

CHAC Monthly Meeting
December 8, 2017
Durango Recreation Center

Attendees:

Kari Plante, SJBPH	Eileen Wasserbach, SUCAP; CHAC Board
Elsa Inman, MRMC	Lynn Westberg, CHAC Board
Dave Rich, Seniors Outdoors	Kristin Pulatie, SJBPH
Guinn Unger, Indivisible Durango	Bob Cox, physician, My Life Co-Lead
Vic Lopez, physician, CHAC Board	Lauri Costello, physician; community member
Eve Presler, RMHP	Erin Youngblood, Evenings Porch
Morgan Williams, MRMC	Missy Rodey, MRMC Board
Jan Phillips, Indivisible Durango	Scott Mathis, MRMC Board
Barb Cannon, VITA	pattie adler, CHAC
Sheila Casey, LPC Senior Services; CHAC Board	Kathy Sherer, CHAC
Scott Wallace, CORHIO	

Welcome – pattie adler

We are accepting nominations for the 2017 Health Hero. Please send nominations to pattie by December 22. Voting will take place at the Annual Meeting on January 12, and the winner will be announced at the February meeting.

The current grant that is supporting CHAC will end September 2018. Please renew your membership or join now. Paying before 12/31/17 offers a tax deduction for 2017.

After getting input from CHAC participants in person and via email, the starting time for CHAC monthly meetings will permanently change to 8:30am beginning Jan. 2018. The Annual Meeting in January will go to 10:30am, but after that our meetings will be 8:30 – 10:00am throughout the year, still at the Durango Rec Center.

“My Life: Deciding in Advance” (Advance Care Planning) – Bob Cox

A presentation was given to the Primary Care Providers group. They want our help getting the information to their patients. Save the date for another large educational community event to be held Feb. 15 at the library from 5:30 to 7:30 p.m. We will also have one in April on a Saturday morning.

Obamacare, Trumpcare and Healthcare: Facts and Fiction – Quinn Unger, Indivisible Durango
(also see PowerPoint attached with these notes and posted on the CHAC website: www.chaclaplata.org)

The Affordable Care Act (ACA), also known as Obamacare, is a law which attempts to achieve the following: make individual insurance policies available to more people; set standards for all health insurance policies; expand Medicaid (at the option of each state) to cover more low-income people; and reduce the cost of health care.

The American Health Care Act (AHCA), also known as Trumpcare, is a bill which passed the US House of Representatives, but not the Senate, and attempts to achieve the following: repeal and replace the ACA; cut federal subsidies for health insurance; reduce insurance requirements to reduce cost; and reduce funding for Medicaid.

Obamacare and Trumpcare deal primarily with Medicaid and Individual Insurance (< 20% of total spending). Neither Obamacare nor Trumpcare addresses the real problem. We simply spend too much for health care! In 2015, we in the United States spent over \$3.2 trillion dollars on health care.

Based on data from the World Health Organization, the Organization for Economic Cooperation and Development, and the Commonwealth Fund, the U.S. health care system comes in dead last when compared to other rich countries.

- 28.5 million people still do not have medical insurance as of 2015 – millions more are underinsured.
- Trumpcare would result in an additional 23 million people without insurance by 2026.
- There are approximately 700,000 medical bankruptcies each year.
- Medical costs continue to rise significantly faster than the inflation rate.
- Americans pay twice as much (or more) for the same drugs.
- 20,000 Americans die each year because they cannot afford the life-saving medical care they need.
- Executive compensation and administrative costs in the medical insurance industry is excessive.
- Since 1999, the employer's share of health coverage doubled, and the employee's share tripled.
- Huge sums are spent on lobbying.

Why do we tolerate a situation where we spend twice as much per person on health care but have some of the worst results among developed countries? And what can we do to change this? One way to start is to look at how other developed countries pay for health care.

1. Government-controlled health care (UK, Italy, Spain, Hong Kong)
The government typically owns the hospitals, clinics, equipment, etc. • Health care professionals (doctors, nurses, technicians, etc.) are employed and paid by the government • Everyone is covered • Low costs per capita because the government controls what doctors do • The UK system, in particular, gets very high reviews from the citizens
Pros/Cons: Would probably meet a lot of resistance in the U.S. ("socialized medicine") • Major change and disruption • Covers everyone • No insurance required
2. Mandated and regulated private insurance (Germany, Japan, Belgium, Switzerland)
Providers and insurance companies are private entities • Everyone must purchase health insurance • Insurance costs are typically split between the employer and employee • Insurance is tightly regulated • Costs are held down by having a large pool of insured and by limiting profits for the insurance companies
Pros/Cons: Individual Mandate in ACA met strong resistance • Insurance industry profits would plummet • Administrative savings less than other systems • Not strongly backed by anyone in the U.S. at this point
3. Single-payer (Canada, Australia, Taiwan, South Korea)
Providers are private entities • Government pays all or almost all health care costs • Everyone is covered • Funding is typically provided through taxes paid by employers and employees; some other taxes may also be collected • Private health insurance companies typically provide only specialty policies
Pros/Cons: Could be an expansion of Medicare with only some disruption • Very simple plan • No narrow networks; almost all providers participate • Health insurance industry would pretty much disappear • A majority of Americans already support single-payer

How Are Costs Reduced under Single-Payer? • Elimination of most administrative expenses for providers • Elimination of medical insurance company profits • Prevention programs for all • Reduced drug costs • Elimination of unnecessary services • Increased efficiency • Reduction in fraud

What is the current status of single-payer? • HR 676 has been introduced in the House of Representatives every year since 2003, but it now has more sponsors than ever before • Bernie Sanders has introduced a single-payer bill in the Senate with many co-sponsors • Public support for single-payer is growing • California is making major progress and may pass a bill next session that would establish a single-payer system • A single-payer bill has passed in one house of the New York legislature

Who opposes single-payer? • Health insurance companies • Big pharmaceutical companies • Hospital companies

What can we do?

Our congressional representative and both of our senators do not support single-payer. We can contact them. We also need to push harder than the lobbyists. Make it clear to our politicians that citizens' votes are affected by their positions.

Updates and Networking

Barb Cannon – When enrolling someone into the ACA who receives a Premium Tax Credit (PTC) and may not make enough to file taxes, they'll receive an IRS letter about the PTC and will need to file a tax return.

Vic Lopez – There is a suicide prevention workshop on 12/11 at the library from 9 to 4. It is follow-up from the May workshop.

Kari Plante – The Bright Day (adult Medicaid) orthodontics office is open (above Star Liquors). Axis has gotten funding to hire another dentist in its oral health clinic.

Elsa Inman – Mercy will start offering a spiritual care support group for patients as well as community members. It is still in the planning stage.

Guinn Unger – Indivisible Durango's Healthcare and Senior Issues Subcommittee needs another 2-3 volunteer speakers willing to give community presentations similar to today's. Please contact Guinn (or pattie to reach Guinn) if you're interested.

Kristin Pulatie – SJBPH will be starting their next health assessment very soon. The survey link will be sent out and will also be available on their website. There also will be focus groups. This data collection will occur Jan – Mar. 2018 in La Plata and Archuleta counties.

The next monthly CHAC meeting is scheduled for January 12 at the Durango Rec. Center. This will be our Annual Meeting and will run from 8:30 to 10:30am. We will be discussing CHAC's priorities in 2018 (and beyond). Breakfast will be served.

Important change: Meetings will be from 8:30 to 10:00 a.m. as of February 2018.

Meeting notes submitted by Kathy Sherer with minor additions by pattie adler