

COMMUNITY ALLIANCE OF SARASOTA COUNTY

Health Coverage for Uninsured Children Subcommittee

March 8, 2005

Members Present:

Sarah Gorman, Chair
Virginia Brockman
Leslie Clarke
Eva Goodwin

Kim Kutch
Nancy Shoemaker
Joyce Solo
Beverly Stockton

Members Absent:

Mary Crowley
Gloria DeHaven
Janet Kahn
Lou Anne Koch

Debra Kaufman
James McCloud
Sherri Reynolds

Staff:

Becky Oliver

Guest Present:

Dr. Francis Kendrick

Update on Medicaid Reform

Sarah Gorman asked members to share information about programs that Medicaid Reform will affect. A total of \$400 million has been put back in the budget for the Medically Needy program by the Governor. Sarah noted that Bill Little, Executive Director of the Sarasota County Health Department, stated that if Medicaid Reform passes in its present form, the primary health care clinics at the Health Department would have a hard time staying open.

OLD BUSINESS - Subgroups Report

Alternative Health Coverage

Sarah Gorman provided four handouts that explained some of the alternatives available for health coverage. Sarah gave a brief overview of each plan and suggested committee members read them in the following order: pink, gold, aqua, and purple. The pink pages are materials issued by a campaign to insure 100% of the children in California with health coverage. The gold pages are the findings of an evaluation conducted by the Mathematica group of the Santa Clara County, California program that insures all the

Subcommittee Goal: 100% of children in Sarasota County have access to affordable, basic health care.

County's children. The aqua pages are from JaxCare in Duval County, a local health assurance program funded with a blend of public and private sources.. The purple pages explain the concept of a social HMO (SHMO).

Eva Goodwin moved and Beverly Stockton seconded, motion passed unanimously that members review all the material distributed by Sarah for discussion at the April 12 meeting.

Sarah introduced Leslie Clarke who is responsible for the CHIP project in south Sarasota County. Sarah stated that potentially the interests of the HCUC and the CHIP project could coincide around the issue of health insurance/access to health care and suggested that the HCUC might participate with the CHIP in its community information gathering process.

Eva Goodwin described the use of health kiosks in shopping centers and doctor's offices. The kiosks include a touch screen computer to access health data while doing other shopping or in the doctor's waiting areas. The idea is that this additional information may help clients make better health decisions.

Direct Service Options

Beverly Stockton distributed information that included descriptions of different health care delivery models, including a decentralized, comprehensive service model, a primary care model, a voluntary model, an employer-based model, and a federal and state financed model. This data showed the challenges that are faced based on the different models. Beverly also provided information about JaxCare, which includes financial and other eligibility criteria. There is a charge for the service. The program has been described as attractive to small businesses to allow them to have healthcare coverage for their employees at a reasonable cost.

Virginia Brockman described a model in Orange County FL called PCAN (Primary Care Access Network), whose mission was to find a medical home for everyone in the county. This program was started in 1999 when the Health Department closed their clinic, leaving a lot of people without access to health care. They have been grant funded for the last 3 years. PCAN includes eligibility criteria and a sliding fee scale. Additional funding is necessary for a successful program. There are currently 20 health care agencies participating in this program. Check www.pcanorangecounty.com for more information.

Health Savings Accounts

Sarah introduced Dr. Frances Kendrick from LOVN (Laurel, Osprey, Venice, and Nokomis) CHAT to present information about Medical Savings Accounts. He discussed the origin of medical savings account similar to an IRA for retirement. While the program was unsuccessful when it was originally proposed in the 1980's, the Medicare Reform Bill (enacted in 2003) resurrected the idea. This health savings account is for persons under age 65 and must be accompanied by a high deductible insurance policy. The amount

one can put in the tax-free savings account annually is equal to the amount of one's deductible. This saves the patient money because a high deductible policy is less expensive than those with a lower deductible. Also, the account belongs to the individual making the contribution. If funds are in the Health Savings Account when the individual dies, the money becomes part of their estate. A trustee such as a bank is needed to create a health savings account. The funds are portable, and investments that receive interest are tax-free as well.

Leslie Clarke volunteered to contact Sarasota County for information on their Health Savings Accounts for employees.

OTHER BUSINESS

KidCare Enrollment

Virginia Brockman presented graphs on KidCare enrollment. Ninety thousand applications for KidCare were received within the 30-day enrollment period. Nancy Shoemaker suggested that this information be brought to the Community Alliance and the Board of County Commissioners. Virginia will request documentation that accompanied the graphs so that all the data can be explained.

Next Meeting

The next meeting of the Health Coverage for Uninsured Children Subcommittee is scheduled for Tuesday, April 12 at 3:30 p.m. at the Healthy Start office, 1750 17th Street, Building M.