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Ohio school officials wary of House health-care plan

Plain Dealer, The (Cleveland, OH)

April 26, 2005

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Estimated printed pages: 6

Columbus — Ohio House leaders say they have sent the Senate a budget containing a health care program that could save public education nearly \$190 million next school year and more than triple that amount by the end of the decade.

Savings like that ordinarily would make school officials giddy, but instead, leaders from every statewide school organization — unions and administrative groups alike — urge caution. And the Senate, which will begin reviewing the education budget this week, is also a bit leery of a statewide pool.

In the primary and secondary education budget, the House put in a mandatory health care program for the 309,000 employees at the state's 613 public school districts. The state would negotiate health plans that would still be paid for at the local level.

The program would begin this fall and would include several regional health plans that districts would have to join once their collective bargaining agreements covering medical insurance end. Each district now negotiates its own plan with providers and unions.

House leaders feel they've scored an A-plus: a plan that saves districts money and eliminates a testy collective bargaining item blamed for holding up working agreements.

"This would pool all those locals into one buying pool where we can negotiate better prices," said House Speaker Jon Husted, a suburban Dayton Republican. "It was probably one of the more popular things that we discussed in caucus because a lot of members like the fact that they can save money for their school districts."

School officials aren't so sure. Because health care benefits and premiums vary from district to district, one blanket health insurance program could help some districts and employees and hurt others. For example, some school employees might find themselves paying more for doctor visits and prescriptions.

"Our belief is we're going to be paying more and getting less," said Joanne DeMarco, president of the Cleveland Teachers Union. "It could turn out to be a good thing, but the people who will be most affected have not been consulted."

DeMarco said she is generally happy with the health plans offered to Cleveland teachers, which were negotiated last fall. But if the state is doing the negotiating, neither union nor school leaders would get to approve a final plan, she said, and that would be a problem.

Education officials also question whether the savings would be as grand as advertised. "We don't know how they came up with their figures," said Gary Allen of the Ohio Education Association.

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The one item on which everyone agrees is that health care has become one of the biggest expenses for cash-strapped school systems. Consequently, shifting health care costs has become one of the more intensely debated bargaining table issues for districts, said John Brandt, executive director of the Ohio School Boards Association.

The health care pool was first suggested last year by Gov. Bob Taft's Blue Ribbon education committee. Taft did not include it in his executive budget but has supported the House proposal.

Before the Republican-controlled House approved the \$51.3 billion budget, Rep. Brian Williams, an Akron Democrat, tried unsuccessfully to remove the program from the proposal.

"I think it is a good idea, but I think there are so many implications, so many stakeholders involved, that we ought to study it for a year," said Williams, a former Akron school superintendent.

The OEA, OSBA, Ohio Federation of Teachers and others have asked to postpone the plan until a study is commissioned. Senate President Bill Harris also believes that the measure needs further review.

"I'm interested in it [but] not sure I'm supportive yet," said Harris, an Ashland Republican. "It's one of those things you don't want to jump out and do without having thought it through very carefully."

Harris questioned whether the health care pool should be part of separate legislation or, at the very least, studied more closely by the finance and education committees in his chamber.

Rep. Christopher Widener, a Springfield Republican who wrote language for the House proposal, bristles at the suggestion of a study.

Widener said that Pennsylvania and Minnesota already have studied the issue and that he relied on their research, mainly Pennsylvania's. Neither of those states, however, has started a mandatory pool.

"I don't think we need to study it because we are taking advantage of all these other states that have already studied it," Widener said. "And they have all come to the same conclusion: that a statewide pooling system keeps administrative costs down and keeps premiums down."

But the Pennsylvania study, commissioned by a joint committee of the state's General Assembly and conducted by an outside firm, also raised points that might concern Ohio.

The Pennsylvania study suggested that the pool legislation should be a separate statute, that it would force some district employees to pay more for health benefits, and that it would need 18 months to be properly implemented.

"We've drafted legislation for it, but it has not been introduced, and I don't know that we will introduce it. We're purposely taking it very slow," said Chuck Peck, spokesman for Pennsylvania Rep. Steven Nickol, who is chairing a committee studying the idea.

Peck said Pennsylvania started out with an idea similar to Ohio's — a state-negotiated plan paid at the local level. But he says Pennsylvania is now considering paying or splitting the cost with districts. Or to just pool prescription drug purchasing.

Minnesota also conducted an independent study and is considering the pooling idea as separate legislation. But the provision is losing steam. It is still stuck in a House committee and was recently amended to make it voluntary rather than mandatory.

While both Pennsylvania and Minnesota have studied the idea for at least two years, Widener is pushing for a speedy start in Ohio.

"The implementation schedule is tight, but our districts need help now," he said.

Widener's plan appoints a health care board to oversee the program. The board would hire third-party administrators for each of four or five regions, to be determined. The administrators would collect bids from health care providers and the board would negotiate the plans.

Still uncertain is how the Ohio plan would affect retirees and whether it would focus on just medical coverage or some combination of that with dental, vision and prescription drugs.

Plain Dealer reporter Julie Carr Smyth contributed to this story. To reach this Plain Dealer reporter: rfields@plained.com, 1-800-228-8272


*Edition: Final
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