

**Notes from Public Comment at  
HEALTHCARE SPEAKOUT  
in Oneonta, NY on September 27, 2006**

At a Speakout on healthcare organized by the Coalition for Democracy on September 27, 2006, 28 residents of Otsego and Delaware Counties broke into small groups to consider the two questions below. The groups then reported back some of their comments to everyone. Their reported comments are summarized here.

**"Share one problem, hassle, or bad experience you, a friend or family member had with the US health-care system."**

1. Many young adults (18-30 years old) can't get health insurance.
2. Medicare Part D has the problems of:
  - "the donut hole"
  - prior authorization difficulties
  - one can't reach a live person on the phone
  - roughly 40% of answers to questions are correct
  - lots paid out-of-pocket
  - confusing process to figure out
3. Patient referred to Mental Health -- sight unseen.
4. During the Medicaid eligibility spend down, one can't get meds necessary to stay healthy.
5. Health insurance has minimal coverage for mental illness, and it expires. There is less coverage for mental illness than physical illness.
6. Cuts in hospital staff result in cuts in hospital care.
7. Employers change insurance plans, often resulting in decreased benefits and higher co-pays. Then employees have to find new medical practitioners that participate in the new plan, sometimes resulting in discontinuous treatments.
8. Cuts and DRGs (diagnostic-related groups) related to HMOs -- a Catch-22.
9. Some folks opt for less expensive major medical plans because they think they are young and healthy and then discover they have to pay \$10,000 out-of-pocket when a problem arises.
10. There is inadequate after-care/recovery provision post surgery.

11. DRGs provide a financial incentive to get patients out earlier (resulting in more money for the hospital even at the expense of patients' care). This can be life-threatening because patients are discharged too soon.
12. Inordinate delays in care.
13. A self-employed addict without health insurance could only get help from the Salvation Army when what he wanted was a halfway house to help him. He died in the YMCA while he waited for Medicaid to come through.
14. Incomplete follow-up including adequate drugs.
15. "Healthy New York" premiums are too high.
16. "Healthy New York" only has one doctor and three employees in the area and the doctor couldn't afford the low premiums. The program doesn't really work.
17. Doctors don't want to use Healthy New York because of the paperwork and insufficient compensation.
18. Doctors don't want to use Medicare or Medicaid for the same reasons - make it mandatory for doctors to make this a certain percentage of their patients.
19. New York State dictates the "level of care" to determine the staffing ratio in nursing homes and hospitals. This is inadequate and not determined by the facility's own administration.
20. The Chamber of Commerce says insurance is too costly.
21. Each state makes their own guidelines, so when you move it's very confusing.

**List the key characteristics [each] thinks a new US health care system should have.**

1. Remove big corporate interests (health insurance companies, for-profit hospitals, pharmaceutical companies) from health care delivery systems.
2. Subsidize the education of health care employees.
3. There should be health care for everyone that is comprehensive and without hassles.
4. There should be a focus on wellness.
5. There should be uniform prices and eligibility tests in all locales.
6. The cost of drugs and tests should be regulated - or free.
7. There should be universal dental, eye, ear, etc. coverage.
8. There should be electronic record-keeping, with privacy protections and paper backups.
9. Patients should be educated on:
  - preventive care,
  - self-maintenance,
  - how to utilize/navigate the system,
  - how-to question and understand instructions,
  - use of equipment,
  - match of equipment to individual, and
  - family members' understanding of health care regimens.
10. There should be adequate staffing at all medical facilities.
11. Healthcare should not be employer-based -- it should be separated from employment altogether.
12. State and federal legislators have great health-care plans and vote on health insurance for others. Everyone should enjoy the level of coverage that they have.
13. There should be a change in who makes the US's health-care policies.
14. Durable medical equipment should be covered.
15. There should be affordable fees on a sliding scale and they should cover durable medical equipment.

16. The gatekeeper should be removed and there should be less paperwork from HMOs. Medical attention should be expedited.
17. There should be long-term care at a basic level. Social Security should include a smooth transition from In-patient or acute care.
18. Health providers should obey the rules. Currently billing is higher or lower depending on whether the patient is paying with cash or insurance.
19. There should be a simple payment system.
20. The paperwork for Child Care Plus, Family Health Plus and other state and federal programs needs to be streamlined. It is too costly.
21. We need a non-confusing universal system of health care coverage.
22. Free transportation needs to be provided to health care facilities.
23. The federal government should be responsible for the costs of health care rather than passing them along to states and counties.
24. Paperwork needs to be simplified.
25. The bureaucracy needs to be simplified.
26. There needs to be equitable billing policies.
27. Forms should be standardized.
28. We need to find out why medical costs are skyrocketing and address the sources and solutions to those rising costs.
29. Insurance companies should be regulated.
30. The war budget should be redirected to health-care.
31. We need to fix the top-heavy nature of health organizations and their over-paid executives.