Colorado
Cross-Disability
Coalition
Nothing about us, without us.

Julie A. Reiskin, Executive Director
Kevin W. Williams, Legal Director

655 Broadway, Suite 775
Denver, Colorado 80203
303.839.1775 (Voice)
800.817.1435 (Voice)
303.839.0015 (TTY)
877.267.1621(TTY)
303.839.1782 (Fax)
www.ccdconline.org

Julie A. Reiskin, L.C.S.W.
Executive Director
Certified Non-Attorney Advocate
jreiskin@ccdconline.org

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POSITION ON SINGLE PAYER HEALTH CARE:

The Colorado Cross Disability Coalition has long taken the position that health care reform can be done in the existing system that both government and market based health care reforms could work simultaneously. After carefully observing the work of the Colorado Blue Ribbon Commission on Health Care we have now come to the conclusion that a Single Payer health Care system is the only viable solution that will not cause people with disabilities to be left either without care, or with substandard care. We have come to this conclusion based on the following facts:

1) The LEWIN modeling showed that the Single Payer would cover everyone, would not reduce benefits and would save money. The next best option was what the commission came up with that consisted of limited benefit plans. Offering coverage that is not comprehensive is not acceptable. It gives people a false sense of security and is really a form of corporate welfare. It allows insurance companies to collect premiums but protects them from accepting real risk. The kind of problems for which one needs health insurance are problems that cost much more than $50,000 a year allotted by limited benefit plans such as those proposed by the Blue Ribbon Commission.
2) Seeing the results of the SB 08-217 process where insurance companies were invited to submit value based benefit plans as a way to expand coverage also made it clear that these plans will not cover people with disabilities and will not protect people from financial ruin.
3) Private insurance has never worked for people with disabilities –when there used to be indemnity insurance that did cover everything it worked better than it does

now, but because long term care (e.g. custodial care) is one of the expense types that impoverishes many Americans even those plans were not adequate. It used to be that people paid for primary and preventive care out of pocket but used insurance for the big expenses. The advent of managed care and HMO's reversed this practice and now insurance pays for first dollar care such as the annual check up and shots for the kids, but does not cover catastrophic care, such as hospitalizations, surgeries, and long term care.

4) Market based solutions are overly reliant on concepts that discriminate against the disabled such as wellness and prevention programs. They are not even willing to assure non discrimination in such programs as evidenced in the discussions around HB 09-1012. Moreover, most of the disabilities that we represent are not preventable and the rhetoric surrounding prevention leads people to conclude that if one has health problems or costs a lot that it is somehow the fault of that individual.

Some of the objection to Single Payer Models has been that this will lead to rationing of care. This is not accurate and does not have to be the case. The United States already spends more per Capita than other developed countries such as Canada and Great Britain; therefore we could go to a single payer model and assure quality care for everyone. Another objection is that a federally run system would be an impossible bureaucracy. We agree that having the federal government run the program –similar to Medicare would not be a good idea. It takes too long to change things or resolve things with a federal system. However we do believe that the Medicaid model can work, particularly with enhanced citizen involvement and control. This model is where there are certain requirements that must be met but each state can design their own system. The key to any system is the ability of the citizen/patient/consumer to address problems and get quick resolutions. If there are adequate controls in place a workable system can be developed.

Even while we see Single Payer as the most appropriate direction at this point there are some specific elements that we believe MUST be included in any plan. They include:

1) Strong home and community based services model: Services that include but are not limited to non-medical transportation, personal care, independent living skills training, protective oversight, electronic monitoring, and more must be available to prevent people from being forced into nursing facilities or hospitals. There must be strong HCBS options that meet the needs of people with various disabilities and they must provide at least the level of service available in

Colorado Medicaid waivers. Any proposal must have a plan to eliminate waiting lists.

2) A policy that provides easy access for all needed medical equipment. This includes traditional items like motorized wheelchairs but also should include other items such as computers to assist with augmentative communication, high and low tech solutions for home and office management. Equipment and assistive technology must be for use in both the home and community.
3) A consumer directed option for all long term care and some acute medical care. People with disabilities do best when we can control our care. Some services such as home health, personal care, and protective oversight are best provided by giving the person with the disability (or a designated family member or friend in some cases) the funds to hire who they need with limited rules or demands on how this happens. Providing this kind of care through a medical model and through a health care agency based system does not work for many people as each person has various unique needs and is best suited to hire independently to meet these needs. People should be allowed but not required to hire family members to do this work.
4) Utilization review must have disability friendly provisions. Care must not be limited to curative care. Processes to request care must be quick and easy to use.
5) Any system must allow for people with disabilities connected to the disability community to have meaningful roles in all levels of governance. This includes the benefit design and appeal processes.
6) The system must assure at least the same level of benefits as the Medicaid program.

In summary CCDC does not believe that we must sacrifice by limiting benefits to cover more people. We also believe that coverage is useless without access to care. We have not seen a viable market based solution offered. We do believe that we can have a government run system for payment and administration that relies on private physicians, hospitals, and other providers. We can preserve choice and preserve competition. We can pay well so that companies can invest in research and development and we can also directly fund research and development through grant programs. We do not have to make the same mistakes as Tennessee and Oregon; both states denied care to the disabled under the guise of universal coverage. We believe that while this would work best on the federal level we must begin somewhere and that is why we are supporting HB 09-1273. We are confident that we can arrange to have the elements discussed herein as part of the eventual system.
Adopted by majority vote by the Board of Directors on February 17, 2009