

Ventura County Declaration on Quality Universal Healthcare¹

Introduction

Affordable and accessible healthcare is an essential safeguard of human life. It respects human dignity, protects human life and is fundamental to individual and social prosperity. Access to healthcare is a fundamental human right that is not being applied to all residents of Ventura County and is inadequate throughout the state. Although it may seem that insurance is available to all, buying insurance as an individual is often not an option, as coverage is too expensive for many low- and middle-income families. Affordable coverage often carries high deductibles. Coverage is not available for many, because of "pre-existing conditions." Even employed males who are applying for coverage and have an impending birth in the family may be denied coverage until the health of the child is insured. Many children are not getting access to adequate care because, even though they have Medi-Cal, doctors and dentists who will accept Medi-Cal are not located nearby. More than half of all personal bankruptcies are due to high medical expenses.² Families are being forced to make painful triage decisions between treatment and household maintenance.

The National Academy of Sciences Institute of Medicine defines high quality healthcare as care that is effective, efficient, safe, timely, patient-centered and equitable.³ In order to ensure that this high quality care is affordable for all Californians, we, the undersigned, call for coverage that will include a number of essential components listed in the articles below. We believe, the more people are covered, the healthier we all are.

Principle #1 Universal Comprehensive Healthcare Coverage

We hold as essential the provision of Quality Universal Healthcare with coverage for all members of our community. Coverage should include everyone, and certainly the most vulnerable (who are least able to inform and participate in public policy); including children and students, very low, low and moderate wage employees (irrespective of documentation status), people seeking employment, people with "pre-existing conditions," the homeless, and those with special disabilities, rare diagnoses and chronic illness.

This quality healthcare should also be comprehensive, including medical, dental, vision, mental health and prescription services.

¹ This document has been inspired by the United Nations Declaration of Human Rights (UNITED NATIONS: Universal Declaration of Human Rights <http://www.unhcr.ch/udhr/lang/eng.htm>), the National Academy of Sciences Institute of Medicine papers on Quality Healthcare <http://www.iom.edu/CMS/3718.aspx>, the California Health Access 2007 Policy Recommendations: Access to Healthcare <http://www.health-access.org/advocating/policy.htm>, E Richard Brown.

This Ventura County document was finalized during two Round Tables, convened in Ventura, California, on February 23 and April 13, 2007.

² "Illness And Injury As Contributors To Bankruptcy", by David U. Himmelstein, Elizabeth Warren, Deborah Thorne, and Steffie Woolhandler, published at Health Affairs journal in 2005, see also Gladstone: http://www.newyorker.com/fact/content/articles/050829fa_fact

³ National Academy of Sciences Institute of Medicine definition, <http://www.iom.edu/CMS/3718.aspx>

Principle #2 Reward the Providers

Quality healthcare requires that providers should be encouraged to serve the medical and preventive health needs of everyone in the community. There should not be disincentives to being a provider of care and services in California. Physicians should not be burdened by excessive administrative tasks and differing demands and different standards of reporting and documentation from various insurers. Quality requires that providers be paid fairly for all necessary care. In particular, rural and low-income communities have historically struggled to attract providers. Providers who dedicate themselves to underserved communities and vulnerable populations need to be given special consideration.

Principle #3 Affordable for All

Healthcare should be made affordable to all. The adoption of universal healthcare should enhance not reduce the quality of life of the population. Costs should be limited to a percent of income, well within the range that will prevent catastrophic costs and bankruptcies. Reasonable ceilings on annual deductibles need to be established, as well as premium limits. There should be a reasonable cap on health insurance premiums and out-of-pocket expenses.

There should be “[l]imits on the risk and burdens placed on individual consumers and families, and protecting them from being forced to buy coverage they cannot afford and that does not cover their healthcare needs.”⁴

Principle #4 Healthcare, not Profit

The maximal amount possible of our healthcare dollars should go to healthcare. Quality healthcare legislation should provide oversight to maintain affordability. There must be “[i]nsurance reforms to control costs and allow everyone access to quality healthcare and coverage,” including the requirement of a public review and comment process for insurance company increases and out-of-pocket costs to participants.⁴

Principle #5 Fair and Efficient Use of Healthcare Dollars

Because healthcare is a necessity and not a luxury, and the cost of healthcare represents such a high amount of Gross National Product, it is especially important to insure that all healthcare funds are used efficiently, that systems supportive to healthcare delivery are efficient, and that unnecessary levels of administration and bureaucracy are avoided. Furthermore, any healthcare system should provide consumer protections for uninsured, underinsured, and insured families to protect them against overcharging by, for example, hospitals, prescription drug companies and insurers.

Principle #6 Cost Containment

Healthcare legislation should include provisions for cost containment, evaluation of the efficiency of the system, identification of inefficiencies that can be addressed without reducing care, and mechanisms by which these findings are used to improve the healthcare system, including costs related to technology and prescription drugs.

⁴ It's OUR Healthcare, www.itsOURhealthcare.org

Principle #7 Timely Access to Competent Care

Any plan should incorporate the implementation of strong consumer protection regulations regarding timely access to care for all.

Principle #8 Employer Mandate and Employee Share of Cost

Employers benefit from the health of their employees and share an obligation to help contribute to the maintenance of that health and to healthcare coverage. All employers should be contributing to healthcare costs of their employees' comprehensive coverage.

Employees may also contribute to the cost of health coverage through equitable co-pays, deductibles and/or share-of-cost premiums.

Principle #9 Single Payer or Purchasing Pool for All

To insure the lowest possible costs to the greatest number of people, health insurance should be based on a single-payer system or at least a state-run purchasing pool that is available to everyone regardless of income, illness or employment status.

Principle #10 Cultural Diversity and Language Accessibility

The US Minority Health and Health Disparities Research and Education Act of 2000 notes that “despite notable progress over the last 50 years in the overall health status of Americans, there are continuing disparities in the burden of illness and death experienced by racial and ethnic minority groups.”⁵ Any health care system should include language accessibility and address cultural diversity.

In addition, we fully support the principles laid out in the McCain-Edwards-Kennedy Patients' Bill of Rights⁶ which is attached.

We, the Undersigned Pledge to do three things. We will:

1. Educate our groups about the salient points.
2. Circulate a report card grading the legislative proposals based upon these standards.
3. Support and/or advocate for these principles.

⁵ National Conference of State Legislatures Health Acts 2000: Summary

⁶ McCain-Edwards-Kennedy Patients' Bill Of Rights, U. S. Senate (S. 1062)

MCCAIN-EDWARDS-KENNEDY PATIENTS' BILL OF RIGHTS

U. S. Senate (S. 1052)

Protect Patients against withholding of Care: Allows patients to hold their managed care plan accountable when plan decisions to withhold or limit care result in injury or death. Allow patients to seek redress in court for any wrong that causes an injury.

Guarantee access to necessary specialists -- even if it means going out of the plan's provider network. Allow patients access to non-participating providers if the plan's network is insufficient for the enrollee's needs. Under these limited circumstances the plan must provide this access at no greater cost than if the benefit were obtained from participating providers.

Ensures that chronically ill patients receive the specialty care they need. Patients shouldn't have to fight their health plan at the same time they're fighting an illness. Persons with life-threatening, degenerative, and disabling conditions can access standing referrals to specialists, so their primary care provider does not have to continue to authorize visits. Such persons should be allowed to designate a specialist as their primary care provider if the specialist could better coordinate their care.

Ensures that patients can access emergency room care where and when the need arises. Patients should receive critical emergency room care from any emergency department, in or out of the plan's network and without prior authorization under the 'prudent layperson' standard. This means that if the patient believes they need emergency care, they can go to any emergency room without worrying about excessive cost sharing requirements and are guaranteed a smooth transition between emergency care and follow-up treatment provided by the plan.

Ensures that women can easily access OB-GYN services, without unnecessary barriers. Women can choose an OB-GYN as their primary care provider and obtain routine ob-gyn care from a participating healthcare professional who specializes in obstetrics and gynecology without prior authorization or referral.

Ensures that children can access the specialty care they need, without unnecessary barriers. Pediatricians can be selected primary care providers for children.

Ensures that patients can access the prescription drugs that are prescribed for them. Plans must provide for exceptions from the formulary when medically indicated. This protection is critical for individuals who may have allergies to certain medicines or may have tried the formulary drug without any success. Formulary restrictions must be disclosed to enrollees and providers on request.

Ensures that patients can participate in potentially life-saving clinical trials. Plans must cover routine costs (those costs of treatment that would normally be covered by the plan) of participation in certain clinical trials if the patient has a life-threatening or serious illness for which no standard treatment is effective and participation in the trial offers meaningful potential for significant clinical benefit.

Ensures continuity of care for patients with ongoing healthcare needs. All patients who are in the middle of a course of treatment for a chronic or disabling condition can keep their doctor even if they are forced to change plans or their doctor is dropped from their plan's network. It requires a transitional period during which they will continue to receive care from the treating provider.

Makes sure that people have the information they need about their health plan benefits. Patients need to know about their health plan rules before they seek care including: plan benefits, limitations and exclusions; how out-of-network services are covered; how to select and obtain referrals to providers; emergency medical care coverage and definitions; prior authorization rules; and grievance and appeals procedures.

Limiting improper incentive arrangements. Doctors can not be provided financial incentives to limit necessary care.

Protections for patient advocacy. Healthcare providers should be protected from the threat of retaliation or firing when they advocate on behalf of their patients or report quality issues to the appropriate regulatory agencies.