

**“The State Fiscal Crisis: What’s at Stake for Women’s Health”
Kaiser Family Foundation and Women’s Policy, Inc.
Questions and Answers
Wednesday, April 30, 2003**

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ELENA SALGANAKOFF: Thank you Joan, thank you, Sharon, those were great presentations. I open the floor now for some questions, we also have green cards if anybody has questions you want to just come to there's a microphone over there.

FEMALE VOICE: I first just want to thank Women's Policy, Inc. and the panelists but we just got a wealth of information today and (unintelligible) emphasized (unintelligible) to understand including myself. It was great, but I have - my question is specifically for Judy, on your first figure on the breakdown for low income women and I notice that API the Asian Pacific American Islanders were not on the list is that because you didn't have enough information on them to include [cross talk] yeah.

JUDY WAXMAN: Right. There wasn't enough information in the survey (unintelligible). Yeah often with the national surveys when the population is very small, it's very hard to look at them.

[OFF MIC]

ELENA SALGANAKOFF: Any questions (unintelligible)? This room is very packed I don't think they could fit another chair or table in here.

FEMALE VOICE: Tom Scully recently said that if the (unintelligible) didn't handle the problem of drugs the HHS would could you comment on that [cross talk] on the likelihood of that happening and what that might mean.

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JUDY WAXMAN: I think and I'm guessing here but on a regulatory level, I don't think the agency can just add prescription drugs to Medicare. That is not a possibility but what they were talking about year is to issue a discount card and it sounds like you may have more information on that but the discount card is something they've been talking about for awhile which would be a way of some seniors getting some minor relief.

ELENA SALGANAKOFF: Did somebody have another question?

[OFF MIC]

JUDY WAXMAN: For drugs that are already covered which are few but there are some that are without going into too much detail there are claims and counter claims whether or not physicians are over charging for the drugs they dispense and so that's a tiny issue that (unintelligible) addressing within the larger question of prescription drugs.

[OFF MIC]

FEMALE VOICE: -when some things get cut it can cost a whole lot more down the road and how hard it is to collect those data specifically on prevention programs but even for all these of things you know there's this fantasy if you cut reimbursement for doctors that doesn't really hurt patients but of course it does if they can't find doctors so I wonder if data are being collected now or if there are any data that look at some of those specific kinds of changes and what the impact

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is on - both on costs and on healthcare?

ELENA SALGANAKOFF: Yeah I don't know and I can't speak for the Medicaid Directors Association and I don't know whether they are systematically collecting that information but lots of organizations in Washington, DC are and I also know that there's a project, I believe it's the Looiin (misspelled?) looking at the consumer law suits that may be associated with an enrollee and consumer law suits (unintelligible) cutbacks and reductions in benefits and eligibility.

So I think and I can't imagine that Kaiser won't do them [laughter]. I think there will be a lot and there's a lot out there [cross talk] you know clearly we have actually some questions here about prevention as well and I think this is a very difficult issue to research because what you're kind of doing is you're going to save money on something if you don't have a condition or if this condition doesn't exist and in truth a lot of the screening services are services we can consider preventive services and we need to reidentify people and then we need to give them services.

So often what we're tracking is what it costs to provide services to people even though in the long run you know preventing cancer, cervical cancer, or preventing heart disease or managing diabetes these are much more difficult in terms of analysis. I know that there is a lot of work going on there but Kaiser doesn't have anything unfortunately specifically looking

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at the prevention issue but that's really an important issue.

SHARON GREEN: I'd like you to just comment on a little bit related to that is the fact that a lot of the funding from the Feds has come down as categorical by disease specific and I know even at the state level we're finding we have to address things that deal with behavior you know (unintelligible) and they cut across five, six all diseases and there just simply is no funding for (unintelligible) happening and then I think there'll be demands for better evaluation but right now it's still basically categorical funding.

FEMALE VOICE: I have a question. I'm wondering if any analysis has been done looking at what the revenue (unintelligible) would be if those tax cuts were no longer in place that the states put in place? I mean if we're dealing with a smaller (unintelligible) and we're looking for relief from the federal government and that's important but it seems like there's maybe as advocacy if people were out in the states not that anyone wants to advocate for increased taxes but on the other hand there were tax cuts and there's pain being felt by the states and how do we remedy that? Maybe one way is to undo tax cuts that are partly causing these problems.

JOAN HENDERBERRY: Those data are out there. I can't - it's not as substantial as you think in terms of the driver but let me just say a couple of things about this. There are studies out there about the impact and I can't - I just can't

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remember - you could do a web search and find it

(unintelligible) or I just can't remember but remember too that in some states those cuts are constitutionally driven because in my home state of Colorado it was by we the voters, we did a valid initiative that capped the amount of spending that the state - the amount of revenues the state could bring out and the amount that the state could spend and we are not the only state that did that and so if you were forced by the Constitution to give the money back to people when it got to a certain level. It didn't matter how much money you could raise or bring in or new federal grants, the citizens themselves did a valid initiative saying we don't want the government to be any bigger so some of those caps and cuts were from the voters that we said we wanted and who knew that five or ten years later we might change our minds?

So there are a number of states that are indeed proposing to rescind those tax cuts and to raise taxes again because the revenue problem is a huge one. There is also again I don't know what the exact implications are and I don't know the question your meant is but several cuts in our federal income tax rules also mean that state income tax rules are changed as well and so some of that change has also is hurting state revenues and not being an expert on it I don't know how much this next round of tax cuts that's also being considered but will also have implications for state revenues to some

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degree anyway.

SHARON GREEN: And I would just add that (unintelligible) the Rockefeller Institute which has a fiscal policy program to look at this question for us and certainly the tax cuts that they've adopted are a piece of the problem in revenue but they're not the major piece you really have an underlying fundamental problem with the economy and so that is going to be very hard and increasing taxes is not alone going to get in many cases out of their budget shortfalls.

FEMALE VOICE: Hi. One final question, I wanted to thank Kaiser and the wonderful panelists today for this excellent discussion I think it's been really illuminating. I did want to follow up on something Judy mentioned in terms of the impact of the President and the Administration proposal and it's impact on Medicaid and women and I think we've talked a lot the political crisis and how women are specifically affected but I'd love to hear, Judy, if you have comments or Jocelyn or anybody else about how the proposal to effectively block grant Medicaid might specifically impact women as a population within Medicaid?

JUDY WAXMAN: Okay and I don't know if Joan wants to add anything [cross talk] but okay well of course part of the reason I said that to Joan is that we don't really know what the governors are going to propose but and we don't really know the details of the President's proposal although things seem to

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be leaking out to papers that various people are sending around to each other but besides that when you say a block grant really what means is attack on the funding whereas now whether the exact federal match to the state match is correct or not is something (unintelligible) always look at but the point being that the funds continue to flow when the population rises or when costs go up. If you make a block grant or capped program or whatever you want to call it the federal money doesn't flow as the state program grows either willingly or unwillingly.

So if there is not enough money flowing that would necessarily mean people need to be cut out of the program and people need to be cut and people need to be charged more and so forth and I just really hope that the governors will think about - I know they talk about wanting to be able to mix and match and change program requirements which I can appreciate to some degree but if the money isn't flowing then I think they may really be buying a pig in a poke and so I hope that all of you also will also think about it and talk to your governors or your members or whatever and this is really about money and unfortunately it costs a lot and the federal government has had the commitment to match what the states spend and once that stops it can only be harmful.

JOCELYN GUYER: I will add one thing on the (unintelligible) not so much on the money side but where the governors and I think this is an Administration are on the same

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side on the flexibility side are things like the Independence Plus Waivers, Cash and Counseling, the state programs that better coordinate - allow you more flexibility at the state and community level to coordinate Medicare and Medicaid. Those are very good programs and good policies for all disabled and elderly populations who can (unintelligible) the right candidates for those programs and certainly can benefit women a lot by having more control over their support services and where they get long term care and getting it in their home and community and I think there is (unintelligible) on that.

JUDY WAXMAN: Right. That's not the block grant question.

JOCELYN GUYER: No. No but I mean in terms of - it's part of the governors principles on flexibility and it certainly could be built into alternately an administrative - the Administration made lots of overtures and serious efforts to give more flexibility to build those kinds of programs so if indeed that ends up in the President's proposal it is consistent with where the governors are in terms of flexibility on program design.

ELENA SALGANAKOFF: Okay we're running a little over and I don't know whether people have to go or not and maybe we can take one more question and actually we had a question back there. I'm sorry we have somebody -

[OFF MIC]

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FEMALE VOICE: I represent the American Optometric Association and I handle Medicaid and I haven't heard addressed today-

JUDY WAXMAN: -can't speak to their morale but certainly you've heard that providers are choosing not to be providers anymore [cross talk] so I think that's a proxy for -

ELENA SALGANAKOFF: Medicaid has had a history for being a low payer to healthcare providers and providers in healthcare and Medicaid has really been a long standing problem and as rates go down we can only expect that to erode and in the past people thought we've managed care now that would get better and now we have plans pulling out so that is you know a fundamental issue-

[OFF MIC]

ELENA SALGANAKOFF: Yeah. No.

[OFF MIC]

ELENA SALGANAKOFF: I agree it's a critical issue. Okay we are out of time and I really want to thank you all for coming today, we had a great panel thank you so much to our panelists and there's really a lot of work for us all to be doing on this issue and it's not going away any time soon unfortunately. I also want to thank Women's Policy, Inc., Cindy Hall, Jennifer Lockwood-Shebot (misspelled?) and her able staff for helping us with this briefing and thank you to all. There's an evaluation sheet there in your packet if you could fill it

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out also and ideas for other briefing would greatly be appreciated. Thank you.

[END]

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