

# Disappearing Healthcare Forum

## September 8<sup>th</sup> Qualitative Data from the Stickies

### Recommendations for Federal Government In the Words of the Participants

#### 1. Payor Alternatives

##### A. Single payer

- Single payer system.
- Create a National Health Care plan that people can buy into.
- Single payer universal health insurance – do away with private insurance carriers. Lower administrative costs. Only one insurance company in health.
- Single payer National Health Care pool, (budget) with priorities set by something like the Oregon Plan by a Federal Health Board. (Get Health care out of politics, make it civil service.)
- States shouldn't be involved. National health care is essential. States have unequal ability to pay – help. (Wyoming has lots of energy resources per population, Vermont doesn't.)
- Single payor system.
- Have a single payer system paid for by progressive taxes and run by the federal government.
- Learn from those countries who have better healthcare outcomes and spend less money.
- Require every American to have health insurance. Spreads the risk—lowers cost dramatically
- Look at other countries for ideas on what can be done to enable flexible affordable care.
- National health care policy with single payor type coverage.
- Universal health care system.
- Am concerned about health care costs as managed by federal government – seems that cost go up when fed. Government becomes involved.
- Single payer

##### B. Employers

- Shift away from employer based insurance.
- Each employer and employee pays into fund for health care.
- Create a bare bones catastrophic only benefit plan that all employers must provide. Split cost with employee and dependants. Ability to buy up.
- Make coverage non- employer based.
- Remove employers from having to offer health insurance. Allow individuals to buy insurance as "group".
- Remove health care from the responsibility of the employer.
- Shift burden of uninsured from business. Provide tax relief to businesses that are providing insurance to employees.
- Lower taxes on business and require them to provide basic healthcare.
- Corporations, especially CEO's are not paying their share.
- Enforce employers mandatory funding to healthcare and pension funding.

##### C. Patients

- Make patients responsible for some percentage of costs to associate value with medical care. (easy come, easy go.)
- If patients desire extra services let them pay.
- Some type of copay for all services.
- Make everyone, regardless of income, responsible to a certain extent for the costs of their health care.
- Individuals pay based on income and lifestyle.
- Keep consumers involved in costs of procedures—even if insured.
- Let people that can pay for their healthcare pay for it. (e.g. Medicaid is forced on you.)

##### D. Health Insurance Corporations

- Revise payor system.
- Abolish the health insurance system.
- Encourage / expand definitions of "groups" that can share the risk.
- Curb abuses, eliminate discounts to insurance providers.
- Back out of being in the business of being an insurer, and allow more competition in.
- Get "for profit" out of health care.
- Regulate profits that all players in the health care system make by aligning them with real wages.
- Audit the hidden profits in the health care system...i.e. "non-profit" hospitals, who year after year have excess fund balances.. managed care organizations that shift profits to management shelter companies...excessive wealth accumulation in system.
- Provide incentive to develop cafeteria plans instead of mandating coverages.
- Curb insurance abuse (that is, abuse of patients by insurance companies.)

##### E. Funding Medicare and Medicaid

- Fully fund Medicare
- Require all doctors to accept Medicare patients.
- Fully fund Medicare.
- Fully fund Medicaid.
- Develop a program to address Medicaid in all states to be funded appropriately to reduce cost shifting of Medicare into Medicaid.
- Fully fund Medicaid.
- Medicaid – tiered / flexible plans –not all or nothing
- Make Medicaid eligibility more of a sliding scale. Current system is disincentive for getting off the system.

##### F. States

- Give states more incentives for health care – such as road systems are funded.

## 2. Who Should Be Covered?

- A. All
- Cover all persons
  - Enable access and coverage of undocumented migrant workers
  - Put together a national insurance program for all.
  - Universal healthcare for all Americans.
  - Enable flexible affordable coverage of healthcare for all.
  - Include non-citizens in the basic services for healthcare. They are working; they are the backbone of our service sector especially in resort towns, agriculture, etc.
  - Cover all U.S. citizens, make it efficient without frills
  - Mandatory health care for all citizens.
  - Make insurance available to all. Private/government. Cover prenatal through 18.
  - A federal program covers anyone in the U.S. at very basic level of care. Any additional care is from private insurance or payment.
  - Every citizen gets the same health care coverage.
- B. All but some
- Eliminate health care for non-Americans.
  - Stop all services to non-residents.
  - Cover all tax paying residents.
  - Cover all U.S. citizens
  - Only U.S. citizens can access health care.
  - Set boundaries on who is covered to natural born U.S. citizens.
  - Cover only U.S. citizens.
  - Cover all legal residents of the U.S.
  - Reform Medicare, delete waste—streamline billing, only cover U.S. taxpaying citizens.
- C. All Children
- Guaranteed medical coverage for children up to age 18.
  - Provide primary and preventive care to all children up to age 19

## 3. What Should Be Covered?

- A. Basic Treatments
- Require immunizations for all.
  - Fund in-home services.
  - One free physical every year.
  - Begin covering prenatal care through children 18.
  - Physical and mental health coverage.
  - Begin covering prenatal care thru children to age 18.
  - Mental health coverage. Rehabilitation coverage.
  - Cover preventive screenings / annual visits for adults.
- B. Evidence Based Treatments.
- Use of evidence based outcomes to determine best treatment for right patient at right time.
  - Carefully allocate funds for research to support evidence based treatment instead of drug company research.
  - Increase system efficiencies. Expand use of evidence based medicine in all aspects of health care.
  - Establish a set system of care based on evidence-based practice. Focus on what works.
  - Use evidence based care – we don't all need all the technology available.
  - Give incentives for evidence based medicine efforts with research grants.
  - Fund evidence-based medical practices.

## C. Rationing Health Care

- Implement rationing program. (e.g. Oregon system)
- National prioritizing of procedures via ages.
- Set limits on what healthcare is basic and enforce it! (i.e. stop use of ER's for non emergent care.)
- Implement the Oregon program.
- Implement Oregon model of prioritization.
- Adopt the Oregon program.
- Oregon Program – more research and implementation
- Oregon program priorities need to be protected from legal challenges.
- Oregon program plus optional Insurance to cover over and above the Oregon plan.
- Oregon plan or Australia plan where 1% tax to cover health care, after that you cover yourself.
- Oregon plan on federal level.
- Oregon style rationing

## D. Healthcare Delivery Alternatives

- Increase number of “after hours” clinics nationwide to take the burden and expense off emergency rooms.
- Increase the use of mid-level providers – public clinics – more education of mid levels – nurse practice, PA's
- Use public health approach.
- Use public health approach, lean, efficient, no frills.
- All first line healthcare provider access could be through lower cost health care providers—nurses, nurse practitioners, PA's (would only see Doctor on referral from 1<sup>st</sup> line provider)
- Low cost clinics for indigent, has to pay something.
- Vaccinations at grocery stores, schools, public places.
- Use public health approach, lean efficient, no frills.
- Implement well care screenings in all public schools.
- Encourage community collaboration by reducing categorical funding
- Funding for community-based health initiatives.
- Create a Hospice/comfort care program for dying patients to replace hospital care.
- Look at alternative ideas for care of patients that are less expensive. (ex. Cover transportation, homemaker services to keep elderly in their homes rather than sending them to a nursing home.)
- If a person can go home from the hospital, discharge them. (Utilization managed)

## 4. Healthy Choices.

### A. Incentives for prevention

- Provide preventative care to all individuals. It's cheaper to prevent than to treat. Preventative care includes immunizations, prenatal care, well child check ups, women and men yearly exams.
- Give incentives for healthy living choices.
- Give incentives for preventative care.
- Provide incentives for healthy behavior.
- Give incentives for preventive care (premium reduction or discounts)
- Focus on preventative care, education, availability.
- Reward healthy life styles and smart decisions of health style with tax breaks.
- Incentives for preventative health care.

- Give incentives for personal responsibility via income tax breaks for healthy people – and penalties for self-abusive lifestyle.
- Do not cover people that over eat, drink and smoke – until they quit for 6 months.
- Award incentives for preventative health care and staying healthy.
- Encourage personal responsibility in health care, lifestyle and cost.
- Preventative wellness programs + incentives
- Provide basic healthcare for all with incentives for successful preventive use.
- Incentives for personal responsibility – taking care of ones health – diet, exercise, etc.
- Alternative medicine with emphasis on healthy life style.
- Incentives for preventive health programs.
- Incentives for preventative care.
- Provide financial incentives to taxpayers who participate in preventative healthcare programs (wellness)

#### B. Health Education

- Increase Public Service Advertising to educate public about healthy lifestyle. (Worked for seat belts and drinking and driving.)
- Require all students to have physical education.
- Expand the role of Federal Health Board to include education.
- Increase funding for health education.
- Education
- Public Health Education
- Change curriculum to include health, hygiene and prevention.

#### C. Food choices

- Stop advertising food all the time. May decrease the problem with obesity.
- Eliminate fast food.
- Ban hydrogenated/partially hydrogenated oils from the food market. (contributes to heart disease, CAD, arteriosclerosis, obesity and other diseases more than any other ingredient.

### 5. Prescription Drugs

#### A. Generic Drugs

- Lower the cost of medications. Do not fund brand name medications.
- Use generic drugs.
- Use of generic drugs instead of brand name when available.

#### B. Global Supply

- Allow consumers to purchase prescription drugs internationally.
- Open borders for pharmaceuticals pursuant to FDA approval.
- Allow importation of prescription drugs from other countries.
- Prescription drug reform – global competition.
- Allow people to buy pharmaceuticals overseas (buy medicine from Canada)
- Allow the federal government to bargain globally for best drug prices.
- Allow consumers to purchase prescription drugs overseas if the price is more competitive.

#### C. Control Costs

- Control prescription drug costs (takes away free enterprise.)
- Create prescription drugs in U.S. that are cost effective

- Use purchasing power with Medicare prescription plan to provide preventative, i.e. maintenance drugs.
- Allow large amounts in prescription drugs – 6-month supply.
- Prescriptions available at no cost for needed treatment only.

#### D. R & D

- Regulate the pharmaceutical industry's business practices, i.e. when is R & D paid for? When are unfavorable results of tests suppressed?
- Decrease amount of time/research needed to introduce new drugs.

#### E. Advertising.

- Prescription drug ads need to be reviewed by a federal panel before allowing them.
- Ban TV's. advertising of prescription drugs.
- Ban pharmaceutical marketing to consumers.
- Ban TV advertisements of prescriptions. People will demand meds they don't know about or need.

### 6. Administrative Costs

#### A. Reduce

- Reduce Administrative cost.
- Cut administrative costs.
- Increase system efficiencies
- Do less paper work
- Cut the fat out of public health care.
- Reduce administrative costs by reducing the number of payers
- Contain and control equipment and supply costs.

#### B. Simplify and Standardize

- Standardize billing codes/procedures across all healthcare systems—whether government provided (Medicare, etc.) or private pay.
- National standardization of Insurance forms.
- Require federal payers to agree with and accept common billing form with private insurers and agencies.
- Government regulation requires too much compliance paperwork on the part of medical providers. One reason my insurance premium goes up is because providers have to cover the cost of all the repetitive paperwork.
- Create one uniform billing form and have institution notify provider if changes occur.
- Create uniform billing.
- Streamline record keeping and billing.
- National insurance forms.

#### C. Automate

- Medical information technology
- Establish a standard electronic medical information system with ability to collect and evaluate data on/for every single context.
- A national health information repository.
- Develop a system similar to a MasterCard where an individual can pay for or at least the provider could process for services provided.
- Establish centralized all encompassing information system.
- Federal funding for health information technology (data banks for medical records, electronic prescriptions, billing, etc.)
- Share existing health information technology systems.

#### D. Evaluate

- Promote outcome based health care. (good luck)

- Establish regional quality improvement organizations that monitor/ evaluate/ communicate to public medical care.
- Closely, thoroughly, efficiently supervise, oversee all healthcare programs.
- Implement a system that evaluates health care providers – so people can pick who they go to. Bad providers get pushed out.
- Revisit JCAHO regs, which often get in the way of providers' ability to provide care. We spend more time documenting how we follow JCAHO and less time with care.
- Regular review of how health care delivery affects those least likely to be represented in the political process.
- Track healthcare consumers and aggressively prosecute abuse and fraud.

#### E. Federal Bureaucracy

- Reduce or eliminate federal regulation on health care industry, especially HIPPA
- Decrease regulations so more time and money is spent on healthcare.
- End federal regulations.
- Decrease federal laws/rules that are unnecessary to ensure quality care – that actually increase cost of medical care. (HIPAA)
- Rescind federal security and privacy legislation that increases administrative costs.
- Repeal and address all of the regulations for pharmaceutical and technology to reduce cost to consumer. i.e. FDA has become huge & inefficient.
- Get rid of COBRA and HIPAA
- Rescind federal security and privacy (HIPAA that increases health care administration).
- Remove complicated approaches to accessing healthcare, i.e. new Medicare prescription plan.

### 7. Tax Alternatives

#### A. Individual Tax Deductions.

- Tax deductibility for insurance premiums and medical costs.
- Create tax incentives to help offset cost of health insurance.
- Tax incentives to offset costs.
- Tax cuts for health care costs.
- Tax incentives
- Tax incentives to offset health insurance costs.

#### B. Health Savings Accounts.

- More tax advantages for such items as flex plans or HAS's
- Legislate/ offer: MSA's, HAS's
- Allow health savings accounts for everyone regardless if uninsured or what type of health plan. Have government funding programs simply put money into their accounts for smaller procedures.
- Use health insurance for only catastrophic care (lower premium and fully implement HAS program.
- Promote MSA/HAS (tax advantages).

#### C. Sin Tax

- Bigger sin tax
- Immediately increase taxes on tobacco products, alcohol and dedicate these monies to health care coverage. (Legalize street drugs to take them out of the hands of black market—institute quality control and TAX them with revenues to finance health care.)
- Allow tobacco users to pay more for their care.

- Institute a “vice” (alcohol, cigs, fattening foods, etc.) tax to help fund government in providing healthcare to all U.S. tax-paying citizens.
- Increase “sin tax”
- Stop federal subsidy of the tobacco industry.

#### D. National Sales Tax

- National sales tax to fund Medicaid/Medicare

### 8. Other Possibilities

#### A. Tort Reform.

- Tort reform
- Malpractice and tort reform
- National tort reform
- Tort/litigation reform
- Curb abuses Tort reform /defensive medicine.
- Malpractice and tort reform
- Caps for malpractice and lawyers
- Reduce lawyers' fees in malpractice cases.
- Decrease costs of malpractice insurance so that doctors can charge patients/clients less
- Federal legislation to resolve malpractice crisis.
- Have national physician board that guides medical policy. NO ATTORNEYS
- Mediate before suing

#### B. Healthcare Work Force

- Increase number of primary care providers.
- Reduce over inflated physician and high-end administration costs/salaries.
- Promote primary care system instead of “system of specialists.”
- Loan forgiveness for medical education
- Insure high standards of training and practice for mid-level practitioners.
- Expand access to and affordability of medical education – especially for mid-level practitioners such as physician assistants.

#### C. Elected Officials.

- Require congress to go to a basic Medicare type of insurance.
- Ban lawyers from health care related federal job appointments.
- Every citizen gets the same health care coverage as the members of Congress.
- Restrict federal service elected officials health care to be the same as all other federal service employees – no special class.
- Elect politicians who will work to serve our issues with citizen input and not just sit in Washington and do nothing

## Recommendations for State Government In the Words of the Participants

### 1. Payer Alternatives

#### A. Health Insurance Companies

- Allow health insurers to offer high deductible plans (qualifying for HSA's) for "one person self employed plans. Instead of just "Basic A or B".
- Tighten regulations on insurance policies and administration.
- Allow insurance companies to offer different levels of coverage.
- Increase competition with pharmacy/insurance.
- Increase competition between insurers.
- Remove disincentives for health insurance companies to operate in Colorado.
- Encourage small business to bond together in order to strengthen their hand in negotiations with health insurance providers.
- Reduce state restrictions on insurance company entering Colorado market.
- Expand managed care in Medicaid.
- Colorado has one of the worst regulatory environments to improve competition for carriers do to our inclusive rules. Improve competition by allowing limitations on risk based evaluations.
- Give more choices of health care carriers for more choices so free market system can work.
- Give the power back to the doctors; take away from HMO's! Let medicine be about healing and not about economics and greed.
- Fine BCBS for ignoring valid claim requests and stonewalling providers. Allow doctors to file complaints with insurance commissioner.

#### B. Employers

- Expand Access. Provide incentives for business who provide health care insurance.
- Provide pools of people for small business to reduce costs.
- Provide tax incentives for employers and individuals that provide health insurance and/or contribute to a state run plan.
- Give incentives to employers for providing health coverage.
- Remove health care coverage from employers

#### C. Worker's Compensation

- Combine employer coverage and workers comp.

#### D. Regions

- Encourage the existence of "cooperatives" to enhance buying power.
- Pool our resources to find affordable health care insurance. All in – reduces costs.
- Allow business to join the insurance program for state employees.
- Merge multiple health care programs to reduce administrative costs.
- Work on regional medical coverage with nearby states. (To force cost savings.)

#### E. Single Payer

- Charge all residents a flat rate to fund a state-wide healthcare pool. Rate would be same for every citizen.
- Federally collected and funded health insurance – allocated to states and administered at state level.
- Single pay system for Colorado.

#### F. Individuals

- Pay as you use
- Keep government out of private health care. If I pay for my own coverage through a private insurance company – government stay out of my business!
- Give consumers more options based on age and health status.
- Implement co-payment for all Medicaid services to limit over utilization.
- Increase accountability for non- U.S. citizens to pay for care. \$ or community service.

### 2. Who should be covered

#### A. All Coloradoans

- Ensure basic care for all Coloradoans
- Have basic coverage for all Colorado residents and decrease burden on employers.
- Develop a universal health care plan for all people living in Colorado.
- Access to coverage to all Coloradoans
- Preventative care for all.
- Make "Covers Colorado" affordable to the other 90% of Coloradoans (premiums now are \$2,000 per month.)
- Reinstitute a "Certificate of need" program
- If every Colorado citizen contributed to their services, what about out of state and illegal immigrant workers treatment?

#### B. All Children

- Expand CHP to cover more kids, parents, others.
- All children receive health care to include dental care automatically from birth to age 20.
- Provide CHP + for all children and increase the number of providers.
- Make child health care a higher priority. Lower priority for 1-12 education (Create ballot referendum to limit Amendment 23 increases)
- Expand CHP program to working class parents of kids receiving CHP.
- Drop CHP and fold these children into Medicaid— it only creates dual programs and more confusion.
- Expand the CHP program.
- Expand the Children's Health Plan Plus program eligibility and coverage by using LOTTO \$. Let's raise healthy descendants. Teach them to appreciate good health and help all families get kiddos good health.
- Expand CHP program.
- Eliminate public assistance or rewards for having more children when they can't afford more children.
- Create limits on Medicaid spending—Why should we pay for unlimited pregnancies when people

- paying insurance are limited by financial responsibility?
  - Expand health care access i.e. Children Pres or CHP + to 300% poverty.
  - Offer sliding scale for CHP + to bridge the gap between the dirt poor and working poor. The have's and have nots are taken care of – what about those in the middle?
  - Colorado prenatal and pediatrics to age 18. Feds: 19 +.
- C. Pilot Project
- Colorado physicians should lobby together to initiate a universal preventative program.
  - Create a voluntary universal plan as a pilot project.
  - Create a state universal health plan as a pilot program.
  - Create voluntary universal plan as pilot project.
- D. Equity
- Allow Medicaid recipients to work without raising their medical coverage.
  - Increase Medicaid reimbursement to level to cover cost of care: e.g. Increase cost shifting.
  - Reduce state mandated requirements on insurance policies to insure that basic health coverage is available. Eliminate programs and benefits used by only a few.
  - Insurance costs all over the state should be equal. Not more in rural areas. State standardize costs.
  - Equal funding. Funding through the state.
  - Regulate charges that hospitals and doctors can charge.

### 3. What Should be Covered?

- A. Rationing Services
- Create a statewide prioritization or procedures with age as a matter of concern.
  - Oregon Plan.
  - Reduce access to many health benefits (surgery) to elderly.
  - Limit Medicaid covered services in addition to drugs.
  - Set health care spending priorities like Oregon does.
  - Limit Medicaid program to generic drugs and necessary care.
  - Increase reimbursement for preventative Medicaid dental.
  - Fund mental health treatment.
  - Provide substance abuse treatment to reduce health care costs.
  - Support programs that help drug/alcohol addiction and send offenders to counseling centers instead of jail.
- B. Delivery Alternatives
- Fund Rural tele-medicine initiatives.
  - Options to emergency room primary care visits.
  - Increase state funding to public health agencies to initiate more community based clinics.
  - Create access to urgent care for non-critical tests, etc. in malls
  - Fund a network of regional health clinics.
  - Offer more benefits that are cost effective such as home care services for home bound disabled to keep out of healthcare system.

- Provide more services such as Docs on call. 24 hour services non emergency.
- Provide school immunization programs.
- Require immunizations for all school children.
- Give immunizations at school

### 4. Healthy Choices

- A. School Education.
- Increase school health services and physical education/wellness programs.
  - All schools will have exercise classes.
  - Mandate health programs and PE in all elementary and secondary schools.
  - Expand PE / health / nutrition K-12.
  - All schools implement a health wellness education program.
  - Mandate school health services and physical education.
  - Mandate increased health education in schools.
  - Mandate comprehensive physical education programs in all schools.
  - Mandate health and PE in schools
  - Allocate funding for preventative health education.
  - Healthy living presentations in schools.
  - Mandate school health and medical education programs.
  - Require schools to teach mental, physical, health, relationship strategies, coping strategies and emphasize prevention.
- B. Other Education
- Patient education programs to manage their own care.
  - Provide more preventative health care education.
  - State funded educational TV promotions regarding health and fitness.
  - Educate citizens on available options for health care aimed at decreasing costs. (Mail based pharmacies for on-going meds rather than pharmacies in town.)
  - Provide enhanced educational opportunities for individuals.
- C. Fund Education
- Fund Health Education.
- D. Food
- Do not allow soda pop machines in public schools.
  - Regulate school nutrition programs.
- E. Incentives for Healthy Choices
- Give incentives for cooperative health systems for Medicare patients.
  - Implement initiative for early interventions to prevent higher cost care.
  - Emphasize preventive care to include physicals and flu shots.
  - Give incentives for wellness preventative care
  - Preventative care.
  - Preventative health care.
  - Provide incentives for preventative care and healthy lifestyles.
  - State funding dedicated to preventative measures.
  - Have physicians require written medical exam every 5 years.
  - Require annual physicals for all motor vehicle operators!

- Administrative and equipment costs.

## 5. Administrative and Equipment costs

### A. Standardize

- Legislate standardize insurance billing
- Standardize disclosure of health plan policies along with standardized insurance plan cards.
- Reduce duplication of investment and services by restricting limited service hospitals.
- Health care providers be better stewards of their money spending; e.g. look at tests needed.
- Healthcare spend less money on promoting fruitless ideas.
- Reduce number of state funded medical programs – alphabet soup!

### B. Automate

- Have a center / website / communication— information distribution center that records, measures, identifies diverse health issues.
- Change Medicaid contracting / payment to be in line or be within Medicare reimbursement. How they reimburse is a huge drain on the system and drives physicians away.
- Do not duplicate tracing already being done (by insurance companies etc.) Or develop a comprehensive system that covers all.

### C. Evaluate

- Quality and Oversight. Partner with professional organizations to ensure high standards of healthcare delivery.
- Limit resources spent on tracking outcomes
- Institute quality control and accountability measures
- Create a state health care consumer and education officer to help with oversight and accountability through public reporting and consumer education.

### D. Equipment.

- Require state approval for a health care provider to purchase expensive equipment.
- Create a pool of used durable medical equipment for use by uninsured people and people whose coverage doesn't provide for DME

### E. State Agencies

- Consolidate Departments of Health, Mental Health and Social Services at state level to then filter to local agencies. Many times they share same clients but keep separate databases.
- Revamp state administrative functions regarding health care.
- Decrease the inefficiencies on Medicaid program in Colorado (the state of Colorado runs a poor program.)

## 6. Revenue Sources

### A. Tobacco and Alcohol tax

- Require tobacco and alcohol taxes be spent on health care.
- Increase tax on alcohol and tobacco
- Increase tax on alcohol and tobacco for health care.
- Increase tax on alcohol and tobacco.

- Mandate that tobacco money be spent on health care.
- Increase (triple) taxes on alcohol and tobacco products with all the proceeds to fund preventative health care for people under 50.
- Tax alcohol and tobacco products for use on health care.
- Increase “sin tax” and allocate proceeds to healthcare.
- Increase taxes on unhealthy life style activities (smoking alcohol)
- Increase tax on alcohol and tobacco!
- Increase tax on tobacco
- Increase tax on cigarettes.
- I think it is a good idea to us some state law and increase taxes on alcohol and tobacco for health issues.
- State lotto funding to provide health insurance subsidies for working poor.

### B. Lotto proceeds

- Allocate half the state lotto funding.
- Half the lotto money to cover the uninsured.
- Allocate state lotto money to healthcare for uninsured.
- Use Colorado lottery funds to help with health costs.
- Use all state lotto funding to fund uninsured.
- Allocate Lotto/Powerball funding for all Colorado residents, not just uninsured.
- Allocate a portion of Lotto to provide health care for uninsured.

### C. TABOR /Tax Payer's Bill of Rights

- Repeal TABOR
- Correct Fiscal Storm TABOR
- Repeal TABOR so more money can come from state to health care.

### D. State Tax

- Create a tax revenue that is spread thru out the whole population to guarantee health care for all communities, with preventive programs.
- Increase / implement healthcare tax
- Legislature should raise tax dollars for children's healthcare

### E. Other Possibilities

- Colorado Hospitals should agree (pre-agreed amount) to cover a portion of the community to share burden. (e.g. St. Mary's 75%, Community 25%)
- Give some of the money from tickets (e.g. speeding, disorderly house,...) to health care.
- Impound and confiscate all vehicles operated by and operator DUI/ Drugs.
- Reduce taxes on small business but add a .25% or .5% tax on more food items.
- Tax fast food and require funds to be used for wellness plan.
- Fine all DUI and drug cases – money to go to state health.

## 7. Other Possibilities

### A. Elected Officials

- Elect representatives and senators who will “do the right thing” not just recycle themselves into the next open office. Term limited.
  - Create a health care czar (vote in) to bring tighter a creation team for insurance for all.
  - Put prisoners to work. Too much money is spent on them.
  - All mandated services must also be funded.
  - Allow more local control.
- B. Health Care Workforce
- Give retired doctors tax incentives to work past age 60 or 65. Exempt them from large liability exposure.
  - Expand access to coverage; Increase number of mid-level practitioners.
  - Create educational support and incentives to increase access and affordability of medical education – especially for mid-level medical providers.
  - Loan repayment for medical education if physician chooses to practice in rural area.
- C. Tort Reform
- Tort
  - Tort reform
  - Change tort and medical portion insurance
  - Create a state control of malpractice suits.
  - Reduce malpractice suits / insurance.
  - Fix rates for malpractice insurance to lower costs of health care – too many good doctors are suffering for the lousy deeds and warranted suits by injured patients against them. Boot the bad docs. Look at the evidence!!!
  - Limit awards in malpractice.
  - Repeal new tort automobile law!
- Tort reform and reinstate medical part of no-fault auto insurance.
  - Reinstating no-fault auto insurance in Colorado
  - Get rid of new tort auto law – go back to old law.
  - Reinstating no fault auto insurance.
  - Repeal the new tort system for car insurance. The no fault program does not drive up health care costs like we have now!
  - Reinstating no-fault auto insurance and tort reform.
- D. Health Savings Accounts
- Tort reform to allow medical savings accounts for all Colorado residents—do not allow catastrophic insurance plan participation to be a part. (Some insurance companies will not give catastrophic plans to people with chronic problems.)
  - Create health savings by use of home health, tele-health, health savings accounts.
- E. Individual Tax Incentives
- Provide state tax incentives for Coloradoans who participate in preventive healthcare programs.
  - Provide tax incentives for healthcare coverage.
- F. Drugs
- Have a state fund for drugs.
  - Institute a state purchasing pool for prescription drugs.
  - Purchasing pool for prescription drugs.
  - Medicaid program requires generic drugs.
  - Affordable drugs for the people who can't afford them.
  - Institute state purchasing for prescription drugs.
  - Institute a state purchasing pool for prescription drugs to reduce costs

## Recommendations for Local government In the Words of the Participants

### 1. Healthy Choices

#### A. Community Education

- Support Public Health programs in schools and thru out the community.
- Provide information and teaching on how to access and navigate accredited and reviewed healthcare websites.
- Provide health education classes for Medicaid, Medicare and low income. Make it mandatory, Use local facilities.
- Fund or have donated media support for preventive health life styles.
- Education regarding self responsibility, health, lifestyle choices.
- Increase education of lifestyle impact on health.
- Neighborhood based health care education and support.
- Health and wellness is the key. Support community health and promote education.
- Support local education programs at private non-profit (museums) and schools.
- Provide specific nutritional education for community based on low glyceimic
- Bring back women's health fair.
- Chamber provides insurance education.
- Education "should" come from insurance salespersons (brokers) and not from government.
- Use the Chamber as a mouth piece to train the people to be health aware thru classes and seminars.
- We need to promote education and teach our employees to be smarter consumers.

#### B. Community Wellness

- Encourage better self care by promoting active (physically) after school programs for district 51 children.
- Encourage active lifestyle.
- Community wide campaign for the "Take 30/day" 30 minute/day exercise.
- Stimulate healthy community activities.
- Promote healthy community activities through walking and bike trails.
- Increase community recreational opportunities.
- Increase recreational opportunities for providing a healthy community.
- Use already existing buildings to hold wellness classes.
- Encourage wellness programs.
- Encourage wellness programs.
- Increase wellness programs and living healthy.
- Promote healthy living and community activities.
- Support youth programs. (e.g. Partners, positive relationships, behavioral adults and kids).

#### C. Incentives for Healthy Choices.

- Encourage personal responsibility for health.
- Create incentives for wellness/preventative care.
- Provide enhanced levels of service for wellness benefits.
- Establish ethical/religion-based decisions on moral issues to help with preventative wellness care.

#### D. Education schools.

- School health clinics accessible to parents too.
- Develop a county wide school K – 12 mandate to have a health education program. Long term requirement.
- Focus schools on it's healthy and it's fun. Food pyramid.
- Mandatory education for parenting and child development.
- Health information in schools.
- Support health programs in school and community
- Health education in all schools
- School district 51 needs to be educated: There is a correlation between health, fitness, nutrition and learning.
- School based health education.
- Mandate coordinated comprehensive school health.
- More education of public on health issues.
- Make nutrition and health education part of the MCSD 51 curriculum.
- Put physical education for longer periods of time back in schools.
- Provide more organized PE for all students.
- Physical education in all schools.

#### E. Food Choices.

- Provide tasty nutritional food in school – NO FAST FOOD
- Close Campus on schools so children bring lunch or eat in the cafeteria.
- Have grocery stores charge less for produce.
- Take the pop machines out of the schools
- Close high school campus. Keep HS students in school. Keep from eating fast foods at lunch.
- Less fat in school lunches. Put driver's ed back in school – less accidents.
- Provide healthy lunches at school and require kids to eat there.
- Take vending machines out of school cafeterias

### 2. Community Infrastructure

#### A. Walking and Bike trails.

- Improve existing walking and bike trails, encourage physical activities.
- Build communities that facilitate pedestrian traffic (e.g. walk bike) that link to other communities.
- Bike trails from Palisade to Fruita
- Support open space – trails, access to public lands – opportunities for healthy outdoor activities.
- Provide more bike/walking trails throughout Grand Junction. The need to be going through town so they are accessible from home.
- Build more public physical exercise facilities (pools, aerobic gyms with equipment) and make available for low cost to public.

#### B. Recreation Center

- Grand Junction recreation center at Canyon View Park. (skate park, pool, ice rink)
- Build a community center
- Community recreation centers.

- Recreation center with low cost/no cost activities for children and adults.
- Community recreation center.
- Provide more free fitness facilities in Mesa County.
- More parks for all attend to go for healthy activities.
- Give excess funds to United Way.
- Instead of giving excess funds to the United way – use them for the community recreation center.

#### C. Other infrastructure

- Address poverty in Mesa County – because poverty creates health issues. Need a living wage.
- Help create better jobs in Mesa county.
- Improved bus service
- Improve bus service
- Improve bus service

#### D. Question of Environment

- Reinstate burning bans.
- No burning season (eliminate or severely restrict number of permits.
- Ban all open burning.
- Improve air quality
- Declare non-smoking in all public establishments.

### 3. Delivery Alternatives

#### A. Small local clinics.

- Expand mid-level storefront community clinics.
- Provide incentives for creation of neighborhood health clinics, evening hours at schools.
- Incentives to create neighborhood health clinics.
- Allow for local providers to be creative with clinics. e.g. NP
- Urgent care/after hours facilities more accessible in the valley – Clifton/Fruita
- Medical testing and non-critical care at malls for immediate access to basic services.
- Provide screening centers for common illnesses to reduce the need for doctors.
- Incentives for the creation of neighborhood clinics.
- Increase community health centers where people can feel more comfortable.
- Streamline the planning department regulations to enable health care providers to grow (when necessary) without excessive costs.

#### B. At Schools

- Have public health days at schools where everyone is “screened”, height, weight, Tetanus, etc.
- Immunization availability in schools -- malls for children/adults.

#### C. Hospice

- Advertise local hospice care to help reduce extensive terminal care.
- Educate on acceptance of living wills.

#### D. Marillac

- Making Marillac Clinic a community funding priority.
- Provide basic level of yearly financial support for Marillac clinic. Dollars could be increased if more money was available in any given year.
- Promote and fund non profit endeavors such as Marillac clinic and the like.

- Require employers to fund clinics for universal/underinsured if they do not have health care benefits for their employees.
- St. Mary’s should provide health clinic for uninsured. (Not just emergency care)

#### E. Pro Bono

- Encourage local medical providers to do “pro bono” work at low cost public clinics.
- Encourage local doctors to do more pro bono clinics.
- More volunteer efforts for pro bono medical care.

### 4. Payor Alternatives

#### A. Employers

- Take leadership role in helping small business provide health care coverage for employees.
- Small businesses combine to be able to insure as one.
- Help small business provide health care coverages
- Explore self funding pools for small business entities.
- Develop a “group insurance plan” that all small businesses and individuals can join to form one big employer group.
- Help reduce costs to small business in providing health insurance.
- Provide incentives to employers in reduced premium for involvement in wellness programs, but have to have proven results.
- Have employers reimburse employees for health center costs.
- Encourage wellness programs through local employers.
- Encourage wellness programs through employers.
- Provide incentives for employees at employer based wellness enters.
- Encourage wellness programs through local employers.
- Support employer based wellness programs.
- Employers to pay insurance for migrant workers, not Medicare.

#### B. Health Insurance Companies

- We need to increase the competition with viable alternatives to Rock Mountain HMO in the valley.
- Have local RMHMO offer more direct incentives to stay healthy (health maintenance) e.g. pay insured for lowering cholesterol, going to workout at gym, etc. (I’d work out for a few bucks)
- Promote and ensure competition among health care providers. Actively discourage implicit or explicit price fixing.
- Competition among companies in health. Government need to be limited, and allow private enterprise to flourish. When government enters picture, they should not expect hand out from providers.
- Rocky Mountain HMO to underwrite the whole community thru a tax on sales, income and excess use of resources.

#### C. Universal care

- Try universal care at a local level and demonstrate model it at a state or national level.
- Equal care and costs for all based on needs and ability to pay.

- Provide a Mesa county pool of insurance providers for coverage of low-income population.

## 5. What Should be Covered?

### A. Mental Health

- Support mental health care to reduce problems related to physical health.
- Mental health coverage.
- Address the mental health problems through early identification of alcohol, depression, family issues in the schools. Program should be seamless and integrated.
- PPT with local health care community.
- Fund mental health facilities and alcohol/substance abuse programs at the local level.

### B. East and West Medicine

- Integrative medicine
- Recognize non-traditional medical treatment – encourage cultural treatment methods.
- Treat the whole person, not just the symptoms.
- Increase control of disease causes (Vector Control)

### C. Rationing

- Add and expand on the Oregon plan using community groups
- 100% immunization for children

## 6. Improving Efficiencies

### A. Healthcare equipment and administrative costs.

- Do we need all the MRI machines in Grand Junction/Mesa county. Set up a cooperative (vs. competitive) environment for all the hospitals and surgical centers.
- Require communities to limit redundant medical equipment.
- Stop Medicaid Abuse

### B. Evaluate and Improve

- Establish outcome evaluation programs – no blame, no shame, no name.
- Study health issues to determine specific needs to the local area.
- Create a position to evaluate health plans and make results available to all employers, healthcare providers and citizens.
- Recognize and fund role of public health department in monitoring provision of health care and health of community.
- Fund quality improvement projects.
- Control and track patients use of health care system.

### C. Collaboration

- County wide communication between health care groups and integrating care.
- More cooperation among health care providers. "Docs and Hospitals"
- Develop an integrated case management program to better utilize community resources.
- Create incentives local patient data exchange efforts.
- Participate in partnerships to address local health needs.
- Participate in local partnerships.
- Local partnerships with health care community

- Assist a pilot "health cooperative" get started (owned and directed by the members who hire services)
- Local health coop
- Form a health coop through Marillac

## 7. Revenue Sources

### A. Tax Incentives

- Tax incentive for local employers offering health care to employees
- Local tax incentives
- Incentives for wellness programs
- Reward health
- Give local tax breaks to companies who promote healthy endeavors (e.g. Encourage employees to stop smoking, pay health club fees of employees, give to employees who run or bike to work)

### B. Other Taxes

- Allow tax dollar allocation for Income Tax returns to control funding for proposed plans.
- Ear mark certain taxes for health programs.
- Pass a bond initiative to aid funding for health care locally – have city commission administer.
- Help employers in community defray health insurance costs through local tax dollars (e.g. % of each sales tax)
- Use gasoline tax for health care needs.
- Use alcohol tax dollars for health care needs.
- Make Mesa County an enterprise zone to exempt it from Tabor restrictions.
- Repeal Tabor.
- County to help with health care costs for uninsured.

### C. Cigarette and Alcohol Tax

- Use cigarette tax dollars for health care needs
- More tobacco tax for health care.
- Alcohol, tobacco gas taxes
- Use alcohol tax for health care needs
- Increase cigarette tax to pay for program.
- Use tobacco tax dollars for health care needs.
- Use cigarette tax for health care needs
- Use alcohol and tobacco taxes for health care needs.
- More public awareness—increase county tax on cigarettes
- Increase county tax on cigarettes as well as alcohol.

## 8. Other Possibilities

### A. Healthcare Workforce

- Give more money to Mesa State College nursing program so they can have more spots in the program and provide more money to help students get through the program (scholarships)
- Expand nursing program at Mesa College
- Increase slots at Mesa State for nursing students in a thoughtful way – we know the need exists.
- Increase number of nursing student slots available at MSC
- Provide local money to expand nursing program at college.
- Establish health mentors for kids to learn about medicine
- Provide scholarships/grants to bilingual Spanish speaking students entering healthcare field—with caveat that they must remain at least 2 years past graduation in Grand Junction

- Provide scholarships for nursing and medical students who commit to practice here in Colorado.
- Create an incentive program to attract minority students to health care careers.
- Provide cash incentives for students entering health care fields
- Provide health insurance reductions for students entering health care fields.
- Promote educational funding in the medical field.

B. Elected Officials

- Vote for people that make healthcare an issue.
- Keep health care needs in front of community leaders, who will see the light and emphasize prevention programs.
- Lobby state legislators to fund education on healthy lifestyle and preventive care.
- Keep people's health care needs in front of leaders.

C. Citizen Engagement

- More community planning and event to focus on health care similar to this one.
- Conduct this meeting with 250 low income uninsured individuals.
- Promote dialogue before making a decision about extreme health related measures like spaying for West Nile Virus.
- Support local programs with active and monetary participation.