



WVAHC *Reform News*

West Virginians for Affordable Health Care

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One Step Forward, Two Steps Back

During the last legislative session, WVAHC drafted and then successfully lobbied the legislature to adopt Senate Concurrent Resolution 82. SCR 82 established a select interim committee to study comprehensive health care reform. After the session, WVAHC urged the House and Senate leadership to put \$100,000 into hiring a national consultant to help work through the difficult issues confronting any effort to make fundamental changes in the health care system. The House and Senate leadership agreed.

WVAHC then recommended that the legislature hire Ken Thorpe as the consultant. Ken Thorpe is a health care economist from Emory University and was instrumental in securing the passage of the Vermont reform package in 2006. While Massachusetts generally is recognized by the press as the leading edge of state health care reform efforts, Vermont is actually a far more important model. Massachusetts, for example, adopted no cost containment measures (a fatal flaw), while the heart of the Vermont reform measure is to contain costs by establishing a statewide chronic care initiative available to all citizens regardless of what insurance company they have.

In November 2007, more than nine months after the legislature passed SCR 82, Ken Thorpe made his first and very preliminary, report to the interim committee established by SCR 82. In the contract that the legislature signed with Ken Thorpe, they made it clear that they were not prepared to consider comprehensive health care reform in the 2008 session and would wait until the 2009 session, at the earliest.

This delay is perplexing. West Virginia faces difficult

health care issues. A recent report from the Milken Institute found that a higher percentage of West Virginians had seven chronic diseases (diabetes, high blood pressure, heart disease, etc.) than any state in the country. We should not wait another year before improving the tools necessary to control chronic illnesses in West Virginia.

Additionally, there were 245,000 West Virginians who were uninsured for the entire year in 2006, according to the US Census Bureau. There are serious consequences for being uninsured. According to the Institute of Medicine, 18,000 Americans die prematurely because they lack insurance. That translates into 94 West Virginians dying prematurely each year due to a lack of insurance.

While WVAHC will continue to pursue health care reform that contains cost, ensures quality health care for all West Virginians, and reforms the insurance industry, it is evident that without leadership from the Governor or the legislative leadership, comprehensive health care reform is unlikely during the 2008 session.

So What Is WVAHC Response?

First: Cover All Kids

WVAHC will promote covering all West Virginia children with health insurance. West Virginia already does a fairly good job of covering children: 95 percent of West Virginia children have either public or private health insurance. WVAHC will propose that the Children's Health Insurance Program (CHIP) be expanded to cover children in families making 250

(continued on page 2)

One Step Forward, Two Steps Back (continued)

percent of the federal poverty level (FPL). Currently, the limit is 220 percent. If Congress reauthorizes the CHIP program, and allows states to go to 300 percent of FPL (about \$51,500 for a single mother and two children), WVAHC will advocate for covering kids in these additional families. Families with incomes above these limits could purchase CHIP coverage (about \$150 per month per child.)

Research has shown that children enrolled in the SCHIP and Medicaid have improved access to care resulting in a reduction of unmet health needs, improved use of preventive services (including oral health preventive services), and an increase in the use of a medical home. Additionally, there is data showing that enrollment in SCHIP and Medicaid reduces racial disparities in access to health care and improves school performance.

Second: Chronic Care Management Pilot Project

WVAHC will recommend that the public insurance programs (PEIA and Medicaid) and the private insurance companies (Blue Cross Blue Shield, Carelink, etc.) meet with doctors, hospitals, and consumers to develop chronic care pilot projects. The idea is to fund nurses and nurse practitioners

that can provide one on one, in-depth patient education so that individuals can manage their chronic illnesses effectively.

Establishing these pilot projects won't be easy or cheap. However, the cost of doing nothing is higher and unacceptable. The Milken Institute found in their report that West Virginia spends more than \$2 billion a year in treating seven chronic illnesses, and it cost businesses even more. Businesses lose over \$8 billion annually in lost productivity to these chronic illnesses.

Third: Take Soft Drinks Out of Schools

In 1963 the average 10-year-old girl weighed 77 pounds; today she weighs about 88 pounds. The average weight of a 10-year-old boy went from 74 pounds to 85 pounds during the same time.

The epidemic of childhood obesity led the Institute of Medicine to call for an end to junk food and soft drinks in our schools. The Department of Education proposed draft regulations that would do just that. They proposed limits on calories, fat, sugar and sodium on foods sold in schools, including a ban on trans fat. Additionally, they proposed a ban on the sale of soft drinks during the school day. The draft policy was ready to be sent out for public comment when lawyers for the Department concluded that the ban on soft drinks in high schools exceeded state law, which allows high schools to sell soft drinks during school time.

Public comments can be made until December 17th on the draft policy. You can comment on line at <http://wvde.state.wv.us/policies/> and clicking on Policy 4321.1. Please encourage the State Board of Education to adopt this policy banning junk food in schools and make one of their legislative priorities to ban the sale of soft drinks in schools during school time.

West Virginians for Affordable Health Care

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WVAHC Web Site Revised

Thanks to the talents and hard work of Joe Miller, our webmaster, the WVAHC web site has been redesigned. We would encourage you to visit the web site at www.wvahc.org. The web site is much cleaner and easier to use.

One page that we are particularly proud of is the Rx Drug Help Page. If we going to effectively control health care cost, WVAHC believes that it is essential to move away from financially induced prescribing and move towards evidence-based prescribing.

The Oregon Drug Effectiveness Review Project

WVAHC Bylaw Change

During the annual membership meeting, WVAHC's Bylaws were amended to make WVAHC a charitable organization. In completing the IRS application form to be a charitable organization, we became aware that we would have to further amend our Bylaws to specify that we will "exclusively" engage in charitable, educational and scientific activities.

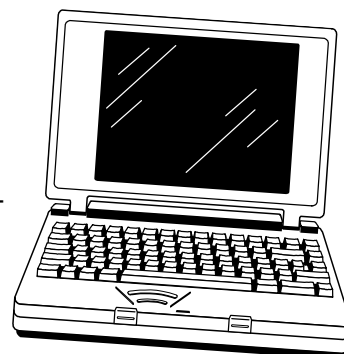
Therefore, the WVAHC Board of Directors will meet on Wednesday, January 9, 2008 at 5 PM at the West Virginia Education Association offices (1558 Quarrier Street, East, Charleston, West Virginia) to consider the following Bylaw change:

Section 2: Internal Revenue Service Status

WVAHC shall operate is organized exclusively for charitable, educational and scientific purposes under section ~~as a~~ 501(c)3 ~~organization as defined~~ of the Internal Revenue Service, or corresponding section of any future federal tax code.

Any WVAHC member is welcome to attend and comment on this proposed Bylaw revision.

(DERP) provides the science. Oregon and 14 other states (West Virginia is not one of them) pool their resources to do independent, scientific reviews of classes of drugs. For example, they examine every study ever done on statins, which lowers cholesterol. They exclude studies that were not done in a scientifically valid manner. Then they rated each statin on its effectiveness and safety. Altogether, DERP has reviewed 18 classes of drugs: everything from high blood pressure to diabetes to menopause to arthritis.



Consumer Reports take these highly technical reports and turns them into English. They publish a ten page "full" report and a two page summary. This is solid, scientific evidence turned into understandable recommendations on which drugs are the most effective, safest, and least expensive.

WVAHC has entered into an agreement with Consumer Reports that links their material to our web page. Please visit our Rx Help Page and see if there is a condition that you have on the web site. It's really good information.

Also, if you haven't already done so, please register for our free eUpdates. WVAHC sends out weekly updates during the legislative session (mid-January to mid-March most years) and periodically during other times of the year.

Also, there is a resource page with links to the Institute of Medicine report on school nutrition and the West Virginia data from the Milken Report on chronic illnesses, plus reports on the effectiveness of the CHIP program and examples of how other states are covering all kids.

It's a great web site. We hope you enjoy it and find it of interest.

Fair Shake Network Announcement

The Fair Shake Network (FSN) is an association of West Virginians dedicated to a "fair shake" for people with disabilities and to the belief that diversity makes our communities stronger. People with disabilities have the right to live, work, and play in their own homes and communities. The Fair Shake Network provides training and systems advocacy on issues affecting people with disabilities through statewide, grassroots, cross disability activities. Some of the benefits to membership in the Fair Shake Network include state and federal legislative disability policy updates, training opportunities, and networking opportunities with a diverse group of stakeholders. There are two classes of

membership within the Fair Shake Network, individual membership and organizational membership.

Individual members are people with disabilities, family members, or other interested individuals who support the philosophy, mission, vision and goals of the FSN. Organizational members are groups or agencies which support the philosophy, mission, vision and goals of the FSN. If you or your organization is interested in membership in the FSN you may contact the Fair Shake Network Office at 304-766-0061 or 800-497-4746. You may also visit the FSN on the web at www.fairshake.org or contact us by email at wvfn@suddenlinkmail.com.

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