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UHCAN Ohio Comments on Interim Recommendations of the Citizens Health Care Working Group

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By Cathy J. Levine, JD, Executive Director

UHCAN Ohio is a statewide non-profit organization working throughout Ohio for high quality, affordable, accessible health care for all Ohioans, through education, empowering people and organizations, and public policy work.

On behalf of the board and members of UHCAN Ohio, I commend the Citizens Health Care Working Group members and staff for its efforts to gather input from policy experts and Americans alike on health care reform. The Interim Recommendations demonstrate that members listened to input from community meetings. The recommendations, if implemented, would move the US closer to health care reform. In that context, I am offering comments aimed at strengthening the final recommendations.

1. The order of the recommendations is puzzling; the recommendation that “It should be public policy that all Americans have affordable health care” should be the overall recommendation, with the other recommendations being elements of the overall goal. Clear consensus exists among participants in CHCWG and in the public on the desire for a system that provides comprehensive, quality coverage, as described in the discussion with detail and clarity. Widespread support was expressed for a “national health plan, financed by taxpayers, in which all Americans would get their health insurance,” for comprehensive benefits for everyone, and for action *soon*.

The other recommendations cannot be implemented adequately without providing coverage for everyone in a nationally coordinated health care system. The lack of consensus on whether the system guarantees health care or provides everyone with health insurance is secondary, reflects confusion among even ardent supporters of universal health coverage, and is not worth acknowledging.

2. The recommendation to guarantee financial protection should extend beyond “very high” health costs. Many studies show that even modest medical debt can destabilize a family’s finances, leading to housing loss, avoidance of needed health care, and other well-documented consequences of medical debt. Lower-income working people do not have excess income to cover more than nominal cost-sharing. Individuals should not be “free to purchase the policy that suits their needs best.” People need coverage with cost-sharing limited to affordable amounts. The CHCWG poll question asked us to choose, as the single purpose of coverage, between health care and protection against high costs. That poll question, like others, contained assumptions that should not be included in a poll seeking people’s views.

The proposal to provide catastrophic coverage to all will be meaningless to people who cannot afford preventative care or care to manage acute or chronic health conditions. High-deductible insurance shifts the costs of health care onto the individual. Instead, everyone should have coverage that provides a core set of benefits designed to ensure that they receive the right care at the right time in the right setting.

3. The support of integrated community health networks is a good one but those networks should be for all patients, regardless of income and include private, nonprofit and public providers. All primary care providers should be part of a network that, like the Federally Qualified Health Centers, has protocols for treating chronic health conditions based on evidence-based best practice and performance measures, to ensure that patients receive the correct annual screenings and treatment. The networks should also extend culturally competent care with consistent quality from FQHCs to private physician practices, in order to improve quality for all and reduce unnecessary health care spending by providing evidence-based care.

These networks could also be the basis for making affordable prescription drugs available to all. The FQHCs receive low prices for their patients. Those 340(b) prices should be made available universally.

4. The Interim Recommendations do not adequately address the need to reduce wasteful spending in health care. We need strategies for eliminating high profit-making in health care. If we are going to provide coverage to everyone that is affordable to individuals and society, we cannot allow today's unregulated profit-taking from health care from a variety of industries. For example, we need to develop legislation to reduce prescription drug spending, by using evidence-based formularies, encouraging bulk purchasing, allowing the federal government to negotiate directly with the pharmaceutical companies for Medicare beneficiaries, and controlling industry marketing practices. We need regional health planning to eliminate construction and expansion of health care facilities and high-tech equipment that offer duplicative services, because these drive up health care spending. Columbus, Ohio does not need 3 heart hospitals!

The recommendation to promote efforts to improve quality of care and efficiency is vitally important, but we have to make sure that the evidence-based best practice becomes the national standard of care. We need strategies to reduce our shameful medical error rate and improve health outcomes. Provision of health care should be paid for based on outcomes, not on the number of procedures performed on patients.

5. Financing of health care has to be based on shared responsibility, so that all employers should be contributing to employee health care costs, unless we make the national decision to eliminate employer-sponsored health care and seek revenues through another means. We need a larger national investment in health coverage and in health improvement. On the state and national level, health care should be financed through a fair, progressive, and diversified tax structure. Massive tax cuts for wealthier Americans, in the past six years, undermine the ability of the federal government to invest adequately in fixing the health care system. The federal government should make federal financial

incentives available to states so that states can become laboratories for reform and develop state-specific reforms designed for their particular environments.

Thank you for considering these comments.

Respectfully submitted,
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