
IOWA DEPARTMENT OF PUBLIC HEALTH

State Planning Grant



Striving to Expand Health
Insurance to All Iowans

Round Two Focus Group Proceedings
June 2001

Table of Contents

Key Findings	3
Overview of State Planning Grant	7
Focus Group Methodology.....	9
Focus Group Round Two Summaries	11
Dubuque - June 25, 2001	11
Decorah - June 26, 2001	19
Des Moines - June 26, 2001.....	27
Chariton - June 27, 2001	35
Charles City - June 27, 2001	45
Humboldt - June 27, 2001	53
Grinnell - June 28, 2001	61
Humboldt - June 28, 2001	67
Mount Pleasant - June 28, 2001.....	75
Attachments	83
Focus Group Script.....	83
Map of Communities Visited.....	87

Key Findings

In March of this year a series of focus groups were held across the state to elicit opinions about the need to ensure every Iowan has access to health insurance. Participants generally supported the concept that every Iowan should indeed have access to health insurance.

The second round of focus groups dealt with more specific questions, those generated around a list of policy options prepared by The Lewin Group, an insurance consultant from the Washington, D.C. area, as part of the State Planning Grant Program: Striving to Expand Access to Health Insurance to All Citizens. These policy options were possible suggestions as avenues to open access to insurance for all Iowans.

The second round of focus groups also differed from the first in another essential way. The first round included Iowans identified as members of the general public. The second round included targeted groups such as business owners, elected officials (members of the Iowa Legislature and city officials), and healthcare providers or executive directors of healthcare organizations. These groups were targeted due to the policy options and their relationships to these groups. However, there were an additional five focus groups held, comprised of the general public, to get their perceptions.

General Public Perceptions

As in the first round of focus groups, participants in the second round were supportive of the concept that every Iowan should have access to health insurance. Also, as in the first round, the participants believed Iowans should take some level of personal responsibility to provide their own health insurance, paying what they can afford for coverage. The concept of a sliding fee scale remained very popular.

Some participants believed it was important for the state to step in to ensure all Iowans have access to health insurance. Others were firm in their belief that it is up to the private sector to make insurance affordable for all. They also sought clarification about whether the state would offer access to health insurance for all or those who need it most.

One of the options proposed in this phase would call for Medicaid expansion to 200 percent of federal poverty level and expanding the Healthy and Well Kids of Iowa (HAWK-I) program to cover parents and perhaps adults without children. The HAWK-I program is part of a partnership between the federal and state governments to provide health insurance for children who do not qualify for Medicaid but whose family meets the poverty guidelines. In Iowa, HAWK-I coverage is offered through private insurance companies under contract with

Striving to Expand Health Insurance to All Iowans

the state. In general, this option was well received in the focus groups. However, the participants suggested HAWK-I should be separated from the Iowa Department of Human Services to reduce the stigma associated with a “government program,” and to lessen the bureaucracy associated with the program.

Participants were also asked what they thought about requiring families to show proof of health insurance when enrolling children for school, much like what is done with immunizations. There was virtually no support for this idea; overall Iowans said they were opposed to any kind of mandate to require health insurance. Many believed this would be a deterrent to the educational system and force people into home schooling. However, they did see schools as the appropriate venue to educate Iowans about existing health insurance programs, including HAWK-I. In general, participants supported the notion that existing health insurance programs offered through the state should be expanded rather than creating new programs. Participants in the business focus group echoed this sentiment.

Children and seniors were the two groups most identified by participants who should have guaranteed access to coverage. At the same time, Iowans understand there are many others who fall through the cracks and go without health insurance due to a job change or preexisting conditions. They agree something should be done to offer access to all, but disagree on the mechanisms by which this could be accomplished.

Some specific mechanisms, such as community rating, received a fairly positive response from those who understood how it works. Other ideas, such as a tax credit to employers for contributions toward premiums of low-income workers received a more neutral response.

There was limited support of a state subsidy to help qualified Iowans pay their health insurance premiums. Participants said it would do little to contain cost. They did agree the business community needed to be engaged if any kind of change is to take place.

Business Focus Group Perceptions

In the second round of focus groups, one group included individuals who owned or worked for small businesses. The group was asked their reactions to a series of questions about purchasing health insurance and testing some of the proposed options relevant to business owners.

In general, most of the business people offered health insurance to their employees. For those that could not, it was an economic decision based on cost. All agreed every Iowan should have access to health insurance whether or not it was provided by an employer.

Striving to Expand Health Insurance to All Iowans

Participants were asked whether a tax credit offered to businesses that paid premiums for low-wage workers would be a benefit to them. Most said it would not be a benefit to them since they already write off all of the premium costs, or they work at a non-profit business. Others believed such a tax credit was unlikely to be approved by the Iowa Legislature. Overall, they believed such a measure might convince more employers to offer health insurance and might help attract and retain employees.

Participants were also asked if they supported allowing small employers to join a pool to purchase health insurance. There was a perception that joining such a pool would drive costs up because employers with older or sick employees would be most likely to join.

The concept of community rating was another option proposed to the group. Under community rating, businesses, regardless of size, would pay one premium for health insurance for employees. In general, the response was neutral because participants said they did not understand community rating well enough to comment on it.

When asked if there was a need for health insurance reform in Iowa, respondents said generally the private sector should be left to determine health insurance costs and coverage, but that the Iowa Insurance Commission should do more to prevent fraud and abuse – a bit of a mixed message.

Business owners also said it was a challenge to educate their own employees about the true cost of health insurance and those employees had responsibility for maintaining their health.

Healthcare Provider Perceptions

In general, healthcare providers believe everyone would benefit from having health insurance, but there was no agreement about how this could be offered to all Iowans. They agreed children should be covered, but did not agree that proof of insurance should be mandated to attend school. Providers agreed expansion of existing programs could help, but said there are many flaws in Medicaid, HAWK-I, and Medicare.

There was widespread agreement of the need for changing the insurance system and the belief that insurance companies care more about profit than the health of their customers.

There was also support of the option to provide tax credits to employers for health insurance costs and that health insurance provided by the employer was the best option for most Iowans.

Elected Officials Perceptions

Another targeted focus group was held with members of the Iowa Legislature, one in Humboldt and one in Mount Pleasant. In general, the elected officials said Iowans should be able to decide if they want health insurance or not, as opposed to mandating coverage, but also agreed health insurance is important for Iowans to remain healthy and help the state's economy. There was general agreement that Iowans should pay what they can for health insurance, including a sliding fee scale. They believed it was up to the private sector to provide insurance but government should assist those who cannot provide for themselves. Some supported expanding existing programs like HAWK-I, but others expressed concern it would overburden these programs.

When asked about a state subsidy, legislators said they were concerned how this could be paid for given the state budget situation, and the overall state economy. There was general agreement that options such as community rating and tax credit could be beneficial.

Legislators were asked if the political will to make health insurance changes existed. Overall, they agreed such reforms would need the support of the business community.

Overview of State Planning Grant

Iowa's State Planning Grant Program: Striving to Expand Access to Health Insurance to All Citizens

Iowa is one of 20 states awarded a significant grant from the federal Department of Health and Human Services (HHS) to assist in developing and examining options to expand health insurance benefits to its citizens. In fiscal years 2000 and 2001, HHS awarded \$23.8 million in grants to 20 states to develop designs for providing access to health insurance coverage to all citizens. The overarching program goal of the State Planning Grant Program, under which Iowa's award falls, is to encourage states to provide access to affordable health insurance coverage to all citizens by providing states the resources for planning and developing a supportive policy environment for implementation of these plans.

Iowa's grant is being managed by the Department of Public Health (IDPH). Iowa has selected a multi-faceted strategy to approach this initiative that is largely based on research and public input. The grant's goals include:

- Build a complete and data-driven picture of Iowa's uninsured population.
- Build a complete and data-driven picture of Iowans' beliefs on expanding access to health insurance.
- Design coverage options that will incorporate data on the uninsured and Iowans' beliefs regarding expanding access to health insurance.
- Create a strategy to achieve the goal of expanding access to health insurance.
- Prepare a report to the Secretary (of the Department of Health and Human Services) which can be used by other states to expand access to affordable health insurance to their citizens.

To accomplish the above goals, Iowa has formed a Strategic Planning Grant Alliance to oversee the effort. Chaired by Jerry Downin of the Iowa Farm Bureau, the Alliance will consider findings gained from extensive research and public input and create a strategic plan to move the state toward implementation of policies and programs necessary to increase and expand access to health insurance.

The IDPH has contracted with two firms to conduct grant activities. The Lewin Group is a consulting firm specializing in healthcare and economics policy. State Public Policy Group is an issue management company with an extensive history in healthcare issues and working toward policy change to assist Iowa's underserved populations.

Focus Group Methodology

Selection of sites

The selection of sites for the nine focus groups held in June was based in part on geographic dispersion. It is important throughout this initiative to reach all areas of the state, given the emphasis on ascertaining public opinion about the issue of increased access to health care insurance to all Iowans.

Unlike the first round of focus groups in this initiative, the second round included targeted groups of focus group participants. In this case business people, elected officials from the Iowa Legislature and Iowa municipalities, and healthcare providers were rounded out with some focus groups of members of the general public.

The reason for this targeted approach was to allow the Iowa Department of Public Health to test policy options designed by The Lewin Group.

One of the goals of the State Planning Grant is to design coverage options that would incorporate data on the uninsured and Iowans' beliefs regarding expanding access to health insurance based on the surveys and focus groups held during the first phase of the project.

However, the department wanted to test these options through the second round of focus groups. Of the proposed options developed by The Lewin Group, some seemed to be more appropriately targeted to certain groups, i.e. business owners or providers.

Invitations / selection of participants

As with the first round of focus groups, the participants for the general public groups were chosen from a list of people who voted in the last two general elections who lived in a 40-mile radius from where the particular focus group was held.

Typically in focus group research, an incentive is used in order to gain participation from the desired population. In this case, participants were paid \$40 cash and provided a light meal during the focus group.

Structure

The structure of the focus groups was consistent throughout the nine sessions. Each facilitator worked from a script that was designed to elicit the desired information without leading the responses of participants. The script was comprised of a series of three premise paragraphs each followed by several questions. The premises help participants understand the frame of reference for the follow up questions.

Striving to Expand Health Insurance to All Iowans

Each session had a staff person stationed at a laptop computer to document participants' responses to the questions. When possible, verbatim responses were recorded. All comments were non-attributable - responses were never associated with the individual making them.

For the most part, participants, while encouraged to respond to questions, were not required to do so. The exceptions to this were the first question under Premise 1 and the final question. This structure encourages participation and allows more reticent individuals to "warm up" by responding to a couple of relatively simple questions. The facilitator worked to ensure that participation was easy and freely given, and that one or a few individuals did not control the conversation.

Focus Group Round Two Summaries

Dubuque - June 25, 2001

Business

Premise 1

As part of the State Planning Grant to Expand Access to Health Insurance to all Iowans, a number of surveys were conducted with business owners and members of the general public to determine attitudes about this initiative. The results indicate Iowans support the concept of expanding access to health insurance for all Iowans:

- 79% think it is a good idea for Iowa to have a strategy for extending health insurance to all Iowans.
- 83% of business in Iowa think it is very important that every Iowan have health insurance.

1. Does your business provide health insurance to your employees? If not, what factors prevent your business from offering health insurance? Do you agree it is important that every Iowan have health insurance? Why or why not?

- Don't have employees
- Have 17 employees, partially insured
- No
- Yes
- Husband and I used to run a small business and did not
- Do not, it is cost prohibitive
- Yes
- City of Dubuque does provide insurance, Gannon Mental Health Center does
- Phone company subsidizes insurance

Facilitator Question: Is it important to have health insurance?

- Certainly
- Absolutely
- Yes, but they should either be working for it or have to pay for it
- Yes
- Yes
- How could it be anything else
- Yes
- Yes

- Yes
- Yes

2. If your business does not offer health insurance, what would it take for you to be able to offer insurance? Who should be responsible for implementing the changes you need? Is it the state's responsibility? Is it the private sector? Is it both?

- My business would have to grow substantially in order to be able to provide insurance just for myself, let alone my employees.
- We'd have to charge the families an outlandish amount of money for childcare, and they wouldn't be able to use us. Their employers would have to pay them more money or they would have to quit working because they couldn't get affordable childcare. (Note: This participant worked for a daycare center that does not provide health insurance benefits.)

Facilitator Question: Who is responsible?

- The state
- The state
- Combination of state and federal government
- I think everyone has a stake in it. If your employees have insurance, they're going to have less absenteeism, and that's going to be better for all of us. It needs to be a public/private partnership.
- I agree
- It needs to be a partnership. We need both state and the private sector to be involved.
- I favor universal insurance, so ultimately it would have to be the federal government, but everyone would have to pay in to it.
- I think it's the private sector.

3. We have heard from members of the business community and Iowans in general. Who else in Iowa needs to be convinced expanding health insurance is a good idea? Who else does the department need to reach out to?

This question did not have a direct response for one of three reasons: the subject matter was discussed under the guise of a different question, the respondents did not have anything of substance to contribute so the facilitator moved on to the next question, or time did not permit all questions to be asked.

Premise 2

One of the options proposed involves providing an employer tax credit for employer-paid premiums of low-wage workers. The proposal would restrict this tax credit to firms that have not provided coverage for at least 12 months and firms with an average payroll below the state average for small firms. The amount of the tax credit would vary based on the number of employees. Another option would be to pool small employers with the state employee health plan, which would help to stabilize premiums, increase bargaining leverage, and reduce administrative costs.

1. Would a tax credit such as the one proposed, perhaps up to 40 percent for contributions, be a benefit to your business? Why or why not?

- I can write 100% of the premium costs off right now that I pay, so it wouldn't be of any benefit.
- My experience at the MH center is a non-profit, so we don't pay taxes. But I think a tax credit would help small companies.
- Definitely, any credit would be an advantage.
- I don't think it will happen.

2. Do you think there would be overall support for a tax credit such as this? Who would support it? Who would oppose it?

- I think it would be popular, no one likes to pay taxes and everyone likes credits. Since it would be getting people insurance, it would be very supported.
- People who are already supplying insurance wouldn't benefit from it, but it might get more employers to provide insurance.
- It might help employers retain employees.
- It's been a problem in our field, because we can't offer insurance.
- I know of an employer who just eliminated a position because of an insurance rate increase. They had to cut costs somewhere to provide insurance. I think the increase was 25%.

3. Do you support pooling small employers to facilitate buying health insurance? Why or why not? Do you think the concept would find support overall?

- Definitely, yes. I think small employers should be encouraged to join together to make purchases like insurance.
- No. The good businesses will leave. The adverse selection will kill you over time. The sick employees will get into the state pool and drive the rates up. Anytime you set up a bargain, you don't get a balance of the risk.
- The rest of the people in the group are affected by the higher premiums.

- I don't think it's a good idea. I just got done shopping for health insurance, a group plan vs. individual policies. The only difference between the individual and the group are a couple of fringe benefits. The only thing that's saved us is a state law that says if we go as a group they have to take us (staffer with kidney transplant).
- I like the pool, but I don't know about a statewide pool. I think that we should keep the pools smaller, to allow for competition. Pools based on a regional basis.

Premise 3

Based on the research conducted, we know most Iowans receive their health insurance from their employer. One option proposed would require community rating, where every business, large or small, would be charged one single premium rate for health insurance provided to workers. Another option would involve low-cost coverage for employees of small businesses that have not provided coverage for at least 12 months through a state-funded reinsurance program. Reinsurance reduces cost.

1. Would you support community rating? Why or why not?

- You get charged one rate, per employee, no matter how many employees?
- The big cities would come out okay, but what about the small communities?
- These are not done on a city basis, the areas are pretty big, and the large cities and rural communities are factored in together.
- One would assume that a larger group would get a better rate, and that would help smaller communities.
- Unless you require everybody to pay a community rating to run a business in the state, they're going to drop insurance. If you don't make everyone participate the younger employers with younger employees are going to get clobbered because they're paying for the older employees.
- If we're encouraging people to stay in, we've been in the Medical Associates HMO Medical Supplement and the premium hasn't changed in five years, and my husband and I have been heavy users.
- Everyone in the room is going to look for the best deal for him or herself.

2. Do you think there is support for insurance market reforms? Would you support the state leading such a push for reform?

- I know there is some concern from consumers at the advertising costs, splendid buildings, salaries paid, and there is resentment among purchasers for the way insurance companies conduct business.
- I think the state should step in and say that there needs to be parity for mental health coverage.

- I think it's tricky, but insurance providers are creating resentment for the way in which they conduct their business.
- It's too broad of a question? What will be the market reform? Cut 10% of salesman?
- I don't think they should interfere, this is a free market society. If they live too high on the hog and price themselves too high, they'll price themselves out of the market.
- I think the fear is that the state will take control and tell us what to do for our healthcare, but I think the state should make some changes.
- If you were asking me if the insurance commission should be more vigorous in regulating the insurance agency I would say yes.
- I worked in the state of Missouri and a few years ago they were trying to cut costs by cutting out the insurance agent, the middleman. Missouri has some really good ideas for providing insurance to all its citizens.

3. Do you support the concept of reinsurance for small employers? Do you look to the state to make these policy changes to help all Iowans get access to health insurance, or should it be up to the private sector?

- It would allow more businesses to be self-insured or to have more basic, lower cost plans, if the state were to get into reinsurance. It sounds to me like that would be a good step to get the state involved in health insurance. So the employer and the employee would take care of the basic insurance plan, and the state would provide the major medical insurance.

Facilitator question: Is it the role of the state to step in?

- Iowa is not a mental health parity state, even though states that do have parity show that it does not raise costs, and sometimes reduces costs because people are being treated for their real illnesses. In Iowa, we are big insurance state, we don't want to offend the insurance companies, but Connecticut has more insurance companies than Iowa and they have 100% parity. It's sad that we allow the private sector to regulate them because they won't make any changes for parity until it's mandated.
- I don't think the state should get involved, but I don't think parity will happen unless it's mandated. My employees just want insurance, they don't care how much it costs, I'm the only one who cares how much it costs. If the state gets too involved in it, they'll screw it up and it'll wind up costing me 3 times as much.
- My daughter works for Wellmark. She said it's interesting that in a company that offers all the benefits for it's employees, they're not as interested in keeping themselves healthy, because they're not responsible for any of the costs.
- We did employee education to show them how their behavior impacts our premium, but it helps.

- We wouldn't be able to stay in business if we had to pick up the entire cost of insurance.

Final round robin

Children are required to have immunizations to attend school. What if children were required to have health insurance in order to enroll in public schools, and families who could not afford it were assisted with a sliding payment scale. Does this sound like a good idea? Why or why not? If you think it is a good idea, are there other mandates that might be acceptable so all Iowans can have access to health insurance? If you do not think it is a good idea, are you opposed to any kind of mandate?

- Who's going to pick up the slack if they don't do it?
- What if their parents don't have insurance?
- That's the point – we have a program in Iowa to provide insurance for children who don't have it and people aren't using it – HAWK-I. It's pretty easy to apply, but there's a stigma attached to it – people think it's like welfare. I think it'd be a good idea but the odd thing about it is to go back to the requirement of the immunization because some people get around that for religious reasons. We are not, as a state, very good compliers on immunization, and it's getting worse because some parents are afraid immunizations will hurt their kids, it would take a whole education campaign, an outreach effort, etc.
- It's just been in the last year that I've heard about HAWK-I, is it that people don't realize that it's there? Maybe when kids register for school we need to let people know that HAWK-I is there.

Facilitator question: People should pay what they can?

- But you don't want to keep kids out of school if their parents can't pay for insurance, because they're probably the kids that need it the most.
- How do you enforce the mandate?
- How do you collect the money?
- I'm not in favor of mandating, but I am in favor of signing kids up when they enroll for school.
- I think enforcing it is almost impossible.

Facilitator question: Do you see schools as avenue for education, not the hammer?

- Maybe as the avenue, but teachers and administrators shouldn't have to be responsible for the implementation, don't add any more to their plate.
- For the sliding income scale on the HAWK-I program, you just have to let people know it's there. But farmers have it harder, because their income changes from year to year. Do the farm kids get kicked off the plan because the farm economy

changes? It's rare for a child to lose insurability – but in rare cases – it happens, and then it's a problem.

- My brother and his wife are self-insurers and they have a high deductible major medical policy, and I see them not getting adequate healthcare. I have long-term insurance that is someday going to save the state a lot of money, because it's going to keep me off of Title XIX.
- I have diabetes and have been rejected.
- I'd like to say a good word for the HMOs and I never thought I would be, and I too had to give up a doctor of many years, but we've been very pleased with our Medicare supplement. We would be bankrupt – I say everyday “where would we be without Medicare?”
- I spoke to a couple of people before I came, and one young man I know (35) and he has been having health problems (self-employed) and found a miracle drug that is really helpful, but costs \$1,000 a month. His wife is stuck in her job because they're on her insurance program and they couldn't afford it if she left.
- I asked my board (economic development group) and they're all in favor of providing health insurance for everyone, but were concerned about keeping costs down, and to cut the paperwork.
- I think if the state wants to get involved in health insurance they should get involved in covering the costs of prescriptions – that's where most of my money goes.
- Also, veterans should know that the federal government covers them for prescription costs and that can cut costs for the employer too.
- What can be done about people who can retire who are not Medicare eligible yet? COBRA – but that's only for 18 months.
- At the Gannon Center, if you've worked there for a long time and need to retire for health reasons at age 62, they'll expand insurance at 65.

Decorah - June 26, 2001

General Public

Premise 1

As part of the State Planning Grant to Expand Access to Health Insurance to all Iowans, a number of surveys were conducted with business owners and members of the general public to determine attitudes about this initiative. The results indicate Iowans support the concept of expanding access to health insurance for all Iowans:

- 79% think it is a good idea for Iowa to have a strategy for extending health insurance to all Iowans.
- 83% of businesses in Iowa think it is very important that every Iowan have health insurance.

1. Given that Iowans are generally supportive of the concept of expanding health insurance, what kinds of elements should be included in a plan? Should insurance be offered to everyone? Should it be offered to specific age groups? Income groups? Should it be available to those Iowans who work but are not covered by insurance through their employer?

- Health care insurance should be offered to everyone. It is very important and many that do not have coverage are working in the small business sectors. They are working hard and do not have insurance.
- Those that have insurance coverage have no interest in this because they are covered and have no need to worry.
- Prescription coverage is a big item as well. I think if you need it, everyone should be able to receive care no matter what his or her ability to pay.
- Many families do not qualify for HAWK-I coverage and they do not have insurance through their employers. They are then referred to Medicaid, but many do not want to go through the Medicaid process mainly due to pride. The process should be made easier and more accessible.
- There is a lot of abuse of the HAWK-I program.
- We also need to think about the farmers in Iowa. They are not able to afford the health care insurance premiums, which is a very big concern.
- I worked in the school system for many years. When I retired they stopped helping cover the costs, although they allowed me to continue with their program. I investigated accessing health insurance on my own and it is terribly expensive. Most people cannot afford to buy health insurance on their own. I do not understand why there is a tremendous difference between group rates and individual rates. We

should begin to bring all those who need health insurance in a group to gain better rates.

- Health insurance is very expensive. For my family to receive health insurance coverage in 1980 was approximately \$118 per month. In 1994 the amount we were required to pay was \$977 for my wife and I alone to have insurance coverage. They don't want us because we are older and suffer some health problems. It is a huge issue.
- I work at Wal-Mart and I have insurance, although it is not good insurance. I get tired of working hard for my insurance benefits while watching others receive it for free. I know that children need to be insured, but we all need to be on a sliding fee scale – it should not be available for only some.
- The abuse of the insurance system causes problems. Many enter the health care system and expect care. If they are expected to wait, they threaten to go the emergency room, which costs a lot more money for Iowa taxpayers. They do not care since they do not pay for it.
- The working poor work in marginal jobs. If they are sick they cannot afford to take off work to get to the doctor. They go to the hospital emergency room at night.

2. We have heard from members of the business community and Iowans in general. What other stakeholders need to be convinced expanding health insurance is a good idea? Who else does the department need to reach out to?

- Healthcare providers.
- Politicians. Our state legislators.
- Insurance companies.
- Our national policy makers.
- Medicare is a part of the problem here. The reimbursement levels they are receiving are cheating the health care providers. Therefore the rates have to be increased to help subsidize the costs for Medicare. The same goes for prescription drug coverage. There is much appreciation for the cost of Medicare.

3. Children are required to have immunizations to attend school. What if children were required to have health insurance in order to enroll in public schools, and families who could not afford it were assisted with a sliding payment scale. Does this sound like a good idea? Why or why not?

- Part of the problem is the availability of healthcare. If we can do something to provide preventative care for children it will help cut down on the costs of acute care. School clinics are another option to provide health coverage for children on site.
- Many cannot afford to take time off to receive health care.

- There is something wrong with a law to mandate whether children have insurance before they can enter school. We have home visitors who go into the homes to do age-appropriate activities to help with the development of the child. We also have a health coordinator as part of the funding to help with early intervention programs. This is a better alternative than a mandate.

Premise 2

One of the options proposed involves expanding existing insurance programs already offered by the state, specifically Medicaid and the Children's Health Insurance Program or HAWK-I to cover parents and other non-custodial adults up to 200 percent of the Federal Poverty Level. Keep in mind, Medicaid is a health insurance program, not a welfare program. Iowa also offers a high risk insurance pool so everyone has access to purchasing insurance. Another option would be to require insurance companies to offer health insurance coverage to individuals and the self-employed without regard to preexisting health conditions or health status.

1. Do you support expansion of existing state insurance programs? What are the advantages to expanding current programs? What are the disadvantages?

- The HAWK-I program is good for those who need it. When there is abuse of the system and the rest of us are working hard for what we get. There has to be more control of the program. I would like something for everyone (i.e. a sliding fee scale). People should be responsible for paying what they are able and be rewarded for it. We need a state program with a sliding scale.
- Many families are not able to access the HAWK-I program because of their income. They do qualify for Medicaid. Transportation becomes an issue as well.
- There is a lack of outreach to many families.
- Most employers are currently charged a percentage of the premium. A possible option for health insurance coverage is employers charge a percentage of your pay to help cover your insurance coverage. Every employee is responsible for paying his or her share. It is a fair and acceptable plan.
- We need to ensure that all insurance carriers use a standard application so people do not have to complete several forms for each carrier. Can the state pass a law stating that all providers receive the same reimbursement for all?
- There are always people that are exceptions and there is no way to adapt or create a program that meets the needs for all. I think a national coherent program might be the best alternative and an effort to tackle the problem as a whole. All children have a right to receive an education regardless of their ability to pay – why can't this be incorporated into the health care system?

- The difference in what Medicare covers in states causes a bit of problems in Iowa since we are getting reimbursed at a lesser rate because we are so efficient.
- There are a lot of services and programs that we do not know about. We need a one-stop shop for people to access information.
- The advantage to enhancing a program that we already have is that it will be a quicker start-up.

2. Do you support expanding HAWK-I to cover low-income families (parents as well as children)? What about covering adults of a certain income who do not have children?

- Depends on what is involved. If it were available for those on fixed incomes – would they have to pay for it?
- When you watch elderly people choose between food and their medicines – it is definitely an indicator that something needs to be done.
- I believe there is no way we can write any policy that is not open to abuses, but I want to believe the abuses are fewer than the good. When you look at the corporate world, the abuses are so much larger.
- We need to address technology in the health care system.

3. How could the state encourage people to enroll in Medicaid and HAWK-I? Are there ways to reduce the stigma of government insurance programs?

This question did not have a direct response for one of three reasons: the subject matter was discussed under the guise of a different question, the respondents did not have anything of substance to contribute so the facilitator moved on to the next question, or time did not permit all questions to be asked.

4. Would you support guaranteed insurance coverage for Iowans regardless of their health status if it meant an increase in everyone's insurance premiums?

- We already are paying more of a premium now. There is a 2% premium tax we are paying to guarantee coverage for others. The Iowa Insurance Division controls this.

Premise 3

Based on the research conducted, we know most Iowans receive their health insurance from their employer and that many pay for premiums, deductibles and co-pays out of their pocket. The research also shows 85.8% of the uninsured are in the workforce: 80.6% are currently employed and the remaining 5.2% are looking for work. Many Iowans have told us expanding health insurance to all would be easier if premiums were lower or if deductibles and co-pays were lower. The policy options include a suggestion for the state to offer premium subsidies for qualified low-income Iowans, both individuals and families. Another

suggestion would be to provide employers a tax credit for employer contributions of low-wage workers based on the number of employees and other factors.

1. Would you support a state subsidy to help qualified Iowans pay their premiums? Why or why not?

- We should all be required to pay the same. There is too much discrimination in the process.
- It is very confusing. The issue keeps compounding. Eventually, things are going to get so bad that something will need to be done.
- The state of Hawaii did a national health plan thirty years ago and they bid out the program to private insurance companies to provide the premium. They went with two forms (HMO and private insurance). The individuals could then select which program they preferred. This standardized the premiums across the board and everyone living in Hawaii had coverage.
- Are we going to sacrifice quality of health care for quantity? This is sort of a trade off because many of these other countries rely on the United States for research and development.
- We need a Medicare supplemental reform so persons can choose from a menu of plans that best covers their needs.
- I am not for a national health program when looking to solve a health care problem. Offering a tax incentive to offer health insurance will help put that money back into the system. Tax incentives for businesses is the way to go.

2. Would you support offering a tax credit to employers who contribute to coverage of low-wage workers? Why or why not?

- Sounds like a good idea.
- You are filtering money into your local company to allow the company to utilize the money for whatever they need it for. This means more money for companies, particularly benefiting smaller businesses.
- We need to remember to give the option of the group medical plan. There are always those who believe they do not need health care insurance.
- It should be a requirement for employees to access health care insurance through your employer. This ensures that others are not paying the bill for those who do not have health care insurance but are forced to receive care.
- I have a real problem for requiring individuals to have health care insurance. This would change, however, if there were a national model in place.
- Businesses should get an incentive for providing health insurance for their employees. There should be a cap on this amount, but it should be offered.

- We need to be sure that what is being offered is comparable to what is being offered at the state level.

3. Given that there are 19 percent of Iowans who are uninsured but not low income, what would you do to help those people get insurance?

- We could offer them health insurance, but ensure they pay an affordable portion of their coverage. It should be optional.
- Parents should have the responsibility to cover their children. It should be mandatory.
- I think health care insurance should be mandatory so that others are not responsible for paying for health care for those who are uninsured.
- I do not get the quality of care that those without insurance are receiving.
- I think we need to develop a new system and begin at the top.

Final round robin

Do you have an idea or an option that is the most ideal for expanding health care access to all Iowans?

- I am scared of anything that comes back from Washington. I think it is something that needs to be handled at the state level.
- The sliding scale is the best option. We need to be sure to include all people and to include prescription drug coverage.
- I am not totally opposed to a national program. In the military we were not able to choose and I received quality care and service.
- I have lived under national health insurance and did have a choice in the doctor I saw. I would support a seamless program, but we need to discuss the coverage of prevention (including children and prenatal care).
- I favor a sliding scale available through employers. We could provide a mechanism for small employers to purchase insurance coverage.
- We need to do something – I think the sliding fee scale is a feasible option.
- I believe a national health insurance model would be the simplest way of dealing with the problem. I am especially concerned with the children who come to school without coverage. I think we need to work to ensure all children in the U.S. have insurance coverage and a national plan might be the best alternative.
- We need a disincentive for those that take advantage and/or overutilize the health care system. There is a need for some controls to be in place,
- Prevention and good nutrition in general are key to ensuring we have an adequate health system in the U.S.

Striving to Expand Health Insurance to All Iowans

- We need to be sure to not get too cynical about those who do not have insurance. There are some abusers of the system, but others who work hard and do not have insurance coverage.
- We need to stress the importance of preventative care.

Des Moines - June 26, 2001

Providers

Premise 1

Iowa has about 9% of the population that is uninsured. Of a greater concern may be the number of persons who are uninsured or unable to use their insurance because of the high deductibles or lack of certain coverage. While providers, despite some levels of low reimbursements, are willing to take Medicaid and many institutions provide charity care, Iowa's providers and the general public realize the importance of health care coverage. As part of the State Planning Grant to Expand Access to Health Insurance to all Iowans, a number of surveys were conducted with business owners and members of the general public to determine attitudes about this initiative. The results indicate Iowans support the concept of expanding access to health insurance for all Iowans: Consider these facts.

- 79% think it is a good idea for Iowa to have a strategy for extending health insurance to all Iowans.
- 83% of businesses in Iowa think it is very important that every Iowan have health insurance.

1. Given that Iowans are generally supportive of the concept of expanding health insurance, what kinds of elements should be included in a plan? Should insurance be offered to everyone? Should it be offered to specific age groups? Income groups? Should it be available to those Iowans who work but are not covered by insurance through their employer?

- There are many facets of this question. Although 85% think it is a good idea that all Iowans are covered by insurance, I doubt that all those businesses provide insurance. A lot of individuals share jobs, and only have part-time status. A lot of students and those just out of school don't have coverage. A lot of small business owners do not have coverage. All should have an opportunity to have access. A graduated scale is needed in order to allow everyone to afford it.
- Doesn't Medicaid already cover people who are not working? Why are they not eligible if they are unemployed? Although availability should be there, I don't think it should be mandatory. I pay \$10,000 a year to cover my wife and me, and I'm in good health and on Medicare.
- I don't think there's anyone who wouldn't benefit from having health insurance. When farmers go bankrupt the first thing they drop is insurance premiums. We need global access not only to health care but also to an insurance plan. However,

I don't know who's going to finance that. We have an obligation as Iowans and as human beings to make sure everyone is covered.

- My belief is that up until the age 18 health insurance should be mandated by the state. The vast number of kids who don't have insurance qualify for Medicaid and HAWK-I, but their parents do not sign them up and then will not take them to the doctor when the kids get sick. But I think he is right, people will not tolerate insurance being mandated. That's when we need to have universal access to healthcare.
- Men who have been terminated cannot get new jobs because they are too old and purchasing insurance is cost prohibitive because they are not as healthy anymore. We will end up paying for it in the long run.

2. We have heard from members of the business community and Iowans in general. What other stakeholders need to be convinced expanding health insurance is a good idea? Who else does the department need to reach out to?

- Consumers. I think cost is a barrier, but people think it's a travesty that not everyone has insurance or access to healthcare.

Facilitator comment: Is there any particular interest group that does not believe that access or universal insurance coverage is a legitimate idea?

- I think there are a number of people who are healthy and would rather spend their money on something else.
- They are anti-government and do not want the government involved in anything else.
- They might even be wealthy individuals who do not like the government and have enough money to pay for treatments out of pocket.
- I think the bigger question is cost.

3. Children are required to have immunizations to attend school. What if children were required to have health insurance in order to enroll in public schools, and families who could not afford it were assisted with a sliding payment scale. Does this sound like a good idea? Why or why not?

- This state can afford to have all the children covered. When we actually mandate it, the schools need to be at the point where they can say that they don't have any tolerance for a child not being covered. I think we have an obligation to do this as a state, and quickly. The sliding payment scale will help with costs, and I think the insurance companies have a responsibility to offset some of the costs.

- There will be flax. There are a lot of proud people who are very ashamed that they can't provide insurance for their children. Trying to mandate insurance coverage without a lengthy education campaign would create a huge riff.
- Do you think there will be an outrage similar to when you're told you can't have a car without paying for liability insurance?
- No, because you're linking it to the ability to go to school, which a lot of people see as a God-given right.
- The rules that we make in our society, for instance seatbelts, can set a cultural norm. I would disagree it's not "getting into school/not getting into school", but mandate it – like a soft mandate – so that everyone knows it's expected – and change the penalty (don't take away school). If you create the mandate, everyone will come to accept it.
- The seatbelt scenario refers to how people have been sent to prison because they have failed to buckle their kids up and the kids have died.
- How do you reach the home-schooled?
- The immunization law is not perfect. A lot of kids aren't immunized, and many in the medical profession believe that if you wait to immunize until they're in school, it's too late.
- If it could be sold on the basis that you get in cheap and can ensure insurability until a certain age, it might work.

Premise 2

Reaching adults and all family members with health care coverage will save lives, improve the health and well-being of Iowans, and make Iowa a healthier state. But to do that means changes in policies. One of the policy options proposed involves expanding existing insurance programs already offered by the state, specifically Medicaid and the Children's Health Insurance Program or HAWK-I to cover parents and other non-custodial adults up to 200 percent of the Federal Poverty Level. Keep in mind, Medicaid is a health insurance program, not a welfare program. Although not as well known, Iowa also offers a high-risk insurance pool so everyone has access to purchasing insurance.

Consider another policy option. This option would require insurance companies to offer health insurance coverage to individuals and the self-employed without regard to preexisting health conditions or health status. While these are bold proposals, consider the following questions.

1. Do you support expansion of existing state insurance programs? What are the advantages to expanding current programs? What are the disadvantages?

- The disadvantage is that those programs are a bureaucratic nightmare and nobody likes them. They're unfixable as long as you have to run them through the bureaucratic system. For example, a doctor called me yesterday who had a patient who needed a specific prescription. Medicaid requires two failures. After the doctor put the patient on two generics and failed both of them, he called to get permission to put the patient on the non-generic. He was denied because the patient wasn't on the two generic prescriptions long enough. The doctor wanted to know where this policy is from. It's not in the books and it's not in the rules.
- Is it possible to make Medicaid and CHIP seamless and useful?
- No doubt that there is unbelievable tension between people who want to make a program as useful as possible and put a lot of benefits in it and those who don't want to pay for all the benefits so they shortchange people, and bureaucrats in the middle who have to make the decision on what to cover.
- Consultec makes money depending on how much they save.
- If there's a way to get more people covered? I think I'd rather have people covered, even if through a lousy system.
- I like the idea of HAWK-I coverage. Kids need healthy parents. It needs to be streamlined. People ought to be paid a wage that is high enough to afford insurance in the first place.

2. Do you support expanding HAWK-I to cover low-income families (parents as well as children)? What about covering adults of a certain income who do not have children?

- I would be for expanding it to include parents and children. If you're not a parent, I think there needs to be a separate program. I would be willing to take care of someone if there is a program that absolutely covers parents and children.
- I'm really big into equitable kinds of programs, but I would support it. I recognize that there are all kinds of variables.
- I don't think people should be penalized for not having children.
- Do we want to encourage employment-based health insurance in this country or discourage it? These programs might discourage employer participation.

3. How could the state encourage people to enroll in Medicaid and HAWK-I? Are there ways to reduce the stigma of government insurance programs?

- As long as Medicaid has the image of being healthcare for the poor, some people won't sign up because they won't take charity. You can change the name or the

image, but it would need to come through another group. For instance, through the schools.

- It could be a private/public shared enterprise.
- You have to change the concept. The Midwest conservative view in our communities is that Medicaid is welfare. It can be done, Medicaid has to be repackaged and resold.
- I'd strike the name from government ledgers and never mention the link again. I'd fund the top ones that we care about, and put the blame on the legislature when they don't want to pay for it.
- I think it's very feasible to rename it, but we also have to change the procedure so that people don't have such bad experiences.
- Like the doctor saying to the patient, I need to get permission from the state before I can prescribe this to you.

Facilitator comment: But many of the same procedures are prescribed by HMOs. Does it have anymore of a stigma than saying, "I have to call the HMO.?" HMOs aren't popular.

- You might not like the operation, but you don't have the stigma that you're poor.
- There's a reverse stigma of people thinking that certain income levels don't deserve any assistance.
- Two years ago they said they were going to use the tobacco money to cover providers in full for Medicaid services, and this year they took away 3% and said they aren't going follow Medicaid rules.

4. Would you support guaranteed insurance coverage for Iowans regardless of their health status if it meant an increase in everyone's insurance premiums?

- I don't think it's unrealistic. It's a moral issue.
- Absolutely, the bottom line of the insurance company, the largest portion of that goes to administrative salaries, and they're not willing to do their part?
- We have a fixed cap by which we get HAWK-I money, but I'd hate to not have the kids covered because adults get in. I believe that will happen after 10-12 years. I don't believe you can outsmart the insurance companies.
- The regulation of insurance companies across the country is missing.
- Every insurance commissioner who leaves office ends up working for an insurance company.
- The insurance companies are a business; they're there to make money. They don't give a damn about the people. I think the concept of trying to regulate insurance companies is totally inconceivable in this day and age.

- The insurance companies have us over a barrel. I think we should have mental health services covered, but insurance companies have said, “If you mandate it, you’ll pay.” We need to better regulate insurance companies. Just have them be fair and honest in their approach to business. It’s the only major industry in the nation without major oversight.
- We don’t get to look at their profits, their investments, how they paid for their new buildings.
- Most insurance companies have very large foundations they keep funneling money into. Why don’t they stop giving little grants here and there to our communities and start covering people with pre-existing conditions? The moral comes on the foundation’s side.
- That’s going to be hard in Iowa.
- We know... we’ve been trying for years.
- I’m a small business and there’s only four of us. They’ve made it almost impossible for us to provide insurance. They’ve raised our rates 40%.
- If we stopped taking people in the ER or if the state and doctors turned patients away, then insurance companies would have to step up to the plate.
- I think you need to pull together a large enough cross-section of people and bring that group to the insurance company and ask for the best rate the insurance companies can give.
- What would happen if businesses put their money in a state-funded insurance program and everyone got their insurance from the same source?

Premise 3

Based on the research conducted, we know most Iowans receive their health insurance from their employer and that many pay for premiums, deductibles and co-pays out of their pocket. The research also shows 85.8% of the uninsured are in the workforce: 80.6% are currently employed and the remaining 5.2% are looking for work. As one might assume, many Iowans have told us expanding health insurance to all would be easier if premiums were lower or if deductibles and co-pays were lower.

A combination of planning and data collection is critical in developing policy options for change. Given that, we propose two more policy options: That the state offers premium subsidies for qualified low-income Iowans, both individuals and families. The second option – that the state provides employers a tax credit for employer contributions of low-wage workers based on the number of employees and other factors. Considering these two policy options, there are three questions.

1. Would you support a state subsidy to help qualified Iowans pay their premiums?

Why or why not?

- If you are looking at a global insurance situation, then I think insurance companies would take advantage of that. Perhaps with a rate increase. I don't think it's doable.
- Not if it went to the insurance companies. If the state had a pool, I don't believe Wellmark or Principal should get a subsidy from the state's money.
- If you want to pull people together and bargain with the insurance companies and give them subsidies individually, then money just goes back to the insurance companies. If the large group were to get the best deal and then get a subsidy, that would be something I would consider.
- Painting a picture that wasn't there... the insurance companies would break up the groups of physicians. They couldn't get in as one group. They have the most money and the best lobbyists.

2. Would you support offering a tax credit to employers who contribute to coverage of low-wage workers? Why or why not?

- I think that it would encourage employers to provide insurance. It adds dignity to the system. It's not a welfare program.
- I think it would be good.
- It would make more sense because employers would be helping the system without really penalizing themselves.
- Anything you can do to help the employer.
- I think you need to bring the small groups back into the pool.

3. Given that there are 19 percent of Iowans who are uninsured but not low income, what would you do to help those people get insurance?

- It's not an access issue therefore I don't think it's an issue. I think access to health insurance is mandatory and we need regulation to allow everyone access to health insurance.
- The premium needs to be adjusted depending on the wage earned by the person.
- There's a whole segment of people who have good enough jobs, which aren't married, and think they're invincible, and elect not to purchase insurance.
- That's a free market issue.
- They ought to be required to at least have a medical savings account or some sort of catastrophic insurance so that we don't get stuck with the bill if the individual gets brain injury.
- I think the economy got so good that people didn't worry about not finding a job that would provide insurance.

Final round robin

The plan IDPH is creating would expand health insurance to **all** Iowans. Certainly, developing policies and resources that will lift all Iowans up to have insurance coverage is a noble challenge. Please describe your one, best idea or solution to expand health insurance to all Iowans.

- It should be a mandate that every child under 18 should have insurance. Every employer ought to have health insurance available to their employees, they pay a fixed amount, and employees can choose whether or not to participate.

Facilitator comment: Political feasibility – 1 least possible, 10 most possible.

- Expand to children – 5; employee pool 2
- Medicaid needs to be expanded to include young people, children, etc. Need more regulation of insurance companies. It's critical to the health care issue in America. It would have to be a restructuring of the current situation. Medicaid expansion – 5; Regulation – 1
- Do away with all eligibility requirements, public/private enterprise, state administered, cafeteria plan. 4 or 5. It could be done, but it would take a long time.
- Single payer system, public utility operated by people who are elected; provides a basic set of benefits to everyone, private insurance companies provide only the elective benefits. Operated outside of government and insurance companies are still given a piece of the pie. 1
- Hassle-free access for all Iowans – universal coverage. Second is that there would be group pools, the state is so small, we could do one pool. Regulate the insurance industry. Regulate – ½; Group pool – 2; Hassle-free – 4
- Like the free-market approach to healthcare, in this state, I think a significant amount of money comes from the insurance companies. First priority, every child covered. Second, low-income parents covered. I'd like to see more regulation so that every time the word mandate comes up it doesn't turn the legislature on end because they're so beholden to insurance companies. If we change some of our approaches, lessen paperwork burden, change the name – 8.
- We don't utilize all the money we get from the feds. There's a bonus pool if you spend the max you have access to the leftover funds from other states.
- Is it possible to track insurance coverage of children entering the school system?
- The Department of Education has said that they need a mandate from the state before they will survey children/parents coming into school about participation in HAWK-I.

Chariton - June 27, 2001

General Public

Premise 1

As part of the State Planning Grant to Expand Access to Health Insurance to all Iowans, a number of surveys were conducted with business owners and members of the general public to determine attitudes about this initiative. The results indicate Iowans support the concept of expanding access to health insurance for all Iowans:

- 79% think it is a good idea for Iowa to have a strategy for extending health insurance to all Iowans.
- 83% of businesses in Iowa think it is very important that every Iowan have health insurance.

1. Given that Iowans are generally supportive of the concept of expanding health insurance, what kinds of elements should be included in a plan? Should insurance be offered to everyone? Should it be offered to specific age groups? Income groups? Should it be available to those Iowans who work but are not covered by insurance through their employer?

- Good, basic healthcare is what most people would want, especially those on fixed incomes who can't pay the existing rate of insurance.
- Most people want affordable health insurance.
- I've got insurance but the rates are awfully high. If it were more affordable it would be better for senior citizens.
- I think medication prescriptions should be brought down for senior citizens. I know of people who spend more than half of their Social Security.
- Not be limited to certain doctors. My daughter was expecting twins, when she went into labor her doctor wasn't available and the other doctor sent her by ambulance to Des Moines. The insurance company wouldn't pay for the ambulance ride because the doctor who ordered it wasn't a participant in their plan. As a farmer, it's difficult for us to get affordable insurance and then to have to get a certain doctor someplace is difficult. I'd like for them not to be quite so strict as to previous conditions.
- One of my employees has a mother who died of breast cancer and, even though she has this family history, her insurance won't pay for a mammogram. For people with a history of colon cancer, insurance won't pay for a colonoscopy.
- Affordability. What you can afford to pay for currently doesn't cover enough; we have to pay more to get medication.

- You should be able to pick and choose which benefits you want, not just a package. Someone should explain what the insurance services are, not just stick people with a bunch of papers. If agents could teach it at different levels like the elderly and disabled.
- Sliding scale should be provided to pay for insurance costs.
- What I see as the problem with insurance is that regular dental, vision, and wellness checkups aren't covered. I think that's important for the plan to be successful.
- Jr. high and high school kids can't even get sports physicals covered.
- The plan needs to be very broad based with a lower deductible and include coverage for prescription medicines. The plan needs to provide access to all doctors and not just a broad base of doctors that you have to choose from.
- Yes, the plan should be offered to everyone, including those with mental health problems.
- Everyone should be able to have access to this insurance program.
- The plan has to be based on each person's ability to pay, but a millionaire should be required to pay more than someone who's below the poverty level. We have a problem now where we have some elderly who can afford to pay for their medication. I think there are programs available, but I think some people have too much pride.
- We have long waiting lists.
- We're tired of getting turned away.
- The public policy of this particular area to provide insurance for those who cannot afford it. There are cases where people have planned and taken care of their own health insurance needs and we don't need to take that over from businesses. We need to focus on the working poor and their insurance needs.
- How long did the HAWK-I program take to get going, it took a while for people to get into it.
- HAWK-I wasn't user friendly at first, but then they revamped it.
- The other problem with HAWK-I is that it has a stigma, because it sometimes comes through DHS, and people see it as welfare. We've had people turn it down because of that. The kids get covered but the parents may not be.
- Insurance should be provided assuming that an investigation is done and that employers cannot afford to provide insurance.
- Do you think Hy-Vee and Wal-Mart are going to give their employees health insurance?
- I was a part-time employee of the federal government and I wasn't given insurance.
- Some low to median income people are paying 1/3 of their income a month to insurance and medication.

- Everyone should be entitled to it as long as there's a spend down or sliding scale, so that if you're a multi-millionaire and want to buy into the program you pay more than someone who had a lower income. But even a millionaire shouldn't have to pay of 1/3 of her income.
- You shouldn't have to do without insurance just because you can't afford it.

2. We have heard from members of the business community and Iowans in general. What other stakeholders need to be convinced expanding health insurance is a good idea? Who else does the department need to reach out to?

- Politicians are the ones who are going to have to find the funding for this program.
- All the way down from the President of the United States.
- Employers need to be convinced that the program is a good idea.
- Small businesses need the most convincing. They're the ones who are most concerned about the insurance issue.
- Mayors should be educated on the program, in order to support it.
- Don't put this in the hands of the politicians. You can see what is happening to the Patient's Bill of Rights.
- Corporations can write off their employees insurance, and I think maybe they should allow farmers and small businesses to write off the costs as well.
- Rural areas are going to need to be convinced that this is a good idea that won't disrupt their way of life.
- Those employees who are offered insurance for families at rates that are unreasonable. For my husband to be covered would cost \$35 a month, for the whole family it was \$400 a month. Rural areas are going to have to be hit heavily in order for it to work.
- Agency for the Elderly, Vocational Rehabilitation, Social Security, Disability Groups, AARP
- Small business would want to be at the table, and they'd be an important group to touch legislators.
- I said earlier that I thought everyone should be covered, I didn't mean that we should create a state program and cover everyone, I think the legislators would never go with that, but I think people who aren't covered should have access to health insurance. I know in HAWK-I the restrictions were almost too restricting, but it would be a good program to follow.

3. Children are required to have immunizations to attend school. What if children were required to have health insurance in order to enroll in public schools, and families who could not afford it were assisted with a sliding payment scale. Does this sound like a good idea? Why or why not?

- It seems to me that people who do not have insurance get their bills paid, in the long run, by the people who have insurance. It seems too strict to keep kids out of school for not having insurance, but if you got them covered, I think it would cut costs in the long run.
- How does England cover all of the people?
- I don't think the school should have to be the enforcer of this program, it's just another barrier to keep kids from school. Immunization wasn't easy either.
- You cannot play sports unless you have insurance.
- I don't think that's something that should be legislated. We've legislated just about anything you can do. Unless you're going to provide it for free for everyone then you can't require it for education.
- You'd need to supplement the insurance, so that everyone could afford it. All of these subsidiary plans would have a very small risk pool and therefore would be very expensive, so I would think that you would want to expand an existing program, like Medicaid, to keep the costs lower. That's how they do it with universal coverage, the pool is large.

Premise 2

One of the options proposed involves expanding existing insurance programs already offered by the state, specifically Medicaid and the Children's Health Insurance Program or HAWK-I to cover parents and other non-custodial adults up to 200 percent of the Federal Poverty Level. Keep in mind, Medicaid is a health insurance program, not a welfare program. Iowa also offers a high risk insurance pool so everyone has access to purchasing insurance. Another option would be to require insurance companies to offer health insurance coverage to individuals and the self-employed without regard to preexisting health conditions or health status.

1. Do you support expansion of existing state insurance programs? What are the advantages to expanding current programs? What are the disadvantages?

- Yes, I would support expansion.
- Not until they clean them up. Our waivers aren't working right now and Medicaid isn't really working. And right now we're so bogged down with bureaucrats that I don't know how that would happen.
- I've got different opinions. Expanding the current programs is probably the better way to go, rather than to start something new. They've already got a system in

place. If you start a whole new program it's going to involve a lot more people to do the same thing that I think could be done with existing programs.

- With our state and county officers sometimes it's the individual that makes things difficult.
- They don't know how the system works which would make it impossible to expand.
- Expansion has possibilities.
- I have a tendency to agree that expanding what's already there is a good idea but making sure it meets the needs of the people and cleaning it up is necessary first. There needs to be some sort of watchdog to really look them over.
- The bureaucracy that goes with any program is a problem, I worked in the school system for years and there was a flow chart of all the bureaucracy in the Department of Education. But if you go to the local and county hospitals and say, we've got "x" numbers of kids, how much would it cost to cover them, the plan may work.
- What would happen if someone needed to go outside the county?
- The problem with that is that individual needs vary so much from person to person that it would be hard to come up with a comprehensive plan.
- Hospitals could help with a survey of who doesn't have insurance.
- In 1953, I picked up a guy off the road who was bleeding, took him to the hospital, and they almost let him bleed to death because he didn't have insurance and they didn't know if he had insurance.
- You know the programs that need to be improved and what needs to go.
- If DHS is going to be whom you need to go through to apply for insurance that is going to be a problem, they can hardly handle what they're doing right now. They're not efficient right now.
- If a program were in place where everybody had health insurance of some kind, anybody who went to a hospital could be treated; they wouldn't have to wait until they show proof of insurance.

2. Do you support expanding HAWK-I to cover low-income families (parents as well as children)? What about covering adults of a certain income who do not have children?

- What can you afford? Where's the money coming from? The State of Iowa laying off several hundred people now, they say they're not raising taxes. I wouldn't mind seeing a 1% tax to help fund these programs, it wouldn't kill anyone.
- You probably have a lot of vehicles to expand these programs, but I wouldn't know.
- Drawbacks with HAWK-I that once folks find out that it's run by DHS, they still think of it as welfare. There's a stigma with the DHS name. It depends on their experience with that department.

- I think parents should be covered. I think we end up paying one way or another.
- Kids need healthy parents and expanding this program would help.
- Too many loopholes in the HAWK-I plan. When I was younger I had insurance, it got too expensive, I had to drop it. Now I have heart problems and no one wants me, and I'm too young for Medicare. I just make enough to be above that line but not enough to afford insurance. There are a lot of people in that group.

3. How could the state encourage people to enroll in Medicaid and HAWK-I? Are there ways to reduce the stigma of government insurance programs?

- Education about the programs would be a good starting point.
- But also education of DHS workers to be respectful and kind to the people they work for. You have to work for a better environment.
- A different physical location than DHS.
- Letting people know that it is an insurance office, not a DHS office.
- Someone working in the office that is knowledgeable enough about the program to say, okay, "we're going to work the Medicaid into your package." No one would have a problem with that, because you're not in the same place that gives out food stamps.
- I wouldn't go to DHS thinking of getting insurance for me, but if there was an office where you could go and check insurance availability I may consider going.
- Different groups won't share with each other. The different agencies won't work together or share their pot of money.
- If they could educate people in a way that doesn't make them feel stupid.
- We have too many counties with people administering programs in their own way, which causes problems.
- We need to get this on television because people believe everything you see on television is real.
- For a long time the state was waiting for the counties to come out with outreach for HAWK-I, and vice versa.
- There are too many counties in the state for the counties to do it, there's no cohesiveness. Unfortunately, there needs to be a central power with one message for everyone. I sound like a Socialist but I'm not.

4. Would you support guaranteed insurance coverage for Iowans regardless of their health status if it meant an increase in everyone's insurance premiums?

- I've got good coverage and it takes a large portion of what I have to keep it that way, but I think insurance is important enough that I work to keep it that way. I'm thinking of a single mother who just moved into our neighborhood, and her paycheck is \$900

and uses \$600 for childcare. She has to pay for rent and food and everything else out of that \$300, what's she got left for insurance?

- I think for people, who are working, how could they afford it?
- I'd hate for my insurance to increase anymore.
- It's a possibility, but maybe a flat sales tax is a better way to do it that increase premiums.
- My premium increases every year anyway this idea wouldn't help.
- I think it depends on the amount of the increase. I think people would like to have everyone covered. I would have rather not gotten my tax refund back from the federal government and let people keep their services.
- At this point we have an MSA because we're farmers and right now our deductible is \$4,000 and farming is not real lucrative at this moment so we're going to drop what we have right now. I can see the need of health insurance but I can also see that I couldn't afford another increase.
- I think insurance is already too expensive, I don't think people can afford get an increase.
- I don't think it would fly.
- I think that people, who have insurance, when they pay their bills, pay for the costs of services for other people who don't have insurance already.
- Why do you think you pay 25 dollars for an aspirin?

Premise 3

Based on the research conducted, we know most lowans receive their health insurance from their employer and that many pay for premiums, deductibles and co-pays out of their pocket. The research also shows 85.8% of the uninsured are in the workforce: 80.6% are currently employed and the remaining 5.2% are looking for work. Many lowans have told us expanding health insurance to all would be easier if premiums were lower or if deductibles and co-pays were lower. The policy options include a suggestion for the state to offer premium subsidies for qualified low-income lowans, both individuals and families. Another suggestion would be to provide employers a tax credit for employer contributions of low-wage workers based on the number of employees and other factors.

1. Would you support a state subsidy to help qualified lowans pay their premiums?

Why or why not?

- No. It's inefficient. All those programs are just dividing up a risk pool, rather than spreading the risk. What kind of health insurance are you subsidizing? You need to provide the basic healthcare and figure out a way to pay for it. Subsidizing is in essence a subsidy to the insurance company, you're going to be taxed one way or another, why not pay it directly?

- I feel with the insurance I'm paying now, I'm already subsidizing somebody, because as often as I go to the doctor, I'm paying more than I use it.
- I don't know, I'm a money person, I need to see the figures broken out. You may be opening a can of worms that you can't get closed.

2. Would you support offering a tax credit to employers who contribute to coverage of low-wage workers? Why or why not?

- Employers don't use the tax credit. We've tried it with disabilities before.
- Even if a state gives a subsidy, the person still probably wouldn't be able to afford it.
- Business would fight a tax credit if insurance coverage were mandated.
- I think a tax credit would be a nightmare. I don't think small business could afford to provide insurance even with a tax credit.
- As farmers, we get a tax credit for being self-employed, and I'm thankful for it. I'd think for small business, they would use it.
- I could see how insurance companies would change their rules so I couldn't get coverage.

3. Given that there are 19 percent of Iowans who are uninsured but not low income, what would you do to help those people get insurance?

- Everything I could do to help.
- Is insurance really the cause for a lot of problems? Does it cause things to be too high because it helps people live longer? You can't keep going, and solve all those things. You had people pass away at a lot younger age, now they're living longer.
- What insurance does is raise the expectations of the medical people of how much they can get.
- Insurance and medical providers sign contracts and set costs, so the medicine can't raise prices above that cap.

Final round robin

- The plan IDPH is creating would expand health insurance to **all** Iowans. What would you personally pay per month, so you would be assured that if you were to lose your current health insurance that you could always be covered?
- 5-10% of my income.
- 5-10 sounds reasonable.
- 10% of my income.
- I'd be willing to pay a little more if I had complete coverage. If I had to put a dollar figure on it, it seems to me that it would be very worthwhile, but then whenever you come to the end of your checkbook it's the end of your checkbook. 10%
- I'm self-employed so my income varies. \$200 month.

Striving to Expand Health Insurance to All Iowans

- Because of variations in my income, 13.5%.
- My doctor gives me free samples of my medication because she knows I can't afford it.
- I'm paying all I can pay now, \$169 month, plus a guarantee of 3 years in a nursing home if I need it.
- 5% would be high for me, if it was over that I couldn't do it.
- I'm not paying a darn thing because I can't afford it. I'd be willing to pay anything if I had a big enough income.
- \$25-30/month
- It's so important to have it, you can get wiped out if you don't have it, and I'd be willing to pay 10% to have it.
- I couldn't get along without my insurance, or at least I wouldn't be here because I couldn't afford my medicine. The difference between my insurance and what I'm charged is \$2,500/month.
- 5% of my income.
- 5% increase or 10-15% of income
- I could probably put 10% in, but if I retire, I suppose my 10% would drop.
- \$100/month

Charles City - June 27, 2001

General Public

Premise 1

As part of the State Planning Grant to Expand Health Insurance to all Iowans, a number of surveys were conducted with business owners and members of the general public to determine attitudes about this initiative. The results indicate Iowans support the concept of expanding access to health insurance for all Iowans:

- 79% think it is a good idea for Iowa to have a strategy for extending health insurance to all Iowans.
- 83% of businesses in Iowa think it is very important that every Iowan have health insurance.

1. Given that Iowans are generally supportive of the concept of expanding health insurance, what kinds of elements should be included in a plan? Should insurance be offered to everyone? Should it be offered to specific age groups? Income groups? Should it be available to those Iowans who work but are not covered by insurance through their employer?

- I guess you might be considering those who retire early and then I guess as we think of those that are beginning jobs that don't have insurance to cover them until they get coverage through their employer.
- Make sure it has a preventative focus so that they're not accessing higher level care.
- It's not a right but I think it's a necessity. I would like to see coverage for everyone across the board, especially for those that are self-employed or are with someone without insurance. It should be based on your income.
- The rate you pay should be for something that is inclusive. Not categorized into a policy so that you can't switch if you have a problem but you get locked in and can't change policies or jobs.
- Sometimes it affects your ability to change jobs. Some of us get it through employers now but employers want to raise premiums, or keep workers under 40 hours so they can't get insurance. It is very expensive for farmers to get a policy.
- It's difficult for me to offer a suggestion because I don't know if you're asking if the state is going to develop a plan or if the state is going to legislate plans.
- Let me give you an example. We just hired someone in my small business – we have a group plan – she has 90 days before she's eligible to participate in our plan. She has been having her expenses paid by a state welfare plan. She said she was going to lose that state coverage as soon as she started working. There's one

example of a gap that has to be covered. I can't see any rational reason why the state can't continue coverage until our plan kicks in.

- Another piece of legislation would be to require insurance carriers to offer community rated plans – the only plan offered in Iowa should be community rated.
- Now health insurers are able to – for small businesses – charge a scale of rates depending on the ages of the people in the small group, the health cost history within that group, and I think its something like 7 steps that can be in there so groups made up of young people with few health expenses will pay the lowest rates. Small groups with older people and higher medical bills will pay extremely high rates. It isn't unusual in Iowa for individuals and small employers to be paying monthly insurance rates of \$3-700 per month, per individual. It is unconscionable. Should at a minimum offer a community rate.
- The older you get companies put their insurance where it pays the most. I feel it should be on a graduated level where everybody pays based on his or her income.
- Doesn't that turn out to be sort of unfair to the end product? Someone is going to be paying for the person who pays the least?
- That's welfare. I think in the whole if that were done the cost of health care would go down because we end up paying for it now when they don't have insurance.
- We have a son who is 35 years old and he pays \$500 per month for his coverage.
- Group insurance should recognize the value of prevention.
- People have asked that this be studied.
- If you look at the true costs of health care. Our group plan costs roughly \$8,000 per year per family. I'm one of the fortunate ones that has a group employer that will pay that for me except for 10%. People pay more for their health insurance than they do for their mortgage.
- One thing that concerns me – the group we need to target is the working poor – whose income isn't low enough to qualify for Medicaid. If it's only 10% (uninsured in Iowa) now, that number is going to grow. I think it should be as broad-based as possible.
- My employer is the Iowa Assn. of School Boards and there isn't even consistency there because we have spouses with cancer. We have more usage so our area had a higher premium increase than the rest of the group.

2. We have heard from members of the business community and Iowans in general. What other stakeholders need to be convinced expanding health insurance is a good idea? Who else does the department need to reach out to?

- I think the middle-aged group.
- The legislature.
- Have you included the working poor without insurance?

- It grinds on me when I watch a ball game and Blue Cross Blue Shield puts on a huge, expensive ad, then I see my premium going up and I look at where my money goes.
- Providers.
- About 10 years ago we decided that when you pass away it's usually a heart attack or cancer but we have good insurance and we bought additional policies and they have helped. In our age group we've had 40-50 years to plan for the future and to think of this. This middle age group is going to have nothing. They're not going to have money to buy insurance and they're not going to have the money to pay for their care.
- All things being equal the risks are the same. If someone has a condition or has had a heart attack. There are people who should have higher rates.
- The gap is currently being filled through state papers at U of I and they can get the finest care in the world. This low rate of insurance won't last if employers continue to be responsible because it is unaffordable.
- Elected policymakers that adhere that government should be reduced to the minimal level. We're talking about expansion of government and we have some policy makers that don't approve of this.

3. Children are required to have immunizations to attend school. What if children were required to have health insurance in order to enroll in public schools, and families who could not afford it were assisted with a sliding payment scale. Does this sound like a good idea? Why or why not?

- No. I don't even think they should be forced to be immunized. I don't think we should be forced on anything.
- I agree.
- I do too.
- Laws were made for good reason – to protect the rest of the population. You spread disease if you aren't immunized.
- If kids get hurt in school I think the school should be responsible for the medical bills.
- Not necessarily – some kids are gutsy and will get hurt.
- Yes.
- Aren't they covered now by HAWK-I?
- If there is a state subsidized insurance that wouldn't be bad. It would be best if everybody were covered period.
- There are other segments of the population that I think have more need. The working poor or those that are between pre-retirement and retirement. I believe strongly in preventive maintenance care.

- I say no because there is a strong issue of pride because we provide for our families. We're intrusive enough in our family lives as we need to be.
- That's how I feel – I don't think someone should have the authority. I think everybody should have insurance but I don't think it should be demanded by anybody.
- What I pay as an employer subsidizes those without insurance. And it's not fair. I think it's long overdue in the state for them to come up with anyone with the money to buy their insurance.
- There is no free health care out there – its long overdue that everyone in the state share in the cost.
- I say no to making it a requirement for entering school. I work with it – I'm a school nurse, but if you're putting a burden of having insurance I don't know how you'd do that. What would you do with home-schooled kids? I don't think that would be the answer.
- If we're going to require a kid to be immunized there should be a program to make it available. Same as health insurance.
- They are two separate issues. Immunizations are available through the county health department. It's mandatory when you enter school to have immunizations. Health insurance coverage has nothing to do with immunizations. I think it is intrusive.

Premise 2

One of the options proposed involves expanding existing insurance programs already offered by the state, specifically Medicaid and the Children's Health Insurance Program or HAWK-I to cover parents and other non-custodial adults up to 200 percent of the Federal Poverty Level. Keep in mind, Medicaid is a health insurance program, not a welfare program. Iowa also offers a high risk insurance pool so everyone has access to purchasing insurance. Another option would be to require insurance companies to offer health insurance coverage to individuals and the self-employed without regard to preexisting health conditions or health status.

1. Do you support expansion of existing state insurance programs? What are the advantages to expanding current programs? What are the disadvantages?

- Generally, if these programs are working and the end product is successful, why start a new one? Roll these two together and have just one business, operation, company to run the whole show – expand what you have that is successful.
- Would this be a safety net for all Iowans? It does leave people without insurance.

2. Do you support expanding HAWK-I to cover low-income families (parents as well as children)? What about covering adults of a certain income who do not have children?

- I think it makes a certain amount of sense to expand these programs because the infrastructure is there. One problem is the stigma attached. Also the insurance companies don't have a role in that –I'm not sure this can be sold without the support of the companies.
- If the state can bridge and combine the best parts of the programs and lessen the administrative redundancy you could fill that need.
- Would it be possible if something were to come up from the state – do you think that would help decrease the cost to the insurance companies – would make the companies (insurance) tighten their belts – it might be more affordable to people without having to subsidize.

3. How could the state encourage people to enroll in Medicaid and HAWK-I? Are there ways to reduce the stigma of government insurance programs?

- I don't think it should be a stigma – we have all kinds of programs available to the public that are entitlements. Programs can be funded the same but they're funded differently. You can remove that easy enough, I'm thinking.
- My dealings with HAWK-I – there isn't that much stigma. We do promote HAWK-I to parents of children who are in this middle group. We have businesses in our area that don't offer benefits. Its not a high tech form for them to complete and we offer to help. Most people know – we handle it quite diplomatically – we offer it to them if we think they need it. It's all handled very quietly – like the way we handle free and reduced lunches. I don't think there's the stigma with Medicaid that there used to be either.
- If you took Medicaid and HAWK-I insurance and combined them all together and called it Iowa State Insurance – that is how it should be handled. One name, one office to go to for your business. It would be their job to figure out what kind of coverage you're eligible for. No one would know except the state office.

4. Would you support guaranteed insurance coverage for Iowans regardless of their health status if it meant an increase in everyone's insurance premiums?

- No. Mine is already high enough.
- Yes, I would. I wouldn't mind helping pay. We bring people here from other countries, why don't we take care of our own?
- The question is misleading because the odds are extremely high that if everyone were covered the price would go down.

- There are a lot of ifs and unknowns again. I'm willing to help someone but that means everyone else has to help him or herself a little too.
- A lot of people are in these poorer physical conditions of their own doing – that's not fair to the rest of us. If we were talking about cancer I'm in favor of it, but if someone drinks and drives I don't want to pay for their accident.
- A group policy of any kind is going to go up if you have the need.
- All of us currently pay for catastrophic care. Anyone who is able to pay should be required to pay. If they're not able to, the state can subsidize them.
- We do have to stop and realize that we pay for it one way or another.
- It would probably be cheaper to pay for it now than later.
- Maybe there's more need than what is available through the land grant schools. That is one avenue available.

Premise 3

Based on the research conducted, we know most lowans receive their health insurance from their employer and that many pay for premiums, deductibles and co-pays out of their pocket. The research also shows 85.8% of the uninsured are in the workforce: 80.6% are currently employed and the remaining 5.2% are looking for work. Many lowans have told us expanding health insurance to all would be easier if premiums were lower or if deductibles and co-pays were lower. The policy options include a suggestion for the state to offer premium subsidies for qualified low-income lowans, both individuals and families. Another suggestion would be to provide employers a tax credit for employer contributions of low-wage workers based on the number of employees and other factors.

1. Would you support a state subsidy to help qualified lowans pay their premiums?

Why or why not?

- Yes, I would.
- If the employer has a commodity that he sells, he can just add insurance to that. But if you're a school or you're self-employed, you don't have it.
- Before I went to work for Chickasaw County I carried my own insurance for my family and myself. I never could understand why employers could offer this as tax-deductible when we didn't have that benefit. That's why I think a lot of the self-employed choose to go without insurance. It would be better if we made all things equal.
- I think providing a subsidy is a step in the right direction but that doesn't do anything about the rising cost of health care. In some ways it makes more sense to me to set up a program where the state could provide some incentive to insurance carriers to keep their cost low. We're subsidizing the private insurance industry.

- If the individual could deduct it off their income tax then that would be good, but the government is not going to do that.

2. Would you support offering a tax credit to employers who contribute to coverage of low-wage workers? Why or why not?

- No – that's all figured in your wages.
- I'm not in favor of that personally but I don't object.
- In most DED programs I see coming through is a subsidy for training, a subsidy for relocation, etc. They are meant to benefit the working poor. If the insurance tax credit is a tool then I don't have a problem with it.
- I would go the opposite if I could make the decision. I personally wouldn't offer insurance through the employer. I would require all employers to purchase it for their employees, but at the same time I'd have the state require community rating to keep the average rates lower, and I'd require self-employed people to purchase their own. We're kind of backing into something like that. We have what you're talking about now – the state will pass something and something will be put in place and someone will have to pay for it. Eventually in a country as rich as ours, everyone will have their health care covered.

3. Given that there are 19 percent of Iowans who are uninsured but not low income, what would you do to help those people get insurance?

- They might be people that have pre-existing conditions. People who have serious health conditions are trapped in their jobs because it's hard for them to move to another job and keep their health insurance.
- I have a nephew who is 35 and has Crohn's disease and he gets one shot every three months and it costs \$4,000 for a single shot.
- Wasn't AARP looking into this?
- If these people are making over \$50,000 per year a majority have a choice and are choosing not to buy insurance for them. I don't think we should require – we can't force them to buy it, and certainly they could afford something.
- We're living in such an affluent society. Young people think it's more important to have a car or RV.
- Seems to me that we should learn more about these people.
- Yes – I believe we should. I can't buy life insurance because of my health. My rates would be triple to buy the same insurance someone else could because of my health.
- I think you should realize that there are a certain number of them that are bullheaded and think they can get by without insurance. I bought insurance when I was 17 years old in 1940 when I started working.

Striving to Expand Health Insurance to All Iowans

- It all depends on where you place your values. People want luxury things in lieu of insurance.
- Can they set up a medical trust – a medical savings account to meet their needs when they need it? Maybe they think they have the reserves to handle the costs.
- You get more expense than what you get on social security. Some people now are smart and get extra insurance. They should be able to carry insurance at the same rate after they retire.
- I had a grandson that had a catastrophic illness and it was wonderful that they had insurance. They sent him to the hospital (U of I) and in the next beds were kids that were on Medicaid. I'm wondering if those people are relying on those programs.
- I have a daughter that has a long commute to work because she can't find a job in Charles City that offers insurance. The insurance companies aren't paying for her child's illness because her insurance company is fighting with her ex-husband's insurance company.

Final round robin

The plan IDPH is creating would expand health insurance to all Iowans. Do you have any ideas for options that we didn't discuss today? Or what is the best option that we've discussed today?

- No.
- Not other than what I've already said.
- I read somewhere recently that we pay the highest per capita rate for health care in the world, and have the lowest product. One thing is lowering the cost of medical care so you can include people. The reason we aren't all covered is because its cost prohibitive. I'm amazed we don't have a higher rate.
- Iowa already offers insurance to state employees. I'd expand that to anyone that wants it.
- If the state helps everybody individually it should make it so you can afford to get complete coverage.
- I live near the state line. We choose to go to Rochester. Will the state plan be required for Iowa only?
- Coverage for everybody at an affordable rate – comprehensive. At any reasonably close by facility.
- It's admirable that the state is trying to approach this problem, but you have to realize that it's a short-term solution to the rising cost of health care.

Humboldt - June 27, 2001

Elected Officials

Premise 1

Data is an important component in the development of any public policy. Over the last five years, the Iowa legislature has worked hard to initiate a health insurance program for children that goes beyond Medicaid. Hawk-I, Iowa's children health insurance program is continuing to gain momentum. In an effort to examine additional opportunities, and as part of the State Planning Grant to Expand Access to Health Insurance to all Iowans, a number of surveys were conducted with business owners and members of the active public to determine attitudes about this initiative. The results indicate Iowans support the concept of expanding access to health insurance for all Iowans:

- 79% think it is a good idea for Iowa to have a strategy for extending health insurance to all Iowans.

Who are the Iowans that think it is good. Here is how that breaks down:

- 80.4% of Independents
- 90% of Democrats
- 64.8% of Republicans

- 73.3% of men
- 78.8% of women

- 83.3% of those 18 to 24
- 88.1% of those 25 to 34
- 74% of those 35 to 44
- 84.7% of those 45 to 54 (second largest voting block)
- 76.4% of those 55 to 64
- 68.2% of those 65 and older (largest voting block)

- 83% of businesses in Iowa think it is very important that every Iowan have health insurance.

1. Given that Iowans are generally supportive of the concept of expanding health insurance, what kinds of elements should be included in a plan? Should insurance be offered to everyone? Should it be offered to specific age groups? Income groups? Should it be available to those Iowans who work but are not covered by insurance through their employer?

- There is always going to be an element where people do not want to have insurance. In my area there is a group that goes to a certain church and they do not want to have insurance. They see the group within the church as helping each other out.
- Don't force everyone to join.
- This insurance should cover children – this is a large group.
- Having health insurance and access to prevention makes a healthy workforce. If you get regular checkups and prevent some of the crisis situations it helps the economy overall.
- There was a survey of families that are involved with HAWK-I and I believe it shows the stress in the family was reduced once there was insurance. This was something that the family did not have to think about. There were fewer hours of work missed.
- This is a very open issue, HAWK-I has many guidelines and this probably does not help cover all of the needs.
- Revenue neutral – how do you do that?
- Be fair to the businesses that already offer insurance to their workers. Will the businesses stop providing insurance if the state starts to provide it?
- Look at the Federal work being done now, will players step back from the table and say someone else can cover it?

2. Is it the state's responsibility to ensure all Iowans have access to health insurance or should it be left to the private sector? What if the person's income or the family's income is so low that they can only pay some of the cost? Does the state have a responsibility to those people in getting access to health insurance?

- Private sector is the first priority is my thought. This is where the coverage should start. If there are gaps then the state can step in. Government can help to alleviate some of the cost.
- If the family can pay some, then the public might have to pay the rest. This might be the only option. How far do you open the window so people do not say they can't pay when they probably can pay? People will try to meet the guidelines to get help.
- I think HAWK-I encourages people to pay something. It is a sliding scale and this helps people.

Striving to Expand Health Insurance to All Iowans

- I think society should be moving towards individual/private insurance. If they are used to paying insurance already on a sliding scale they could work into the new program.
- Immigrants can learn how to use insurance and the sliding scale can help in this learning process.
- Currently there is a big gap in those that pay for their own insurance vs those that have total assistance. There are a lot of people that would need *some* help.
- People that are not covered right now is an important group. It is important to cover the major catastrophic illnesses first and not the colds, stuffy noses, etc. If you give them everything all at once for coverage we might be covering too much. The state can help with major illness if they hit the brick wall.
- We do that already with Broadlawns and Iowa City. It is emergency care that the hospital covers.
- This could help offset some of the cost of the emergency care from the taxpayers. They would have some sort of sliding fee to cover these issues.
- I think wellness and the yearly care is important to avoid the major illnesses.
- I'm in agreement that yearly physicals are a good idea and should be covered but taking a child in for every sniffle should not be covered.

Follow-up Facilitator Comment:

As a matter of interest, in a statewide survey done for this project business owners were asked to assign the responsibility for ensuring that all Iowans have health insurance between five entities: federal government, state government, local government, employers, and the individual. Here are the average percentages assigned by businesses

Category	%
Federal government	24.22
State government	15.69
Local government	4.48
Employers	26.14
Individual	29.46

3. Children are required to have immunizations to attend school. What if children were required to have health insurance in order to enroll in public schools, and families who could not afford it were assisted with a sliding payment scale. Does this sound like a good idea? Why or why not?

- I think informally this is what HAWK-I is currently doing by trying to get school kids signed up for insurance. We might move towards this, but at the current time let's

use the programs we have. We make exceptions to the immunization rule. We would be making exceptions to this. We should make it voluntary at first. There are some that for religion or other reasons do not want to join the various programs.

- We will find another means of schooling instead of following this mandate. More home schooling, private schooling, etc.

Premise 2

Iowa has begun to address major gaps in children's health insurance coverage. It is important to remember that Medicaid is not a welfare program, but a children's health insurance program for the poor. HAWK-I is an effort to expand health coverage to even more children in Iowa. One of the policy options proposed involves expanding existing insurance programs already offered by the state, - Medicaid and the Children's Health Insurance Program or HAWK-I to cover parents and other non-custodial adults under 200% of poverty. It should be noted that Iowa also offers a high risk insurance pool so everyone has access to purchasing insurance. Certainly, whatever direction the state takes, or whatever decisions are made, the state legislature will play the key role in developing the policy. Given this premise, consider these questions:

1. What do you think about the expansion of existing state insurance programs? What are the advantages to expanding current programs? What are the disadvantages?

- What are the stats on people without insurance in the existing programs?
- I think these programs have a lot of administrative expenses and have a system already. Why not just expand the existing systems? An example could be if you already have child on HAWK-I the entire family could be signed up instead of making a new system.
- Expanding the coverage could make the people not want to pay for their own insurance, but joining a HAWK-I type program could over-extend the program.
- Refundable tax credits for people picking up their own costs for insurance, or paying into a pool.
- Could we require anyone that hires someone provide insurance and we (the legislature) would credit/reimburse them?

2. Do you support expanding HAWK-I to cover low-income families (parents as well as children)? What about covering adults of a certain income who do not have children?

This question did not have a direct response for one of three reasons: the subject matter was discussed under the guise of a different question, the respondents did not have

anything of substance to contribute so the facilitator moved on to the next question, or time did not permit all questions to be asked.

3. How could the state encourage people to enroll in Medicaid and HAWK-I? Are there ways to reduce the stigma of government insurance programs?

- Some ways are already being looked at such as making the forms simpler. The hope was that word of mouth about the benefits would make it take off. They are still optimistic it will take off.
- People who are using it are pleased.
- Through the schools or even the doctor's office, providers could refer to the program.
- Having a handout at school for the kids to take home is not enough. Getting the word out is important.

4. Would you support guaranteed insurance coverage for Iowans regardless of their health status if it meant an increase in everyone's insurance premiums?

- Yes.
- If it is a limited increase, put some parameters on the increase. There needs to be built in benefits for having the proper lifestyles i.e. .not smoking and drinking all the time. Can't give them the "Cadillac coverage" if they are not having a healthy lifestyle.

Premise 3

A major part of this initiative is to conduct a variety of research efforts that will provide data for this program, as well as for other policy considerations around access to health care for Iowans. Based on the research conducted, we know most Iowans receive their health insurance from their employer and that many pay for premiums, deductibles and co-pays out of their pocket. As you might assume, many Iowans have told us expanding health insurance to all would be easier if premiums were lower or if deductibles and co-pays were lower. The proposed policy options include a suggestion for the state to offer premium subsidies for qualified low-income Iowans, both individuals and families. Another approach to supporting health care coverage is the suggestion to provide employers a tax credit for employer contributions of low-wage workers for those firms that have not provided coverage for at least 12 months, have an average payroll below the average for small firms in Iowa, and the amount of the tax credit varying between 25 and 40 percent based on the number of employees. Let me read these two policy proposals one more time and then I will ask for your comments. There are three questions.

1. What is your reaction to the idea of a state subsidy to help qualified Iowans pay their premiums? What are the advantages? What are the disadvantages?

- Moving significantly into the subsidy, I don't know if we have the dollars to do this.
- I don't think that is an option in this economy. (The tax credit takes money out of the coffers also.) How much money are we talking?
- Since we are already paying for the care, we need to encourage people to join insurance programs. Need to have a sliding fee scale so they can contribute.

2. What do you think about offering a tax credit to employers who contribute to coverage of low-wage workers?

- Overall view on both proposals – the individual receiving the benefit still is not learning to understand what the costs for the care really are. They are being covered, even if they are in an insurance plan they don't know the costs for the care, the medical costs. If it is a tax credit to the business, it is out of the realm of the family to learn what the medical system really is. Learn what the cost really is and then they might participate in preventative care. True cost of the medical care.

3. Given that there are 19 percent of Iowans who are uninsured but not low income, what would you do to help those people get insurance?

Not time for this question.

Final round robin

Certainly, in a legislative arena with 150 members, one can expect a potential minimum 150 different policy proposals. As we have considered some so far, we would like to ask you for your comments on two more policy option proposals.

One of the options proposed would involve adopting insurance market reforms, including community rating, where every business, large or small, would be charged one single average premium rate for health insurance provided to employees. Another option would require insurance companies to offer coverage to individuals and the self-employed without regard to pre-existing health conditions or health status. There are three questions here, in a round robin, give us your specific answer to each.

1. What do you think about the concept of community rating?

- Levels the playing field. There would not be caps but the area would be equal.
- It sounds like a good plan and I would like to hear from the insurance companies to see what they think of this.

2. What if small employers were allowed to pool with the state employee health plan to increase bargaining leverage, reduce administrative costs and stabilize premium growth?

- Can't see anything wrong with this. What has stopped insurance companies from doing this before without us telling them to do it? Would this drive down the premium costs, profits, etc.?
- If it reduces the administrative costs it sounds like it would be a good thing.

3. Do you think there is the political will to make these kinds of insurance reforms? Why or why not? If not, what would it take to create the political will?

- Just looking at the issue of mental health parity, I would say it is not there at a statewide level. If it was really pushed by business groups and they saw benefits to the costs they are now paying this might create the will.
- If your numbers are correct and ABI and the chambers made requests the political will will follow.
- Get some numbers from the insurance companies and small businesses on the costs and savings.

Grinnell - June 28, 2001

General Public

Premise 1

As part of the State Planning Grant to Expand Access to Health Insurance to all Iowans, a number of surveys were conducted with business owners and members of the general public to determine attitudes about this initiative. The results indicate Iowans support the concept of expanding access to health insurance for all Iowans:

- 79% think it is a good idea for Iowa to have a strategy for extending health insurance to all Iowans.
- 83% of businesses in Iowa think it is very important that every Iowan have health insurance.

1. Given that Iowans are generally supportive of the concept of expanding health insurance, what kinds of elements should be included in a plan? Should insurance be offered to everyone? Should it be offered to specific age groups? Income groups? Should it be available to those Iowans who work but are not covered by insurance through their employer?

- Access to a doctor and prescription drugs
- Lower the percentage we have to pay out of pocket and give people a good selection of doctors on the HMO/PPO lists.
- Every Iowan should be covered under the plan.
- I'm wishy-washy because if you make enough money you should have to pay for insurance yourself.
- I wouldn't limit the expansion plan to specific age groups.
- The cost of insurance keeps going up and up. He and I got insurance through Wellmark and it seemed the more we made, the more we ended up paying out, it worked up to \$1400 a month. Also, the riders are terrible on the insurance programs, they were trying to rider us on things 5 years ago.
- The state needs to be careful with preexisting conditions; people lose coverage all the time and can't get it anywhere else.
- Maybe the plan should have a lifetime maximum or limit to cover preexisting conditions to protect the state.
- Preventative care is important; the state plan needs to cover women's annual gynecological exam. All insurance providers should be required to cover preventive care.

- Whether you're a farmer, or construction worker, or factory worker, insurance has to be made available and it has to be affordable all across the board. The insurance companies are so big and all they worry about is the bottom line, it's not going to be there if we wait for them to make the decisions.
- 2. We have heard from members of the business community and Iowans in general. What other stakeholders need to be convinced expanding health insurance is a good idea? Who else does the department need to reach out to?**
- The medical community would have to make some adjustments for their charges. Some hospitals/clinics will give discounted rates to individuals who need it.
 - The pharmaceutical companies are getting out of line.
 - Insurance companies.
- 3. Children are required to have immunizations to attend school. What if children were required to have health insurance in order to enroll in public schools, and families who could not afford it were assisted with a sliding payment scale. Does this sound like a good idea? Why or why not?**
- It would get the program out to everybody, though you almost feel like it's overstepping bounds in a way. HAWK-I wasn't really publicized, our doctor didn't even know about it.
 - If they handed out a brochure included in the packet for registration, that wouldn't be so bad.
 - But if you made it compulsory, it would be an infringement on people's rights.
 - There might be people who feel like they can't share that they don't have the money for insurance.
 - There are some people who might have religious beliefs that prohibit medical care, and they would have no use for insurance.

Premise 2

One of the options proposed involves expanding existing insurance programs already offered by the state, specifically Medicaid and the Children's Health Insurance Program or HAWK-I to cover parents and other non-custodial adults up to 200 percent of the Federal Poverty Level. Keep in mind, Medicaid is a health insurance program, not a welfare program. Iowa also offers a high risk insurance pool so everyone has access to purchasing insurance. Another option would be to require insurance companies to offer health insurance coverage to individuals and the self-employed without regard to preexisting health conditions or health status.

1. Do you support expansion of existing state insurance programs? What are the advantages to expanding current programs? What are the disadvantages?

- It would be nice if the state's high-risk pool would agree to cover some of the people who are kept out of programs by the insurance companies. If they would drop some of the barriers it would be very nice. The cost is also somewhat prohibitive. It was close to almost \$1000/month. I think a lot of people are willing to pay for insurance if they can get it down to reasonable levels.
- Maybe they could split the program options so that people can chose preventative care and/or more intensive care coverage if they have a preexisting condition.
- The programs are too complicated.
- Differentiating between custodial and non-custodial parents is confusing.
- They need to cut back on the paperwork.
- With today's technology you'd think they could cut down the paperwork and make it simpler or make it electronic.
- I'd like to see a way for everyone have insurance they could afford.

2. Do you support expanding HAWK-I to cover low-income families (parents as well as children)? What about covering adults of a certain income who do not have children?

- Yes
- Yes
- I think that would be a good idea, and the form is simpler now.
- Who pays for HAWK-I? *Federal government*. So we are paying for it. I've never heard from it. Is there an incentive for people to go out and buy insurance if you can get it for free?
- Say there's a divorced family and the father could provide insurance to his children but chooses not to.
- I think there needs to be a limit on who can apply.

3. How could the state encourage people to enroll in Medicaid and HAWK-I? Are there ways to reduce the stigma of government insurance programs?

- Can it be offered through an agency besides DHS?
- What about putting it through the doctor's office?
- Or through the pharmacy?
- And not just a piece of paper setting on the counter, but someone who can talk to you about it.
- We happened to have a medical situation in Pella where the low-income people can access a free clinic every Thursday night. About 15-20 people come every Thursday.

- If the medical center does that, maybe they would cooperate with this.

4. Would you support guaranteed insurance coverage for Iowans regardless of their health status if it meant an increase in everyone's insurance premiums?

- How can that happen if I have coverage through an employer? Through taxes or insurance premiums?
- No, I'm tired of increases; we have to slow down.
- I think in the state of Iowa too, our taxes are twice as high as California state taxes; I don't know what the state spends it on.
- How about the medical community cutting back on prices? Do things have to be that expensive?
- The reason their prices are so high is because their malpractice insurance is sky high.
- There needs to be a cap put on the amount a physician can be sued for.
- Honestly, for a person to go to school for 8-12 years and then have a residency for another 4 years, I think they have a right to make the money they do.
- Some of the services that are important, like a mammogram, they charge you an arm and a leg.
- The general public needs to be informed about what happens when they file suit against their doctors and hospitals.

Premise 3

Based on the research conducted, we know most Iowans receive their health insurance from their employer and that many pay for premiums, deductibles and co-pays out of their pocket. The research also shows 85.8% of the uninsured are in the workforce: 80.6% are currently employed and the remaining 5.2% are looking for work. Many Iowans have told us expanding health insurance to all would be easier if premiums were lower or if deductibles and co-pays were lower. The policy options include a suggestion for the state to offer premium subsidies for qualified low-income Iowans, both individuals and families. Another suggestion would be to provide employers a tax credit for employer contributions of low-wage workers based on the number of employees and other factors.

1. Would you support a state subsidy to help qualified Iowans pay their premiums?

Why or why not?

- I'd like to see the qualifications cut back and let more people in the program. You don't want to include just the very, very impoverished.
- The premiums keep going up if you have your own policy.
- I think the state should find a way to have more group policies than individual policies.

- The biggest part is insurance company greed, physician greed, and hospital greed. They need to start at the very top and cut on the way down. Then they could look and say, now who can't afford insurance.
- But the state won't touch the insurance companies because they put a lot of money back into the state. And they have important lobbyists, we don't. I just don't think the state is going to do anything.
- But we need to speak up, if everyone would speak up and say we're sick of it, and we think everyone should be able to afford health insurance, something would change.
- I definitely feel pharmaceutical companies are a part of the insurance problem.

2. Would you support offering a tax credit to employers who contribute to coverage of low-wage workers? Why or why not?

- I think so
- I think it needs to be more than a tax credit, but a price cut. I priced insurance for our employees at \$800/month/person. And that was a very basic policy.
- It seems like a good idea, but I'm not an employer.
- I think they should be compensated somehow, and I think businesses do need to offer insurance.
- My father was in business for 30 years, and could never provide insurance, and it's not because he didn't want to.
- They need to look at small business. We'd like to provide the same benefits that the bigger businesses can. We see the need.
- Many of us are competing for workers against a much larger business.
- Maybe a tax credit would be a good start.

3. Given that there are 19 percent of Iowans who are uninsured but not low income, what would you do to help those people get insurance?

- They could be self-employed.
- They could have pre-existing conditions.
- I'd like to know why they'd chose not to purchase insurance.
- Insurance shouldn't be obligatory.
- Can you get treated without insurance?
- If hospitals have federal funding, and almost all of them do, they have to take a certain number of non-paying patients.
- Do any of the medical professionals do work that is not reimbursed anymore?
- There are more towns that basically have the attitude that everyone is in it for himself or herself.

Striving to Expand Health Insurance to All Iowans

- Doctors get bought out of their private practices by the networks and they don't have that option anymore.

Final round robin

The plan IDPH is creating would expand health insurance to **all** Iowans. What would you personally pay per month, so you would be assured that if you were to lose your current health insurance that you could always be covered?

- In addition to what I pay already?
- I would if I could choose my own doctor.
- Before I had children I wouldn't have, but now I have to be healthy to take care of my kids.

Any final thoughts?

- My mother is employed by a bank that is self-insured, had a serious health problem, and another insurance agency told me that because she has a preexisting condition and because the bank is self-insured that state could turn her away from the state plan.
- The state should consider how people, currently working for a self-insured employer, should transition until they are eligible for Medicare.
- I've heard that hospitals plan for a certain amount of nonpayment so that they can show a deficit/loss for income tax purposes. That's why their regular charges are so high.
- I think the state needs to monitor programs very carefully. My grandmother was on Medicare, in a home, and had a couple of strokes. Medicare had approved occupational therapy, but my grandmother was in a wheelchair and my father told them that it wasn't necessary. The OT company did not provide therapy for my grandmother, but billed Medicare anyway and they paid it.
- My mother is 95 and on Medicare, but they won't pay for her prescription that her doctor prescribes for her.
- If HAWK-I could give people some kind of incentive to breastfeed their babies, they're statistically much healthier babies. It would be nice if the state could encourage HAWK-I participants or all new mothers, to breastfeed.
- My daughter finds that people on welfare come in to the clinic whenever they have a little scratch, they abuse their free insurance.

Humboldt - June 28, 2001

General Public

Premise 1

As part of the State Planning Grant to Expand Access to Health Insurance to all Iowans, a number of surveys were conducted with business owners and members of the general public to determine attitudes about this initiative. The results indicate Iowans support the concept of expanding access to health insurance for all Iowans:

- 79% think it is a good idea for Iowa to have a strategy for extending health insurance to all Iowans.
- 83% of businesses in Iowa think it is very important that every Iowan have health insurance.

1. Given that Iowans are generally supportive of the concept of expanding health insurance, what kinds of elements should be included in a plan? Should insurance be offered to everyone? Should it be offered to specific age groups? Income groups? Should it be available to those Iowans who work but are not covered by insurance through their employer?

- Needs to be a need-based perspective and that could be based on income levels. There needs to be some level of responsibility on the part of the person. I won't have to buy my own if it covers everyone.
- I know there is a big gap. Our programs cover children. There is no coverage group between age 21-64 unless they are disabled, pregnant, and some other issues.
- I think health care should be available to everyone. The decision needs to come from both sides. If you have a leaky faucet you get a plumber, you need health care you get the care. I think the practitioner and the patient will work out the issues.
- That is a great inequality in our current system. I have in-laws that work for Deere and get good pay and then good health insurance. I know others who make next to nothing and pay taxes and have to pay for insurance. I think a way to have this be equalized is for those who have free insurance pay something to help those without insurance. We provide free legal service; we should provide insurance.
- I advocate for the poor and we should help others. I would like to see a way to work on more preventive care instead of the care needed after the problems. I wish we could provide for natural and herbal medications. We are working on some of the herbal products but doctors have no incentives to go for them.

- Let up on the qualifications and restrictions on some of the doctors so more can receive and provide services.

2. We have heard from members of the business community and Iowans in general. What other stakeholders need to be convinced expanding health insurance is a good idea? Who else does the department need to reach out to?

- I don't know what type of consequences it will have on the businesses that currently provide insurance. They will likely drop insurance if the state is going to provide the insurance.
- Are we talking about providing the insurance or providing access to the insurance?
- Didn't they just extend the deadline for HAWK-I because they did not have enough interested folks?
- The category of citizens of Iowa is very broad.
- Health care providers – they might limit costs.
- Insurance companies – they might feel threatened by the lower costs being provided.

3. Children are required to have immunizations to attend school. What if children were required to have health insurance in order to enroll in public schools, and families who could not afford it were assisted with a sliding payment scale. Does this sound like a good idea? Why or why not?

- I have a little problem with that. We have the same thing with the auto insurance. When I look at the health insurance and if they did away with the underwriting it would do away with many problems. If you have a high wage job you are probably okay but the others have a hard time paying for it due to costs.
- The youth are penalized from the lack of experience when they try to get a job. You can't get a job without experience, can't get experience without a job. If the families have a job they will have the money to pay off the insurance or the insurance will be provided. Chicken and egg situation.
- Why stop with health insurance? Look at fire insurance. It belongs between the patient and the doctor. Someone watching over you – big brother issue. I don't want the school telling me what to do
- I agree with the drift of the group. Auto insurance helps both the person who hits another and the person who gets hit. Mandating insurance by the school is not their place. It is the parents' responsibility to provide insurance
- Not everyone goes to school. Some don't go and others are home schooled.
- What about the college aged folks? Do they need it to go to college?
- The statement of "requiring" is the problem. One is the expansion and the next is a mandate and that affects the tax base. Strongly opposed to raising the tax base.

- I think it is such a hypothetical statement and should never fly in IA or the US. Mandates for immunizations helps stop the spread of disease but the insurance issue is not on the same level.

Premise 2

One of the options proposed involves expanding existing insurance programs already offered by the state, specifically Medicaid and the Children's Health Insurance Program or HAWK-I to cover parents and other non-custodial adults up to 200 percent of the Federal Poverty Level. Keep in mind, Medicaid is a health insurance program, not a welfare program. Iowa also offers a high risk insurance pool so everyone has access to purchasing insurance. Another option would be to require insurance companies to offer health insurance coverage to individuals and the self-employed without regard to preexisting health conditions or health status.

1. Do you support expansion of existing state insurance programs? What are the advantages to expanding current programs? What are the disadvantages?

- I care for the elderly. It is too expensive for me to afford the insurance. I have allergies and have to pay out of pocket for everything. I am self-employed and can't afford to pay on my own. I would like to buy into some type of program to cover me. Too expensive on my own.
- My husband is self-employed and he is excluded from coverage for many reasons. He took anti-depressants for awhile but is not able to get coverage from disability insurance and is not able to buy his own because of the pre-existing condition of mental illness. I work and have the family insurance. Many of the issues are covered under the larger plan.
- The mental health in general has had a bad wrap with all insurance. Those living on the street have illness and need coverage.
- Pre-existing conditions need to be looked at. In some/most cases you have to be off treatment for 2 years before you could look for coverage.

2. Do you support expanding HAWK-I to cover low-income families (parents as well as children)? What about covering adults of a certain income who do not have children?

- Need to look at the situation. Some work the welfare system. They could be working but they chose not to work. Needs to be more guidelines besides the income.
- I work with mothers who are single parents and they want to get off the system. At the current time they need this backup.

- HAWK-I is more a program for the working poor. They are working and trying to support their families and need this. The program is currently for the children but the parents in the household need the program also.
- I know nothing about HAWK-I to answer this question. Need to watch for the abusers of the system. Need to watch the enablers also.
- What is the poverty level?
- If you go over the limit are you dropped? Yes, probably. Should expand the limit so you can continue to be on the program. Sliding scale and have the scale expand with the folks.
- Farming community – some years are good and some are bad so are you constantly getting kicked off a program. Need to look for the farm community options.
- Pre-existing conditions really affects the private policyholders. We are constantly getting re-pooled.

3. How could the state encourage people to enroll in Medicaid and HAWK-I? Are there ways to reduce the stigma of government insurance programs?

This question did not have a direct response for one of three reasons: the subject matter was discussed under the guise of a different question, the respondents did not have anything of substance to contribute so the facilitator moved on to the next question, or time did not permit all questions to be asked.

4. Would you support guaranteed insurance coverage for Iowans regardless of their health status if it meant an increase in everyone's insurance premiums?

- Is this like COBRA? No.
- Sounds like a good deal.
- Need to set a limit to the amount of the increase.
- There is an increase yearly, don't want another large increase when the pools increase.
- Those that get insurance when they are smokers and we are then paying for their treatments. Also the HIV treatments. We are currently paying for it now. I think preventive care should be included and people should be responsible for their actions.
- What about incentives such as if you go so long without a sick day you get more money or a half-day vacation.
- It should pay for part of the treatment if folks really need the care. They need to get the large treatments programs and not the day to day doctor appointments.
- Need the preventive care.

Premise 3

Based on the research conducted, we know most Iowans receive their health insurance from their employer and that many pay for premiums, deductibles and co-pays out of their pocket. The research also shows 85.8% of the uninsured are in the workforce: 80.6% are currently employed and the remaining 5.2% are looking for work. Many Iowans have told us expanding health insurance to all would be easier if premiums were lower or if deductibles and co-pays were lower. The policy options include a suggestion for the state to offer premium subsidies for qualified low-income Iowans, both individuals and families. Another suggestion would be to provide employers a tax credit for employer contributions of low-wage workers based on the number of employees and other factors.

1. Would you support a state subsidy to help qualified Iowans pay their premiums?

Why or why not?

- I would because it sounds like it is helping the poor.
- Yes, but I would not want to pay more than I already am if the person I am helping is not helping themselves. I need to know the person is helping himself or herself and just need the little bit extra. I work because I need the insurance instead of staying at home and helping my husband with his own business. My daughter is a single mom and chose to go to school. When she was looking for insurance it was hard. She was told it would be best to go on total welfare. She said no and it is hard but she is on a minor program through the school.
- There is a number that are working and make insurance a priority and those that just don't want to pay for it. We (my family) make it a priority to have insurance and others should do this also.
- They need to pay for part of it. They need to be trying to work, they are choosing not to work when I think they should be making some contribution.
- What would an employer think about paying for the insurance? If they were able to provide they probably would.
- Some chose not to get the insurance but buy other insurance policies.
- There are employers who will pay for an employee but the worker's family is not covered.

2. Would you support offering a tax credit to employers who contribute to coverage of low-wage workers? Why or why not?

- If it resulted in the majority of the workers being covered.
- That sounds like a reasonable mechanism. If the employer will do it this is good. It encourages work and it is not a state system.
- We are already getting a deduction in some cases.
- How would it work for my family where my husband works in NE but lives in IA?

Striving to Expand Health Insurance to All lowans

- Pay the person for what they are worth and make them buy their own insurance. Takes it out of the hands of the employers.
- Under a certain first lady. Don't pay premiums... on Health reform on a certain level that was proposed. This was a scary concept to me. The federal government would set the pool.
- The cost of insurance is constantly rising. For those that pay on their own for insurance they need to have a high incentive, tax credit to keep up with this. The work insurance is now a big fringe benefit when before it was a minor benefit.

3. Given that there are 19 percent of lowans who are uninsured but not low income, what would you do to help those people get insurance?

- Why are they not insured?
- Young kid that is invincible.
- Some might have pre-existing condition.
- Need to know the breakdown before we are able to make a plan.
- Know a family in their 50's who have 5 kids. She now has cancer and they will still not get insurance because he does not believe in insurance.
- Case studies – are not effective. There is the mentality that someone will take care of me.
- The medical technology is expensive and keeping people alive longer.

Final round robin

The plan IDPH is creating would expand health insurance to **all** lowans. What would you personally pay per month, so you would be assured that if you were to lose your current health insurance that you could always be covered?

- I am already paying FICA and would be willing to pay the same amount for an insurance program.
- \$1/month.
- \$2/month.
- \$1-2/month.
- .5% of my income so it is like a social security.
- Zero.
- \$2-3/month.
- \$5/month.
- Zero.
- Zero, like what I am paying in SS given back now.
- Zero.
- \$50/month.
- Zero, they need to be paying me now.

Striving to Expand Health Insurance to All Iowans

- Zero, unless I was assured the premiums would be low. If I lose my job I cannot afford to pay the insurance.

Mount Pleasant - June 28, 2001

Elected Officials

Premise 1

Data is an important component in the development of any public policy. Over the last five years, the Iowa legislature has worked hard to initiate a health insurance program for children that goes beyond Medicaid. Hawk-I, Iowa's children health insurance program is continuing to gain momentum. In an effort to examine additional opportunities, and as part of the State Planning Grant to Expand Access to Health Insurance to all Iowans, a number of surveys were conducted with business owners and members of the active public to determine attitudes about this initiative. The results indicate Iowans support the concept of expanding access to health insurance for all Iowans:

- 79% think it is a good idea for Iowa to have a strategy for extending health insurance to all Iowans.

Who are the Iowans that think it is good. Here is how that breaks down:

- 80.4% of Independents
- 90% of Democrats
- 64.8% of Republicans

- 73.3% of men
- 78.8% of women

- 83.3% of those 18 to 24
- 88.1% of those 25 to 34
- 74% of those 35 to 44
- 84.7% of those 45 to 54 (second largest voting block)
- 76.4% of those 55 to 64
- 68.2% of those 65 and older (largest voting block)

- 83% of businesses in Iowa think it is very important that every Iowan have health insurance.

- 1. Given that Iowans are generally supportive of the concept of expanding health insurance, what kinds of elements should be included in a plan? Should insurance be offered to everyone? Should it be offered to specific age groups?**

Income groups? Should it be available to those Iowans who work but are not covered by insurance through their employer?

- I see this a lot even with my clients so I base this somewhat on them. I think the idea is a very good one. But I don't agree that it should be provided by the state to everyone. In many cases, it's an allocation of resources. I see a lot of families that can afford it but they don't choose provide it for themselves. Those that I've seen at the lower income levels, in most cases, and maybe I have a misinterpretation, but they have the availability of medical care. Through Medicaid or other sources. Income of \$30,000 for a family of four.
- HAWK-I is a good base to start with and I can see expanding that. The fee scale and the comprehensiveness is good. Excellent coverage. HAWK-I is a good example. I think it could be expanded to everyone. But I question how it would be subsidized.
- First of all when I look at my party and the people that elected me - when you look at how the question was posed to them – do you support a strategy to expand it? We're not asked whether we support universal health care. (Cited data he learned from the regional forum attended.) Small businesses can't provide / can't afford to provide coverage. I wouldn't stay in business. As I look at the future and I look down the road I see that we have a big problem here and it needs to be solved. Yes, you can walk into the hospital and you get taken care of, but when I walk into the hospital I pay for that person without insurance. It has to involve a co-pay system.

2. Is it the state's responsibility to ensure all Iowans have access to health insurance or should it be left to the private sector? What if the person's income or the family's income is so low that they can only pay some of the cost? Does the state have a responsibility to those people in getting access to health insurance?

- If you're going to devise a system where you're extending health insurance to all Iowans, someone has to pay for the gap. Either it comes from the state – it can take many different forms. Minnesota puts a tax on health services, that hasn't been that successful. I'm very confused about how to finance the gap.
- When the state is paying for something, it is still my money, but when I bought my premium I know a percentage of it went to HAWK-I. My income and my premium went towards a state program. I don't understand why people don't sign up for HAWK-I. I want to say it's a combination of state and private sector responsibility, but I wonder how to get people that feel it's their responsibility to pay for it.
- I think it's the private sector, whether that be businesses or the individual, because the lower tiered people have access.

Follow-up Facilitator Comment:

As a matter of interest, in a statewide survey done for this project business owners were asked to assign the responsibility for ensuring that all Iowans have health insurance between five entities: federal government, state government, local government, employers, and the individual. Here are the average percentages assigned by businesses

Category	%
Federal government	24.22
State government	15.69
Local government	4.48
Employers	26.14
Individual	29.46

3. Children are required to have immunizations to attend school. What if children were required to have health insurance in order to enroll in public schools, and families who could not afford it were assisted with a sliding payment scale. Does this sound like a good idea? Why or why not?

- I'm going to say if that insurance were like HAWK-I. I would love it if every parent were helped and assisted with signing up for HAWK-I.
- I don't agree with that. Immunizations I agree with because that can affect other children. Health insurance only affects that individual. Once you start making a rule for that kind of thing you're encompassing everyone.
- I can't agree with the statement. I think there's a constitutional issue – you can't deny the right to an education because you don't have insurance. If you want to put in place some sort of universal health care and figure out how resources are provided – that's one thing. But to demand that people have insurance that's not the way to go.

Premise 2

Iowa has begun to address major gaps in children's health insurance coverage. It is important to remember that Medicaid is not a welfare program, but a children's health insurance program for the poor. HAWK-I is an effort to expand health coverage to even more children in Iowa. One of the policy options proposed involves expanding existing insurance programs already offered by the state, - Medicaid and the Children's Health Insurance Program or HAWK-I to cover parents and other non-custodial adults under 200% of poverty. It should be noted that Iowa also offers a high risk insurance pool so everyone has access to purchasing insurance. Certainly, whatever direction the state takes, or

whatever decisions are made, the state legislature will play the key role in developing the policy. Given this premise, consider these questions:

- 1. What do you think about the expansion of existing state insurance programs? What are the advantages to expanding current programs? What are the disadvantages?**

Computer problems – content was lost

- 2. Do you support expanding HAWK-I to cover low-income families (parents as well as children)? What about covering adults of a certain income who do not have children?**

- I agree with it philosophically.
- I agree with it but I think it has to happen in phases – transitioned. We should start with single parents, then maybe married couples.
- The idea of everyone having health care – we're talking about mandating, or legislating something for people who don't want it. I don't know why we need to be the Good Samaritan for everyone.

- 3. How could the state encourage people to enroll in Medicaid and HAWK-I? Are there ways to reduce the stigma of government insurance programs?**

- HAWK-I doesn't have that stigma, but I do believe that HAWK-I is making itself harder. It should be the same form used for free and reduced meals. People are too busy – we make it too hard. You should be able to complete the form in privacy.
- It's time for the federal government to step up to the plate. They developed CHIP in an enhanced way. The feds should make it seamless so it looks like one program. Either mandate to the states what type of supplemental benefits – either limit them so states that offer generous programs could trim them back and have a seamless system.
- When people visit the public health nurse they should have something to give them to take home.
- You're right on. That's true – at the first well baby check, or when the kid is registered at school. At the hospital when the baby is born.
- I'm involved in a day care center. They're very good about providing that information.

4. Assuming they were not insured on the front end. I guess I would not support it. County hospitals are required to provide a certain amount of free care – in a sense we pick that up as taxpayers already.

- That's the big hole that always bothers me. I have a heart attack and I change jobs and I can't get insurance, or they'll cover everything except my heart. But, whatever we decide to do, there will never be enough money. If you do statewide community rating, I'm not sure how that would be played out.
- Being self-employed – we are stuck in that pool. We're up to \$17,000 within 3 or 4 years, and it started at \$9,000. There are a lot of us that are small private businesses. Our question was whether we didn't have insurance – everyone else is still going to pay for my kids. Let's say we dropped our insurance and sold the farm. My child has a pre-existing condition.
- Legislation has been tried more than once to develop risk pools but the insurance industry has always beat it back.
- ARISSA – we can't touch it. It would seem to me that it might be most beneficial if there were a group you might be able to get insurance for at a reasonable rate.
- In order to have this affordable and keep costs down, you have to have co-pay to address the over-usage of the system, but you also have to get a large enough group to expand the risk.

Premise 3

A major part of this initiative is to conduct a variety of research efforts that will provide data for this program, as well as for other policy considerations around access to health care for Iowans. Based on the research conducted, we know most Iowans receive their health insurance from their employer and that many pay for premiums, deductibles and co-pays out of their pocket. As you might assume, many Iowans have told us expanding health insurance to all would be easier if premiums were lower or if deductibles and co-pays were lower. The proposed policy options include a suggestion for the state to offer premium subsidies for qualified low-income Iowans, both individuals and families. Another approach to supporting health care coverage is the suggestion to provide employers a tax credit for employer contributions of low-wage workers for those firms that have not provided coverage for at least 12 months, have an average payroll below the average for small firms in Iowa, and the amount of the tax credit varying between 25 and 40 percent based on the number of employees. Let me read these two policy proposals one more time and then I will ask for your comments. There are three questions.

- 1. What is your reaction to the idea of a state subsidy to help qualified Iowans pay their premiums? What are the advantages? What are the disadvantages?**

2. What do you think about offering a tax credit to employers who contribute to coverage of low-wage workers?

Questions 1 and 2 were asked together.

- I like both of them but the second one has to be offered at six months, not twelve. Statistics show that injuries happen before 12 months. I would like to see it at six months – employers would like to provide insurance.
- I'm not in favor of those kinds of programs. I don't think they accomplish what they're supposed to.
- I like the employer tax credit, but that doesn't deal with those people who aren't employed. We'd have to change to address that area. I don't know.
- Need a combination to meet all the needs. Right now the spend-down deal is weird. We have a lot of couples in our town with an income of \$32,000. By the time you pay childcare and rent, I can get you to zero quick. So there's a need here, but now lets to go to access for a moment. I have HAWK-I and Medicaid kids that can't get access to health care. We have attitudes by providers, and we have poor habits and people that don't show up for their appointments.

3. Given that there are 19 percent of Iowans who are uninsured but not low income, what would you do to help those people get insurance?

This question did not have a direct response for one of three reasons: the subject matter was discussed under the guise of a different question, the respondents did not have anything of substance to contribute so the facilitator moved on to the next question, or time did not permit all questions to be asked.

Final round robin

Certainly, in a legislative arena with 150 members, one can expect a potential minimum 150 different policy proposals. As we have considered some so far, we would like to ask you for your comments on two more policy option proposals.

One of the options proposed would involve adopting insurance market reforms, including community rating, where every business, large or small, would be charged one single average premium rate for health insurance provided to employees. Another option would require insurance companies to offer coverage to individuals and the self-employed without regard to pre-existing health conditions or health status. There are three questions here, in a round robin, give us your specific answer to each.

1. What do you think about the concept of community rating?

- I could support that a little more. There is some risk with the insurance company regardless of how they do it.
- Like it as an evener.

2. What if small employers were allowed to pool with the state employee health plan to increase bargaining leverage, reduce administrative costs and stabilize premium growth?

- Take HAWK-I out of empowerment and put it in hospitals and schools.

3. Do you think there is the political will to make these kinds of insurance reforms? Why or why not? If not, what would it take to create the political will?

- No.
- Legislators are thinking about it.
- We have to have the political will.

Attachments

Focus Group Script

Premise 1

As part of the State Planning Grant to Expand Access to Health Insurance to all Iowans, a number of surveys were conducted with business owners and members of the general public to determine attitudes about this initiative. The results indicate Iowans support the concept of expanding access to health insurance for all Iowans:

- 79% think it is a good idea for Iowa to have a strategy for extending health insurance to all Iowans.
- 83% of businesses in Iowa think it is very important that every Iowan have health insurance.

1. **Given that Iowans are generally supportive of the concept of expanding health insurance, what kinds of elements should be included in a plan? Should insurance be offered to everyone? Should it be offered to specific age groups? Income groups? Should it be available to those Iowans who work but are not covered by insurance through their employer?**
2. **We have heard from members of the business community and Iowans in general. What other stakeholders need to be convinced expanding health insurance is a good idea? Who else does the department need to reach out to?**
3. **Children are required to have immunizations to attend school. What if children were required to have health insurance in order to enroll in public schools, and families who could not afford it were assisted with a sliding payment scale. Does this sound like a good idea? Why or why not?**

Premise 2

One of the options proposed involves expanding existing insurance programs already offered by the state, specifically Medicaid and the Children's Health Insurance Program or HAWK-I to cover parents and other non-custodial adults up to 200 percent of the Federal Poverty Level. Keep in mind, Medicaid is a health insurance program, not a welfare program. Iowa also offers a high risk insurance pool so everyone has access to purchasing insurance. Another option would be to require insurance companies to offer health

insurance coverage to individuals and the self-employed without regard to preexisting health conditions or health status.

- 1. Do you support expansion of existing state insurance programs? What are the advantages to expanding current programs? What are the disadvantages?**
- 2. Do you support expanding HAWK-I to cover low-income families (parents as well as children)? What about covering adults of a certain income who do not have children?**
- 3. How could the state encourage people to enroll in Medicaid and HAWK-I? Are there ways to reduce the stigma of government insurance programs?**
- 4. Would you support guaranteed insurance coverage for Iowans regardless of their health status if it meant an increase in everyone's insurance premiums?**

Premise 3

Based on the research conducted, we know most Iowans receive their health insurance from their employer and that many pay for premiums, deductibles and co-pays out of their pocket. The research also shows 85.8% of the uninsured are in the workforce: 80.6% are currently employed and the remaining 5.2% are looking for work. Many Iowans have told us expanding health insurance to all would be easier if premiums were lower or if deductibles and co-pays were lower. The policy options include a suggestion for the state to offer premium subsidies for qualified low-income Iowans, both individuals and families. Another suggestion would be to provide employers a tax credit for employer contributions of low-wage workers based on the number of employees and other factors.

- 1. Would you support a state subsidy to help qualified Iowans pay their premiums? Why or why not?**
- 2. Would you support offering a tax credit to employers who contribute to coverage of low-wage workers? Why or why not?**
- 3. Given that there are 19 percent of Iowans who are uninsured but not low income, what would you do to help those people get insurance?**

Final round robin

The plan IDPH is creating would expand health insurance to **all** lowans. What would you personally pay per month, so you would be assured that if you were to lose your current health insurance that you could always be covered?

Map of Communities Visited

Towns Visted by the State Planning Grant to Expand Health Insurance



