

WASHINGTON STATE NEWSLETTER

JANUARY 2008 WINTER EDITION

SSWLHC ADVOCACY, PRIORITIES, ISSUES & ACTIVITIES

- JANUARY 19, 2008
NASW WA STATE—
LASW/LICSW LICENSURE PREP CLASS
STEVENS HOSPITAL, EDMONDS WA
- JANUARY 18-19, 2008
NASW WA STATE
"MY BODY IS NOT YOUR PLAY-
GROUND: SEXUAL BOUNDARIES
COURSE" ,
HILTON HOTEL, BELLEVUE WA
- APRIL 4, 2008
SWEDISH CANCER INSTITUTE
"GIFTS OF THE IMAGINATION:
GUIDED IMAAGERY FOR SURVIVING &
THRIVING BEYOND CANCER"
GLASER AUDITORIUM
SWEDISH FIRSHILL CAMPUS
SEATTLE WA
- APRIL 11-12
NASW WA STATE
"ENHANCING RELIATIOSHIPS:
A MULTIDIMENSIONAL APPROACH TO
WORKING WITH COUPLES IN DIS-
TRESS"
LOCATION TBD

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SSWLHC LEGISLATIVE CONFERENCE DISCUSSES HEALTHCARE REFORM AND THE REALITIES OF IMPLEMENTATION

The SSWLHC presented its annual Legislative Forum on Dec. 4, 2007, focused on advocacy in the local, national and international healthcare arenas. The Forum, held at Overlake Medical Center in Bellevue, attracted social work administrators, clinicians, students and a physician.

This educational advocacy session, developed and moderated by Lynn Carrigan, MSW, SSWLHC Advocacy Chair, was timed to prepare SSWLHC members in advance of the upcoming Legislative session that began January 14. Formatted as a panel presentation and discussion, the presenters including Cassie Sauer, MSW, Washington State Hospital Association, Bill Blake, MBA, Coordinator for Healthcarevouchers.org and Roslyn Solomon, JD, of Uplift International, provided information on State, National and International efforts at health care reform.

Cassie Sauer, MSW, VP of Communications for WSHA and member of the SSWLHC, presented the following material on the context of State government politics, leadership, and shared with us the tensions (obstacles), questions, current proposals and realities of Health Care Reform in WA State.

First, is the question of whose responsibility is health care reform, Federal, State or Local Government? Can the state really make a difference with

Continued on Page 5

Public Health and Hospitals Collaborate on Helping Homeless with Medical Needs

A new project sponsored by the Seattle King County Department of Public Health is underway to address the needs of homeless patients who have medical needs at discharge. Earlier this year, Public Health convened a meeting of hospital representatives, homeless service providers, housing providers and advocates. The meeting was initiated after hospitals expressed concern about the lack of discharge options for persons who were homeless or at risk of homelessness, who needed medical care beyond the level available in medical respite programs.

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GOVERNOR RELEASES SUPPLEMENTAL BUDGET

On Tuesday, December 18, 2007, Governor Chris Gregoire released her 2008-2009 supplemental budget proposal. The supplemental budget makes adjustments to the biennial budget enacted last spring and slightly revises her spending priorities for the next state fiscal year.

Washington State continues to enjoy a budget surplus, but revenue collections have declined for the first time in several years. Because of this decline and the desire for a substantial reserve fund, the Governor wants to be frugal with state resources. Her budget, therefore, makes minimal new investments. State legislators will likely approach the budget with similar frugality. After the changes the Governor seeks to make, the state surplus would stand at about \$1.2 billion.

WSHA'S BUDGET PRIORITIES

While the Governor's budget is conservative about spending overall, she makes some significant investments in health care. We are generally pleased with her budget, but there are some missing issues for hospitals and health care. Discussed below is how Governor Gregoire's proposed budget addresses the Washington State Hospital Association's (WSHA's) top budget priorities, listed in order of priority:

1. Ensure adequate funding for the new Medicaid inpatient payment system. The Governor's proposed budget appropriates about \$30 million for Healthy Options plans to be able to pay the new hospital Medicaid rates. Unfortunately, the budget does not provide a yearly update for inflation, as recommended by the state's consultant.

2. Fund the legislative commitment to public hospitals. In the 2006 session, the Washington State Legis-

lature established a new payment mechanism (certified public expenditures) for 12 public hospitals. Savings from this new system enabled the state to maintain access to care through Medicaid and Basic Health. The Governor's budget includes \$36 million to ensure participating hospitals will receive no less in combined state and federal payments than they would have received under the regular Medicaid program.

3. Fund implementation of the Cover All Kids law. The Cover All Kids law enacted in 2007 is already proving successful, and the Governor's proposed budget includes \$51.9 million for increasing children's health caseload (largely balanced by declining Medicaid caseloads in other areas). Her budget also provides \$32 million for pediatric rate increases in Healthy Options. Unfortunately, there is no funding for the Children's Healthcare Improvement System's incentives to providers to meet performance standards and increase children's access to a medical home.

4. Train incumbent health care workers. We are pleased the Governor's proposed budget includes \$3 million for the State and Community Technical Colleges to train lower wage hospital employees to advance their careers using work-based learning strategies.

5. Develop a statewide tele-health network. The Governor's proposed budget does not include the \$300,000 WSHA is requesting to support a comprehensive survey of local broadband access, provider technical capacity, and barriers to implementation of telehealth/telemedicine services.

6. Improve end of life education. The Governor's budget does not include the \$300,000 WSHA is requesting for education on end-of-life issues and for educating facilities and the public on a form for patients to describe the care they want to receive - the Physician Orders for Life Sustaining Treatment (POLST) form.

7. Increase the loan repayment program. The Governor's proposed budget does not include the \$3 million WSHA is requesting for the Washington State Health Professional Loan Repayment and Scholarship Program to increase the number of health professionals serving in underserved and rural areas.

OTHER HEALTH CARE PROPOSALS

Following are some of the other health care investments Governor Gregoire makes in her 2008-2009 supplemental budget proposal, totaling more than \$49 million, listed in order of the amount of state spending:

- * **Increases wages or benefits for nursing home workers** such as nurse aides, dietary aides, laundry aides, and housekeepers (\$15 million).
- * **Promotes higher immunization rates**, particularly for adolescents, with funding for the Human Papillomavirus (HPV), Tetanus, Diphtheria, Pertussis (Tdap), and Meningococcal vaccines (\$6.5 million).
- * **Replaces lost federal funding for 10,000 enrollees in family planning services** that reduce unintended pregnancies, reduce Medicaid expenditures for births from unintended pregnancies, and prevent sexually transmitted diseases (\$5 million).
- * **Extends state pilot programs for drug/alcohol treatment and intensive case management** to determine if these programs can reduce incarceration and emergency room use.

CELEBRATE SOCIAL WORK MONTH MARCH 2008

The focus for Social Work Month is a central tenant of social work—**BUILDING ON STRENGTHS**, emphasizes resources, capabilities, support systems, and motivations to meet challenges and overcome adversity.

The 'strengths perspective' - emphasizes the assets that are used to achieve and maintain individual and social well-being

Understanding and utilizing strengths is essential to improving the emotional health and well-being of individuals, families and communities.

The foundation for growth and change in an individual, a family and a community are their strengths. More than 600,000 social workers are educated in the "strengths perspective" which emphasizes working with client or community resources, capabilities, support systems, and motivations to meet current challenges.

All individuals, families and communities have strengths. Understanding and utilizing these strengths are essential to improving emotional health and well being.

GOALS OF SOCIAL WORK MONTH 2008

1. Expand the public perception of the breadth and depth of social work
2. Reach out to the media, both nationally and locally, to promote the importance of social work services and social work professionals to society
3. Promote a theme that resonates with and builds pride in social workers.
4. Increase understanding of social workers' role in working with families and communities.

Reprinted from: www.NASW.org

GOVERNOR'S BUDGET, CONT. FROM PAGE 3

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- * **Increases capitation rates** allocated to the Regional Support Networks (\$2.8 million).
- * **Hires additional mental health technicians at state mental health hospitals** to improve patient and staff safety (\$2.6 million).
- * **Increases nursing home licensing fees** from the current per bed fee of \$275 to \$428 (\$2.2 million more collected)
- * **Continues implementation of the Health Insurance Partnership**, a program for small business employees to purchase affordable health insurance (\$2 million).
- * **Increases funding to reduce the backlog in investigations of complaints** against health care professionals (\$2 million).
- * **Increases funding to eliminate the backlog in federally-required citizenship verification for the Medicaid program** (\$1.7 million).
- * **Creates an online prescription drug monitoring program for controlled substances** so providers and pharmacies can view what drugs are being prescribed and dispensed to any patient (\$1.4 million).
- * **Funds services such as respite and training for unpaid long term caregivers** to help them continue providing care for elderly, vulnerable, and developmentally disabled relatives in their own homes (\$1.1 million).
- * **Authorizes national criminal background checks for out-of-state residents applying for health profession credentials in Washington** (\$708,000).
- * **Creates a system of seven new credentials for registered counselors**; existing counselors must obtain one of these credentials (\$558,000).
- * **Funds a senior-based exercise program and fall prevention information for seniors and their children** to reduce the risk of falls (\$557,000).

- * **Allocates additional resources for the state Department of Health's health professions work force survey** (\$323,000).
- * **Creates a registry for patients with Parkinson's Disease** to help them enroll in studies and clinical trials of new treatments (\$275,000).
- * **Establishes a 24-hour nurse hotline for foster parents** to get medical consultation and advice about emerging medical issues for children in their care (\$88,000).

WHAT HAPPENS NEXT?

The state Senate and House will each propose their own budget plan, using the Governor's plan as a starting point. These budget proposals will likely be released in February 2008. The Senate and House must then negotiate a final budget their members will approve and the Governor will sign. This legislative session is a short one - 60 days - and is expected to adjourn in mid-March.

As the legislative session proceeds, the WSHA will ask you to educate your legislators about hospital needs in our budget priority areas. WSHA is counting on your participation and support as we advocate for key hospital budget priorities throughout the 2008 legislative session!

For additional information, contact your local State representative or Lynn Carrigan [at:lrc@u.washington.edu](mailto:lrc@u.washington.edu)



LEGISLATIVE CONFERENCE, CONT. FROM PAGE 1

federal laws standing in the way? And, what impact will the Presidential election have for health care reform?

Second is a culture of fear. People are concerned about what they might lose. There is no culture of sacrifice. The uninsured do not vote, and messages about “your health insurance is at risk too” do not work. Population numbers and the insured include:

Employer insured	3.98 million
Medicaid Insured	995,000
Medicare Insured	827,000
Self Purchased	708,000
Uninsured	593,000,

includes 73,000 children

In Third place is Politics. Is there political will? Reelection is central in most minds. The next election will be November 2008. Should legislative majorities force through non-partisan decisions because they can, or should they find compromise with opponents?

MAJOR QUESTIONS IN REFORM INCLUDE:

Financing: Should it be employer-based? What about the unemployed or self employed? Should there be a general tax? What is the source of funds in a state with limited taxing options and no appetite for increasing taxes? How much do participants pay? How do they pay it? Should there be premiums, co-pays?

Many health problems are self-caused. Even those not self-caused are often better with good self care. What is society's and the state's responsibility for taking care of people who do not take care of themselves? Should people pay more for bad health habits?

Mandates: Is a mandate for having health coverage necessary? If so, what kind of mandate? Who is mandated? (Individual? Family? Employer?) What are the incentives? What are the penalties? (Instituting incentives and penalties is more difficult with no state income tax.)

Benefit Levels: Are benefits the same for everyone, or can some people buy enhanced benefits? Should it be

bare bones or comprehensive? Should services that are not effective be rationed? There is tension between public benefit levels (Medicaid, inmates) and private benefit levels. There are also many strong constituencies with compelling cases for particular services.

Residency: Who is a Washington resident? This is difficult to define in a state with no income tax. What if people move to the state for our benefits – particularly sick people? What about immigrants? Should there be a distinction between legal and undocumented immigrants?

Providers and Insurers: How are providers paid? Fixed rates? At what level? What role do existing insurance companies play? There is also the issue of for-profit vs. non-profit health care. Who will fund research and innovation? Will providers and insurers have a choice in which patients to see or which people to cover?

Role of Technology: How much money and effort should be put into technology? If it is very expensive, is it worth it? What is the role of the electronic medical records, automatic prescription dispensing, email contact with providers? How should technology use be incentivized?

EXISTING STATE EFFORTS

Should WA stay the course or develop new efforts? A lot is happening in the state and a lot is being studied. Good proposals not funded or only partially funded include Basic Health, a premium assistance program through the Connector Plan, Outreach, SCHIP. Should we do the next big thing or expand current successful efforts?

HEALTH CARE REFORM GOALS INCLUDE:

Increasing Access. This is a three pronged effort including **Enhancing Private Insurance Coverage through Health Insurance Partnership** (small em

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IN FOCUS: LEADERSHIP PROFILE

Carole O'Brien, MSW, ACSW, LICSW

Carole O'Brien, LICSW, retired in June 2007 from a 30+ year career as a social worker at Evergreen Hospital in Kirkland, WA. When one has a 30+ career in a single institution, one's resume may not be entirely up to date, so we discussed the highs and lows of a social work career from the late 70's through to the 21st century.

Carole began her career at Evergreen in 1976, as a Bellevue Community College Social Work practicum student. She entered the University of Washington School of Social Work and graduated with her MSW in 1981 while continuing to work in the Evergreen Social Work Department. In the days before trauma designations and major med/surg specializations, all kinds of cases were admitted. "At that time we saw more trauma, head and spinal cord injuries, and accident victims. And of course, there was the Emergency Room." All of these areas became part of Carole's clinical responsibility.

Carole, as one of two social workers at Evergreen, found herself on call 24/7 and was often called in following the regular work day and on weekends. This was difficult as Carole lived 22 miles from Evergreen in the rural community of Carnation, WA and, as a single parent, had three school age children for whom she was responsible.

Carole recalls interviewing while lying on the floor to talk with patients who were on a circle bed and were lying face down. She even did house calls. Of course, at that time, "there was not the emphasis on DRGs and shortening the length of stay, so there was more time to get to know the patients and their families".

During her tenure at Evergreen, she served in many roles, including practicum student, clinical social worker, Department Director, and as hospital organizational charts shifted, as Clinical Supervisor for Social Work, Clinical Supervisor for Care Management including both RNs and MSWs, and at retirement, was providing clinical supervision to social work staff in Care Management and always, as a clinical social worker.

"One of my proudest professional accomplishments was being part of the task force that developed the Eastside Sexual Assault Center for Children (ESACC) in the early 80's. ESACC later became the Children's Re-



Carole O'Brien and her husband, Fred share a proud moment at the wedding of her son, Michael Henry.

sponse Center which remains a major clinical resource for children experiencing various kinds of trauma. She also served on a variety of other Boards and the Childrens Protective Services CPT which listened to complicated CPS cases and provided input to the Department of Social and Health Services caseworkers.

Carole has always been active in the professional community and with the Society. In the early 1980's, Carole served on the SSWLHC WA Chapter Board. At that time, the Chapter was sponsoring meetings and seminars across the State. At the State meeting in Spokane in 1984, Carole met Fred O'Brien from Seattle's Harborview Medical Center, who was attending the meeting. Carole has continued to be a member of the organization and has been involved in conference planning at both the State and National levels of the organization..

"I think I was busy doing what Social Workers do in management positions, we adjusted to a variety of climates and imposed rules and regulations and led our staff members through some pretty complicated mazes (sometimes barely staying a step ahead). It was the beginning of DRGs and managed care. Remember what the Joint Commission used to look like with all the calls and meetings to and from colleagues who were getting ready or just completed survey? For me, it felt like more autonomy and, now that I look back, more fun."

Carole's says she has "three very grown children", Michael, Linda and David. She has one ten year old grand daughter with whom she and Fred are very involved. Carole and Fred remain close to Carole's children and recently Carole's daughter became an RN and is now working at Harborview. "I doubt that it was my medical career that influenced Linda, but we discuss case issues, and the trials and tribulations and the rewards of working in today's health care system."

After retiring in June 07, Carole has been at home, as she says "not doing anything professional but I've been very busy". After six months of retirement, Carole admits to a renewed interest in the profession, agreed to be Secretary of the SSWLHC, WA Chapter, and may perhaps pick up some other volunteer opportunities. For now, she and Fred are doing some traveling, working on their Carnation home, entertaining their grand daughter, and enjoying themselves.

SSWLHC Welcomes New Members

The SSWLHC WA Chapter is pleased to welcome the following individuals to membership and invite them to participate in the activities of the organization.

Nicole Almquist, Marketing Director, Life Care Centers of America, Tacoma, WA.,

Kim Brown, MSW Student, UW SSW, Seattle, WA.,

Sandra Burga, Social Worker, Harborview Medical Center, Seattle, WA.,

Ann Friedrichsen, Transitions Coordinator, Providence Hospice of Seattle, Seattle, WA.,

Mary Goodman, Social Worker, Assured Home Health and Hospice, Olympia, WA.,

Marsha Hedges, Social Worker, Harrison Hospital, Bremerton, WA.,

Kenna Heginbottom, Social Worker, Harborview Medical Center, Seattle, WA.,

Irene Lester, Social Worker, Highline Cancer Care, Burien WA.,

Celeste Maier, Assured Hospice of Clallam and Jefferson County, Port Angeles, WA.,

Manwei Millan, Patient Navigator, Community Health Plan, Seattle, WA.,

Krista Murtfeldt, Social Worker, UW Medical Center, Seattle.,

Judi Noward, Social Worker, Assured Home Health and Hospice, Centralia, WA.,

Cynthia Robson, Social Worker, Providence Hospice, Everett, WA.,

Cassie Sauer, Director, Advocacy and PR, Washington State Hospital Association, Seattle, WA.,

Annette Severns, Social Worker, Harrison Hospital, Bremerton, WA.,

Gerry Stone, Social Worker and Care Manager, Highline Medical Services, Seattle, WA.

Society activities include:

- ◆ Educational Conferences and program opportunities with CEUs
- ◆ Opportunities for professional networking
- ◆ Ongoing information and advocacy
- ◆ Health policy information, updates and direction.

Membership has its rewards as well as responsibilities. We would be pleased to have you join us in any of these several endeavors. Please contact any of the individuals listed below on the masthead (2008 Membership Booklet with contact information is included with this edition of the Newsletter.)

Again, Welcome to Membership!

President: Kathleen Fellbaum, MSW

President Elect: Sandra J. Johnson, MSW

Past President : Diedrich Meinken, MSW

Secretary: Carole O'Brien, MSW

Treasurer: Erica Taylor, MSW

Communications Coordinator, Jacqueline Durgin, MSW

Member at Large: Carmen Washington

Education Chair: Sandra Johnson, MSW

Membership Chair: TBA

Newsletter Editor: Jacqueline Durgin, MSW

Scholarship Chair: TBA

Social Health Policy Chair: Lynn Carrigan, MSW

Published Bimonthly by SSWLHC, WA Chapter, Seattle, WA
January, March, May, July, September, November
1620 43rd Avenue East, Suite 4B, Seattle, WA 98112

CANCER AS A TURNING POINT, FROM SURVIVING TO THRIVING

One Social Worker that has had a major impact for many social workers in Washington is Jan Adrian, MSW, who hales from California. Jan founded Healing Journeys as a result of a personal cancer experience. In 1989 Jan became one of the 1.8 million women in this country diagnosed with breast cancer. Treatments recommended to Jan focused on the physical body, leaving psychological, social, and spiritual needs unmet.

Jan had a mastectomy, a course of chemotherapy, and 35 radiation treatments. She felt these were necessary treatments, but she knew that treating the physical body was not enough to heal her. Since Jan had spent seven years teaching seminars to health professionals on healing from within, she knew, in the words of Dr. Lawrence LeShan: *The person exists on many levels....physical, psychological and spiritual....and none of these can be reduced to any other. To move successfully toward health, all must be treated.*

Combining the needs she felt as a cancer survivor with her experience in teaching seminars, Jan designed a two-day conference called **Cancer as a Turning Point, From Surviving to Thriving™**. To date this seminar has been presented 23 times. Jan has brought Healing Journeys to Western Washington three times. The most recent one day workshop sponsored by Harrison Medical Center featured Dr. Michael Leaner, founder of Commonweal, and Debra Jarvis, chaplain with Seattle Cancer Care Alliance.

Contributed by Sandra Johnson, MSW, Social Work Sup. Swedish Cancer Institute, Seattle and SSWLHC President Elect. Sandi can be reached at: SandraS.Johnson@swedish.org

SWEDISH CANCER INSTITUTE
PRESENTS:

“GIFTS OF THE IMAGINATION: GUIDED IMAGERY FOR SURVIVING & THRIVING BEYOND CANCER”

Swedish Cancer Institute is sponsoring a one-day workshop on April 4th, 2008, featuring Belleruth Naparstek, MSW, who will present material on using guided imagery to increase the effectiveness of cancer treatments and improve quality of life.

Psychotherapist, author and guided imagery innovator, Belleruth Naparstek is the creator of the popular, Time Warner Health Journeys Guided Imagery7 audio series. Her first book, **Staying Well with Guided Imagery**, is a widely used wellness primer. Her second, **Your Sixth Sense**, has been translated into 9 languages and called one of the most thoughtful and sophisticated books on intuition in print. Her new book on imagery and posttraumatic stress, **Invisible Heroes: Trauma Survivors and How They Heal**, won the Spirituality & Healthy Top 50 Books Award, and was published in paperback in January of 2006.

Naparstek received her MSW in clinical social work from the University of Chicago in 1967. She maintained a private practice for more than 30 years and taught graduate students at Case Western Reserve University. Earlier in her career, she supervised psychiatry residents at Cambridge Hospital/Harvard Medical School.

The seminar will be held in Glaser Auditorium at the Swedish First Hill campus from 9:00 AM to 3:30 PM. Registration is \$125.00. To register online contact: www.healingjourneys.org or www.swedish.org.

LEGISLATIVE CONFERENCE, CONT. FROM PAGE 5

ployers with low wage workers), by expanding the Basic Health Plan, and the promotion of employer-sponsored insurance (thru HIP, Medicaid and SCHIP).

Assisting with Affordability (premium assistance (thru BHP and HIP) and covering all kids.

Improving Outreach to Uninsured and Cover all kids (SB 5093)

IMPROVING QUALITY OF CARE.

This is a 5 pronged effort including:

1. **Chronic Care Management.** Chronic Care Management in Medicaid and PEBB, align state payment with chronic care management, and develop DOH chronic disease registries (CDEMS) and collaboratives.
2. **Increase Provider Availability** through loan repayment/forgiveness programs, community and migrant health center funding, and family practice residency programs.
3. **Promote Quality improvement** through Washington Quality Forum, Puget Sound Health Alliance, Evidence based PDL and technology assessment programs, State program P4P.
4. **Increase Provider Access to Patient Information** with a Health Information Infrastructure Advisory Board, health records data bank pilots and interoperability standards.
5. **Promote Wellness** with universal immunizations, wellness premium discounts, State employee wellness initiative, and a medical home initiative in Cover All Kids.

CONTAINING COSTS.

Increase Access to Coverage and Care paired with decreasing uncompensated care and lower premium costs.

Simplify Administration through ongoing efforts of The Forum (there is a question re: whether more administration is needed).

Decrease Cost Shifting through increased Medicaid Provider rates and Hospital Charity Care rules.

Improve the Quality of Health Care through appropriate care, better information and lower costs.

The 2007 Legislative Session enacted several studies to be reported out in 2007. These include:

1. **a five year plan to change reimbursement** to promote quality primary care, technology, disease/accident prevention.
2. **a report on establishing the Washington State Quality Forum,**
3. **a plan to reduce unnecessary emergency room use,**
4. **a report on reducing health care administrative costs,**
5. **a plan for Children's health performance measures,**
6. **a plan for children's health outreach,**
7. **a plan for increasing children's re-enrollment.**

STUDIES TO BE REPORTED OUT IN 2007/8 INCLUDE:

8. **defining public health functions and performance measures,**
9. **reporting on the effect of mandates on health care costs, and**
10. **designing a reinsurance program for high cost enrollees,**

STUDY TO BE REPORTED IN 2008/10 INCLUDES:

11. a report on improving the health status of state employees/retirees.

STUDY TO BE REPORTED ON IN 2008

12. a plan for adding individual and small group markets to partnership.

STUDIES TO BE REPORTED ON IN 2009

13. a plan for expanding partnership to state employees and BHP,

14. Recommendations on mandates.

STUDIES TO BE REPORTED ON IN 2010

15. Report on substitution between public and private coverage.

The Development of a comprehensive state health planning strategy is due in 2010+.

NEW PROPOSALS IN WASHINGTON STATE INCLUDE THOSE BY:

Insurance Commissioner Kreidler who would like to provide preventive and catastrophic care. He suggests pooling nearly all residents in the same group with a sliding scale for benefits for those in the middle income brackets. This would be financed by a payroll tax.

Labor groups who are proposing to expand the Health Insurance Partnership ("Connector") program created the last session.), add more groups to make a bigger pool, fund premium assistance for low-wage employees (funding source?) and provide a menu of benefit packages from which choice would be made.

Senator Karen Keiser who is promoting a comprehensive reform that will cover almost all Washingtonians that will provide a standard benefits package similar to PEBB (Public Employee

Benefits Board). This would have no premiums, and require cost sharing designed to motivate individual decisions. The questions are financing and mandates.

Hospital Policy priorities are to avoid mandatory nurse staffing, plans and ratios; maintain tax exempt status of non-profits, ensure continued access to tax-exempt bonds, prohibit counties/cities from "dumping" patients (inmates and suspects); enact protections for the POLST form; and assure the State DOH continues to survey hospitals for fire/life safety.

Hospital Budget Priorities are to ensure funding for the new Medicaid inpatient payment system; maintain Medicaid funding for public hospitals, ensure adequate funding for Cover All Kids; secure \$3 million to train health care workers; avoid co-payments for emergency room visits and fund projects to reduce unnecessary use; provide \$300,000 for education on POLST, and provide \$3 million to expand loan repayment.

2008 Legislative Realities include a short session (60 days), proposals are just being floated now, re-election looms large, and no one wants to be a 'big spender'. In addition, the State budget forecast declined recently, and it is unlikely anything substantial will happen – maybe another study.

Excerpted from Cassie Sauer's material presented at the December 4, 2007 Legislative Forum. For further information, Cassie can be contacted at 206-215-2533 or cassies@wsha.org



A National Proposal

HEALTHCAREVOUCHERS.ORG

Bill Blake, MBA, is the Coordinator for HealthcareVouchers.org. and presented the following concept for a national healthcare program at the recent SSWLC Legislative Conference.

Bill was galvanized into the health care reform fray when he met Ezekiel Emanuel, Chair of the Department of Bioethics at The Clinical Center of the National Institutes of Health. Bill is now managing educational efforts to promote Emanuel's ideas about a health care voucher system for the U.S.

The question no longer is "if" the healthcare system needs fixing, but "how" it is to be fixed. The preferred approaches, as reflected by the leading presidential candidates of both parties, are incremental in nature and fundamentally wedded to the current system. Virtually every one of the proposals reinforces and expands the role of employer-based health insurance, the single component of the current system that is most responsible for the mess we find ourselves in.

By most standards of measure, the American health system is inefficient, inequitable, and increasingly perceived to be unaffordable. Because only incremental reform is deemed politically feasible, inordinate attention is devoted to treating the institutional symptoms rather than diagnosing systemic problems that require major surgery. Only a comprehensive approach to health system reform will assure that all Americans will have access to health insurance, that the quality of the care they receive will be commensurate with its cost and that the increasing cost of health care will at last come under control.

Healthcare Vouchers (HCV) is an approach to comprehensive health system reform conceived by Ezekiel Emanuel, Chairman, Department of Medical Bioethics, National Institute of Health, and Victor Fuchs, Professor of Economics (emeritus), Stanford

University, and originally summarized in an article in the New England Journal of Medicine published on March 24, 2005 and elaborated upon in a paper presented to The Brookings Institute on July 17, 2007. The essence of their approach can be summed up in its ten fundamental features:

Guaranteed health care for all Americans: Every American would receive a voucher from the Federal government that would guarantee and pay for defined health services from a qualified health plan or insurance company.

Comprehensive benefits: The voucher would cover a set of comprehensive benefits modeled on the generous benefits that federal employees and members of Congress receive today.

Free choice of health plan and providers: Individuals and families would choose which basic insurance program or health plan they wanted among qualified alternatives and would be free to choose their providers.

Freedom to purchase additional services: People who wanted to purchase additional services or amenities could do so with their own after tax dollars.

Funding by an earmarked value-added tax: Funding for the vouchers would come from an earmarked value-added tax, or similarly discrete, dedicated tax.

End of employer-based insurance: With basic care for all Americans provided, and the tax benefits for health insurance premiums eliminated, employer-based insurance would likely fade away.

Phasing out of Medicare, and Medicaid and other means-tested programs: There would be no new enrollees in Medicare, Medicaid and other government healthcare programs. People currently enrolled in these programs would have the option of continuing or joining the voucher program.

Independent oversight: Management and oversight of the system would be the responsibility of National and Regional Health Boards, which would be supported by the VAT, not annual Congressional appropriations, to maintain their political independence.

Cost and quality control: An independent Institute for Technology and Outcomes Assessment would be responsible for judging the value of new drugs, medical devices, tests and other interventions and to assess patient outcomes.

Patient safety and dispute resolution: Each regional Health Board would create a regional center for patient safety and dispute resolution generating more equitable results and eliminating costly and contentious malpractice suits.

Bill and his associates believe a comprehensive health system solution must be a national solution and the organization is pressuring Congress for change. If you are interested in supporting Universal Healthcare Vouchers, Blake invites you to visit the organization's website www.healthcarevouchers.org

Bill Blake served as an economist with the Central Intelligence Agency for nearly 20 years. In 1985, he began working as a corporate strategist for the Boeing Company and the Gartner Group, devoting the past several years to healthcare reform policy. Bill holds a BA from Lafayette College and an MBA from Woodrow Wilson School for Public and International Affairs.



An International Proposal

UPLIFT INTERNATIONAL: The Right to Health Care Under International Human Rights Law

Roslyn Solomon, JD, Director of Legal Programs for Uplift International presented material on international human rights law and its applicability at the local level at the December Legislative Conference.

Uplift International's mission is to improve the well being of the world's most vulnerable populations by promoting the universal human right to health through education, advocacy, and humanitarian efforts. Uplift International views health through a human rights lens and human rights through a health lens. The principles and procedural requirements cover all human beings, wherever they may live.

SUBSTANTIVE PROVISIONS INCLUDE:

Accessibility - Health Services must be accessible to all regardless of external factors such as the ability to pay, pre-existing conditions, or racial or ethnic distinctions. Accessibility also requires that health facilities be conveniently located and that information about health services be widely disseminated.

Availability – There must be facilities, practitioners and services sufficient to treat prevailing health conditions within a community.

Quality – Health care must meet the highest scientific and medical standards (i.e., best practices). There must also be open communication between health practitioners and their patients about health care treatments and options without third party interference.

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An International Proposal:

UPLIFT INTERNATIONAL Continued from Page 11

Acceptability – Health information must be communicated in a way that is understandable and sensitive to cultural norms; it must meet medical ethics and protect confidentiality.

PROCEDURAL REQUIREMENTS INCLUDE:

Participation – The target beneficiaries of any program must participate in its design, implementation, and evaluation

Non-Discrimination - Health programs and services must be free of both intentional and unintentional discrimination.

Information – Target beneficiaries must have adequate information and education to take advantage of provided health services.

Remedy – If violations to the right to health occur, individuals must have legal redress.

Non-Retrogression – Once certain rights have been provided, the government cannot take them away unless it is unavoidable and the rescission is as narrowly tailored in its effects and in its duration as possible.

Accountability – Government must respect, protect, and fulfill all human rights

Uplift International's domestic program promotes the use of international human rights standards in the United States in order to help reach the "highest attainable standard" of health for everyone..

In the Puget Sound region Uplift International is actively working with the cities of Seattle and Tacoma and county policymakers to encourage them to adopt international human rights standards because that would improve local health program planning, implementation and evaluation. They are also working with local policymakers to encourage state

and national policymakers to use international human rights standards as part of broader healthcare reform efforts. There are also strategic benefits of adopting international standards at the local level including:

The use of international standards ensures that health reform efforts are focused on ethical concerns that promote high-quality healthcare for the greatest number of residents;

The standards provide a clear framework for designing, implementing and evaluating health reform proposals; and

The use of international standards benefits local communities by connecting them to organizations and governments around the world that promote effective, efficient and ethical health programs.

Local implementation of international health norms makes sense. Cities are where the pain of the healthcare crisis is most acute; but they are also where the most creative and effective solutions can take root. Across the U.S., from San Francisco, California to Amherst, Massachusetts, cities have incorporated international norms into local laws. Using these international standards at the local level will allow cities to be the leaders of a national health reform effort that demands a healthcare system that is both ethical and effective.



Roslyn is an adjunct Professor for Seattle University School of Law, and received her B.A. from Wellesley College, Wellesley, MA in 1982. She received her J.D. from the UW in 1986. She has practiced in litigation, land use, construction, business and bankruptcy law at several Seattle area firms. Solomon is a volunteer at the Bailey-Boushay House, and is President for the Women's Endowment

Foundation of the Jewish Federation of Greater Seattle. Roslyn Solomon can be reached for comment at: rsolomon@upliftinternational.org

Public Health and Hospitals Collaborate: Continued from Page 1

Given the progress made in the first few meetings, a planner has been provided to the group to begin looking at possible options for temporary housing that can meet the need of homeless persons who have needs for wound care, IV antibiotics, assistance with ADL's, medication assistance, linkages to housing and other needs not currently met with existing medical respite programs. In the next few months, extensive work will be done in evaluating potential housing and service models as well as investigating funding opportunities to support such a project.

Hospitals currently involved include University of Washington Medical Center, Harborview Medical Center, Virginia Mason, and Swedish Medical Center. Additional hospital representation is encouraged.

For information on this project, or to participate in the planning, contact Jeannie MacNab, Senior Policy Analyst, at 206 296-3485.

Contributed by Brian Giddens, MSW, Associate Director, Social Work, UWMC and President, NASW, WA Chapter



Lynn Carrigan, SSWLHC Social Health Policy Chair and Legislative Conference organizer (L) wishes to thank Debbie Anderson, MSW, Director for Senior Care at Overlake Hospital Medical Center for offering the use of the Overlake Conference Center for the December Legislative Forum.

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For questions, call Maggie Yamanaka, MSW
ERSW Supervisor at 206-598-4222.



Roslyn Sommers and Bill Blake, presenters, share a philosophical moment at the SSWLHC December legislative conference.

CHAPTER DUES NEED RENEWAL

Dues come due each January for continuing Society membership. Dues remain at \$20.00. Your dues include the bi-monthly Newsletter, Yearly Membership List, and high value/low cost conferences/seminars with CEUs, and access to the List-Serve.

Please renew today. A brochure is included with the mailing of this Newsletter. A membership form can also be found on our website: www.sswlhc-wa.org

If you were new to SSWLHC membership after July 1, 2007, your payment of dues at that time will cover the 2008 dues payment requirement.

If you have questions or want to know if you are up to date or owe the Society for membership dues, please contact: jackiedurginbeck@comcast.net.

