



Access to Health Care News Monthly Update – 5.4.07:

(Note: Pertinent Access to Health Care related materials have been highlighted in **RED** in longer sections for quick reading)

State Dems want tax overhaul, some health care

4.5.07 Free Press

House Democrats plan to introduce another set of proposals today for dealing with the state's budget crisis, including significant tax hikes and sweeping changes.

House Speaker Andy Dillon, D-Redford Township, is set to unveil plans to rewrite the tax code, eliminate some townships and offer **limited universal health care**.

Dillon's proposals are intended to provide an alternative to Gov. Jennifer Granholm's \$1.5-billion service-tax increase, which has foundered in the Legislature, and to the package of budget cuts approved by Republicans in the state Senate two weeks ago.

Senate Majority Leader Mike Bishop, R-Rochester, in an interview with Free Press editors Wednesday, said he remains open to the possibility that a tax increase may be needed to solve the state's deficits.

But a shortfall of more than \$600 million in the current year's budget should be addressed first and without new taxes, he said.

Seasonally Unadjusted Jobless Figures for U.P. for February

	<u>Feb-06</u>	<u>Jan-07</u>	<u>Feb-07</u>	% change month	% change year
UPPER PENINSULA LMA					
(15 counties)					
Civilian Labor Force	159,700	159,300	160,000	0.4%	0.2%
Total Employment	145,700	145,600	145,700	0.1%	0.0%
Unemployment	14,100	13,700	14,300	4.4%	1.4%
Rate (percent)	8.8	8.6	9.0		

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Seasonally Unadjusted Jobless Figures for MI for February

	<u>Feb-06</u>	<u>Jan-07</u>	<u>Feb-07</u>	% change month	% change year
MICHIGAN (Data in thousands)					
Civilian Labor Force	5,040	5,034	5,028	-0.1%	-0.2%
Total Employment	4,669	4,645	4,667	0.5%	-0.0%
Unemployment	371	388	360	-7.2%	-3.0%
Rate (percent)	7.4	7.7	7.2		

**MICHIGAN COUNTIES RANKED BY UNEMPLOYMENT RATE
FEBRUARY 2007**

1	Washtenaw County	4.7	43	Luce County	8.9
2	Cass County	5.2	44	Lapeer County	8.9
3	Oakland County	5.4	45	Delta County	8.9
4	Kalamazoo County	5.4	46	Kalkaska County	9.0
5	Livingston County	5.5	47	Crawford County	9.2
6	Isabella County	5.5	48	Wexford County	9.2
7	Eaton County	5.6	49	Antrim County	9.3
8	Clinton County	5.9	50	Shiawassee County	9.3
9	Ottawa County	6.0	51	Genesee County	9.4
10	Midland County	6.1	52	Gratiot County	9.5
11	Barry County	6.1	53	Huron County	9.7
12	Kent County	6.1	54	Missaukee County	9.8
13	Ingham County	6.2	55	Tuscola County	9.8
14	St. Joseph County	6.3	56	Alger County	9.8
15	Menominee County	6.5	57	Otsego County	10.1
16	Dickinson County	6.5	58	Alpena County	10.2
17	Monroe County	6.6	59	Mason County	10.3
18	Macomb County	6.7	60	Benzie County	10.4
19	Leelanau County	6.8	61	Manistee County	10.4
20	Allegan County	7.2	62	Charlevoix County	10.5
21	Calhoun County	7.3	63	Sanilac County	10.6
22	Wayne County	7.4	64	Ogemaw County	10.8
23	Muskegon County	7.5	65	Chippewa County	10.9
24	Marquette County	7.5	66	Roscommon County	11.3
25	Berrien County	7.7	67	Oceana County	11.4
26	Houghton County	7.8	68	Clare County	11.6
27	Bay County	7.8	69	Gladwin County	11.8
28	Saginaw County	7.9	70	Emmet County	12.0
29	Gogebic County	7.9	71	Lake County	12.0
30	Grand Traverse County	7.9	72	Iosco County	12.2
31	Jackson County	8.0	73	Arenac County	12.4
32	Ionia County	8.1	74	Oscoda County	12.5
33	Branch County	8.1	75	Montcalm County	12.9
34	St. Clair County	8.3	76	Alcona County	13.0
35	Lenawee County	8.4	77	Keweenaw County	13.2
36	Van Buren County	8.4	78	Baraga County	13.4
37	Mecosta County	8.5	79	Schoolcraft County	14.3

38	Iron County	8.6	80	Montmorency County	15.4
39	Ontonagon County	8.6	81	Cheboygan County	16.9
40	Hillsdale County	8.7	82	Presque Isle County	18.4
41	Osceola County	8.7	83	Mackinac County	21.9
42	Newaygo County	8.8			

Businesses Seek National Solution to Health Care Woes

Source: Cover the Uninsured - from [New York Times](#), 4.6.07

Article examined how large employers facing health care costs that are soaring much faster than inflation are calling for a broad, national solution to the problem. Some large companies have joined an "unlikely coalition of businesses and labor unions" to call for "achieving a new American health care system by 2012." The group, Better Health Care Together, includes Wal-Mart, AT&T, Intel, Service Employees International Union and the Communications Workers of America. While most businesses stop short of endorsing "a wholesale shift to government-directed medicine," they are more interested in reform than at any time since the early 1990s and advocate major changes to curtail costs that are affecting profitability. "Five years from now this problem will have to be faced, or the competitiveness of the United States will be dramatically affected," said J. Randall MacDonald, senior vice president for human resources at IBM.

Premium costs have risen about 87 percent since 2000, the article reports. "The way it's going, there will be 75 million uninsured in another 10 years," according to James D. Sinegal, chief executive of Costco Wholesale. "The federal government has to lend some assistance." According to economists, businesses would raise wages if they were not burdened with employee health care, which would increase the tax base that could be used to fund health care. Employers are divided over whether solutions to the problem should be government based or come out of the private sector. However, according to MacDonald, "Regardless of who takes the lead, we collectively as a national society have to consolidate around three or four different ideas," which he said should include maintaining employer-based health care but adding "some level of umbrella coverage over that, some level of a single payer system."

OPINION: NYT's Column Cites Major Concern Over Uninsured

From Cover the Uninsured, Source: [New York Times](#), 4.11.07

Health care "has become, by many measures, the leading domestic policy issue" for voters, especially Democrats, according to Robin Toner in a *New York Times* column. Toner reports that a *New York Times*/CBS News poll in February found that 83 percent of Democrats believed the number of uninsured Americans was a "very serious" national problem. He outlines how the leading Democratic presidential hopefuls are contending with the issue. The welcome reception of former North Carolina Senator John Edwards' universal coverage proposal, which would be paid for in part by rolling back the Bush tax cuts on the wealthy, shows that the Democratic party has "moved beyond incrementalism and embraced big and bold again," he writes. A recent Kaiser Family Foundation survey showed New York Senator Hillary Rodham Clinton "led the pack, by a significant margin" among Democrats who were asked which candidate "best represents your own views on health care." Illinois Senator Barack Obama, who has proclaimed his support of universal coverage, faces pressure to produce a plan for how to achieve it. However, public opinion expert Robert Blendon of Harvard noted "there are only so many routes to expanding coverage," ranging from a single-payer option that would operate like Medicare for all to "pure incrementalism" that uses tax credits and similar measures to encourage individuals to purchase their own coverage. In the middle is a mix: an expansion of government programs combined with making private coverage more affordable. "Most of the Democratic candidates are expected to end up somewhere in this middle ground," Toner concludes.

Maine's Dirigo Health Profiled in *BusinessWeek*

From Cover the Uninsured – Source: [BusinessWeek](#), 4/16/07

In a profile of Maine's Dirigo Health, *BusinessWeek* called the state the first "to launch a bold experiment in health insurance for all" and cited the program as an example of the risks and rewards of "universal health care." The "far-reaching" plan, championed by Democratic Governor John Baldacci, went into effect on January 1, 2005 and features a health insurance plan for individuals and small businesses, with coverage available to all and income-based

subsidies. In a compromise to "reassure free marketers that this wasn't a Big Brother-like program," enrollment is voluntary, and the program is funded in such a way that it pays for itself by "recapturing any savings accrued to the health-care system from covering the uninsured." The results so far show that even when insurance is subsidized, some people cannot, or will not, buy it. While 13,500 Mainers have enrolled over the two years of the plan - bringing the state's uninsured rate down from 14.5 percent to 12.5 percent in 2006 and making it the only state to lower its percentage of uninsured over the five-year period - Baldacci had projected 31,000 enrollees in its first year and coverage for all of Maine's 130,000 uninsured by 2009. The shortfall "is grist for the plan's enemies, who complain it is too costly and too complicated." But policy experts laud the state for being the first in over a decade to attempt to solve the uninsured crisis. The article concludes, "The key lesson may be that no matter what the plan, getting to universal coverage will be a problem-strewn slog."

Small Businesses, Fearing Higher Costs, Oppose Coverage for all Americans

From Cover the Uninsured - Source, [BusinessWeek](#), 4/16/07

Faced with soaring health costs, major corporations have come to support covering all Americans, but small businesses are "a big barrier to a sweeping overhaul of the U.S. health-care system," reports [BusinessWeek](#). Opposition from small business means that "if any health-care plan includes government mandates or costs on the small-business sector, it's going to be very difficult to pass," according to Karen Kerrigan, president of the Small Business & Entrepreneurship Council, a conservative advocacy group. This "reflexive resistance" prompted Charles N. "Chip" Kahn III, president of the Federation of American Hospitals, and Ron Pollack, director of the liberal advocacy group Families USA, to invite the National Federation of Independent Business (NFIB) to help create a bipartisan coalition pushing for "universal health coverage." But the group turned down the offer because of concern the coalition would back government-run health care. NFIB feared that its members, only about half of which pay for workers' coverage, "would be forced to bail out old-line manufacturers." [Health care advocates seeking to broaden insurance coverage "realize they can't succeed without persuading small business to join them or remain neutral," and Congressional leaders "are giving small-business groups plenty of opportunity for input."](#) According to Kerrigan, what small businesses really want "is for Congress to pass a series of small measures that would give small businesses more insurance choices and make the system more affordable," such as allowing small businesses to band together so that they can purchase lower-cost plans across state borders, expanding health savings accounts and giving small employers more tax incentives to offer HSAs to their workers.

Get more uninsured people covered

Opinion, Detroit Free Press – 4.23.07

Strange bedfellows have become the norm. States are pushing to experiment. Presidential candidates have it on their agendas.

The subject: health insurance and the 47 million people in this country who don't have it. In a variety of occasionally odd alliances, some of the biggest corporations, unions and other groups are raising the clamor for change.

Yet even as wholesale reform becomes a widely agreed upon goal, Congress and the states must not ignore the differences they can make now. Chief among them is the opportunity Congress has this year -- as it renews the 10-year-old State Children's Health Insurance Program -- to help even more youngsters grow into strong, productive adults.

S-CHIP provides coverage to children and some parents in low-income families, who pay modest monthly fees and co-pays. In Michigan, it helps about 90,000 people. But that still leaves about 160,000 uninsured children here, two-thirds of whom are in households where at least one adult works full-time but does not have access to health insurance or simply can't afford it.

[Skimping on health care for children is a foolish long-term plan for the country. Congress, operating again under pay-as-you-go rules, will have to do some serious juggling to increase S-CHIP funding. But the benefits of keeping children healthy are well worth it.](#)

Meanwhile, the State of Michigan is still negotiating with the Bush administration over a statewide plan that would help as many as 550,000 uninsured residents gain health coverage. Roughly one in seven Americans lacks health insurance, even as the United States spends more per person on health care than any other country in the world. It's a system that fails both the dollar-and-cents test and any test of common sense, and the pressure for change can only grow.

Insurance alone won't make nation healthy

FREE PRESS - [LOCAL COMMENT](#) 4.27.07

BY KEN BAKER

We are once again marking "Cover the Uninsured Week," an important reminder that nearly 45 million people in this country, including children, are uninsured.

In Michigan, there are approximately 1 million uninsured. The threat this number could swell is real. Employers here face mounting economic pressures to "thin" the benefits they provide or, worse, discontinue coverage altogether. As our recent report for the Commonwealth Fund demonstrates, early retirees leaving the workplace with the promise of health benefits through retirement now find this coverage increasingly at risk. This is a worrying reality for thousands of early retirees from the automotive industry and across the country.

State leaders are making insurance reform an urgent priority. But achieving universal access to high quality care at a reasonable cost requires a systems approach to reform -- something that goes well beyond covering the uninsured. The starting point for real systemic reform comes in keeping people healthy -- something insurance alone will never accomplish, though it plays an important part.

The workplace is an excellent environment for getting individuals focused on their health. Evidence shows that companies investing in the health of their workforce, combined with adequate levels of insurance, are witnessing an important bottom-line reality: Healthier employees are more productive and cost less money.

The value of keeping people healthy sometimes gets lost in the larger debate about health care reform. Just as "Cover the Uninsured Week" has focused Americans on the uninsured, we must now make certain that measures to promote health are equally prominent in our national dialogue. The following responsibilities are important pillars in this conversation:

Employers have a responsibility to invest in workforce health -- and an opportunity to become more competitive if they do. Studies, including those from the University of Michigan's Health Management Research Center, validate that employers who make sustained investments in employee health, through health risk assessments, on-site wellness, education and care programs as well as insurance benefits designed to reward healthy behaviors, are seeing a considerable return on that investment. For these visionary firms, the burden of health care costs is going down and their market competitiveness is going up. A healthy workforce could well be the competitive advantage for which Michigan is desperately searching.

Employees have a responsibility to become better-informed decision makers on matters of personal health -- and an opportunity to become healthier as they do. Of all the factors impacting an individual's health status, many analysts suggest that none is more important than behavior. Still, Americans make relatively poor health choices. Employees should expect their employers to be active participants in providing informational resources that facilitate better decisions about healthy behaviors. And employees should also expect that, in time, insurance benefits will be pegged to the health choices they make. This is a controversial reality we need to be discussing now.

Governments have a responsibility to make adequate coverage available for all -- and an opportunity to design benefits that incent people to keep healthy. A growing number of states, including Massachusetts, California and Michigan, have initiatives in place or under consideration to cover the uninsured. As these insurance reforms move forward, we suggest state governments have the obligation to encourage the development of insurance products that make it easier for individuals to get preventive health screenings and services, and to take the medications that will keep them healthy.

Getting people healthy -- and keeping them healthy -- should be a national imperative. The workplace is one place to concentrate our early efforts. The right kind of insurance will be key, but our ultimate success will not come by insurance alone.

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Please note: May 13 to 20 is national [AmeriCorps Week](#), and Gov. Granholm has declared the week [Michigan's AmeriCorps Week](#). This is the first year of the observance. For activities going on around Michigan, see list at www.michigan.gov/mcsc. UPHAC features our AmeriCorps*VISTA members on our web page: http://uphealthaccess.org/how_we_serve.html.

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