

Health Care Task Force
Office of the Insurance Commissioner
September 20, 2005
State Capitol, Room 329
4:30 to 6:00 PM

Minutes

In Attendance: Gary Allen, Susan Forbes, Josh Green, Roseanne Harrigan, David Heywood, Rich Meiers, Virginia Pressler, John Radcliffe, J.P. Schmidt, Calvin Wong

Staff Support: Laurel Johnston, Carol Taniguchi and Gladys Quinto, Hawaii Uninsured Project, Miki Lee, Leeway Enterprise, James Nagle, Department of Attorney General, Lloyd Lim, Office of the Insurance Commissioner

I. Call to Order

Chairperson Josh Green called the meeting to order at 4:36 PM with 10 of the 13 members present.

II. Review and Approval of September 8, 2005 Minutes

John Radcliffe made a motion to approve the minutes. Rich Meiers seconded and the Task Force voted unanimously to approve the September 8, 2005 Minutes.

III. Public Testimony

Nancy Walden, Christian Science Committee on Publication; Beatrice Becker; Renee Ing, Physicians for National Health Care Program; Jim Brewer, Employees Today; and Stephen Shaw, offered testimony.

IV. Report from Hawai'i Uninsured Project

Hawai'i Uninsured Project reported that updated analysis of Hawaii's uninsured population is being prepared by Dr. Russo of the University of Hawaii and will be available in the next few months. The data will include number of uninsured with break down of adults and children, including by income level and employment status. The data will not include information on the health care delivery system.

Dr. Russo offered to answer specific questions the Task Force has and suggested they submit a list of specific questions.

The Task Force asked Dr. Russo for confirmation of the following facts:

- Nine out of ten people in Hawaii have some kind of health care coverage;
- Ninety-two percent of health care insurance premiums are currently paid by employers (excluding the Employers Union Trust Fund);

- Employees are “paying” for their employers’ subsidization of premium costs by having lower wages; and
- Health insurance premiums in the private sector have been increasing an average of six percent a year (not including inflation adjusted figures).

The Task Force asked Dr. Russo if he would be able to provide feedback on the viability of different health care options that the Task Force is considering. Dr. Russo suggested he could provide feedback, depending on the type of model and amount of detail provided.

V. Act 233, Scope of Work, Phases and Tasks, Selecting of Consultants and Experts

In order to move ahead with engaging a consultant for cost analysis comparing Hawaii’s existing system with a single payer system, the Hawai`i Uninsured Project asked the Task Force for additional feedback on the various options under consideration. Overall, the analysis should show the impact that the options under consideration will have on Hawaii and on the current structure.

Status Quo

The Task Force suggested that the consultants work in concert with the Task Force and Hawai`i Uninsured Project to define Hawaii’s health care status quo. The purpose of including Hawaii’s status quo in a cost-analysis study is that Hawaii’s current environment will serve as a benchmark to measure against other options.

Single-Payer System

A question was raised about whether the Task Force will be recommending a system-wide overhaul of Hawaii’s health care system or whether the Task Force is to focus only on the uninsured population.

The Task Force suggested reviewing the single-payer model that the Hawaii State Legislature proposed in 2003. Hawai`i Uninsured Project will distribute information on the model and discussion will be taken up at the October 12 Task Force meeting.

J.P. Schmidt moved to approve using the single-payer model developed by the Hawaii State Legislature in 2003 as a working model for the Task Force to pursue an RFP for cost analysis. The motion was seconded by Roseanne Harrigan and unanimously passed.

Other Models for Consideration

- Programs to cover only the uninsured.
- Calculate the cost of a basic health care plan using existing plans/models and multiply this by the number of uninsured. This would reveal the cost of paying for covering the uninsured.

- A preventive medicine model where the uninsured are covered based on their ability to meet defined health milestones. The greater the ability to meet the milestones, the better the coverage.
- Health saving accounts.
- Strategy to provide care for the chronically ill, those who may not qualify for a traditional health care plan.

The Task Force agreed to come to the October 12 meeting prepared to finalize its list of health care models/options so that Hawai'i Uninsured Project can begin to develop RFP for cost analysis to be conducted by external consultant.

VI. Soliciting Community Input

Hawai'i Uninsured Project staff proposed a draft layout of a website. The purpose of the website is to share the work of the Task Force broadly and to solicit community input. The site would be a link on the Hawai'i Uninsured Project's site and would include Task Force announcements and work, related reports and links.

J.P. Schmidt moved to approve moving forward with the website. The motion was seconded by Susan Forbes and unanimously passed.

VII. Preventive Medicine Model

A suggestion was made (above) to include a health coverage model/plan that encourages consumers to participate in their own health care.

VIII. Future of the Hawaii Health Care Task Force

A question about the long-term role of the Health Care Task Force was raised. Discussion and making a recommendation was deferred to the next meeting.

IX. Future Meetings

The Task Force agreed to meet on October 12 and 25, 2005. Both meetings will be from 4:30 to 6:00 PM at the State Capitol, Room 329.

X. Adjournment

Chairperson Josh Green adjourned the Task Force meeting at 6:09 PM.