



Toward Universal Coverage

PRESIDENT'S MESSAGE



By Richard J.D. Pan, MD, MPH

"A wise man should consider that health is the greatest of human blessings."
— Hippocrates (460 BC - 377 BC)

GOOD HEALTH benefits both individuals and our community. Healthy people are more productive, a healthier community is a stronger community. It is not surprising that access to health care consistently ranks highly as a major issue in polls.

Both SSVMS and CMA are working hard to achieve universal health care coverage in a responsible way. SSVMS has taken a leadership role in efforts to achieve universal health care coverage for children. Last year, SSVMS in partnership with the First 5 (Proposition 10) Commissions of Colusa, El Dorado, Sacramento, Sutter, Yolo, and Yuba counties published a report, *Insuring Our Future*, on health care coverage for children in the region. It is on our website, www.ssvms.org. Eight counties in California are providing universal health care coverage for children. Ours, however, is the first regional effort, and our First 5 Commissions received a grant from the Packard Foundation to develop an implementation plan.

In addition, SSVMS is actively involved in Sacramento County's Cover the Kids by 2006, led by Supervisors Roger Dickinson and Illa Collin. This coalition has been working to identify and address barriers to health care coverage for children. Approximately two-thirds of uninsured children actually qualify for coverage under Medi-Cal or Healthy Families. A proposal to cap Healthy Families enrollment sparked an urgency campaign by Cover the Kids by 2006 and the United Way California Capital Region to enroll 2000 children in these programs by June 30, 2004. I was proud to represent SSVMS at the kickoff for this effort last March at Noralto Elementary in North Sacramento. Parents can call toll-free at 1-866-850-4321 for information about enrolling their children, or learn more at www.sachealthykids.org.

Physicians understand that health care coverage does not mean health care access. Many people on Medi-Cal have trouble finding a physician because Medi-Cal often does not cover the cost of providing care. By federal law, Medi-Cal must ensure recipients equal access to physicians and hospitals. Yet, Medi-Cal rates are among the lowest in the country, with a concurrent low physician participation rate. CMA has succeeded in legal action to halt proposed cuts in Medi-Cal rates because the state has not examined their impact on access.

Health care financing is in crisis. Health care consumes 15 percent of our nation's gross domestic product, and the major payers of health care — employers, government, and families — are struggling to shift health care costs to the others. Health care benefits instead of salary are frequently the biggest issue in labor disputes. Many companies are transferring health care obligations for their retirees to the federal government, and some large, highly profitable employers are sending employees to enroll in publicly-funded programs such as Medi-Cal.

Medi-Cal and other health services are the second largest expense in the California state budget and Medicare is the largest projected future obligation in the federal budget. Often, physicians and hospitals are left holding the bag by mandates such as EMTALA, which require provision of care without payment for its cost, and by the growing numbers of the uninsured.

Physicians can take a leadership role in the dialogue over health care costs — but cannot expect to dominate the discussion. Thus, last March in Sacramento, the CMA House of Delegates debated and adopted a major report by the Health Care Financing Reform Technical Advisory Committee (TAC), chaired by past-SSVMS and past-CMA Presidents John Whitelaw and Eugene Ogrod.

The TAC reviewed major financing reform options — including employer mandate, individual mandate, single payer, and a public utility commission model - and established parameters under which financing mechanisms would be acceptable. The TAC recognized that opposing an option without the ability to compromise would remove CMA from the debate. The summary recommendations of the TAC are:

- That CMA support mandates to assure universal health care coverage, when such mandates agree with established CMA policy.
- That CMA will support a health care benefit design that includes technology of proven value and medical advancements that are evidence-based.
- That CMA support a health care financing system that incorporates appropriate individual responsibility for health care costs.
- That CMA policy is that every effort must be made to incorporate malpractice reform, medical and economic data collection and analysis, actuarially sound rates, portability of insurance coverage across jobs and throughout life, medical education, and the preservation of the safety net into any proposal. A pluralistic system — inclusive of fee-for-service, PPO, POS, HMOs, etc. — must exist in any CMA supported proposal.

The TAC details parameters for each health care financing option in the report. The full text is in the members-only section of the CMA web site at www.cmanet.org. This report states important CMA principles, while allowing CMA to be at the table and to lead in the public debate about financing health care. I encourage you to read it.

Health care is a right because we are a compassionate society. As professionals dedicated to health, we physicians have a responsibility to teach our patients and our community to not take health or health care for granted, but to understand the benefits of good health and the effort and resources all must contribute to achieve it. I thank you for your contribution to this goal.

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