



WVAHC *Reform News*

West Virginians for Affordable Health Care

Volume 1

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Issue 1

A Good Start. . .

Now the Real Work Begins

- **Supported the expansion of the CHIP program.** Families with income up to 300% of the federal poverty level will now have their children eligible for quality health insurance. West Virginia is a leader in the country for providing children with health insurance. Already, 92% of all West Virginia children have health insurance coverage and the CHIP expansion will take that to 97%!
- **Worked with the Legislature in establishing the Interagency Health Council.** This Council will develop cost containment recommendations and may recommend universal health access for all West Virginians. While WVAHC would have preferred an independent commission to study cost containment and universal health care coverage, the establishment of the Council, comprised of state agency directors, provides a process for future health care reform.
- **Supported a revision in the Department of Environment Protection's (DEP) regulation for air discharge of mercury.** Mercury is highly toxic. Every stream in West Virginia is under a fish advisory recommending that people not eat fish regularly due to mercury contamination. The revised rule requires the Health Department to study the possible health and environmental effects of mercury consumption and requires DEP to reduce in mercury emissions, if appropriate.
- **Recruited a great Board of Directors.** The people listed on page 4 are some of the most experienced and knowledgeable health care reform citizens in the state. We are fortunate to have such a group of policy experts to volunteer their time to provide leadership to WVAHC.
- **Established a wonderful web site.** I would urge you to visit our web site at www.wvahc.org. The web site con-

tains a lot of information about health care reform. And you can register for our free email updates. WVAHC sends out updates weekly during the legislative session and periodically during other times of the year.

- **Spearheaded the effort to make the national Cover the Uninsured Week a success in West Virginia.** WVAHC has convened a diverse group of organizations (labor and business, hospitals and consumers, the religious community and state agencies) to work on making the May 1st through May 7th 2006 Cover the Uninsured Week the most successful ever. The activities that will occur in West Virginia are listed on page 3.

While we have some accomplishments, a lot of work lies ahead of us. The Interagency Health Council will begin its work this spring. They can either be aggressive and seek meaningful health care reform, or they can drag their feet like the Pharmaceutical Cost Containment Council has. WVAHC will attend all the Council meetings and the staff, Board members or members of WVAHC may be appointed to one or more advisory committees to the Council.

Our role is to be the voice for consumers in this health care debate.

WVAHC will also be attending all the Pharmaceutical Cost Management Council meetings. This Council was created to negotiate lower prescription drug prices for West Virginians. So far their work has been less than successful. One initiative by Dr. Wayne Spiggle was the creation of a central fill pharmacy.

The idea for a central fill pharmacy is to help citizens

(See "Now the real work..." on Page 3)

An Organized Voice of Consumers in Health Care Reform.

Talking Points on Why Cover the Uninsured

- Covering the uninsured is both a moral imperative and sound economic policy.
- Both the Institute of Medicine and the American College of Physicians have found that the uninsured tend to live sicker and die prematurely. The Institute of Medicine estimates that annually 18,000 Americans die prematurely related to being uninsured. The Commonwealth Fund has established being uninsured as the 6th leading cause of death in the United States for adults between the age of 25 and 64.
- The number of uninsured Americans and West Virginians continues to grow. Almost 46 million Americans are uninsured. On any given day in 2003, the number of uninsured West Virginians was almost 270,000. About 370,000 West Virginians were uninsured for all or part of 2003. This number is undoubtedly higher today.
- Most of the uninsured work and many are middle class. In fact, in 2004, over 8 in 10 uninsured came from working families. Also in 2004 more than one-third of America's uninsured earned more than 200% of the federal poverty level (FPL) or \$38,600 for a family of four in 2004.
- The uninsured receive less preventive care, are diagnosed at more advanced disease stages, and once diagnosed tend to receive less therapeutic care (drugs and surgical intervention). When the uninsured do seek medical care it is frequently in a more expensive setting such as an emergency room or hospital.
- The West Virginia Health Care Authority found that in 2004 West Virginia hospitals provided \$447 million in uncompensated health care most of which was provided to the uninsured.
- Free clinics, the Federally Qualified Health Centers and private physician offices act as a "safety net" for the uninsured. However, these clinics and doctor offices are stretched to the limit and cannot provide primary care to all those who are uninsured.
- The hospital costs and other costs of treating the uninsured are shifted to private insurance companies and are paid by businesses in the form of higher health insurance premiums. Families USA has estimated that the average West Virginia family plan is almost \$1,800 a year higher as a result of providing care to the uninsured. This cost is projected to grow to over \$2,900 by 2010 unless West Virginia takes action to provide coverage to the uninsured. The "cost shift" to private, West Virginia insurance plans is the second highest in the country.
- The cost of health care is skyrocketing. In 1960 the total spending for health care in the United States was \$27 billion and just over 5% of the Gross Domestic Product (GDP). By 2003 total spending had increased more than 62 times to almost \$1.7 trillion and consumed over 15% of GDP. Stated another way: if you applied the 1960 total health care expenditures to 2003, you could only buy 6 days of coverage.
- Between 2000 and 2005, while wages grew by 15% and general inflation increased by 14%, the premium for a family coverage grew by 73%. The average family health insurance plan in 2005 was almost \$11,000 nationally, and Mountain State Blue Cross Blue Shield estimates that a family plan in West Virginia will cost \$15,061 by 2007. Twenty percent of West Virginians make \$13,208 or less a year, and the average annual per capita income for West Virginians was \$25,872 in 2004.
- Due to high cost of health care fewer employers are offering health insurance benefits to employees and retirees. Between 2000 and 2005 the percentage of firms offering health insurance to their employees dropped from 69% to 60%. For retirees the drop in employer sponsored health insurance has been even more dramatic. In 1988, 66% of all large firms (200 or more employees) offered retirees health coverage. By 2005 that percentage had been cut in half to only one-third. The percentage of small employers who offer their retirees health insurance is undoubtedly less.
- An estimated 28% of all personal bankruptcies filed in the United States are the direct result of illness or injury. And having insurance is not sufficient protection to being forced into bankruptcy. Over three in four had insurance at the onset of their illness. Typically, an individual became ill, their illness prevented them from returning to work, and as a result they lost their job, their health insurance, and ended up filing bankruptcy. Altogether about half of all personal bankruptcies cited some medical cost as having an impact of filing bankruptcy.

West Virginians for Affordable Health Care

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National Cover the Uninsured Week

May 1st through May 7th is the national Cover the Uninsured Week this year. The concept is to highlight the impact of being uninsured has on the uninsured and on those who are fortunate to have private health insurance.

The numbers are significant. An estimated 46 million Americans are uninsured and on any given day in 2003 about 320,000 West Virginians were uninsured. The research is compelling that the uninsured live sicker and die earlier than those with insurance.

WVAHC has been instrumental in getting a diverse group of organizations together to plan West Virginia activities for Cover the Uninsured Week. The group included organizations that frequently disagree on policy, but we are united in our desire to spotlight the impact on the growing number of our friends and neighbors who are uninsured. The group included business and labor, hospitals and consumers, the religious community and state agencies. A complete list of organizations can be found on WVAHC's website at www.wvahc.org.

Charleston Events:

- **Monday, May 1st, 11 am to 3 pm:** Health screening* at West Virginia Health Right at 1520 Washington Street, E.
- **Thursday, May 4th, 1 pm to 4 pm:** Health screening* at FamilyCare at the Schoenbaum Center at 1701 5th Avenue, on Charleston's West Side.

- **Friday, May 5th 1 pm to 4 pm:** Health screenings* at the Kanawha City Mall on MacCorkle Avenue.

Beckley Event:

- **Tuesday, May 2nd 9 am to 3 pm:** Health screenings* at Beckley Health Right at 111 Randolph Avenue.

Parkersburg Event:

- **Wednesday, May 3rd 2 pm to 4 pm:** Health screenings* at the Mountain State Blue Cross Blue Shield parking lot on 7th Avenue and Market Street. This health screen is sponsored by the Good Samaritan Clinic.

Huntington Event:

- **Wednesday, May 3rd, 9 am to 2 pm:** Valley Health, 2585 Third Avenue, and the OUCH Program are providing screening services, light lunch, door prizes and informational packets.

* These health screens are free and are provided by Mountain State Blue Cross Blue Shield's HealthPLACE on the Move bus. People are encouraged to fast for at least 12 hours so they can get a lipid panel (good cholesterol, bad cholesterol, and triglycerides) and a complete metabolic panel (glucose, liver functions, etc.). If people do not fast, they will receive total cholesterol screen. All men over 50 will receive a PSA screen, and all people will receive blood pressure screen and a body mass index measurement.

Now the Real Work Begins (Continued from Page 1)

through the maze of free drugs from drug manufacturer's that participate in Patient Assistance Programs (PAPs). Many drug manufacturers provide free drugs to low-income citizens. However, there is significant paperwork involved. Rather than having to fill-out enrollment forms from several different drug manufacturers and having to re-enroll every three months, a central fill pharmacy would accept donated drugs from manufacturers and streamline the enrollment process. The central fill pharmacy would mail the donated drugs to a clinic, a pharmacist, or the patients.

It appeared to be a very creative way to help low-income residents. Yet, a year and a half after Dr. Spiggle started working on this concept, a central fill pharmacy is not in existence and could be months, if not years, away from becoming a reality.


The other stalled initiative of the Pharmaceutical Cost Management Council is the requirement that drug manufacturers report how much money they spend in direct-to-consumer advertising (TV commercials, etc.) and how much they spend on "educating" physicians of the benefits of prescribing their brand name drug. Despite the persistent efforts of Professor Kevin Outterson (WVU School of Law) this information also is likely to be years away from being reported by the drug manufacturers.

As you can see, we have our work cut out for us. WVAHC will have to be more organized and work smarter and harder, if we are going to achieve meaningful health care reform. If you know a friend, neighbor or colleague who would be interested in joining WVAHC, please let them know that they can join for as little as \$25 a year. Just send the check to: WVAHC, 1544 Lee Street, Charleston, West Virginia 25311.

WVAHC BOARD OF DIRECTORS

Name	Board Position	Position
Dr. Jim Binder	President	Associate Professor of Pediatrics at Marshall University
Don Perdue	Vice-President	Pharmacist and Chair of the WV House of Delegate's Health and Human Resources Committee
Renate Pore	Treasurer/Secretary	Chair of Healthy Kids and Families Coalition and former Director of the Governor's Cabinet on Children and Families
Jennifer Boyd	Board Member	Physician Assistant and Medical Director for the New River Health Clinic
Charles Delauder	Board Member	President of the West Virginia Education Association
David Forinash	Board Member	Retired healthcare administrator and former Deputy Secretary of the West Virginia Department of Health and Human Resources
Dr. Dan Foster	Board Member	Retired surgeon and now physician administrator at CAMC and a member of the West Virginia State Senate
Cheri Heflin	Board Member	President of Cheri Heflin and Company and former Executive Director of the West Virginia Nurses Association
Sam Hickman	Board Member	Executive Director of the National Association of Social Workers West Virginia Chapter
Marvin Masters	Board Member	Attorney at Law
Joy Randolph	Board Member	State Coordinator for ReUnion
Gary Zuckett	Board Member	West Virginia-Citizen Action Group staff member

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