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Cost of insurance still keeping Oklahoma health on back burner

The Oklahoma Legislature is expected to address health care concerns soon, but preventive measures will be a key to the success of any proposal.

By BETTY RIDGE

TAHLEQUAH DAILY PRESS — As 2008 enters its last month, most Oklahomans' chief concern is their financial future – and a large part of that concern for many people centers on health costs.

Members of the Oklahoma Legislature are no exception. For months, the Oklahoma Health Care Reform Task Force has studied the existing health care system statewide and the need to make improvements, especially in the high number of uninsured Oklahomans and making health care accessible for all.

The task force recommendations include increasing the number of doctors, nurses and other medical professionals; more public-private partnership to allow small businesses to provide health care for their employees; and incentives for Oklahomans to take personal responsibility for their health.

These objectives are good ones, but they may not be easy to achieve, local people concerned with health care agree.

"There's a movement in this state that everybody's got to have insurance. That's good for the insurance companies," said Sen. Jim Wilson, D-Tahlequah. "But there's a definite distinction between health care and health insurance."

He said half of Oklahomans have an annual income of $29,000 per year and must pay for housing, transportation, food and other needs. They can't afford to pay $10,000 to $12,000 for health insurance.

"Of course, it would probably be desirable if everybody had it," he said, but he believes that is not a realistic goal.

Uninsured people, especially young and healthy ones, may place health insurance low on their spending priorities when they have so many other needs. They also put off regular preventive medical visits to the doctor.

And when an accident or sudden illness forces them into the emergency room, they face an unpleasant surprise, Wilson said. Even if their income is low, they probably do not qualify for assistance in paying their medical bills.

"If you're a 22-year-old coed who is not pregnant, you can't get state assistance," Wilson said.

If that coed has emergency surgery and lacks insurance, she'll be charged five times as much for the procedure as someone with insurance. If she can't pay up, she'll receive calls from bill collectors. A homeowner can even have a lien put on the house for medical bills charged at five times the going rate, had the person been insured.

"For a $2,500 operation they'll charge you $20,000 and they'll put a lien on your house," he said.

Other countries have found solutions to health care at far less cost than the so-called free enterprise system operating in the United States.

“We know that if we lived in France, we would be living five years longer, and paying less,” Wilson said.

Today is highly different than during Wilson’s boyhood, when everyone had access to health care.

“It was a community hospital, and we all paid the hospital,” he said.

Now, the field is controlled by the insurance industry and the hospital industry, and many doctors complain they’re not able to treat their patients in the manner they’d like, and that would also be affordable to the patient, Wilson said.

“One doctor told me if every patient paid $17 a month, it would take care of it,’” he said.

He believes providing everyone with health care could be achieved at far less cost than in the existing system, for perhaps $2,500 per person annually.

“I tried to pass legislation a couple of years ago that if hospitals couldn’t reach agreement with an insurance company [on costs of care] that it would go to the state [for determination],” Wilson said. “I couldn’t even get a hearing on it.”

The cost of submitting claims, having them rejected and submitting the claim again drives up the cost of health care in bureaucracy, unrelated to providing actual care to the patient.

“We’ve got to get control of it; it’s breaking us,” Wilson said.

Also, when hospitals have beds available, they tend to fill them, he said.

Putting more people in the hospital, perhaps when it’s not needed, drives up the cost of care as well.

Wilson said Oklahoma ranks first in the number of hospital admissions, 15th in the number of staffed beds, and 47th in the number of physicians per capita, so more Oklahomans are being admitted to hospitals than residents of other states.

“What that says to me is if we didn’t have the hospital beds, we wouldn’t be putting people in them,” he said.

Wilson said only 27 percent of people have insurance, outside of government insurance that covers government employees.

He said hospitals attempt to justify the high cost of health care by saying they provide a lot of charity care, but it’s hard to tell the actual cost of that care to the institution.

“We know that St. Francis last year made over $200 million. That’s a lot of money,” Wilson said.

He said Oklahomans are paying high prices, and the money isn’t going to the people directly providing the care.

“The people have to take it back over,” he said.

The Health Care Task Force is expected to propose extending the Insure Oklahoma program, which encourages small businesses to provide insurance for their employees, and also urges people to take more control over their health, following healthier lifestyles.

"This is one of the main focuses of the State Board of Health, to help people move more, eat better and be smoke free," said Linda Axley, administrator of the Cherokee County Health Department.

Her department works with the Cherokee Nation Healthy Nation program and with other efforts to encourage local citizens to be more health conscious. The department, collaborating with the Cherokees' Healthy Nation and the Tahlequah Main Street program, sponsors periodic Walk this Weigh programs, where people take a walk downtown and burn off calories while socializing and enjoying the historic atmosphere provided in the area.

The Cherokee Nation Male Seminary Health Center provides fitness opportunities, with equipment and classes, at no cost to tribal citizens and their families, and at minimal cost to others, Axley said.

Axley said Heather Winn, educator for the Cherokee County Oklahoma State University Extension Service, provides a wealth of knowledge.

"She's always doing something on nutrition and healthy eating, and offering classes," she said.

Although its first season is history, Axley also said people can take advantage of the Tahlequah Farmers' Market to acquire locally-grown items and other health-related products made by Cherokee County residents.

She believes there is a problem with providing affordable health care insurance for the population.

"We still just have too many people who are doing without it," she said.

People without insurance are unlikely to make regular visits to the doctor, catching problems early before waiting until they become serious and require more costly treatment.

Axley wants to see people eat properly and exercise to keep themselves healthier. The Health Department will continue to sponsor healthy initiative programs, and she hopes to see the Legislature continue to fund programs encouraging healthy lifestyles.

"It takes everybody working together. I like the idea of a public-private partnership," she said.

The task force also addressed the need for continuing to produce health care providers at all levels. Oklahoma's colleges and career tech programs are doing just that, said Debbie Bartel, coordinator of nursing and health careers at Indian Capital Technology Center.

ICTC is a member of a regional health coalition, which also involves Tahlequah City Hospital, the VA Medical Center in Muskogee, Muskogee Regional Medical Center, Northeastern State University, Bacone College, Connors State College and other entities. The group looks at the need for health care workers on a regional level and addresses producing graduates to fill those positions.

Students can receive clinical training at the local hospitals, who in turn gain the opportunity to hire promising students upon graduation.

An agreement among ICTC, Connors and NSU allows students to continue their nursing education.

“That also individuals entering a practical nursing program to transfer fairly seamlessly into an associate’s program and a bachelor’s degree,” Bartel said. “There’s a need for nurses, and especially a need for registered nurses.”

Experienced nurses who wish to become teachers can pursue a master’s degree at NSU.

A surgical tech program at the Stilwell ICTC program operates at a capacity enrollment. ICTC also offers a radiology tech program, and short-term programs including nursing assistants, phlebotomy, certified medication assistants and emergency medical personnel.

The goal is to provide a pool of trained personnel who can enter the health care system in this region, Bartel said.