

Bethel Forum
Alaskans' Health Insurance Coverage: Local and Regional Perspectives
 YP Cultural Center
 1:00-4:30
 Wednesday July 25, 2007

NOTE: This forum summary was compiled by staff and captures the major points made during the forum. If participants wish to clarify or correct these notes, please call (907) 465-8509 or email Eric.Peter@alaska.gov.

Forum Agenda

- Welcome/Introductions
- Overview of State Planning Grant, Data Collected, and Other States' Initiatives
(presentation by project staff)
- Local/Regional Panel
- Roundtable Groups and Reporting Out

Participants

SPG Leadership Team: Jay Butler, Chief Medical Officer for the State of Alaska

Staff Presenters:

- Alice Rarig
- Eric Peter

Opening Remarks: Dan Leinberger, Mayor of Bethel

Panelists:

- LaTesia Guinn, Executive Director, Bethel Family Clinic
- Donna Elliott, Community Member
- Karen Sidel, YKHC Business Office
- Wally Baird, City Manager

Summary of Attendees:

Community Members	Mayors or Civic Representatives	Legislators or Staff	Individuals Representing State Organization	Individuals Representing Community Organization	Media	Total Attendees
7	2		9	18		36

Major Points of Panelists

Donna Elliott:

1. Background in advocating for health and education and outreach for Medicaid.
2. Conducted regional trainings for Medicaid eligibility throughout the Alaska native medical system.
3. Concerned about health insurance coverage, direction and future of health systems.
4. Interested in hearing perspectives from local residents who have felt limitations in programs.

5. People in the region experience limitations in getting medical care, medications and screenings; wants to hear specific stories from local residents.
6. Would like to hear about health policy, curious to know how native status effects access to and level of care.

Karen Sidell:

1. Switch from Aetna to Blue Cross has created issues for the state.
2. You must be savvy to understand what your benefits include, and when that is put on a population with English as a Second Language, it is a poor mix.
3. COBRA is too expensive.
4. Information about Medicare Part D was confusing to the English as a second language population.
5. When Medicare D came out, many people who were between the ages of 64 and 65 were automatically enrolled, and they didn't know they had Medicare: they hadn't even received a card in the mail.
6. The Public Assistance system is complex and cumbersome, and is not user friendly.
7. In the YK Delta there are tremendously more travel issues than other areas in the state. Anyone with coverage that isn't Medicaid has a hard time traveling and this results in access limitation.

Letesia Guinn:

1. Government sets rates for a sliding scale based on the cost of living in Anchorage and doesn't take into consideration how much it costs to live in Bethel, which is 30 – 40% higher than Anchorage.

Wally Baird:

1. Employer's perspective: Providing adequate health insurance benefits is attractive to potential employees, who are looking for insurance benefits. It attracts and maintains quality employees.
2. The city of Bethel has a self-funded program. They set the parameters and the parameters are reviewed annually. It includes dental, vision and major medical. The benefit to using this system is that the employees see first-hand the causes of abuse of the system; also see the results of lack of preventive care.
3. First responders have an issue with the uninsured (costs at least \$250 every time the ambulance rolls out the door). Many times those that call the ambulance to go to the hospital are low income.

Summary of Report-Out of Roundtable Discussions

Table 1

Concerns

1. Access to care for self employed. State programs offer differing levels of care. Not everyone receiving public assistance programs receives equitable care.
2. COBRA is too expensive.
3. Three quarters of people in villages are unemployed. If they aren't eligible for Medicaid, they aren't able to travel into the village, or have huge expenses associated with the travel.
4. Need more education in community for those entering the work force about the importance of insurance.
5. English as second language populations: need more people to do translation and interpretation services in relation to health care and health insurance.
6. Everyone has a problem understanding the explanation of benefits that they receive.
7. Population group of males 21-64 with no dependants aren't eligible for Medicaid.

8. Denali KidCare still needs more funding, and doesn't take into consideration higher cost of living in rural areas. Perhaps a sliding scale for DKC for those who fall off due to being slightly over income level.
9. Many people make too much to qualify for Medicaid, but not enough to pay for their own medical bills. These are termed the "working poor."

Core Principles/Values

10. Everybody should have health insurance. Some states have a sliding scale which we should look at.
11. Good quality of health care services.
12. Need everyone in the state to step up to the plate and lobby.
13. Alaska is a diverse state; make sure the people in rural areas aren't left out.

Solutions

14. A portion of the PFD should be donated to help cover health insurance.
15. Taxes should be raised to help cover the costs of insurance.
16. There should be a system supported by the state that tribal members can buy into.

Table 2

Concerns

1. Zero to low benefits for many jobs in the villages. Lack of jobs in the villages.
2. Knowledge, community.
3. Future of generations.

Table 3

Concerns

1. Need community based mental health services for returning national guardsmen.
2. Need assistance with medical travel.
3. Conflict between VA/IHS/Medicare. Which is primary? Nature of coverage? Need for pre-authorization.
4. Need for advocacy agency for all people.
5. Lack of access to dental care.
6. Lack of Medicare/Medicaid providers.
7. Behavioral health treatment needs to be improved.

Core Principles/Values

8. Sufficient health care.
9. Regional focus/cultural sensitivity.
10. Person centered coverage.
11. The maximum number of people should be covered to increase the common good.
12. Need for personal and family accountability.

Solutions

13. A portion of PFD should be set aside for medical travel.
14. All employers should kick in some benefits regardless of amount of time worked.
15. The state should offer some travel vouchers for medical care.
16. There should be a community mileage account established for people to donate mileage for those who really have a need to travel for medical purposes.

Table 4

Concerns

1. Long term care, home health programs.
2. Travel issues (lack of funding for non-beneficiaries).
3. Federal Poverty Levels don't take into consideration cost of living in rural areas.
4. Uninsured children.
5. High cost of insurance for businesses.
6. General education for the public about the importance of insurance.

Core Principles/Value

7. Shared risk; continuing to look at community awareness and education.
8. Equal access.
9. Health care is a human right.

Suggestions

10. Universal coverage.
11. Mandatory health insurance.
12. Premium payment assistance (as a way to achieve the first two items).