly visible in the recent *Newsday/News 12/Sienna Research Institute* Poll. While 94% of Long Islanders said that health care costs were important to them, 47% supported the health care proposals outlined by President Obama, while 43% were opposed. Then, while nearly three-quarters of the respondents favored a public option, support dropped off when asked for their specific views on health care. Fifty-one percent said that the free market system, competition, and choice are the best way to solve the health care dilemma and that government should stay out of the health care solution. Forty-five percent favored more involvement in managing the health care system. Long Islanders' divergent opinions continued when 77% of respondents favored making it illegal for insurance companies to deny coverage for pre-existing conditions and 75% agreed with setting limits for malpractice lawsuits. Yet, when respondents were asked if they favored a requirement that all Americans have proof of health insurance or face a penalty, only 22% agreed. Likewise, 12% favored imposing a tax on high benefit health insurance policies. Finally, when asked if Medicaid should be extended to the poorest of Americans, only 62% agreed. What Long Islanders appeared to be saying was that the more they know about health care specifics, or the more reform could impact their pocket books, the less they liked it.

HEALTH CARE COSTS: *By The Numbers*

It is also troubling that what we know about health care reform doesn't address the cost implications in the current health care delivery system. From 2002, Long Island health employer premiums for families increased by 40% (80% since 1999), while median household income increased by 4%. Single persons saw their employer-provided health insurance premiums increase by 39%, while median income for single individuals increased by 5.5%. Furthermore, individual health care out-of-pocket costs for New Yorkers increased by 86%, from \$1,406 in 1987-88 to \$2,607 in 2005-2006. Providing a broader perspective is that, during the years 1999 to 2005, median household income increased by 11%, from \$74,045 to \$82,137.



Then, there are Long Island's uninsured, totaling 352,842 in 2006, or 17% of the 2,069,104 insured Long Islanders. While the U.S. Census estimates that, for 2008, the region's uninsured dropped to 269,059; these estimates appear too low and may be flawed, since the economy went into recession in 2007, and worsened during 2008, leaving additional people without jobs and without the health insurance that was provided to them by their employers.

If private insurers, both not-for-profit and for-profit, lose these uninsured to a federal public-option program, insurance rates will surely go up. A public-option is not the way to go. The insurance and health delivery market created the problem and that market must be involved in the solution. Expanding the insured base is the only alternative to bringing insurance rates down, and that can't be guaranteed, as President Obama suggests, because the free market is an unpredictable institution.

A recently issued report by insurers indicated that could occur, and who can doubt them? Whether the report was funded by the industry doesn't matter; the content does. The results have to be taken seriously, since data indicates that premiums and health care costs have risen continuously and current legislation does nothing to change the structure in which health care is delivered and paid for. President Obama's health care reform focus is for the 10% of Americans lacking health care coverage, while the 90% who have health care will not see improvement in what they pay, and, more than likely have to shoulder the cost of funding health care for the 10%. Interpreting the *Newsday/News 12/Sienna Research Institute* Poll, Long Islanders are beginning to get the bigger picture: that health care reform just may be for the other guy.

Let The Discussion Begin:

At the Long Island Economic and Social Policy Institute at Dowling College we strive to have all views be heard. With that goal in mind, what follows is a discussion of various aspects of the health reform debate prepared by LIESP and the responses from Long Islanders to them. The responses include e-mails, comments on the *Long Island Business News Debate Room*, and *Newsday Letters to the Editor*. They are presented to spur debate over the national focus of health care reform. Does current health care reform include structural and financial changes to the current health care delivery system that benefit all, or is it a policy to provide health care to the uninsured? This is important, because it is a waste of taxpayer dollars not to spend the funding.

There was no better perspective as to the complexity of changing the structure as what Irving Like expressed to me. He said:

"the debate over whether the health care reform bill should include a public insurance option can be empirically resolved with a Sunset provision, and bench marks that must be satisfied, such as its cost effectiveness, competitive benefits, and compatibility with the continued viability of efficient private health care insurance companies. Limit the option's duration to a test period—say 5 or 10 years—, at which time, it would expire, unless Congress extended it."

Irving Like believes:

"this is preferable to any proposed trigger provision which would kick in the public option, only if the private insurance sector does not perform satisfactorily. It would put on the insurance companies, at the end of the test period, the burden of proving that the public insurance option was damaging to the public interest, and should be terminated."



The President's Message

When President Obama spoke to Congress and the nation about health care, we were hoping he would make clear what the costs would be. However, afterward, we were no clearer as to the costs and who will pay for it than before. Furthermore, he didn't say a word about how he would alter the system to eliminate the waste and abuse that he would have us believe would ultimately pay for the program. Keep in mind that this is the same waste and abuse that has been the target of his presidential predecessors, each of whom have found them difficult to identify.

A better approach for the President would be to focus on restructuring the health care system, which has been tinkered with for decades, and each attempt at reform financed with tax dollars. Change shouldn't be defined as how much money you throw at a chronically ill system of health care, it should be about investigating what is the highest and best use of the health dollars invested by government and the mechanism for delivering the care.

This has not even made Obama's radar screen. He wants to throw money at reform, financed by taxes, with penalties to employers who don't provide medical care, mandatory insurance paid for by individuals, and lower reimbursement to doctors and hospitals. Additionally, the President has yet to discuss the cost of the bureaucracy that each state must set up to administer the program. If the President is to deliver on a zero-sum budgetary impact, something has to give, and the President has to tell us the magnitude of the budget shifts. To date, he has not shed light on these aspects.

Lastly, the President hasn't discussed how he would make life better for Long Islanders who have seen employer/employee-provided health premiums for a family rise 10 times greater than the increase in wages. Since 2002, median household income increased by 4%, while health insurance premiums increased by 40%. The same financial burden of health care also holds true for single individuals. For Long Islanders, any health care reform has to correct these inequities.

Responses from the Business Community

One said:

"the current cost of health insurance is sapping the already meager profits of small/medium-size businesses. While employees lucky enough to have health insurance do have coverage, the increases in premiums are obliterating the possibility of them receiving salary increases. And then, too frequently, if there is a health emergency, insurers tie it to some pre-existing condition to deny the claim. If the insurance company fails to do that, with current medical practices, the imposed lifetime caps are quickly exhausted, causing patients to lose their savings and, sometimes, their homes. I also have concerns about the expense, but this is an industry that should have some alternatives to high cost for-profit coverage. We always find money to wage war and blow things up, but taking care of our citizens is apparently too expensive. Where are our priorities?"

Another commented that:

"Obama promises that you will keep your doctor of choice. But, if companies find a public option cheaper, they will opt for that. And, if your doctor or hospital doesn't want to be in the government network, then you're out of luck. What... you think Obama is going to force every hospital to accept government care, at a lower cost? Will this become the USSR, and doctors and hospitals will accept a set wage and cost given to them? So, Obama can't have it both ways: it will or will not be a government-run health care, or you will lose your choices."



Another commented:

“So, why can't they fix the existing Medicaid, and THEN, after proving the government can run something smaller efficiently, come back to us to sell a government health care plan. I swear, it's like a gambler wanting more money because he's lost the house and says that we'll be in trouble unless he gambles badly again!”

And lastly,

“There is too much inefficiency in current medical systems. Hospitals still do not have fully computerized systems. It takes money and effort to get paid. By cutting paperwork, hospitals and doctors can save loads of money on administrative costs—the costs that will be passed on to consumers. Yet, the main goal of the bill is to make a delusional attempt to provide health insurance for everybody, which will open the door for fraud and abuse. Just like the rescue plan had nothing to do with the rescue, but rather, they wanted to spend it on pet projects. Yes, the market is not perfect, but when somebody really needs a doctor, they have access to services. There are things that can help the self-employed and businesses make insurance affordable and cover most of the people who need insurance. In schools, there is student insurance that can provide health coverage for the young. So, what else is left?”

Additional concerns were health care for illegal immigrants and those on welfare, and who will pay for their health care.

Long Islanders Respond To A Market-Driven Approach To Health Reform

As to the importance of the market being involved in the solution, despite the market being unpredictable and unreliable, one Long Islander reacted:

“Why is it essential that the market be involved? Medicare, Medicaid, Veterans Affairs, firefighting, law enforcement—have all proved otherwise. The real and most economical solution on healthcare is to extend Medicare to everyone. Period.”

Another responded to the belief that premiums increase when health insurers lose customers:

“Health care is not like manufacturing, where mass production reduces cost per item. Premiums are rising because the insurers can do it, and because of the increasing number of expensive tests that physicians request, among other reasons.”



WHERE ARE THE DETAILS: *such as The Cost and Who Pays For It?*

There is no secret why health care reform is commanding so much attention. It's because it will impact so many Americans, including the uninsured and those being asked to pay the costs. Furthermore, this is the first real socioeconomic structural change in America since Social Security lifted millions of senior citizens out of poverty in the 1930s.

The proposal squarely puts Democrats, Republicans, and many Americans at opposite ends of the debate, with President Barack Obama trying not to get caught in the ideological quagmire that is quickly enveloping the initiative.

At issue is, not whether reform will happen, but what reform will look like. Democrats and Liberals favor the public option, where government will operate a single-payer plan similar to Medicare. Republicans and many other Americans favor a market option, where co-ops comprised of businesses and individuals band together to negotiate health care with the major health care insurers. The two bills passing committees in the United States Senate are both less expensive and very different from what is being put together in the House of Representatives. These differences will have to be negotiated in a Conference Committee comprised of members of the Senate and the House of Representatives. Because the terms, conditions, and costs, and who will be covered are very significant, it is still not clear what health care reform will look like. To date, answers to these questions have been muted, and the uncertainty has caused much angst and anger among Americans. But all this is about to change.

With movement of two health care reform bills in the United States Senate from committees to the full Senate for debate, a public vetting of both reform proposals should lay bare the details for Americans to evaluate. Memories are still fresh about the health care reform proposed by President Clinton and how that noble idea collapsed under the weight of the confusing bureaucracy.

Congress doesn't help the situation, by declaring that members will not vote for any health reform legislation that doesn't contain a public option. Neither does talk indicating that the only plan that is acceptable is one that Democrats propose. The fact that Republican Senator Olympia Snowe from Maine supported the Democratic majority of the Senate Finance Committee does not go far enough to show bipartisan compromise. However, what will be in the plan has become a bit clearer.

The Senate Finance Committee Begins to Identify From Where the Revenues Will Come

The Senate Finance Committee's bill will cover nearly 94% of Americans, not including illegal immigrants, who would not be eligible for government benefits. Individuals will be required to obtain health insurance, as long as costs do not exceed 8% of their income. Non-profit, member-owned co-ops would be created to compete with private insurers. Employers with fewer than 50 employees will not be required to offer coverage. The poor who meet income eligibility levels would be eligible for Medicaid. The cost of the Senate Finance Committee proposal will be \$829 billion over ten years.



The Associated Press reports that the \$829 billion will be paid for by: spending cuts in Medicaid and Medicare; fees on employers with over 50 employees whose workers receive government subsidies to defray medical insurance costs; fines on people failing to purchase health insurance; fees on insurance companies, pharmaceutical companies, and medical device manufacturers; and, an additional 40% tax, levied on insurance companies, on premiums paid on insurance costing more than \$8,000 annually for individuals, and \$21,000 for families, with allowances for retirees over 55 years-of-age, and for individuals in high-risk occupations.

In exchange for these fees and taxes, there will be a limit on allowable co-pays and deductibles, and no denial of coverage for pre-existing conditions, and no higher premiums for these conditions, a person's gender, age, and family size.

THE HOUSE OF REPRESENTATIVES HEALTH CARE REFORM:

Long Islanders Comment

One Long Islander noted,

"If the findings of CBO over inaction had been released earlier, Ted Kennedy could've seen his lifetime wish come true. Inaction cost of \$9 trillion over the next decade can not be compared to the balance between estimate and outcome, in a worst-case scenario, and this balance could be adjusted each year. (Some of CBO analysis: While the costs of the financial bailouts and economic stimulus bills are staggering, they are only a fraction of the coming costs from Social Security, Medicare, and Medicaid. Over the next decade, the Congressional Budget Office (CBO) projects that each year Medicaid will expand by 7%, Medicare by 6%, and Social Security by 5%. These programs face a 75-year shortfall of \$43 trillion—60 times greater than the gross cost of the \$700 billion TARP financial bailout). Time does not fix endless greed and energy depletion."

Another added,

"when the public health is also one of commodity, like a house, we come to a tragic and unthinkable conclusion: as to for-profit business, the more and longer ill patients get, the more profits they make, and it will debilitate the overall economy, involving education for the future, not to mention continued bankruptcy of middle class. Of young adults ages 19 to 29, 13.2 million, or 29%, lacked coverage in 2007 and that implies the total of this promising reform will be cheaper than expected, I guess. In case of an unexpected injury or illness, they might give up their learning or aspiration. In this regard, this reform means liberty, job opportunity, and competitiveness for them and their future. When some part of our body is ailing seriously, we are going to lose competitiveness; equally, when some part of a nation is ailing severely, it is going to lose competitiveness, too."

Long Island Business Comments on Why Health Care Reform is So Important Now

One Long Islander wrote,

"Every single day, millions of dollars are wasted by the current health care system. People are hurt; lives are ruined. We ARE being taxed already. Health care reform IS part of economic recovery. Listen to the stories of Long Islanders who are caught up in the health care crisis. Understand that, ultimately, we pay more if we don't fix the system. It's easy to do nothing—to scare people in to thinking they'll somehow be paying more—we are already paying—and are only one accident or illness away from paying an unbearable price. I am not a bleeding heart—I am being a realist."



A second reasoned,

“The timing may not be ideal, but it’s become a case of “if not now, when?” The high costs of care and coverage are factors in our national economic problems. The current system is not working and the current Congress and Administration have a rare opportunity to finally make some progress in fixing it. None of the bills have completely solved the problem, but we can’t let the perfect be the enemy of the good. Incremental improvement is all we can ever hope for on something as complex as health care . . .or international relations . . .or the economy. When the pendulum swings, as it inevitably will, the other side will have the opportunity to make further improvements. Bipartisan agreement is best, of course, but those two words have become an oxymoron. We know change is needed, and if both sides can’t agree, better a single party’s vision and plan for progress, than no plan at all.”

Lastly, a comptroller for a local Long Island company lamented,

“I am also a realist, I’ve watched our health premiums double in less than 10 years, even while paring down the coverage. That not only impacts company growth and job creation, but has caused us to keep on some employees who we might otherwise have replaced, but because they have a pre-existing condition, we were aware that losing their coverage would likely result in them having to file bankruptcy. No part of the current situation is very good for business.”

EPILOGUE

There is a concept called *Rashoman* which notes that where a person stands is where that person sits. No better example of that is the health care reform debate and the responses of Long Islanders and LIESP’s discussion of the many aspects of health reform. Long Islanders are conflicted with the need to have affordable health care and how that new health care paradigm will impact their businesses and families. That conflict is also illustrated in Congress as it deliberates over what health care reform will look like. We hope that today’s Roundtable for Long Island’s Future at Dowling College helped unravel the issues around health care reform.



Appendix I

Healthcare Today And In The Future

Powerpoint Presentation

By Robert R. McMillan



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Healthcare Today And In The Future

By Robert R. McMillan

Why Fear And Confusion????

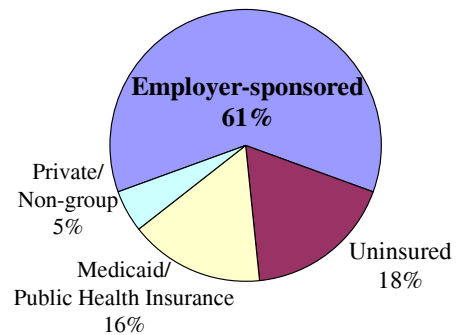
- Confusion about number of uninsured
- Confusion based on size of bills and number of bills in House and Senate
- Confusion about details of the bills
- Fear because of details relating to end of life care and possible rationing for senior citizens
- Fear because costs are all over with other expenditures giving the United States the largest deficits ever seen
- Fear because of new taxes to cover deficits

Before I get into details, take a look at the past

- Teddy Roosevelt was the first Presidential Candidate to call for National Healthcare as The Bull Moose Candidate in 1912



Where does insurance come from?



- Candidates on both sides of the aisle have proposed covering the uninsured with no action
- Richard Nixon proposed Universal care in 1973 – Employer mandated coverage
- WW II and development of healthcare coverage – **very important**
- The United States has led the way in terms of research and technology
- A century ago life expectancy was 47 in the US
- Today it is around 80 with new borns expected to live to 100
- Costs have spiraled upwards
- Over \$40 billion for illegal aliens
- The debate is not about whether ill people should get care – it is about who pays the bill????
- **And there is Fear and Confusion every where I speak**

Cost as an Issues

For the average family, healthcare costs more than a week of meals on the table



Steel cost per car less than healthcare



Healthcare spending \$2.4 Trillion 2009 and Becomes \$4.3 Trillion by 2019



Why Is This Happening?

- Between 2000 and 2008 premiums for employer-sponsored health insurance increased some 90 percent – has your income increased by 90 percent?
- More than 47 million uninsured (including illegal aliens) – living sicker and dying younger
- 18 thousand die needlessly
- Less than 48 % of small businesses (3 to 9 employees) offer insurance -- can not afford

Total Healthcare spending is four Times the Size of DOD Spending in 2009



Why Are Costs Escalating?

- Being uninsured produces stress and insecurity -- leads to more expenditures
- New and more technology
- More taking prescription drugs with more drugs available
- As we age, chronic illnesses and acute care becomes more expensive
- Some argue for rationing healthcare

Who Are The Some 47 Million Uninsured??

- 9 to 11.3 million are illegal aliens costing around \$40 billion each year for hospitals
- 16 million are by choice uninsured – young people who feel they are invincible or are waiting until they have a family
- 21 million have no insurance because they really can not afford to purchase it
- Some 70 % of the uninsured are employed
- Obama changed from “47 million Americans” to 30 million “citizens” without health insurance

What Do We DO?

First, who is at the negotiating table?



The Obama Plan

- House bills -- \$634 billion over 10 years -- Some argue over \$1 Trillion
- He has expressed favor for a Public Plan (Government) which would compete with Private Insurance and now co-ops?
- He had left up to the Congress the details -- but in August outlined 8 points he desires
 - * No ban for pre-existing conditions
 - * No high out of pocket expenses
 - * No cost sharing for preventative care
 - * No dropping coverage for seriously ill
 - * No annual or lifetime caps
 - * No gender discrimination
 - * Extend coverage for children from 23 to 26
 - * Guaranteed insurance renewal
- * And he has clearly insisted on a Public or Government run healthcare plan and that is still in the House version -- but has hedged on co-ops
- * On September 9, he addressed a Joint Session of the Congress



Who Is At The Negotiating Table?

- Insurance Companies
- Pharmaceutical Companies
- Unions
- Employers
- Medical Equipment Manufacturers
- Nurses -- Doctors
- Hospitals
- Patients
- Assisted Living Homes
- And some 240 Americans with coverage

New Items In Speech to the Joint Session of Congress

- Yielded on tort reform as a way to stop more than \$100 billion in defensive medicine
- 30 million "citizens" uninsured
- Pledged he would not sign a bill unless the legislation is budget "neutral"
- He would root out Medicare fraud -- some \$90 billion
- Require businesses to provide insurance with small business exemption
- Tax Credits for those who can not afford

"I made a lot of mistakes"
1994 Effort
Senator Clinton on Face-Off
March, 2007



Status In The Congress

- Democrats control Congress with substantial margins
- Bill outlined on July 14 by House Democrats
 - * Main Bill is over One Thousand pages
 - * Cost over \$1 Trillion -- trying to cut to \$900 billion
 - * Taxes gross incomes of over \$280 Thousand
 - * Penalizes employers who provide no insurance
 - * Individuals taxed if they do not buy insurance
 - * Gives physicians increase in Medicare payments
 - * Doughnut hole prescription drugs eliminated
- * A new Government plan up in the air
 - * It will compete with private insurance on an Insurance Exchange
 - * Three Committees in House have to come together and they have not yet
 - * 20 Blue Dog Democrats are opposed
 - * Tax the wealthy and employers who do not provide insurance
 - * A Government Commission will develop Regulations to implement the above -- 8,000 pages and no coverage until 2013



Current View of Senate Finance Committee (Baucus Bill)

- Require all to have insurance through employer, a co-op, or on their own
- Tax credits for lower income people
- Tax on high cost insurance – 40% is one figure – paid by insurance companies
- Public option blocked in favor of co-ops
- Fine if insurance is not purchased and possible jail time
- CBO says reduce deficits by \$81 billion in next decade – and non elderly insured from 83% to 94%

Medicare For ALL ????

- Last year and for the future Medicare pays out more to hospitals than collected
- Fund will be totally depleted by 2017 - And Medicare 2009 Annual Report states -- "The financial challenges facing Social Security and **Medicare** pose serious challenges."
- Hospitals and physicians are under growing pressure – Medicare reimbursement lower
- How will the deficit be erased or Who Pays?
- And do not forget \$1,000 added to cost of insurance for each family because of uninsured care by doctors and hospitals

AHIP Audit by Price Waterhouse Coopers

- Between 2010 and 2019 the cumulative cost per family will be over \$20 thousand more than the current cost
- \$500 billion cuts in Medicare over next decade is an issue for seniors
- Taxes on pharmaceutical, medical device, and insurance plans will cause increases in coverage
- People would rather pay a fine for no insurance and get coverage when they are hit with serious illness

Issues Still Not Fully Decided

- Illegal Aliens – Legal questions about exclusion
- Who will pay the bill?
- Public or government run plan in final Bill???
- End of Life Care
- Issue of rationing
- And many are questioning what will happen to the bills currently on the table?????
- **And Could Public Plan Lead To Single Payer???**

Finance Bill (continued)

- On October 13, 2009, the Senate Finance Committee voted 14 to 9 to approve bill
- President Obama has said he likes what appears to be on the table
- Now – three bills in the House have to be reconciled and 2 bills in the Senate – a serious issue
- Possible House vote by October 20??????
- Senate debate will be weeks with filibuster and nuclear options up in the air – waiting for CBO
- Hospitals concerned because of lower numbers covered

The New York Times

- **February 28, 2006**
- *Canada's Private Clinics Surge as Public System Falters*
- **By Clifford Krauss**

Canadian Newspaper Cartoon



MORE EVIDENCE OF A HEALTH CARE SYSTEM IN CRISIS

Terminally Ill and Elder Care Cost 27% of Medicare's almost \$500 billion



photo: www.abc.net.au

Cost Of Chronic Disease

- Heart disease and stroke → **\$448B**
- Smoking and tobacco use → **\$193B**
- Diabetes → **\$174B**
- Obesity → **\$117B**
- Cancer → **\$89B**
- Arthritis → **\$81B**
- Pregnancy complications → **\$1B**
- (pre-delivery)
- **\$1.1 Trillion**

Shortage of Nurses, Physicians And Hospitals Today And In The Future

- Some 3 million nurses in the U. S.
- Because of Aging population and the possibility of covering the uninsured, there will be an 800 thousand shortage by 2020
- As for physicians, there are around 899 thousand in the U. S.
- By 2020, there will be around a 110 thousand shortage without covering the uninsured
- Hardest hit areas are the Inner Cities and Rural areas
- Covering uninsured and hospital bed shortage

Ways To Control Costs

- Preventive Medicine
- Medical Check-ups
- Alcohol and Tobacco
- Soft Drinks and Junk Food
- Literacy – following the doctor's orders – not just language but even English proficient people fail to follow directions – economics
- Medical Liability Reform - \$100 billion for defensive medicine

- And also remember – the American patient is the most impatient patient in the world
- Waiting for or rationing healthcare will not be acceptable in the United States
- 84 % satisfied with coverage
- At the same time, there are moral issues Dying in the street or in a bed at home

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Martin R. Cantor has a Bachelor of Science Degree in Accounting from Brooklyn College of the City University of New York, and a Master of Arts Degree in Interdisciplinary Studies from Hofstra University, and is currently enrolled in the doctoral program in Educational Administration, Leadership and Technology at Dowling College.

He is Director of the Long Island Economic and Social Policy Institute at Dowling College, a Certified Public Accountant in private practice, an adjunct associate professor of economics, a consulting economist providing services to counties, towns, villages, industrial development agencies, and Chairman of the Suffolk County Judicial Facilities Agency.

Mr. Cantor has served as Suffolk County Economic Development Commissioner, Chief Economist, New York State Assembly Subcommittee for the Long Island Economy; Senior Fellow at the White Plains, New York-based Institute for Socio-economic Studies, Chief Economist and Chair of the Long Island Development Corp; a building trades labor/management arbitrator; a consultant to the Nassau Interim Financial Authority; an advisor to the Suffolk County Executive and Chair of The Suffolk County Downtown Revitalization Advisory Panel, faculty member in the Brooklyn College Department of Economics; Executive Director of the Patchogue Village Business Improvement District; and, most recently, as Director of Economic Development and Chief Economist for Sustainable Long Island and the Long Island Fund for Sustainable Development.

His work is included in the *National Tax Rebate-A New America With Less Government*, and has prepared downtown revitalization plans for Long Island and New York City neighborhoods featuring art districts, economic restructuring, waterfront projects and community organizing. He was the architect of the Nassau County Comptroller's debt restructuring plan for resolving Nassau County's fiscal crisis; has been a columnist for *Long Island Business Journal*; and has authored federal, state and local legislation; economic impact analyses; socio- economic profiles of the New York City and Long Island economic, employment and educational bases; and, annual reports on the State of the Long Island Economy.

Mr. Cantor provides economic and business commentary on television and radio; is a columnist for the *Long Island Business News*, Long Island's largest business weekly, and the *LI Pulse*; has appeared in *The New York Times* and *Newsday*, and has been syndicated nationally by *Newsday*, *Bridge News* and *Knight- Ridder/Tribune News Service*. He is an Honorary Member of Delta Mu Delta - The National Honor Society in Business Administration, and has been recognized by the National Association of Counties for innovative uses of Industrial Revenue Bonds, international trade promotion initiatives, and downtown revitalization. He was invited by Dr. William Julius Wilson of Harvard University's John F. Kennedy School of Government to present his paper entitled *Race Neutral Sustainable Economic Development*. He is the author of the recently published *Long Island, The Global Economy and Race: The Aging of America's First Suburb*. (www.martincantor.com)

