

REPORT FROM SPECIAL MEETING OF WARD THREE DEMOCRATIC COMMITTEE MEMBERS ON HEALTH CARE REFORM FOR OBAMA-BIDEN TRANSITION PROJECT

Moderated by: Jeannine Greenfield (Delegate - Precinct 33)

The following are notes taken during the Ward 3 Democratic Committee Discussion on Health Care for the Obama-Biden Transition Project (This is a composite of notes taken by Shelley Tomkin and Thomas Sneeringer.) Additions were also made from participant handouts presented to the moderator for inclusion in the report by Jeannine Greenfield.

Of the over twenty- five participants in the Ward Three Democratic Committee Discussion on Health Care-- there were some points of consensus and some division of views.

Most agreed that health care coverage should be a right not a privilege in the United States and that pre-existing conditions should be covered. There was a division of views on whether there should be a single-payer /public system or competition between private insurance options and a public system. There was also some division on the quality of single payer systems.

There was also a troubling story recounted by one of the participants— of having to pay out of pocket \$6,000.00 for a diagnostic test (PET-Scan) after two bouts with lung cancer because the insurance companies and both primary and secondary insurance would not pay for the test after five years. The individual personally paid for the test and new cancer was revealed.

A second story related that a 12 year old was diagnosed with OCD (Obsessive Compulsive Disorder) at the age of nine. The family Health Plan, Blue Cross /Blue Shield was (\$1600/month premium for family coverage). Over a three year period therapy (psychologist and psychiatrists (for occasional medications) bills added up to over \$20,000. The amount covered by BCBS was a little over \$1500. And this shall continue most likely on and off with the family assuming out of pocket costs for continued therapy.

A third participant stated that she has plenty of unpaid medical bills pending since she has been unemployed and uninsured for two years.

A fourth person related that she is too young for Medicare, too rich for Medicaid, no health care at work and private care is too expensive. My options if I get ill are to bankrupt my family or leave the country for care overseas.

A fifth commented on Medical Adult Day care. She stated, "sadly medical adult daycare that is supposed to increase the number of years individuals can live in their communities and avoid going into a nursing home are only covered through Medicaid. Therefore, the majority of the elderly population are shut out. Although the purpose of the Adult Care facility is to keep the elderly out of nursing homes as long as possible and care for them in their community so as to maintain a higher quality of health and avoid accidents the qualifying criteria is exactly the same as that for a nursing home (although the cost is one third of the nursing home cost). The system is broken and the elderly need to be represented and taken care of."

A sixth person stated the following, "what is missing is a strategy that recognizes that goals must be set before implementation plans are crafted or those who have preset ideas will attack goals by arguing for assumed implementation steps"

Problems in the Present Health Care System Cited by the Group

- Insurance Companies dictating medical decisions
- lack of universal health care
- high cost of health care/unaffordable
- too much bureaucracy in trying to obtain reimbursements
- insurance entangled with employment—lack of portability
- does not cover pre-existing conditions
- excludes too many people
- lack of parity for mental health coverage and dental coverage
- too much emphasis on pharmaceutical solutions due to marketing of drugs to doctors
- too little holistic treatment, preventative measures, healthy lifestyle education
- "patchwork quilt" of state based plans
- lack of senior care and home healthcare
- Medicare and working problem
- won't pay as secondary insurance if primary refuses
- so-called golf-club memberships in health insurance drive up costs for everyone else.

Solutions/Options

- Single Payer/Any Doctor Anytime
- Controlled competition to drive prices down and quality up
- Public keeps their current plans if desired but there be a public plan for others needing coverage
- Have a basic public plan with optional/supplemental two- tiered coverage
- bare minimum and supplemental—priority, physician choice

Principles for Improvement Expressed by Participants

- Universal Coverage –same as the quality of health care plan of federal workers/members of Congress
- Standard coverage to combat state differences
- Public component for any plan for political identification
- Largest possible negotiating base
- fundamental parity between (mental health coverage etc.)
- better senior care
- Health coverage not be tied to employment and should be portable in at least one option
- National standards for employer-supplied plans
- Transparency of information indicating services and costs of insurance
- Services should be evidence-based and decisions on treatments for Insurance purposes must be effective to be funded
- There should be better coordinated health care delivery—not just Funding
- Evidence based results should be the standard of care
- Need to address work-life balance issues... e.g. shorter work days /weeks

One suggested set of “general central principles”

1. No exclusions –everyone covered in some way
2. Coverage must be adequate—services/test for life-threatening illnesses must be covered indefinitely
3. Individuals must be allowed to choose between competing plans
4. Notion that due to political realities, the central principles and visions for healthcare reform must be kept general at this point
5. Notion that since 95% of American public has health insurance now and a percentage of those individuals are satisfied with their insurance, there must be an option for keeping your current coverage in any suggested health care reform proposals.
6. If not covered by your employer or unemployed--- health care insurance should be affordable or free.
7. Research should be funded from tax money not health insurance dollars

Other comments:

In relation to the question about the biggest problem in the health care system a participant stated” All of the above suggestions are big problems in the health care system at some point or other. The question is what product or service the government will provide that will alleviate these problems without destroying the level and quality of treatment we have today in America”

This same participant stated in regard to the best way for policy makers to develop a plan the following “ the items seem more public relations ploys than anything pertaining to health care, an opportunity for politicians to gain more visibility. I see nothing here

that indicates nonpartisan medical and health care professionals or health insurers would be involved or contributing to the debate.”

Another participant provided the following comments:

“I chose my doctor and hospital on the basis of recommendations from friends or medical professionals. Public policy cannot promote quality health care providers because anything it may do would be political rather than health care related.”

“Public policies can not promote healthier lifestyles. People should be free to determine their own health lifestyles.”

Summary comment by moderator.

This was a spirited and productive dialogue with all participants expressing a variety of viewpoints and possible solutions. All participants stated they would welcome the opportunity to provide more input or as one stated “How do we join the fight”.