

Insuring the Uninsured Committee
of the
Wyoming Health Care Commission
Meeting Minutes

Monday, May 8, 2006
Casper, WY

Participating committee members:

Rex Arney, Darryl D. Binschadler MD, Lynn Birleffi, John McBride, Linda O'Grady, Barb Rea, Rick Schum, Ken Vines, Beth Wasson, and Susie Scott-mullen (committee assistant).

Program presenters: Christian Jones, AHIP and Dr. Julia Robinson, J. Robinson Enterprises, Inc.

Interested constituents:

Barb Watters, Tom Gallagher, Dr. Torkelson, Rep. Pete Jorgensen, Bev Morrow, Mary Behrens, Lora Huston, Lynne Whalen.

Chairman Rex Arney opened the ITU Committee noting that the meeting would begin with a brief outline and discussion concerning the agenda and operational meeting ground rules, and then we would break for lunch. Following lunch would be the three presentations, followed by a question and answer period, ending with development of the steps for our next meeting.

There was brief reference to the founding legislation, and a suggestion the work charged to the Commission (and committee) be evident at each meeting. Committee member McBride suggested the founding legislation should encompass the concept of cost of insurance as well.

Chairman Arney shared he would like our committee meetings to be flexible and informal in nature, while recognizing certain courtesies. Chairman Arney asked that any ideas regarding meeting content, format, etc. be presented to him as committee chair as a means of keeping things organized. In regard to voting, Chairman Arney suggested that consensus and honest discussion would serve this committee well in completing our work rather than recorded votes. Rex also suggested a good tool for guidance would be the State Planning Grant Final Report Addendum, 2005.

The following comments were offered by committee persons regarding the future actions of the committee:

- The Massachusetts version of health care for all will be played out in the future, and is not set in stone at this time.

- The committee should approach our work in the frame of defining options rather than defining a solution.
- When identifying influential issues, the committee should rely on the factual knowing that sometime the best outcomes might not be gleefully received as such outcomes might be counter status quo.
- We need to determine a target market for the focus of our work.
- Transparency in this process will be important as lack of competition could create difficulties when soliciting price comparison information.
- Market information regarding hospitals should be considered and such information could help dispel the myth the best is elsewhere.
- We should keep informed of what is happening in other states as such information is a good comparison tool for Wyoming.
- Questions such as residency are becoming issues when it comes to healthcare, i.e. trained workers from area states that become employed in Wyoming in various trades, i.e. construction, mining, etc.

Lunch break

Dr. Julia Robinson, President, J. Robinson Enterprises, Inc., presented "Strategies for Covering the Uninsured." (note: copies of Dr. Robinson's power point presentation were sent to ITU committee members, and a copy is available at the WHCC office).

Additional comments from Dr. Robinson, peripheral to her slide presentation included:

- Healthcare questions need to be addressed differently in rural states
- Fastest growing segment of the insured population is in the \$75,000 annual income category.
- What defines uninsured? 14.1% of WY's population uninsured
- The public is rapidly becoming more interested in the issue of health insurance.
- Single payer approach generally does not get traction with legislatures, but should remain in the mix as an option
- Three aspects of healthcare to consider are access, quality and cost.
- Difficulty for TennCare project were the underestimated upfront costs because of the significant number of folks who had not been receiving medical attention began to receive medical attention when the TennCare program was initiated.
- Pilots of programs are generally recommended as it allows you to test behavior patterns.
- A targeted group within a population (i.e. 55-65 or 19-26 age categories) is an effective mechanism within a pilot program.
- Incremental planning allows us to figure out what works and what doesn't work.

- Employers as well as employees need to become angry about the healthcare situation.
- Idaho project learned that determining what folks are willing to pay for insurance is an important piece of information to the success of any healthcare/insurance initiative.
- Public perception is that an employer should pay for a portion of health insurance.
- Three approaches that are working elsewhere: 3-share plan in Michigan, expansion of the S-CHIP program and private marketing offering thru chamber of commerce.
- Hospitals would be a good pilot for the 3-share plan.

Dr. Robinson's suggestions for future actions included:

- Identify areas where stakeholders can agree
- Remember, your preferred model may not be the top vote getter.
- Determine what political parameters are feasible

In addition, Dr. Robinson suggested perhaps scheduling statewide conferences, inviting stakeholders and nationally recognized presenters could be an option as there is money available for the project. Adding, however, that movement has to be evident and at some point we have to quit planning and do!

Suggestions following Dr. Robinson's presentation from committee members and interested constituents included:

- Our long term plan should be to continue to talk about concepts and to not prematurely dismiss an idea.
- Make certain to bring our legislators up to speed regarding research and recommendations of the Commission.
- Establishing a common level of poverty for human services programming would be less complicated than the current guidelines.

Rick Schum, Blue Cross Blue Shield, gave a brief presentation regarding insuring people in Wyoming. (note: A copy of Rick's slide presentation is available at the WHCC office).

Rick's presentation featured the three programs in existence in Wyoming today for accessing insurance: Wyoming Health Insurance Pool (WHIP), Small Employer Health Insurance Availability Act (SGR) and Health Insurance Portability and Accountability Act (HIPPA).

Rick noted there are 700 folks in the Wyoming Health Insurance Pool and that basically the premiums of the insured are financing the program and that all types of insurers (life, health, etc) are assessed in connection with the WHIP program.

The SGR is the reinsurance mechanism in Wyoming, but is not as effective as it could be due to the fact it is expensive.

Points of discussion following Rick's informational presentation included:

- With legislative action could existing programs (WHIP, SGR and HIPPA) be tweaked and made more effective?
- Could WHIP be used to insure the uninsured? We should consider a funding mechanism and an eligibility mechanism in order to do so.

Discussion around the question of how do we reduce the number of underinsured included:

- We need to look at revenues and raise awareness of the revenue issue.
- How do we make the small business group more appealing to the healthy persons?
- Can we determine how many Medicaid eligible folks are among the current uninsured?
- Should the Medicaid eligible, non-enrolled be our target market for reducing the number of uninsured?
- Should we consider mandating health insurance for students enrolled at the University of Wyoming receiving financial aid, i.e. Hathaway Scholarships?

Linda O'Grady, Medicaid and Equality Care programs, gave a brief synopsis of the activities and the history of the Wyoming Health Care Commission.

Linda was a part of the task force put together originally in 1995 in conjunction with the University of Wyoming, known as the Health Reform Commission. A federally funded State Planning Grant provided the funding for research. In-depth field work, focus groups, survey work etc produced data and information from which the Task Force would make recommendations. Time did not allow for thought-filled recommendations to be made by the Task Force prior to the assignment being handed over to the Health Care Commission. The federally funded State Planning Grant Program has been discontinued. However valuable information gathered by the Task Force, including information regarding the uninsured, is available on their website.

Linda shared the number of uninsured in Wyoming is 80,000, and that 40,000 of the 80,000 are below 200% FPL and that 64,000 of the 80,000 are between 16 and 64 years of age.

The State Planning Grant Final Report Addendum, September 2005 continues to be a tool used by that can be used by this Commission to assist in developing recommendations and considering concepts.

Meeting wrap-up and next steps:

General recommendations for future meetings and activities included:

- Regardless of what recommendation(s) the Commission makes in the future, the information needs to be simplified and direct but broad enough to include important components.
- Thoughtful language should be utilized in making recommendations and presentations to avoid premature dismissal.
- Copies of the State Planning Grant Final Report Addendum would be a good tool to have available every meeting.
- Visual reminders of the overarching goal of the WHCC and the tasks assigned to the ITU committee should be at each meeting.

Tasks to assist in designing Next Steps

- Determining the numbers of uninsured, and
 - Developing a strategy to reach them, and
 - Determining a funding source for such action
- Develop a one page presentation with the statistical aspects of the current uninsured situation in Wyoming.
- Merge the State Planning Grant data and the Blue Cross Blue Shield data to product useful data.
- Develop a plan for better educating legislators about our work
- Identify stakeholders, and bridge the healthcare issue to other pertinent issues in Wyoming, i.e. economic development, workforce development, etc.
- Develop a timeline for ITU committee work
- Gather information that will assist in further defining what is meant by, a) being insured b) minimum coverage, and c) transparency regarding premium costs and cost of healthcare.

Activities to be included in June meeting:

- Rick's team present information regarding education of the public about healthcare costs.
- Ken Vines to report out on insurance costs in Wyoming compared with other states.

Next meeting is slated for June 12 in Casper, WY.

ITU committee meeting adjourned at 4:15 p.m.

Summary submitted by Susie Scott-Mullen

