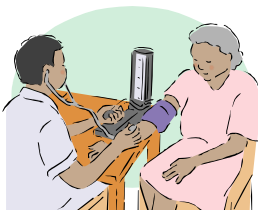


### **Governor's Plan to Cover 500,000 Ohioans Moves Forward**

The Governor is committed to cutting Ohio's 1.3 uninsured by 500,000 by 2011. To this end he initiated a rigorous health care reform planning process in August 2007 designed to gather input from health care stakeholders and roll out a plan in early 2008.



The Ohio Department of Insurance is staffing the effort and the State Coverage Initiative Team (SCI) and the Health Coverage Initiative Advisory Committee (HCIAC) are supporting the process. The 12-member SCI team includes a consumer representative Col Owens (Legal Aid of Southwest Ohio) and three other public members, 4 legislators, and 4 members of the Governor's staff. The HCIAC includes 30 members plus the 12 SCI members. The state's SCI team is supported by the Robert Wood Johnson Foundation.

Hours of meetings in Columbus' old Lazarus Building have produced a prioritized list of potential program expansions and insurance market reforms that would support the coverage expansion. The group has prioritized the types of benefits that should be in a benefit package, and will grapple with the question of how to finance the expansion at its December 11<sup>th</sup> meeting. Once a plan is announced there likely will be continued public and private discussions and legislation to implement the plan.

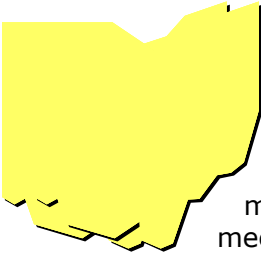
You can keep up with the process by going to <http://www.healthcarereform.ohio.gov/index.aspx>. In addition, feel free to contact consumer representatives on these committees including Cathy Levine at (614) 456-0060 or [clevine@uhcanohio.org](mailto:clevine@uhcanohio.org) or Col Owens at [cowens@lascinti.org](mailto:cowens@lascinti.org).

### **14 Consumer Groups Form Ohio Consumers for Health Coverage**

You might notice the banner on this newsletter has changed to the **Ohio Consumers for Health Coverage (OCHC)**. On November 13, 2007 OCHC announced its formation and briefed the press on the role it hopes to play in protecting the interests of consumers in the health care reform process. Cathy Levine, UHCAN Ohio Executive Director told the press that the OCHC will provide "a united consumer voice" that is "critical to make sure that we make quality health care more affordable and accessible to all Ohioans." She noted that business, health care providers and insurers are all involved in the health care reform process and consumers need to be as well.

The OCHC has emerged from a several month process that began with the convening in July of mostly statewide organizations whose strongest constituency is consumers. These groups include AARP (Ohio), American Cancer Society, Ohio Division, Cerebral Palsy Association of Ohio, Faith Ministerial Alliance, Legal Aid of Southwest Ohio, National Alliance on Mental Illness Ohio, Ohio Council of Churches, Organize!Ohio, Ohio ACORN, Service Employees International Union (SEIU), Toledo Area Jobs with Justice, UHCAN Ohio, We Are the Uninsured and We Believe Ohio. For these groups access to health care is critical to their members and their mission.

Convening OCHC grew out of a Call for Proposals issued by the Robert Wood Johnson Foundation. RWJF plans to fund 10 statewide advocacy networks to build a united consumer voice calling for major coverage expansion. This leadership team is supporting UHCAN Ohio's proposal to become the lead agency for this grant, and an announcement of the successful applicants will be made in December. Early in the process the OCHC (Go to **OCHC**, page 3)



## Southwest Ohio Consumers for Health Coverage Gains Momentum

The Southwest Ohio Consumers for Health Coverage held its kickoff meeting on October 23<sup>rd</sup> in Cincinnati's North College Hill and its second meeting on November 14<sup>th</sup> in Pleasant Ridge. The group has formed committees pertaining to outreach and communications. November 8<sup>th</sup> four members attended a training in Northside on making presentations about health care reform and OCHC.

### Finding the Magic Language ...

Are you tired of hearing commentators refer to "socialistic medicine" and "government-run health care?" Are you even more frustrated when you talk about expanded health coverage and someone attacks you for promoting "socialist medicine?" On Monday, November 19<sup>th</sup> at the invitation of the Ohio Consumers for Health Coverage, Dr. Robert Crittendon from the Herndon Alliance spoke to 50 health care activists and then followed up with a working lunch of 20 to explore how to craft the messages that will build a groundswell of support for health care reform.

The Herndon Alliance works with polling organizations and has analyzed preferences of voters around health care, nationally and in Ohio. Important data about Ohio was presented, including this information:

√ 74% of Ohio voters strongly or somewhat strongly favor affordable quality health care for all Americans even if it means raising taxes

√ 70% of Ohio voters strongly or somewhat strongly favor affordable quality health care for all Americans even if it means a major role for the federal government.

√ 75% of Ohio voters strongly or somewhat strongly favor a health care system where insurers could not deny coverage to people with pre-existing conditions.

Similar majorities support health care reform in which employers and individuals could keep their current plan; where all plans are required to provide a standard package with preventive care; where employers are required to offer all employees a public and private plan; and guaranteed affordable private plan or public plan

on a sliding scale. Regardless of this indication for support for health reform, the public must come to the belief that there is a way to create these guarantees that will not be unaffordable and that will not hurt small business. Most people form their convictions from their set of beliefs, not from pure facts. Thus when speaking to people about health care, it's important to understand their values, and positively link health care changes to their value-based frame of reference. In that regard speaking a language that resonates with values is important.

Herndon has found that voters prefer choice of physicians, so it is important to protect choice and talk about protecting choice. Voters prefer government to play the role of "watchdog" than of operator, and so that must be taken into consideration in crafting a plan and presenting it to the public. And finally, avoid playing into people's fears about losing the health care they have. Fear causes people to stick with the status quo.

For more information on the Herndon Alliance and its Ohio findings, contact Charlotte Rudolph at UHCAN Ohio, [crudolph@uhcanohio.org](mailto:crudolph@uhcanohio.org)



**OCHC**, continued from page 1.

leadership team decided that it would persevere in its goal of uniting consumers around a health care agenda, regardless of the outcome of the grant process.

Toward that end the Southwest Ohio Consumers for Health Coverage has had two meetings in Cincinnati, and OCHC hopes that many more local networks will emerge.

In 2004 UHCAN Ohio convened the **Coalition for Affordable Health Care (CAHO)**, and CAHO conducted briefings around the state during the 2006 election to keep health care on the agenda, and also began this regional newsletter. CAHO and OCHC share the same principles, developed by the Institute of Medicine (see last page). CAHO will continue and will host and participate in conversations with providers, insurers and businesses to explore solutions to the expanding health coverage need in Ohio. Since much of the work that will happen in the next several years will require the organizing of consumers, the energy of UHCAN and its communication tools will primarily focus on the OCHC. Questions? Feel free to call Cathy Levine at 614 456-0060, or [clevine@uhcanohio.org](mailto:clevine@uhcanohio.org)

### **Meeting with AG on Hospital Billing Practices**

Several Ohio Consumers for Health Coverage representatives met on November 7th with Ohio's Attorney General Marc Dann to discuss concerns about the lack of consistency across the state in hospital billing and collections practices. Too many Ohioans lacking insurance – and many with inadequate insurance – are finding themselves hounded by collections agencies, facing liens on real estate, and other actions because they needed hospital care and could not afford to pay the bills. Hospitals are a critical part of the health care safety net for people without adequate insurance. Consumers need protection against crippling medical debt, while consumers and hospitals work together toward adequate coverage for all Ohioans. The Attorney General expressed his commitment to include consumer advocates in discussions of how to improve policies.

### **Step Back on Medicaid Payment, Service Increases**

Following three months of increasing Medicaid caseloads Governor Strickland decided to delay two Medicaid policy changes set for January 1<sup>st</sup>.



Adult dental benefits, which had been severely reduced in the 2006-7 budget, were to be restored. Providers, including physicians and hospitals, were to see a 3 percent increase in reimbursement. Providers have not seen such an increase since 2000. Medicaid enrollment is up 18,000 cases over projections. The Governor stressed this was a delay, not a cancellation of the increase, and that he did not want to move forward on the change, and then pull it back if caseloads continue to increase. The administration will monitor the situation to determine at what point it can implement the budget as enacted in June of 2007.

The cost of the dental benefit is \$15 million annually and the cost of the provider increases is \$50 million. Dentists noted that the dental savings may not actually be \$15 million, since people with dental pain go to the emergency room, where the treatment is less effective and much more expensive.

In an article in the November 28<sup>th</sup> Springfield News Sun, it was reported that the delay will cost Springfield's Rocking Horse Center between \$30,000 and \$40,000 annually and Community Mercy Hospital \$400,000 to \$500,000 annually.



## **OCHC's Principles for Health Care Reform**

OCHC and CAHO use these principles\* as a yardstick to measure proposals for reform.

- Health care coverage should be available for all.
- Health care coverage should be continuous.
- Health care coverage should be affordable to individuals and families.
- The strategy for achieving health care coverage should be affordable and sustainable for society.
- Health insurance should enhance health and well-being by promoting access to high-quality care that is effective, efficient, safe, timely, patient-centered, and equitable.

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\*Adapted from *Insuring America's Health: Principles and Recommendations*, Institute of Medicine, 2004.