



Dedicated to improving care for Colorado's medically underserved

Member Newsletter August, 2007

***CCMU IS COMMITTED TO ACCESS TO AFFORDABLE, TIMELY, QUALITY
HEALTHCARE FOR EVERYONE IN COLORADO.***

Health Access Pueblo

In the Fall of 2005, CCMU convened with the Dr. A.J. Kauvar Foundation, a group of health policy leaders and experts to discuss "outside the box" approaches to providing access to health care. The group held two meetings which produced two initiatives.

The **first** led to SB 36, which called for the creation of a standardized, evidence-based benefit plan for the small group market. The **second** was to explore whether Colorado could develop and pilot a low-cost, evidence-based coverage program utilizing CHAT (a tool to involve consumers in prioritizing benefits given a set amount of funding) combined with an innovative community-based strategy developed by Access Health in Muskegon, MI.

The project intends to begin offering coverage on Jan. 1, 2008. Governor Ritter recognized the importance of this pilot by saying, "The eyes of the state will be on Pueblo as Colorado continues down the road of health-care reform." The project has made major strides in at least three areas:

1) Development of a Pueblo-focused, version of CHAT. Mark Earnest, MD, supported a group of 12 Pueblo physicians in this effort, which was supported financially by the Kauvar Foundation and a small grant from The Robert Wood Johnson Foundation. From August - October 2007, there will be an intensive outreach campaign using CHAT that was funded primarily by a grant from The Colorado Health Foundation.

2) Development of the community infrastructure necessary to making a model like Access Health work. In Pueblo, this has meant that the program has dozens of community champions that have been able to accomplish substantial tasks including: raising \$400,000 for operating support from both hospitals; mobilizing city, county and state officials to make important policy changes; conducting an ongoing media campaign to galvanize public support; donated office space from the Chamber of Commerce; and more.

3) Passage of HB 1022, which contained authorization for the program to go forward without being regulated as typical insurance in order for it to have maximum flexibility to meet its goals. The Division of Insurance worked with Pueblo County Commissioners to develop an alternative oversight structure that, based on Access Health's experience, will be critical to replicating their success.

We would love to hear your thoughts-elaborations or something entirely new. This is a great opportunity and one that is completely complimentary to the 208 Commission as Colorado becomes increasingly serious about health care reform.

The next big step for Health Access Pueblo is to find a great executive director. Please feel free to pass on to anyone who may be interested. Be sure to check out the following websites:

www.healthaccesspueblo.org
<http://www.healthaccesspueblo.org/>

Chris Adams, *The Adams Group*
303/282-9250

HCPF New Advisory Committee

As you probably heard **Senate Bill 211** was signed into law on May 31. Among other things, the bill establishes an advisory committee at Colorado's Health Care Policy & Finance Administration (HCPF) to examine barriers and investigate ways to expand health coverage to all low-income children by the year 2010. The Co-Chair and CCMU Board Member Dr. Larry Wolk is one of the appointees

(According to SB211):

"The committee (volunteers) shall be made up of members, (but not limited to) child health advocates and recipients and providers of medical assistance."

"The committee is charged with the following duties: 1) Develop and oversee the implementation of a plan to ensure that all low-income children in Colorado have health coverage by the end of 2010. 2) Make recommendations for changes in legislation and rules to increase enrollment of children in Medicaid and CHP+."

For more information visit:

http://www.leg.state.co.us/Clics/Clics2007A/csl.nsf/fsbillcont3/1AF412833E6BDC7387257251007B87E1?Open&file=211_enr.pdf

Alicia Haywood, MPA
Colorado Coalition for the Medically Underserved
303.565.7250 (cell)

New Bill Signings

The bill signing ceremony for **Senate Bills 211 and 130** was held May 31 at Stein Elementary School, the school-based health center in Lakewood, CO. These two bills for children came directly out of the passion and dedication of the participants in the 2010 All Colorado Kids Covered initiative. SB 130 declares that a medical home is important and strives to provide medical homes for children in public health programs. SB 211 allows

presumptive eligibility for Medicaid and CHP+ kids and clarifies that pregnant women and kids applying for CHP+ do not have to submit documents to verify lawful presence; furthermore, the bill creates an advisory committee on Medicaid and CHP+ eligibility and enrollment at HCPF, and establishes quality measures and reporting for the CO Department of Health Care Policy and Finance.

Senate, House Leaders Agree to Moratorium on Medicaid Proposed Rule

Senate and House leaders have agreed to a one-year moratorium on the Centers for Medicare and Medicaid Services' proposed rule that would cut \$4 billion from Medicaid. The moratorium is to be included in the supplemental spending bill headed for Congress this week. Several healthcare organizations, including the American Hospital Association, sent a letter to congressional leaders urging them to retain language in the bill that would implement a moratorium on the Medicaid proposed rule and protect graduate medical education payments under Medicaid.

SCHIP Has Been Successful Overall, Should Be Expanded: Survey

A new Commonwealth Fund Health Care Opinion Leaders survey of leaders in health policy and health care finds that a majority believes the State Children's Health Insurance Program has been successful in increasing access to health care for low-income children (71%) and in reducing the rate of uninsured, low-income children (65%).

Across the board, the survey respondents believe that coverage should be expanded. In fact, 91% of respondents think SCHIP should be made available to legal immigrant children whose families meet income requirements. Eighty-two percent favor allowing families with higher incomes to buy into SCHIP, and 80% believe that states should be allowed to extend coverage to parents of children covered by SCHIP in states where there is no comprehensive coverage for the uninsured.

Respondents also support provisions that would help provide high-quality health care for

all children. Four out of five (81%) were in favor of establishing federal performance standards and outcome measures for all children in SCHIP, and 69% favored measuring and reporting on the frequency and quality of developmental screening.

Kaiser Connections Program

Kaiser is now offering low cost health insurance to those who wouldn't ordinarily be able to afford it. Monthly premiums are based on family size and income. Premiums vary from \$25.42-\$76.26 for one person and \$73.46-\$220.38 for a family. For more information contact the Community Information Line @ 303 338-3490.

New Brief Looks at Designing Personal Health Records for Underserved Populations

A new issue brief from Mathematica Policy Research, Inc., describes the role that electronic, easily portable personal health records (PHR) can play in reducing health disparities. The brief also looks at barriers to PHR adoption for underserved individuals and the implications of widespread use of PHRs.

PHRs differ from provider-maintained clinical electronic health records in that the patient owns the PHR and controls access to it; both providers and patients can enter information into a PHR.

Mathematica's brief notes that most Americans are unaware of the PHR concept; furthermore, low-income elderly individuals from racial and ethnic minority groups are even less likely than other groups to have heard of a PHR. The study suggests that three primary barriers have limited the diffusion of this technological advance to underserved population groups: the digital divide, low health literacy, and cultural differences

Jennifer McGinn
Juris doctor candidate, 2008

University of Colorado School of Law
828 17th St #922
Denver, CO 80202
(303) 946-4734

MEMBER OPPORTUNITY NEWS

Job Opportunity

CoverColorado, the State of Colorado's health insurance program for high-risk individuals is seeking an Executive Director. Interviews will begin Sept 1.

CoverColorado is a non-profit instrumentality of the State of Colorado charged with providing health insurance for Coloradoans whose health prohibits or substantially limits access to commercial health insurance and functions like a small health insurance plan.

A complete job description may be found on the CoverColorado website at www.covercolorado.org.

New CCMU Board Member

CCMU's newest Board member is long-time health care advocate Natalie Funk, MHS. We are just thrilled to have her join our forces with her experience in fundraising, health care reform, and advocacy!

Contact Stephanie Arenales at Stephanie@cchn.org for more information. Call-ins for work groups are available.

CCMU's 11th Annual Conference

Friday, September 21, 2007

Keynote Speaker: Julie Winokur
Documentary Filmmaker, *Talking Eyes Media*

In 2005 Tennessee Governor Phil Bredesen announced that he would reform the state's Medicaid program. Almost immediately, 190,000 people were dropped from the program. Documentary filmmaker Julie Winokur, captured the suffering and injustice caused by the single largest Medicaid cuts in history. The resulting film, Collateral Damage: Bad Medicine in Tennessee, tells the stories of the sickest and neediest people as they were denied medical care in the richest nation in the world.

Ms. Winokur will show clips from her documentary, and share stories about the catastrophic implications of denying access to health care to those in need. She will also host a breakout session on TennCare, Tennessee's Medicaid Program.

Watch our website at www.ccmu.org for program updates, additions, and confirmations as they develop!

COACH'S CORNER



Rubicon

In January, 49 BC, Julius Caesar, (then an army general) crossed the **Rubicon River** in northern

Italy, against the orders of the leaders of Rome. In doing so, a civil war followed in which Caesar emerged as ruler of Rome. For an army general to cross the Rubicon was forbidden by an ancient Roman law. To do so was treason and would reveal Caesar's intentions thus marking the **point of no return**. It was during this crossing that Caesar was claimed to have said, "**The die is cast**" referring to his inability to go back, to return.

A **point of no return** can often reveal our true intentions and be used as a springboard to our ultimate calling or purpose in life. With each step our conviction and calling grow, thus negating any possibility or desire of retreat.



CCMU is committed to ensuring access to timely, affordable, quality care for everyone in Colorado and we can--we will--we must achieve our goals. Your voice is critical to our success; if you have not recently joined or renewed your membership; please take a moment to complete the membership form following this newsletter. We will be updating our website with current legislative initiatives by the first of the year, so get dialed in and stay tuned to ways your organization can be involved in these exciting times. If you have any questions or need more info, just call...thanks!! Molly Markert, Executive Director, CCMU (303) 832-7727.

www.ccmu.org

Is your event or program supporting the mission of CCMU or the medically underserved in Colorado? Let us know! Contact Eric and Amy Hansen, Newsletter Editors, at eric.w.hansen@earthlink.net.

COLORADO COALITION FOR THE MEDICALLY UNDERSERVED (CCMU)

MEMBERSHIP APPLICATION

Name: _____

Organization/Agency/Corporation: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Suggested donation: _____ \$45 (individual)
 _____ \$100 (organization)
 _____ \$500 (small corporation)
 _____ \$1,000 (large corporation)
 _____ \$10 (student/other)

Amount enclosed: _____

May we list your business affiliation in our materials? _____ Yes _____ No

Vision

CCMU is committed to access to affordable, timely, quality health care for everyone in Colorado.

Mission

CCMU will achieve the vision of access to affordable, timely, quality health care for everyone in Colorado through education, advocacy, and facilitation of collaborative actions.

Principles

1. Health care coverage should be universal, continuous, and affordable to individuals and families.
2. Only a comprehensive solution will ensure health care for all while controlling costs and promoting quality care.
3. In the absence of a comprehensive solution, we will embrace policies and programs that improve access to quality care, expand existing health care access, and protect and strengthen the medical safety net.
4. We seek solutions that are sound, sustainable, and keep the needs of patients first.

Mail completed application with check to CCMU, P. O. Box 18877, Denver, CO 80218