

**West Virginia Public Employee Insurance Agency
Stability Task Force**

Public Outreach and Legislative Subcommittee Report

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Legislative and Public Outreach Committee Charge

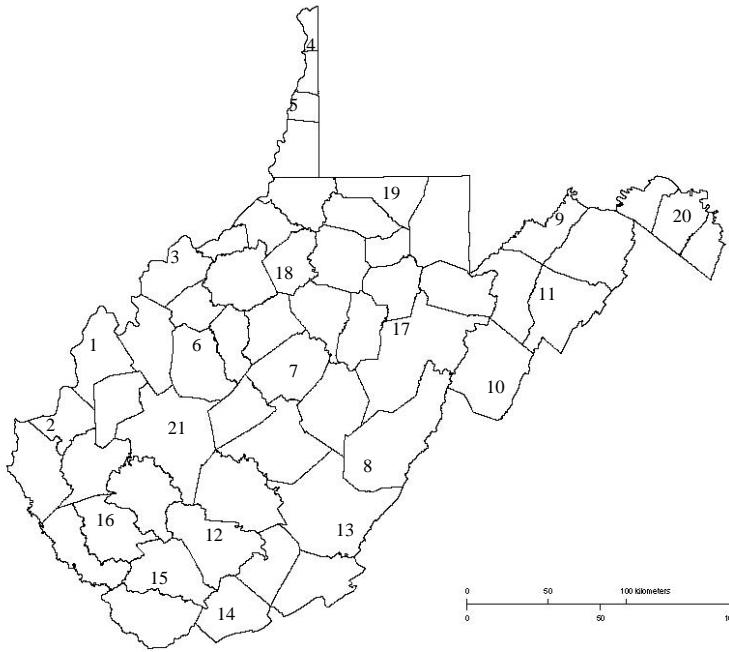
The purpose of the Legislative and Public Outreach Committee was to organize and host public outreach meetings to hear and engage the participants of the Public Employee Insurance program. The committee was charged with compiling the public input and presenting the findings to the full Public Employee Insurance Agency Stability Task Force.

The committee membership was made up of: Helen Matheny, convener; Sarita Beckett; Christine Campbell; Senate President Mitch Carmichael; Dale Lee; Nelson Spencer; Joe White; and Dr. Sherri Young.

The committee decided to hold 21 meetings, throughout the state and to also accept public comments through written and online surveys, emails, and social media comments. The public meetings took place between May 1, 2018 and June 11, 2018.

Following is a listing of each public meeting, including date, time, location, number of attendees, and speakers.

The Task Force members are very appreciative of the Governor's Office staff for arranging the meetings and making them available to residents of the state both via live stream and through recordings. The Task Force is also appreciative of the individuals at the host locations who provided meeting space and a warm welcome. Finally, the Task Force members appreciate each active state employee and retiree who voiced their concerns and offered solutions by attending the public meetings or through written comments.



Public Meetings

- | | |
|---|--|
| <p>1. Point Pleasant: May 1, 6:30pm-8:30pm
 Location: Point Pleasant High School
 Attendance: 68 Speakers: 21</p> | <p>6. Spencer: May 15, 6:30pm-8:30pm
 Location: Spencer Middle School
 Attendance: 57 Speakers: 17</p> |
| <p>2. Huntington: May 1, 6:30-8:30
 Location: Joan C. Edwards Performing Arts Center, Marshall University
 Attendance: 32 Speakers: 12</p> | <p>7. Flatwoods: May 15, 6:30pm-8:30pm
 Location: Braxton County High School
 Attendance: 75 Speakers: 15</p> |
| <p>3. Parkersburg: May 3, 6:30-8:30
 Location: Parkersburg High School
 Attendance: 63 Speakers: 19</p> | <p>8. Marlinton: May 18, 6:30pm-8:30pm
 Location: Marlinton Middle School
 Attendance: 27 Speakers: 10</p> |
| <p>4. Wheeling: May 12, 11:00am-1:00pm
 Location: West Virginia Northern CTC
 Attendance: 55 Speakers: 12</p> | <p>9. Springfield: May 18, 6:30pm-8:30pm
 Location: Springfield-Green Spring Elementary School
 Attendance: 85 Speakers: 14</p> |
| <p>5. Weirton: May 12, 11:00am-1:00pm
 Location: Thomas E. Millsop Community Center
 Attendance: 45 Speakers: 14</p> | <p>10. Franklin: May 19, 11:00am-1:00pm
 Location: Franklin Community Center
 Attendance: 42 Speakers: 14</p> |

- | | |
|---|--|
| <p>11. Moorefield: May 19, 11:00am-1:00pm
 Location: Moorefield National Guard Facility
 Attendance: 70 Speakers: 13</p> | <p>17. Elkins: June 2, 11:00am-1:00pm
 Location: Phil Gainer Community Center
 Attendance: 72 Speakers: 21</p> |
| <p>12. Beckley: May 24, 6:30pm-8:30pm
 Location: Tamarack Conference Center
 Attendance: 83 Speakers: 18</p> | <p>18. West Union: June 5, 6:30pm-8:30pm
 Location: Doddridge County High School
 Attendance: 60 Speakers: 18</p> |
| <p>13. Lewisburg: May 24, 6:30pm-8:30pm
 Location: Lewisburg Elementary School
 Attendance: 45 Speakers: 13</p> | <p>19. Morgantown: June 8, 6:30pm-8:30pm
 Location: West Virginia University
 Attendance: 105 Speakers: 30</p> |
| <p>14. Princeton: May 24, 6:30pm-8:30pm
 Location: Princeton Middle School
 Attendance: 87 Speakers: 16</p> | <p>20. Martinsburg: June 9, 11:00am-3:00pm
 Location: Spring Mills High School
 Attendance: 122 Speakers: 36</p> |
| <p>15. Pineville: May 31, 6:30pm-8:30pm
 Location: Pineville Middle School
 Attendance: 77 Speakers: 20</p> | <p>21. Charleston: June 11, 6:30pm-10:00pm
 Location: Culture Center
 Attendance: 239 Speakers: 33</p> |
| <p>16. Logan: May 31, 6:30pm-8:30pm
 Location: Logan High School
 Attendance: 85 Speakers: 12</p> | |

PEIA Facts

- 170,000 Active Employees and Dependents are covered
 - 45,696 State Employees
 - 74,256 County Boards of Education (includes teachers, service personnel, etc.)
 - 27,200 Non-State Employees
 - 22,848 Higher Education Employees

- 63,000 West Virginia Retirees and Dependents are covered

- 233,000 Total participants covered by PEIA

- 3,154 Total number surveys submitted
 - 2,917 online
 - 237 written/in person

- 1,594 (approx.) participants attended all 21 meetings (some attended more than one meeting)

- 378 (approx.) participants spoke at the 21 meetings (some may have spoken at more than meeting.)

Survey Results

In addition to listening to participants and their concerns during the 21 public meetings, a survey, available at all public meetings and online at <https://peiataskforce.wv.gov>, included five questions to help identify specific issues with the PEIA program as well as suggestions for how the program could be improved.

The survey included the following questions:

- Question 1: What is the top issue that you have with the current Public Employee Insurance available to you?
- Question 2: What do you see as a fix to the current Public Employee Insurance?
- Question 3: How do you see the Public Employee Insurance Agency subsidizing the increase in cost to a fix?
- Question 4: What types of healthy lifestyle programs, information, etc. would you participate in?
- Question 5: What type of incentive would motivate you to participate in a wellness program?

A total of 1,083 responses to the survey were recorded as of July 31, 2018, across all the available methods open to the public (846 online and 237 written surveys). The top issue with the Public Employee Insurance was cost (523 responses, 48.5%), even when divided into categories cost overall was the largest subcategory (295 responses, 30.2% *please note some survey answers contained more than one subcategory). Respondents felt that a funding source was the best way to fix the current issue (512 responses, 47.2%). In terms of a funding source, 47.8% (518 responses) stated that a tax was the best option for a funding source and 44.9% (341 responses) stated that gas severance tax was the answer. Respondents did not find healthy lifestyle programs to be favorable. However, some respondents stated they would use a free gym membership. More respondents said they would be willing to participate in wellness programs if it would reduce their cost of insurance (352 respondents, 32.5%). Complete survey results appear in Appendix I.

Executive Summary

Members of the PEIA Stability Task Force heard from active employees, retirees, community members, and legislators throughout the state. Many of the speakers stated they were speaking on behalf of participants who were unable to attend the public meeting. Speakers at the public meetings described issues and concerns with PEIA as well as offered solutions to addressing these concerns.

One of the primary concerns of participants is affordability. They expressed concern over cost of premiums, cost of deductibles, cost of copays and cost of prescriptions. One task force member states, “In my opinion, the most important take away from the public hearings is the personal stories of the participants just trying to make ends meet while enduring the emotional and physical effects of personal or family illness, rising cost of healthcare, insufficient salaries and increasing expectations with decreasing resources.”

Overwhelmingly, participants voiced concern over the out-of-state vs. in-state “network” restrictions and costs, rising cost for retirees with no cap on their premiums, and reimbursements being denied.

Participants stated that spousal income and additional jobs should not be included in determining a participant’s premium. They also suggested that allowing employees to apply unused sick days toward health insurance upon retirement should be reinstated.

There were concerns that the health insurance provider has more authority than the physician in the care of their patients. Specifically, a major point of discussion centered on the ability for the patient’s physician instead of an insurance representative to determine the treatment and medication needed.

There were additional concerns about customer service, paperwork inefficiencies, and unnecessary, multiple or redundant procedures that increase overall cost. Participants noted cost savings options that pharmacies provide but don’t acknowledge, suggesting that PEIA encourage pharmacies to let customers know when their medication is cheaper without going through their insurance plan.

The need for consistent case managers to increase efficiency and patient familiarity was prevalent, as well as the need to implement incentives, not penalties, regarding wellness programs and cost.

In fact, the call for additional preventative programs accessible to rural areas of West Virginia was expressed on numerous occasions. Specifically, a large percentage of speakers talked about the need to continue preventive care programs such as the Face-to-Face Diabetes Program, tobacco cessation programs, and overall wellness programs.

A very high percentage of speakers talked about problems with claims both with Health Smart and CVS Caremark. They complained of poor customer service, delays in claims being processed, rudeness, and insensitivity.

Retirees spoke about the ever-increasing cost of health care with no Cost of Living Increase (COLA). Many retirees have seen their pensions erode with higher health care and prescription costs.

Participants acknowledged the rising cost of healthcare as a national issue but believe as their state representatives, legislators should be supporting an employee's right to affordable healthcare. They also noted the reduction in state revenue due to corporate tax breaks and unwillingness of the legislature to implement reasonable severance tax on the state's natural resources. Regarding funding, the message was clear that continuous and sufficient funding, dedicated to improving instead of eroding the state's healthcare plan, is vital to the future of our state. The message was also clear in that it's the legislature's responsibility to ensure quality, affordable healthcare for our active and retired state employees. Regardless of the revenue source, it was also clear that an increase in revenue is needed and should not fall on the backs of the citizens of West Virginia.

Funding sources suggested include severance tax on natural gas, sugary drink/soda tax, tobacco tax, food tax, corporate tax, sports betting revenue, ATV ownership tax, beer and cigarettes tax, legalize cannabis and tax usage, taxes on natural gas, timber, and coal, managed timberland tax increase, taxes on corporations and business, corporate net income tax, business and franchise tax, raise taxes on "out-of-state" property owners, additional per-pill fee for opioid prescriptions, and "surcharge tax on high income people".

Many speakers expressed an acute concern about the children, the status of the education system and the future of our state. Specifically, these individuals said they have a love for what they do and a love for West Virginia, but they said recruitment and retention is an issue. For example, many of the speakers at the public meetings noted the number of vacancies within the school system. Some of them are experiencing the challenges of trying to make ends meet as an educator with PEIA insurance and at the same time they are concerned that their children's teachers are not certified in the subjects they are teaching. They urge the Task Force to fix the PEIA issues so that the vacancies can be filled and new teachers recruited. They said the state's education is in crisis as educators leave the state and the vacancies remain.

Key Findings

Observations from Task Force members include:

- “It’s heartbreaking and enlightening to see what our teachers, service personnel, and state employees go through just to live and work in West Virginia.”
- “Many of the individuals we heard from are beginning their teaching careers. Some are asking ‘why do I stay in West Virginia?’ when they know they can receive better pay and benefits elsewhere.”
- “Retirees have no Cost of Living Increase (COLA) and experience continued increases in deductibles and co-pays.”
- “One educator simply stated ‘Invest in us, make us feel valued.’”
- “Suggestions for an increase in funding sources include a tax on national gas, marijuana, sugary drinks, food, bottled water, alcohol, tobacco, and ATV ownership.”
- “Provide incentives for healthy lifestyle choices instead of punitive measures.”
- “Premiums, co-pays, and deductibles are outrageous for retirees on fixed incomes.”

Affordability

Nearly all of the speakers described issues with the increasing cost of premiums, increasing copays and deductibles, increased prescription costs, and the fact that the lower-paid employees are paying a larger percentage due to the structure of the tier system.

These individuals said they knew they were not going to “get rich” as a result of becoming a teacher or a state employee. Many of them said they love teaching and care about the future of the state’s children. Also, they said they became a state employee not because of the salary, but in part because of the attractive employee benefits package. Now, the employee benefits package is not attractive. They said our state’s education system is in crisis as the current salary and benefits package is not sufficient to retain and recruit qualified educators.

One task force member observed “As stated by many of the speakers, it is important to point out that these active and retired employees provide critical public services, and healthcare coverage is part of a compensation package for their hard work and commitment to the citizens of West Virginia”.

“Over time, these benefits have eroded to the point that their salaries are out of compliance with the cost of living and the cost of their healthcare. I’ve personally heard from teachers and service personnel who qualify for government assistance or have been forced into bankruptcy, while those and others work multiple jobs just to survive. It was repeatedly stated in the public hearings that recruitment and retention of highly-qualified employees is dependent upon

competitive compensation and secure benefits, and people are leaving the state due to low compensation and insecure benefits,” she said.

Consistently speakers expressed that spousal income and additional jobs should not be included in determining a participant’s premium. At the same time, many speakers described the effort and sacrifices they made to earn a master’s degree only to discover that the result would be lower “take home pay” because of the current tier system.

Although in the minority, it is important to note that a few participants responded by survey and expressed the desire to eliminate copays, deductibles, and all premiums. There were also comments made regarding premiums not being based off income and all participants pay the same premium.

Several speakers stated the cost of lab tests is a concern. For example, participants may go to a hospital health fair and pay \$25 out of their pocket. If they would use PEIA insurance PEIA would be billed \$450.

Also, some speakers commented about the duplication of X-rays, MRIs and CAT scans when the procedure was recently completed.

Other speakers described the hassles of getting correct medications and specialized medical equipment “without a fight” from “third party providers”.

Finally, participants asked that diabetic supplies such as test strips and lancing devices be included as part of their benefit.

The bottom line is that participants state they cannot afford to pay PEIA healthcare costs now. They want these costs reduced, not just “frozen.” Repeatedly program participants said they want a long term funding solution.

Dedicated Funding Sources

Consistently participants called for funding streams to stabilize premiums, deductibles, copays and in general the cost of health insurance. The participants say they cannot afford what they are paying now. Speakers made it clear they do not want a tax shift to citizens.

The suggested funding sources (in no particular order) include:

- Severance tax on natural gas
- Sugary drinks/sodas tax
- Tobacco tax
- Food tax
- Sports betting revenue
- ATV ownership tax
- Increase tax on beer and cigarettes
- Legalize cannabis and tax usage

- Increase taxes on natural gas, timber, and coal
- Managed timberland tax increase
- Increase taxes on corporations and business. Raise corporate net income tax and business and franchise tax
- Raise taxes on “out-of-state” property owners
- Additional per-pill fee for opioid prescriptions
- “Surcharge tax on high income people”
- Cutting government spending and wasted taxpayer money

Access to Care

Individuals living in border counties need to be able to access out-of-state providers and services at the same cost as in-state providers and services. Since a high percentage of plan participants live in border counties and have access to quality medical care at a closer location, but across the border, this is a major issue. Many participants talked about having to leave a physician who has cared for them for years because of cost.

Access to care in terms of specialty care is also an issue. In some cases there are not specialists such as a cardiologist or urologist in the area. Participants may have primary care available to them through physicians and hospitals, but there is little specialty care or tertiary care in many areas. For example, speakers at the public meeting in Franklin in Pendleton County described the treacherous roads they must travel in the winter to access specialty care.

Some plan participants said they wanted to go to the physician of their choosing regardless of whether the physician was “in network” or not. Similarly, some plan participants stated they do not like the plan dictating the prescription they should take. They said that should be a decision of their physician. Likewise, they experience non-medical personnel making medical decisions in conflict with their physician’s orders.

Next, participants report that prior authorization is a problem. For instance, they said if they call PEIA and ask if a test or a procedure is covered the response they receive is that it “might be covered”. They said often times they check again and cannot get a definitive answer. In addition, they would like to experience a quicker approval process for procedures.

Finally, the participants said there is confusion as to whom they contact for information. They ask if they should contact PEIA or contact HealthSmart or CVS directly.

Prescriptions

Participants state the pharmacy plan is an issue. They said that in some cases they can buy their prescriptions out of pocket more inexpensively than if they used their PEIA insurance. They are very frustrated with the seemingly constant changing of the drugs of choice that are part of the pharmacy formulary. Similarly, many speakers described the challenges with specialty mail pharmacies. They say they do not get their medications in a timely manner and experience many hassles in getting needed medication.

In terms of addressing the high cost of prescriptions it was suggested that West Virginia can look at policy tools that go beyond what PEIA can do alone. West Virginia could explore new laws that would impact prescription drug prices for all purchasers in the state, both public and private.

The 90-day prescription costs were mentioned by some participants as a major issue they face with the pharmacy plan. The cost difference in a 90-day and 30-day prescription often makes them unaffordable for participants, especially retirees.

Wellness

Participants would like wellness and prevention to be covered. They called for preventative care programs for diabetes, obesity, tobacco cessation and overall wellness. Specifically, they asked that procedures and services such as mammograms, colonoscopies, prostate cancer screenings, immunizations, and nutrition information as well as counseling be covered as part of the plan.

In fact, some participants requested worksite wellness programs, farmers markets at worksites, fitness center discounts, weight management programs, and evidenced-based diabetes management programs. They state there should be a premium differential for participants who participate in wellness programs. They favor incentives and not penalties. Finally, they were not supportive of the Go 365 program.

Other Comments

Participants said customer service from PEIA must be improved. Participants called for enhanced communication in regard to how PEIA operates and why changes to the plan and formulary are necessary. A prime example of the lack of communication is regarding the use of 90-day prescriptions for maintenance medicines. PEIA allows physicians to write a 30-day prescription for new maintenance drugs, up to twice before they are required to change to a 90-day prescription. This information seems to have been miscommunicated to providers and participants. They suggested a targeted effort to inform participants of benefits. A benefit that is underutilized is the tele-medicine option as well as in the case of a physician that takes evening and weekend calls being able to call in a prescription for a participant and being paid for his/her services.

One speaker suggested exploring medical billing and comparing most frequently used CPT codes with national data. Others suggested looking at providing the “right care at the right location” to provide the most cost effective quality care. In addition, some plan participants believe there is a lack of oversight by PEIA of HealthSmart and CVS. In fact, it was suggested that PEIA explore providing claims service “in-house” instead of outsourcing them to Health Smart and CVS Caremark. Another suggestion was to include a physician on the PEIA Finance Board. Also, participants are strongly requesting that PEIA customer service hours be expanded to include evening and Saturday hours.

Retirees' Specific Concerns

Task Force members heard from many retired state employees. The retirees stated that they are losing their purchasing power due to inflation, no cost of living adjustment, and the increases in the cost of healthcare premiums, deductibles, and copays while they are living on fixed incomes. For example, one retiree from Lewisburg stated she retired in 1997 and has not gotten a cost of living increase in 20 years. She said all she has gotten is a reduction in “take home pay”. One suggestion to address this issue is to base the premium on the salary at retirement. Retirees requested a dedicated funding stream to be able to have a cost of living adjustment. Other retirees requested a “roll back on premiums/copays and reinstatement of benefits”. Some of the educators retired in the 1990’s and they said they have not had an increase in their pension even though the cost of goods and services has steadily increased.

As an example, information provided by one participant at the West Union meeting stated that in 2016, there were 34,000 retirees in the teachers’ retirement system. He said this includes all retirees: 29,274 regular retirees, 2,218 disability retirees, and 2,508 beneficiaries. He said the average monthly benefit was \$1,727 for all annuitants which equates to \$20,724 annually. The average age was 71. 6,749 were over the age of 80. 1,295 were older than 90.

In addition, some retirees in their nineties do not have access to the internet. They requested that a customer service phone number be provided with all correspondence.

Many retirees stated that they were pleased with the services provided by HUMANA, specifically the education provided and the call center. They want to keep HUMANA. They said they do not want a voucher to purchase health insurance. However, we also heard from some retirees that were dissatisfied with HUMANA and their services.

Changes to PEIA Program

In response to the comments made during the public meetings, administrators of the program have recently made a number of changes including:

- Added a new national lab, Mako, to be paid at West Virginia rates (80/20).
- Diabetic supplies, only available out of state, are being paid at West Virginia rates (80/20).
- Out of state pathologist for Jackson General was contracted at West Virginia rates (80/20).
- Salary tier changes made to eliminate changes due to July 1 salary increases.
- Reduced telemedicine copays from \$40 to \$30 effective July 1.
- Piloting two new wellness programs beginning in September:
 - Naturally Slim, a 10-week weight loss video program with monthly follow up,
 - Livongo, a diabetic prevention program
 - The goal is to do staggered pilots of 1,000 participants each and then evaluate outcome data to determine how to move forward and with which programs. They are all voluntary
- Established online physician prior authorization system July 1.
- Working to with West Virginia University to contract out of state doctors to 80/20. The actuary estimates \$6-7 million to bring out of state services back to 80/20.

APPENDIX I

Total Survey Results for Question 1 (as of 7/31/18) – 1078 Responses

What is the top issue that you have with the current Public Employee Insurance available to you?

Cost – 523	48.5%
Cost and Coverage – 197	18.3%
Out of Network – 142	13.2%
Prescription Coverage – 51	4.7%
Coverage – 50	4.6%
Funding – 19	1.8%
Total Household Income – 15	1.4%
Claim Payment – 14	1.3%
Other (under 1%)	4.9%
Additional Requirements – 10	.9%
None – 9	.8%
Salary Tiers – 7	.6%
N/A – 4	.4%
Plan Options – 3	.3%
Customer Service – 3	.3%
Annual Changes – 2	.2%
Communication – 2	.2%
Denials – 2	.1%
80/20 – 1	.1%
Additional Coverage – 1	.1%
Availability – 1	.1%
Coverage ending for dependents at 26 – 1	.1%
Facility Fees – 1	.1%
Limitation on Services – 1	.1%
Long term agreement w/ Humana – 1	.1%
Medical decisions made by PEIA – 1	.1%
PEIA Finance Board – 1	.1%
Pre-approvals – 1	.1%
Other – 1	.1%
Total:	100%

Cost Category break down for all surveys total responses 978* (*please note that some surveys included more than 1 option for cost)

Cost – 295	30.2%
Premium – 238	24.3%
Deductible – 170	17.4%
Copay – 145	14.8%
Out of Pocket – 81	8.3%
Out of Network – 29	2.9%
Prescription – 17	1.7%

Total Survey Results for Question 2 (as of 7/31/18) – 1,083 responses

What do you see as a fix to the current Public Employee Insurance?

Funding Source – 512	47.2%
New Insurance Company – 103	9.5%
N/A – 101	9.3%
Reduce Cost – 58	5.4%
No Increases – 55	5.1%
80/20 Out of Network – 47	4.3%
Free Insurance – 45	4.2%
Better Management – 33	3.0%
Cut Waste – 26	2.4%
Cheaper Pharmaceutical Supplies – 17	1.6%
Increase Pool of Insures – 12	1.1%
Remove additional requirements – 11	1.0%
Other (under 1%)	5.9%
No spouses – 10	.9%
Tier System – 9	.8%
No copay – 7	.6%
Less Complicated System – 7	.6%
90/10 Teachers – 6	.6%
Choice of Insurance Company – 5	.5%
Increase Active Employee Fees – 3	.3%
Better Coverage – 2	.2%
85/15 – 1	.1%
Better Communication with providers – 1	.1%
Improve Benefit/lower cost – 1	.1%
Maintain 80/20 – 1	.1%
More plan options – 1	.1%
New Director – 1	.1%
No Changes – 1	.1%
No Vouchers – 1	.1%
Payment Monitoring – 1	.1%
Premium changes – 1	.1%
Privatize – 1	.1%
Reduce coverage to non-state employees – 1	.1%
Require number of years worked – 1	.1%
Teacher’s should pay what public pays – 1	.1%
Total:	100%

Total Survey Results for Question 3 (as of 7/31/18) – 1,083 responses

How do you see the Public Employee Insurance Agency subsidizing the increase in cost to a fix?

Tax – 518	47.8%
N/A - 362	33.4%
Increase Revenue – 44	4.1%
Reduce unnecessary spending and billing – 34	3.1%
Cuts to other agencies – 33	3.0%
Lottery Money – 20	1.8%
Remove funding for medical card – 15	1.4%
Premium Increase – 14	1.3%
Other (under 1%)	4.5%
New Insurance – 10	.9%
Allow Pharmacists to give lower cost options – 9	.8%
Out of State Landowners – 5	.5%
Funding Source – 4	.4%
Gov't pay more – 2	.2%
No Increases – 2	.2%
No Voucher System – 2	.1%
Tier System – 2	.1%
Change to 10 hour 4 days – 1	.1%
Incentives – 1	.1%
Marijuana – 1	.1%
No Out of Pocket – 1	.1%
No New Taxes – 1	.1%
Payment Monitoring – 1	.1%
Premium changes – 1	.1%
Privatize – 1	.1%
Reduce coverage to non-state employees – 1	.1%
Reduce Opioid Crisis – 1	.1%
Refinance – 1	.1%
Require number of years worked – 1	.1%
Sports Betting – 1	.1%
Total:	100%

Tax Category break down for all surveys total responses 759* (*please note that some surveys included more than 1 option for taxes)

Gas Severance – 341	44.9%
Marijuana – 86	11.3%
Business – 65	8.6%
Soda – 44	5.8%
Tobacco/vaping – 36	4.7%
Alcohol/sin – 34	4.5%
Food – 34	4.5%
Severance – 27	3.6%
Tax – 26	3.4%
Sports betting – 21	2.8%
Energy – 9	1.2%
Other (under 1%)	4.5%
Coal Severance – 7	.9%
Fast Food – 6	.8%
Absentee Land owner – 4	.5%
Higher Incomes – 4	.5%
Pharmaceuticals – 4	.5%
Sales – 3	.4%
Inventory – 2	.3%
Out of State Contractors – 1	.1%
Lottery Establishments – 1	.1%
Timber – 1	.1%
Gasoline – 1	.1%
Hotel – 1	.1%
Cell Phone – 1	.1%
Total:	100%

Total Survey Results for Question 4 (as of 7/31/18) – 1,083 responses

What types of healthy lifestyle programs, information, etc. would you participate in?

None – 185	17.1%
N/A – 144	13.3%
Free gym membership – 131	12.1%
Weight Management – 75	6.9%
Voluntary Program – 57	5.3%
GO 365 – 50	4.6%
Exercise Program – 46	4.2%
Yearly Physical – 44	4.1%
Anything – 41	3.8%
Incentive Programs – 33	3.0%
Healthy Tomorrows – 29	2.7%
Walking Program – 28	2.6%
Wellness Program – 27	2.5%
Silver Sneakers – 27	2.5%
Reduced gym membership – 22	2.0%
Yoga – 19	1.7%
Nutritional Programs – 19	1.7%
Diabetic programs – 19	1.7%
Online Weight Management Programs – 14	1.3%
Other (under 1%)	6.7%
Healthy Lifestyle program – 9	.8%
Informational Programs – 8	.7%
Simple Program – 6	.6%
Zumba – 6	.6%
Fitness Program – 5	.5%
Free – 3	.3%
Pathways to wellness program – 3	.3%
Employee chosen – 2	.2%
Free bariatric surgery – 2	.2%
Free Prevention services – 2	.2%
Free produce/food voucher – 2	.2%
FitBit Program – 2	.2%
Lifestyle Coach – 2	.2%
Newsletter – 2	.2%
Stress Management – 2	.2%
AARP Programs – 1	.1%
COPD Program – 1	.1%
Discounts for being healthy – 1	.1%
Easy – 1	.1%
Massages and stress management – 1	.1%
Moderately exercise – 1	.1%
No physicals – 1	.1%
Outside of Workplace – 1	.1%
Pool Membership – 1	.1%
Remove Healthy Tomorrows – 1	.1%
Self-monitored exercise – 1	.1%
Transportation – 1	.1%
Water Aerobics – 1	.1%
Total:	100%

Total Survey Results for Question 5 (as of 7/31/18) – 1,083 responses

What type of incentive would motivate you to participate in a wellness program?

Reduced insurance cost – 352	32.5%
None – 241	22.3%
Free gym membership – 112	10.3%
N/A – 99	9.1%
Free rewards – 60	5.5%
Money – 55	5.1%
Free Programs – 29	2.7%
Free Insurance – 23	2.1%
Gift Cards – 21	1.7%
Better Insurance – 18	1.6%
Voluntary Programs – 15	1.4%
Other (under 1%)	5.3%
Healthy Tomorrows/programs – 8	.7%
GO 365 – 8	.7%
Increase in Pay – 7	.6%
Any – 6	.6%
Additional Time off work – 5	.5%
No Penalties – 4	.4%
Decrease in deductible – 3	.3%
Grant for classroom materials – 3	.3%
Group support and activities – 3	.3%
Reduction in Medication costs – 3	.3%
Additional Time off work – 2	.2%
Silver Sneakers – 2	.2%
Lower Premiums – 2	.2%
Not having to participate every year – 2	.2%
Total:	100%