EXECUTIVE SUMMARY FOR FOCUS GROUPS

This research project was conducted for the
Statewide Study of the Uninsured
The Department of Public Health and Human Services
Steve Seninger, Principal Investigator
Bureau of Business and Economic Research
The University of Montana
Missoula, Montana

Focus group moderators were
Nancy L. Arnold, Ph.D., Associate Professor
The University of Montana
and
Kyle K. Colling, Ph.D., Assistant Professor
Montana State University-Billings

Transcriptions, analysis of data and preparation of final report by
Kyle K. Colling, Ph.D.
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With a hope and a prayer: Montanans face the healthcare crises

Executive summary

Focus groups conducted for the State Planning Grant on the Uninsured
Department of Public Health and Human Services
2003

This brief, initial report contains a summary of the themes from the focus group research conducted as a part of the larger Statewide Study of the Uninsured, commissioned by the Department of Public Health and Human Services. Focus groups were used to augment the breadth of the statewide study with the depth of understanding that qualitative research provides.

Six focus groups were conducted across the state of Montana during the timeframe of April 9 through May 1, 2003. Willing participants were identified, selected and recruited from the statewide study based upon their ability to represent the two broad categories of people primarily affected. Those categories were: 1) individuals who have personally experienced living without healthcare coverage, and 2) employers who do not offer health insurance as a benefit for their employees. Members varied by age, gender, occupation, income, and interests. Other than the place they lived, experience with the lack of healthcare insurance was the primary commonality among them.

Questions were developed and used to provide a framework for the discussion, but focus groups are designed to encourage knowledgeable participants to identify the salient issues for themselves. Therefore, while the questions were centered on the issue of healthcare insurance, every member in every group wanted to also talk about the high cost of healthcare, in general. They saw the problem as being much more complex than just the cost of health insurance. Thus, the full report contains the themes generated from a broad discussion of the topic of healthcare, as it relates to the focus group members' everyday lives as Montanans.

Included in a separate section (Questions and Answers) of this report are the original questions and brief representative answers, which are generally drawn verbatim from the transcripts. People politely and thoughtfully answered the questions, although they were more inclined to talk about the issues they considered to be most significant in their personal lives. Those are the issues that were developed into broad themes, and used as the framework for the full report. What follows here, then, is a summary presentation of those themes that participants identified through the focus group process.

Consumers and employers identify and discuss
THE PROBLEMS…

Medical costs should be reviewed and contained.

The questions were developed around one topic: that of health insurance coverage. However in every focus group and from every one of the participants, there was the unanimous viewpoint that medical and related costs are too high. Participants felt very strongly and often spoke with anger about this theme. Comments about medical costs were discussed in every site. Agreement on this issue was 100% across every person and every group.

Participants specifically discussed the high cost of medical services for: hospitals, physicians, pharmaceuticals, medical transportation, and dental care. Mental health care was seen as both costly and generally not available.

Where uninsured people go for medical services.

The majority of people reported that they don't use medical services because they simply can't afford it. In the groups of consumers, this was true not only for people without insurance coverage, but also for those few individuals who have health insurance coverage, as well. Those with insurance cited large deductibles, reduced allowable expenses, reduced allowable expenses, reduced percent of cost covered through insurance, pre-existing condition clauses that preclude coverage, and the other complexities of coverage that leave too much still owed by the individual consumer. Those without insurance who do access medical care use the following general providers: Deering Clinic, Walk-in Clinics, the ER, and physicians who are flexible about payment terms and allow people to pay what they can afford each month.

How people manage large medical bills.

At least one person in nearly every consumer group said they hope and pray they can avoid large medical bills. For the most part, participants try to avoid them by not going to a doctor. If they can't avoid the bills, people reported being literally buried by them and this resulted in medical bankruptcy. In each consumer group, at least one person had used the bankruptcy route to deal with large medical bills. In the employer groups, members knew people who had used medical bankruptcy to deal with their large medical bills.

Rates for all medical services/procedures should be the same.

The Billings, Miles City and Havre consumer groups were the ones who developed this particular theme. The underlying message is that, in their experience, everyone is not billed the same amount of money for the exact same procedure, item, or service. They don't like this system.

Participants find the cost of health insurance to be exorbitant.

This issue, like the discussion about the high cost of medical and related services, also evidenced unanimous consensus across each member of every single group. In addition, people expressed more anger over the cost of health insurance than they did about any of the other themes they developed. That is saying something, because participants felt strongly and often expressed anger about most of the issues discussed in these groups. Someone in every single consumer group used the term "rip off" when discussing the health insurance industry.

They talked about how health insurance is so expensive that people are often left with catastrophic coverage only. People feel that they pay several hundred dollars a month and don't get any benefit from these payments at all, unless they experienced some very major health crises. In addition, pre-existing condition clauses virtually eliminate the value of health insurance to many consumers. So, for many members, the expense simply doesn't justify the benefit.

Other themes that developed during the discussions were: a.) Covering a family is considered to be cost-prohibitive, b.) Large groups are better able to negotiate more reasonable rates thus leaving individuals, families, and those employed by small businesses paying higher rates they typically can't afford, and c.) The complexity of policy and coverage information serves as a barrier to accessing health insurance.

Group members believe the cost of malpractice insurance to be a significant factor in the rising cost and healthcare, and cite insurance companies for charging both doctors and consumers high rates, and a litigious society as the root causes.

The risks of going without health insurance.

The participants most likely to identify significant risks related to not having health insurance were some members of the employer group, and the older members of the consumer groups who had managed to accumulate some assets.

Although younger members recognized some risk, they were more likely to be willing to take a chance and go without coverage.

Where people have successfully accessed health insurance coverage.

Every participant reported some experience with health insurance coverage. The employers (9 out of 12) were presently, or had been previously covered under various standard policies. Thus, most of the employers had coverage for themselves. On the other hand, their employees were generally not insured, unless they were covered under a spouse's plan. On the consumer side, participants shared personal (typically past) experiences with Medicaid, CHIP, MCHA, VA, and COBRA.

Where people find information on health insurance options.

These responses were typical across all the sites. Employers reported using independent insurance agents or administrators to serve this function. Consumers use the Internet, the newspaper, and insurance agents.

Concerns specific to different age groups.

Participants reported that younger people do not always see the importance of health insurance coverage, and cost is an ever-present issue. The problem of accessing coverage for older people is, quite simply, the cost of purchasing it.

The role of the Montana economy in the high numbers of uninsured.

This is another theme that emerged during the discussions in most groups. Havre consumers and Miles City employers developed the theme of the lack of vitality in the business sector. Participants in the other sites talked about low wages and inflation as significant problems. The economy was seen as a major cause of migration of youth out of state. Finally, the Miles City employers discussed the special concerns that result from relying on a rural agricultural economic base.

AND SOME SUGGESTED SOLUTIONS...

Adopt national healthcare/socialized medicine/a system like Canada or Mexico

This was another area of agreement across all sites. Participants in every single site spontaneously made this suggestion as a potential solution to address the healthcare crises.

Use large, self-administered, self-insured groups.

This theme was primarily developed by the Missoula professional services group, but was also suggested by the Miles City hospitality group. Beyond that, there was broad consensus that large groups are better able to negotiate reasonable rates, and this leaves single people, couples, and small businesses with much higher rates. This problem then dovetails with the suggested use of large, self-insured groups in order to make premiums affordable. Removing the middleman [the health insurance industry] is a specific feature of choosing large, self-insured, self-administered groups.

Premiums must be made affordable.

This theme requires no discussion except to say that this solution was suggested in every group.

Provide regulation to control costs.

This solution evolved from the discussion of the high costs of healthcare, and was suggested and discussed in every group. "If you have to force them, by law, to do the right thing, so be it."

Use a tiered approach to health care provision.

Again, this solution was suggested in every group. Participants believe that a nurse, nurse practitioner, or a physician's assistant could competently address many minor medical problems. In fact, several people have used these types of services. The drawback people reported is that they have been billed an amount that is the same or nearly the same as they would have been for a physician's services. Their suggestion, then, is that while the use of a tiered approach could potentially offset rising costs, this potential benefit is predicated on the belief that charges for the services of a nurse, nurse practitioner, or physician's assistant should be made much more affordable.

Look to health promotion and disease prevention.

The groups in Polson, Missoula and Miles City felt that prevention should be considered as a viable approach to reducing the overall costs of health care. They also felt that a cost savings on insurance should be made available to those who practice prevention.

Provide resources so people can understand and access services.

The Havre and Billings groups discussed the complexity of health insurance policies, and the need for informed consent before medical fees are charged so that people can understand, up front, what their financial obligations are.

Use the tax structure to offset the cost of benefits.

The discussion on tax incentives came from the people in Havre, Miles City and Missoula. Dollar for dollar tax credits [for the purchase of health insurance coverage] rather than tax deductions were recommended, along with using tax-free medical savings accounts. The "sin tax" proposal came from the Miles City employers.

Become politically active with the legislature.

This theme developed from discussions in the consumer groups in Billings and Havre, and the employer group in Miles City. They discussed the power of the insurance lobby, and believe that the insurance company lobbyists are controlling their own pockets, to the detriment of consumers.

Re-visit our spending priorities nationally.

The Miles City employer group discussed this issue, and suggested that government waste is a problem, and with better management there would be enough money to address the healthcare crises.

ADDITIONAL PROBLEMS
Just from the employer perspective...

The cost of health insurance is too high.

This was unanimous across every person in both groups except one. This person worked for a large national fast food franchise and considered their health insurance coverage to be of good quality and reasonably priced. However, no one below the level of store management has access to this benefit.

Health insurance is only available to management or more highly paid employees.

For both employer groups, this was an issue. In addition, someone from the Billings consumer group shared a similar personal experience, from the consumer perspective. This consumer worked for a company that provided insurance coverage only to managers.

Offering healthcare coverage would be a benefit to businesses.

The two groups believed that offering healthcare benefits would help with both attraction and retention of employees.

How employees are presently covered.

Employers report that, by and large, their employees are not covered by health insurance. For those few who have coverage, it is provided either through an employer directly, or through a spouse's employer.

Issues arising from the Miles City employers (hospitality/travel) group.

This group discussed the problems of high turnover, low wages, and dealing with a struggling economy. They felt that the high turnover rate among employees would create an insurmountable paperwork problem if they were to provide health insurance coverage. In addition, the low wages that employees are paid would make it impossible for them to share in the cost of the insurance. Finally, the struggling economy leads to lower profits for employers, and consequently they could not afford to provide this benefit to their employees.

Missoula employers (professional) group.

Missoula employers discussed the difficulties of trying to provide benefits to employees hired as independent contractors, and they spent some time brainstorming and expanding the theme of self-administered, self-insured groups. The discussion on self-insured groups is primarily contained within the Suggested Solution Section (page 70) of the full report.

Research premise

The initial premise of this qualitative research study was that individual Montanans are an important source of knowledge and experience related to the complex issues surrounding access to health care insurance. Focus groups (conducted April 9 through May 1, 2003) were the method of inquiry selected because they are uniquely suited to understanding the personal experiences of the uninsured.

While questions were developed by the researchers and used to create a framework for the topical focus of the group, the researcher did not assume that those questions reflect either all of or even the most important of the issues that people face in their day to day lives (Gall, Borg & Gall, 1996). Indeed, they did not. Participants saw the broader picture of healthcare as a system in crisis. They talked about this total picture, and not just the problems related to living without health insurance. Using a semi-structured interview format, the groups were encouraged to develop the issues as they saw them. These group discussions uncovered factors that influenced opinions, behavior, and motivation related to what each and every participant perceived as the problems and potential solutions to this healthcare crisis. Group synergy was quite evident in this field-based research because the participants felt passionately about the topic, actively shared their personal thoughts and feelings with each other, and clearly saw the need for change.

Sample

The participants in this research project were drawn from the larger sample of the Montana State Planning Grant on the Uninsured. Steve Seninger, Ph.D., conducted the sampling procedures. The sample was stratified into five layers:

Layer one: willingness to participate

A number of people from the statewide survey group indicated a willingness to participate further in the focused studies. Thus, willingness to participate was the first layer in this stratified sample.

Layer two: representative location

People were then selected from five representative regions. The sites chosen were Miles City (eastern, rural), Billings (south central, urban), Missoula (northwestern, urban), Havre (north central, rural), and Polson (north west, rural).

Layer three: personal experience

Participants who demonstrated knowledge of and personal experience with the target problem were purposively selected from the remaining sample pool.

Layer four: consumers and employers

For the fourth layer, participants were divided into two groups, a consumer group, and an employer group. For the consumer group (n=28), selection criteria were based upon identifying individuals who were either currently without insurance coverage, or had been without it in the past. Consumer groups were held in Billings, Miles City, Havre and Polson. The employer group (n=12) was chosen by identifying those persons in a position to decide whether health

insurance would be offered to employees as a benefit. Employer groups were held in Miles City and Missoula.

Layer five: representative demographically

The final layer focused on individual demographics and ensured a mix of gender, age, occupation, and income levels. The gender most represented in this sample was females (65% of the total, 75% of employers). Participants ranged in age from approximately 25 years to 62 years. Consumer group membership primarily included people who considered themselves to be among the middle class, but there were also individuals who were unemployed. Some members of the employer groups were financially able to pay for their own relatively large medical bills without the benefit of health insurance. Finally, it was assumed that nearly all the participants in all sites were Caucasians.

Thus the research sample contained information rich participants who were purposively selected to be representative of Montanans experienced with the lack of health insurance.

Recruitment of participants

Participants were recruited via telephone calls and were provided with a general description of the topic of this study, and the techniques for data collection that would be used. For those who agreed to participate, the date, place and time schedule were provided both verbally over the phone and through reminder letters mailed shortly before the scheduled focus group

meeting. A forty dollar stipend was offered as an incentive to participate, and was dispensed at the end of the group meetings to each participant.

Qualifications of moderators

Two moderators, Nancy Arnold, Ph.D., Associate Professor, the University of Montana, and Kyle Colling, Ph.D., Assistant Professor, Montana State University-Billings conducted the groups. Both moderators were well experienced with focus groups and qualitative research, and in the art of creating comfortable, non-threatening, permissive environments necessary to promote self-disclosure among participants. Moderators served as listeners, observers and analysts.

Chapter 1: Introduction and Method

This report contains the analytic summary of the focus group research conducted as a part of the larger State Planning Grant on the Uninsured, commissioned by the Department of Public Health and Human Services. These focus groups were used to augment the breadth of the State Planning Grant study with the depth of understanding that individual people provide when personal experiences are shared.

Six focus groups were conducted across the state of Montana (Billings, Havre, Miles City, Missoula, and Polson) during the timeframe of April 9 through May 1, 2003. Willing participants were identified, selected and recruited from the statewide study based upon their ability to represent two broad categories of people primarily affected. Those categories were: 1) individuals who have personally experienced living without healthcare coverage, and 2) employers who do not offer health insurance as a benefit for their employees. Members varied by age, gender, occupation, income, and interests. Other then the place where they lived, experience with the lack of healthcare insurance was the primary commonality among them.

The approach to analysis of the large volume of data generated through this project was to place the highest value on capturing the actual comments and language used by the group members. Their discussions were eloquent, articulate, and developed a clear picture of all the issues, as reflected in the participants' personal lives. They felt strongly and emotionally about the experiences and perceptions they shared. Their discussions demonstrated that they are thoughtful and informed about the topic. Therefore, the report contains their comments, nearly verbatim, in a descriptive summary designed to display the frequency, detail, emotion and extensiveness (Krueger and Casey, 2000) of comments made during the discussions.

Questions were developed and used to provide a framework for the discussion, but focus groups are designed to encourage knowledgeable participants to identify the salient issues for themselves. Therefore, while the questions were centered on the issue of healthcare insurance, every member in every group wanted to also talk about the high cost of healthcare, in general. Focus group members clearly stated that they see the problems related to the provision of healthcare as a national crisis, of critical proportions. They saw this national healthcare crisis as related to, yet also independent of the insurance issue. Discussing healthcare was important to them, and so the moderators followed along and trusted the groups to tell their stories rather than leading the discussion as a question and answer session. Thus, the report contains the themes generated from a broad discussion of the topic of healthcare provision from the personal experience of these Montanans. Editing was done to clarify, which was only occasionally necessary, and to ensure that the participants' right to anonymity and confidentiality were respected.

Chapter 2: Consumer Group Issues and Perceptions

2-1. Medical Costs Should be Reviewed and Contained

The questions were written to inquire specifically about the topic of health insurance. However in every focus group and for every one of the participants, the shared and unanimous viewpoint was that medical and related costs are too high. Participants felt very strongly and often spoke with anger about this theme. Comments about medical costs were shared frequently throughout the entire discussion in every site. Agreement on this issue was 100% across every person and every group. Here's what people said (verbatim):

2-1.1. Statements about medical and related services…

Rather than talk about how do we pay for what we've got, I'd like somebody to look at the whole thing and say, "wait a minute, this cost is out of hand!" We've got to get the costs down by looking at the whole industry. And it isn't just the doctors and the hospitals; it's the whole industry. It's totally out of control!

The whole discussion is revolving around how do we pay for health care and I think somebody needs to look at the medical industry and say, how do we reduce the cost of healthcare so that we can pay for it at a lower level and maybe we could pay for it. It isn't all the doctors and the hospitals. It's the entire industry.

I know it's gotten so out of line now that physicians just keep upping their prices, the insurance ups their prices, and hospitals up their prices, I mean, it's a mad circle!

Even with insurance, you can still have a big bill to pay.

It's just gotten way out of hand. It's a mixed up web. It has gone so far one-way there is no going back.

I just get so frustrated because the medical industry is so different in Europe than it is here. It comes down to the dollar instead of the person. We have no humanitarianism.

We're going to treat the people who have some money, and the people who get sick that don't have any, oh well, too bad.

You go without and curl up in a corner and die because you can't afford it. I don't know all the answers, and I don't claim to, but something needs to be done.

2-1. Medical Costs Should be Reviewed and Contained, continued.

2-1.2. Statements about the high cost of hospital services…

I think there has to be some compromise between the hospitals and the insurance. I mean, the insurance premiums are outrageous and then you get a hospital bill and they are charging you $6.50 for a Tylenol 2. That's a little outrageous!

I think everybody is swamped with medical bills, insurance or no insurance.

Some of them call themselves nonprofit, and you wonder where the nonprofit comes in when you look at the bill. How can they call themselves nonprofit when you look at the price? Somebody is making a profit somewhere. I've seen the bills. A Q-Tip costs $5.

I had an [accident] and I didn't really mess up much except for [body part], and it cost $75,000 before I got out of that.

[Family member's] bills were over $90,000 for two weeks. The bills started rolling in before we even got back. They were waiting in the mailbox. [Family member died in the hospital from an accident.]

I think there is a lot of wasted money in the way the hospitals are run in some ways, and the way they charge. I don't know how they justify some of it, but they seem to.

A lady I know had eye surgery and they deadened her eyes and did it. But they charged her for an anesthesiologist. Now, she had no anesthesiologist. So, she called them up and asked them what was the deal with the $500 for the anesthesiologist. The hospital's explanation was, "well, we had one available for you if you needed one for a total of $500." So, I'm sure that's one of several things that go on. I don't know how you control that.

You know, if you have complications, a million dollars don't go very far in that hospital.

There are a lot of concerns about the charges hospitals have.

It's totally out of control. They build these huge buildings.

This is crazy. You know the cost of hospitals. Somebody's got to stop them!

2-1. Medical Costs Should be Reviewed and Contained, continued.

2-1.3 Statements about the high cost of physicians and related services…

Anymore, we try not to see any doctors [cost prohibitive].

I realize they [physicians] went to school for years and years, but sometimes I just don't think it's right to see the time spent with the patient and that big charge.

I had a friend, who just went to one of the new physicians for an office visit, and she got her bill, and for an office call it was outrageous. I think she said like $190 for an office call. You have got to be kidding! What did they do?

Somebody just told me today at work that a friend was in the hospital with a leg injury, and the doctor just happened to ask another doctor a question about it, and they got a bill for $50 consultation!

Last time I took my daughter in, she had seen several physicians there, but the one she was able to get into, she had never seen before. Well, I got my bill and it was a new patient office visit. So I called and I said, "she's an established patient, and she has seen all these physicians." "Well, she hasn't seen this doctor before, so it's a new patient." So, it's outrageous, it's out of control and they have free rein over everything, anything they want to charge, they can charge.

I think you're looking at a hundred dollars for your average office call, aren't you?

Most likely, there's going to be other tests and lab fees, and it's going to be more.

I took my daughter recently and I think it was $62 or something for an office visit. But then the little swab they stuck in her throat was another $68. But then other physicians charge like $120 or $160 for an office visit.
Basically, you wonder am I wasting the money or am I covered [by insurance]? You find yourself worrying about it. So, I just choose not to go to the doctor.

I don't trust them. Every experience I have had with doctors has been bad. From the way I'm treated in the office right down to the bill.

2-1. Medical Costs Should be Reviewed and Contained, continued.

2-1.4 Statements about the high cost of pharmaceuticals...

Drugs are so expensive that you can't get the prescription because you can't afford it.

Prescription drug costs are horrendous.

You know, you go to the doctor and they'll let you make payments but you go to the pharmacy and it's $90 and you can't afford it.

I could not afford the insurance premiums and the prescriptions, so I had to make the choice. Do I want the medication I need, or do I want the insurance, which in my opinion wasn't doing anything?

It's one of the most lucrative industries in this whole country right now is pharmaceuticals.

You wonder why prescriptions are so high here. It's okay to pay for R & D, because there has to be research and developments, but why the discrepancy between Mexico and Canada and us?

Why, and no one can tell me why, do our prescription drugs cost so much more in the United States than in Canada or Mexico? Canada, evidently their government or their healthcare system does negotiating for pricing and our government is too wimpy to do that, even for the uninsured.

Canadian citizens can get it at a lower rate. Even if your income is low, we can't.

A lot of people go to Canada.

It is so much cheaper. It's like half or three quarters cheaper than you can get it here.

You know, it's all coming from the same drug manufacturer. Why do they get it cheaper than we do?

Medicare does not have drug coverage.

2-1. Medical Costs Should be Reviewed and Contained, continued.

2-1.5 Statements about the high cost of medical transportation . . .

And don't let them take the ambulance up the hill.

Don't let them send you by ambulance if they fly you out.

I heard if you get flown to Billings, it's a big $10,000 just for the flight. [Family member] was flown to Billings.

When I called on mine and questioned it, I said, "That's pretty expensive." They said just be glad you weren't on advanced life support.

My brother said, "I'll take him." They said, "no, no." Well, I got an $1100 ambulance bill and my insurance only paid $600. I said I have a real problem with that—having to come up with the $500 when I was only three miles from the hospital and I told them I didn't need it. I tried to deny their care, but they wouldn't let me.

That's a rip off. They want you to pay the bill.

I don't know if ambulance bills are the same around the country, because [family member] got into a vehicle wreck, and it was ten miles out, and it was a huge amount, which we're still paying.

You have a nurse, you have the EMT's taking you up there, and it's very costly to fly him to Helena [to the VA hospital] and back.

2-1. Medical Costs Should be Reviewed and Contained, continued.

2-1.6 Statements about the high cost of dental care…

I don't go. I haven't been for many years. My kids went when they were younger and I would find some way to pay, but now I just can't afford it anymore.

I go without. I do get the kids in, but I go without.

I do put off dental work. That's how my husband got an infection. He has been pulling his own teeth this winter. It's because of the cost and there is no dentist to see him. He's been pulling his own teeth with vice grips.

I don't go until I can't stand the pain anymore. Then it costs even more.

If you get a couple of root canals and you could put dentures in your mouth [for the same price], for crying out loud!

I got caps. It was $675 for two of them.

I don't have a tooth in my mouth that's worth that.

Actually, it doesn't cost as much to have them just pull the tooth.

I know the extraction or that visit for the extraction was under $50, which is quite a bit less than what it would have been for a root canal or whatever it would have taken to save the tooth.

I don't go. My mouth is so full of infection, but you just can't do it [afford to go in for treatment].

My husband had a bad tooth and he had to get in, and I think they charged him an extra $40 or something, because they wrote on there "emergency care" or something.

My daughter needs braces, so she keeps saying, "we've got to get my braces soon." But I think they are in the thousands, and I'm saying, "just wait."

2-1. Medical Costs Should be Reviewed and Contained, continued.

2-1.7 Statements about both cost and the lack of mental health care…

One of [family member's] issues is mental health. First there was nothing. Then she had insurance through work, and then about three months after she wasn't working, they stopped paying part of it. We had to pay all of it [insurance coverage] and it was so expensive. I couldn't afford to pay it just on my salary so she lost it.

The funding cuts we are looking at right now have really impacted the mental health system in Montana, and made it even harder for people with those needs to get any help at all. From what I've read, the governor has just brutalized our human services program.

[Family member] has depression and stuff, and in Montana there's virtually nothing to help somebody.

My [family member] is disabled and a lot of it is mental health issues. I have tried for five years to get Social Security for him or Medicaid for his mental health through the different programs and filled out so many pieces of paper. He is unable to work because of his mental health issues and so he has zero income. We have not been able to access help for him at all and I finally have. He got in some trouble, which may turn out to be the best thing in the world because his attorney has got the court to pay for his psychological evaluation and he finally may get the help he needs. But now, we're in the court system because I've knocked on every other door.

A friend of my [family member's] is having a very serious eating disorder. I mean serious! And it is life threatening. But, because it falls under the category of psychological causes of this very physical ailment, she is getting a Catch-22. In the meantime, her 17 year old self nearly died. And I think that in this day and age, in our country, in our state, I think that is just obscene.

I don't think there are any [mental health care providers] up here [Polson].

The psychologist I went through was with the Golden Triangle, at the hospital, but she moved. She left and nobody replaced her.

Insurance would handle an adult to see a psychiatrist, but a lot of insurances won't pay for a child. It seems like the children today are the ones who need psychiatrists' help and you can't find a psychiatrist who will handle a child down here [Havre]. You have to go way out of state.

2-2. Where Uninsured People Go for Medical Services

2-2.1 Statements about the lack of options for uninsured people…

The majority of people reported that they don't go for medical care because they simply can't afford it. In the groups of consumers, this was true not only for people without insurance coverage, but also for those

few individuals who have health insurance coverage, too. Those with insurance cited large deductibles, reduced allowable expenses, reduced percent of cost covered through insurance, pre-existing condition clauses that preclude coverage, and the other complexities of coverage that leave too much still owed by the individual consumer. Those without insurance who access medical care use the following general providers:

[The most frequent response] I usually just don't go.

I either go to the walk-in clinic or the ER.

There's a free clinic at Deering.

It takes a long time to get through there [Deering Clinic]. There are so many people there, but that's where they can go. There are so many people that can't go to the walk-in clinic.

They [walk-in clinic] want cash money when you walk in the door. I had to have cash money when I walked in the door.

I can't go to the walk-in clinic anymore because you have to have a credit card or pay up front. They've changed their policy on that.

I have found a good doctor here in town and have seen her a couple times. She knows my situation and I have been able to call her when I have had a problem and she's left a sample of different meds for me without having to come in for an office visit.

I've got a really good doctor and he understands I don't have a whole lot of money. So, he just sets it aside until I can pay him.

I drive 70 miles to Great Falls.

I go to Missoula.

[Miles city people] go to Billings.

2-3. How People Manage Large Medical Bills.

2-2.3 Statements about how people hope and pray they can avoid large medical bills. . .

A common comment in consumer groups was that they "hope and pray" they can avoid large medical bills. Generally speaking, participants reported avoiding those bills in a very straightforward manner: they don't use medical services. People faced with large bills shared the feeling of being literally buried by the amount owed. In each consumer group, at least one person had used medical bankruptcy procedures to deal with

large medical bills. In addition, someone in each employer group knew of individuals who had used this bankruptcy option.

I don't go to the doctor.

I don't go. I haven't been to the doctor in ten years and it scares me. I'm getting to an age now when I really need to go.

I just choose not to go to a doctor.

Very few and far between [medical visits] and only if I'm on my deathbed.

I self-diagnose.

Well, what I do in this kind of situation, I go to alternative sources and use alternative methods. There are all kinds of things that are experimental out there that I have experimented with. There are magnetic, electronic things, devices out there, and herbs and oils and stuff like that I look at. I do a lot of research with studying and reading on that.

You get to where you don't answer the phone [calls related to collections].

I don't know [how to deal with large medical bills]. Go to the hospital and say, "put me to sleep!"

2-3. How People Manage Large Medical Bills, continued.

2-3.2 Statements about using medical bankruptcy as an option…

Finally, we had to file bankruptcy and we are still paying for the bankruptcy because there is no way you can pay everybody off. Medical bankruptcy was the only way to go.

People have declared bankruptcy. They've lost everything they've had in the world.

You choose bankruptcy and life, or death.

Bankruptcy, and it wasn't pretty. I don't ever want to do it again.

Otherwise, it's like having a credit card and not being able to pay off your bill. The interest eats you up before you ever get it paid off. You would probably have to file bankruptcy.

By the time it got down to what the insurance didn't cover, he had to take bankruptcy. He lost his house, the whole nine yards.

I had to file bankruptcy. It was all medical bills.

There is medical bankruptcy.

That's probably what it would come to, is bankruptcy.

Finally, we had to file bankruptcy because there is no way you can pay everybody off. You got the x-ray people and the anesthesiology people. It was a $40,000 bill. Medical bankruptcy was the only way to go.

2-3. How People Manage Large Medical Bills, continued.

2-3.3 Statements about personal experiences in Billings/Miles City…

We have taken out a $7,000 loan at [bank] to pay this medical bill [child's appendectomy] off. So, for the next five years we have $135 a month payments.

And they [hospital] wouldn't let you make payments?

We were making payments. We made payments of what we could afford, like $100 a month, and then they turned it over to collection even though we were making payments. They said we weren't making enough payments, and they wanted it paid off in a year, so we needed to pay $600 some dollars a month to do that.

Did you say, "Can I come down with my checkbook and you can show me how I can do that?"

They aren't concerned with that, as long as they get their money.

Yeah, but look how many people couldn't get that loan.

If your income is so much, and your rent is this much, if your car payment is that much, and then they allow you so much for groceries and utilities, they won't give you a loan.

If you try to pay it yourself, after so long they turn it over to collection and there goes your credit.

I've got a bill at one of the hospitals in Billings. I'm paying $50 a month and that's not even the interest every month they are charging me.

You know, it's not just the one bill. You've got x-rays, lab and other things, and they are billed separately because they are their own little business. I was paying $370 a month for insurance, plus paying everybody $25 a month, and it was $700 some dollars a month and they still weren't happy. They were calling me all the time.

Gets to where you don't answer your phone.

That's what started the downward spiral, all the medical bills.

2-3. How People Manage Large Medical Bills, continued.

2-3.4 Statements about personal experiences in Great Falls/Havre…

The couple weeks I had [in the hospital], we're talking thousands of dollars and basically they got nasty with me. You get these little notes or letters that says it has to be paid in thirty days and I just send them what I can. Something every month.

I mean there is nothing more I can do. I'm not able to go out and take a loan and I'm sure that's what they want, and they got it right on there, "we accept Visa and Master Card."

I was paying something like $20. Then, they said please contact in 24 or 48 hours or they would send it to collection. Then they set up where I was paying $100 on the one. Well, I got three or four of them and you can only pay so much. What happened then, I had one of those debt consolidation people call and I gave them all my hospital bills and it was like, with all your bills you need to make $300 or $400 payments. Pay us that amount every month and an administrative fee of $30 and there is no interest because the hospital doesn't charge interest. This is some kind of government program to help people consolidate and pay their bills. I told the guy I couldn't pay that amount. I could pay $200. They said, "no, it has to be 2% of what the bills are out there or they won't accept it." I just keep paying what I can.

Your children are not responsible for your bills. Your husband may be, but your children won't be. But the value, part of your home would go to pay that bill. If you wind up in a rest home, it's the same thing. If your house is worth a hundred thousand, say, then $50,000 of it belongs to your husband and $50,000 belongs to you. Therefore, they can take the $50,000. They can take your assets, I think, or whatever is left, but they can't go after your children.

2-3. How People Manage Large Medical Bills, continued.

2-3.5 Statements about personal experiences in Missoula/Polson…

Missoula was bad. They about caused me a nervous breakdown, because it finally got turned over to [collection agency] and it wasn't my fault. When my credit went to hell, then my medical condition caused me to have pre-existing conditions, which made it so I couldn't get insurance. So, it's a Catch-22. I don't have insurance, so I go in, and I can't pay. I'm doing the best I can. I missed one month in December, and the hospital up there turned me in.

They charge you 14% interest to carry it [on account]. I sent a letter to say I'll pay this, and I'll pay this much a month, but I refuse to pay the interest. They sent back and said if I didn't sign their contract, which included the interest, they would turn it over to collection. One hundred dollars a month, and when I got it paid off, I refused to pay the interest. They turned me over to collection because I wasn't going to pay the interest.

They don't stop and realize that you've got six bills from this one visit to the hospital. They want separate payments. It's hard. You still get the phone calls, is there any way you can possibly pay more? We need at least this much, why don't you have this much?

I get a call on the first and the fifteenth. I can guarantee getting a call from the collection service about my hospital bill. "You need to pay this off. You need to send more." Twenty dollars a month isn't doing it. I want to pay it off. I want it off my credit record. The best I can do is $20 for this, $20 for that, $20 for that, and so on.

I [self-employed engineer] had about four health providers, including the emergency room, the ambulance and all that, so I just went to them and said, "Look I need [procedure] done but we're going to have to pay for it over time, and that was fine.

I think there are a lot of people in that situation but they can't prove to the doctor that they're good for it. And so they do not get that care.

I was looking at the little sign by the cashier that says, "we do not discriminate against race, religion, that kind of stuff," and I said, "Just a minute here. You do discriminate." She said, "Oh, no we don't." I said, "Oh yes you do. You discriminate against the poor. Because I had to scare up half the cost for the operation before you would even let me in. If I did not have the means to pay for this surgery, I would not be here." And she said, "That's right, you wouldn't."

2-4. Rates for All Medical Services/Procedures Should be the Same

2-4.1 Statements about how everyone should be billed the same amount…

The Billings, Miles City and Havre consumer groups developed this particular theme. The underlying message is that, in their experience, everyone is not billed the same amount of money for the exact same procedure, item, or service. They consider this to be a problem.

Everybody should pay the same amount of money, whether you're insured or not, for the same procedure. Why should the insurance company get an appendectomy done for [one amount] and if I don't have insurance I have to pay more?

With the right coverage they can pay a dollar or three dollars and somebody else pays twenty or thirty dollars for the exact same service. The same way with prescription medications in that some people pay more, some pay less. But it's the exact same prescription.

She [medical practice employee] was looking at two different prices, and how it worked was, if you had insurance they were charged more for the same thing than the person who didn't have insurance. They were going to try to recoup the cost from somebody who is paying an insurance premium. I don't think that's right.

Anything where different people pay different amounts is cost shifting.

One way or another, everyone is paying for it.

It's hard to tell when you get the bill. Is that the actual cost or is that where they charge two different prices if you are insured or not. It's hard to say whether that is the cost.

When I go to the grocery store I buy a loaf of bread, everybody pays the same price for that loaf of bread.

2-5. Participants Find the Cost of Insurance to be Exorbitant.

This issue, like the discussion about the high cost of medical and related services, also engendered unanimous consensus across each member of every group. In addition, people expressed more anger over the cost of health insurance than they did about any of the other themes they developed. That is saying something, because participants felt strongly and often expressed anger about most of the issues discussed in these focus groups. Someone in every consumer group used the term "rip off" in relation to the health insurance industry.

2-5.1 Statements about the cost of health insurance…

I came to this meeting after having spoken with a few people because I think it is quite an issue and I wanted to have some specifics. And from all of them, it came down to a question of cost, high deductibles, limited coverage even after that.

Insurance companies are ripping us off! I mean those people are the most powerful in our legislature. They're legislating to us what they're going to do!

I feel the State of Montana has given the insurance companies way too much power with everyday life. Everything is based upon the almighty dollar.

The [insurance] lobbyists in Washington are the ones going, "Oh, we just can't stand anymore of this, unless you want to devastate our whole deal."

Do they [legislators] get too many wonderful perks from the lobbyists? Do they get too much campaign financing? And hey, if you can't afford insurance, they know you can't contribute to their campaign, right?

Basically, the industry is out of control.

We have the insurance companies to straighten this out with.

I suggest a cap on insurance company profits, like that's ever going to happen. But, why not say it!

The cost is staggering! My wife and I have a small business. We have one employee, and we tried to offer health insurance, but the cost is staggering. $1700 for me and my wife, $1450 for my son, his wife and one child, and it was just like everyone else's, $2,500 deductible, too!

2-5. Participants Find the Cost of Insurance to be Exorbitant, Continued.

2-5.1 Statements about the cost of health insurance, cont. . . .

The profits should just not be so great.

I think how busy they [Deering Clinic] are speaks to the condition of health insurance, because not all those people are destitute or unemployed.

The cost for me, even though it is available through my employer is still prohibitive. Like if they took out the $360 a month from my paycheck for insurance, I wouldn't have enough money to live on for a month.

I had it through my employer, but it just got so expensive he dropped it and I was without insurance for seven years.

We don't offer it to our employees. First of all, it's cost prohibitive. We can't afford it.

The people we work for, there's just no way they can afford health insurance.

Certainly, when you look at a small business background, it [cost of health insurance] is just prohibitive and my family has been self-employed for years.

The owner did offer us health insurance at one time, but it was so expensive and the coverage was so minimal that it wasn't even worth paying for. It was just not even worth it.

The cheaper you make your payments, the higher out of pocket you have to pay, and it gets to where it doesn't pay to have insurance.

Even with insurance you still have a big bill to pay. You've got co-pay, and a deductible, and then you have 80% up to a certain amount.

Eighty percent of approved coverage. It's amazing the fees that [insurance company] tell you are more than they approve. So, the rest is left to who again!

It's basically the cost. The only way you can recover it is if you get something mortally wrong with you and you die and you're probably covered.

2-5. Participants Find the Cost of Insurance to be Exorbitant, cont.

2-5.2 Statements about how health insurance is so expensive that people are often left with catastrophic coverage, only…

Well, my wife and I pay $800 some dollars a month and with a $2,500 deductible each. Basically, it's catastrophic insurance.

It [insurance] doesn't do you any good unless you're dying or in the hospital for a week.

I just can't afford $400 a month for having just catastrophic insurance. I just hope and pray I don't get sick.

I found, too, that when I did have coverage, the return on that coverage was so small that I probably never came close to meeting expenses I had paying for insurance. The insurance, itself, wasn't doing anything. It wasn't applying to doctor visits, to prescription drugs. It basically was a major medical and you had to be hospitalized before it would kick in for anything.

My daughter's husband and three children are part of the family business. The premium is currently almost $500 a month. Each year they have to reach three $2,500 deductibles before anything kicks in. So in other words, they have to be out of pocket $1300 a month roughly in premiums and meeting deductibles before they have any benefit from those policies. That does not include any kind of prescription coverage, so basically they are paying $1,300 a month in the event of something catastrophic and that is it.

We've seen our deductible go from $100 to $500, and I think they're planning on going to $1,000, so it will be more of a catastrophic thing rather than just regular healthcare, which for most of the people in the office, is really bad news. But, it's just so hard to afford it. So, we're really glad we have it at all, because there are a lot of people who don't. They just can't.

The only thing is that your premiums are so high, and with the deductible, and the co-pay, and the 40% you're left with, you are paying almost everything out of pocket unless you're experiencing a major problem

I think about that often. We went from two insurances [in better economic times] and hardly any medical bills to being swamped with medical bills. I think everybody is swamped with medical bills, insurance or no insurance.

I'm still paying the premium and paying the hospital and I don't have anything.

2-5 Participants Find the Cost of Insurance to be Exorbitant, cont.

2-5.3 Statements about how covering a family is cost prohibitive…

The wages that people make, it is impossible. You would have to hold three jobs just to afford health care for you and your family.

Four hundred dollars a month for insurance for a family versus maybe one hundred dollars a month for yourself, you can't put your family on insurance through work.

For what they cover, and what it costs, there ain't no way.

There's a big safety net for people who have nothing or aren't working, but there's a big gap in the middle classes who are surviving but haven't made it over the hump to provide for themselves. I'm on a fixed income and $700 a month for my wife and myself is more than we can deal with.

Well, my premium for myself is $20 a month. But, you add one on there and it's $140 every two weeks and then for a family, they go up from there. Of course, they have a cap, I think, after the third, but it's still so much I wouldn't collect a paycheck if I covered everyone.

I thought just to cover my kids. But that was outrageous! I did work and go to school at the same time, and I basically worked for insurance benefits. My take home pay was between $40 and $60 every two weeks.

For months I tried to find some kind of insurance to put my [child] on, but I made too much money, you know, $200 some dollars every two weeks is too much money.

I would rather pay $70 once every couple months [for an office visit] rather than $400 every month just to have them insured. And, it's just like a vehicle. They [insurance] don't cover basic maintenance. They don't cover tune-ups, they just cover major things. You're still going to pay for taking them to the doctor, so why don't you just take them to the doctor and pray to God they don't break their leg or their arm on the playground.

A lot of the places that I've worked they did offer you health insurance but the cost is so high, it's what do you do? Do your kids go without clothes and shoes and eating?

I think the monthly premiums just break a family. When you have children, I think it's ridiculous!

2-5. *Participants Find the Cost of Insurance to be Exorbitant, cont.*

2-5.4 Statements about how large groups are better able to negotiate more reasonable rates, which leaves many people without this benefit…

Well, you have no power, as a small business, as a family, as an individual.

I just think the rates should be the same for everybody. What's the deal if you're not part of a group?

I'm still the same person. Why did the rates go up so many times because now I'm single [no longer in a group]? That to me is absolutely not equality for all, not without bias or prejudice. That is not even comprehensible that we don't have laws to prohibit that.

The hospital knows they're going to get all of this business from [large employer]. So, [large employer] says, "We're only going to pay this much, but we're going to come here only." And so it's a deal between them, and it leaves you out. I don't think it's right.

We went out of business for various reasons. We were with the [large hospital] group, and so just my wife and I didn't qualify. Two people don't qualify as a "group." So, the same coverage with the same insurer for the same people, going from a group of three to my wife and I, not a group policy but a family policy for two people, more than doubled. We couldn't afford it.

When we were all together there were enough of us to qualify as a small group. At that point, it made for an affordable premium, but very, very high deductibles.

I ranch, and because I'm self-employed they want to hit you again for more. I don't understand why you can't get on the same kind of a group plan as any other bunch.

I can't be a part of the group because I am no longer a partner in the business. So, I investigated just independent insurance and it was absolutely prohibitive. I was getting quotes between $500 and $600 a month, just for myself.

The reason we get it at a big discount is having 85 [businesses] in Montana. I talked to a friend at [small business]. He pays [a lot more for his employees].

If you are in a group, you can probably be on your deathbed and they'll take you in, so why can't we, as independents, use the same figures and statistics?

2-6. Other Problems with Health Insurance.

The problems related to pre-existing condition clauses were shared unanimously across every group.

2-6.1 Statements about how pre-existing condition clauses virtually eliminate the value of health insurance to the consumer. . .

There's also that problem that if you have a pre-existing condition then you can't get insured.

[Family member] was injured on the job. After that, [insurance company] cancelled his insurance. Well, after that getting health insurance would be outrageously expensive and then they would write off everything from his previous injury.

I had an [acute illness]. So now what if I go out there and try to buy health insurance…there's no way. And that's what I would want covered—a pre-existing condition and they won't cover it, so what's the point?

I'm afraid to go in. What if they find something? I should be getting a checkup, getting a blood test or whatever those things are in my age bracket. I know I'm stupid. I should be doing that, but on the other hand, if I ever get to a place where I can afford insurance, then they jerk my chain [invoke pre-existing condition clause].

My [family member] has a [chronic illness] and we looked at coverage when I was not working and it was just…you couldn't buy it. It's the people who needed it the most that couldn't…the diabetics and MS patients or whatever you have, that need it the most who can't afford it.

Actually, it is my [child] who doesn't have insurance and it's because he has asthma and we can't find anybody to cover it. We do understand that there is an insurance, BCBS, but it costs $600 a month just for him, and that's ridiculous!

She had something with allergies and they put a rider on that, even though she hadn't had any medication for that for several years. She took some meds for depression after she divorced her first husband. They put a rider on that. Come on, this is ridiculous!

The premiums, the pre-existing conditions, and all the clauses, if you do come across something [medical] than you are going to have wasted all your money because they are going to find a loophole to get out of paying.

2-6. Other Problems with Health Insurance, continued.

This problem was shared in Polson and Billings.

2-6.2 Statements about the complexity of policy and coverage information…

You start to look at the policy, the insurance double-speak they have, and you think you understand this paragraph, and you get about four pages into it, and it's like, "I think that just cancelled what is back there!" It reaches a point where your mind says, "they're out to get me!"

You start doing the research, and it just becomes more confusing. It makes you more aggravated, causes your stress levels [to rise].

If you look at those forms [from health insurance companies], why does it take a professional to read them? [Family member] passed away. I got bills for 6 months. It was ridiculous! I had to go to a friend who has an MBA to help me read them. It's ridiculous! Why does it take someone with that much expertise to help?

It's so complicated!

2-6. Other Problems with Health Insurance, continued.

Discussion of this problem arose in all sites except Havre.

2-6.3 Statements about how the cost of malpractice insurance inflates the price of medical care…

Malpractice insurance is too high.

The insurance company is double-dipping because they charge exorbitant rates to the doctors for liability insurance so the doctors can't afford to practice because he's paying out all this money for liability insurance because he's being sued by this litigious society and part of the problem is that he can't offer the care that he thinks is needed because he's limited by the insurance industry by how much care he can give out, so he's caught between a rock and a hard place. The patient is suffering.

They're [insurance companies] charging these doctors maybe $100,000 a year for his [malpractice] insurance, which means he has to raise his rates just to cover his insurance, but can't raise his rates because he's stopped at the other end.

Our judicial system plays a part in it, too. Lawsuits. People are taking things into courts and suing for some of the stupidest things.

Some of these lawsuits, they are just ridiculous! They win, and insurance companies have to pay, and then they recover their losses by raising premiums. Doctors are being driven out of this business, too because of the same thing. The cost of [malpractice] insurance is one of the features that are driving them out of business.

You know, something else is malpractice insurance. Like OB-GYN's malpractice insurance has gone so high each year just for premiums.

The point of that is, that money isn't being all used up because there aren't all those raging lawsuits.

2-7. The Risks of Going Without Health Insurance

This discussion arose in the two employer groups. Most employers had health insurance coverage for themselves; however, only one employer (out of twelve businesses represented) offered this benefit to all their employees. So, while employers recognize the significant personal risks associated with having no health insurance coverage, only one employer actually provided this benefit to every employee.

2-7.1 Statements about those risks. . .

You have no medical insurance? Boy, I'll tell you, you're living on thin ice!

I wish I had your guts. We went bare for about a year, and with three kids learning to drive, there could be car wrecks, all sorts of things could go wrong.

I wish I had the guts to say, "No, I'm not going to do this anymore!" But it could just be so catastrophic and destroy everything we've tried to build up and save, you can't afford to risk that.

When those bills rack up, then you realize how important it is. How expensive it is. One trip is all it takes.

You know, healthcare insurance coverage has two purposes, you know to cover your health care expenses, but also if you have anything—property, investments, whatever, you've got to have some coverage to protect that so you don't loose that, too. You can't afford to be without it if you've lived frugal, and have got a little bit of something.

I really feel for the people who can't get insurance. The economics of it are horrific.

2-8. Where People have Successfully Accessed Insurance Coverage.

Every participant reported some experience with health insurance coverage. The employers were covered under various standard policies. Employers stated that their employees were typically either covered under a spouse's plan, or uninsured. On the consumer side, participants shared personal (typically past) experiences with Medicaid, CHIPS, MCHA, VA, and COBRA.

2-8.1 Statements about Medicaid…

If you work at all, you make too much money [for Medicaid]. The guidelines for charity are ridiculous.

We are turning more people toward the Medicaid system because they can't afford to work and pay daycare and insurance and so what are they supposed to do? Then our taxes are going to pay for the Medicaid plus all the other bills we have.

They just told me they are going to kick me off Medicaid because I moved up to 30 hours a week working. I'm just barely getting by. I have a 7-month old son at home.

I worked for a doctor that limited the number of Medicaid patients. I'm sorry, but what kind of insurance do you have and we'll see if we can accept you as a patient. I don't feel that's right. Everybody's equal and they should be. They should have access to healthcare equally.

Just the application! A smart person who has a college education has a hell of a time getting through that. It's a long one and you're so frustrated by the time you get through it you just say, "forget it!" I don't want to act ignorant so I just won't go there, and a lot of people do that. It just frustrates you.

Their [foster children] Medicaid card comes every month. If we want to see a different doctor, all we do is call the phone number and we get another doctor. It's been very easy and the coverage for the children is good. It takes care of just about all the costs.

Two kids and I don't have insurance and I make too much money [to qualify]. I can't even feed myself and I make too much money.

Disabled, children, and pregnant women are the only ones who will ever get full coverage [Medicaid].

2-8. Where People have Successfully Accessed Insurance Coverage, continued.

2-8.2 Statements about CHIPS…

Even under the CHIPS program, you know where they are covering all the kids of Montana, it was a great program, but each year that keeps getting cut, too. You know they don't cover eyeglasses and things like that any more because that budget's going down, too. And when it comes to the dental aspect of it, they don't see the importance of dental health care.

Even with CHIPS there are certain doctors that won't accept it, and there are certain things they won't cover, like okay, you can only pick these geeky glasses, but if your kid goes to

school with them, they'll make fun. They shame the child because it's the only way the parent could get the kid some glasses.

We tried CHIP [and didn't qualify], even with me not working and all the other bills, and we couldn't afford [health insurance].

We were just barely over the qualifying level and I think they've just lowered the level, in fact.

I don't qualify for CHIPS. You know, I'm that middle of the road, and I can't get them [children] on it.

I believe my [family member] uses CHIPS. She's got two babies, two little ones. I am quite sure that is the program because when the second little girl was born she had some real respiratory difficulties and I know she was in the hospital for about a month. I was visiting with her not too long ago, and both she and her husband work. But in order to make sure that she keeps that coverage for the kids, particularly since [baby] has some problems, she limits how much she works so that she doesn't go over the earnings amount in order to keep herself eligible because they can't find an alternative and they don't have benefits provided by either of their employers, so they are both uninsured. But through that program, the children are covered.

2-8. Where People have Successfully Accessed Insurance Coverage, continued.

2-8.3 Statements about MCHA...

We've got that [MCHA] for her, but we still have to wait a whole year for them to be able to cover anything possibly on that [pre-existing condition].

The reason we were successful, it is through the state somehow [MCHA].

I think that was the one [MCHA] they were telling me about that we could get on that for about $600 a month for the family.

[MCHA] gives you a limit, $5,000 a year. If you have an asthma attack you can spend $5,000 in a night. [Child] had to go to the hospital and was flown to Great Falls. It was over $8,000 for the emergency room and the flight to Great Falls.

When we lost our health insurance due to no longer qualifying as a group, we checked into the Montana State Health Plan and that was twice as much as we were paying before, anyway. You know, that's not a bargain.

I checked on the MCHA. It was too much. Prohibitive.

2-8.4 Statements about medical services through the VA...

We use the VA, but they don't pay everything. We just got a [large] bill from them. So, I'm very thankful for it. But still the rates are high there, too.

One thing I'm doing until I can get some kind of insurance is, I'm going through the VA system. [However, participant's wife is left without insurance.]

I am out at the Veteran's program, but I had it where I have to have another insurance backing theirs. If I don't add insurance, they won't accept me.

My [family member] got into a bind. He was a vet. Miles City VA hospital was going strong when he became Medicare eligible, so he denied Medicare. Well, they shut down the hospital and he had nowhere to go. Then, we tried to get Medicare for him, and since we didn't get it right when he became eligible, he had to pay almost, like I want to say a fine, because he didn't get it [when he was first eligible]. We never did get it for him. The VA flew him to Helena I don't know how many times. There were times he went to Helena three or four times a month toward the end. And that's got to cost the government way more than it would to just send him over here to a hospital bed.

2-8. Where People have Successfully Accessed Insurance Coverage, continued.

2-8.5 Statements about COBRA...

I would have to COBRA the plan, and I don't know how expensive that will be. I guess it's higher than what I pay now.

I qualified for the COBRA plan. I was already signed up for it until I saw the cost, which was about $500 a month. I just about had a heart attack!

[Cost of COBRA] was over a thousand dollars. I just couldn't believe it. That's really outrageous!

If the employee looses his job, there should be some way he could afford to keep his insurance.

You've seen scenarios where the employee looses his insurance.

They've passed laws now that insurance companies have to provide insurance benefits conferring coverage, no matter what the circumstances were.

They can raise the premiums. Your premium can go up.

2-8.6 Statements about coverage through a spouse's plan...

I am an employer for one person. I pay for half of his health insurance, but it works out that his wife is a Native American and she is covered at Rocky Boy, so the children can go out there and it's all free.

Basically, all my employees are covered under a spouse's plan except for one young man just married. She has health insurance through her work, but the premiums are so high they are not insuring him. And I have nothing to offer.

2-8.6 Statements about going without coverage…

I think pretty much 90% of the people who work in our areas [hospitality/travel services employer].

I know mine aren't.

Mine aren't either.

2-9. Where People Find Information on Health Insurance Options.

The following reflect the typical responses across all the sites. Employers reported using independent insurance agents or administrators to serve this function. Consumers use the Internet, the newspaper, and insurance agents.

2-9.1 Statements about where to look for information on health insurance coverage…

I got mine on the Internet. Then they sent us a bunch of literature stuff, applications and stuff like that.

Locally, through an insurance agent, plus in the [news] paper, I called someone in Billings, and I got a quote on the Internet.

I know over the years I've learned a lot of stuff by reading the paper, but when you're on a tight budget, I'm sorry but that's one of the things you can do without.

I called a couple of different insurance salesmen and had them quote me prices. One never even got back to me. He knew it was just too expensive for us and didn't try or he didn't care.

I spoke with several insurance representatives and they sounded very convincing and then they send all the information to the insurance company and they send me back the information and it's about four times more than he ever quoted. Like you say, pre-existing conditions.

This gentleman can give different policies from different companies, two or three of them he thinks are reliable, and he'll talk to me about it and the news is never good news.

We're searching. We've got two independent insurance agents that are coming to do presentations for the management within the next two weeks to see if there is some way we can form some kind of group that doesn't require the employer to participate.

We have a woman in Billings who does this. She looked at a lot of plans to find us [large national franchise] the good one we have. This one was the best.

From my insurance company. I've been dealing with the same people for almost 30 years.

2-10. Concerns Specific to Different Age Groups.

Participants reported that younger people do not always see the importance of health insurance coverage, and cost is an ever-present issue. The problem of accessing coverage for older people is, quite simply, the cost of purchasing it.

2-10.1 Statements about young people and health insurance coverage…

I try to explain to my older kids [employees] who are 21 and 22, who like to go out and drink and party and get in trouble. They don't understand if they get in a wreck it's just unbelievable.

I have two children 20 and 22, and as soon as they turn 19 they dropped off any coverage at all whatsoever so I am concerned about that age group also. They don't seem to be able to access health insurance at all.

They are still accident-prone and who knows, they need coverage just as much as we do and they can't pay for it at all.

We have so many younger people, and it just isn't a big deal for them.

It wasn't for me, until I turned 25 and got booted off my parents' [insurance policy], and I was like, what do I do now?

There are so many kids that don't know what they've got. If their parents are insuring them through college, they don't realize what a benefit that is these days.

2-10. Concerns Specific to Different Age Groups, continued.

2-10.2 Statements about concerns for older people…

For me, I'm just trying to figure out how to survive until I can go on Medicare.

What happens if you get Medicare? Do you still need supplemental insurance?

Oh, yes you do!

They have a deductible and there're co-pays and there is no prescription coverage.

It's hard to buy supplemental insurance when you're 65 because conventional insurance companies want to cut you off. Older people have to have a supplement.

You're left with a gap.

Many, many people I know can't afford the supplement.

Many people can't afford the prescriptions, either. So, they just go without.

Because it's like, eat or [purchase prescription medicines].

I'll tell you what; I'm thrilled to have anything at all. I know lots of people that are my age and I'm in my 50's, who are afraid about retirement. They're going to have to work until they're in their 70's.

[Family member] is 82 [years old]. Her social security benefit is about $550. Out of that there is a $58 Medicare payment so her net into her account is a little over $450 a month. Out of that, she pays $112 on a supplemental [insurance], $28 a month on post-cardiac surgery physical therapy, $20 a month on diabetic foot care, $25 a month on a prescription policy and out of pocket about $130 a month on prescriptions after that. So, if she were one of those people who was fully dependent on her social security income, she would not be able to eat. She has worked all her life, and that is a sad commentary.

[Older people] were raised in an era where you don't lower your pride, you work hard and you only get what you can afford.

2-11. The Role of the Montana Economy in the High Numbers of Uninsured.

This is another theme that emerged during the discussions in most groups. Havre consumers and Miles City employers developed the theme of the lack of vitality in the business sector. Participants in the other sites talked about low wages and inflation as significant problems. The economy was credited with migration of Montana youth out of state. Finally, the Miles City employers discussed the special concerns that result from relying on a rural agricultural economic base.

2-11.1 Statements about the business sector. . .

I don't think they necessarily encourage new businesses in Montana to provide employment much less the caliber that would provide full employment including benefits.

This is something that's maybe a discussion for another focus group, but it's certainly a concern of mine. Montana has lost base industries, and regardless of your political opinion, industry and business, because they organize with union standards, require employee benefits. These are going by the wayside. What is coming is not affordable for employees. So basically, it's a money issue

Society was [once] booming and wages were increased, but that's not the case anymore. Employers can't afford to pay insurance.

We used to have coverage for everyone. But that was back in the day when business was a little better. The economy was tremendously improved than what it is now. But, it's just economically unfeasible today, for us anyway.

This is a great big state with a bunch of hard working people in it. We don't have anything to offer [except] a little place of seclusion in the mountains for two or three months of the year, but they don't want to stay here to do any more than play. Nobody wants to invest anything in us. What do we do? Those that are too stupid to get out of here, I guess this is what we're stuck with.

With more and more layoffs, it's just going to get worse.

Montana has a pretty high percentage of uninsured. Compared to our unemployment rate, that is.

We just can't afford it in Montana. They got to do something for us. There are a lot of uninsured people whether they want to admit it or not.

2-11. The Role of the Montana Economy in the High Numbers of Uninsured, continued.

2-11.2 Statements about the low wages Montanans earn…

The wage being such that it is, even if we were to offer to pay half and let the employees pay half, most of the employees would not because they cannot afford to pay it. That's our main reason.

Our salary is so low. We're 49th in the nation per capita income and yet what blows my mind about that, and here comes a deal in the paper that says this is the best place in the union to start a business? That's amazing. How those guys come up with the answers to that stuff!

Most of our businesses in Montana, most of those people are making minimum wage.

I think the deal is, if you aren't making $11.80 an hour, then you're not breaking even.

The insurance goes up every year. Then do you get a raise? We don't even get a cost of living.

I know there is Medicaid for people that are below the poverty level. But even if you make $30,000 a year, and that's pretty good wages in Montana, try to raise a family on that. Say you have three children, a husband and a wife and it's going to cost you $1,000 a month for health insurance. That's more than a third of your salary, right there.

I've had whole paychecks not be enough to pay for childcare for my children.

You can't make enough to pay rent and everything, childcare and health insurance. It just doesn't work.

I was computing taxes and insurance and what my rate of pay was and I figured I was making probably close to what I was making before I ever went to school, as far as take home. Jeez, I'm back to square one and I went to school for four years.

2-11. The Role of the Montana Economy in the High Numbers of Uninsured, continued.

2-11.3 Statements about young people leaving the state…

It's hard to be a young person in this state. Go to college and come back here.

Well, that's our biggest export, is our youth.

We educate them and get them ready to go and then they go out of state.

If it weren't for my family here, I [young person] wouldn't be here.

Young people are just getting their families going and it's really tough.

People have to have a reason to be here.

2-11.4 Statements about living in rural Montana…

That money flows from those farmers. I don't care what anybody thinks.

The true real small farmer has it even harder than we [hospitality employer] do. You buy everything at retail and sell everything at wholesale. It's tough.

It gets harder and harder. The drought wipes you out. You can't stop, but where do you get the money to do it?

The bank stops you [farmer]. Look at all the posters all over town for the land sales.

There are businessmen in farming and they are making money. The entrepreneur, he says, "I'll tear up this gumbo and put it in CRP, and we'll draw a nice check on it." You don't farm the ground, you farm the government.

The whole downtown is dead. It just hasn't fallen over yet.

I've noticed it just since I've been here. I go down to the bank every day and some days, where's all the cars?

You could park sideways in the middle of Main Street and never get hit.

Chapter 3: Employer Focus Groups

This first section presents the issues that emerged as themes across both the hospitality (Miles City) and the professional (Missoula) groups. Then, problems that were specific to each group are shared.

3- 1. The Cost of Health Insurance is too High.

This was unanimous across every person in every group except one person. This individual worked for a large national fast food franchise and considered their health insurance coverage to be good quality and reasonably priced. However, no one below the level of store management had access to this same benefit.

3-1.1 Statements about the high cost of health insurance…

We don't offer it to our employees. First of all, it's cost prohibitive. We can't afford it.

The overhead is just a real factor in offering it to our employees.

I didn't even consider it. I knew it was going to cost way too much.

They know from the day they're hired there is no health insurance.

When we've looked at it in the past, the problem we've run into is with a small pool of 7-10 people, if there's anyone in there that has significant health problems, you basically can't afford it. I have one employee with rheumatoid arthritis.

In our pool of independent contractors, there are cancer survivors, and we have some very significant health problems and you try to put a group together, and you've got someone with significant health issues when that group is formed, and you just can't do it. There's no way to do it.

I made the executive decision that the cost of health insurance was prohibitive.

3- 2. Health Insurance is Only Available to Management or More Highly Paid Employees.

For both employer groups, this was an issue. In addition, someone from the Billings consumer group shared a similar personal experience from the employee perspective. They worked for an employer who only provided insurance for management.

3-2.1 Statements about how insurance is available only to more highly paid employees. . .

They offer it to the management, but then again, it's still expensive. I mean to cover yourself as an employee [is okay] but as far as covering your family, it's too costly.

We have great insurance for management and assistants. They are trying to get it for shift supervisors, but the shift supervisors don't want to pay that amount.

We only have one person working for us that has children, working full-time, and he pays out of pocket for his own [health insurance].

We do not offer health insurance and we never have.

[Employer] set it up for managers. We thought it was for managers and assistant managers, but it's only for managers.

We do have the realtor's umbrella organization. But that doesn't help you with your secretaries and it doesn't help me with my clerical people.

3-3. Offering Healthcare Coverage would be a Benefit to Businesses.

3-3.1 Statements about how offering healthcare benefits would help with both attraction and retention of employees. . .

On the other hand, if you were the only place that offered it, you could really pick and choose who you were going to hire.

That's true because the last place I worked, there were people who had been there since the store opened and the only thing, as frustrated as the employees get with the whole corporate thing, the thing that kept them was the profit shares and the good insurance. That was how they kept them.

That's what really keeps the lifers there are those benefits.

I think there would be a lot less turnover. If they [employers] could fit it into a budget somehow, and compensate those who have been there forever. I think healthcare coverage would be a plus.

It would be better than having a cash bonus at the end of the year.

I don't think it would affect turnover so much with your 16-19 year olds, because they don't "get it." But some kids are having babies at 18, and your 19-25 year olds would want to work for you. They would want to show up. You would have something to offer them. What do you have to offer them now? Just a [small] paycheck.

I just feel it limits your employees, and it's not good for your employees, and basically you wind up hiring people who have spouses who cover them. Otherwise, they won't come to work for me. They need health insurance and it's a problem.

One of the features that I look at when I bring on an employee, whether it's going to be an employee or an independent contractor, you know, is what I can offer them to give them an incentive to come to work.

3-4. How Employees are Presently Covered.

Employers report that, by and large, employees are not covered by health insurance. For those few who are, this benefit is available to managers or more highly paid staff, through an employer directly, or through a spouse's employer.

3-4.1 Statements about successful avenues to health insurance coverage...

I think the reason we get it at a big discount is having 85 [franchised] restaurants in Montana.

This was a large company and they can offer all that [health benefits] because they have over 400 stores in the United States.

Through a self-insured group plan.

Basically, all my employees are covered under a spouse's plan.

3-5. Issues Identified by the Miles City Employers (Hospitality/Travel Group).

This group discussed the problems of high turnover, low wages, and dealing with a struggling local economy.

3-5.1 Statements about high turnover...

Just the paperwork, you know, the turnover of help. You just couldn't keep up with it.

It's really not cost effective, either, to offer health insurance, especially as fast as they come and go and they're out the door. The paperwork would be more than you could handle.

The turnover rate is immense. I mean, we have hired people and gotten the employee packet ready and everything, and they don't even show up for the first day, or they're there for the first couple days, and you just get them started training and they're gone. Just trying to find good help [is hard]. It's been exhausting. Finding someone who hasn't applied there five times before and quit a couple times and then come back.

That's spendy! It costs us about $2500 or more just to get that person trained and then about the time you're finished, they're gone and you're starting over again. And a lot of them are just part time.

They would be gone before everything got in the main office.

3-5.2 Statements about low wages...

We have a lot of the minimum wage earners.

With the wage being such as it is, the employees, if we were to offer to pay half and let the employees pay half, most of the employees would not because they cannot afford to pay it.

They realize they are at the bottom of the food chain there.

The wages people make it would be impossible.

3-5. Issues Identified by the Miles City Employers, continued.

3-5.3 Statements about conducting business in a struggling economy...

Like in those bigger firms, they are in communities where they're probably getting two times the price we're getting here. That's the problem we're having in this community is it's all service-oriented. If you threw the government out and you

threw, say, professional people, you would be down to mostly retired people and people working for $6 an hour.

[Family member] works for [large grocery chain]. She has awesome insurance, and she doesn't pay anything for her family coverage, and it's dental, health and prescriptions for $10. That's why a lot of people want to go there.

But, now that's great, but you can see the handwriting on the wall. They're [large grocery chain] floundering in the water and they're going to have to make cuts someplace, whether it's employees, insurance, or something, or they're going to go down the tubes, too.

The money flows from those farmers. If we have another drought year, if it doesn't rain, we're really going to be out.

[Depressed economy] seems to be happening all over the state in smaller communities.

It never used to be so bad, before Wal-Mart showed up. They start the high school kids at $6.50 an hour. And they do offer insurance immediately when you go on full time. But they don't put anybody on full time. That's the big trap.

I've been here five years now. The first couple wasn't bad, but the last couple years [after Wal-Mart], turnover has been astronomical. You no more than get a person trained and they're gone.

If you don't have a liquor license and you want to compete, and those casinos want to get down to the bottom line where they can give their stuff away. Like [casino chain] over here, for a while you could go in and put a dollar in a machine at suppertime and supper was free and all the drinking.

How are you going to compete with that? I mean it's impossible, much less buy health insurance. It's lucky if you can keep your doors open!

3-7. Issues Identified by the Missoula Employers (Professional Group).

Missoula employers discussed the difficulties of trying to provide benefits to employees hired as independent contractors. In answer to the question specifically posed, two of the Missoula employers reported that they provide additional salary in lieu of health insurance benefits if an employee so chooses. They were the only ones that offered this option. Finally, the Missoula group spent some time brainstorming and expanding the theme of self-administered, self-insured groups. This discussion on self-insured groups is primarily contained within Theme 13. Use Large Self-insured, Self-administered Groups, in the suggested solutions section.

3-7.1 Statements about hiring independent contractors...

I was self-employed a little over two years ago, and costs for me to get health insurance were so high, I couldn't afford it. I was on a contract. By the time you get done paying taxes and everything else, there is nothing left.

Is there any was we can get insurance for our independent contractors, in a group situation?

3-7.2 Statements about offering money in lieu of healthcare benefits...

We're very small. We talk to them individually about that. We could be very specific. People can take the insurance, and if they do, there's a tax advantage. But if they already had it provided, we offered the money instead.

We've done that, too. When we're in the hiring process, if they already have their own insurance, they start at a higher wage. And they would rather do that than have someone pay their insurance because your insurance is so fluctuating according to what happens to it, whereas wages are negotiated every year and you can count on that as a budgeting tool.

3-7. Issues Identified by the Missoula Employers (Professional Group), continued.

3-7.3 Statements about using self-insured groups to enable employers to offer health insurance benefits...

That's one of the beauties in our situation because we're not age bound, at all. That's not our criteria. Our criteria are, how many of there are you? If it's a married couple, it's one price. If it's a mother with dependents it's one price, etc., etc. That's how the price runs. And, the other thing they have set up in there is that once the money gets to a certain level, which they have a cap written into the insurance, then no money is to be paid in. So, we've gone several years, especially five years ago, where we didn't pay any premiums for two, three or four months in a row because the money got to that level and it was written in there contractually that you could not put any more money in this account.

They've had several people with huge health problems or they've had one person that had brain cancer and that was huge and when that happens, the whole group suffers and you have to raise the rates enough to make that so you've got a supply of money again, so that's generally what you're doing is putting it all in a pot and then people draw off the pot.

Chapter 4: Consumer and Employer Group Ideas on Solutions

Solution 1: Adopt National Healthcare/Socialized Medicine/a System Like Canada or Mexico

This was another area of agreement across all sites. Participants in every single site spontaneously suggested this as a potential solution to address the healthcare crises.

S.1.1 Statements about adopting socialized medicine…

I hear that [socialized medicine] all the time.

I've thought about it more and more because that's what Canada has. I have relatives in Canada. I never thought much about it until now, because all the increases are to the point where you think maybe this is the solution.

I think if healthcare costs keep going like they are, you know Canada has socialized medicine. I don't think it's too far from that.

I hear that [socialized medicine] all the time.

If Canada is getting away with it, and if Mexico, as poor as Mexico is, they have socialized medicine. What we have here is too much lobby and not enough common sense.

How about going to socialized medicine? People can't get basic care. Go around the room. How many people here don't have health insurance? It's crazy!

I believe in socialized medicine. I believe everybody is entitled to healthcare regardless of the cost.

The backlash of that [high costs] is going to be finally, really truly socialized medicine. I don't think that would be a bad thing.

I don't like that term, socialized medicine. It sounds too much like socialism. But, something like that has to be done.

How has socialized medicine worked in Canada? Those people seem to, something has worked there that they are still continuing to do it that way.

If you had really socialized medicine that would be the end of that [unnecessary over utilization of medical goods and services]. There would be no incentive.

Solution 1. Adopt National Healthcare/Socialized Medicine/a System Like Canada or Mexico, continued.

S.1.2 Statements about some considerations for a developing a national healthcare system . . .

We could certainly learn from some of these programs that have already got their legs under them [Canada, Mexico].

Socialized medicine. What else can we do? But I think it's important that you are able to choose your own doctors, and that we have doctors making decisions instead of administrators making medical decisions.

If there is socialized medicine, you're getting the same coverage. But somebody has to pay for it. So, you also have to take care of the real problem [high costs].

We would pay more in taxes, as long as we knew that it was going to medical expenses. We're lemmings. We pay the money out and take what we can get. How would we know?

It has to be on a national level. If the money that they allow for doctors is controlled state by state, we'll loose all our best docs. They are leaving Minnesota in droves because it's all controlled at the state level.

But it can't be the state. The state rips the people off every year. When they started gambling, that's what they did. "We'll use the gambling money and we'll have good schools." It's in the general fund. The tobacco money went to the general fund. The Worker's Comp fund, for the first time, is in the black. That's going to the general fund. They just rip us off left and right.

A combination of a socialistic system so you can pay for the hospital, you know, you've got the MRI's and so forth, and then get this [medical savings account] to use for the rest. So, you've got this incentive [to stay healthy].

I think it should be somewhat socialized, but a program that would enable people to take care of themselves and get the provider and the person that needs the care together working one on one.

Start with the kids first, and then, the older folks. Those two ends. People who have worked 30, 40, and 50 years and then can't make it because they can't pay medical bills. That is just ridiculous!

Solution 2. Use Large, Self-insured, Self-administered Groups.

This theme was primarily developed by the Missoula professional services group, but also suggested by the Miles City hospitality group. However, there was broad consensus on the problem that large groups are better able to negotiate reasonable rates, and this leaves single people, couples, and small businesses with much higher rates. This problem then dovetails with the suggested use of large, self-insured groups in order to make premiums affordable. Removing the middleman, [the health insurance industry], is a specific feature of choosing large, self-insured, self-administered groups.

S.2.1 Statements about self-administered, self-insured groups…

It was one of the things that saved us. We had a huge group. [Lists several businesses] that are somehow family related, so our group is huge. I think it's probably like 200 people or something like that.

I think grouping up is the only way to go. Plus, you can control the insurance aspect of it.

Kind of like the same HMO concept. What if we formed this group and we are going to be self-insured with Western Montana Clinic. We form an alliance between the group of people who want coverage and the health care providers and totally ignore the whole insurance industry thing.

We're lucky in Missoula because we have such fantastic medical care. I think it would be a good community to do that [self-insured partnership with medical provider].

You still have to pay the administrators. They get paid to administer the menu [of medical services] we have chosen.

If the federal/state/county/city whatever government agency that you're going to get your assistance [subsidized healthcare] from says "We'll [government entity] pay 80% and you [employer] come up with 20%. They'd pay 80 and you'd get billed like you do for Workman's Comp for the 20. But you'd have to do that all the way around. For every minimum wage job, or say, if you make $20,000 or less, then the state's going to come up with the bucks. But you know I can't be charged and you can't go across the street to Joe Blow and he doesn't get charged. It's got to be fair. It's hard enough as an independent to compete with the franchises as it is.

Solution 3. Premiums Must be Made Affordable.

This theme requires no introduction except to say that this solution was suggested in every group.

I think affordable premiums.

Maybe some kind of sliding scale.

It needs to be a plan that everybody that works, that earns a wage, pays a flat percent out of their paycheck, and whenever you need something you just go to the doctor.

Why not design a cheap policy that covers your major things that are going to cost thousands of dollars and forget about a lot of the little things that you can pay yourself if you had to, because you're going to do it anyway.

I think I can handle those [prevention] bills paying to the hospital, working something out with the doctor, versus paying $500 a month for insurance when if I have to make a claim, I already have a black mark on my insurance policy. So, why not go directly to the doctor, pay them for the maintenance stuff, and get insurance for the very major problem that could happen. I understand you would pay a lower premium but a higher deductible to get that. I would be willing to do something like that.

If they gave it to you for $25 a month [single person] yeah, I could afford it.

Something in the range of $200 for a single person I would do, but if it gets higher than that, I can't.

My husband and I could probably afford $500. We would have to go without somewhere. Something would be cut.

I think if we could get $200 a month [family], we could come up with that.

For a family of four I would go for about $400-$500.

If you could lump the millions of people in the United States who aren't covered, if we were one group, is there nobody in the federal government that can even barter to match the rates that the dentists in Montana get?

Solution 4. Provide Regulation to Control the Costs

This solution evolved from the discussion of the high costs of healthcare, and was suggested and discussed in every group.

S4.1 Statements about the need to regulate costs…

Even socialized medicine won't take care of the real issue. It's the costs.

I suggest a cap on insurance profits.

There should be a limit on what your hospital can charge for certain procedures and a limit of what you have to pay for insurance premiums.

There is energy assistance for people that can't afford to pay for their electrical and heat bill. Why couldn't they come up with something like that for the health care industry?

Do you remember back in the olden days where there were the public utilities? And we were all protected in the rates, because we all needed it? You couldn't really live very well in this part of the world [without utilities].

The public service commission took care of those things you had to have.

Right, and they had to absolutely justify and prove why they needed an increase.

You know, my electric company sends out information about how to reduce your electric bills. I've never had an insurance company do that, and they should.

You can't say, "well, we're going to treat the people who have some money, and the people who get sick that don't have any, oh well..."

Some kind of standard so that everybody is paying the same amount, but don't let those low-income people get stuck.

If you have to force them, by law, to do the right thing, so be it.

Solution 5. Use a Tiered Approach to Health Care Provision.

Again, this solution was suggested in every group. Participants believe that a nurse, nurse practitioner, or a physician's assistant could competently address many minor medical problems. In fact, several people have used these types of services. The drawback people reported is that they have been billed an amount that is the same or nearly the same as they would have been for a physician's services. Their suggestion, then, is that while the use of a tiered approach could potentially offset rising costs, this potential benefit is predicated on the belief that charges for the services of a nurse, nurse practitioner, or physician's assistant should be made much more affordable.

S5.1 Statements about using the services of nurses or physician's assistants…

Why, when I go to the doctor's office, can't a nurse sew up a cut? That's ludicrous that she can't do that. The nurse has the expertise to do that.

I've seen a PA, instead.

Make it so that for the more straightforward things you would not necessarily need to see a doctor. You could see a PA or a nurse practitioner. They could do triage. They could do a swab. They could prescribe [antibiotics]. But seeing them would need to be less expensive. Instead, the doctor's office is using them as another way to increase their profits.

Out in the rural communities, PA's are cheaper.

I wonder why we can't have a tiered health care provider system whereby all of our wellness stuff, why does that have to be MD'ed? Why can't our wellness care be done by people who are trained to recognize an illness, but that doesn't have to be an MD sitting here, we don't have to pay the cost for an MD to take care of most of the things that people go to the doctors for. That could be a nurse practitioner, and that could be other people that are trained whose wage base is more like yours and mine.

I [took my children to] a nurse practitioner for all those normal kid things, even diseases, but still they were fairly routine and it cost just as much as going to the doctor, so why do it?

Trouble is, they are not that much cheaper.

Solution 6. Look to Health Promotion and Disease Prevention

The groups in Polson, Missoula and Miles City felt that prevention should be considered as a viable approach to reducing the overall costs of healthcare.

S6.1. Statements about actively promoting and supporting prevention…

Unless we go to something to get preventative healthcare and less expensive healthcare, we don't have a chance.

Take a preventative interest in trying to keep our health good. It seems statistically they are going to have to pay out less over the long term if they take care of what might happen if they caught it early instead of letting it get full blown.

If you find out early, you can change the matter, you can change the diet, and you can do tings.

There is no incentive to try to take care of yourself that way.

We put an awful lot of money into healthcare, but very little money into prevention.

You know, people don't usually ask for their illnesses, but other people haven't assumed responsibility for their own healthcare. Some people are grossly overweight, are smokers, drinkers, and those kinds of things. Maybe there should be some kind of sliding fee scale based upon the self-care of the insured.

Premiums are so high because people are not taking care of themselves. I don't know what the latest statistic is, but about 65% of Americans are obese including myself, falling under the definition even though I'm in shape, and insurance companies have to pay the bill.

You've got to get it back to [yourself]. Then you endeavor to take care so you don't look forward to a triple bypass. There are some things you can't avoid, I know. But [put your money] into a savings account [that accumulates over time] you're self-insured, you're responsible for your own destiny.

I get to decide if I'm going to have a triple bypass, or whatever. I suffer the consequences [financially]. If I loose the farm, it's because of the decisions I've made.

Solution 6. Look to Health Promotion and Disease Prevention, continued.

S6.1 Statements about providing a cost savings to those who practice prevention . . .

We do that with life insurance for risky occupations. I don't know why we couldn't do it with health insurance.

There is no incentive to try to take care of yourself. If they are not smoking, verify it, and lower their premium.

If I'm not drinking, I'm not smoking, I'm not chewing, I'm maintaining my weight, and I'm paying attention to what I'm eating, if I go and get checked out for colon cancer, checked out with blood tests, exams, why can't my premium go down? Why should it continue to be high?

I think we should put parameters on things we have some control over, like our ability to quit smoking, things that keep our health risk lower. We could have parameters on things we personally have control over.

From a society level, there is way too much of an attitude of, "Well, I'll go to the doctor and he has to make me better. It's his responsibility." And I think we have to go back to some grass roots, and assume more responsibility for living healthier lifestyles and things like that.

You know, when we discuss healthcare, they just passed that law if you have any gambling facilities in your building, the state says, whether the town says or not, you can smoke because the state says it's okay.

They [Helena] had no smoking but it was the gamblers and the bars that got it reversed because it was destroying their business.

But the studies proved it helped the health. And all around the community. But Judy Martz, herself, reversed that decision about smoking.

How do we reverse it [practice prevention] if our government is just going to let them have their way? How do you change it?

Maybe there should be some kind of sliding scale based on the self care of the insured.

Solution 7. Provide Resources so People can Understand and Access Services.

These comments are excerpted from the discussion in Havre and Billings.

S7.1 Statements about helping people understand and access services…

I feel that for people who are eligible for things, that there is not the outreach to bring them in and say, "okay, I'll walk you though this system." That's exactly what it is if you know the angles. If you don't know them, you're going to get stuck in the maze and you're going in circles.

Montana should pass laws on that. The forms should be readable.

An advocate—one person, one office to go to and say, "this is my circumstance, slot me in, tell me what my options are."

It might be good if there's an office where, maybe there is in Helena or wherever, that people that are having a really hard time can get numbers, like you're talking about for prescriptions to call and get assistance with prescriptions, you know,

maybe having a network where it would make it easier for people to navigate through the system.

S7.2 Statements about implementing informed consent for fees…

Informed consent for what you are agreeing to and what you are committing to, potentially, on the bill.

You could walk in and say, how much exactly will this cost to have done? They would tell you, and you would have that done, and nothing else. You would know ahead of time what you're agreeing to. When you go to a doctor, for example I went to a dermatologist for a suspicious mole, and they don't tell you ahead of time. You are just at their mercy. When you go in to see them, you don't have any idea what they are going to charge you.

Solution 8. Use the Tax Structure to Offset the Cost of Benefits.

The discussion on tax incentives came from the people in Havre, Miles City and Missoula. The "sin tax" proposal came from the Miles City employer group.

S8.1 Statements about tax incentives…

[It would help] if it were a tax free benefit.

[Paying premiums] should be a tax benefit to the owner as well as the employees.

There was some discussion in the legislature this year about a tax credit if people wanted to donate a certain percentage of their income to services for the disabled because that was one area that they were looking at drastically cutting funding in. Maybe rich people could contribute or take that tax credit or tax write-off for making contributions to a healthcare system rather than pay taxes on it.

Perhaps they could look at tax credits instead, or something like that would help.

Look at a tax credit instead of a deduction. Dollar for dollar. If a business pays a health benefit, they wind up with a tax credit, too.

If somebody can't afford healthcare, especially if they have children, then it can be taken out of their income tax. They don't have to pay.

If you had some kind of program where it would actually come out of your taxes, or you could get a tax credit like you do for paying mortgage interest, I think something should be done like that. I think it would be an incentive.

Set aside some money for a medical savings account, similar to an IRA. Now, if you take the money out of that account, then you're taxed at the full level. It just comes right out. But, if you write a check to a medical provider and get a receipt for it, it's not taxed. It's essentially a tax credit. So, you put the money into a savings account, it could be administered by a bank, like an IRA or similar to a trust account for education.

Right now, there's a medical deduction. As it is, if you pay out about 40 million dollars a year, then you might get $5 off your taxes.

It's a non-existent thing for a normal person.

Solution 8. Use the Tax Structure to Offset the Cost of Benefits, continued.

S8.2 Statements about implementing a "sin" tax…

Use a sin tax. I guess we don't have to reinvent the wheel.

Tax or take part of the cigarettes, alcohol, gambling, and get up to 75-80% across the board so it would be fair.

Maybe get those [casinos] people to kick in, say 80%. Instead of giving them 15% off the net, make it 20%, if it doesn't get eaten up in bureaucracy.

Solution 9. Become Politically Active with the Legislature.

This theme developed from discussions in the consumer groups in Billings and Havre, and the employer group in Missoula.

S9.1 Statements about counteracting the power of the insurance lobby…

The insurance industry is very powerful. Too powerful.

Talk to our legislators about it. Take a proactive approach.

Personally for me, I don't think insurance people should be lobbying or putting in money or whatever to control what happens law-wise.

[Insurance company lobbyists] are controlling their own pockets.

It doesn't seem democratic.

They're [lobbyists] the reason, in my opinion, why there are so many children that are not covered. That's ridiculous!

[Join] a group that's got some power with the legislature when you start talking about issues like this.

Solution 10. Re-visit Our Spending Priorities Nationally.

The Miles City employer group shared their feelings about this theme.

S10.1 Statements about reducing government waste and focusing on national problems . . .

The United States government should quit the giveaway programs and take care of ourselves, you know. The money is there, but it's being spent for other things.

There's probably a lot of money there, but the government chooses to spend it in other ways.

If we had just what the government wastes, you could do it [national healthcare]. What you have is poor management at the government level.

Not only what they waste, but what they loose that they don't even know where it's at.

Appendix A: Focus Group Methods and Sample

The initial premise of this qualitative research study was that individual Montanans are an important source of knowledge and experience related to the complex issues surrounding access to health care insurance. Focus groups (conducted April 9 through May 1, 2003) were the method of inquiry selected because they are uniquely suited to understanding the personal experiences of the uninsured.

While questions were developed by the researchers and used to create a framework for the topical focus of the group, the researcher did not assume that those questions reflect either all of or even the most important of the issues that people face in their day to day lives (Gall, Borg & Gall, 1996). Indeed, they did not. Participants saw the broader picture of healthcare as a system in crisis. They talked about this total picture, and not just the problems related to living without health insurance. Using a semi-structured interview format, the groups were encouraged to develop the issues as they saw them. These group discussions uncovered factors that influenced opinions, behavior, and motivation related to what each and every participant perceived as the problems and potential solutions to this healthcare crisis. Group synergy was quite evident in this field-based research because the participants felt passionately about the topic, actively shared their personal thoughts and feelings with each other, and clearly saw the need for change.

Sample

The participants in this research project were drawn from the larger sample of the Montana State Planning Grant on the Uninsured. Steve Seninger, Ph.D., conducted the sampling procedures. The sample was stratified into five layers:

Layer one: willingness to participate

A number of people from the statewide survey group indicated a willingness to participate further in the focused studies. Thus, willingness to participate was the first layer in this stratified sample.

Layer two: representative location

People were then selected from five representative regions. The sites chosen were Miles City (eastern, rural), Billings (south central, urban), Missoula (northwestern, urban), Havre (north central, rural), and Polson (north west, rural).

Layer three: personal experience

Participants who demonstrated knowledge of and personal experience with the target problem were purposively selected from the remaining sample pool.

Layer four: consumers and employers

For the fourth layer, participants were divided into two groups, a consumer group, and an employer group. For the consumer group (n=28), selection criteria were based upon identifying individuals who were either currently without insurance coverage, or had been without it in the past. Consumer groups were held in Billings, Miles City, Havre and Polson. The employer group (n=12) was chosen by identifying those persons in a position to decide whether health insurance would be offered to employees as a benefit. Employer groups were held in Miles City and Missoula.

Layer five: representative demographically

The final layer focused on individual demographics and ensured a mix of gender, age, occupation, and income levels. The gender most represented in this sample was females (65% of the total, 75% of employers). Participants ranged in age from approximately 25 years to 62 years. Consumer group membership primarily included people who considered themselves to be among the middle class, but there were also individuals who were unemployed. Some members of the employer groups were financially able to pay for their own relatively large medical bills without the benefit of health insurance. Finally, it was assumed that nearly all the participants in all sites were Caucasians.

Thus the research sample contained information rich participants who were purposively selected to be representative of Montanans experienced with the lack of health insurance.

Recruitment of participants

Participants were recruited via telephone calls and were provided with a general description of the topic of this study, and the techniques for data collection that would be used. For those who agreed to participate, the date, place and time schedule were provided both verbally over the phone and through reminder letters mailed shortly before the scheduled focus group meeting. A forty dollar stipend was offered as an incentive to participate, and was dispensed at the end of the group meetings to each participant.

Qualifications of moderators

Two moderators, Nancy Arnold, Ph.D., Associate Professor, the University of Montana, and Kyle Colling, Ph.D., Assistant Professor, Montana State University-

Billings conducted the groups. Both moderators were well experienced with focus groups and qualitative research, and in the art of creating comfortable, non-threatening, permissive environments necessary to promote self-disclosure among participants. Moderators served as listeners, observers and analysts.

Focus groups

The groups were conducted privately, behind closed doors in hotel conference rooms. Each group meeting was tape-recorded using two recorders to guard against loss of data due to technical problems. Prior to initiating any group activities, participants were given informed consent forms to read and sign (Appendix), which included a general description of the study, assurances regarding confidentiality, and contact information for Steve Seninger, Ph.D., Principal Investigator. The focus groups lasted a minimum of ninety to a maximum of one hundred and twenty minutes. Participants were very engaged in talking about this topic. There was no pressure for groups to reach consensus, as the primary goal of these discussions was to develop both the unique and combined experiences of the group members.

Preparation of data

The tape recordings were transcribed, verbatim, by Kyle Colling, Ph.D. Anything that would personally identify a participant was removed from the final transcripts to ensure confidentiality.

Analysis of data

Analysis consisted of a close, reflective examination of the data to find constructs, themes and patterns that explain the life experiences of people who are without health insurance coverage. The coding process was initially done

line-by-line. The line coding followed clustering or "chunking" (Krueger and Casey, 2000) data into categories. These categories were assigned labels. The categories were then clustered to fall under the domains that emerged as a result of the discussions. Items were clustered and reduced using the long table cut and paste method (Krueger and Casey, 2000; Denzin and Lincoln, 1998; Gall, Borg & Gall, 1996). The outline that resulted from these activities visually combines both the common and unique themes across the lived experiences of the participants. The final narrative was written from the product of these analytic activities. Core themes and sub-categories are represented in the write-up, and supported by the strongest, most salient narrative descriptions provided by the participants.

Indicators of trustworthiness

Indicators of trustworthiness (Guba and Lincoln, 1983) received consideration throughout the research project. Credibility was assured through regular member checks, in that moderators routinely checked with participants to ensure that the meaning of what was said was clearly understood. They also checked with each other before and after focus groups were held to discuss procedures and content of data. Transferability was assured through purposive sampling of individuals to ensure prior knowledge and experience with either being uninsured or choosing not to offer health insurance as a benefit to employees. Data collection included verbatim transcripts plus moderator observations. Dependability of data is evidenced through the audit trail of copies of all transcripts, final long table summary, copies of questions, copies of signed

consent forms, and copies of receipt of stipend forms. Based upon Miles and Huberman's (1994) standards for quality, the conclusions drawn in the final report are dependable. Confirmability results from triangulation across data sources. Confirmability is obtained through both the quantitative statewide study on the uninsured, and this qualitative focus group study. Blending both quantitative and qualitative data resulted in a thorough and rich examination of the problem of living without health insurance coverage in Montana.

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Appendix B: Questions Used and Cross Section of Answers

CONSUMER QUESTIONS AND ANSWERS

1. Q. Let's begin this discussion by talking about any problems you may have experienced when trying to get health insurance.

A. I came to this meeting after having spoken with a few people because I think it is quite an issue and I wanted to have some specifics. And from all of them, it came down to a question of cost, high deductibles, and limited coverage, even after that.

I found, too, that when I did have coverage, the return on that coverage was so small that I probably never came close to meeting expenses I had paying for insurance. The insurance, itself, wasn't doing anything. It wasn't applying to doctor visits, to prescription drugs. It basically was a major medical and you had to be hospitalized before it kicked in.

I could not afford the insurance premiums and the prescriptions, so I had to make the choice. Do I want the medication I need, or do I want the insurance, which in my opinion wasn't doing anything?

I want to talk about my kids. I would rather pay $70 once every couple months [for an office visit] rather than $400 every month, just to have them insured. And, it's just like a vehicle. They [insurance] don't cover basic maintenance. You know, they don't cover tune-ups they just cover major things. I mean you're still going to pay for taking them to the doctor, so why don't you just take them to the doctor and pray to God they don't break their leg or their arm on the playground.

2. Q. For those of you who were successful getting health insurance, how did you do it?

A. Some of them [employees] are covered under Medicaid. If they have kids and stuff, their kids are covered under welfare. That's pretty much it.

A. I thought, you know, just to cover my kids. But even that was outrageous. I did work and go to school at the same time and I basically worked for insurance benefits. My take-home pay was like between $40 to $60 every two weeks. I was just bound and determined I was going to have insurance.

My concern is that insurance has gone up so much, the cost of insurance. Last year, when I should have been able to make a little bit of a raise, but it just went toward insurance. Last year I made less teaching than the previous year.

3. Q. Where did you find the insurance information you needed to make your decision about getting health insurance?

A. Locally, through an insurance agent, plus in the [news] paper, I called someone in Billings, and I also got a quote on the Internet. It was like $300 or $400 dollars a month just to cover me!

4. Q. If you were choosing a health insurance policy, what information would you need to help you to make a good decision?

A. You've got co-pay and a deductible, and then you have some percent up to a certain amount…some percent of approved coverage. So the rest is left to who, again! I think it's ridiculous!

A. You start doing the research, and it just becomes more confusing. It makes you more aggravated, causes your stress levels [to rise].

If you look at those forms [insurance] why does it take a professional to read them?

5. Q. There are two public health insurance programs in Montana. They are Medicaid and the Children's Health Insurance program (CHIP). What do you know about them? If you have used either of them in the past year, what was your experience?

A. I do get Medicaid after having my child. I was covered under my mom's policy when I was in college, but I never finished college. Since I'm not in college, she can no longer carry me. Unless I'm in college, she can't. They just told me they are going to kick me off my Medicaid because I moved up to 30 hours a week working. I'm just barely getting my. I have a 7-month old child at home.

I've been on both ends of that. Medicaid is a joke because nobody will accept it.

Two kids and I don't have insurance, and I make too much money [to qualify for Medicaid]. I can't even feed myself and I make too much money.

A. I believe my [family member] uses CHIP. She's got two babies, two little ones. I am quite sure that is the program because when the second little girl was born she had some real respiratory difficulties and I know she was in the hospital for about a month. I was visiting with her not too long ago, and both she and her husband work. But in order to make sure that she keeps that coverage for the kids, particularly since [baby] has some problems, she limits how much she works so that she doesn't go over the earnings amount in order to keep herself

eligible because they can't find an alternative and they don't have benefits provided by either of their employers, so they are both insured. But through that program, the children are covered.

Even with that [CHIP] program, there are certain doctors that won't accept it, and there are certain things they won't cover, like okay, you can only pick these geeky glasses, but if your kid goes to school with them, they'll make fun. They shame the child because it's the only way the parent could get the kids some glasses.

6. Q. What do you know about the Montana Comprehensive Health Association?

A. The other thing is when we lost our health insurance due to no longer qualifying as a group, we checked into the Montana Plan, and that was twice as much as we were paying before. You know, that's not a bargain. It was too much.

The reason we were successful, it is through the state somehow.

7. Q. What doctor, clinic, or hospital do you go to for health care and where is that place located?

A. I usually just don't go.

A. I either go to the walk-in clinic or the ER.

A. I can't go to the walk-in clinic anymore because you have to have a credit card or pay up front. They've changed their policy on that.

A. I've got a really good doctor and he understands I don't have a whole lot of money. So, he sets it aside until I can pay him.

A. Deering Clinic. It takes a long time to get through there. There are so many people there, but that's where they can go. There are so many people that can't go to the walk-in clinic.

A. [For more serious medical problems, Miles City people go to Billings, Polson people go to Missoula, and Havre people go to Great Falls.]

8. Q. If someone in your family had a serious injury or illness, how would you pay for a large medical bill?

A. Hope and pray they don't get them.

A. I had to file bankruptcy. It was all medical.

A. We had to go and visit with the physicians and say, "We can pay you $50 because we've got six of you we have to pay." And they were very accepting of that, however there were a couple of them that charged interest and I went back in and said, "You know, I'm defeating my purpose paying $50 a month when you are charging me $15 a month on top of that. You know, I'm not going to get it down." There were a couple that dropped the interest, which was nice. But I think if you are making the effort, the interest doesn't need to be there.

9. Q. If you feel comfortable sharing this, do you currently have unpaid doctor or hospital bills, and do you owe a little or a lot?

A. We have taken out a $7,000 loan at [bank] to pay this medical bill [child's appendectomy] off, so for the next 5 years we have $135 a month payments. We were making payments of what we could afford, like $100 a month, and then they turned it over to collection even though we were making payments. They said we were not making enough payments, and they wanted it paid off in a year, so we needed to pay $600 some dollars a month to do that...

Did you say, "Can I come down with my checkbook and you can show me how I can do that?"

They aren't concerned with that, as long as they get their money. Instead of being turned over, we took out this huge loan.

A. They [hospital] told me to, but I couldn't get a loan. If your income is that much, and then they allow you so much for groceries and utilities, they won't give you the loan.

A. I've got a bill at one of the hospitals. I'm paying $50 a month and that's not even the interest every single month they are charging me. The interest is like $50.

Otherwise, it's like having a credit card and not being able to pay off your bill. The interest eats you up before you ever get it paid off. You would probably have to file bankruptcy.

A. You know, it's not just the one bill. You've got x-rays, lab and other things, and they are billed separately because they are all their own little business. I was paying $370 a month for insurance, plus paying everybody $25 a month,

and it [totaled] $700 some dollars a month and they still weren't happy. They were calling me all the time.

That's what started the downward spiral, all the medical bills.

10. Q. Now, let's take a look at other health issues like dental and mental health care.

A. I don't go [to the dentist]. I haven't been for many years. My kids went when they were younger and I would find some way to pay, but now I just can't afford it anymore.

I do put off dental work. That's how my husband got an infection. He has been pulling his own teeth this winter. It's because of the cost and there is no dentist to see him.

A. They do have a program that costs him little or nothing for drugs, but the fact is that the mental health care isn't there. It's just a general practitioner that's prescribing the medicine and there' no professional mental health person available.

My [family member] is disabled and a lot of it is mental health issues. I have tried for 5 years to get Social Security for him or Medicaid for his mental health through the different programs and filled out so many forms and so many pieces of paper. [Family member] is unable to work because of his mental health issues and so he has zero income. We have not been able to access help for him at all and I finally have. He got in some trouble, which may turn out to be the best thing in the world because his attorney is trying to get the county to pay for his psychological evaluation and he finally may get to go to Warm Springs and get help he needs. But it has to go through the court system. Now, we're in the court system because I've knocked on every other door.

A friend of my [family member's] is having a very serious eating disorder. I mean serious. And it is life threatening. But, because it falls under the category of some of the psychological causes of this very physical ailment, she is getting a Catch-22. In the meantime, her 17 year old self nearly died. And I think that in this day and age, in our country, in our state, I think that is just obscene!

11. Q. How much would you be willing and able to pay each month for health insurance for your family?

A. Answers varied widely, because the income levels of the participants varied widely. Their answers ranged from $25 a month for a single person to $500 a month for a family.

A. I think I can handle those [prevention] bills paying to the hospital, working something out with the doctor, versus paying $500 a month for insurance when if I have to make a claim, I already have a black mark on my insurance policy. So, why not go directly to the doctor, pay them for the maintenance stuff, and get insurance for the very major problem that could happen. I understand you would pay a lower premium but a higher deductible to get that. I would be willing to do something like that.

12. Q. What would need to change in order to make it easier for people to get health insurance?

A. How about going to socialized medicine. People can't get basic care. Go around the room. How many people don't have health care? It's crazy!

A. What I'm thinking is kind of like the same HMO concept. What if we did get together and formed this group and say, "We are going to be self-insured with Western Montana Clinic," and we form an alliance between the group of people who want coverage and the health care providers and totally ignore the whole insurance industry thing and create some kind of pathway between the medical care providers and the people who need the services and create our own organization and totally avoid the insurance industry altogether.

A. Why not design a cheap policy that covers your major things that are going to cost thousands of dollars and forget about a lot of the little things that you can pay yourself if you had to, because you're going to do it anyway.

A. So, what we're suggesting is some kind of regulation [of costs], since everybody needs it [access to healthcare].

Do you remember back in the olden days when there were the public utilities? And we were all protected in the rates because we all needed it? You couldn't really live very well in this part of the world without it. The public service commission took care of those things you had to have. Right, and they had to absolutely justify and prove why they needed an increase.

A. We don't have to pay the cost for an MD to take care of most things that people go in to the doctors for. That could be other people that are trained whose wage base is maybe more like yours and mine.

A. People don't usually ask for their illnesses, but other people haven't assumed responsibility for their own healthcare. I mean some people are grossly overweight, who are smokers, drinkers and those kinds of things. Maybe there should be some kind of sliding fee scale based upon the self-care of the insured.

From a society level, there's way too much of an attitude of, "Well, I'll go to the doctor and he has to make me better. It's his responsibility." And I think we have to go back to some grass roots, and assume more responsibility for living healthier lifestyles and things like that.

A. Look at a tax credit instead of a tax deduction, dollar for dollar. If a business pays a health benefit, they wind up with a tax credit, too.

Right now, there's the medical deduction. As it is, if you pay out about 40 million dollars a year, then you might get $5 off your taxes. It's a nonexistent thing for a normal person.

A. You could walk in and say, how much exactly will this cost to have done? They would tell you, and you would have that done, and nothing else. You would know ahead of time what you are agreeing to. When you go to a doctor, for example I went to a dermatologist for a suspicious mole. They don't tell you ahead of time. You are at their mercy. When you go in to see them, you don't have any idea of what they are going to charge you.

A. The insurance industry is very powerful. Too powerful. Personally, for me, I don't think the insurance people should be lobbying or putting in money or whatever to control what happens law-wise.

EMPLOYER QUESTIONS AND ANSWERS

1. Q. Let's open the discussion by taking just a few minutes to very briefly share a bit of information about each one of your businesses.

A. Miles City hospitality/travel group; Missoula professional group.

2. Q. At some point, a decision was made to either reduce healthcare coverage, or to not offer health insurance at all, as a benefit for your employees. For a variety of reasons, many businesses have made this decision. Would you please share the reasons that led you to make this decision?

<u>Miles City</u>

A. We don't offer it to our employees. First of all, it's cost prohibitive. We can't afford it.

We used to have coverage for everyone. But that was back in the day when business was a little better. The economy was tremendously improved than what it is now. But, it's just economically unfeasible today, for us anyway.

A. And the wage being such that it is, even if we were to offer to pay half and let the employees pay half, most of the employees would not because they cannot afford to pay it. That's our main reason.

A. It's really not cost effective, either, to offer health insurance, especially as fast as they come and go and they're out the door. The paperwork would be more than you could handle.

A. We have great insurance for management and assistants. They are trying to get it for shift supervisors, but the shift supervisors don't want to pay that amount.

Missoula

A. We've seen our deductible go from $100 to $500, and I think they're planning on going to $1,000 so that it will be more of a catastrophic thing rather than just regular healthcare, which for most of the people in the office, that' s really bad news. But, it's just so hard to afford it. So, we're really glad we have it at all, because there are a lot of people who don't. They just can't.

A. We do have the realtor's umbrella organization, but that doesn't help you with your secretaries and it doesn't help me with my clerical people.

A. I made the executive decision not to have healthcare.

3. Q. For those of you who either presently offer or have offered healthcare in the past, how many different kinds of plans have you made available for your employees.

A. There were only three employers that offered healthcare. Two in Miles City were through national franchises, and the one in Missoula was a self-administered, self-insured plan, with a menu of coverage options selected by the group. The national franchises provided good coverage for the employee. Both had to pay extra to cover their families. One chose to cover her family because she found the rate to be reasonable. The other didn't because she could not afford the additional premiums.

4. Q. Have you offered money in lieu of providing health insurance coverage or provided your employees with money so they could buy health insurance?

A. Only one employer in the Missoula professional group offered money in lieu of health insurance coverage.

5. Q. If you have some employees who have chosen not to enroll in the company health insurance plan, do you know why they made this choice?

A. Generally speaking, this choice was made because the employee was covered through a spouse's policy. However, sometimes employees choose this option because they were able to negotiate a higher salary by opting out of healthcare benefits.

6. Q. If health insurance is not offered as a benefit through your company or if your employees don't enroll in your program, do you know what your employees do for medical coverage?

Miles City

A. They are not covered. I think about 90% of them are not covered.

Missoula

They are covered under a spouse's policy.

7. Q. What feedback do you get from your employees about the issue of healthcare as a benefit?

Miles City

A. They know from the day they're hired there's no health insurance. They realize they're at the bottom of the food chain there.

Missoula

A. I just feel it limits your employees, and it's not good for your employees, and basically you wind up hiring people who have spouses who cover them. Otherwise, they won't come to work for me. They need health insurance and it's a problem.

8. Q. Does the ability to offer health insurance as a benefit have a value for your company?

Miles City

A. On the other hand, if you were the only place that offered it, you could really pick and choose who you were going to hire.

There would be a lot less turnover. If they could fit it into a budget somehow, and compensate those who have been there forever. I think healthcare coverage would be a plus.

It would be better than having a cash bonus at the end of the year.

Missoula

One of the features I look at when I bring on an employee, whether it's going to be an employee or an independent contractor, you know, is what I can offer them to give them an incentive to come to work.

9. Q. If you have researched health care for your employees, approximately how many different carriers or plans or rates have you analyzed over the past 5 years.

A. In Miles City, this type of research was done by the two national franchises represented. Another national franchise employer does not offer health insurance. The remaining employers find health insurance benefits to be too expensive, both for them as employers, and for their employees who often make minimum wage. In Missoula, the employers who are trying to find a way to cover their employees are using independent insurance agents to help them figure out their options.

10. Q. Do you provide your employees with information about other health insurance options?

A. Unanimously, they do not.

11. Q. What role should the state or federal government take in helping you provide health insurance to employees?

A. The most common suggestion was to adopt a national healthcare system.

Miles City

A. If your federal/state/county/city whatever government agency that you're going to get your assistance [subsidized healthcare] from, and make it straight

across the board for everybody not just for cafes, and say "We'll [government entity] pay 80% and you [employer] come up with the 20%. I mean they'd pay 80 and you'd get billed like you do for Workman's Comp for the 20. But you'd have to do that all the way around. For every minimum wage job, or say, under a certain, say if you make $20,000 or less, then the state's going to come up with the bucks. But you know I can't be charged and you can't go across the street to Joe Blow and he doesn't get charged. It's got to be fair. It's hard enough as an independent to compete with the franchises as it is.

A. Tax or take parts of the cigarettes, alcohol, gambling, get up to 75-80% across the board so it would be fair.

Missoula

A. [Paying premiums] should be a tax benefit to the owner as well as the employees.

A. A combination of a socialistic system so you can pay for the hospital, you know, you've got the MRI's, and so forth, and then get this [tax free medical savings account] to use for the rest. So, you've got this incentive [to stay healthy].

12. Q. What would make it easier for you to provide health insurance as a benefit for your employees?

A. The unanimous answer was to make both healthcare and health insurance affordable.

13. Q. If you had advice to give to the Insurance Commissioner or the Department of Public Health and Human Services on the rising number of uninsured people in our state, what would that advice be?

A. See question 12, consumer questions and answers.

Appendix C: Informed Consent For Focus Group

Study Title: Health Insurance in Montana

Sponsor:

Montana Department of Public Health & Human Services

Investigators:
Bureau of Business and Economic Research (BBER), The University of Montana-Missoula

Address: The University of Montana, 32 Campus Drive #6840, Missoula, MT 59812-6840

WHAT IS THIS STUDY ABOUT? This focus group is part of a project that is surveying households across the state to see how well people are accessing health insurance. The project is also contacting businesses to gather information on some of the issues Montana businesses face when offering health insurance to employees. Your participation in this group will contribute to more accurate information on health insurance and will provide important input to a state project overseen by the Department of Public Health and Human Services.

WHO MAY PARTICIPATE? You must be at least 18 years of age to participate in this study. No questions will be asked without your consent or before this consent form is signed.

HOW LONG IS THE INTERVIEW? The focus group takes from 75 to 90 minutes.

WHAT ARE THE POSSIBLE RISKS? The information collected is about major issues and concerns about health insurance and access to health care. You may withdraw from the study at any time. Again, all information will be kept strictly confidential.

WHO WILL HAVE ACCESS TO MY ANSWERS? As a matter of state and federal law the sponsors and investigators are required to protect the privacy of everyone who participates in this survey. Only the surveyor will know the identity of individuals participating in this study.

1. You may skip any question you do not wish to answer.
2. The investigators will summarize all the survey responses. No individual responses or information that could be used to identify any individual will ever be released.

WHAT BENEFITS WILL I RECEIVE? You will receive a $40 stipend at the end of the focus group session.

WHO MAY I CONTACT IF I HAVE QUESTIONS? For answers to questions about research and research participant's rights, please contact Dr. Steve Seninger, BBER Director of Economic Analysis, at (406) 243-5113.

AUTHORIZATION: This research project has been explained to me by the interviewer and in this consent form. I voluntarily execute this consent form as my own free act and deed, and am willingly and freely consenting to participate in this study. All of my questions have been answered to my satisfaction. I will receive a copy of this consent form to keep.

_____
Interviewer

_____
Participant

_____Date