



TACC – TRIPLE-A COUNCIL OF CALIFORNIA

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Meeting Report September 28 – 29, 2005

TACC met in Sacramento with 22 PSA's represented. Many directors spoke of activities in their areas. Executive Director Sandi Fitzpatrick reported on activities of the California Commission on Aging and also on the preparations for the White House Conference on Aging in December.

Presentation: **Bonnie Burns**, Training and Policy Specialist with California Health Advocates, provided considerable detail on Medicare Part D, the new prescription drug benefit program which starts January 1, 2006 with a sign-up period beginning 11/15/2005 and ending 5/15/2006.

There will be many approved plans both by Preferred Provider Organizations and also in the form of Private Fee for Service Plans. These differ in cost – premiums, deductibles and copayments – and drug formularies. There are Medicare Advantage plans including a category of Special Needs Plans. There is a Low Income Subsidy component, as well.

Everyone eligible for Medicare needs to evaluate the need to participate in the program even if not using prescription drugs because there is a penalty for signing up after 5/15/2006. People with existing prescription drug plans should be hearing from their providers regarding any changes to their plan as a consequence of Medicare Part D; in particular, some should not sign up for Part D.

What was very clear from Ms. Burns presentation is that Medicare Part D is very complex, and that the Health Insurance Counseling and Advocacy Program (HICAP) will play a very important role in helping people make decisions around this new benefit.

Presentation: **Allison Ruff** as well as the Chair of the Aging and Long-Term Care Committee, Assemblywoman Patty Berg, have worked in area agencies on aging and with that background want to be sure that Advisory Councils can do their task of advocacy as specified in California statute. Ms. Ruff joined us in the ongoing effort to address an issue for many TACC Directors who find that their local government has restricted their ability to advocate for seniors in their AAA. One form of restriction is to prevent the Advisory Council from taking a position on legislation being considered in the State Assembly.

Presentation: **Sara Elizabeth Rogers**, Health Consultant to State Senator Sheila Kuehl spoke on the subject of Single-Payer Health Coverage as embodied in SB840 (Kuehl), a two-year bill that has passed the Senate. It offers coverage based on residency; premiums based on income or payroll; no copay or deductible in the first two years; and better payments to physicians. Care at home is covered. Doctors' costs go down because there is less paperwork and a single formulary.

The proposed system would consolidate all health care money to the state which then would become the insurer. You could use any physician. It would be a public system with transparency through a state health care advisory board.

Ms. Rogers pointed out that the United States is behind other nations in its health care system. Preventive health care is inadequately addressed. Our emergency service wait times exceed those of other countries. And, our health care costs are rising twice as fast as the economy.

Administrative costs in managed care plans are huge, amounting to around 30% of expenditures. The bill is expected to save about \$20 billion in its first year.

There's more at <http://www.healthcareforall.org>.