

Nome Forum
Alaskans' Health Insurance Coverage: Local and Regional Perspectives
 Mini Convention Center
 1:00-4:30
 Thursday July 19, 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: Tony Lombardo, DHSS Deputy Commissioner

Staff Presenters:

Alice Rarig

Opening Remarks: Mary Bourdon, Nome City Council

Panelists:

Lucy Dalsky, Community Member

Summary of Attendees:

Community Members	Mayors or Civic Representatives	Legislators or Staff	Individuals Representing State Organization	Individuals Representing Community Organization	Media	Total Attendees
1				4	1	6

Major Points of Panelists

Lucy Dalsky:

1. For many years I didn't worry about health insurance because I was married and covered under my husband's insurance. Then I was employed and had insurance and raised my daughter and didn't have to worry about insurance. Now I am 73 and retired and I don't have health insurance. I am scared because if I land in the hospital, what am I going to do? It is very difficult and very scary.
2. I have to pay out of pocket for my medication which is over \$1,000 a month.
3. Medication for diabetes and heart trouble is very expensive.
4. What I receive from Social Security I use to pay for medication.
5. I use my savings for my retirement to pay for my life insurance and my medication.
6. Medicare only pays for 80% if I end up in the hospital, so I will have to come up with the additional 20%. I feel trapped.

7. I feel that you get older, and you pay your dues working hard all of your life, and then when you are old, there is nothing there for you.
8. I was offered COBRA after I retired. For 18 months/over \$600 month. I don't have that kind of money plus to be able to pay for medication.
9. Medicare prescription assistance: I took signature (deduction one of medications is \$265/month which matches the deductible).

Summary of Report-Out of Roundtable Discussions

Availability Costs and appropriateness

Concerns

1. Travel from the villages, and travel to providers expensive and difficult.
2. Ability of ER to handle number of patients.
3. Primary care physicians only accept so many Medicare patients, many people are finding it hard to find primary care docs.
4. Social services deal with people who aren't in the IHS system, and are living in the villages, with no health insurance. Social services at the hospital often has to make decisions about ethical issues.
5. Question of who will pay for travel when someone comes to the hospital in Nome, and the doctor states that they need to go to Anchorage for further tests.
6. Often we see patients who aren't able to pay at all because they are uninsured. This includes both the people in the villages and individuals in Nome.
7. Seasonal populations in Nome: fishery workers, mining workers, construction workers (some have insurance, some don't), miners on the beach, in-home providers (day care providers), arts and crafts that work out of their home, small businesses.
8. In the lower 48 there is access to care through clinics, not in Nome.
9. It used to be that in the lower 48 you could go to Public Health for care such as Pap tests and birth control.
9. Now there is talk to charge for routine immunizations.
10. It is the same fee to see a mid-level as it is to see a physician. The cost is per visit and not based on who you see.
11. Most food service industry doesn't offer health insurance.
12. People in other industries will seek out employers that carry insurance. Often people are more concerned with what kind of insurance is available and how much it will cost them, before asking how much is pays.
13. When the cost of insurance goes up, unions will negotiate for insurance benefits rather than raises.
14. IHS facilities aren't found all over the U.S. IHS is not portable.
15. Enroll as many people into public assistance programs as possible. The carrot is to offer travel assistance. IHS will cover the ticket, but not lodging and meals.
16. IHS beneficiaries sometimes say that they are trying to "break their culture" by encouraging enrollment in public assistance programs.
17. Many of the requirements to seek contract health care when out of IHS service areas are too complicated, so people don't follow through with them.
18. The citizenship and identity requirements for public assistance have become more complicated and it has affected the region. There are folks out in the villages who don't have updated ID cards. Lots of

elders don't have birth certificates listed with Vital Statistics. Tribal enrollment, an accepted form of documentation, does help, but providers need more clarification on specifics.

19. The hospital in Nome sees a group of people between the ages of 21-65 who do not have dependants and so are not eligible for Medicaid.
20. The state sponsors an insurance program for political subdivisions, which is how some of the smaller city governments can have insurance, with only a few employees. Why can't this program be offered for small employers? The risk is already been spread out because there are more people in the plan.
21. Currently the clinic at the hospital has expanded hours to allow for people to come in later if they need to, so that the ER isn't their only option. However, it is difficult to get a same day appointment.
22. Assisted living: There is no option in Nome or surrounding areas. There is one 15 bed long term care center, and senior housing which has one personal care attendant.
23. Look at regulating PPO rates, medication rates and costs for providing care

Major Themes:

- Travel.
- Costs associated with travel.
- Mental health: amount of coverage inadequate due to sporadic availability of providers, and limited insurance coverage. Contract health services won't cover mental health.
- Gaps in coverage: inpatient treatment for mental health for adolescents not covered. This is a crucial issue in the region because of the high rate of suicide among adolescents and high substance abuse rates.
- COBRA shouldn't have a time limit.
- Well child care isn't covered under a number of insurance plans, except for HIS.

Core Principles/Values

- Health insurance should be affordable.
- Health insurance should be equitable, available to everyone (universal).
- You shouldn't have to be impoverished to have to participate in a health plan (such as Medicaid).
- Cost of medications shouldn't be so high for seniors.

Solutions

- Perhaps providing a dual system that provides economic incentives for businesses to offer insurance or a state plan that the businesses can buy into.
- Preventive care and wellness exams should be offered.
- Educate individuals about how plans work and how costs are associated with them.
- Expanded the Public Health Nursing system. Provide preventative care by mid-levels in state subsidized clinics at a lower rate.
- Catastrophic events should be covered under the Community Health Center funding.
- Expanding sliding scale to ER.
- Revisit eligibility rates in the state.