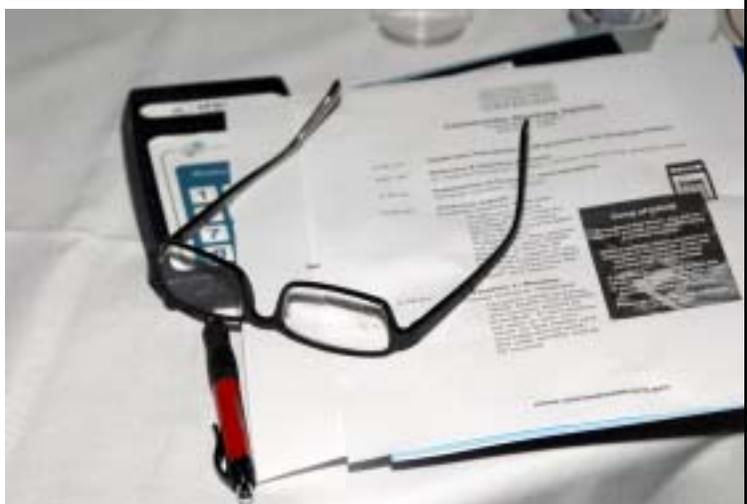
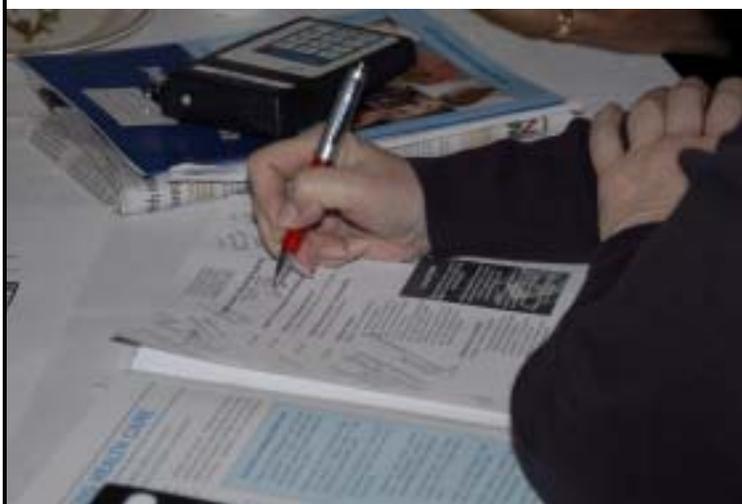
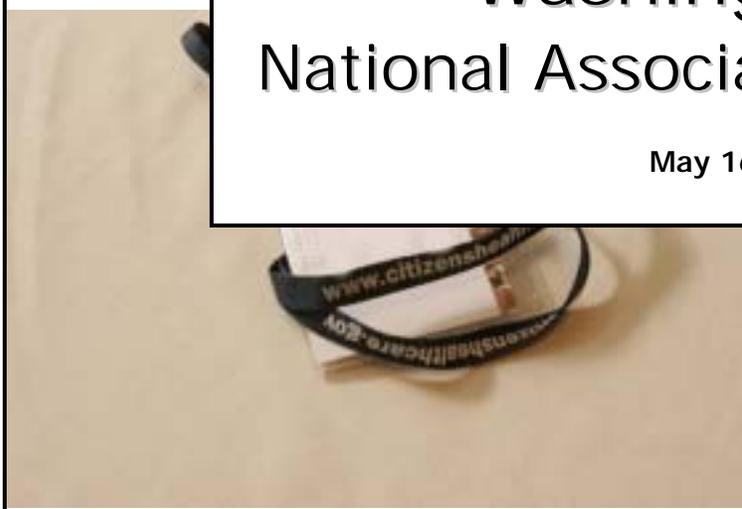




Washington DC
National Association of Realtors
May 16, 2006



Citizens' Health Care Working Group
HEALTH CARE
THAT WORKS FOR ALL
AMERICANS

OVERVIEW & PARTICIPATION

The Citizens' Health Care Working Group was invited by the National Association of Realtors to hold a community meeting during their annual Washington, DC legislative conference, Tuesday, May 16, 2006, in order to hear from their members, self-employed small business owners from around the nation, about their views on health care. Adam D. Cockey, Jr., Chair of the Business Issues Committee of the National Association of Realtors, America's largest trade association, welcomed participants to the meeting. He spoke about the small business health care legislation (SBHP), S.1955, which had failed to pass only four days earlier, and encouraged Realtors to continue to seek out solutions for self-employed small business owners to ensure affordable care, especially for the 28% of Realtors – more than one in four of the nation's 1.2 million Realtors – who do not have health insurance coverage.

Participants emphasized the importance of having financial security from high health care costs, recognizing that a single health incident could "destroy my livelihood." They voiced their concern that "anyone in the U.S. that chooses to be self employed and is an entrepreneur - the fiber of our country - cannot get decent health insurance." Participants struggled to balance a desire to limit government involvement with their desire for security from high costs and access to affordable care.

Catherine Mc Laughlin represented the Working Group at this meeting.



Citizens' Health Care Working Group Community Meetings

Kansas City, Missouri
Orlando, Florida
Baton Rouge, Louisiana
Memphis, Tennessee
Charlotte, North Carolina
Jackson, Mississippi
Seattle, Washington
Denver, Colorado
Los Angeles, California
Providence, Rhode Island
Miami, Florida
Indianapolis, Indiana
Detroit, Michigan
Albuquerque, New Mexico
Phoenix, Arizona
Daytona Beach, Florida
Upper Valley, New Hampshire
Hartford, Connecticut
Des Moines, Iowa
Philadelphia, Pennsylvania
Las Vegas, Nevada
Eugene, Oregon
Sacramento, California
Billings, Montana
San Antonio, Texas
Fargo, North Dakota
New York, New York
Lexington, Kentucky
Little Rock, Arkansas
Cincinnati, Ohio
Sioux Falls, South Dakota
Salt Lake City, Utah



Washington, D.C.

SESSION FINDINGS

Values

It's scary to go to the doctor and think that if I was diagnosed with anything, it would destroy my livelihood. If a woman is diagnosed with breast cancer, and is uninsured or underinsured- it is a death sentence.

Participants valued access to affordable, high quality care. They emphasized the need for a level of security in the health care system, saying that “we need something that ensures that if we become very ill, it doesn’t take away our livelihood or what we’ve worked to earn so hard all our lives.” Individuals valued competition, and desired both standards of quality and forms that would assist them in making health care decisions. They also valued the relationship between the patient and the provider, saying that care should be “physician driven, not insurance driven.” Participants emphasized their desire for preventive care, and hoped for a health care environment that would entice more people to become health care providers.

Individuals at this meeting agreed almost unanimously that the health care system in the U.S. is in a state of crisis or has major problems. When asked about what they thought was the most important reason to have health insurance, the majority of the participants felt it was paramount to have coverage for high medical expenses, rather than for every day costs (86 percent). A similar number of individuals felt that it should be a public policy, set out in federal or state law, that all Americans have affordable health care coverage.

Most participants preferred a health care system that provided a defined level of services for everyone, rather than providing coverage for particular groups of individuals, as is the case now. Those in support of a new system said they favored that approach because “the majority of people don’t fall into a group and if we only work with groups, people won’t get covered.” If there was going to be a basic benefits package, participants preferred that consumers and medical professionals make the decisions regarding what should be in it. They also felt that, in terms of access to benefits, “something is better than nothing.”

The 17 percent that disagreed with the concept of providing a defined level of services to everyone explained their dissent. They voiced skepticism of the government, saying “has it ever improved anything if the government gets involved and standardizes it? When the government gets involved and standardizes it so everybody’s got a level playing field it never really levels the playing field.” Participants desired to keep health care “in the competitive arena- it helps everyone to buy a policy in a competitive marketplace.” Reference was also made to the initiatives in Massachusetts and Vermont where “the government is not running it, but they help everyone to be able to afford to buy a policy in the competitive marketplace.” Others talked about the complexity of the current system, saying the “manpower that’s required to run the system drives the costs up tremendously. We need something that’s easier to understand as a whole and something that takes less manpower to run so everyone can have access while keeping it affordable.”

Getting Health Care

What's most important to me about health care? Getting it. There are too many areas of the country and too many populations that absolutely don't get health care. It is either inconvenient, impossible or there's no doctor in the area.

In regards to getting health care, participants at this meeting desired protection against devastatingly high costs and sought increased control over their own care. Participants wanted to shield themselves from catastrophic health care costs that could "ruin our livelihood." They stressed the importance of the patient-provider relationship, saying "I should be able to select and maintain my physician over time- and as a patient, bring things to the table that I think would benefit my care." In choosing their physician, individuals talked about wanting to see a "good faith estimate" of costs before getting any procedures done, and their desire to have convenient geographic access to care. They recognized that pre-existing conditions prevent many people obtaining health care coverage and desired for that to be changed.

Financing

The fact that some people feel that they should not be mandated to sign up for something is really not applicable in this case. You have to ask... to whom is the health care system available? And the answer is that it is available to everyone. If they want to go to the emergency room, they will be served and at a higher cost to society. Once you understand that everyone will use it when they need it... if they are going to be able to access the system, and we do make our system available to all, then all should pay.

The participants at this meeting were divided on the question of whether or not everyone should be required to enroll in basic health care coverage, either public or private, and expressed conflicting views about the role of government. Those that supported required enrollment (56 percent) recognized that because the health care system is open to everyone to use when they need it, then everyone should participate in paying for it. One participant said that "at first I was going to say no (to a requirement), but then I thought, you know what, if they aren't required to sign up for it than the only time they will get in the system is when there is emergency care and that will cost us more." There was a strong sentiment for individual freedom among those that disagreed, many saying "this is America. We shouldn't have more mandates."

When asked how they would prefer to obtain health insurance, over half of the participants said they would like to purchase it directly from the insurer. They highlighted the benefits of consumers being able to see the real costs, and desired to have a system where they could negotiate for the best individual price. Participants also emphasized that "as realtors, we'd like our group or association to be able to purchase in bulk" so that "we can go to the table and negotiate and not have something mandated to us."

Participants requested "integrity" in charging. "If you pay cash, you pay the highest amount. It seems absurd to me that if you go in and pay cash, you pay the absolute highest cost. That's the antithesis of everything else in the American system."

Tradeoffs and Options

I'd gladly pay for catastrophic insurance and then pay cash for doctors. Instead of focusing on getting everyone health care, let's get them all catastrophic coverage.

Participants talked about the proposals they favored to ensure access to affordable, high quality health care and services for all Americans. Their first choice was to expand current tax incentives available to employers and their employees to encourage employers to offer insurance to more workers and families. Second, they favored offering uninsured Americans income tax deductions, credits or other financial assistance to help them purchase private health insurance on their own. Their third choice was to require that all Americans enroll in basic health care coverage, either public or private.

Participants also favored efforts to increase the flexibility afforded to states in how they use federal funds for state programs and open up enrollment in existing national federal programs.

STAYING INVOLVED

Through the Citizens' Health Care Working Group website, we have made it possible for you to stay involved in the discussion – and to encourage others to get involved as well. Visit the website at www.citizenshealthcare.gov and:

- Download a ***Community Meeting Kit*** to plan a meeting for your family, friends, neighbors and co-workers.
www.citizenshealthcare.gov/community/mtg_kit.php
- Find a list of other cities hosting meetings and spread the word to friends and family in those cities to **Register for a Community Meeting** near them.
www.citizenshealthcare.gov/register
- Add your opinions to three different polls in the **Public Comment Center**
www.citizenshealthcare.gov/speak_out/comment.php
- Read what members of the Working Group and other Americans have to say by following the link on the homepage to the **Citizens' Blogs**.
www.citizenshealthcare.gov
- Share your opinions on the future of health care by creating your own blog by following the link on the homepage to the **Citizens' Blogs**.
www.citizenshealthcare.gov
- Join a growing group of individuals engaging in back-and-forth discussions on the **Discussion Forums** by following the link on the homepage.
www.citizenshealthcare.gov
- Read **Community Meeting Reports** from other cities to see how opinions are shaping up across the country.
www.citizenshealthcare.gov/community/mtng_files/complete.php

- Stay tuned to the homepage for the Citizens' Health Care Working Group **Preliminary Recommendations** (available in early June) and get involved in the 90-day public comment period.
www.citizenshealthcare.gov
- Stay tuned to the homepage for information on the **Final Recommendations** and the schedule of **Congressional hearings** to address those recommendations.
www.citizenshealthcare.gov

If you have additional ideas on how to get others involved, we would love to hear them. Please contact Jessica Federer at 301-443-1521 or jessica.federer@ahrq.hhs.gov.