



League of Women Voters of Montezuma County

VOTER

Montezuma County, Colorado

Total Membership: 25

The League of Women Voters, a nonpartisan political organization, promotes informed and active participation in government and influences public policy through education and advocacy.

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Page 1

March, 2008

In This Issue

Mark Your Calendars.....	1
President's Message.....	2
Our Website Has New Local Links	2
Calendar	2
General Meetings	2
Board Meetings	2
Federal Health Coverage Programs: Building Blocks for Coverage of the Uninsured	3
Forum on Local Hospital.....	6
LWVUS Global Climate Change Articles	6
Member Focus: Judy Schuenemeyer	6
Board.....	6
Looking for good people!!!	7

Mark Your Calendars

March General Meetings

- March 8 (Sat) 11am – 2pm LWVMCZ Hosts Roberts and Rose, Ag. Expo. No Firm Commitment at press time.
- March 20 (Thur) 7pm Health Care Forum, Calvin Denton Room of Empire Electric

Board Meetings:

- March 10 (Mon) 10am Visitor Center

Spring Forward March 9

Join the League!

Anyone of voting age may join the League of Women Voters. Others may be associate members. Discounted household memberships are available. Call Llois Stein at 564-9565 or Marcia Boon at 565-7668 for more information.

Legislative Debriefing at Ag Expo

Sponsored by LWVMZC

Hear the “LOWDOWN” on state legislative Initiatives that could affect you in the near future.

LWVMZC is sponsoring a Legislative Debriefing by Representative Ellen Roberts, March 8, 12pm at the AG Expo. Senator Jim Isgar regrets that he will be attending an Energy Council in Washington, D. C. Representative Ray Rose regrets a prior engagement as does US Senator Ken Salazar and US Representative John Salazar. Representative Roberts will discuss in detail Bills that the Legislature is considering.

This is your opportunity to raise your CONCERNS & QUESTIONS to our representative.

President's Message

Representative Ellen Roberts will be speaking at a LWVMZC sponsored event at Ag Expo, Saturday, March 8 at noon. Come with your questions and learn more about what is going on in Denver during the Legislative Session!! Ellen and her family are very generous to share her weekend time at home with us – so let's ensure her trip to Cortez is beneficial to all.

Three potential members attended our February 16 program planning meeting, I'm pleased to introduce two as new members: Terri Helm of Cortez and Nina Hogue of Cahone. Also attending was Rani Williams whose mother Dorothy Smith was an early member of our league several years ago before her death. We'll be highlighting them in subsequent newsletters. Terri commented that the meeting was the "most dynamic meeting I have ever attended in Montezuma County".

I appreciated the recent opportunity to speak to the Dolores Rotary Club about the League in general and our LWVMZC chapter and our plans in particular.

Eleanor Kuhl and I met with a Cortez Journal writer to discuss the League, its history and specifically the plans we have for the two health care forums in March and May. We hope the Journal will publicize the League, our recent attainment of full League status and our plans.

I've been made more aware of the need to educate our friends and neighbors as to what LWV is all about. They tend to dismiss the organization too quickly as being on the radical fringe if they have never been exposed to the organization or its mission. It is all the more important that we do not have unreasonable expectations of our results, yet continue to lead with exemplary efforts!

Snow still covers the landscape in Southwest Colorado, yet it's depth diminishes with each day of full sun. It's comforting that the storm systems re-discovered Montezuma County this winter, and that we have good snow pack in the mountains and moist ground in the fields. Hopefully the colder temperatures have killed many of the insects and fungi destroying local trees. Spring will be a time of renewal not only for our environment, but also for our League.

To ensure a strong, enticing spring renewal of our

League, fresh, enthusiastic thinking and participation is needed. Please consider expanding yourself with LWVMZC activities! The newsletter describes various opportunities for you. Consider helping with Organizational Leadership, Voter Service, Observer Corp, Health Care, State Financing, and Environmental / Air Quality Committees. Our plans include you as a Board Member, Active Member helping the Board with events and activities, Member keeping up with local issues, or lending encouragement. Become a financial contributor, community participant by attending our information forums / meetings, collaborating with us on Events / Issues, creating effective coalitions. Whatever your level of participation, you are needed and appreciated!

-Jodi Foran

Our Website Has New Local Links

A few links to some local information in Montezuma County have been added to our website, www.lwvmontezuma.org.

The site is still "under construction". You can contribute to the site. Email your ideas or information to Chris Foran (chris@foran.net).

Calendar

View our calendar on-line on our website (above) as well as at the Cortez Area Chamber of Commerce website (www.cortezchamber.com)

General Meetings

- March 8 (Sat) 11am – 2pm LWVMCZ Hosts Roberts and Rose, Ag. Expo. No Firm Commitment at press time.
- March 20 (Thur) 7pm Health Care Forum, Calvin Denton Room of Empire Electric

Board Meetings

- March 10 (Mon) 10am Visitor Center
- March 12 Comments on Draft Proposed San Juan Forest Plan Due

Jodi has printed copy of Proposed San Juan Forest Plan. CDs with the plan are available at National Forest Office on Hwy 184

Federal Health Coverage Programs: Building Blocks for Coverage of the Uninsured

This article originally appeared in the LWV National Voter and was written by Diane Rowland and Adele Shartzer.

As the 2008 presidential campaign gears up, health care reform is ranked just below Iraq as a public priority. Thus, it has become a top issue for candidates to address. Filling the gaps in coverage that leave millions uninsured, constraining rising health care costs, and improving the quality of care are the goals of reform efforts. The health care system in the United States is under a lot of pressure. In 2006, 47 million Americans lacked health insurance coverage. Health care costs continue to rise faster than inflation and wages, with premiums increasing 78 percent since 2001. Roughly half (54 percent) of all Americans get their health coverage through their employers, and a smaller share purchase coverage directly. Together Medicare and Medicaid provide publicly-sponsored coverage to one in four Americans who are elderly, disabled or low-income (income less than twice the poverty level, roughly \$40,000 for a family of four). Building on this coverage to assist the 16 percent of Americans who are uninsured is a key component of reform. This article reviews the role of public programs as building blocks for coverage of the diverse group of people that are uninsured.

Medicare

Medicare, a federal entitlement program that began in 1965, provides health insurance coverage to 14 percent of Americans, including 37 million adults age 65 and older and 7 million younger people with permanent disabilities. Most people who have paid social security taxes for at least ten years are automatically eligible for Medicare once they turn 65, and younger people can get Medicare after they have been disabled for two years.

Medicare has four parts (A, B, C and D) that cover different Medicare benefits. Beneficiaries can enroll in "traditional" Medicare Parts A and B for their inpatient hospital, outpatient physician care, and other medical services, or they can choose to enroll in private managed care companies (Part C) to receive the benefits covered under Parts A and B. Medicare Part D is the voluntary outpatient prescription drug benefit, provided through private

plans or as part of a managed care plan. Medicare covers most medical services, but beneficiaries face both deductibles and cost-sharing for covered services. As a result, most of them depend on employer retiree benefits or purchase private supplemental insurance to help with costs.

Medicare Part A is funded by a tax on earnings paid equally by employers and workers, while Parts B, C and D are funded with general tax revenues, beneficiary premiums and state payments. As the population ages and health care costs continue to rise, health spending for Medicare is expected to put increasing financial pressure on the federal budget.

Medicare is both a model for broader health reform through a single-payer approach as well as a vehicle for extending coverage to the 9 percent of the uninsured in the 55–64 age group who are currently too young for Medicare. As policymakers look to build upon the popular Medicare program for coverage expansions for the non elderly population, the program is featured in some proposals of Democratic presidential candidates. Proposals have been advanced to make a public plan modeled after Medicare available to the public as one choice for health coverage, allow early retirees to buy into Medicare, and provide universal coverage through a "Medicare for All" plan.

Assessing how Medicare would fit into broader health reforms raises several issues: what the appropriate role for private insurers is in Medicare and how much Medicare should pay these plans, and whether the premiums and cost-sharing requirements in Medicare would be affordable for the low-income uninsured. Moreover, because Medicare is an entitlement based on contributions from individuals who have paid into the system during their working years, extending it to the broader population would require revisiting the social insurance nature of the system and the financing.

Medicaid and the State Children's Health Insurance Program (SCHIP)

Medicaid is a joint federal-state entitlement program providing health insurance coverage to low-income families and people with disabilities that also helps low-income Medicare beneficiaries with cost-sharing and long-term care services.

Medicaid provides health coverage to 58 million low-income children and parents, pregnant women,

elderly, and people with disabilities. States design their Medicaid programs within broad federal guidelines, and the federal and state governments share in paying for costs for eligible groups. Federal statute does not provide Medicaid funds for states to cover some groups of people, such as non-disabled adults without dependent children, regardless of how poor they are.

Medicaid benefits vary from state to state but generally cover the comprehensive services low-income children, elderly and disabled people need such as hospital and physician care, prescription drugs, mental health and substance abuse treatments, and long-term care services.

SCHIP was enacted in 1997 to assist states in providing health coverage to low income children with family incomes too high to qualify for Medicaid but too low to afford private insurance. Today it provides coverage to 6 million children. Federal funds to states for SCHIP are a fixed allocation each year unlike Medicaid where the federal government matches state spending. In SCHIP, states have more flexibility to cap enrollment, impose waiting lists and determine benefit design—some services covered by Medicaid may not be available in SCHIP, and states can charge premiums and higher co-payments than allowed in Medicaid.

Because Medicaid and SCHIP already provide coverage to low-income children and some adults in all the states, these programs are a central building block in most health reform proposals. With two-thirds of the nation's 47 million uninsured in families with incomes below 200 percent of the poverty level, these public programs offer a vehicle to subsidize coverage for the low-income uninsured. Increasing enrollment for those currently eligible but not enrolled (especially the 20 percent of the uninsured who are children) can be achieved. Improved outreach and simplification of enrollment procedures as well as broadening eligibility for low-income adult parents and enabling childless low income adults to enroll would allow more of the uninsured to gain coverage.

The Massachusetts health reform plan and proposals being considered in other states build on public programs as a way to make coverage both accessible and affordable. The reform plans of several Democratic presidential candidates couple public program expansions for the low-income population with strategies to make coverage more

available to higher-income individuals through the workplace or purchasing pools.

Federal Employees Health Benefits Program (FEHBP)

FEHBP is a health insurance program for about 8 million federal workers, retirees and their dependents, making it the largest employer-sponsored health plan in the country. As federal employees, members of Congress can get their health coverage through FEHBP. It is an example of a large purchasing pool giving federal employees access to a range of private group health plan options. In 2007, enrollees could choose between 284 national and regional fee-for service plans, health maintenance organizations (HMOs), point-of-service plans, or high deductible health plans. The Office of Personnel Management (OPM) contracts with insurance companies and negotiates the rates and benefits, which include medical services and prescription drugs.

The FEHBP model provides a way to offer group coverage with a choice of plans to those who are without employer-sponsored coverage. Among the uninsured, 81 percent are from families with a full- or part-time worker without coverage through the workplace. As costs grow, fewer employers—especially small businesses—are offering health benefits to their workers. Health coverage through the individual market can be unaffordable for some people who do not have access to coverage through their employer or a union. Insurers in the individual market can charge higher premiums for older, overweight and sicker people; they can exclude coverage for pre-existing conditions.

Allowing the uninsured to purchase group coverage through FEHBP would give them access to group-rated premiums with greater consumer protections. As a result, major state health reforms as in Massachusetts and candidate proposals at the national level create an FEHBP-like purchasing arrangement to enable small businesses or individuals without access to employer coverage or public coverage to obtain coverage. This type of group approach would provide a place to shop for insurance for some of the more tax-based proposals being advocated as a way to promote consumer choice.

Veterans Health Administration (VHA)

Although not directly health insurance, the Veterans Health Administration (VHA) is the nation's largest

integrated health system and provides access to health services for 7.7 million of the nation's 24 million living veterans. The VHA emphasizes managed care through a network of 163 hospitals, more than 800 community-based clinics, 135 nursing homes and other facilities. In order to allow the uninsured to receive health services through the VHA, veterans must enroll in the system and are placed in one of eight priority groups. Many of the users of the VHA system are older; over half (55 percent) have Medicare to supplement their VA care. However, nearly one in five VHA enrollees is uninsured and depends on care delivered at VHA facilities.

Access to the VA is limited to veterans and prioritized based on service injury and income. Given the new demands being placed on the VHA from returning Iraq veterans, the system is already stressed, and coverage is unlikely to be broadened as part of health reform. However, many of the recent innovations in the VHA delivery system such as electronic health records have led the way for quality improvements and innovative health practices that both Republicans and Democrats support in health reform.

Putting the Pieces Together

Many of the presidential candidates with health reform plans propose to combine strategies and build upon these existing federal programs to expand coverage to the uninsured. The uninsured population in the United States is a diverse group including children, early retirees without employment based coverage, poor adults who do not qualify for public programs, veterans who rely on care through the VHA, and people who cannot find an affordable non-group health plan. These existing federal programs already provide coverage to millions of Americans. Utilizing the strengths and features of these programs could make further inroads in reducing the number of uninsured.

How Voters Can Affect Health Care Policy

1. Find out more specifics about each presidential candidate's plans. Information is available on the candidates' Web sites or at www.health08.org.
2. Tell your story—the campaigns and the media may want to hear from you if you've got an interesting story about health care in the U.S.
3. Talk about health care with your friends and family.
4. Be prepared for lots of advertisements from interest groups as the health care reform debate unfolds. Ask questions, do your research, and think critically about what you're seeing and hearing.
5. Health care reform is also important at the local level—find out what your state and local candidates are saying about health care, and let them know it's an important issue to you.

Characteristics of the Uninsured, 2006

(The federal poverty level (fpl) was \$20,614 for a family of four in 2006.)

Source (KCMU/Urban Institute analysis of March 2007 CPS)

1. Family Work Status
 - 71% 1 or more FT workers
 - 11% PT workers
 - 18% No workers
2. Family Income
 - 36% < 100%
 - 29% 100-199% fpl
 - 24% 200-399% fpl
 - 11% > 400% fpl
3. Age
 - 39% 19-34
 - 32% 35-54
 - 20% 0-18
 - 9% 55-64

Health Insurance Coverage in the US, 2006

(KCMU/Urban Institute analysis of March 2007 CPS)

1. 54% Employer-sponsored insurance
2. 16% Uninsured
3. 14% Medicare
4. 12% Medicaid/Other public
5. 5% Private non-group

Total Populations = 296 million

Note: Medicaid/other public includes Medicare, SCHIP, other state programs and military-related coverage. Those enrolled in both Medicare and Medicaid (1.8% of total population) are shown as Medicare beneficiaries.

Other links

www.kff.org
www.kaisernetwork.org
www.healthcareforallcolorado.org/
www.hc4rus.org

Forum on Local Hospital

Attend our March 20 meeting to be held at 7:00 PM at the Calvin Denton Room at Empire Electric. It will be an informational public meeting about Montezuma County Hospital District and Southwest Memorial Hospital. The forum presenters will include Board members of the Montezuma County Hospital District, the Southwest Hospital System, and executive administrators of the Southwest Memorial Hospital and the Physicians Organization.

This meeting will discuss organizational structures and how they relate to each other.

A second forum will occur on May 15 to discuss the various issues of rural health care in general, rural clinics, the difficulties of providers of health care in rural areas, etc.

For additional information, contact Jodi Foran or Eleanor Kuhl (Health Care Committee Chairperson).

LWVUS Global Climate Change Articles

Two new Global Climate Change articles are available on the LWVUS website

1. **Cities Take Action to Curb Global Warming**
This article details what various cities are doing to reduce greenhouse gases
2. **Economic Effects Of Not Taking Action On Climate Change**

This is an extensive article on the economic costs of not taking action and it was emailed to members in November

Member Focus: Judy Schuenemeyer

Judy first joined the League in Denver in 1968. She has also been an active League member in Athens, Georgia and Wilmington, Delaware. She and her husband Jack became active in the local League shortly after moving to Cortez in 2001. Her experiences and the many things she learned about government in the League of Women Voters of Denver sparked her interest in attending law school.

In addition to a law degree, Judy has a BS in Nursing. She was an attorney with Community Legal Aid Society in Delaware for 21 years, serving the last nine years as Executive Director.

Judy works part time in Jack's business, Southwest Statistical Consulting, is involved in several community organizations and cares for two granddaughters a few days a week.

Board

Membership.....	Llois Stein 565-9565 llois@msn.com Marcia Boon 565-7668 marciaboon@msn.com
Health Care.....	Eleanor Kuhl 564-0708 ekuhl@frontier.net
Voter Services.....	Dick Hoover 565-7367 johnhoover@beyondbb.com
Environment.....	Eric Janes 533-1051 ejanes@frontier.net
President.....	Jodi Foran 882-2401 jodi@foran.net
Vice President.....	Judy Schuenemeyer 565-7837 judywsc@q.com
Secretary.....	Eric Janes 533-1051 ejanes@frontier.net
Treasurer.....	Denis Boon 560-0404 denisboon@msn.com
Newsletter Ed.....	Chris Foran 882-2401 chris@foran.net

Looking for good people!!!

We need your interest and energies!

1. Voter Service Committee (Dick Hoover, Voters Service Chair, 656-7367)
 - Poll workers
 - Helping with Candidate Forums
 - a. Creating questions
 - b. Timing
 - c. Organizing
2. Participating on Committees
 - Health Care (Eleanor Kuhl, chairperson 564-0708)
 - Environmental (Eric Janes, chairperson, 533-1051)
 - Colorado's fiscal policies (We need a chairperson!)
 - Observer Corp (We need a chairperson!)
 - Know your Community / LVVMZC website - Defining, gathering the following information for LVVMZC website: historical, demographic, geographical, service area, departments and functions, budget and appropriate business information for following entities:
 - a. Montezuma County
 - b. Towns
 - i. Cortez
 - ii. Dolores
 - iii. Mancos
 - iv. Towaoc
 - c. School Systems: Montezuma – Cortez, Dolores, Mancos
 - d. Other pertinent information and Internet links

OBSERVER CORPS

Basic to effective League activity in a community is an understanding of how local government works. Members of the observer corps attend meetings of elected bodies such as County and City Boards. A local League Observer is the eyes and ears of the League, learning how government works and about issues that are or may become items for local study and action.

The Observer is in a good position to monitor

government bodies for information of importance to the League and the community. It would be useful to our membership if we also had Observers for the County Commissioners and Planning Council as well as city councils and school boards. Participation in the Observer Corps is an interesting and rewarding experience and is also a useful way of keeping our membership informed about the current activities of our government bodies. If you are interested in contributing some time and energy to this activity, you will find that it is a very rewarding experience.

LWVMZC Board Positions

The Nominating Committee is seeking nominees for the following LWVMZC Board positions: President, Vice President, Secretary,. The President is elected for a one-year term, after which they will serve in the Past President position. All will take office on July 1st of this year.

The Board will select Nominating Committee members at it's March Board meeting of whom only one can be a present Board member. Eric Janes has kindly volunteered to serve. We are seeking two non-Board Nominating Committee members. Volunteer yourself or suggest anyone else!

Forum Expeditors

LWVMZC has begun organizing candidate forums. If you would like help out, contact Dick Hoover, Voters Service Chair, 656-7367.
