

## **WASHINGTON HEALTH CHOICES: TAKING THE PULSE OF THE COMMUNITY**

### **APPENDIX I-SUMMARY OF MEETING NOTES FROM COMMUNITY MEETINGS**

**Meeting Date: 2/5/02**

**Group: Woodinville Rotary**

#### **Comments:**

##### **The system is not fair or sustainable.**

- When I needed coverage for a procedure that cost \$90,000 my insurance company balked and said they wouldn't pay.
- For those young families where the parents are laid off from a job, the cobra costs are prohibitive - \$800 per family for someone without a job. They go without health insurance.
- My company experienced a 21% increase in insurance premiums. This increases the cost to us of doing business. We find ourselves as employers constantly changing plans to get lower premium costs.
- Our company has a defined benefit. Employees pick their options and pay for the difference. They seem happy with their coverage.
- Employees expect insurance to cover all of their needs. I don't agree. I think it should cover what is important. Lots of health care expenses like massage are unnecessary. Premiums were not developed to pick up incidental expenses like massage.

##### **What services should be covered by health insurance**

- Basic dental
- Mental health
- Prevention
- Catastrophic coverage
- Vision particularly for those with a vision disability

##### **Paying for health care**

- Health care costs and coverage should be graduated. – You pay less when you are young and have more comprehensive coverage. As you get older and are working you can pay more.
- Different rates should be used for people who have risky lifestyles—just like life insurance. If you are at greater risk you pay more. This puts accountability back on the individual.

##### **What to do**

- Education is key. Youth should be educated about health in school
- Consumers should be educated through their checkbook. Attach a co-pay to all services. It makes people think before using a service.
- Right now consumers have no stake. The insurance industry decides what services it will cover.
- People need to take care of themselves – practice healthy lifestyles.
- There has to be some sort of safety net for people who can't afford health care.

## Meeting Record

**Meeting Date:** 3/7/02

**Group:** Sammamish Kiwanis

### Comments:

- The video gives us lots of questions, but what are the answers.
- If you don't have health insurance and you can't afford to pay you go to Harborview for your care.
- Health care and insurance are expensive.
- Some discussion of care in other countries: In Mexico if you have money you can get care, if you don't you are on your own. In Sweden they have no drug stores for you to even get eye or nose drops. You need a prescription for everything. The Norwegian system is a good system. Canada has troubles.
- Fewer employers are offering health insurance. Employees get tied to their employers if they want to keep their health insurance.
- Compared to other systems of services in this country, health care is different. People don't pay out of pocket for their health care and they don't make choices themselves based on cost. People need accountability for their health care. Currently many feel that they are going to use health care because they have paid for it. They feel entitled to it. They expect to be able to take what they want.
- It is crazy to let us employers make choices about health care. We don't know how to do this.
- The health care system is trying to operate on a free market system – to have the ability to purchase. Unfortunately when people are sick they don't have the time to shop around for services.
- A single payer system is the only solution. We need to take the profit out of health care. No one should make a profit on providing health care.
- Insurance companies prefer to enroll people who have no health care risk. We can't have a system like that. We need to spread the risk across the whole population.
- It is to our benefit that everyone has health insurance coverage. We all end up paying for their care if they don't.
- Other factors that drive up the cost of health care include: 1) Hospitals competing for patients- they purchase equipment and build expensive buildings so people will come to them. 2) Malpractice (Not agreement on this)
- We need to educate the community and medical staff about what are the most efficient services. Education is a big issue.
- Our system may have the services we need, but it is hard to navigate the system.
- Why don't we give everyone a voucher so they can purchase health care?
- We need to think about how we allocate the dollars we spend for health care. For example, we have a great EMS system. Is this the right way to spend our money?

- Our use of emergency room services could be reduced if we had a health care system that worked 7 days a week. Right now the ER is our only option for weekends and nights.
- Dental insurance reimbursement rates are still the same as they were in the 1960s. This insurance doesn't cover the cost of care.
- It is unconscionable that a family does not have health insurance. That is part of parent's responsibility to provide

**Meeting Date: 1/8/02**

**Group: Kiwanis**

**Comments:**

- Loss of medical insurance-A great problem. Drove most insurers out of state when they couldn't ask health questions. There are 204 questions now. Very few people come out "clean".
- Blues are the only ones in state. Until open to other companies they have an oligopoly (2-3 companies).
- Not able to get insurance. How long can people pay on their own? Wife taken via ambulance to Swedish for chest pain, transport cost \$1600. (When I asked later why she wasn't taken to Overlake or Evergreen, I was told because our insurance is retired military we had to go to Swedish.)
- There is a high level of coverage for preventive dental care. Why isn't there the same coverage for preventive medical care?
- Problem: Cost of medications is cheaper in Canada and Mexico. We have to have insurance or no assets to qualify for Medicaid.
- "Social responsibility" Basic level of care for everyone.
- People don't realize health insurance is included in employment compensation. They don't know how much companies pay.
- Sweden has 60% tax
- Canadians come here
- English parents think their system is great. Taxes are higher. Can buy private insurance over and above basic care.
- How to fund Basic care: "general taxes"
- If company headquarters are in other states, good insurance provided for that state but not for employees in WA.
- Doctors opting out of policies.

**Meeting Notes:**

**Meeting Date: 3/15/02**

**Group: Bellevue Sunrise Kiwanis**

- Drs. are pulling out- concerns more and more will follow. What happens if I lose my job? Who will care for elderly?

- \$4000 for healthcare coverage for a new business-per employee! Took most of her first year profits. WA is one of the worst tax systems for new businesses-terribly regressive. Holland is a good model (she lived there).
- Affordability- hard to tackle the muscle of the Rx industry-was in the formulary system for years, costs for Rx media and marketing being borne by consumer. Save big bucks with a formulary.
- Everyone should have coverage-believes in universal coverage. But if we go to universal coverage, will the level of care of all decline? (The very best no longer available?)
- Doesn't believe healthcare is a universal right. Severe rationing either of services or time available...Insurance is adding 50-60% of costs.
- Question? How does Holland finance its system? 45-50% of income goes into taxes.
- Insurance doesn't cover all costs so premium plus out of pockets is actual health cost.
- A family business- family not covered because they cover their employees and couldn't afford to cover themselves too.
- Insurance should be person-based, not employer based- with employer offering a company reimbursement towards insurance.
- America does NOT have best healthcare coverage in world. France does, with Sweden, Holland right behind.

**Meeting Date: 3/28/02**

**Group: Woodinville Kiwanis**

- No consensus about healthcare as a right. Mis-utilization affects costs. Over-utilization, such as misuse of the ER. There is a need for some definitions about who will get care and who will pay, something to address cost shifting.
- Pay now or pay later. This speaker had worked with homeless and nearly 100% had either physical or mental health problems. Also young families can't afford health care.
- Providers are refusing to see Medicare and Medicaid patients. The aging of the population will exacerbate this.
- Why are West Coast reimbursements so low? Washington laws have driven insurers out. Insurers running the show...not covering mammograms.
- Lots of folks buying prescriptions in Canada. We are indirectly subsidizing Canada. Over 500,000 in WA without insurance.
- Defined contribution- just try finding an insurer. It will impact costs adversely if we eliminate group rates.
- How do you judge why someone isn't taking care of health? Watch out for increased personal documentation.

**Meeting Date: 4/8/02**

**Group: North Rose Hill Homeowners Association**

- What is sustainable and fair health care? Yes, we want a sustainable system but fair means different things to different people.
- The insurance commissioner guaranteed plans for all at one price, with a transfer of wealth for young and healthy to care for ill.
- The way we address “fair” is unrealistic. People have too much “equity” in policy. Healthcare should be around catastrophic care.
- We don’t buy auto insurance for oil changes. Catastrophic coverage shouldn’t include everyday sniffles as a “risk”. Supports catastrophic coverage, with lots of out-of-pocket costs.
- Group Health provides first dollar coverage. Getting ready to offer an economy plan with deductibles up to \$1000, but still offering first dollar on prevention.
- Cost of medications-too much for seniors to incur.
- Address needs of low income in a just manner.
- Maintain profit goal of insurers- 80% of our state’s health care is nonprofit. Big difference dealing with for profit and non-profit insurance companies.
- Income of docs way down—why is it that Medicare reimbursement rates are so low for Washington?
- Medicaid rates follow Medicare rates.
- Pediatric Associates can’t accept plans that pay less then the cost of providing care.
- Use of the emergency room is up. Society pays health costs eventually, either directly or indirectly.
- Possible to earn too much to qualify for Basic Health plan but not enough to afford family COBRA rates. Premium escalation presents problems with pre-existing conditions.
- Where are we going to be as premiums escalate?
- We need more competition in the marketplace. We’re faced with insurance monopolies in WA, being forced into “channeled” system.
- Pretax benefits for employees after tax dollars for the rest of us- NOT FAIR!
- Need increased portability.
- Eliminate employer plans and let people buy their own, eliminating pre-existing waiting periods threw the system into chaos.
- Fix distortion on tax breaks and health care.

**Meeting Date: 3/19/02**

**Group: Brittany Park**

- Much concern over prescription costs. There is a doctor in Edmonds who will write prescriptions to be filled in Canada. All seniors present had excellent access to doctors, and had good supplemental coverage. Don’t like paying for drug advertisements...doesn’t make a difference in their medications as these are chosen by their doctors.
- Were somewhat concerned that if doctors refuse to take Medicare patients, it may impact them in the future.

- Believe others shouldn't bear costs for someone's unhealthy lifestyle choices.
- Not in favor of single payer system.
- A couple of participants clearly very informed about Medicare issues, but most weren't interested in coverage issues-took their coverage for granted.
- As long as they have coverage not concerned about "fair and sustainable" for others.
- Want cheaper medications/ AARP lobby is good for this. Everyone should join AARP.

**Meeting Date: 4//16/02**

**Group: Madison House**

- High level of concern about Medicare acceptance by doctors. Will doctors be available in future to care for them?
- Articulate about prescription drug costs- resent paying for ads. Only one has ever requested a drug she saw advertised. Extensive dialogue about pharmacy costs. Again, a doctor in Edmonds who will prescribe for Canadian refills was mentioned. Some in this group take bus to Canada for drugs. Some had a mail-in process that worked well for them.
- One strong advocate for a single payer system. Believes even doctors are ready for this as overhead costs to maintain billing to so many insurers is breaking the piggy bank.
- One has son who is a doctor and concurred that his overhead was unbearable.
- Some discussion about physicians announcing they would no longer accept Medicare and Medicaid patients. A high level of concern about this.
- Worries about affordability of health care. This is especially true for those on more of a fixed income.

**Meeting Date: 4/25/02**

**Group: League of Women Voters**

- HMO collapse-insurance totally inappropriate for healthcare. A shared risk system doesn't work. There is no such thing as a reasonable premium for healthcare, especially with insurance profits. Insurance IS the problem. Have everyone pay their own way for basic health and then have catastrophic coverage. Set up basic health like Medicare, a national health service.
- What are we willing to forego if we have a basic health plan and it can't cover everything?
- Insurance owns the legislature!
- Problem with private pay and catastrophic is forfeiture of care for low income and forfeiture of preventive care.
- Cost of prescriptions are an overwhelming burden.
- Bring common sense into medicine. There are necessary tradeoffs.
- Coverage shouldn't be hitched to employer-there should be a basic tax link.
- Australia: Medicare for everyone, basic health paid by taxes then you can opt for secondary insurance. Prescriptions are less than half the cost of here.
- Thorough understanding of Medicare tier reimbursements.
- HMO's can provide prescriptions with Medicare rates in other states like Florida.

- One gets prescription for 50% of US costs in Canada.
- Doctors have gone out of business because of slow pay/no-pay by insurance.
- Doctors in Oregon with subscriber practices (boutiques) \$350/month for 2 for supplemental Medicare insurance.
- We have an illness-based system of reimbursement and need community rating.
- Healthy pool of covered lives is what keeps system viable
- Need to restore the Health Authority.
- What happens when you lose a job?
- Medical association made it hard for nurse practitioners to get prescription authority.
- Costa Rica uses nurses-hard to get to a doctor there. Nurses focus on education and empowerment.

**Meeting date: 4/28/02**

**Group: Holy Spirit Lutheran Church**

### **Is the way we pay for healthcare fair?**

- Insurance doesn't cover home health costs even though it is cheaper to add in-home help than have full care in nursing home or assisted livings. This was identified as an issue for elderly, disabled and mentally ill people.
- In addition, you must become bankrupt before you can get assistance. This is not right or fair...general consensus.
- Also, doctors recommend treatment that insurance companies won't pay for and it is too expensive for patient out-of-pocket.
- Preventative care needs to be covered.

### **Is health care coverage fair?**

Mental health patients are only covered 50% by insurance as compared to physical health covered 80-100%. Not fair.

### **Can we sustain risky behavior?**

- How do we define risky behavior? Some things like smoking are very visible, others like diet aren't, unless extreme. How do we determine if people are exercising enough? No consensus of risky behavior. Also, some people who are having trouble dealing with a problem might be lumped into a category of no help even though they are trying to change and really need support.
- All persons should be taken care of at the level they need.
- No, we can't sustain costs. Example: total cost for 2 people after auto accident approached \$.5 million. How can we afford this?

### **How to balance cost and need?**

- Difficult. There are committees that already decide
- Bring liability insurance down. All people are human. Even doctors make mistakes. Set limits on lawsuits.

- Bring medication costs down. Companies should combine efforts on products to reduce research costs. Limit research for some things-allow only 1-2 companies to research same item.
- Reform FDA. Reduce research and development costs, bring trial procedures down.
- Advertising costs for medications-unfair to pass on to patients. Advertising and entertainment costs should not drive prices up.

**Is our health care system with our values sustainable? No**

- General mood: Group wanted all people supported by health care-didn't see how to determine levels and support costs.

**Meeting date: 4/3/02**

**Group: Northshore Senior Center, Transition Group**

**Comments:**

- Research dollars should be allocated proportionately to diseases. Large amounts of money are going to HIV/AIDS and far lesser dollars to diseases like Parkinson.
- Medicare should include more coverage for emotional illnesses- it limits the number of days of coverage a person can receive during a lifetime.
- The elderly are living too long and this is expensive. They have a duty to die.
- I want to derail Ashcroft on his directive to the DEA.
- Hard to find care for people who are mentally ill.
- Everyone should have a living will and a durable power of attorney. This is one way we can reduce the expensive end of life care.
- The living wills should be honored. Sometimes hospitals won't honor them because of fear of malpractice.
- Something should be done to reduce the number of individuals able to sue. This is wrong. The large number of lawsuits has driven up the cost of malpractice insurance.
- Seniors have been getting dropped from HMO Medicare plans. It is hard for them to keep changing.
- Some doctors are closing their practice to Medicare patients.
- Some doctors do too many tests. Some do the tests but never explain what they are doing or tell you the results. That is not acceptable.
- Seniors need to think about where they are going to live and who is going to care for them. More places will not take Medicaid and it is very hard to find competent in-home caregivers.

**Meeting date: 3/10/02**

**Meeting at Northshore Senior Center, Diabetes Support Group**

**Comments:**

- Seniors need to receive coordinated care – their physicians need to be talking to each other and sharing information. Care should have a holistic approach.
- The government needs to tax each person 5% of their income and use this money to pay for health care for those who don't have any insurance. Five percent is a small amount – probably equivalent to the amount the individual pays for cigarettes, alcohol and entertainment.
- Medicare reimbursement is not evenly paid across the United State. Doctors should be reimbursed by Medicare the same amount regardless of where they practice. (The west gets lower payments from Medicare than the East.)
- Seniors want a doctor who has time to talk to them – not running out the door because of a need to see a patient every 15 minutes. Doctors want to take this time, but can't.
- Individuals have the responsibility to be aware of the costs of their care. They need to review the charges on their bills. They need to think of their Medicare bill as not just a charge to them, but also a cost to everyone. When we have found problems in our bills (duplicative charges) we have brought this to the attention of the hospital and Medicare, but they say it is too much of an administrative headache to make the change. (e.g. One woman indicated she was billed four times for a procedure she had only twice. When she brought that to the attention of the hospital their response was – Oh please, don't bring that up. We only get 60% reimbursement from Medicare. We need to make up our costs.)
- DME is expensive.
- Some people expressed fear about getting health insurance if they lost their job.
- Medicare doesn't cover the cost of care for seniors. They could not afford to purchase the prescriptions they need without an insurance supplemental plan. Many of them are going to Canada for their prescriptions. There is a doctor in Edmonds who will write their script so they can use it in Canada.
- Why should we as consumers pay for drug advertising? I understand that some of the high cost of drugs is due to research and development. That's fine. How much are companies spending on advertising? Why are they advertising? Doctors tell patients what medicine they should take. We don't need advertising to do that.
- It seems like the most expensive drugs are those for the elderly. Seems like there should be more fairness in the distribution of costs.
- Some doctors get indignant when we say we can't afford to buy the drugs they are prescribing. I don't think they have a clue how much some of these drugs cost.
- I think we need universal health care for all. I think the government should provide that.

**Meeting date: 8/27/02,**  
**Group: Asian and Pacific Islanders**

**Is the way we pay for healthcare fair?**

- Yes. I pay for my health care coverage so I get healthcare.
- When retired there is no employer to pay. Older people need more coverage.
- Those who are unemployed don't have an employer to offset the high cost of healthcare. BHP is being taken away.
- Medicaid pays for very poor. The lower middle class pay a disproportionate share of their income on health care. Our health care system is regressive.
- I don't believe health care is a right. If you don't plan ahead to pay for your health care you are out of luck. I want to take care of myself and I don't want to be responsible for others.
- We were from Canada and our health care was provided. When we came here we expected it to be the same. The first time when we got sick we called the doctor. The first question they asked us was, What type of insurance we had. They didn't ask us about our illness.
- The referral process sucks. It is costly and time consuming and unnecessary. You don't need to see your primary care doctor all the time.
- Everyone is entitled to health care.
- We need to support people around us to make our community successful.
- Being part of a community makes me a better person. If I have the means to help someone I feel I should.
- I work for a large company with good benefits. My health care is good.
- I am willing to take less pay if I get good benefits.
- The major difference between Canada and the US is that health care is a right in Canada. In the US health coverage varies depending on your insurance.
- Some people have had to sell their homes to cover their medical bills. This is not fair.
- If I work harder and have better insurance I should get a faster response to my health care needs and better access to services.
- I have purchased student health insurance to take care of myself. I have to measure the cost of health care against the cost of food and decide which is more important to me. I can't afford co-pays and deductibles. My father has dental needs, but can't find a dentist to care for him because he is on disability. None of the dentists want to treat him because the reimbursement is so poor. I don't think that is the dentist's fault.

**Is coverage fair?**

- Health care issues stem from poverty. If you are poor the system isn't fair. Health care is not a luxury.
- If you are working you have coverage. If you are not, you have to choose different coverage. When you get old most likely your employer will not pay for your health insurance so you may not have coverage.
- Paying for family coverage through your employer is very expensive. The high cost is not fair.
- I want to cover my parents on my health plan, but my employer won't let me. They do not have health insurance.

- Some think the current system is fair. You get what you pay for. Those who wait until the last minute to get care at the emergency room are costly. We shouldn't pay for them.
- If the US takes in a refugee then the US should pay for basic health care for that refugee.
- We can't eliminate those who don't pay for their own health insurance coverage or those who don't plan ahead.
- We feel that we are citizens of the community and we need to be concerned about the community around us. If we don't take this into account, the whole community suffers.
- Everyone should have access to basic care.

### **What about people who practice risky behaviors?**

- Those living a healthy life should be rewarded for this. Why should we pay for those who smoke? I wish there was a way to screen out people based on their lifestyle.
- We believe that there should be a basic plan for all. We can't eliminate those who practice risky behaviors. (How do we define risky behaviors?)
- We need to think about how much we want to invest in health behaviors to mitigate the costs of risk.

### **Can we sustain our community value?**

- General consensus that we can't sustain the current system.
- Some felt that more personal planning was needed.
- More overall management of the system is needed.
- We need to educate people earlier about taking care of themselves.
- We need to look at our community priorities and decide where we put our money.
- There is not enough information about health care – billing, copays, coverage, referrals. People need to know more about the system.
- Public health needs to do more education.

### **How do we balance cost and need?**

- More education is needed, but who will pay for it.
- More people need to plan for their future.

### **Is our health care system sustainable?**

- Overall sense that the system is not sustainable. Expect that we will end up paying more and more for health care. The population is aging, technology is advancing and people are living longer.
- We need to make a better use of the resources we have and do better planning.
- Those with money will get services and those without won't.
- We need to have limits. Not everyone should be able to get the most expensive treatments. When it is time to go – you go.
- We need to share high tech equipment among hospitals, not compete to have everything. There needs to be a limit on high tech purchases.
- Everyone should get basic services. High tech services are only for those who can afford them.
- Some of the blame for our health care system falls to the legal system. Providers are scared of being sued so may do too many procedures.

**Meeting date: 8/29/02**

**Group: African Americans**

**Is the way we pay for healthcare fair?**

- No-Poor coverage with Basic Health Plan. People afraid to go to the hospital. Can't afford co-payments/co-insurance out of pocket. Basic Health Plan is not full coverage.
- People fall in between. Don't qualify for BHP but no employer coverage is offered...working poor have a gap.
- I have a good benefit and take personal responsibility for my healthcare.
- I am self-employed. My 21 year old pays her premium out of tips as a waitress. A lot of people have to learn to reprioritize health over other expenses like nails.
- There should be a fair system for everyone to have coverage.
- I would rather pay taxes for healthcare for the unfortunate rather than for stadiums we didn't want in the first place.
- What about the Canadian system?
- Where is the money going? To insurance or providers? If it goes to providers, ok, but not if it goes to insurance companies.

**Is coverage fair?**

BHP coverage is so limited it is barely better than nothing.

**What about people who practice risky behaviors?**

- Am I my brother's keeper?
- You should help others.
- Who's to say what is a risky behavior?
- No coverage for risky behavior in workplace.
- Reward good choices, not punish bad choices
- Who determines what is risky and what isn't?
- Tax vices as high as we can.
- Don't really have a choice-we MUST cover everyone. Never know when WE'LL need the coverage.
- Make people aware of risk behaviors and try to deter with education.

**Can we sustain our community value?**

- It's about doing the right thing for society.
- Hospitals are patient education systems.
- If we can spend \$ 80 billion going to war, why can't we provide health coverage for everyone?
- The system cared for me when I needed it and I want it there for others.
- Personal responsibility is important...not running amok and letting someone else pay the bill.

**How do we balance cost and need?**

- Education and volunteerism
- Why can't insurance industry come up with a trust fund to subsidize low income? Similar to developers and realtors do for affordable housing.
- Who should go into that trust to share risk of investments to provide universal coverage?

**Is healthcare system sustainable?**

- No-at some point it is unaffordable for employers, employees, and individuals.
- "Every man for himself"
- Costs go up, care goes down-what happens to preventive care?
- "False sense of security. Things could change like the earthquake".
- "Going to get worse before it gets better"

**Meeting date: 8/28/02**

**Group: Vietnamese**

**Is the way we pay for health care fair?**

- No it is not. We get health care coverage through our employer. If we lose our job we will lose our coverage.
- Yes it is fair.
- If we get more people to work, then they can be contributing members and they will get health care. The United States is very generous with services.
- If we pay for people to get the high tech services they need we will in fact be improving society.
- We need to encourage people to practice healthy lifestyles and not risky behavior.
- Right now our state is in a deficit and people are out of work. We are out of balance.
- My health care is fair now, but I'm not sure what it will be when I retire.
- It is not fair that we pay for people on Medicaid. Pregnant women get too much service. We pay too much for them. They need to be educated so that they don't have so many babies.

**Is the coverage fair?**

- I think it is good to be able to choose your coverage and not be held to only one plan because that is all your employer offers.
- I think the system I have is fair. I can choose a richer benefit if I am willing to pay more. If not, I get at least a basic benefit.
- Medicaid enrollees get better service and benefits than those who are uninsured. This is not fair.
- Overall coverage is fair, but sometimes it is too much.

**Can we sustain risky behaviors?**

- We live in a free country. We can do what we want. That is what makes the US so attractive.
- I think we would choose differently if we had to pay for what we got.

- We need to educate people to practice healthy lifestyles to get improvements. This can be done incrementally so that over a long term we can see changes.
- I think we need to fine people who practice risky behaviors. We can't sustain the cost of letting people have the freedom to practice risky behaviors.
- This country is too easy. We have too much freedom. We need to have limits and discipline. For example, we have rules in our homes for our children. Our house would be in chaos if we didn't have rules. It would not be a good thing.
- Education is important.
- I think we need to limit the number of children we will support under Medicaid. For example, we will pay for three kids. If you have more there are no more Medicaid dollars.

### **Balance between cost and need**

- We can't limit our need when we are sick. We have no control over this.
- Health care providers must limit services and not abuse the system. They should not go overboard in diagnostic testing. It is not fair for society to pay for me if I don't really need what the doctor is ordering. Providers need to explain and offer patients a choice of services. The patient needs to know the services recommended and the cost of those services and needs to have a choice of whether or not to elect those services.
- Who would be the referee to decide who gets service and who doesn't
- Sometimes the diagnostic testing can prevent costly diseases.
- Duplicative tests cost too much.
- We believe everyone should have health care coverage.
- There should be a tax that is just for health care. An amount should be taken from our paycheck that goes toward paying for our healthcare. (This is not the same as what we pay for Medicare.)
- It is not fair that people who contribute towards their care (i.e pay for insurance, co-pays, etc) get less than those who don't pay (on Medicaid).
- We need to limit the care provided.
- We need to provide for needy families.
- If you are employed, your employer should pay for your health insurance.
- Employers should offer a basic plan. People who can afford more should have the option to pay more for better coverage.
- There should be discounts for healthy behavior.
- There is a small percent of the population that abuse the health care system. We shouldn't punish this population.

### **Is the system sustainable?**

- The majority thought the system is sustainable for the near future. A few thought it was not.
- We are only one of 50 states. We are flexible and respond to change. The US is an incredible country and we will get through this time.
- The health care system is too costly.
- Accessibility to good care is a problem.

- We need to educate society so they know what health care services are available, how to reduce risk and disease and the fact that cost may be reduced. This should be done in small steps and we can expect gradual improvements.
- Providers need to be educated as well as patients about limiting services.

**Meeting date: 8/15/02**

**Group: Hispanics**

The majority of participants had health insurance primarily through their work or their union.

The majority worked in blue-collar jobs – Costco, cafeteria.

Many have children, but none were caring for elderly parents.

A couple of people noted that in the past they had gotten free health care before they had insurance. They really valued that service and felt that once they had a job they should help pay for others.

### **Is the way we pay for health care fair?**

- For those with no insurance who need hospital care it is very hard.
- One woman noted that she experienced a gap in coverage for her children when they transitioned from coupons to her employer plan. She also felt that she ended up spending most of her paycheck on health insurance for her and her daughter and childcare.
- One expressed concern that when you meet spending limits in your insurance plan there was no more coverage until the next year.

### **Is health care coverage fair?**

- There was a group consensus that it isn't fair to pay for people who don't take care of themselves.
- Some felt that a person should be able to see anyone they wanted to while others were ok with being told which specialist to see. One woman thought it was okay to go to your primary care doc first provided they didn't give you the run around when you needed to see a specialist.
- One noted it is hard to pay for medicines. Maybe if the types of treatments available were limited this would help to reduce costs.
- There was discussion of the issue of changing jobs to get better health insurance.

### **Can we sustain the cost of risky behaviors?**

- General consensus that we have a responsibility to help people – don't want to see people suffer.
- Question why tax payers should pay for health care
- Don't feel it is fair to pay for people who don't take responsibility for themselves – i.e. the woman who had 9 pregnancies and didn't use any birth control, but needed welfare and free health care for her family.
- Don't feel it is fair to pay for medicines for people who don't value the service they are getting.
- Some people don't take the medicines they are given or follow the preventive care their doctors recommend because they don't understand why they should.

- Don't feel we can punish people for the choices they make
- We need to help people understand the importance of practicing preventive health care. Paying for this care may be costly up front, but will save money in the long run.
- There is a need for programs to offer preventive health care.

### **Sustain the cost of our community values**

- Question: If we can pay for a stadium we can afford to pay for health care.
- We are forced to pay taxes even if we see something is not fair.
- We don't think we can continue to pay more in taxes and we don't want to.
- Some people work the system – take advantage of services
- It was suggested that the wealthier population (higher tax bracket) give more money to cover health care for those who can't afford it.
- Payment for health care should be determined on a case-by-case basis. There should be a panel set up who decides who gets what and how much they should pay.
- People need more education. They need to know how to prevent unwanted pregnancies, what the health affects are of their actions, and other preventive measures.
- It is important to offer information in many languages. If you don't speak or read English it is a disadvantage.

### **Is the system sustainable?**

- Some were happy with the system.
- Some were frustrated that they had to make up front payments – copays and deductibles- or pay the provider and then wait to be reimbursed from their insurance or employer.
- Belief that system isn't fair – people with no insurance can't get the health care they need.
- For people on coupons there needs to be a transition period when they go from Medicaid to individual plans so that coverage does not lapse.
- For some it is easier to stay on Medicaid than try and make it on their own.
- Insurance is too expensive.