



E-News

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The Wisconsin Public Health and Health Policy Institute's E-News is available monthly during the academic year. Check our website for additional information and updates: <http://www.pophealth.wisc.edu/wphi>

Request for Submissions:

Please help us to help you stay up to date on what kinds of health policy research are going on in Wisconsin. To include your events, research or other important public health or health policy research activities in a future issue of the Institute's E-news, or if you have any comments about this publication, send an e-mail to Judy Knutson at: jaknutso@facstaff.wisc.edu.

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State News

Governor Doyle Addresses Key Health Policy Issues in State of the State Address

Among the health care issues addressed, Governor Doyle urged continued support of SeniorCare, a popular prescription drug assistance program for Wisconsin Seniors, given the new Medicare legislation, emphasizing the need to maintain SeniorCare as an option. (Although the new Medicare bill does have a benefit program, there are some significant gaps in coverage.) Wisconsin receives up to 60% of the funding for the program from a federal waiver. Governor Doyle also mentioned addressed high prescription drug costs, the need to work with Canada and referenced a website of a new initiative and petition for the FDA to allow U.S. to purchase prescription drugs from Canada.

Doyle also endorsed legislation (AB 450) introduced by Rep. Sheldon Wasserman (D-Milwaukee) that would provide higher Medicaid payments to hospitals that implement innovative, yet costly, electronic medical records systems. For the full text of the address: <http://www.thewheelerreport.com/releases/Jan04/Jan22/0122doylesos.pdf>

Others, including Wisconsin State Senator Bob Wirch (D-Pleasant Prairie), have also, contacted Tommy Thompson, Secretary of Health and Human Services, asking that he do all that he can to make sure that Wisconsin retains the federal money it receives to run SeniorCare. <http://www.thewheelerreport.com/releases/Jan04/Jan12/0112wirchseniorcare.PDF>

The Wisconsin Hospital Association (WHA) praised Governor Jim Doyle for remarks made in his State of the State address, which emphasized health care cost and quality. To read the WHA press release: <http://www.thewheelerreport.com/releases/Jan04/Jan22/0122wihospstate.PDF>

AARP of Wisconsin responded enthusiastically to Governor Jim Doyle's renewed commitment to SeniorCare. To read the press release: <http://www.thewheelerreport.com/releases/Jan04/Jan22/0122aarpseniorcare.pdf>

Health Reform a High Priority in the Wisconsin Legislature in 2004

It is anticipated that Wisconsin's interest in health care reform will mirror the interest on the national level, during this upcoming election year. Political, business, labor and consumer leaders continue to debate over the level of government action and involvement necessary for Wisconsin residents to have affordable health care. To read the article: <http://milwaukee.bizjournals.com/milwaukee/stories/2004/01/26/focus2.html>

Meanwhile, a new survey by the Wisconsin Chapter of the National Federation of Independent Business show that the number of small businesses in Wisconsin dropping employee health benefits because of high premium costs appears to have leveled off. "It's not just the high premium costs that are impacting small businesses," says Bill Smith, Wisconsin NFIB director. "It's the degree of premium increases they incur."

See the article in the Milwaukee Business Journal at http://www.bizjournals.com/industries/health_care/health_insurance/2004/02/02milwaukee_story5.html

Industry Groups Release Health Care Reform Plan

In early January, major industry groups released a comprehensive health care reform plan "Wisconsin's Healthier Choices for Affordable Health Care" that they say will lower healthcare costs and provide benefit flexibility to employers and employees. Representatives of the Wisconsin Hospital Association, the Wisconsin Manufacturers & Commerce, and Wisconsin Association of Health Plans unveiled the six-point plan. A centerpiece of the plan is allowing the sale and purchase of plans that exclude coverage for currently mandated services. The plan would require changes in state law. Other parts of the plan require voluntary industry initiatives.

To read the press release: <http://www.thewheelerreport.com/releases/Jan04/Jan7/0107wmchealthrelease.pdf>

To read the details of the plan: <http://www.wha.org/newsCenter/pdf/2004healthierchoices1-7.pdf>

A list and description of currently mandated health benefits for insurance plans in Wisconsin can be found at the web site of the Office of Commissioner of Insurance: http://oci.wi.gov/pub_list/pi-019.pdf

Wisconsin Hospitals Lead in Patient Safety Initiatives

Wisconsin hospitals are adopting practices known to improve the safety of medication use, according to a study published in the latest issue of the *Journal of the Pharmacy Society of Wisconsin*. Across the country, four in ten people report experiencing a medical error in their own care or that of a family member at some point in their life. Nearly six in ten are concerned about being given the wrong medication or being given two or more medicines that interact in a negative way. Wisconsin is at the forefront of a nationwide movement to reduce preventable errors and improve the safety of health care for everyone. The Wisconsin Patient Safety Institute (WPSI), which commissioned the current study, brings together hospitals, physicians, pharmacists, nurses, and other health care stakeholders committed to making Wisconsin the safest place for health care. <http://www.thewheelerreport.com/releases/Jan04/Jan13/0113patientsafety.pdf>

To read the article in the *Journal of the Pharmacy Society of Wisconsin*: <http://www.pswi.org/communications/journal/2004/Med%20safety%20in%20Wi%20hospitals.pdf>

Doyle Delivers Democratic Radio Address on High Cost of Prescription Drugs in America

In early January, Governor Doyle presented the Democratic Radio Address, focusing on the issue of high cost prescription drugs. Throughout the address he criticized the Bush administration and the recently passed Medicare legislation, which does not allow for re-importation of prescription drugs from Canada. Doyle reaffirms his commitment to continue working towards making affordable prescription drugs available in the United States.

To read the transcript of the address: <http://www.thewheelerreport.com/releases/Jan04/Jan9/0110doyledemresponse.pdf>

ACS Report Identifies Burden of Cancer in Wisconsin

A new report, Wisconsin Cancer Facts and Figures 2003-2004, prepared by the American Cancer Society (ACS) in Wisconsin, states that the death rate for all cancer is about 40 percent higher for African Americans than for whites. Wisconsin Facts and Figures 2003-2004 is the first-ever state report from ACS that is designed to provide accurate cancer information in a timely and easy-to-read format. The report is the result of collaboration between the American Cancer Society and the Wisconsin Cancer Reporting System, the state cancer registry providing the data, to better understand the ways cancer is burdening the state and make it possible to help reduce that burden.

This report is available online at: www.cancer.org/wisconsinfacts or by calling the American Cancer Society, 1.800.ACS.2345.

To read the press release: <http://www.thewheelerreport.com/releases/Jan04/Jan26/0126cancerreport.PDF>

Study Ranks WI Counties Health Outcomes & Determinants

The WI Public Health and Health Policy Institute released rankings of county health outcomes and health behaviors. The study found that counties that currently have the lowest death rates also generally have the strongest access to health care, good health behaviors, a higher level of socio-economic factors such as income and education and healthier physical environment. These factors were identified as “determinants” of health. Counties with the highest rankings of health outcomes are Ozaukee, Waukesha, Eau Claire, Outagamie, Marathon, Dane, Washington, Sawyer, Winnebago and Pepin.

However, the study also found that many of the counties that currently ranked lowest in health have had the greatest improvement in those “determinants” of health care in

the last five years. For example, Menominee County currently ranked lowest (72) in health but second highest in change in determinants of health in the last five years. Similarly, Forest County ranked 66th in current health but first in greatest improvement in health. Conversely, some of the currently healthiest counties had negative changes in factors leading to improved health.

The report, titled Wisconsin County Health Rankings, is available on the web at: <http://www.pophealth.wisc.edu/wphi/>

To access the full report:

<http://www.pophealth.wisc.edu/wphi/data/Wisconsin%20County%20Health%20Report%20Cards%202003.pdf>

To read the press release:

<http://www.thewheelerreport.com/releases/Jan04/Jan28/0128countyhealthstudy.PDF>

Wisconsin Medicaid Program Could Face \$400 Million Budget Shortfall

A report released in mid-January announced the possibility of a \$400 million shortfall in funding for Medicaid in Wisconsin, the state-federal partnership that provides health care to the poor, elderly and disabled. Legislative Fiscal Bureau Director Bob Lang predicts the \$400 million shortfall might occur by mid-2005 because of higher-than-expected caseloads and drug costs and if the federal government rejects the state's request for more health-care cash. This \$400 million shortfall accounts for nearly 14% of the current two-year budget of about \$2.9 billion, which the state provides for Medicaid, according to the Fiscal Bureau. To read the Milwaukee Journal-Sentinel article:

<http://www.jsonline.com/news/state/jan04/200232.asp>

Audit Finds Some, Not Much, Inappropriate Use of ER Among Medicaid Recipients

A very small percentage of Wisconsin residents on Medicaid visited the emergency room at least once a week in FY2002, according to a report released by the Legislative Audit Bureau. The 53 people making the multiple visits represent 0.02% of those Medicaid recipients who visited ERs during the state FY2002.

"..State Rep. Suzanne Jeskewitz (R-Menomonee Falls) said she asked for the audit because of concerns raised by hospitals about inappropriate use of emergency rooms by Medicaid patients. The audit, however, did not show 'a trend of a lot of people abusing the system,' said Jeskewitz, who co-chairs the audit committee."

"State officials will begin exploring ways to stem the inappropriate use of hospital emergency rooms by patients who are covered under public assistance health care plans. Wisconsin spent an average of \$20 million a year over the last five years to care for Medicaid and BadgerCare patients who went to hospital emergency rooms but were not admitted for treatment, according to a state audit released Friday.

"..The state audit looked at patients' visits that didn't require hospitalization, but the review could not confirm - without examining medical charts - whether any of the emergency room visits were medically unnecessary and would have been better treated in a doctor's office or clinic, said Paul Stuibler, program evaluation director in the Legislative Audit Bureau.

"The audit said officials in the Department of Health and Family Services, along with hospitals and managed care providers, are 'taking steps to study and reduce the number of emergency department visits for minor injuries and illnesses.' Those steps may include requiring patients to pay fees when receiving treatment in emergency rooms.

For the Milwaukee Journal Sentinel article, go to: <http://www.jsonline.com/bym/news/jan04/203972.asp>

The audit can be found at: <http://www.legis.state.wi.us/lab/reports/04-ERfull.pdf>

Wisconsin Medical Society Applauds Institute of Medicine Plan for Universal Health Insurance

In mid January, the National Academy of Science Institute of Medicine released "Insuring America's Health: Principles and Recommendations," a report which includes a goal of universal health insurance coverage by 2010. The Wisconsin Medical Society has long supported such a goal, and includes it in its own health care reform plan.

Universal health insurance coverage leans heavily on preventive health care and wellness programs. These programs can in many cases reduce the likelihood of more costly health-related illnesses and treatment. Given the growing stress being placed on the nation's health care system, the exacerbated health problems, and the substantial societal costs that result from more than 43 million Americans lacking health insurance, the president and Congress should strive to achieve universal health coverage in the United States by 2010, says a new report from the Institute of Medicine of the National Academies. The committee that wrote the report offered five guiding principles by which all proposals for extending coverage should be judged.

Copies of the Report are available from the National Academies Press; tel. 202-334-3313 or 1-800-624-6242 or on the Internet at <http://www.nap.edu>. To read the press release:

<http://www4.nas.edu/news.nsf/6a3520dc2dbfc2ad85256ca8005c1381/8db6d11af9b5cc4285256e1b004cade1?OpenDocument>

To read the Wisconsin Medical Society press release:

<http://www.thewheelerreport.com/releases/Jan04/Jan15/0115mediomcoverage.PDF>

Concealed Carry Weapon Vote Fails to Overturn Governor Doyle's Veto

The Assembly, on a vote of 65-32, failed to override Gov. Jim Doyle's veto of Senate Bill 214, which would lift the ban on carrying concealed weapons. The Senate overrode the governor last week, and an Assembly's failure to override means the ban is sustained. <http://www.jsonline.com/news/state/jan04/202852.asp>

Milwaukee Remains Below Average on Kids Well Being

A new online report from the Annie E. Casey Foundation reports that, despite encouraging trends, Milwaukee babies and mothers are at greater risk of adverse outcomes than children born in most other large American cities. "The Right Start for America's Newborns: City and State Trends" reports that the City of Milwaukee continues to rank below the national average on all eight indicators studied, while Wisconsin as a whole ranks above the national average in all but one of these indicators of child well being.

Some of the report's highlights include:

-- In Milwaukee, 9.6% of the babies weighed less than 5.5 pounds, compared with the national rate of 8.8%, and a statewide rate of 6.6%.

-- In Wisconsin, 16% of babies were born to women who smoked, compared with 12% nationally.

-- 32% of Milwaukee children live in poor families, compared with 11% statewide.

-- 43% of black children in Milwaukee and 33% of Hispanic children live in poverty.

-- 35% of Milwaukee children were born to mothers without a high school education, compared to 16% for the state as a whole, and a national average of 22%.

-- Close to one-fifth of the children born in Milwaukee in 2001 were born to teenage mothers, which is the second highest rate of children born to those under 20 among the nation's 50 largest cities

You can find the report at <http://www.aecf.org/kidscount/rightstart/>

The AP coverage can be found at: <http://www.twincities.com/mld/pioneerpress/news/local/states/wisconsin/7829943.htm>

Senator Feingold Encourages Bush to Adequately Fund the National Institutes of Health

U.S. Senator Russ Feingold today urged the President to continue to make funding for the National Institutes of Health (NIH) a national priority by providing adequate funding for it in his 2005 budget, due out at the end of January. Recent reports indicate that the President's budget will limit the increase in funding for the NIH to no more than three percent. The scientific community insists that to maintain the level of biomedical progress currently underway at the NIH, yearly increases of 8-10% are needed. In his letter, Feingold asked the President to consider adequately funding NIH and pledged his support to work together to identify appropriate offsets in order to ensure that the national deficit does not increase.

To read the press release:

<http://feingold.senate.gov/~feingold/releases/04/01/2004112827.html>

Research & Tools

Web-Assisted Audio Conferences on AHRQ Tools

Two web-assisted audio conferences on quality improvement entitled "Making Quality Count: Tools, Strategies, and Resources" will be held on February 10 and 18, from 2:00 pm to 3:30 pm EST. The first event will highlight the increasing number of methods, tools, and strategies that have been developed to collect, analyze, and compare performance and other quality-related data. The second event builds on the first by examining the use of "real-world" AHRQ-sponsored tools and strategies to improve quality. To access more information on the substance of the calls, as well as to register: <http://www.hsrnet.net/ulp/ahrqtools/>

AHRQ Launches New QualityTools™ Web Site

In late December of last year, AHRQ launched the QualityTools™ Web site, a Web-based clearinghouse that will give health care providers, health plans, policymakers, purchasers, patients, and consumers an accessible mechanism to implement quality improvement recommendations, initiatives, or principles. The tools contained within the clearinghouse can be used to improve the delivery and receipt of care, inform health care decisions, and educate individuals regarding their own health care needs. The QualityTools™ Web site features the *National Healthcare Quality Report* and the *National Healthcare Disparities Report*, two congressionally mandated reports issued by AHRQ. These reports represent the first national comprehensive effort to measure the quality of health care in America and measure the differences in access and use of health care services by various populations.

To access the web site: <http://www.qualitytools.ahrq.gov/>

Events

The Wisconsin Partnership Fund for a Healthy Future Training Sessions

The UW Medical School and the Oversight and Advisory Committee (OAC) have made revisions to the Request for Partnerships (RfP) for the Community-Academic Partnership Fund based on public comments and committee discussion. This revised version, the Final Draft, has also been expanded to include application forms, which are found in the Grant Application Appendix. The (RfP) will be discussed in detail at the upcoming Wisconsin Partnership Fund for a Healthy Future training sessions scheduled for seven cities across the state. For locations, dates and times, please visit: http://wphf.med.wisc.edu/agency_training_programs.pdf

Please note, that this is NOT a call for proposals. No funding is currently available. The RfP process will not commence until the five-year plan has been approved by the Wisconsin United for Health Foundation and funds have been disbursed to the University of Wisconsin Medical School.

For more information about Partnership Fund: <http://wphf.med.wisc.edu/index.php>

Reading Room

Presidential Candidates Plans for Health Care Reform

As the candidates for the Democratic presidential nomination move into the primary season and President George Bush gears up for his reelection campaign, more attention is being focused on the state of the U.S. healthcare system and how best to address the uninsured. Most of the Democratic hopefuls have come forward with healthcare reform agendas of varying depth, and public polling continues to indicate that American voters see healthcare as a top political priority along with the economy and national security. Blue Cross Blue Shield offers an overview of the healthcare plans of all of the candidates in the 2004 presidential election. <http://bcbshealthissues.com/election2004/>

Democratic Candidates Discuss Tax Cuts and other Strategies for Covering the Uninsured. Covering the nation's 43.6 million uninsured is expected to be the issue topping the Democratic party's healthcare agenda during the election year. In Iowa a few weeks ago, six of the nine Democratic presidential candidates discussed healthcare issues and their view on tax cuts to help the uninsured.

<http://bcbshealthissues.com/proactive/newsroom/release.vtml?id=59710>

Bush Emphasizes the Need to Address Healthcare Costs in State of the Union Address

In his State of the Union address, President Bush labelled the cost of healthcare a "critical issue." His proposals include tax credits for low-income individuals and families to help them buy private coverage, new limits on medical-liability lawsuits, and association health plans, a measure in which associations could offer health coverage that bypasses existing insurance regulations. These are measures that Congress, in either the House or the Senate, has already rejected. <http://bcbshealthissues.com/proactive/newsroom/release.vtml?id=60295>

A Preliminary Look at the President's FY 2005 Budget

Jon Peacock at the Wisconsin Council on Children and Families has pulled this summary together from a variety of different sources (mostly the Kaiser Daily Health Report and Center for Budget and Policy Priorities):

Ø "A virtual freeze on spending for everything but national defense, homeland security and federal benefits," (Los Angeles Times, 2/3).

- Ø Total HHS spending would increase 5.8% to \$580 billion, but discretionary funding for all HHS programs would decrease 1.6% to \$68.2 billion (Washington Times, 2/3).
- Ø The budget does not contain a specific Medicaid reform plan, but CBPP notes that it includes very strong language stating, "the Secretary will work with Congress to pass an option for States to receive Medicaid and SCHIP funds in the form of flexible allotments."
- Ø A 10-year, \$70 billion proposal for refundable tax credits to help people purchase health insurance.
- Ø A proposal to close a loophole in the Medicaid upper payment, which is projected to save the federal government \$23.5 billion over 10 years, including \$1.5 billion in FY 2005.
- Ø Discretionary funding for FDA would increase 7.9%, or by \$109 million; however, some of the money would come from user fees paid for by drug and medical device companies. Much of the new FDA money would be for food safety, including funds for increased inspections related to mad cow disease. Bush's budget proposal also includes a \$217 million, or 13%, increase in FDA budget for reviewing medical devices (Wall Street Journal, 2/3).
- Ø The NIH would receive a 2.7% increase, "much lower" than 6% to 7% increases in previous years (Boston Herald, 2/3).
- Ø Funding for CDC would drop to \$4.1 billion from \$4.5 billion (Augusta Chronicle, 2/3).
- Ø \$270 million in funding for abstinence education programs.
- Ø A 5-year extension of Transitional Medical Assistance (TMA) with some important provisions that could make the program less cumbersome for both beneficiaries and states
- Ø A revival of the "New Freedom" initiative -- a series demonstration projects and new service options to allow people with disabilities greater access to home and community based care.
- Ø There is little in the way of SCHIP changes in the bill, however, the budget does not extend the \$1.15 billion that are set to revert to the Treasury on September 30, 2003. (CBPP)
- Ø The budget would allow refugees and asylees (and probably other humanitarian immigrants) to receive SSI for eight years after entry into the country, but only in fiscal years 2005 to 2007. (CBPP)

"Higher Medicare Costs Suspected for Months"

The Jan. 31 Washington Post reports:- "Bush administration officials had indications for months that the new Medicare prescription drug law might cost considerably more than the \$400 billion advertised by the White House and Congress, according to internal documents and sources familiar with the issue. The president's top health advisers gathered such evidence and shared it with select lawmakers, congressional and other sources said, long before the White House disclosed Thursday that it believes the program will cost \$534 billion over the next decade -- one-third more than the estimate widely used when Congress enacted the measure in November." <http://www.washingtonpost.com/wp-dyn/articles/A64627-2004Jan30.html>

Summary of Medicare Prescription Drug Improvement & Modernization Act of 2003

Health Policy Alternatives for the Kaiser Family Foundation provides a detailed description of key provisions of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (P.L. 108-173) signed by the President on December 8, 2003. It examines the benefit package; premiums, deductibles and cost-sharing; provisions affecting low-income individuals; the role of private health plans; formularies; and supplemental and employer-sponsored retiree health coverage.

To access the summary: <http://www.kff.org/medicare/med011604pkg.cfm>

Democrats, Republicans Working To Shape Public Opinion on Medicare Law

With many surveys showing that the public has mixed feelings toward the new Medicare law (HR 1), supporters and critics of the legislation are undertaking campaigns to persuade the public toward their point of view. The Department of Health and Human Services is organizing an advertising campaign to clarify what it views as facts, and has already begun mailing letters and brochures about the new law to beneficiaries, while Tommy Thompson and other senior officials will begin a speaking tour with congressional Republicans.

To read the article: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=21627

Kennedy Unveils Employer-Based Health Plan

Senator Edward Kennedy (D-Mass.) unveiled his health plan proposal to guarantee coverage to all Americans through employer-based health insurance coverage Kennedy's latest effort, the "Health Security and Affordability Act," builds on a theme he has pushed since the 1980s -- requiring employers to help pay for insurance for their workers. Aides said the bill could cost the federal government roughly \$100 billion a year to subsidize the policies of the smaller employers and for policies for people who do not have access to workplace insurance. The aides said that the plan could, at the same time, lower overall health spending by as much as \$130 billion in increased productivity and catching ailments early in those currently uninsured.

<http://bcbshealthissues.com/proactive/newsroom/release.vtml?id=60361>

AARP to Lobby Congress to Change Medicare Law

Outlining its agenda for 2004, AARP urged changing the new Medicare law (HR 1) to allow the federal government to negotiate directly with pharmaceutical companies for lower prescription drug prices for beneficiaries. Under the law, the government is prohibited from interfering with negotiations over drug prices between manufacturers and private companies that administer the drug benefit.

To read the article:

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=21754

Bush Administration to Raise Payments to Medicare Private Plans by 10.6%

In late January, CMS announced that Medicare would increase reimbursement rates for HMOs by an average of 10.6% on March 1, 2004. This represents a record increase -- about five times larger than those in recent years -- resulted because of revisions to the Medicare reimbursement formula mandated by the new Medicare law. The Bush administration predicts that revisions to the program under the new Medicare law will increase the rate to 35% by 2007.

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=21755

Employers Anticipate Changes In Retiree Health Benefits

A second survey on retiree health coverage by the Kaiser Family Foundation/Hewitt Associates was conducted between June and September 2003 with 408 large private-sector firms (1,000 or more employees) that offer retiree health benefits. The study indicates that the total cost for employers of providing retiree health benefits to pre-65 and age 65+ retirees and their dependents increased by an estimated 13.7% from \$18.1 billion in 2002 to an estimated \$20.6 billion in 2003.

The complete survey findings are presented in a new report, Retiree Health Benefits Now and in the Future, available at <http://www.kff.org/>

[medicare/011404package.cfm](http://www.wisconsinpublichealth.org/medicare/011404package.cfm).

An article based on the survey findings is available at: <http://content.healthaffairs.org/cgi/content/abstract/hlthaff.w4.7>.

New Data Show a Relationship Between Diabetes, Obesity, and Chronic Disease

In 2001, about 12.4 million Americans age 18 and older and not living in institutions had been told by a physician that they had diabetes, according to new data from AHRQ's Medical Expenditure Panel Survey. Medical research has shown that the increase in diabetes is linked to the obesity epidemic in this country. Select to access the Statistical Brief: http://www.meps.ahrq.gov/PrintProducts/PrintProd_Detail.asp?ID=587

Healthcare Spending Rises to \$1.6 Trillion in 2002

Healthcare spending in the nation grew twice as fast as the economy overall, increasing to \$1.6 trillion in 2002 according to a report by the Centers for Medicare and Medicaid Services (CMS). The rise was fueled by higher hospital and prescription drug costs, according to the annual government survey. <http://bcbshealthissues.com/proactive/newsroom/release.vtml?id=59746>

Kaiser Releases a Report on State Budgets and Health Coverage

The Kaiser Commission on Medicaid and the Uninsured Released an Update on State Budgets and Health Coverage States Respond to Fiscal Pressure: A 50-State Update of State Medicaid Spending Growth and Cost Containment Actions. This report, based on a brief survey update of state officials conducted in December identifies changes related to Medicaid spending growth and cost containment that have taken place since the beginning of Fiscal Year 2004. To access the full report:

<http://www.kff.org/medicaid/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=30453>

Fact Sheet Updates Access to Care for Uninsured

A new Kaiser Family Foundation fact sheet updated with 2002 data, describes how long the uninsured remain without coverage, who tends to go without insurance for long spells of time, and what difference time without coverage makes in terms of access to and utilization of care. <http://www.kff.org/uninsured/4120-index.cfm>

“Improving Children’s Health: A Chartbook About the Roles of Medicaid and SCHIP”

This CBPP chartbook summarizes numerous recent research findings about children who receive health insurance coverage from either Medicaid or the State Children’s Health Insurance Program (SCHIP), the two primary publicly-funded health insurance programs for low-income children. The findings are drawn from a variety of recent sources, including the Centers for Disease Control and Prevention’s (CDC’s) 2001 National Health Interview Survey. <http://www.cbpp.org/1-15-04health.htm>

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