



Access to Health Care News Monthly Update – 6.22.07 (second for June due to high volume of reports)

From: Nancy Mathews, Program Coordinator 906.233.0210 x 103 nmathews@uphealthaccess.org

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

Republicans, Industry Groups Join Democrats in Efforts to Expand Coverage

Source: Cover the Uninsured from *Wall Street Journal*, 5.30.07

Democratic presidential hopefuls are joined by Republican presidential hopefuls, state leaders, businesses and the insurance industry in seeking a solution to rising health care costs and rising numbers of uninsured, reports a front-page *Wall Street Journal* article. Democrats are not "alone in embracing the once-toxic political cause of universal care," the article observes. Former Republican Party Chairman Ken Mehlman said, "Republicans have an opportunity to lead on health care by promoting broad-based reform consistent with our principles: consumer choice, market incentives, technology." And, "the political center on the issues seems to have shifted so much that the health-insurance industry...openly supports a federal role in universal coverage. The industry strategy is to shape the result rather than to fight it." Big employers are "reserving judgment on early proposals."

New Orleans Area to Get Federal Funds for the Uninsured

Source: Cover the Uninsured, *Times-Picayune*, 5.25.07

Health and Human Services Secretary Mike Leavitt announced that he would release \$195 million in grants for health care in the Gulf Coast, especially for the uninsured, reports the *Times-Picayune*. About \$100 million of the funds will go to clinics in the New Orleans area that provide primary care to poor and uninsured patients who would otherwise go to emergency rooms. Leavitt said that he decided to give most of the money to primary care after a recent visit to three "progressive clinics that are changing the way health care is delivered to the poor," reports the article. The clinics are trying to connect patients to doctors who can monitor chronic conditions and help patients avoid the emergency room. Leavitt warned that the grants were not renewable. "We see this as emergency funding. We do not want it to be viewed as something that will continue indefinitely," he said. "The best permanent solution is to allow people to have insurance where they can choose where they want to be served, as opposed to being restricted to a two-tiered system." Dr. Fred Cerise, Louisiana's Department of Health and Hospitals Secretary, said the funds were a "significant down payment" on the state's short-term needs, but agreed that a long-term solution for the uninsured must be found.

Health-Care 'Parties' Planned Across California

Capitol Weekly – 6.7.07

Some 400 house parties are planned across California in a grassroots effort to gather personal health care stories, encourage people to become politically active and have "get well cards" mailed to state lawmakers involved in health care legislation. A goal is to dramatically broaden the base of the people involved in the discussions beyond the doctors, insurers, employers and other major interest groups.

A coalition of more than 60 groups called "It's Our Health Care" is organizing the parties of eight to 10 people each at private homes. The hosts are people who have shown an interest in improving the state's health care system,

organizers said. The meetings are taking place as the Legislature considers major health care legislation, including a plan to set up a government-run health-care system. In the background, representatives of Gov. Arnold Schwarzenegger's administration are meeting with various health-care interests to craft a compromise over the governor's own health-care plan.

"The strategic goal is to engage the average citizens in California into coming together to share their stories of health care with each other - the problems they've experienced with our health-care system," said Richard Barrera of the Service Employees International Union, who is helping to organize the meetings in San Diego. "What we're trying to do is not advocate for or against any specific plan, but we're trying to get folks at the meetings to become educated as to what the different plans are trying to do. What we are advocating is quality coverage, affordable coverage."

Other groups in the coalition include Consumers Union, AARP, the American Civil Liberties Union, the [Health Access advocacy group](#), an array of labor groups, teachers and various faith-based organizations. The meetings are scheduled at homes in every major area of the state as the Legislature in Sacramento prepares to vote several health-care bills before the week is out.

"We think that there is a unique opportunity to get health care reforms done this year, but that's only if real Californians, that is, consumers, get engaged beyond the insurers, the employers, the doctors, the other usual stakeholders. So, this is our attempt to do that," said Anthony Wright, executive director of Health Access.

About [one in five people in California have no health-care insurance](#) at all, and a similar number who have coverage through their jobs fear losing it as employers cut costs. Proposals to expand health-care coverage include the so-called single-payer system, in which the government provides the care, and the governor's plan, which is financed through charges on employers, doctors and patients. Polls, including a recent survey by the California Wellness Foundation, show that the majority of Californians want the government to guarantee some form of affordable health coverage.

Stupak Introduces Bill to Expand Drug Discounts to Rural Health Providers

6.8.07 – *Congressman Stupak's web site*

WASHINGTON – Key lawmakers on the U.S. House Energy and Commerce Committee today jointly introduced legislation that would expand a popular prescription drug discount program for health care providers. Congressman Bart Stupak, D-Menominee, said the legislation, which he co-sponsored with Congressman Bobby Rush, D-IL, would expand Medicaid's 340B drug discount program to include rural health providers such as Sole Community Hospitals, Rural Referral Centers and Critical Access Hospitals.

"On average, health care providers that qualify for the 340B program pay 40 to 50 percent less for prescription drugs than average wholesale price," Stupak said. Currently, under Medicaid's 340B program, discounts are made available on outpatient drugs to certain qualifying "safety net" health care providers that serve the nation's most vulnerable patient populations. Under the legislation introduced, covered entities would be potentially eligible for the 340B program for both inpatient and outpatient care.

"This legislation would mean that rural health care providers like Marquette General Hospital, Alpena Regional Medical Center and Dickinson County Health Care System save money," Stupak said.

[It has been estimated that Marquette General Hospital could save as much as \\$1 million annually under the 340B program and Dickinson County Health Care System would realize a savings of \\$300,000 to \\$400,000 annually.](#)

"Allowing Rural Referral Centers and Sole Community Hospitals to be eligible for the 340B program will enable these health care providers to continue offering quality health care to rural patients," said John McVeety, CEO of Alpena Regional Medical Center. "Bart Stupak has been a stalwart advocate on many rural health care issues and we thank him for taking the lead on this fight as well."

["The savings realized by this legislation will help provide our Healthcare System the additional money needed to allow us to maintain and improve our continual efforts to provide our community the most comprehensive quality healthcare," said Dickinson County Healthcare System CEO John Schon.](#) "We thank Congressman Stupak for introducing this legislation and for all of his legislation on rural health care issues."

Stupak serves on the House Energy and Commerce Committee, which has jurisdiction over many health issues. Earlier this year, Stupak received the National Rural Health Association's "Rural Health Champion" award for his leadership on rural health care legislative issues.

Study: Race disparity in medical care persists

Reuters – 6.12.07

WASHINGTON -- Blacks were far less likely than whites to get specialized procedures after a heart attack and were more likely to die within a year, according to a study showing persistent racial disparities in U.S. medical care. The study, published Tuesday in the Journal of the American Medical Association, tracked 1.2 million Medicare patients at least 68 years old treated for a heart attack between January 2000 and June 2005 at 4,627 U.S. hospitals.

It found large differences in the way heart attacks are treated in black patients compared with white patients. Black people were about 30 percent less likely to get procedures to open blood vessels such as angioplasty or open-heart surgery after a heart attack regardless of whether the hospital they checked into provided full invasive cardiac services, the study found. Black people were 22 percent less likely to be transferred from a hospital that did not do such procedures to one that did, it found. And when they were, black people were 23 percent less likely to get these operations than white people, the researchers said.

In the first month after a heart attack, black people were 9 percent less likely to die than white people, the researchers said, perhaps because whites were more likely to undergo specialized procedures that sometimes can be fatal. But in the period from a month to a year after the heart attack, blacks were up to 26 percent more likely to die than whites, the study found.

"I wished we knew what's going on," lead researcher Dr. Ioana Popescu of the University of Iowa Carver College of Medicine and the VA Medical Center in Iowa City said in a telephone interview. The study was not designed to find the reasons for the disparities. Popescu said racial discrimination could not be ruled out, but other factors may be at play including patient preferences for certain types of procedures and possible overuse of certain aggressive procedures in white patients.

Previous studies also have found differences in the way black and white U.S. patients are treated. This one is a large, nationwide study revealing that racial disparities apparently persist.

"The most surprising finding was that even when they (black patients) were transferred from a hospital not providing specialized services to a hospital providing these services, they still were significantly less likely to receive these procedures," Popescu said. "It is amazing because you would think that somebody with a heart attack being transferred, the main reason for that transfer is for receiving a procedure."

Health Savings Plans Start to Falter

Wall Street Journal – 6.12.07

President Bush and many big employers have hailed "consumer-directed" health plans and savings accounts as an effective weapon in the battle against runaway medical costs. But several years after the plans got off to a fast start, the approach appears to be stumbling -- largely because of consumers' unease in using them.

Eight million to 10 million Americans are enrolled in consumer-directed plans, which involve a high-deductible insurance policy that can be combined with a savings account to help pay for out-of-pocket health costs. The plans, which have lower premiums but shift more of the responsibility for health-care spending onto consumers, got a big boost in late 2003 after Congress created portable health-savings accounts that participants can use to sock away pretax dollars and let them grow tax-free. Employers often put money in the accounts to subsidize the higher deductibles.

The plans are accomplishing some of what they intended: A raft of data show that people enrolled in the plans do tend to spend less on care than others. That is encouraging more employers to introduce such plans to their workers over the next two years. But low enrollment and low satisfaction among workers who are offered them raise the question of whether consumer-directed plans will stall before they ever hit the mainstream. Few employers are focusing on the costly measures -- such as offering better coverage or more consumer education -- that may be needed to accelerate these plans.

The numbers of U.S. workers enrolled in such plans through their jobs (excluding dependents and those in firms with fewer than three workers) grew only slightly, to 2.7 million in 2006 from 2.4 million in 2005, according to the Kaiser Family Foundation. **Most do it because either their companies give them no choice or the premiums are the cheapest. Enrollment is growing faster on the individual market and among sole proprietors, but that may be because the plans are often the only affordable option.**

Where employees do have a choice, only 19% choose the newfangled plans, the Kaiser study estimates. In the Federal Employees Health Benefits Program, which has offered the plans for several years, only about 50,000 of its eight million members were enrolled in them in 2006, according to industry estimates. At lightbulb-maker Osram Sylvania, just 5% of employees enrolled in the plans in 2006, their first year.

In addition, those who are in consumer-directed health plans often report lower satisfaction and confusion about how the plans are supposed to work. The general idea is for patients to conserve money in their savings accounts, which are meant to pay for care until they reach their high insurance deductible. In theory, patients who shop carefully could have money left over, which they can keep and let build into savings for bigger health-care costs down the line.

In a survey published last month by Towers Perrin, an employee-benefits firm, **employees enrolled in them said they felt less capable of finding a quality doctor or hospital, though they often were in the same network as colleagues in other plans.** Only 29% said they tried to save money in their accounts for future medical expenses.

Children's Advocates Voice Anxiety About SCHIP Renewal

Commonwealth Fund HealthBeat newsletter – 6.13.07

Congress is not proceeding on a renewal of children's health insurance as quickly as some advocates would like, causing worries that the program might expire. Democrats and child advocates have made renewing the State Children's Health Insurance Program (SCHIP) a top priority this year. Created in 1997, it covers about 6 million children and more than 600,000 adults, at a cost of about \$4 billion per year. **Without congressional action, it will expire Sept. 30, though Congress would likely pass a temporary extension if it cannot agree on a permanent renewal.**

Democratic congressional leaders have been discussing a \$50 billion expansion of SCHIP, and several leading Democrats have introduced bills that would make the program a permanent and growing fixture of the government (S 1224, S 895, S 1364 HR 1535, HR 2147). But **none of the bills has yet been considered by any committee, and Congress has a crowded calendar ahead,** including annual spending bills and continued debate over the Iraq War.

Senate Finance Chairman Max Baucus, D-Mont., who will control an SCHIP renewal in his chamber, said Tuesday that he planned for his committee to vote on a bill before Congress breaks for its July Fourth recess. But he was not more specific.

"There had been a hope that there would be a markup a little bit earlier in June," said Jocelyn Guyer, deputy director of the Center for Children and Families at Georgetown University, during a conference call with reporters. The nonpartisan center advocates for SCHIP's expansion. Support for an SCHIP expansion is widespread; Congress included \$50 billion extra for the program, over five years, in its budget resolution (S Con Res 21).

The bigger problem is how to pay for it. Under Democratic pay-as-you-go rules, new spending has to be offset with spending reductions or tax increases. Baucus said he has not decided how to offset an SCHIP expansion. "We'll find a good way," he said.

The most commonly discussed proposals are either an increase in the federal cigarette tax or a reduction of payments to insurers who offer private health plans to Medicare-eligible seniors, known as Medicare Advantage plans. Republican Finance Committee members Gordon H. Smith of Oregon and Orrin G. Hatch of Utah have both endorsed a cigarette tax to pay for SCHIP, while the independent Congressional Budget Office and Medicare Payment Advisory Commission have both said that Medicare Advantage plans are paid about 12 percent more per beneficiary, on average, than traditional Medicare costs.

Georgetown's Center for Children and Families, meanwhile, released two reports Wednesday intended to influence the SCHIP debate. The first warned that President Bush's proposal to limit enrollment in SCHIP to children from families earning no more than twice the federal poverty level could lead to as many as two-thirds of states scaling back coverage and "hundreds of thousands" of children losing their insurance.

Under current law, states have considerable flexibility to set eligibility for SCHIP, and can gain even more by seeking a waiver from the federal government. Some states allow families earning greater than triple the poverty level to enroll their children in the program. Bush's proposal, which he has not detailed, would appear to restrict that flexibility. However, Bush's proposal is almost certain never to become law, as Democratic proposals to renew SCHIP all preserve or increase states' power to set eligibility.

The second report concludes that Congress should focus in an SCHIP renewal on expanding efforts to enroll children already eligible for the program, or for Medicaid. About 9 million children in the country are estimated to be without health insurance, and two-thirds of them are thought to be eligible for SCHIP or Medicaid but unenrolled.

Splitting cholesterol pills safe, U-M says

Free Press – 6.13.07

Can the nearly 12 million Americans who take cholesterol-lowering drugs save money by splitting high-dose pills in half, and get the same results as if they were taking lower-dose pills? Yes, according to a study to be released later this month by University of Michigan researchers.

The study found that splitting the cholesterol-lowering pills in half is safe and effective and saved patients an average of \$5 to \$7 in monthly co-pays. Although the savings may seem insignificant, most patients want to save a few dollars where they can, said lead author Hae Mi Choe, a clinical assistant professor in the university's College of Pharmacy and a U-M Health System clinical pharmacist. The research will be published in the American Journal of Managed Care.

Susan Blackwell, a U-M employee who participated in the six-month study, pays \$8 a month for Simvastatin, the generic version of the cholesterol-lowering drug Zocor. She was not aware before the study that she could split her tablets; now she plans to start. Pill-splitting would reduce her co-pay to \$4 a month.

"Nowadays, any time you can save money, it helps," she said Tuesday. "You have a little more to put in the gas tank."

The primary objective of the U-M study was to test whether giving patients a financial incentive would affect their decision to split pills, Choe said. By the end of the study, most participants said they would continue splitting pills if they received a co-pay reduction of at least 50%. As a result of the 2005 research, in 2006 U-M started a pill-splitting program that saved the university \$195,000 and cut drug costs for 500 employees and retirees by more than \$25,000.

Patients have been splitting cholesterol-lowering pills for years to save money. High-dose pills often cost the same as lower-dose pills -- or just slightly more. Cutting the pills and taking half doses reduces patients' out-of-pocket prescription costs. For example, a patient might pay \$116 for 30 tablets of 20-mg Lipitor, versus \$58 for 15 of the 40-mg tablets that can be split to double the number of doses. Both supplies last 30 days.

Rebecca Hamm, a spokeswoman for Pfizer Inc., which manufactures Lipitor, said the company does not recommend splitting the tablet because it was not designed to be cut, and patients could end up ingesting a different dosage than what was approved.

"Lipitor tablets are not scored," she said. "Since splitting means it would be a different dosage than what is approved by the FDA, we just don't recommend that people do it because you could end up with a different dosage or a crumbled tablet."

But splitting cholesterol-lowering pills is a safe practice, according to doctors and pharmacists, because small day-to-day dose fluctuations that can occur when cut pills are taken do not make a major difference in cholesterol levels. Pills can be split as long as they are not coated or time-release tablets, said pharmacist Melinda Zaher, who co-owns Crown Pharmacy in Redford Township. Because cholesterol-lowering drugs are not long-acting or coated, they can be split and still have the same effects as taking a whole pill, Zaher said. "Every single strength of those drugs costs the same amount, so if we can help save the client money, we do so by splitting the pill."

MDCH Radically Expands Prescription Drug Web Site

Michigan News Wire – 6.14.07

Michigan Department of Community Health Director Janet Olszewski today (6.14.07) announced extensive upgrades to the state's existing prescription drug web site, including the addition of 120 new prescription drugs that Michigan consumers can now evaluate to view lowest prices in their area.

"Since we first introduced our web site last year, we have repeatedly said that as we work toward expanding our site, more prescription drugs would be added as information became available. Today, Michigan consumers have the ability to evaluate the lowest available prices for 150 of the most commonly prescribed drugs in their area - from Amoxicillin to Zyrtec." Olszewski said. "We believe the increased utility of the state's web site will give citizens the access they deserve and the ability to save thousands of dollars on their prescription drugs per year."

The expanded web site - found at www.michigandrugprices.com - provides information to consumers so they may search prescription drug prices by city or by zip code. Users can select the pharmacy closest to them, or look at pharmacy prices from as far as 100 miles away from their homes - within Michigan's borders. As a new feature, users also have immediate directional access to the pharmacy of choice, as pharmacy locations are immediately linked via Mapquest.

Other new features on the web site include an A to Z listing of all 150 available drugs, links to programs and companies that provide free prescription drugs, and addresses and telephone numbers that make contacting pharmacies easy for consumers. Eventually, MDCH also will add expanded prescription drug warnings for all 150 drugs as well.

Most notably, the expanded site also includes a new feature that allows users to file complaints with MDCH when they believe drug pricing information is incorrect or price gouging may be occurring.

The web site also contains links to five commonly used discount programs for prescription drugs: the Michigan Prescription Drug Discount Card (MI-Rx), the national Together Rx Access Card, the Michigan Medicare/Medicaid Assistance Program (MMAP), RxAssist, and the Michigan Partnership for Prescription Assistance program.

Michigan continues to be a leader in providing assistance with the cost of prescription drugs. Since the state's MI-Rx card debuted in September 2004, more than 43,000 uninsured Michigan citizens have taken advantage of the program.

Spending Money to Save Money on Health Care

Source: Cover the Uninsured, from New York Times - 6.11.07

Increasing the efficiency of health care could lower the nation's \$2.1 trillion annual health care bill by up to 30 percent, according to the *New York Times*, but only if substantial upfront investments are made. Efficiency proposals include reducing unnecessary tests and prescriptions, paperwork and medical mistakes. Thousands of companies are working to pitch cost-saving measures such as electronic patient records and new medical devices.

Additional challenges include the questions of who benefits and who pays. For example, a transfer to electronic health records provides more financial benefits to insurers than to the doctors who pay for upgrades.

Companies Promote Prevention to Keep Health Costs Low

Source: Cover the Uninsured, from New York Times, 6.11.07

Employers aim to keep health insurance costs low by maintaining a healthy group and some offer employees incentives to be active, according to the *New York Times*. Software company Intuit pays employees \$100 to fill out an online medical questionnaire to flag problems and suggest remedies, such as a program to stop smoking. BB&T Corporation, a bank holding company, offers premium discounts of 20 percent to employees who answer a questionnaire in addition to providing a blood sample and taking a fitness test on a stationary bike. Ninety percent of employees participate and the program saves the company an estimated \$1,100 per worker. Employees are protected from the disclosure of their medical information to management.

Efforts Continue To Encourage Doctors to Stay In Michigan

Michigan News Wire – 6.13.07

LANSING -More than a quarter of Michigan physicians in training say they plan to stay in Michigan, while another 42 percent remain undecided, according to the most recent results of the 2006 Michigan Department of Community Health's (MDCH) Survey of Physicians. The survey - conducted annually - also contains new information on resident physicians who are recent medical school graduates completing their medical specialty training.

Physicians in residency programs were asked about their plans following completion of their residency and responded as follows:

- Approximately 26 percent said they plan to stay in Michigan; 30 percent plan to move to another state; and 42 percent have not yet decided.

- 69 percent say they have not yet started their job search. 55 percent say they plan to enter a partnership or group practice; 20 percent plan to do further subspecialty training.

For those planning to move away from Michigan, a "desire to be closer to family" and "weather" are the factors reported most often as contributing to this decision, followed by "entertainment/recreational opportunities," "job opportunities for spouse/partner," and "economic outlook of the state", the survey indicates.

Michigan State Medical Society has predicted a 6,000 physician shortage by 2020, according to its 2005 survey.

The 69 percent of interns and residents who have not started their job search yet present an enormous opportunity," said Anne Rosewarne, President of the Michigan Health Council and Director of the Michigan Center for Health Professions. "We know that physicians are likely to set up practice in the geographic area where they do their residency. Survey results show that 56 percent of our active physicians did a residency in Michigan. We want to make sure we encourage our current medical residents to stay in Michigan, as well."

The MDCH survey data provide a snapshot of where physicians practice and also what they practice, asserts Dr. Susan Sevensma, D.O., president of the Michigan Osteopathic Association.

"Comparing survey data from 2005 and 2006, the percent of active physicians indicating that they practice in a primary care specialty decreased by six percent," Sevensma said. "The average of both years' data falls below the minimum percentage of primary care physicians that health care planners say is necessary to operate an efficient health care delivery system. These data can help us determine where Michigan is non-competitive and where changes need to be made."

Earlier this year, the Practice Michigan Advisory Council was formed to promote Michigan as a great place to live and practice for physicians and those considering medical school as a vocation.

The Council includes the four Michigan medical schools, regional graduate medical education consortiums, the Michigan State Medical Society, the Michigan Osteopathic Association, the Michigan Recruitment and Retention Network, the Michigan Health Council and the Michigan Economic Development Corporation. The first initiative will familiarize residents with Michigan from coast to coast and help them get involved with activities outside of their training. The group also holds regional resident receptions to highlight local communities and job opportunities.

Another career resource for residents is Medical Opportunities in Michigan (MOM), a website listing medical positions within Michigan. MOM (www.mimom.org) was developed by the Michigan Health Council for Michigan hospitals and practices to promote their opportunities. Currently MOM lists more than 500 physician opportunities.

The Michigan Department of Community Health Survey of Physicians 2006 also includes data on Michigan physicians' employment characteristics, practice specialty, time spent providing patient care, practice capacity, plans to continue practice, education background, professional activities, use of computer technology, gender, and racial/ethnic background. For the first time, the annual survey also collected information from physicians entering their second or third year of a residency in Michigan. Other key findings include:

- 66 percent (about 24,500) of physicians fully licensed in Michigan are providing patient care services in Michigan. Another three percent are working as a physician in Michigan but spend no time in patient care. The remaining 31 percent are retired or working outside of Michigan.

- Residents spend 66 hours per week providing patient care; but 25 percent of these physicians spend more than 80 hours per week providing direct patient care.

- 47 percent of fully licensed physicians who are providing patient care report that their practice is nearly full and they can accept only a few new patients; another 16 percent report that their practice is full.

- 34 percent of active physicians indicate that they plan to practice medicine for only one to 10 more years.

Additional details on the physician workforce are contained in the full report, Michigan Department of Community Health Survey of Physicians 2006, available online at www.michigan.gov/healthcareworkforcecenter under Licensee Surveys.

A longer, healthy life found in some states

USA Today – 6.13.07

Where you live may help determine how long you live, with residents of the lowest-ranking five states dying prematurely at a rate twice that of those in the top-ranked five.

The top five are Minnesota, Utah, Vermont, Wyoming and Alaska. The worst for premature death -- dying before age 75 from conditions that could have been delayed or prevented by medical care -- are South Carolina, Tennessee, Arkansas, Louisiana and Mississippi. **Michigan ranked 16th.**

That kind of variation among states cuts across more than just premature death, the Commonwealth Fund says in a report out today. **The report details 32 measures of cost, insurance coverage and medical quality, ranking states by how well they perform on each of the measures.**

"Where you live matters for getting care when you need it, getting the right care and the opportunity to live a long and healthy life," said Cathy Schoen, a senior vice president at the fund and one of the report's authors. The New York-based Commonwealth Fund is a private foundation that studies health issues. The report, using data mainly gleaned from government agencies, is one of the first to compile in one place a broad array of measures for each state.

Across all measures, the top five states are Hawaii, Iowa, New Hampshire, Vermont and Maine. The lowest are Kentucky, Louisiana, Nevada, Arkansas, Texas, with Mississippi and Oklahoma tying for last place. The highest-ranked states, says the report, often have policies designed to improve access to health insurance.

"The country needs to take a big step forward on health insurance," said Schoen. "Start insuring the entire population."

Hawaii, for example, gets top marks due, in large part, to a 1974 law requiring employers to offer health insurance to employees who work more than 20 hours a week. In Hawaii, 87% of adults and 94.7% of children are insured, according to the report. On the other end, Mississippi and Oklahoma generally have high numbers of uninsured people and restrictive limits on who is eligible for state-sponsored care through Medicaid, the report says.

Diane Rowland of the Kaiser Family Foundation said insurance has clearly been shown as better than not having insurance. But she said it's just one variable. "We also know that quality of people's health is dependent on the environment, whether they live in an area with clean or dirty air, for example," said Rowland.

The Commonwealth Fund on State Scorecard Study

This week the Commonwealth Fund's Commission on a High Performance Health System issued a [State Scorecard on Health System Performance](#), which reveals that, to a great extent, the state you live in affects the health care you receive. Given that every American should have access to high-quality, equitable, and cost-effective health care, the *State Scorecard* was developed to help states identify ways they can improve care for their residents.

In a new column, [Spreading State Success](#), Commonwealth Fund president Karen Davis, Ph.D., gives examples of some of the innovative state policies and programs already in place in high-performing states--examples that can serve as models for states that ranked lower in the *State Scorecard*. She reviews such programs as Maine's DirigoChoice, an insurance product with sliding-scale deductibles and affordable premiums; New York's Medicaid managed care pay-for-performance program; and Community Care of North Carolina, which coordinates care at the local level, thereby controlling costs and improving quality. Davis also emphasizes that every state, and the nation as a whole, should aim higher when it comes to providing affordable health care.

Health care for the poor a reality

Free Press – 6.19.07

About 3,400 low-income Oakland County residents without health insurance will soon have a new option. The Oakland County Board of Commissioners endorsed the **Oakland County Health Plan** on Thursday.

Under the plan, a nonprofit agency will receive federal money for the program to help county residents 18 to 64 years old and without children who have an income of less than 35% of the federal poverty level -- or about \$250 to \$300 a month.

The board had to endorse the plan to qualify for the federal money, but the county has no role in administering or paying for the program. Macomb, Wayne and all but six Michigan counties have similar programs.

Residents who qualify for the program will get a letter from the Michigan Department of Community Health that will allow them to get an insurance card, said Kerry Ebersole of Med Logistics, which is helping the nonprofit agency set up the program.

"Michigan has such great programs for uninsured children," she said Monday. "And now we can get the money for the uninsured adults in the county."

The program won't be running until October, Ebersole said. The county is hoping to expand on the program to others.

Survey: Most asthma patients have uncontrolled disease

Reuters – 6.18.07

NEW YORK -- In a recent U.S. survey of **asthma patients, more than half reported that their disease is uncontrolled and that they have never received an asthma action plan**, according to a report in the Journal of Allergy and Clinical Immunology.

The emphasis of a new draft of U.S. asthma guidelines is better physician and patient education, with a focus on asthma control at each asthma clinic visit, said Dr. Stephen P. Peters of Wake Forest University School of Medicine, Winston-Salem, North Carolina. In this effort, physicians need "to partner with patients."

Peters and associates in the Real-World Evaluation of Asthma Control and Treatment study assessed the prevalence of uncontrolled asthma in a nationally representative sample of patients with moderate to severe asthma receiving standard asthma medications.

More than half the 1,812 respondents (55 percent) had uncontrolled asthma, the authors report. Only 34.9 percent of patients with uncontrolled asthma and 26.4 percent of patients with controlled asthma had ever received a personalized asthma action plan from a physician, the results indicate.

About half the patients with uncontrolled asthma and 60 percent of patients with controlled asthma were taking an inhaled corticosteroid and long-acting beta-agonist, the researchers note. More than half the patients with uncontrolled asthma and nearly 30 percent of patients with controlled asthma reported taking their asthma medications more often than prescribed.

Younger age, Hispanic race, male sex, lower income, and lower education level were independently associated with an increased risk of uncontrolled disease, as were chronic sinusitis, high blood pressure, and gastroesophageal reflux disease, also referred to as "GERD."

"The REACT study shows that even with access to health care, patients prescribed therapy that is recommended for moderate-to-severe asthma still demonstrate high rates of uncontrolled asthma," the authors conclude. These survey results "highlight the critical need" to conduct a more thorough evaluation of asthma control, implement asthma treatment plans, and treat co-existing conditions to improve asthma care in patients with moderate-to-severe asthma.

"We are now exploring attitudes associated with poor asthma control and trying to develop a 'REACT asthma attitude score,'" Peters added.

Health costs to companies will slow in 2008, study shows

Free Press – 6.19.07

Employer health benefit costs will increase at a slower pace in 2008, as more companies shift costs to employees, prescription drug costs rise at a slower pace and other cost-saving trends yield savings, according to the second annual report on health plan cost trends from PricewaterhouseCoopers.

Next year, health costs will increase 9.9% for three of the main type of insurance benefit plans (HMOS, PPOs and POS programs), slowing down from previous double-digit increases and "running nearly parallel to the overall rate of inflation," according to the company. The findings of the report come from survey's of the nation's five largest private health insurance companies, representing more than 30 million members, as well as PricewaterhouseCoopers' analysis of government and other publicly available data.

In 2007, health benefits rose 11.9% for preferred provider organizations (PPOs), 11.8% for health maintenance organizations (HMOs) and 10.7% for point of service plans (POS), according to the report. All three types of health plans rein in costs but differ in access to health care providers.

Four factors drive the deceleration of health costs:

- Slower spending of prescription drug costs. They accounted for 14% of benefit premium costs in 2007;
- Increased cost-sharing with employees and a trend toward transparency in pricing in the health industry;
- Wellness programs and other lifestyle modifications now common in health plans;
- Greater use of electronic medical records.

These types of medical cost trend reports are used by employers and private insurers to set insurance premium contributions and to design benefit packages to employees offered this fall.

The report is available at www.pwc.com/costtrends.cq

Health care fix may be tough sell

Free Press - June 20, 2007

Rather than creating a trust fund to handle all of the future health care obligations for Detroit automakers' hourly UAW members, upcoming labor talks between the union and companies could result in a fund that picks up just a fraction of those costs, a leading industry analyst said Tuesday.

Morgan Stanley analyst Jonathan Steinmetz told investors that a **Voluntary Employee Beneficiary Association trust** could come out of the negotiations but that **it is unlikely to address all of the health care obligations Chrysler Group, Ford Motor Co. and General Motors Corp. have -- which he estimated at \$112 billion.** Instead, he said, the new contract could establish the so-called VEBA, set the table for expanding it in 2010 or 2011, and cap the rate of growth in company spending for health care.

"We don't think the status quo will prevail but we don't think the entire Goodyear-style solution will take place," he said referring to a health care deal agreed to by Goodyear Tire Co. and the tire maker's union that put about \$1 billion in health care obligations into a trust. It was a deal that insured the health care obligations into the future but at a reduced up-front cost to the company.

One benefit to the UAW of such a deal, Steinmetz said, is that a VEBA would reduce the risk of health care benefits being lost if an automaker goes bankrupt. In the future, the companies may be in worse financial shape -- and unable to set up such a trust.

On the downside, the UAW would likely have to make significant health care concessions that rank-and-file members may not be ready to accept, and benefits may not keep pace with inflation. Long-term health care obligations could be cut by \$5 billion at GM and \$3.6 billion at Ford if the inflation rate on active members' health care in retirement could be moved to 3% from 5%, the analyst said.

route for health care for the members. If they feel a VEBA will do that, they may be more open."

Obesity rates grow alarmingly

Free Press - June 20, 2007

In the last 20 years, obesity rates have increased among adults in the United States by more than 60%. Even more alarming is that rates have doubled among children and tripled among adolescents since 1980.

This rapid rise in weight gain has generated much discussion as to why nearly two-thirds of the nation's population is overweight or obese. The reason, say researchers at the Centers for Disease Control and Prevention, is simple: We eat too much.

Data from the National Health and Nutrition Examination Surveys show that from 1971 to 2000, men have increased their daily calorie intake by almost 200 calories while women have increased daily calories by more than 300. Adding an extra 200 or 300 calories a day to your diet could result in a weight gain of 21 pounds to 31 pounds in one year.

And the health risks for those who are overly plump are substantial. Excess weight increases the risk of heart disease, high blood pressure, diabetes and certain cancers.

Recent Graduates Face Possibility of Losing Coverage

Source: *Cover the Uninsured* from [Sacramento Bee](#), 6.17.07

Students often lose their eligibility for school coverage and their parents' plans when they reach a certain age or are no longer full-time students, according to the *Sacramento Bee*.

Although the age group tends to be healthy, twenty-somethings can be accident prone. "Those major accidents tend to be high cost, ER, ICU-type stuff. It's often urgent care," said Dana Mills, chairwoman of the American College Health Association student health insurance task force, an advocacy group based in Baltimore.

After graduation, "many students face the choice of buying often costly short-term policies or gambling on their health and simply winging it without a safety net." **Mills hopes that it won't be long before colleges and universities make it standard practice to offer graduates extended coverage options.**

A 2005 survey by the Commonwealth Fund finds that **30% of young adults ages 18-24 are living without coverage.**

Cox to Michigan Senate: Consumers Deserve Drug Website

Michigan News Wire – 6.20.07

Attorney General Mike Cox today called on the Michigan Senate Health Policy Committee to support legislation creating a broad-based, user friendly, drug cost web site.

"Consumers will drive a block to save a nickel on gas, or clip coupons to save quarters. My office's investigations have shown that Michigan citizens can save hundreds of dollars a month on prescriptions by being able to compare prices," Cox observed. **"This legislation will help Michigan seniors, consumers, the underinsured, the uninsured and the unemployed save money immediately on their drugs."**

On June 14, six days before the hearings, the Department of Community Health (DCH) changed its policy toward the prescription drug website after months of public pressure. According to DCH, **in the first 24 hours after the drug cost website was expanded, the system was "overwhelmed" by 200,000 hits.** Cox pointed out that the new web site, a welcomed addition, still fails to measure up to the proposed legislation.

"Senator Kahn's bill will expand the website to at least 150 drugs, clearly define the difference between the cost of generic and brand name drugs, and add a toll-free number for consumers to call if they need to file a complaint about drug costs or pharmacies withholding information," Cox continued.

DCH did not create a user friendly website until a similar bill sponsored by then-Rep. Roger Kahn passed the State House. At that time the website was modified to include only 30 prescription drugs.

MDCH Surveys Provide Comprehensive Data On MI's Oral Health Workforce

Michigan News Wire – 6.20.07

Results from surveys of licensed Michigan dentists and dental hygienists, conducted by the Michigan Department of Community Health (MDCH), show high rates of workforce attrition in the next ten years, lack of diversity in the oral health field, and **limited oral health care options for Medicaid patients and the uninsured.**

The 2006 Survey of Dentists and 2006 Survey of Dental Hygienists reports include information on employment status, age, plans to continue practicing, work setting, education, gender, and racial/ethnic background of licensed dentists and hygienists in Michigan.

Key findings from the surveys indicate the following:

- 43 percent of dentists and 38 percent of hygienists plan to practice for only one to ten more years. These rates are high compared to both registered nurses and physicians, of whom 33 percent and 34 percent, respectively, plan to practice for only one to ten more years.

- Seven percent of dentists plan to retire, seven percent plan to reduce patient care hours, and two percent plan to move their practice out of state in the next three years.

- 37 percent of dentists are aged 55 or older, and 80 percent of those who plan to retire or reduce patient care hours cite age as a factor in their decision.

"The survey findings certainly suggest that we will need to continue to expand the oral health workforce to meet the needs that are created by turnover in the field as well as by a lack of diversity," said Janet Olszewski, MDCH Director

The survey also found that the vast majority of Medicaid and uninsured dental patients are seen by a small minority of dental providers.

- 64 percent of dentists report that none of their patients in a typical month are children covered by Medicaid or MICHild, and 1 percent of survey respondents report seeing an average of 250 or more of these patients each month.

- 86 percent report that none of their patients in a typical month are adults covered by Medicaid, and one percent of respondents report seeing an average of 60 or more of these patients each month.

- 75 percent report seeing 20 or fewer uninsured children in a typical month, while one percent of respondents see an average of 300 or more of these patients each month.

- 75 percent also report seeing 30 or fewer uninsured adults each month, while one percent of respondents see an average of 500 or more of these patients each month.

According to Dr. Sheila Semler, oral health director at MDCH, "Dental access remains a serious issue in Michigan. With the slowing economy, reduction in Medicaid reimbursement for dental procedures, and a workforce that is focused on private practice, dental care for the economically disadvantaged and minority populations is almost non-existent."

In an effort to better understand and gauge the supply of the health care workforce, the Bureau of Health Professions within MDCH is conducting annual surveys of a variety of licensed health professionals in Michigan. Dentists and hygienists were surveyed for the first time in 2006 and will be surveyed again in the summer of 2007.

Public Sector Consultants Inc., a Lansing-based public policy research firm, conducted the surveys and prepared the reports for the Michigan Healthcare Workforce Center (MHWC). Responses to the detailed dentist and hygienist survey questionnaires were received from 697 dentists and 2,062 licensed hygienists, respectively.

The MHWC is an informational resource initiative designed to gather, review, and disseminate information on issues related to the health care workforce. The full reports, Survey of Dentists 2006 and Survey of Dental Hygienists 2006, are available online at www.michigan.gov/mhwc under Licensee Surveys.

Spring Hiring Pushes May Jobless Rates Down in MI's Regional Labor Markets

Michigan News Wire – 6.21.07

Seasonally unadjusted unemployment rates decreased over the month of May in 14 of Michigan's 17 major labor market areas, according to the Michigan Department of Labor and Economic Growth. In May, total employment and labor force levels advanced sharply in the majority of the state's regions.

"Robust hiring in tourism-related industries is a hallmark in Michigan as summer approaches," said Rick Waclawek, director of the Bureau of Labor Market Information & Strategic Initiatives. "These seasonal employment opportunities provide a vital boost to the state's labor market."

From April to May, jobless rate reductions in the 14 regions were moderate in the state's southern areas, and substantial in the northern areas. In Michigan's southern metropolitan regions, over-the-month unemployment rate declines ranged from 0.2 to 0.5 of a percentage point.

In May, the jobless rate in the Northeast Lower Michigan Region dropped by 2.1 percentage points, while the rates in both the Upper Peninsula and the Northwest Lower Michigan Region fell by 1.4 percentage points.

Web Resources:

The Commonwealth Fund's "ChartCart" – ready-to-use graphs, tables on health care statistics:
<http://www.commonwealthfund.org/chartcart/>

[A National Survey of Physician-Industry Relationships](#) – from The Commonwealth Fund