



MID-VALLEY HEALTH CARE ADVOCATES
501 N.W. 25th St. Corvallis, OR. 97330

July 29, 2006

Citizens Health Care Working Group
7201 Wisconsin Ave. Room 575
Bethesda, MD 20814

Attn: Interim Recommendations

Dear Working Group Members,

Mid-Valley Health Care Advocates sponsored another health care forum on July 20, 2006.

The following comments and recommendations were submitted by participants, following a review of the Interim Recommendations:

1. Why the change in the order of listing the recommendations? Is it a rank of importance, or political?
2. Focus on universal coverage. # 1 stays #1.
3. Education on how things work currently, what is out there, what other industrialized nations are doing. And how we compare in the U.S.
We don't know what we don't know!
4. End of life care, #4: Establish a system that limits, prioritizes end-of-life care and urges/pushes people toward hospice
5. Accountability of health care resources: #3: Issue is: doing enough, not too much. fear of lawsuits leads to over providing. Idea: a system of trained mediators with maximums and guidelines to provide automatic reimbursements to those injured.. and to keep these cases out of the court system.
6. Question #1: Address arguments against with direct cogent points.
7. Recommendation #1 or 3: High cost protection : 10% of income doesn't bankrupt families and business. Middle class is being hurt and it's not being addressed.

8. Recommendation #5 or now#3: Retain or create ask-a-nurse programs all over the country. Saves doc visits for sick kids. Nurses see waves of illness in a town and know how to put frightened parents at ease. "No, your kids not going to die—we've seen tons of cases of the flu and he/she will heal in a few days...if not, bring them in."
9. The document focuses much on "vulnerable" low-income families. Financial protection against high medical costs should also be expanded to the "middle class"...everybody should be protected against bankruptcy from medical bills.
10. Need a section on accountability of providers for quality care and value on money spent on health care.
11. Need to reintegrate that "core benefits" are also available to community health networks.
12. Need to address structure of health insurance financing.
13. Financial protection should be offered to ALL citizens, not just the poor.
14. Core benefits must include alternative therapies, midwifery, chiropractic.
15. CHCWG Summary: All of these sound too much like pie-in-the-sky as promised by politicians. For example Recommendation #5, formerly #1, last sentence ..."
"However.....my response is: "Oh yeah, great.....HOW?"
16. The original order of the recommendations is more logical and better.
17. Integrated community services should be for ALL consumers, not just low income.
18. Financial protection against very high health care costs is only important NOW and during the transition period...it will not be needed if we have universal health care.
19. Promote efforts to improve quality of care and efficiency. Consumer usable information. ...does this suggest that consumers SHOP for treatments.....NO !
20. If old # 1 is adopted, # 3 and 4 are not needed.
21. Prioritize your recommendations.
22. A community health Network that serves low income population is not acceptable. We should not have a two tiered system with one for low income and another for people with resources.

23. Are you recommending universal health CARE or health insurance?
24. If recommendation #1 is implemented, why is recommendation # 3 needed, or is this transitional only?
25. Do something about malpractice suits and malpractice insurance costs.


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