

E-NEWS - December 2006**Vol. 6, No. 12**

**Department of Population Health Sciences
University of Wisconsin School of Medicine and Public Health**

The UW Population Health Institute's E-News is delivered monthly. Check our web site for additional information and updates: <http://www.pophealth.wisc.edu/uwphi/index.html>. To subscribe or unsubscribe, reply to [Judy Knutson](#) with the word "subscribe" or "unsubscribe" in the subject line.

Information for E-news is compiled from several sources, including websites and lists from the *Wheeler Report*, Wisconsin Council on Children and Families, Agency for Healthcare Research and Quality, Kaiser Family Foundation, Commonwealth Fund, *Milbank Quarterly*, *Health Affairs*, Urban Institute, *Wisconsin Medical Journal*, Wispolitics.com, Blue Cross/Blue Shield, *The New York Times*, *Milwaukee Journal-Sentinel*, *Milwaukee Business Journal*, *Wisconsin State Journal* and others.

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State News

eHealth Care Quality and Patient Safety Board Releases Report

Governor Doyle's eHealth Care Quality and Patient Safety Board on December 1 published its five-Year plan to develop a statewide electronic health records system, health information technology and exchange. The plan guides legislative and regulatory actions and encourages coordinated efforts in the public and private sector. The board's goal is a statewide health data exchange among health care providers, consumers, researchers, and the insurers and governments that pay for health care. This plan includes consideration of the following:

- Ø start-up funding for regional collaborations and small or rural health care clinics that cannot afford to participate
- Ø foundation grant funds and federal funds to help develop the system.
- Ø how to balance privacy rights with health care providers' needs to share information for safe, effective treatment.
- Ø development of "value-based" or "pay for performance" purchasing policies and actions.
- Ø Regional approach: four more regional networks, beyond the current southeast Wisconsin initiative, could be started, each serving about one million people.
- Ø dissemination of evidence-based guidelines, health information and public reporting.
- Ø Statewide system infrastructure and endorsement of standards

eHealth Board: <http://ehealthboard.dhfs.wisconsin.gov>

Capital Times: <http://www.madison.com/archives/read.php?ref=/tct/2006/12/02/0612020349.php>

Uninsured Wisconsin Children Increases

The Wisconsin Department of Health and Family Services "2005 Wisconsin Health Insurance Coverage" report

shows the number of Wisconsin children living without health insurance for at least part of the year grew by 22 percent during 2005. Much of the increase was seen in working class families that did not have access to employer sponsored insurance (ESI). In 2005, there were 110,000 children who went without health insurance for at least part of the year, which is a 21 percent increase from 2004. This means only 72 percent of Wisconsin children had access to employer sponsored insurance - the lowest level in the past five years.

DHFS report: <http://dhfs.wisconsin.gov/stats/pdf/fhs05ins.pdf>

DHFS press release: <http://dhfs.wisconsin.gov/News/PressReleases/2006/120406uninsured.htm>

Milwaukee Journal Sentinel story:

<http://www.jsonline.com/story/index.aspx?id=537522>

Senate Committee on Health Reform Issues Report

Closing out the work of the Senate Select Committee on Health Care Reform prior to the turnover in Senate control to Democratic leadership, Committee co-chairs Darling and Roessler issued a joint statement along with a list of committee member recommendations as the final report of the committee. "These recommendations comprehensively address the issues related to the costs of health care services and access to health care coverage, and provide direction toward further improvements and reforms of government programs."

Legislative Council memo with list of recommendations: http://www.wiawh.org/media/documents/hcreform/15healthcare_rns_lr.doc

Press release: http://wispolitics.com/index_pda.aml?Article=77755

Wisconsin Leaders Voice Range of Opinions on Health Reform

Following the election, opinion leaders ranging from elected officials, to health care providers, and industry executives have been asserting their opinions on where to go with this hot topic. Here is a sampling:

Ø Rep. Tammy Baldwin (D-Madison) and Rep. Paul Ryan (R-Janesville) each write op-ed pieces appearing in the *Milwaukee Journal Sentinel*, November 19:

Baldwin: <http://www.jsonline.com/story/index.aspx?id=532255>

Ryan: <http://www.jsonline.com/story/index.aspx?id=532260>

Ø Dr. John Hartman on pay-for-performance incentives, *Green Bay Press Gazette*, November 17. <http://www.greenbaypressgazette.com/apps/pbcs.dll/article?AID=/20061117/GPG07/611170579/1273/GPGbusiness>

Ø *Milwaukee Journal Sentinel* November 24 editorials:

“What the feds should do” <http://www.jsonline.com/story/index.aspx?id=534497>

“And what the state should do” <http://www.jsonline.com/story/index.aspx?id=534498>

Ø John Torinus, CEO of Serigraph, in the *Milwaukee Journal Sentinel*, November 26: “Solutions for Health Care Costs Should Stay Private”: <http://www.jsonline.com/story/index.aspx?id=534930>

Ø Representative Josh Zepnick, in the *Milwaukee Journal Sentinel*, December 2, “State Has Role in Health Care Reform”: <http://www.jsonline.com/story/index.aspx?id=537366>

Wisconsin Employers Pay More for Benefits: Mercer 2006 Update

Employers in Wisconsin pay an estimated 26.5% more to provide health benefits than the national average, according to an annual survey by Mercer Health & Benefits LLC, with a report titled “Employers Share Pain of Rising Health Care Costs.” Health benefit costs averaged \$9,516 this year for each employee in Wisconsin, compared with \$7,523 nationally. The Mercer survey also found that costs in Wisconsin rose this year at a faster rate, 9.3% on average, compared with 6.1% nationally. Other findings include:

- Employers relied less on cost-shifting to employees to control the cost of health benefits. Employers instead are focusing on preventive care and other programs designed to keep people healthy as a way to slow the rise in health care costs.
- Consumer-directed health plans are becoming more common and accepted. The high-deductible plans typically are paired with a health savings account or a health reimbursement account.

About 3% of employees are enrolled in high-deductible plans. Those figures don't include employers with fewer than 10 employees or people who buy insurance on the individual market. The figure is much higher in Wisconsin: An estimated 12% of employees are in the plans.

Mercer Report: <http://www.mercerhr.com/knowledgecenter/reportsummary.jhtml/dynamic/idContent/1251715;jsessionid=TI52AYMOCMBKCTGOUFCIIQKMZ0QUJLW>

Milwaukee Journal Sentinel article: <http://www.jsonline.com/story/index.aspx?id=533357>

Wisconsin Facing \$1.6 Billion Deficit; Cigarette Tax Considered

Governor Doyle, addressing concerns that state agency budget requests exceed available state revenue by about \$1.6 billion for the 2007-09 biennium, has indicated some room in his position on the cigarette tax. The *Milwaukee Journal Sentinel* reports: "He would consider raising the 77-cents per pack cigarette tax to \$1, but only if a way could be found to guarantee that the additional money would go to pay for treating smoking-related disease; to help smokers stop; and to persuade youths to never start smoking. So far, Doyle said, he has not seen a proposal that would achieve those goals."

<http://www.jsonline.com/story/index.aspx?id=534011>

OMB Watch summary of the pros and cons of raising revenue by boosting the cigarette tax: <http://ombwatch.org/article/blogs/entry/2485/4>.

Winnebago County to Pilot an Alcohol Treatment Program

Winnebago County will test a pilot program that allows individuals convicted of their second and third offenses of operating a motor vehicle while intoxicated the option of entering the Safe Streets Treatment Options Program. While they are still required to spend a minimum amount of time in jail, the amount is less than if they choose not to participate in the program. When an offender enters the program, he or she is assessed, and a treatment program is developed. The program can include supervision, counseling and education in addition to an alcohol assessment. Participation lasts one year, and individuals are discharged after they successfully complete the requirements.

<http://www.greenbaypressgazette.com/apps/pbcs.dll/article?AID=/20061113/GPG0101/611130491/1978>

Brown County to Offer Prescription Drug Discount Cards

The Brown County Board intends to announce a free prescription drug discount card, available in certain county offices by early December. The discount program through the National Association of Counties applies only if drugs are not covered by private insurance. The card would be usable at Caremark-affiliated pharmacies in Green Bay, including Walgreens, Wal-Mart, CVS Pharmacy (formerly Osco) and ShopKo. Independently owned Caremark pharmacies are Krider on West Mason Street and Streu's on Main Street. Anyone in the county could pick up a card and present it at a participating pharmacy to see if the discount would provide a savings.

<http://www.greenbaypressgazette.com/apps/pbcs.dll/article?AID=/20061126/GPG0101/611260645/1207>

The program is controversial among some pharmacies because it requires the pharmacy to eat the cost of the discount. Since discount programs rely on sales volume to offset losses, discount card programs can benefit larger chains over small, independent pharmacies.

<http://www.greenbaypressgazette.com/apps/pbcs.dll/article?AID=/20061126/GPG0101/611260653/1207>

Health Plan Donates \$1M for Research on Reducing Costs and Improving Outcomes

Security Health Plan Inc. is contributing \$1 million to support research on how to collect, manage and apply information to help reduce health care costs and improve patients' outcomes.

The aim of the ongoing research at the Biomedical Informatics Research Center is to help Marshfield Clinic continually improve. Officials hope the plan will benefit the clinic's 126,000 patients in northern, central and western Wisconsin. Steps to improve efficiency and patient care include reminders in charts about patients' conditions and

what medications they take, and steps that help doctors avoid prescribing certain medications that could have adverse drug interactions.

<http://www.marshfieldnews herald.com/apps/pbcs.dll/article?AID=/20061113/MNH0101/611130591/1980>

Marshfield Clinic to Be First Non-University Client of UW Technology Transfer

Marshfield Clinic will become the first organization outside of the state's public university system to use the system's technology transfer expertise to commercialize the work of researchers. Marshfield has signed a contract with WiSys Technology Foundation Inc. that will give the clinic instant patenting and licensing expertise and encourage collaboration between Marshfield and state public research institutions. According to the contract, Marshfield will pay WiSys and WARF for patenting and other services at rates depending upon how far the commercialization progresses.

<http://www.jsonline.com/story/index.aspx?id=533277>

WI State Journal Reports on Blue Cross Conversion Fund

“Sharing some, Keeping most: The Blue Cross for-profit conversion,” published in the 11/20/06 Wisconsin State Journal, examines the Wisconsin Partnership Program at the UW School of Medicine and Public Health. The program is the \$300 million fund created from the accumulated non-profit assets and benefits when Blue Cross and Blue Shield United of Wisconsin converted to a private shareholder company in 2000. <http://www.madison.com/archives/read.php?ref=/wsj/2006/11/19/0611180456.php>

Erratum statement regarding November eNews:

WI Hospitals Quantify Charity Care and Community Benefit

Last month's issue of the UW Population Health Institute eNews reported on a web site launched by the Wisconsin Hospital Association that places a dollar figure on the free health programs its member hospitals give to their respective communities. The eNews stated that the WHA figures include reported underpayments by Medicare and Medicaid. This was incorrect. The report does include reported payment shortfalls in Medicaid, but not in Medicare reimbursements.

Report: www.wiservepoint.org

RESEARCH and Program Tools

Wisconsin County Health Rankings, 2006

The University of Wisconsin Population Health Institute has released the 2006 Wisconsin County Health Rankings. Florence County topped the list of healthiest counties. Milwaukee City was included in the Rankings for the first time, placing 73rd out of 73. The full report, as well as the County Health Snapshots and Rankings Webinar, are available online at: <http://www.pophealth.wisc.edu/uwphi/research/rankings2006.htm>

By the Numbers: The Public Costs of Teen Childbearing

By the Numbers presents an update of the national cost estimates for childbearing among adolescents ages 19 and younger, as well as state-level cost estimates. It contains information about the aggregate costs of adolescent childbearing to adolescents and their families, the public sector, and society. Other resources include a one-page summary of key results, a conference call transcript and audio recording, a resource for policymakers with ideas on how to improve the prospects of children and families and reduce public sector costs associated with adolescent childbearing, and a resource with suggestions on how practitioners and advocates can highlight state costs in their communities.

<http://www.teenpregnancy.org/costs/default.asp#WI>

Community-Based Participatory Research Partnership Resources

Developing and Sustaining Community-Based Participatory Research Partnerships: A Skill-Building Curriculum is a tool for community-institutional partnerships that are using or planning to use a community-based participatory research (CBPR) approach to improving health. The curriculum, developed by Campus-Community Partnerships, focuses on developing and sustaining CBPR partnerships.

<http://depts.washington.edu/ccph/cbpr/>

Health Care Costs

The snapshots are a series of online publications that use charts, data and analysis to provide insight into the political and policy debates about the cost of health care in the United States. Publications include:

- Comparison of Expenditures in Non-group and Employer-Sponsored Insurance
- Illustrating the Potential Impacts of Adverse Selection on Health Insurance Costs in Consumer Choice Models
- Comparing Projected Growth in Health Care Expenditures and the Economy
- Distribution of Out-of-Pocket Spending for Health Care Services

<http://www.kff.org/insurance/snapshot/index.cfm>

Health Policy Picks

Health Policy Picks, a new resource on kaiserEDU, is a monthly selection of recent publications from organizations and government agencies that conduct research and policy analysis on health care issues. Every month, Health Policy Picks will highlight new reports on a broad range of health policy topics.

http://www.kaiseredu.org/picks/health_policy_picks.aspx

Medicare Prescription Drug Plans

StateHealthFacts.org has made available 2007 updates which include state-by-state totals on the number of Medicare prescription drug plans (PDPs) available, PDPs offering gap coverage, the number of PDPs below the low-income benchmark, and the range of monthly PDP premiums. New data on the number of companies offering Medicare Advantage Drug Plans (MA-PDs) are also available by state and region.

Statehealthfacts.org

Safety Tips for Hospitals

Practical tips for promoting a culture of patient safety, limiting shifts for medical residents and interns, and adopting interventions to reduce cases of ventilator-associated pneumonia and catheter-related urinary tract infections are among the evidence-based research findings that AHRQ has compiled to help hospitals provide the highest quality care possible. A new tipsheet, *10 Patient Safety Tips for Hospitals*, covers a range of activities including how to reduce the likelihood of fatigue-related mistakes, ensuring safety in intensive care units (ICUs), using technology to improve clinical care, and more.

<http://www.ahrq.gov/qual/10tips.htm>

Website Calculates Your Disease Risk

The Harvard Center for Cancer Prevention has introduced *Your Disease Risk*, as web site that allows users to calculate their risk of developing certain diseases. Users can choose from 12 cancers, diabetes, heart disease, osteoporosis and stroke.

www.yourdiseaserisk.com.

EVENTS

“How to Incorporate a Prevention and Population Health Focus into the Education of Medical Students”: Dec. 13

As part of the *Innovations in Medical Education (IME) Seminar Series*, Lloyd Novick, MD, MPH will lecture in room 1345 of the Health Sciences Learning Center from 12:00pm-12:50pm. For more information, contact Renie Schapiro, 265-3472 or rschapir@wisc.edu

Healthy Policies: Transforming Ideas Into Reality, January 25, 2007

8:30-5:30, Milwaukee Center for Independence, 2020 W. Wells, Milwaukee

The Healthy Wisconsin Leadership Institute first Health Policy Program, designed to provide participants a health policy strategy and skills to impact a health policy in their community. The Healthy Wisconsin Leadership Institute is a continuing education and training resource supported jointly by the Medical College of Wisconsin Advancing a Healthier Wisconsin Endowment and the University of Wisconsin School of Medicine and Public Health's Partnership Fund for a Healthy Future. Workshop open to only 75 registrants.

Contact: Kirsten Gruebling, kgruebli@mcw.edu, www.hwli.org 608-262-1397

Public Forums on Health Care Reform Proposals

A “Wisconsin Health Care Reform Panel” is traveling around the state to bring attention to three health reform plans offered during the last legislative session:

The Wisconsin Health Plan (AB 1140), introduced by Sen. Gielow and Rep. Richards,

The Wisconsin Health Care Partnership Plan (SB 698), introduced by Sen. Decker and Rep. Musser

The Wisconsin Health Security Act (SB 388, AB 807), introduced by Sen. Miller and Rep. Benedict

Public Meetings:

December 7, 2006, 7-9 pm, Darlington, Lafayette County Courthouse

December 12, 2006, 5-6:30 pm, La Crosse Public Library, 800 Main Street

January 14, 2007, 10:15-11:15 am, First Unitarian Society, Milwaukee

January 18, 2007, 7-9 pm, Columbus

February 7, 2007, Time: 6:30-8:30 pm Beaver Dam

"Regulation and Governance of Healthcare: Alternative Practices, Theories and Visions": March 2, 2007

An interdisciplinary and international workshop for lawyers, medical practitioners and students that focuses on health care governance and regulation to be held Friday, March 2, 2007 from 9.00am-5.30pm at the Fluno Center, Madison (610 University Avenue, Madison, WI 53715). Registration is free but space is limited. If you are interested in participating, please contact Sumudu Atapattu at saatapattu@wisc.edu by February 1, 2007.

eHealth Implementation Summit: March 15, 2007

Governor Doyle's eHealth Care Quality and Patient Safety Board, Five-Year Plan Implementation Summit: March 15, 2007, Fluno Center, Madison

Save the date.

Smell Test Research Study

Participants are being recruited to compare two tests of smell function. You must be 50-70 years of age, and able to attend two appointments roughly 3 weeks apart, the first lasting 30 minutes and the second lasting 15 minutes.

Participants will learn how their sense of smell compares to those their age and gender and will receive a gift certificate for a free double scoop ice cream cone from the Babcock Hall Dairy Store upon completion of the second appointment. If interested, contact Sandy or Dayna at dalton@episense.wisc.edu or call 608-265-2624.

15th Annual \$1,000 Rural Health Prize - April 15 Deadline

The Hermes Monato, Jr. Prize of \$1,000 is awarded annually for the best rural health paper. It is open to all students of the University of Wisconsin. Students are encouraged to write on a rural health topic for a regular class and then to submit a copy to the Rural Wisconsin Health

Cooperative as an entry by April 15th. Previous award winners as well as judging criteria and submission information are available at

<http://www.rwhc.com/Awards/MonatoPrize.aspx>

Reading Room

U.S. Lags in Several Areas of Health Care, Despite Spending More

Americans have a harder time than residents of several other countries getting after-hours appointments with a nurse or primary care physician without going to an emergency room, according to a study published by *Health Affairs*. Forty percent of U.S. primary care doctors said they had arrangements for after-hours care, according to the survey of more than 6,000 physicians in seven countries. That compared with 95 percent in the Netherlands, 90 percent in New Zealand, 87 percent in the United Kingdom, 76 percent in Germany and 47 percent in Canada. The study also found that the United States trails other countries in adopting electronic medical records and computerized systems to remind patients about follow-up care, prompt physicians to give patients test results and warn of potentially harmful drug interactions. It found that primary care doctors in America were less likely to have financial incentives to improve the quality of the care they provide. Annual U.S. medical spending was \$5,635 per person in 2003. The next highest among the seven countries surveyed was \$3,003 in Canada; the Netherlands spent the least, \$1,886 per person.

<http://content.healthaffairs.org/cgi/reprint/25/6/w555>

U.S. Physicians Support Public Roles

In a recent study, physicians were asked about the importance of community participation, political involvement, and collective advocacy. These activities were rated as important by more than 90% of respondents, and a majority rated community participation and collective advocacy as very important. Two thirds of respondents had participated in at least 1 of the 3 types of activities in the previous 3 years. The study found that civic-mindedness is associated primarily with sociodemographic factors, but civic action is associated with specialty and practice-based factors.

<http://jama.ama-assn.org/cgi/content/full/296/20/2467>

G.A.O. Report on Abstinence Education Assessment

Abstinence Education: Efforts to Assess the Accuracy and Effectiveness of Federally Funded Programs describes the U.S. Department of Health and Human Services' (DHHS') efforts to assess the scientific accuracy of materials used in abstinence-until-marriage education programs and the efforts of DHHS, states, and researchers to assess the effectiveness of such programs. The report, produced by the Government Accountability Office, includes limitations of federal and state efforts to assess the scientific accuracy of materials used in abstinence-until-marriage education programs, limits to the conclusions drawn from efforts to assess the programs' effectiveness, conclusions, recommendations for executive action, agency comments, and evaluation.

<http://www.gao.gov/new.items/d0787.pdf>

Citizenship Proof Now Required for Medicaid Coverage of Infant Care

Under a new federal policy, children born in the United States to illegal immigrants with low incomes will no longer be automatically entitled to health insurance through Medicaid. Illegal immigrants are generally barred from Medicaid but can get coverage for treatment of emergency medical conditions, including labor and delivery. Under the new policy, an application must be filed for the child, and the parents must provide documents to prove the child's citizenship.

Critics say the new policy will cost more in the long run if infants go without immunizations, preventive care and

treatments needed in the first year of life.

<http://www.nytimes.com/2006/11/03/washington/03medicaid.html?th&emc=th>

Europeans Approve Anti-Obesity Charter

European health ministers from 53 countries approved the world's first charter to fight obesity. The charter, approved in Istanbul, Turkey, was drafted by the World Health Organization in consultation with its European member states. It commits governments to things like improving the availability of healthy foods and adopting regulations for safer roads to promote cycling and walking. One of the charter's more contentious inclusions is an obligation for the private sector to limit the marketing of fatty, sugary foods to children. The clause implies that governments should introduce legislation regarding marketing to children, with an eventual move to adopting an international code of practice.

http://news.yahoo.com/s/ap/20061116/ap_on_he_me/anti_obesity_charter&printer=1

F.D.A. Approves Silicone Breast Implants

The Food and Drug Administration lifted a 14-year ban on the use of silicone gel breast implants in the United States. The federal agency approved implants manufactured by two California companies, Mentor and Allergan, for breast reconstruction and cosmetic breast augmentation, but limited cosmetic use of the implants to women ages 22 and older. The agency's review, based on company-sponsored studies as well as long-term use of the implants abroad, had determined that their sale is in the best interest of women.

[http://www.nytimes.com/2006/11/18/washington/18breast.html?](http://www.nytimes.com/2006/11/18/washington/18breast.html?_r=1&th=&adxnml=1&oref=slogin&emc=th&adxnmlx=1164035498-ewNMbmt26pyPh2a1KLrEnw)

[_r=1&th=&adxnml=1&oref=slogin&emc=th&adxnmlx=1164035498-ewNMbmt26pyPh2a1KLrEnw](http://www.nytimes.com/2006/11/18/washington/18breast.html?_r=1&th=&adxnml=1&oref=slogin&emc=th&adxnmlx=1164035498-ewNMbmt26pyPh2a1KLrEnw)

Families with and without Health Insurance Face Financial Hardship

A national survey of people affected by cancer examines how families cope with cancer and highlights problems of health insurance and health care costs. Having health insurance at all times during treatment helped to limit the financial consequences of a cancer diagnosis, but even those with consistent coverage faced difficulties – one in five used up all or most of their savings, one in 10 borrowed money from relatives and 9% were contacted by a collection agency. Among those who did not have health insurance consistently during their illness, the financial burden was even greater. More than one in four said that they delayed or decided not to get treatment because of its cost – five times the rate reported by those who had health insurance consistently. Nearly half used all or most of their savings; four in 10 were unable to pay for basic necessities; one in three sought the aid of a charity or public assistance program; and 6% filed for personal bankruptcy.

<http://www.kff.org/kaiserpolls/pomr112006pkg.cfm>

Voters Approve Smoke-free Laws in Three States

Ballot measures in Arizona, Nevada and Ohio were passed, banning smoking in public spaces and most workplaces. The new laws, combined with other statewide laws and hundreds of local laws already in place around the U.S., mean that smoke-free workplaces will now be the norm for the majority of the U.S. population. <http://newstandardnews.net/content/index.cfm/items/3863>

"Coverage of Parents Helps Children, Too"

The Center on Budget and Policy Priorities reviews the growing body of research demonstrating that covering parents along with their children is a highly effective way of boosting coverage among low-income children. States like Wisconsin that have expanded coverage for low-income parents have experienced significantly greater gains in enrollment among eligible children than states that did not expand parents' coverage.

<http://www.cbpp.org/10-20-06health.htm>

Health Coverage for Low-Income Americans: An Evidence-Based Approach to Public Policy"

The first part of this Kaiser Family Foundation report addresses the role for publicly sponsored health insurance. The second part turns to seven central issues in structuring a publicly sponsored health insurance program for the low-income population. The report concludes by drawing together the perspectives on the elements of a well-designed program of coverage for low-income Americans. <http://www.kff.org/uninsured/7475.cfm>

"ERISA Implications for State Health Care Access Initiatives: Impact of the Maryland 'Fair Share Act' Court Decision"

This issue brief published by the State Coverage Initiatives program and NASHP examines the implications of a recent federal court ruling that the Maryland Fair Share Health Care Fund Act is pre-empted by the Employee Retirement Income Security Act (ERISA). The brief discusses ERISA pre-emption principles, the Maryland law and lawsuit, implications for state initiatives involving employers in financing, and methods of defending programs like the fair share act. [http://www.magnetmail1.net/lis.cfm?](http://www.magnetmail1.net/lis.cfm?r=22050476&sid=1626487&m=241437&u=AcadHealth&s=http://www.statecoverage.net/erisa.htm)

[r=22050476&sid=1626487&m=241437&u=AcadHealth&s=http://www.statecoverage.net/erisa.htm](http://www.magnetmail1.net/lis.cfm?r=22050476&sid=1626487&m=241437&u=AcadHealth&s=http://www.statecoverage.net/erisa.htm)

"Medicaid's Long-Term Care Beneficiaries: An Analysis of Spending Patterns"

This Kaiser Family Foundation (KFF) analysis of spending patterns of Medicaid's long-term care (LTC) users reveals that the 7% of MA beneficiaries using LTC account for over half (52%) of all MA spending. Medicaid's LTC users not only use LTC services, but they also use the program's acute care services more intensively than non-LTC users. The implication is that reform strategies need to focus on the total needs of these very sick beneficiaries and not just on their long term care use.

<http://www.kff.org/medicaid/7576.cfm>