



TACC – TRIPLE-A COUNCIL OF CALIFORNIA

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Meeting Report January 25 – 26, 2006

TACC met in Sacramento with 23 PSA's represented. Directors spoke of activities in their areas. Financially, TACC is actually spending more than it receives through the tax check-off (Line 52) and may be obliged to hold fewer meetings (the primary expense is travel). Of course, it would be beneficial to increase income, and to this end materials were provided to encourage donations through Line 52 – or to the TACC account with the California Foundation on Aging.

There was discussion around the White House Conference on Aging. Five TACC Directors attended the conference, and two more were alternates. 73 resolutions were considered; of these 50 were approved to be carried forward to implementation. There was no opportunity to alter the resolutions during the Conference. The most valuable parts of the Conference were the break-out sessions where implementation strategies were discussed.

The Conference was smaller and badly prepared compared to previous conferences. President Bush was notably absent.

Presentation: **Tim Conaghan**, Health Consultant to the Senate Republican Caucus, spoke in opposition to SB840 (Kuehl), the Single-Payer Health Care Coverage bill. In September we had heard a positive point of view from Sara Elizabeth Rogers, Health Consultant to Senator Kuehl. The bill 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.

Mr. Conaghan's chief points hinged largely on cost containment issues. Choice would be reduced for the consumer, and incentives for development of new health care solutions by providers would be less. He believes that because consumers aren't paying for their care, they will not attempt to reduce costs on their own. He's also concerned that California could become a magnet for people wanting the coverage. He agreed that there is a problem today, but feels that SB840 is not the answer, but didn't offer alternative solutions. There were many questions, but all got the same answers.

Presentation: **Janet Nelson**, Project Coordinator with California Advocates, provided an update on the Medicare Modernization Act and related HICAP activities: the infamous Medicare Part D. This was a follow up to the September presentation by Bonnie Burns, also with California Health Advocates.

In the September presentation we learned that Medicare Part D is very complex. Ms. Nelson confirmed that, and also confirmed what we all now know, that for the dual-eligible people for whom the new drug coverage took effect on January 1, there is mass confusion – Ms. Nelson used the word "disaster". Pharmacies are unable to verify coverage (and are often providing drugs without assurance of payment). The 800 number used by pharmacies for verification is swamped, with hold times measured in hours. There are severe computer problems with CMS. There is no accommodation for non-English speakers. 20 states have passed emergency legislation to assist. There are many horror stories; visits to emergency rooms are up as people use that mechanism to get their drugs.

For others for whom the effective date is May 15, there is a plan afoot to extend the start date to the end of the year.