

University of Oregon
HEALTH CENTER
Student Health Advisory Committee Meeting
November 3, 2006

Student Members:	Faculty:	Alternates	ExOfficio Members:
E Chiem, Jennifer	E Munroe, Dennis	Kurnert, Allison	E Kerr, Shelly
* Kehdi, Norma	* Olson, Deborah	* Malasig, Cheryl	E DeHaven-Murdoch, Daralyn
* Ronco, Noelle	E Pangburn, Micheal	Marberry, Manisha	E Leith, Ramah
Scholl, Ben	* Russell, Chantelle	* Mann, Todd	* Megerssa, Becky
E Soetan, Folake		* Phillips, Ann	* Pressman, Ernie
Stiffler, Lesley	Guests:	* Smith, Kaylie	* Ryan, Tom
* Straight, Leslie	* Jonathan Lent	* Thrower, Ashley	* Staight, Paula
E Wintermute, Ben	* Katherine Davis	* Wee, Brett	
* Wu, Angela			

The meeting was called to order at 3:00 p.m.

1. **Approval of Minutes** – The minutes of the previous meeting were approved as distributed.

2. **Announcements:**

Katherine Davis announced that recruitment is in progress for the Peer Health Educator program. Anyone interested should contact Ramah Leith (rleith@uoregon.edu).

1. **Insurance 101** – Brian Corcoran presented the newest version of his explanation of the Health Insurance Program. To aid in his presentation of the big picture of insurance, Brian used a program that ABC just did; a great series on TV about insurance in the nation. This video provides important basic information that SHAC members need to have to understand how important what it is that they are involved in with the Student Insurance Program. This program presents the basic idea of what is going on in health care.

There is health care and there is health insurance. Health care is what we all need; health insurance is how it gets paid for.

The current system in the U.S. has left millions uninsured, unhappy and unhealthy. Last year federal spending totaled more than 600 billion dollars for health care and the cost continues to rise. The current system does not guarantee health coverage for everyone. If just spending money resulted in better health we would be the healthiest country around, but we are not.

Why has the cost of health care continued to increase? Expensive high technology. Choices, making the wrong one. Why are high technologic surgeries being provided for the elderly instead of vaccines for young children, or preventive health care for children? Another reason for the increased cost of health care is the risks such as medical mistakes and the cost of malpractice insurance. It is hard to get babies delivered because delivery is considered high risk with a high cost of malpractice insurance.

We are in a very difficult situation. It would really help the system if more and more people were educated in ways that could help. 44% of people are satisfied with the quality of their health care but only 18% are satisfied with the cost of their health care. One fourth of the Federal budget is going to health care, yet it still does not appear to be working all that well. Our system is set up so that we wait until we are sick instead of preventing illness. Should a 95 year old man have expensive surgery instead of a child being vaccinated? Tough question.

One example given on the program was of a college professor who had kidney failure and could not work, therefore, had no health insurance. She had to become poor in order to get assistance with her health care and needed surgery.

Ernie Pressman stated that the overall grade for U.S. health care is a D+ for access. Debbie Alley stated that the U.S. is ranked 37th in infant mortality in terms of taking care infants. Rationing of care is a discussion that this country has to have.

Today there is a record number of people without health insurance. 89% think that the number of uninsured people is a very serious problem. People are choosing food over health care insurance. The working poor are not eligible for government health care plans and have no access to early care when it is the most effective.

One of the biggest problems with the U.S. health insurance system is that it is an employer-based system, and a lot of employers are choosing not to offer insurance to employees. 85% of people in the pole are worried about their health care costs.

Self employed people pay more for health insurance and generally make too much for government health care plans. This stifles entrepreneurship. 115 million or one-third of the population is either uninsured or underinsured. There is a \$20,000 limit on income to qualify for Medicare.

Students fall under the lowest rung of the income factor. A lot of students are coming into school under their parent's plans, but this is also becoming less and less.

If we could reform our health care system in a way that would provide basic coverage for everyone, is there a way to finance that or save money that would result in not result in spending more money than we already do?

It would be difficult to do this initially (the estimate is about 60 billion a year net that the government is spending) but over the long haul, if more money were spent on primary care to catch things early it would cost a lot less to provide health care. There would be a need to put in additional money up front so it does not have to be taken from some other programs.

This could not be a consumer saddled program. If there is a large deductible for someone they would neglect health care. We need to address the futile battles at the other end of life, prolonging life at the end using expensive technology.

Single payer system, doctors get same fee regardless if person is rich or poor. Ideal to have an information system laid on top of it. Only danger is that governments have a habit of under-funding. Would cut administrative costs.

Ways to correct this problem would be to have universal care, a single payer system, and a mandatory health insurance program. There are a lot of different of systems throughout the world, but no one is able to pull out the good things of each due to political intervention.

What happens to the private entities if a government system should come about? Political lobbying by the insurance industry.

Eight out of ten people want employers to be required to provide insurance to their employees. Insurance itself invites waste as people are not aware of the real costs. It is needed to help with catastrophic events.

The marketplace provides good competition for good care. This is great for cars and widgets, but when it comes to health care you have to be informed to get good quality health care. People do not have the information they need to pick their own doctors. Our health care system is not set up to provide the information needed for comparison so people can make their own choices. The U.S. is the only country in this world with employer-based health care. A single payer system has less administrative costs. We could still have competition with a combination of sensible cost effective insurance and innovation on the private side.

Emergency room care is the place where people are getting their care by default because those who do not have health insurance have nowhere else to go. This has caused an overloaded system everywhere. Emergency rooms are overwhelmed by the walking wounded, people who can get themselves to them. Someone who is

really sick could be lost because of the volume of people using the emergency rooms for reasons other than emergency care. Educating students about not using the emergency rooms is really important. A lot of students end up going to the emergency room when they do not have health centers available to them. Health Centers get good primary care to students at a lower cost.

A primary care approach is the next frontier in American health care with health care clinics open to everyone. A lot of people seem to be saying small health centers for primary care can be part of the solution.

The main points are:

Health care is in crisis.

The primary funding system relies too heavily on employers.

Primary care is an extremely important piece of the puzzle.

How can the provision of health care for students be funded? Having the health centers available to them is one way to do it. If everything was paid for by way of a fee that would come a long way in solving the insurance problem in America. Voluntary insurance plans are not keeping up. Mandatory coverage is becoming the way.

Questions:

Q: If the Canadian system is working, why are we not doing it?

A: This is a political issue. Canada's system is not perfect with some things like waiting for treatment, special treatment. Americans do not want to wait.

Q: What is the uninsured rate of students?

A: It used to be 20%, but Debbie Alley feels this has probably gone up. More and more she is seeing students who are not covered under parent's plans. We have to do something or students are going to be priced out of insurance. We are insuring people who have no other option. It is easy for healthy students to get insurance, but if there is any sort of a problem that they have to use the insurance for, the insurance companies will deny coverage.

Lifestyle and prevention has a large effect on the cost of health care. People not taking care of their bodies throughout their lives to keep them healthy, such as eating healthy, exercising, and doing the things that keep them healthy. Perhaps physicians and other health care providers need more training in preventive care. Not many have focused on this, things like nutrition and lifestyle changes that could prevent a lot of illness.

We have the ability to change the Health Center by providing everything for a fee. How is this possible? The Health Center can only provide so much of the care. It is important to recognize limitations of what can be offered. We need to recognize the resources available and that they are being used to the fullest. Maybe students would want to pay a little higher fee and have everything taken care.

4. **Adjournment** – The meeting was adjourned at 4:00 p.m.

Kim Barker, Recorder

****Next Meeting****
November 10
Room 360 Oregon Hall