California Education Coalition for Health Care Reform

Sheraton Grand Hotel
Sacramento, CA

THE HEALTH CARE CRISIS IN PUBLIC EDUCATION

May 3, 2010

A WHITE PAPER ON THE PROCEEDINGS OF THE THIRD ANNUAL HEALTH CARE SUMMIT
ACKNOWLEDGEMENTS

Special thanks to Governor Arnold Schwarzenegger for his letter of support, and to our presenters and reactors. See speaker biographies beginning on page 18.

CECHCR MEMBERS

- Association of California School Administrators (ACSA)
- California Association of School Business Officials (CASBO)
- California County Superintendents Educational Services Association (CCSESA)
- California Federation of Teachers (CFT)
- California School Boards Association (CSBA)
- California School Employees Association (CSEA)
- California Teachers Association (CTA)
- Community College League of California (CCLC)
- School Employers Association of California (SEAC)

FUNDERS

Center for Collaborative Solutions
California Health Care Foundation
The California Endowment
CECHCR Member Organizations

MODERATOR & FACILITATOR

Ruben Ingram, Moderator
Dom Summa, Facilitator

PARTICIPANTS

See Page 24 for the Complete List

RECORDER/REPORTER

Special thanks to Susan Mac Lean for drafting the White Paper.
INTRODUCTION

CECHCR is a statewide coalition of employer and employee organizations committed to addressing runaway health care costs in the public education sector in California. California school districts and school employees pay more than $6.7 billion in health insurance premiums alone every year. These costs have increased by more than 12.6% per year over the past 10 years – more than 226% higher than the cost of all other educational expenditures.

The coalition represents all 1,166 public school/community college districts and county offices of education and the 1.1 million employees who serve the 6.2 million students in the public schools in the State of California. The CECHCR project is an initiative of The Center for Collaborative Solutions, made possible by funding from The California HealthCare Foundation, The California Endowment and CECHCR member organizations.

The Third Annual invitation-only CECHCR Health Summit comes at a time of great financial crisis. In California, the educational community has borne the brunt of the largest budgetary cuts of any sector: more than $17 billion in the past two years, with more cuts being proposed for the coming year. At the same time, school districts, school employees and their families are facing increases in health care costs that would be staggering even in the best of economic times.

CECHCR has been working together to address the enormous cost increases and quality issues of health care in California for several years now. This, our third Health Care Summit, has again brought together education and health care leaders and thinkers as well as players in the process to learn and to discuss the issues that face us as we move forward. In past years we have researched sustainable solutions while getting information into the hands of the education community members directly involved in providing health benefits to their districts. Over two hundred and forty district labor and management health committees have received training on the issues and the health care system, and how to find their way through the maze when making decisions. At the same time their representatives in CECHCR have continued to explore options, work with stakeholders and move toward solutions to the health care crisis in educational arenas.

Much has happened in the last year around health care issues. Health care premiums continued to skyrocket. The economy continued to slide, putting more and more people in danger of or actually losing health care. The awareness that we cannot continue doing what we have done in the past has sunk in on every level. The federal reform Patient Protection and Affordable Care Act (PPACA) passed and was signed just days before our summit. This legislation, now in the implementation phase, brings changes and provides some funding to the health care arena. No one is sure exactly how this will
look, but it includes several changes in the right direction, including the provision of health coverage to many Americans who now have none. And the move toward pooling, transparency and quality care is a beginning. There is still a long way to go, many hurdles to leap and many issues to address.

FOCUS

This year’s summit focused on topics that address some of the goals CECHCR has set for itself.

- First and foremost, CECHCR provides information and resources to our members to help them in their planning and to give focus to their efforts to achieve quality, affordable care.
- Second, CECHCR provides a forum for exchange of ideas and for coming together in pursuit of that care.
- Third, CECHCR provides a vehicle for the group to express their goals and to pursue them.

To these ends, this year the CECHCR summit began with a presentation on PPACA by Leslie Cummings, Executive Director of the California Managed Risk Board. This was followed by Dr Ramon Castellblanch, Assistant Professor of Health Education at San Francisco State University, discussing transparency in the sales and prescription of pharmaceuticals. Next Ruben Ingram and Cindy Young, CECHCR Executive Board members, reported on continuing progress of one of last year’s summit discussions—the concept of creating a benefits pool consisting of all education groups in the state. The Summit was facilitated by Ruben Ingram, CECHCR’s Management Co-Chair and Executive Director of the School Employers Association of California, and by Dom Summa, CECHCR’s Interim Co-Chair for Labor and Assistant Executive Director Emeritus of the California Teachers Association.

FORMAT

In this paper you will first see CECHCR’s position and purpose for inclusion of this topic at our summit. Next, a synopsis of the speaker’s presentation, followed by the reactions of people who have direct involvement in the topic being discussed, will be presented. This is followed by comments and questions from the entire panel and Summit participants on that topic. A Moving Forward section then discusses CECHCR’s perspectives and next steps on the topic. Presenter biographies, a list of Summit participants, a roster of CECHCR member organization board members, and a list of Summit participants are included in the final pages.
From its inception CECHCR has been focused on the issue of health care reform. The severity of the health care crisis combined with escalating costs is having a devastating effect on public education. In response, public education leaders —representing both management and labor organizations—have joined together in their commitment to reduce costs and ensure quality, affordable health care for all public school employees.

The problems that have faced us all have now escalated to the point that the federal government has found it necessary to pass health care reform legislation. The economy has devastated the schools and skyrocketing health care costs threaten to do more damage. While this legislation has only recently been passed, the main points are clear. How they will affect our community is of great interest and concern. CECHCR is working on bringing that information to our constituents as rapidly as possible. To that end we set one of our sessions for this year’s summit on Nation Health Care Reform, not knowing that the legislation would be signed just days before.

**PRESENTER:** Leslie Cummings, Executive Director of the California Managed Risk Board

Ms. Cummings spoke to the group about National Health Care Reform and its impact on California. In her summary she pointed out that this legislation is multi-faceted and multi-connected to other federal and state programs. Attempts at reform have been made for a hundred years. Finally the need became too great to ignore. She stated that the present system is broken. A significant percentage of Americans have no coverage. Increasing costs outpace revenues. Large employers do not cover all their employees and half of small employers provide no coverage at all.

California tried to enact reform last year, and many elements of that attempt appear in National Health Reform legislation. Governor Schwarzenegger has a phenomenal team working on health care reform, but they will only be here until the end of the year, when a new governor is elected and that person puts a new team in place.
The Act is now being detailed by further federal regulation. This makes some pieces of implementation a little unclear for now, but the basic elements have been put forth. Ms. Cummings went on to outline the legislation.

**ELEMENTS OF THE NATIONAL HEALTHCARE REFORM LEGISLATION:**

**Individual Mandate:** Individuals and their dependents will be required to have coverage. There will be penalties for failing to do so, but the mechanism for this is not clear yet.

**Employers should provide coverage:** Employers of 50 or more have to provide it.

**Expansion of Public Coverage:** Medicaid will provide coverage at 133% of poverty or lower. The Federal government will supplement on sliding scale—100% initially, diminishing over time.

**Children’s Health insurance:** Built on Medicaid, the CHIP program (Healthy Kids in California) continue through 2019 (unless the federal government doesn’t fund it.) The Federal portion goes up if funded. The state can’t reduce eligibility criteria.

**Subsidies:** There are subsidies for families with incomes below 400% of the federal poverty level and refundable tax credits. The amount paid will be based on 2-9.5% of income.

Small employers (25 employees or less) will receive tax credits. If they pay 50% of the premiums, they get 35% credit. In 2014 they will receive up to 50% if purchased through an exchange. Tax exempt organizations will have subsidies available at lower amounts.

**The Exchange:** This is a multi-headed creature. Apply for coverage--for Medicaid, Healthy Kids, tax credits-- and find if you are eligible. You can apply for coverage if you are an individual or small employer--the Exchange will help you figure it out and put you where advantage is for you.

This service will also work with those who are in transition into the new program starting in 2014. There is a temporary High Risk Pool with temporary coverage until larger reforms are implemented in 2014 (pre-existing conditions exclusions not allowed, no rates based on illness, etc.) Applicants for this pool must be without coverage for at least 6 months.

In the short term, more people get coverage. In the long term they will be covered like everyone else.

The Act will also financially ease transition for those who provide insurance. Through the Exchange there will be re-insurance for retiree health plans until 2014. This will reimburse 80% of claims between fifty and ninety thousand dollars to reduce costs for enrollees.
The individual mandate creates cost sharing.

Insurers must pay a percentage of expenditures on providing benefits vs. profits and other non-benefit expenditures.

Review of rates: looking at rate increases and making judgments allows the exchange to deny a plan or insurer if the rates are too high.

Disabled and low income: the Exchange will provide coordination of care to reduce costs.

Preventive service will be covered with no cost to individual.

The Act works to develop quality of care and preventive services and to provide more effective care.

**REACTORS**

Beth Capell, Ph.D.
Principal
Capell & Associates

Anthony Wright
Executive Director
Health Access

John Graham
Director, Health Care Studies
Pacific Research Institute

Reactor Beth Capell, who kindly stepped in at the last minute when our scheduled reactor did not arrive, identified the issue of key significance in this reform—that every American now has a right to health care. Yet John Graham pointed out there are problems with the individual mandate approach, particularly because of high premiums.

Reactor Anthony Wright (who stepped in for Beth when she had leave for an appointment) expressed a need for the education community to be involved in the discussions as purchasers and recipients of health benefits and to have a say in how California sets up systems to implement the federal law. “This provides lots of opportunities. It is the beginning of work, not the end of work.”

Reactor John Graham felt that the program will not solve the problems it claims to solve and that there will be problems going forward. He pointed out that it will take several years to fully implement, and felt that lawsuits from states may delay implementation. He also believes that an individual mandate would not be effective.
DISCUSSION

Concerns were raised about what has driven costs increases and that past attempts at cost containment had not done anything to improve quality. It was pointed out that providers have resisted being judged on outcomes and quality of care criteria. The Blue Shield representative felt it needed independent bodies looking and getting information out on what is good care rather than the insurance companies. When asked why Blue Shield had not done this, he replied that it needs support of government and stakeholders.

“The Blue Shield finds much more good than bad in the federal plan. It does not go far enough. We need to pay providers based on outcomes and quality of care.” Mike Chiarodit, Blue Shield

The question was raised that some reform was better than no reform, so why are folks opposed? Mr. Graham responded that it was an overreach of federal power. He believes in markets and that right now we have a market that gives the least service and collects the most money it can.

A member of Physicians for a National Health Care program felt the bill did not go far enough. Anthony Wright agreed that the new law is just a beginning. He reported that there were 18 bills in the California legislature this year implementing and improving health care and encouraged the education community to get involved in the process of defining how federal reform will be structured.

MOVING FORWARD

Because school districts are not in a position (unlike many large employers in the private sector) to hire outside consultants to help them navigate these waters, CECHCR can play a particularly valuable role in the implementation of health reform. And because health benefits are a mandatory subject for collective bargaining, CECHCR’s joint labor-management approach to education on this issue will be a strong asset in helping the public education arena move forward productively.

If funded, CECHCR will have an enormous opportunity to serve as the trusted source of information and support to help districts and unions maximize coverage, and can also be a key conduit to helping currently-uninsured employees, as well as the student population of the districts, to obtain insurance through the new exchanges, high risk pools, Medi-Cal and/or Healthy Families. When school districts and unions speak proactively and with one voice on these issues, it will materially propel action and secure results.

Helping California’s public education industry make smart choices about important elements of PPACA will be critical for them in order to be able to keep and expand
coverage for the entire education community. The fundamental issue in all of this is cost. When districts’ costs go up, coverage is jeopardized. Particularly because of the current funding crisis in public education, it is critical that districts and unions thoroughly learn and apply every PPACA advantage in order to stretch benefits dollars to the max.

CECHCR will closely monitor this new legislation, as we do not yet know the extent to which it may bring real solutions to the public education arena. Because the law will offer more options for coverage, we expect this will help some education employees and their families. The issue of controlling costs, however, is another matter. Seeing the inclusion in the legislation of accessibility to coverage for all, quality as a criterion, and the concept of transparency in pricing by insurers, we are heartened in our efforts. CECHCR will continue to pursue its objectives through a variety of initiatives, not just the possibilities presented by the PPACA.

Transparency in Pharmaceuticals

One of the greatest difficulties in assessing health care plans is the lack of information on what drives cost increases. Many of the areas in health care are opaque to the purchasers. Some areas have emerged as probable, but developing a fully transparent system is still a major goal.

One area that has been identified as a problem is the area of Pharmaceuticals. Pricing and quality do not always correlate. Clarity in options is difficult. Decisions are left in the hands of the insurance companies and drug companies. Education of prescribers and consumers is left in the hands of the pharmaceutical industry.

Transparency is a focus of CECHCR as well as many other groups working on improving health care. The goal of clear, unbiased information is being pursued from several directions. One of those providing a plan to improve pharmaceutical transparency is Dr. Ramon Castellblanch, our second keynote speaker.
Dr. Castellblanch described a major issue we face in pharmaceutical transparency as Detailing. This is a practice where the drug makers send sales people out to doctors, one on one, to pitch their drugs. These detailers usually are pushing certain “block buster” drugs—high cost, newer drugs that are often being advertised with the public—while ignoring alternative effective treatments such as over the counter (OTC) and generic drugs. This can drive up costs unnecessarily, and has serious implications on health. For example, Merck was detailing Viiox (a pain medication) for almost a decade without telling the doctors about heart health problems associated with the drug. This helped lead to thousands of deaths and drove up costs—for drugs and for extra health care for heart patients affected.

The question is what can we do?

Efforts are being made to develop authoritative, reliable, scientific information on drugs to counter drug company detailing (Cochoran Collaboration Center at UCSF, and others). Good research is being done, using only the best studies, highest quality evidence and systematic review. Independent evaluators, with no axe to grind or conflict of interest are undertaking this. They look at the effectiveness and overall value of a drug, and the potential cost savings using effective drugs that cost less.

This objective, research-based information is then used to do prescriber outreach and education—Academic Detailing. An academic detailer, who is not aligned with a drug maker, puts information directly into the hands of the prescribers, just like a regular detailer, one on one, but based on science. The academic detailer will normally focus on the most effective options, side effects, etc., for one or two ailments during a visit. Detailers tend to be pharmacists, nurse practitioners and doctors, and can be available to answer questions between visits.

Nine states have implemented an academic detailing system, particularly in the east. It is standard practice in many other countries as well. A pilot project in two counties in California looked at cost effectiveness of academic detailing. In looking at the drug Nexium vs. alternatives in this pilot, for every dollar spent on academic detailing, they got back two dollars—a clear savings on one class of drugs.

“The amount of money spent to influence consumers is very small compared to that spent on influencing physicians.” Anthony Wright, Health Access California
Academic detailing also is already used by managed care organizations, Kaiser and some hospitals.

Comparative Effectiveness Research has been included in the federal stimulus bill. $300 million dollars was given to agencies doing health care research and quality on effectiveness and dissemination to doctors, and there have been more advances in the act. The Patient Center Outcome Institute, a current federally funded program, was made permanent. http://www.effectivehealthcare.ahrq.gov was established by the Health and Human Services as a guide for clinicians. The next issue is getting the information into the doctors’ offices. Information needs to be regularly updated with the latest products and latest evidence. A board is being put together of 19 members, with representatives from drug companies, device and diagnostic testing companies, patient and physician advocates and the National Institute of Health.

More seem open to the concept now—it is an idea whose time has come.

**REACTORS**

<table>
<thead>
<tr>
<th>Greg Eddy</th>
<th>Mark Wermes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Representative</td>
<td>Vice President</td>
</tr>
<tr>
<td>California Federation of Teachers</td>
<td>General Manager for Government Accounts</td>
</tr>
<tr>
<td>Medco</td>
<td></td>
</tr>
</tbody>
</table>

Greg Eddy’s first comment: “What’s not to like?”

He expressed some concerns about collusion between the drug companies and physicians. Referring to an article in the June 8, 2008 NY Times by Dr. Joseph Biederman, he told the group there have been increases in certain diagnoses, with doctors benefitting financially for prescribing related drugs and devices. Eddy also expressed a need for transparency in research as well as transparency in pricing. As consumers, we need effective drugs at economical prices.

Mark Wermes’ first comment: “What’s not to like about this?”
Wermes explained that Medco already provides sound clinical basis and a transparent model in their drug program. Formulary generics are the first line. Clients save money, and Medco makes money. Medco does a form of academic detailing now, using 150 registered pharmacists. In 2007-2008, they made 5000 face to face physician visits, with a message on the proper use of generic drugs.

**DISCUSSION**

Questions were raised about direct to consumer advertising. Ramon responded the amount spent by drug companies on that was very small compared to the amount spent on influencing physicians, but we need to try to influence consumers when possible. Mark added that nine times out of ten doctors will write the prescription if asked for the drug by the patient. He feels we need to start with formularies made up by physicians and pharmacists, and focus on generics.

**MOVING FORWARD**

Unfortunately, a bill in the California Legislature to authorize academic detailing in California failed to pass this year, due largely to the economic crisis. Now the focus is on implementation of the new federal legislation. CECHCR is vitally interested in establishing transparency in pharmaceuticals and every other part of health care. We will continue to follow paths that lead to providing good information to the education community and support for efforts to gain transparency.

---

**School Pool**

A major effort on the part of CECHCR in the past two years has been to investigate the benefits of creating a statewide risk pool for California school employees. Exploration of the Oregon experience with establishing such a pool was a topic at last year’s summit. If a school pool were established in California, this pool would be the second largest purchasing pool in our nation. We could develop smart plan designs based on quality. The larger the risk pool, the more we spread risk. The higher the quality, the lower the overall costs. The pooling concept is currently gaining prominence and broader traction:
new federal legislation creates Exchanges, much like purchasing pools, to allow grouping for the purpose of purchasing benefits.

**PRESENTERS:**

Ruben Ingram, Ed.D, Executive Director  
School Employers Association  
and CECHCR Management Co-Chair

Cindy Young, Senior Health Policy Advisor  
California School Employees Association  
and CECHCR Labor Co-Chair

In 2005 the governor signed AB256, which authorized a study (done by Mercer, a consulting firm retained by CalPERS) to report to the legislature on the concept of a school purchasing pool. On our website (www.cechcr.org) you will find the report and executive summary. Mercer projected a potential immediate savings of 200-400 million dollars in the very first year, and felt savings could approach $10 Billion over a 10 year period, with additional saving down the line.

Given the potential for enormous savings, CECHCR decided to study the concept. As part of CECHCR’s investigative process, we asked John Glynn of J Glynn & Co. to develop a model design for a school pool. CECHCR representatives and John Glynn then interviewed leaders of 21 organizations involved with schools prior to drafting the design paper. From those discussions, we developed a proposed design for a pool for schools statewide, which we are formally presenting at this summit.

**Fundamental Elements:**

**Everybody in.** Risk pooling is based on this concept, and it is what makes pooling cost effective. Ultimately, according to specific criteria and a phase-in plan, all school employees grouped together in the pool will give us the power and leverage that we need.

**Size matters and so does design and execution.** Bigger is not better, Better is better. But bigger does help—gives power and influence to help take care of long term costs. Good design and execution saves money and provides quality.
There has to be **choice**—A range of affordable plans that equal or exceed current offerings must be provided. The Mercer report says a limited number to choose from is needed, but we do not know what that number is—not dozens, but a range.

**Quality has to be a factor**—Not only because we want to provide best care, but costs are affected when treatment is poor. Hospital re-admittance, improper prescriptions, poor follow up—all these cost money. Provider networks have designs that promote quality outcomes and appropriateness of care.

**Must be Joint Labor/Management**—Without this it will not work. Each party would bring perspective to the governance decision making.

**Local control**—Districts and employees must be able to choose plans.

**There must be wellness in the plans** to promote individuals taking responsibility for their care.

**Ease the burden of collective bargaining**—Parties would still bargain, but bargain on something rational-- lowest cost/highest quality.

**Marketplace competition**—With our size, providers who meet quality requirements would be vying for our business, rather than districts searching for a carrier who will provide a plan they can afford.

**Premium rating system reflective of regional variations in costs of healthcare.** Health care is more expensive in northern California than southern California. The school pool would reflect this.

**Governance must be reflective of all funding stakeholders** to ensure on-going responsiveness to the local education community.

**Transition Plan**—This incorporates orderly migration to the school pool, with objective performance criteria for a state wide pool and transitional voluntary pools.

Now is the time. Leadership must be proactive. If we save 200 to 400 million dollars out of California’s education budgets, every dollar could go back to provide education to California’s children. The new Federal law provides momentum to advance and to build ourselves into the California health care plan as it is being laid out. Embrace it, support it, come together to use our power and leverage to get a better deal for school employers and employees, to save money and to improve quality.
REACTORS

Jim Scholtz  
Negotiations & Organizational Development Specialist  
California Teachers Association

Joe Dana  
Principal and Health Benefits Committee Chair  
Orcutt Union School District; representing the Association of California School Administrators

Reactor Jim Schlotz pointed out the status quo is not sustainable. A huge amount of education dollars are being spent on healthcare in California. If we were getting good deal, it might be OK, but we are not. Providers of health care have all the leverage and we have very little, and we need to change this bargaining dynamic. Market conditions really do not exist in health care. The free market is not there. Providers have consolidated their power—hospitals, doctors, insurance companies. If we have a school pool, we can consolidate our bargaining power, force transparency and demand quality. Obstacles can be great, but we need a deliberative process. If it is to happen we must all get on board and sing the same chorus.

Reactor Joe Dana gave a strong endorsement to the large pool concept. Districts are most vulnerable in small pools or self insured. Joe also gave a strong endorsement to fundamental elements in presentation. Where Joe differed was in the size of the pool. He felt we could have multiple pools, rather than one giant pool. His reasons included that it would be easier to implement—there already are some large pools in CA and we could build on what they already do and offer, and the value of competition.

DISCUSSION

From around the table and the audience many questions and comments were heard concerning governance, participation, wellness programs and single versus multiple pools. The general consensus was that the time has come to move forward.

A question was asked on how the governance structure would work. Ruben responded that it depends on how the design works out. Regardless, the governance needs to include a balance of labor and management. The Mercer report suggests CalPERS as administrator. In our investigation process, CECHCR concluded that there are other entities that could also do a fine job of administering the pool. We would either take...
existing bodies and deal with whatever structures needed change, or we would set up whole new board.

A statement was made that with one very large risk pool we would be more able to address the issues of quality than with several smaller pools. The representative from Blue Shield agreed with economy of scale but also felt there is a larger opportunity related to lifestyle and behavioral change. Would there be any incentive by districts to promote wellness? Ruben’s response: “Absolutely. And we feel that can be done better in large single pool. It is voluntary now.” Dom Summa reminded that a wellness component is part of the plan.

A comment was made that with multiple risk pools there is a duplication of services which creates administrative waste and reduces the effect of the pools. Ruben pointed out that with a single risk pool the governance could include some experts. We could put together a structure of those who really understand and can respond effectively. Multiple pools might not commit to a similar set of standards.

The question was raised, is there a mechanism for mandatory participation? Oregon had a three-year phase in. Districts had to come in unless they could show they could do better outside the pool. At end of 3 years, they had to come in. Maybe we would not do it that way, but something like it.

**MOVING FORWARD**

After its constituent groups have a chance to study the model design paper, CECHCR will go back to each group to answer questions and learn of any needed adjustments in the proposed design. We will seek support for this concept, and work to create a common voice. Legislation will be needed to implement a school pool and we want to assure the legislature that there is a lot of consensus in the education community.
CECHCR’S NEXT STEPS FOR THE COMING YEAR

While CECHCR applauds the federal efforts to move toward a more sustainable program for providing health benefits, we know that process has just begun. In the coming years, CECHCR hopes to play a vital role helping districts and unions implement the new law in ways that maximize the benefit to all public education employees and their families, as well as to help its students and their families gain appropriate coverage. But providing quality benefits at reasonable costs to the members of the educational community is a task that must be addressed in many other ways, and CECHCR will continue and expand its efforts with a multi-faceted approach, including:

- Continuation of CECHCR’s extensive, free training programs for labor and management, which have now been delivered to over 250 school districts. These programs, and the follow-up support that is available afterward, address both cost and quality issues, and help districts and unions become wise purchasers of health benefits.
- Expansion of CECHCR’s Second Opinion forensic analysis program, which has saved districts and unions as much as $12 million annually when recommendations are implemented.
- Building a consensus design and establishing through legislation a statewide public education risk pool.
- Continuing to sponsor joint action by large public education purchasers to reduce costs and improve quality.
- Continuing to sponsor annual, invitation-only Health Care Summits to bring together top education and health care decision-makers, policy-makers and stakeholders who are addressing health care cost and quality issues in order to facilitate knowledge-building and alignment of leaders in the field, and to further CECHCR’s goals.
- Continuing its coalition-based efforts to foster deeper learning about health care and coverage issues among its members, provide speakers to educate and empower audiences on health-related issues, track proposed legislation of interest and work in support of bills that will effectively address health benefits cost and quality issues.

In this next year CECHCR will continue providing a forum and a vehicle for its member organizations to move toward our common goal to provide the education community with quality and affordable care. We will continue to look at issues of transparency, cost and quality, and for solutions available to us. To those ends, we encourage all members of our community to participate in this process and to work together in the upcoming year to meet that goal.
PRESENTER/REACTOR BIOGRAPHIES

Beth Capell

Beth Capell, principal with Capell & Assoc., provides policy analysis, legislative advocacy, and other strategic input to Health Access and to other consumer, labor and public interest organizations on health care issues.

Ms. Capell has headed Capell & Assoc. and represented Health Access since 1996. During those years, Health Access fought for and won the HMO Patient Bill of Rights as well as expansions of health coverage, including the creation of Healthy Families.

Ms. Capell has worked in and around the state capitol since 1977, working on legislative staff, in the executive branch, and in campaign consulting. She has been a legislative advocate since 1984 working on health care issues.

Ms. Capell has a Ph.D. in political science from the University of California at Berkeley and has also served as a Visiting Scholar, research associate and teaching assistant at that campus.

Ramón Castellblanch

Ramón Castellblanch, Ph.D., is an associate professor of health education at San Francisco State University. He was appointed to the Board of Pharmacy by the Senate Committee on Rules on April 22, 2009. On behalf of the CA Alliance of Retired Americans, he was the sponsor of AB 71 (Chan), a bill to establish an academic detailing program in California.

Dr. Castellblanch has been a health policy lobbyist for SEIU and AFSCME in the state capitol. He developed a proposal for AFSCME for a public option to private health insurance, as part of the debate, when Governor Schwarzenegger’s health insurance proposal was being considered. He served as national political director for the Bazelon Center for Mental Health Law during the Clinton administration.

Dr. Castellblanch’s writings have been widely published and included in, but not limited to, the Journal of Health Policy, Politics and Law and the Journal of Healthcare Administration Education. He received a Ph.D. in Health Policy and Management from Johns Hopkins University, and a Master of Public Policy from Harvard University.

Lesley Cummings

Lesley Cummings is the Executive Director of the California Managed Risk Medical Insurance Board (MRMIB). MRMIB runs California’s Children’s Health Insurance Program and high risk pool for medically uninsurable persons. She has over three decades of experience in California state government, having held various positions within the executive and legislative branches.

Ms. Cummings serves on the National Academy for State Health Policy's Health Care Access & Financing Steering Committee, the Center for Medicare and Medicaid Services' Children’s Health Insurance Program Technical Assistance Group, the National Health
Policy Forum’s Federalism Technical Advisory Group, the Board of the Insuring the Uninsured Project, and the Advisory Board of the School of Policy, Planning, and Development for the University of Southern California.

Ms. Cummings participated in the development of California’s effort to enact universal health coverage in 2008 and was involved with a number of prior substantive efforts to expand coverage. She helped draft California’s small group health insurance reform, including the development and implementation of a state-operated purchasing pool for small employers, legislation reforming managed care, and the design and implementation of the Healthy Families Program.

Ms. Cummings has a Masters in Public Administration from Syracuse University and a BA in Social Ecology from the University of California at Irvine.

Joe Dana

Joe Dana is one of two representatives from the Association of California School Administrators (ACSA) on the CECHCR Board of Directors. He is chair of the Health Benefits Committee in the Orcutt Union School District, a small (5,000 ADA) district in northern Santa Barbara County. Joe serves as principal of a K-6 elementary school and a K-8 school in Orcutt. He holds a bachelor’s degree from the University of California at Berkeley and a master’s degree from the University of LaVerne. He and his wife, Angie, have two children.

Greg Eddy

Greg Eddy is a Field Representative for the California Federation of Teachers. He has worked for the CFT for almost 15 years. Mr. Eddy has represented CFT on the CECHCR Board since its inception in 2005. Prior to coming to work with the CFT, Mr. Eddy was a high school English teacher in the Gilroy Unified School District, the president of the Gilroy Federation of Teachers and Classified Employees and a CFT vice-president.

John R. Graham

John R. Graham is Director of Health Care Studies at the Pacific Research Institute. He is the author of the U.S. Index of Health Ownership, the only project to rank all 50 states’ health laws and regulations according to free-market principles; and the editor of a book addressing What States Can Do to Reform Health Care: A Free Market Primer, to which he contributed a chapter on pharmaceutical cost containment. He is also the primary author of PRI’s monthly Health Policy Prescriptions series, and contributes to PRI’s Capital Ideas series of short articles on public policy in California. He has also written numerous articles covering diverse topics within health policy for periodicals including the Wall Street Journal and the Washington Post. Mr. Graham speaks frequently on health care reform on radio and television, and at conferences in the United States, Canada, and Europe. He has also worked as a management consultant and investment banker in Canada and Europe and has previously served as an infantry officer in the Canadian Army in Canada, Germany, and Cyprus. He received his M.B.A. from the London Business School (England) and his B.A. (with Honors) in economics and commerce from the Royal Military College of Canada.
**Dr. Ruben Ingram**

Dr. Ruben Ingram is the Executive Director of School Employers Association of California. He is the former Executive Director of the California Commission on Teacher Credentialing, and prior to that was District Superintendent for the Fountain Valley School District.

He was a teacher and principal in the Long Beach Unified School District, has taught at California State University, Long Beach, the University of Southern California, and Chapman University. Dr. Ingram has published numerous professional articles, and has spoken at most major educational conferences both in California and in the nation. He has served as a consultant to many school districts, state and federal agencies, and has consulted internationally.

He is a board member and officer of the Center for Collaborative Solutions, a member of the Dean’s Advisory Committee at California State University, Long Beach, a member of the Board of Advisors of the California Public Employee Relations Journal, a member of the California Public Employment Relations Board Advisory Committee, a board member of the Orange County Industrial Relations Research Association, a board member of the California Health Care Coalition, and the Co-Chair of the California Educational Coalition for Health Care Reform.

His honors include Education Alumnus of the Year at California State University, Long Beach, and numerous professional and community recognitions.

He earned his undergraduate degree from California State University, Long Beach; his masters and doctoral degrees from the University of Southern California. He is married, has two children and five grandchildren.

**Jim Schlotz**

Jim Schlotz is a Negotiations and Organizational Development Specialist with the California Teachers Association. He is the former Executive Director of the Fresno Teachers Association, and prior to that he was a field representative for the Service Employees International Union.

He has 25 years of collective bargaining experience and has negotiated for education employees since 1987. He has been in CTA’s Negotiations and Organizational Development Department for nine years, where his primary responsibilities include providing bargaining, training and research support for CTA staff and members in southern California.

Mr. Schlotz is one of the CTA representatives on the California Education Coalition for Health Care Reform (CECHCR), and is a staff consultant for CTA’s Health Benefits Advisory Committee and the Negotiations Committee of the State Council of Education. He is also the lead coordinator for CTA’s Summer Bargaining Institute.

He earned his undergraduate degree from the University of Michigan; he attended graduate studies at the Volkskunde Institute at the University of Tuebingen, Germany. He is married and has six children.
Dom Summa

Dom Summa has been on the professional staff of the California Teachers Association for twenty-seven years. Until his retirement in January of 2010, he served as Assistant Executive Director, managing the Negotiations and Organizational Development Department consisting of specialists located throughout the state, who provide support to field staff and chapter leaders in the areas of negotiations, training, Organizational Development, school finance and research.

Prior to his appointment as Assistant Executive Director, Dom served local chapters in the Coachella Valley. He also worked for CTA in the San Francisco Bay Area. Dom started his staff career with eight years of service in New York and served two years as State Executive Director of the Hawaii State Teachers Association. He was a business education teacher in the Mt. Pleasant School District in Thornwood, New York. He earned his Bachelor of Business Administration with a Finance Major from Pace University in New York and his M. S. in Education with a Counseling Major from the University of Bridgeport. He also completed the prestigious Harvard Trade Union Program.

Dom currently serves on the Board of Directors for the Center for Collaborative Solutions. He received the “Agent of Change in Education” award from the Full Circle Fund for his work on Alternative Models of Compensation. Dom has served city government as a library commissioner for six years in Pleasanton, and was President of the California Association of Library Trustees and Commissioners.

Dom continues to work part time for CTA in an Emeritus capacity, and is currently serving as the Interim, Labor Co-Chair for CECHCR, while Cindy Young is away on special assignment.

K. Mark Wermes

Mark Wermes is Vice President, General Manager for Government Accounts at Medco. He is responsible for all Medco public sector business in the Western half of the United States. In the public sector, this includes a diverse set of clients representing state employees, school districts, municipal governments, State High Risk Pools, and traditional Medicaid. He is responsible for client service to existing accounts and for sales to new accounts. Previously, he was Vice President of Sales for the West Region, with responsibilities for all sales activities in the Employer, Health and Welfare, TPA, Managed Care and Carriers segments. He has been with Medco since 2001. He has almost twenty years of experience in the pharmaceutical benefit management industry and over 30 years experience with the pharmaceutical industry in general. Prior to this, Mark held a variety of positions with PCS Health Systems, most recently being Vice President of Sales. Mark has also held sales leadership positions with Caremark Pharmaceutical Services and Prescription Health Services. A registered pharmacist, he spent his early career with a variety of drug store chains, primarily engaged in a number of management positions. Mark earned his B.S in Pharmacy from the University of Arizona in 1977.
**Anthony Wright**

Anthony Wright has served as Executive Director for Health Access, the statewide health care consumer advocacy coalition, since 2002. Health Access has been a leader in state and national efforts to fight health care budget cuts, to win consumer protections, and to advance comprehensive health reform and coverage expansions. Wright led fights to pass a first-in-the-nation law against hospital overcharging of the uninsured, and to win a prescription drug discount program despite an $80 million industry campaign against it. Wright’s background is as a consumer advocate and community organizer, and he has been widely quoted in local and national media on a range of issues. He worked for New Jersey Citizen Action, the Center for Media Education, The Nation magazine, and in Vice President Gore’s office in the White House.

Born and raised in the Bronx, Wright graduated from Amherst College magna cum laude in both English and Sociology. He lives with his wife Jessica, his son Jefferson, and his two cats, Patience and Fortitude.

**Cindy Young**

Cindy Young has worked for California School Employees Association for 22 years. She is the Senior Health Policy Advisor in the Field Operations Department. She started her career in health policy at HERE, Local 2 in 1984. Ms. Young also serves on the Working Health Care Group of the AFL-CIO.

Ms. Young has a Bachelor of Arts Degree in Labor Studies from San Francisco State University. She serves as Co-Chair of the California Education Coalition for Healthcare Reform.
<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Organization</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruben Ingram</td>
<td><a href="mailto:ringram@seacal.org">ringram@seacal.org</a></td>
<td>School Employers Association of California</td>
<td><a href="http://www.seacal.org">www.seacal.org</a></td>
</tr>
<tr>
<td>Dom Summa</td>
<td><a href="mailto:dsumma@cta.org">dsumma@cta.org</a></td>
<td>California Teachers Association</td>
<td><a href="http://www.cta.org">www.cta.org</a></td>
</tr>
<tr>
<td>Wendy Benkert</td>
<td><a href="mailto:wbenkert@ocde.us">wbenkert@ocde.us</a></td>
<td>California County Superintendents Education Services Association</td>
<td><a href="http://www.ccsesa.org">www.ccsesa.org</a></td>
</tr>
<tr>
<td>Greg Eddy</td>
<td><a href="mailto:geddy32052@aol.com">geddy32052@aol.com</a></td>
<td>California Federation of Teachers</td>
<td><a href="http://www.cft.org">www.cft.org</a></td>
</tr>
<tr>
<td>Rose Roach</td>
<td><a href="mailto:rroach@csea.com">rroach@csea.com</a></td>
<td>California School Employees Association</td>
<td><a href="http://www.csea.com">www.csea.com</a></td>
</tr>
<tr>
<td>Mike Bowers</td>
<td><a href="mailto:mbowers@cccce.k12.ca.us">mbowers@cccce.k12.ca.us</a></td>
<td>California County Superintendents Education Services Association</td>
<td><a href="http://www.ccsesa.org">www.ccsesa.org</a></td>
</tr>
<tr>
<td>Scott Lay</td>
<td><a href="mailto:scottlay@ccleague.org">scottlay@ccleague.org</a></td>
<td>Community College League of California</td>
<td><a href="http://www.ccleague.org">www.ccleague.org</a></td>
</tr>
<tr>
<td>Rick Rogers</td>
<td><a href="mailto:rrogers@ouesd.k12.ca.us">rrogers@ouesd.k12.ca.us</a></td>
<td>California County Superintendents Education Services Association</td>
<td><a href="http://www.acsa.org">www.acsa.org</a></td>
</tr>
<tr>
<td>Don Bridge</td>
<td><a href="mailto:dbridge@cta.org">dbridge@cta.org</a></td>
<td>California Teachers Association</td>
<td><a href="http://www.cta.org">www.cta.org</a></td>
</tr>
<tr>
<td>Brian Lewis</td>
<td><a href="mailto:blewis@casbo.org">blewis@casbo.org</a></td>
<td>California Association of School Business Officials</td>
<td><a href="http://www.casbo.org">www.casbo.org</a></td>
</tr>
<tr>
<td>Jim Schlotz</td>
<td><a href="mailto:jschlotz@cta.org">jschlotz@cta.org</a></td>
<td>California Teachers Association</td>
<td><a href="http://www.cta.org">www.cta.org</a></td>
</tr>
<tr>
<td>Robert Chacanaca</td>
<td><a href="mailto:hongqi@hotmail.com">hongqi@hotmail.com</a></td>
<td>California Federation of Teachers</td>
<td><a href="http://www.cft.org">www.cft.org</a></td>
</tr>
<tr>
<td>Jeffrey Markov</td>
<td><a href="mailto:jmarkov@egusd.net">jmarkov@egusd.net</a></td>
<td>California Association of School Business Officials</td>
<td><a href="http://www.casbo.org">www.casbo.org</a></td>
</tr>
<tr>
<td>Dale Tom</td>
<td><a href="mailto:dtom@csba.org">dtom@csba.org</a></td>
<td>California School Boards Association</td>
<td><a href="http://www.csba.org">www.csba.org</a></td>
</tr>
<tr>
<td>Joe Dana</td>
<td><a href="mailto:jdana@orcutt-schools.net">jdana@orcutt-schools.net</a></td>
<td>Association of California School Administrators</td>
<td><a href="http://www.acsa.org">www.acsa.org</a></td>
</tr>
<tr>
<td>Rita Mize</td>
<td><a href="mailto:rmize@ccleague.org">rmize@ccleague.org</a></td>
<td>Community College League of California</td>
<td><a href="http://www.ccleague.org">www.ccleague.org</a></td>
</tr>
<tr>
<td>Cindy Young</td>
<td><a href="mailto:cyoung@csea.com">cyoung@csea.com</a></td>
<td>California School Employees Association</td>
<td><a href="http://www.csea.com">www.csea.com</a></td>
</tr>
<tr>
<td>Allison Deegan</td>
<td><a href="mailto:deegan_allison@lacoe.edu">deegan_allison@lacoe.edu</a></td>
<td>School Employers Association of California</td>
<td><a href="http://www.seacal.org">www.seacal.org</a></td>
</tr>
<tr>
<td>Scott Plotkin</td>
<td><a href="mailto:splotkin@csba.org">splotkin@csba.org</a></td>
<td>California School Boards Association</td>
<td><a href="http://www.csba.org">www.csba.org</a></td>
</tr>
</tbody>
</table>
Summit Participants

Sayid Abdul, San Diego Education Association
Ellen Badley, California Public Employees' Retirement System
Russell E. Bigler, Self Insured Schools of California
Mike Bowers, California County Superintendents Educational Services Association
E. Toby Boyd, California Teachers Association
Don Bridge, California Teachers Association
Allan Brill, United Educators of San Francisco
Beth Capell, Health Access California
Ramon Castellblanch, San Francisco State University
Robert Chacanaca, California Federation of Teachers
Mike Chiarodit, Blue Shield of California
Valerie Cornuelle, California's Valued Trust
Lesley Cummings, Managed Risk Medical Insurance Board
Joe Dana, Association of California School Administrators
Elana Davidson, California Teachers Association
Allison Deegan, School Employers Association of California
Greg Eddy, California Federation of Teachers
Mike Egan, California Teachers Association
Roger Gallizzi, School Employers Association of California
John Glynn, JGlynn & Company
John Graham, Pacific Research Institute
Ruben Ingram, School Employers Association of California
Virginia Johnson, California State Teachers Retirement System
Scott Lay, Community College League of California
Megan Livesey, Vision Service Plan
Mark Lowenthal, JGlynn & Company
Susan Mac Lean, California Education Coalition for Health Care Reform
Jeffrey Markov, California Association of School Business Officials
Olivia Mata, School Employers Association of California
Bill McGinnis, California Education Coalition for Health Care Reform
George McGregor, McGregor & Associates
George Melendez, California Teachers Association
Marian Mulkey, California HealthCare Foundation
Dr. Louise Nan, California Education Coalition for Health Care Reform
Ryan Neese, Delta Dental of California
Berman Obaldi, California State Teachers Retirement System
Sandra Perez, Office of the Patient Advocate
Kathy Rallings, California Teachers Association
Dr. Richard Quint, University of California, San Francisco
Ron Riley, HUB International Insurance Services Inc.
Brian Rivas, California School Boards Association
Jim Schlotz, California Teachers Association
Barrett Snider, School Innovations & Advocacy
Dom Summa, California Teachers Association
Mike Thelen, Delta Dental of California
Dale Tom, California School Boards Association
Dr. Linda Wagner, School Employers Association of California
Janet Walden, California Education Coalition for Health Care Reform
Peter Waldman, Bloomberg News
Mark Weideman, Blue Shield of California
Mark Wermes, Medco Health Solutions, Inc.
Anthony Wright, Health Access California
Cindy Young, California School Employees Association
Cindy Zecher, California School Employees Association