

Valdez Forum
Alaskans' Health Insurance Coverage: Local and Regional Perspectives
 Valdez Convention and Civic Center
 1:00-4:30
 Thursday July 26, 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: Linda Hall, Division of Insurance Director

Staff Presenters:

Pat Carr

Neal Gilbertsen

Opening Remarks: Bert Cottle, Mayor of Valdez

Panelists:

Andre Hines, Executive Director, CrossRoad Medical Center, Glennallen, AK

Pam Shirrell, Public Health Nurse, Valdez, AK

Octavia Thompson, Advocates for Victims of Violence, Valdez, AK

Summary of Attendees:

Community Members	Mayors or Civic Representatives	Legislators or Staff	Individuals Representing State Organization	Individuals Representing Community Organization	Media	Total Attendees
4	3		2	17		26

Major Points of Panelists:

Mayor Cottle:

1. Cost of insurance a problem.
2. Complications of trying to get insured: needs to be streamlined; people in community who want to be insured but don't know how.
3. City of Valdez owns the hospital.
4. Need to be part of a larger pool so we can get everyone insured as opposed to trying to insure small organizations.
5. Someone has to pay the medical bills.

Andre Hines:

1. Hard to get insurance coverage: especially for people who fall through the cracks.
2. Community Health Centers (CHCs) increase access to care for the un- and under-insured.
3. 80,000 people are served by CHCs, 24 centers and 115 sites in this state.
4. Over 50% of Alaska's CHC patients are at or below the FPL; over 40% are uninsured. That number increases drastically yearly and will continue to increase.
5. Federal and state governments should play a role in supporting health care.
6. Alaska is one of 14 states that doesn't provide any support for CHCs.
7. CHCs accept most insurance and provide a sliding fee scale.
8. CHCs are challenged, some are closing their doors.
9. People need to advocate for CHCs.
10. Right now the CHCs are supported by the federal government, but need the support and funding from the state.
11. It is not cost effective for the hospitals to provide care that the CHCs can provide.
12. Difficult to recruit and retain providers for the area.

Pam Shirrell:

1. Valdez: majority of resources for public health go to children 18 years and under, the rest of services are offered on a sliding scale: family planning.
2. Public Health Nursing sees individuals aged 18-35, temporary and seasonal workers, and students who can't afford health insurance.
3. Haven't been able to find resources to help the above group, but much easier to find resources for children or pregnant women.
4. Concerns for increased cost of insurance both for employers and employees.
5. People coming into Public Health clinic (majority) aren't able to pay health insurance.
6. Valdez Native Tribe is given a certain number of dollars to cover the population for the full year. Those resources are exhausted by May. There aren't resources in the community (providers or funding) to see all of these folks.
7. Many people use the ER for primary care, which costs the community more money.
8. Valdez has only a few providers (access).
9. Access issues (weather). Of 300 flights, 100 were cancelled due to weather or mechanical problems.
10. It is a minimum of three hours to get people into an acute care center.
11. Cost of ticket to/from Anchorage, plus additional costs for transportation/lodging/meals once in Anchorage.
12. Providers can't accept Medicare (financial burden).
13. Difficult to recruit and retain providers for the community (also nurses and other providers).
14. Valdez created a nursing program in the community to help address the problem.

Octavia Thompson

1. Coverage area for organization, Advocates for Victims of Violence, goes beyond Glennallen to Tatitlek.

2. Majority of those who come to the shelter are female and uninsured.
3. Many can get care, but don't access it because the perpetrator will be able to find out where they are (privacy).
4. Uninsured are unable to get medications.

Comments from community:

1. Cost of insurance is very expensive, unaffordable.
2. Insurance available for individuals: doesn't offer mental health.
3. Fishing industry has high stress and danger, but these folks can't afford health insurance.

| Summary of Report-Out of Roundtable Discussions

Table 1

Concerns

1. Some folks who have children under 3 chose to remain unemployed as opposed to being over income for public assistance.
2. Separation of body parts: coverage for dental, vision, pharmacy, mental health is all covered separately and it is hard to get coverage for all needs; need to look at the person as a whole as opposed to separately.
3. Children 0-18 are our future. If they have problems now, it will continue to compound.
4. Denali KidCare benefits for the mother last two months after the baby is born, but the parent will still need health care; we need access for all.
5. Parents who choose to stay home with their children have a lack of health care.
6. Interpreting what is covered is confusing for the insured: system not user friendly.
7. For small employers that do have plans, many times there are a lot of exclusions.
8. Having preferred providers, limits access and continuity of care.
9. Pharmaceutical issues: costs, some items aren't covered.
10. Preventative care is not covered. Testing and other treatment can't be done until a diagnosis is made.
11. Medicare: some things aren't covered (dental and vision).
12. Young adult population (18 to 30 years old) have limited funds and limited access.

Core Principles/Values

13. Coverage for everyone.
14. Equal access for everyone.
15. Insurance should be comprehensive and not compartmental, including wellness and preventative. Think of our state like a tribe, and that we are all one: every person should contribute whether they are employed or not.
16. Healthcare is a right.

Solutions

17. State of Alaska should have a program through a tax or from a portion of the PFD.
18. Set standard for "usual and customary."

19. Tort reform to control mal-practice insurance and claims.

Table 2

Concerns

1. Lack of empowerment for uninsured.
2. Lack of knowledge for uninsured.
3. Concerned about working poor, under- and uninsured, self employed.
4. Need to expand the Denali KidCare program.
5. Number of insurance companies in Alaska is limited: causes problems because of cost.
6. Isolation of communities, large distances, seasonality of economy.

Core Principles/Values

7. Access to affordable health care for all.
8. Empowerment for all.
9. Access to health information for all.
10. Prevention and wellness for all.

Solutions

11. Combination of state, federal and local coverage for a co-pay with co-pay being based on income, with the ability to raise more funds from, as an example, employers. Include dental, mental health and other programs.
12. Training and education on health care and insurance.
13. Advocacy by the state regarding prevention, wellness and healthy lifestyles.
14. Encourage more providers to do business in Alaska.
15. Look at new models of health care, not just the existing ones.
16. Do away with health insurance altogether: self pay for all care. Most of the extra overhead comes from a third party payer system

Table 3

Concerns

1. "In-betweens:" those that are not covered under public health, but don't make enough to pay for insurance or care.
2. Medicaid reimbursements are so low that it is creating access barriers because providers cannot accept that as a form of payment, or restrict the number of Medicaid patients they see.
3. Medicare doesn't provide preventive care.
4. Concern about who is going to pay for the program.

Core Principles/Values

5. Basic universal care so that everyone has some sort of care: preventive, catastrophic, and maintenance for chronic illness.

Solutions

6. Bring the cost of care down to an affordable amount.

7. Tort reform.
8. Raise the eligibility level for public assistance to 300% of FPL, with a sliding scale.
9. Use the Community Health Center model as an example and set a sliding scale based on income. State to supplement clinics for producing the sliding scale.
10. Add a tax to everyone to provide medical care for all.
11. Use the PFD to supplement the program.