

What do you think a healthcare plan should look like?

Total participants = 151

1 - Who should be eligible for healthcare coverage?

Answer Options	Response Percent	Response Count
All residents, except those already covered by state and federal programs (Medicaid)	45.8%	65
Children (0-18)	4.9%	7
Young adults (19-34)	3.5%	5
Small employer groups (2-50 employees)	2.1%	3
All residents, no exclusions	52.8%	75
Comments:		
Maybe all residents except those already covered by an employer plan?		
All Legal Residents.		
All United State citizens should be eligible for healthcare coverage		
I would like to see affordabe healthcare for all.		
In the short term, the first option might make sense, but in the longer term a single-payer universal plan seems to make sense.		
Before I could answer this question I would have to know how the funding for statewide healthcare would be obtained. I would like to explore the possibility of state & federal money now spent on medical coverage being used for all residents.		
Paid for by the individual - employer		
There should only be one of two Medicare supplemental plans. It is a confusing and expensive jungle right now.		
Washington should model what universal healthcare looks like.		
All citizens should have the same program--birth to death.		
Single payer won't work unless everyone is covered. Like Medicare for all.		
There should be a choice for inclusion so if someone wants out he can use his own funds without exclusion from his chosen care taker		
We are more likely to have good coverage if those who already receive good coverage need to be covered by the state/federal program.		
Those with wealth, I feel will most often seek above and beyond any statewide healthcare plan.		
Those citizens with more wealth will always seek above and beyond that which is in place for all.		
It needs to be simple, with common understanding of benefits, etc.		
Would make Medicare coverage equal to Medicaid; that is, those with full Medicaid coupons get more services than folks on Medicare alone.		
Provided they can show they are legal residents.		
The plan should eliminate the need for Medicaid and Medicare and, subsequently, entitlement status for any resident. This really needs to be a national plan with the Federal Gov't turning it's tax monies back to the states based on population.		
These two groups are very underserved in our current sytem.		
There should be a single supplemental plan for all medicare receiptents with standardized benefits that coordinate with parts ABC&D. I would expect it to be in a separate risk pool from everyone else.		
I'm surprised that you left out the senior population.		

2 - Would healthcare coverage be required or voluntary?

Answer Options	Response Percent	Response Count
Required participation (like auto insurance)	65.5%	93
Voluntary participation	35.2%	50
Comments:		
I understand the logic of required participation, I'm just not quite ready to go there. Maybe more information/discussion would sway me.		
Too much risk that those who opt out would later have to fall back on public health coverage. (Similar to banks that wanted to be free of regulation until they made bad business decisions and wanted to be bailed out by the public.)		
There should be universal health insurance coverage. Probably would require a Federal program like Social Security.		
IF YOU DON'T WISH TO PARTICIPATE, YOU WOULD BE FINANCIALLY RESPONSIBLE FOR YOUR MEDICAL EXPENSES, NO RETRO ASSISTANCE.		

Comments (#2) cont.:
If paid for by taxes, in that sense it would be "required" as we are required to pay taxes. Whether a person USES the coverage or not is up to them....
I feel that everyone needs to take responsibility here. Emergency room services are abused. DSHS programs are abused & some retiree's have incomes that don't need Medicare income. And with required auto insurance, we still have no penalties for uninsured motorists that everyone but them pays into. I think healthcare should be mandatory, not required.
As in the Swiss model - accountability.
This is essential in order to get the greatet spread of risk into the pool.
The term I would use is "Automatic" healthcare coverage.
I'm not as concerned about "coverage" as I am about health care itself. Access to health care should be a right, not a privilege.
Although, I'm not sure how you would account for everyone. With auto insurance, it has to be verified to get a driver's license renewed. Maybe it would have to be tied to a SS#?
Freedom for choice is important to me.
It would be automatic if you're a state resident.
We all pay when anyone is not covered.
I favour required particularly if individuals will be required to contribute to their participation?!
Depends on the structure of the system - though I lean toward required if there is financial contribution expected from participating individuals.
We need every one to contribute to get true efficiency.
If required, would need to be affordable or free for those who couldn't pay; makes more sense than having normal medical care done through the ER or having problems that could be easily fixed left until they are more treatment intensive.
Unless they can pay for it themselves.
This is qualified. If the state requires it it would need to provide coverage that would fit with people's financial situation. Not a simple problem to address.
I can't imagine that we would be able to force an individual to participate. I feel that if a plan was available, reasonable, and affordable individuals would want to participate.
Its the only way to properly spread the risk.
I'm really torn between the 2 choices as I see pros and cons to both voluntary and required participation. I choose voluntary in a effort not to let prices go wild as they have car insurance.
However, in a catastrophic situation, medical assistance should be easy to get for someone who doesn't have coverage or chose not to participate.

3 - Where would you go to get coverage?		
Answer Options	Response Percent	Response Count
The government	29.3%	41
The employer	10.0%	14
The individual market	7.1%	10
All of the above	63.6%	89
Comments:		
I think they do a good job with Medicaid and Medicare. We should get insurance companies out of the healthcare business. They just skim off a sizeable percentage of the premiums for no health benefit.		
If left to the individual, many already forego health insurance. Coverage by an employer is dependent on the individual having continuous employment. That would not assure coverage for the unemployed adults, children & seniors.		
WOULD BE RUN MORE EFFICIENTLY THAN GOVT, NOT AS MUCH OF A BURDEN FOR EMPLOYER, NOT EVERYONE EMPLOYED.		
I would love to see non profits enter the insurance market from a pooling perspective more than a risk-bearing, profit-making interest.		
Not the govt.		
I believe everyone should contribute to a healthcare fund on a sliding scale basis. I would like to know the facts & figures about government, Social Security & employers pooling monthly deductions and premiums into the fund for healthcare. If you have insurance through an employer you & the employer should be exempt from contributing to a state wide fund. Most providers have some kind of policy that may reduce your balance if you apply & are deemed eligible by your family size & yearly income.		

Comments (#3) cont.:
Again the swiss system.
In my opinion the private system has failed us. It is too inconsistent in price, coverage, and service.
This is exactly what gov't is for.
Although, I think there should be criteria set to determine the provider based on one's ability to get one's own coverage vs. not being able to get coverage for a predetermined set of criteria.
Combo Government/Employer.
Not sure I understand what "individual market" is, but we need a plan that is coordinated by an entity without a profit motive, that covers everyone for all basic care.
Government for those unable to otherwise receive coverage. Gov't as premium payer only.
Private health insurance is out. There would be a state insurance program that would cover all residents.
The government would collect a tax from everyone that would be used to cover expenses, received from private providers.
I would go to where I thought my needs could be filled.
If someone wanted to supplement the government program, they could. I think - I may not like that really, because it's only the wealthy who could do that and I think that everyone should have equal access to health services.
Each of these entities would serve the population eligible for or able to afford to pay for needed coverage.
Depending on employment and poverty status.
It will take a lot of different resources to spread the word about this program. Plus the program will need additional financial support to get up and running.
Perhaps choice would keep rates down for low-income families and individuals.

4 - What do you think the healthcare plan should cover?		
Answer Options	Response Percent	Response Count
Preventive care	90.1%	128
Catastrophic care	85.9%	122
Routine and follow-up care	76.1%	108
Comprehensive care	76.1%	108
Alternative care (including massage and chiropractic)	47.9%	68
Comments:		
Alternative care ... if there is scientific/statistical evidence that this is efficacious & cost-effective.		
With comprehensive care as possibly an option at a higher premium.		
Evidence based prevention, limited acute/routine care with increasing cost sharing as you get more and more care, then catastrophic coverage that kicks in to cap a family's contribution.		
Financial incentives should be built in the plan for eating healthy, doing exercise, taking nutritional supplements, etc. In		
To me, comprehensive must include dental and mental health. Alternatives might be "an alternative" in the sense that a person could opt out of the regular plan and get a credit or voucher they could use for alternative practitioners.		
I think any medical care "necessary" should be covered. Elective care is another matter. preventive & alternative care should have limits.		
The individual would pay for the need of care.		
Truly evidence-based care could prevent abuse of services.		
Plan should include some type of rationing mechanism to ensure that resources are being maximized.		
There are some end-of-life and radical healthcare procedures which should be examined.		
Not sure if it is feasible, but maybe to qualify for Catastrophic care, if it severity could have been controlled/managed/reduced with Preventive Care, proof should be shown the individual actively sought out and participated in preventive and Routine Care.		
Not sure exactly where the lines are between these descriptors. I think we'd need to start with basic and routine, and then expand with layers as affordable and with increased individual cost participation.		
Mental health care with non-discriminatory coverage.		
Needs to include prescription drugs.		
Coverage would be determined by science-based evidence that a particular entity (preventive, diagnostic, therapeutic) is proven to be effective. If alternative care meets this criteria, it's covered.		
I don't understand the fourth choice but in your area I once could not get a doctor as they were not adding any more Medicare to clinics who thought they had a high enough %. My only alternative was the ER s as I also wasn't allowed to pay for a doctor else he could have no medicare pts.		
I'm not sure what is meant by "comprehensive care."		

Comments (#4) cont.:

I would rate these if forced to make a choice: 1. preventive care; 2. catastrophic care; 3. routine and follow-up; 4. alternative care. I don't really know what else would go into comprehensive care. Maybe that covers all four of the above.

Funding sources for covered services would vary.

Healthcare coverage ought to cover preventive care particularly - this alleviate the burden at the moment around catastrophic care - i.e., presumably there could be much less of it, e.g. through routine screenings, etc.

Certainly as a starting point, preventive & catastrophic.

I want a personal medical home, where I know I can get of proper referral!

I don't understand the difference between routine and preventive and exactly what is meant by comprehensive care. Some areas, i.e. regular check-ups, vaccination, etc. should be covered 100%, others by a co-pay standard, and others, i.e. alternative care by percentage.

Some plans could offer alternative care, but at a higher premium. Plans would be comprehensive - affordable plans would offer dental, vision and hearing benefits.

Dental

Preventive could help stop a catastrophic event. Catastrophic would be so helpful when there has been an accident or serious condition found in the prevention care. Routine would allow any person to seek help early in an illness and maybe then we will save employers from sick days.

Could fluctuate with total \$ available.

5 - How would the healthcare plan be structured?

Answer Options	Response Percent	Response Count
A standard government plan	58.0%	80
A choice of plans provided by a competitive private market	47.8%	66

Comments:

I recall a study, years ago, comparing the cost of care in Port Angeles & a matched B.C. town. Care in the U.S. was 8>10 times greater given the lack of uniform insurance coverage.

it should be a "limited" choice of plans to avoid confusion for the buyer

Neither-see previous comment about role of a nonprofit pooling entity

Too many choices would break the system. Private market would mean too many changes of coverage as some months one plan is cheaper than another. We are seeing this in Medicare part D coverage. People need to know what their coverage, deductables & copays are and how much it will cost each & every month. It needs to be a standard plan with standard fees & premium scales. Statewide coverage would probably take away most larger insurance companies again, making large employers the only ones eligible for coverage.

The swiss plan - when Individual pays [even a donated dollar] they are accountable for their actions. no accountability leads to abuse

Perhaps the private (competetive?) market could contract to administer a standardized plan.

This would be a middle line, similar to what public education is to the educaiton of the community, and not a baseline.

Most folks (including myself) do not enjoy parsing healthcare insurance jargon - it seems written to obfuscate rather than inform. Healthcare should be simple and straight-forward!

I don't know what you mean by "standard government plan." Like Canada? Yes. Like France? Yes?

It would depend on the individual and the ability to make a decision about the coverage....those who's employers provide care, potentially should not qualify for government plans unless financial need to cover dependants.

..if a 'competitive private market' there would need to be regulations so to not take of advantage of the vulnerable.

I generally like competition, but don't trust insurance companies to provide it. Health care should be more like a public

Private health insurance is gone. All healthcare is non-profit, delivered by the government with citizen oversight.

Why should a significant part of my healthcare dollar go to insurance companies?

There should be a basic plan that is set as a minimum level of coverage, and then additional types of coverage at defined levels, like Medicare supplement plans. There should be no exclusion of pre-existing conditions (which is why there needs to be a mandate).

Single payer is the only way to create equal access.

Comments (#5) cont.:

Other: My goodness - I would think by now that we could offer in this survey, some brilliant creative ideas other than these two options. I hoping that the Alliance has already got some ideas. I'm not convinced that it has to be either std. gov. vs. competitive private. We have been hammered over the head with thinking in these terms! Standard doesn't say much! Standard does say, limited, complicated, barriers in place, etc. Let's create a plan which takes into consideration the wisdom and advantages recognized by other countries who have "successful" healthcare plans for all. They vary - bottom line is I know several countries who do not expect to crush the financial core and morality of families whilst doing so. This is what a purely competitive private market succeeds in doing. It is not on!

Plans should be the same across sectors; only difference would be funding, private or employee when possible, publicly funded when appropriate.

Look at the mess medicare part D is by using the private market.

A competitive market would ensure choice, quality and service - something a government cannot do.

I feel private industry would do a better job of keeping out layers and layers of bureaucracy.

Basic coverage through the government with private alternatives?

Again, I see this as a parallel to voluntary/required participation.

So long as the rates are affordable by low income or medium income individuals and families.

6 - How would your healthcare plan be paid for?

Answer Options	Response Percent	Response Count
Each individual pays for their own coverage with governmental support to be	56.4%	75
Employers pay for their employees	34.6%	46
The government pays for the program through an equitable taxing mechanism.	56.4%	75
Comments:		
Employers should have the option of paying some portion of the cost as an employee benefit but not be required to pay it.		
Small co-pay might make people more responsible about using health care, but the most important feature is that people seek preventative and early care without having to use emergency rooms unnecessarily wait until health problems worsen before seeking care.		
Unless the program is uniform ... segments of the population are likely to be left out.		
Those elders who are over 65 and are still working should decide if their employers should cover them or the government with reimbursement of their outlay by the employer.		
The government could recoup some of the costs from larger employers, possibly, but small employers would not be expected to contribute.		
It will take all of the above choices to make a statewide plan work. I feel that as long as payment is not a choice for the individual, I mean that money should be deducted from income before an individual is paid, either yearly taxes or payday. It is too hard to let money go once it is in your hand. And of course, in the long run, hospitals & doctors will be the one to lose because of course we will treat sick people with no compensation with accounts going to collection agencies that people can't pay. If you have insurance through an employer you & the employer should be exempt from contributing to a state wide fund. If everyone contributes then the system can work on the bottom line..... those that really need assistance on any balance can apply for help as most providers have some kind of policy that may reduce your balance if you apply & are deemed eligible by your family size & yearly income.		
A tax credit so you choose the plans that best suits your needs and fair controls on PRIVATE insurance . the swiss plan - private and govt together.		
It will take all three to get the job done.		
We could just print more money for it - seems to work OK for the bankers, eh?		
It would seem to me it HAS to be a responsible combination of all of these as I view them as all intertwined.		
All consumers must be responsible for a portion of their healthcare. This creates ownership of behavior and does not encourage the attitude of entitlement! Do not give something for free!		
All general frameworks sound good. I think the key would be to "do something", maybe pilot all three in various areas and study?		
Single payer.		
Patients should get a choice as should doctors		

Comments (#6) cont.:

I don't regard these two choices as mutually exclusive; employers should be encouraged to provide coverage for employees, but that should not be the only way people get coverage. For example, one should not lose health insurance because of leaving a job or becoming self-employed. In any scenario, government support would be required for those at certain (low) income levels. Many employed people can't afford the insurance available to them because it would take over a quarter or more of their income.

I'm not sure

Some covered services should be publicly financed. These include most population-based services--stuff that is not really part of the traditional insurance model. Everyone should face some out of pocket costs for almost every service--and, if they want to use private health care providers, they should expect to pay more (for some services, A LOT MORE) for that choice.

A taxing mechanism is one way. Other issues need addressing in the healthcare system as well - addressing costs at every level - these costs need to be lessened, e.g. a mammogram - preventive screening - most often not covered today by insurance companies (particularly individual ins) and the cost of which is approx. \$400 round figures! Address salaries - get medical doctors to care about people instead of \$\$, insurance companies and liability. Let's ask some questions around the humanistic aspect of health "care!" That would include so called "consumers" and those who work in the field - all are ailing around the stress and inadequacies of a system that is \$\$-greed centered rather than "caring for people" centered. We must rehash the entire system - not just expect, as usual, healthcare consumers to foot the bill, absorb the changes, pay more, get less while the system trundles along in it's inhumane, inadequate, careless manner.

None of these. Should be each individual pays for their own coverage----period

1. Gov't would pay a portion of the premium for a comprehensive plan based on a sliding income scale. 2. Gov't portion would be funded by an equitable taxing mechanism. 3. Employers would be offered incentives, such as tax credits, for paying some portion of employees' premiums.

An individual would be able to pick a coverage for him/or herself with what they personally might need. Example: An Government portion covered by taxes, Alternative options paid for by individuals

All of the above. Individual participation, with government and employer contributions.

7 - What other issues or barriers to healthcare coverage have you faced that were not addressed in this survey?

Answer Options	Response Count
	62

Comments:

"Pre-existing" conditions should be covered.

I have a very serious "pre-existing condition" and am terrified of leaving my job, or having my employer change plans because I fear I will be denied coverage, or offered coverage at some absurd cost that would prevent me from being able to retire. Before I got sick I always planned to retire early and buy a catastrophic plan of my own. But ironically, now that I am sick, I can't afford to quit!

I'd pool all the money now going into private employer-based plans, government plans, privately funded plans and individual plans and require that every resident participate with a defined level of benefits for all.

Early education in schools regarding healthy life styles, including diet, exercise, and avoiding smoking.

Because we have had family members who wilfully decided they could not afford insurance, I think that participation in a plan cannot be voluntary, for the sake of children. In any even, children should always be covered. There should be no excuse for parents not to be able to seek competent care.

Like England, uniform government-sponsored health care may result in a 2-tiered system ... where folks can purchase more comprehensive, and more expedient care if they desire ... and are willing to pay for it. The emphasis of this healthcare coverage should be built primarily on preventive care that will have the most benefit over the long term, i.e., improved care during pregnancy and primary care during the growth & development of children. This is likely to mean rationed care for more expensive end-of-life care.

CHANGES NEED TO BE MADE AS TO THE USE OF ER ROOMS, TOO MANY PEOPLE USE IT AS THEIR PRIMARY CARE FACILITY. WOULD REQUIRE ESTABLISHMENT WITH PCP AND ONLY ALLOW A LIMITED NUMBER OF ER VISITS PER YEAR EXCEPT THOSE THAT MEET SPECIFIC CRITERIA, EG FRACTURES, LACERATIONS AFTER OFFICE HOURS, ETC. THESE HEALTH CARE BENEFITS SHOULD NOT BE AVAILABLE TO UNDOCUMENTED ALIENS AND SHOULD ALSO FIT IN SECONDARY INSURANCE FOR MEDICARE AGE INSTEAD OF DSHS

Overall health and wellness of our population!!!!

Keep the state out of our health care options. They will only increase cost and eliminate competition.

Access = people should not have to take time off from work without pay in order to obtain health care.
The main barriers are due to lack of healthcare coverage, or the very restricted coverage offered via Medicare - no dental, vision or hearing aid benefit for example. For adults on Medicaid in Washington State, dental access is limited because few dentists accept the Medicaid reimbursement rates. Hearing aid coverage is well below industry standards. Any universal healthcare plan would have to make savings in administration (this should be fairly easy given the high costs in processing private and employer health insurance) and extend the quality and quantity of care provided. Large savings could be made in drug costs if there were a single payer with more bargaining power.
Not everyone was lucky enough to work for city, state, or federal government with such good employer & retirement benefits that they pay nothing for their medical care & some have more than one government income as they choose to continue working or retire twice. Then they still take Social Security & Medicare benefits. Government employees & retirees should pay deductibles & copays. Social Security & Medicare were not created for today's society. They were meant to be an assist but some have made it a life style. Would be interesting to see the benefits & savings, if any, that Boeing, Google & Microsoft companies get by giving their employees so many "freebies". Could be a guideline for how statewide funding is approached. If people that get a payday aren't saving the company anything, doesn't seem to me that anyone without health insurance now would really care about having coverage if they had to pay for any of it.
Why does 53 govt employees need to ok one medicare procedure? Too big govt.
Age discrimination, the older you are the more costly. We are paying over \$430 a month for a plan that covers absolutely nothing up to the first \$5,000. We are healthy sixty year olds who are self employed and avoiding or postponing preventive care because of the lack of coverage and expense. Unless something catastrophic happens to either of us (God forbid) we are getting absolutely nothing for our money.
Mental and dental health must be included in the package.
I am against any healthcare innovations that involve "tax credits" and HSAs - these are far too complicated for most people and too removed from the point of care. No saving receipts to submit, no dealing with your HSA at tax time: my ideal healthcare plan would just let me easily and simply get the care I need.
Dental?
The major barrier is the perception, perpetuated by the healthcare industry including physicians, insurers, and others, that universal health care means lower quality service. Nothing could be further from the truth, if you look at infant mortality, patient satisfaction, or any number of other indicators of excellence or lack of it. We have dug ourselves into a deep hole. It's time for all of us to take some fresh looks at systems that work. Ours is shameful, given the wealth in our nation.
Maybe to qualify for assistance, mandatory "classes"/coaching/etc needs to be completed to receive assistance...like in a divorce, you HAVE to complete a Parenting Class before the Parenting Plan can be filed with the courts...probably a drastic example, but it is the only thing that comes to mind to compare to.
Pre-existing conditions must be covered.
I believe that the market needs to change and the insurance companies must be critiqued. They should not have such a high margin of management salaries and should be required to participate in solving the problem they have created.
Common attitude that a socially responsible health insurance program equates to socialism or communism. Big business interests that will lobby and agitate against a more efficient system to increase access. We have entire departments and programs in health care institutions that could disappear if it weren't for our crazy payor system.
I am concerned with improved coverage for preventive health care. There aren't any ICD9 codes for pediatric obesity, for example, which means that primary care physicians can't bill for time spent talking to parents about their child's obesity, and they can't refer families to nutritionists (and of course they can't refer to physical activity programs). Waiting to treat children until they develop complications related to their obesity is ridiculous-- for patients, families, and the health care system.
...discrimination concerning wording of intake material at doctors' office. Lesbian, Gay, Bisexual, Transgender clients, all ages, need to be able to write in what describes their individual life-style. Thank-you.
I would like to see more emphasis on Preventive Care/Natural supplements/Vocus on Wellness not Sickness/healthy living/mind & body. STOP the Drug companies out of reach costs and flooding the market with unnecessary drugs that actually make us sicker.
The inertia of the current system. Insurance and providers (and employers) are probably very scared to try something new, and fear a disaster, even though we already have one. They are also probably not interested in losing the "benefits" of the current system that they enjoy (i.e., profits, control and protections). I also think there is a lot of fear about how things would work during any transition period. It's so big and moves so fast, that it seems impossible to actually create significant change all at once. Incremental changes, however, will likely only be smoothed over to benefit the status quo. Thanks for working this issue!
Adequate dental coverage. Access to some kind of coverage for alternative medicine.
1) Deductible too high 2) Too-costly co-pays 3) Preventive and alternative care not covered.

Comments (#7) cont.:

Mental health, out-patient RX.

Access to affordable prescription drugs. Drug company profits that make drugs for chronic illnesses too expensive for non-Medicare eligible but low income people to obtain. Access to medical care during the 2 year waiting period for Medicare coverage for disabled people. The joke called Medicare Part D. Medicare Advantage plans with low premiums that don't have providers in Whatcom County. Low income kids that aren't covered by Medicaid or parent employer or any other drug plan. Access to reasonably priced medical care for low income self-employed individuals and their families.

For this health plan to work, the primary care base has to be strengthened so that everyone has a "medical home".

Get the lawyers out of medicine. Too many procedures are done to prevent lawsuits. Caps on amounts of settlements. Emphasis on healthy lifestyles from birth.

None I don't think.

Freedom of choice of doctors.

Cost control mechanisms. Neglect of important primary care, and over-emphasis of sub-specialty care. Quality improvement. Racial disparities that exist even amongst those with similar income and health insurance coverage. Excessive reliance on health IT to be the magic bullet that solves all problems; if only we have electronic records, there would be no mistakes and costs would be much lower. Preventive care and healthy lifestyle are important, but some people still have expensive illnesses (childhood cancers, cystic fibrosis, multiple sclerosis, Down syndrome) that are not their fault; we should avoid the sentiment that they should have behaved better and then they wouldn't be sick, therefore they don't deserve to have money spent on them. "Job lock" - one can't leave a hated job because one would lose health insurance. The under-insured who have "coverage" but it is too limited to be of value. The uninsurable, who could pay for insurance but are refused coverage due to pre-existing conditions (and don't fool yourselves, as the state high-risk plan is difficult to get too and still quite costly). Emergency rooms and trauma surgery are dangerously near the

I have been dependent on my husband's employer's plan for the past twenty years. When he lost his job with the state, we needed to pay out of pocket for the COBRA, because I had previously diagnosed conditions that needed treatment. We knew that we wouldn't be able to find coverage individually because I would be disqualified. It cost us \$1,200 per month to keep the COBRA for an entire year. Luckily, we had substantial savings that we drained, but many people in the same situation would simply be out of luck. That's not right.

Prescription drug coverage seems to be needed as well. Many seniors do not have such coverage.

Too much money is wasted on administering health insurance in this country. We need a single payer plan that covers all.

There will need to be some way to ensure that people are getting more than an insurance card and a map to the emergency department. There are not enough primary care docs, and nowhere near enough dentists. Mental health services are a shambles. Besides that, everything is just great.

Hopefully - you will get a helpful response from many. It would be rather helpful, to say the least, to have a "seamless system" instead of the barriers like: a front desk person who hasn't looked up to see a patient, and yet, asks the question around what insurance one has or has anything changed since last time? Please! Already the patient gets the distinct feeling that they are a bother! I am particularly concerned about the elderly with this one. I've watched it over and over again. So sad and shame on the system. When one is diagnosed with a serious illness, e.g., cancer one is often "cut off" from one's primary care doctor because now one sees oncologists, radiation specialists, etc. The primary care physician relationship is often very valued - this isolates and negatively impacts the "care" of the patient. Patients need to know and trust doctors - it, of course, takes time. With cancer patients - often they don't have the time to build a relationship - knowing someone who knows and really cares about you along with a mutual respect and trust w/ oncologists and the like. Let's have a continuation of care through the primary physician as well - for the patient and the exper

Focus on healthcare relationship and preventative care. Many people wait until they are older to begin seeing a hcp when it is too late to reverse diseases such as diabetes. Our system is great at treating acute conditions. We need to improve our ability to prevent and treat chronic conditions.

Waiting list for coverage coverage for pre-existing conditions.

The issue of coverage for alternative/preventative care is the biggest challenge I have encountered. Yes, physicians have to be listened to in terms of what they think the plan of care should be, but sometimes the patient knows better than anyone, even the physician, what the "fix" is; and if that is massage therapy (as it is for me) that should be covered. It's a small price to pay to keep people healthy. There is no reason at all for chiropractic care to be covered and massage therapy not to be. This really needs changing in our Western health care.

I basically support the plan proposed by Senator Obama and believe that it should remain employer based. Working is a good virtue that should be encouraged and rewarded and the fact of the matter is that employer provided health plans have proven to be more stable and better funded than government plans.

Comments (#7) cont.:

If the plan was based on reimbursement structure then there would need to be some safeguard so the rate reimbursed to providers was sufficient to allow them to continue to accept patients that would not be a burden on the providers practice because the reimbursement rate was inadequate. Thereby having providers refusing to accept patients on that particular plan.

There are not enough family doctors, so that everyone can get their own physician partner.

Eliminate over doing medical procedures: number of ultrasounds during a normal pregnancy, use of medications without behavioral direction (anti-depressants without counseling, ADHD medication without family and individual counseling about life style and behaviors.), some medical procedures after a certain age depending on health of individual. Really study how to lower costs.

Needs to be enough reimbursment for health care providers to allow for choices in private health care; issue of reimbursement for services not addressed.

Prescription drug coverage for medicare enrollees should never have been created by the government. It should remain in the private industry.

Lack of current coverage for adults without children.

Long-term unemployment but with personal assets that exceeded poverty levels.

Individuals should have personal health records and be more responsible for their own health.

Pre-existing conditions/chronic conditions.

Coverage for pre-existing conditions, and while traveling.

Mental health coverage, access for inpatient and outpatient.

Effective follow up care is difficult to obtain. Scheduling doctor appointments requires long wait times from date of call to time of appointment. Doctor visits focus on only one physical issue while an individual may well have multiple issues; this makes it difficult to receive "whole person" care.

Young males, working, are not usually covered by an employer. This group of males tend to try high risk sports. They skateboard, snowboard, ride motorcycles, bikes and four wheel vehicles offroad. Not one of these sports is covered by any type of insurance. This group of young people are invincible and never think they will be hurt. This group alone adds a huge financial burden on our hospitals and doctors. This would be a group that an insurance plan should be offered at age 18.

Underinsured people with a very low cap on preventative care encourages care only during times of illness and may prevent some from obtaining immunizations.

People should be accountable for their health to a certain degree; what they put in there body. For instance someone who smokes or drinks should not expect to have the remainder of us pay for their medical. They are obviously causing health problems for themselves by engaging in putting things in their body that are not healthy and should pay for it themselves. Or overeating or unhealthy eating and then looking for a quick fix through the medical community such as surgeries, etc. If they choose to to engage in these behaviors, they can pay their own way. Everyone has the opportunity to make good choices. Adults know what is healthy and what is not. Our society wants to consume all the bad things and then have someone else fix it. Reward the people who are making healthy choices and staying healthy who don't tax the system. Offer coupons to gyms, athletic events, grocery stores for veggies/fruit/healthy items. Recognize alternative medicine more than US medicine. We are so far behind other countries in this area. There is a lot more out there than "just taking a pill" or "getting a shot" for a quick fix.

Part-time employees are not offered health care by employers. But if you work two part-time jobs because that is all you can find then you are working the equivalent of full-time without any coverage. Coverage should be available to everyone regardless of part-time work status.

Pararity for mental health and chemical dependency. Vision and dental care for disabled individuals. Vision and dental care for the elderly. Help for families with Alzheimer patients living at home.

1. Lack of providers to take current government insurance. 2. High cost to individuals that are not Medicaid eligible. 3. Income guidelines too low; some individuals and families make just enough money that they do not qualify for Medicaid. 4. Individual/families other expenses needed to be reviewed and adjusted to reflect actual income.

8 - Gender		
Answer Options	Response Percent	Response Count
Male	29.4%	40
Female	70.6%	96

9 - Age		
Answer Options		Response Count
		119
	20-29	7
	30-39	9
	40-49	22
	50-59	40
	60-69	33
	70-79	6
	80+	2

10 - Do you currently have healthcare coverage?		
Answer Options	Response Percent	Response Count
Yes	97.1%	133
No	2.9%	4