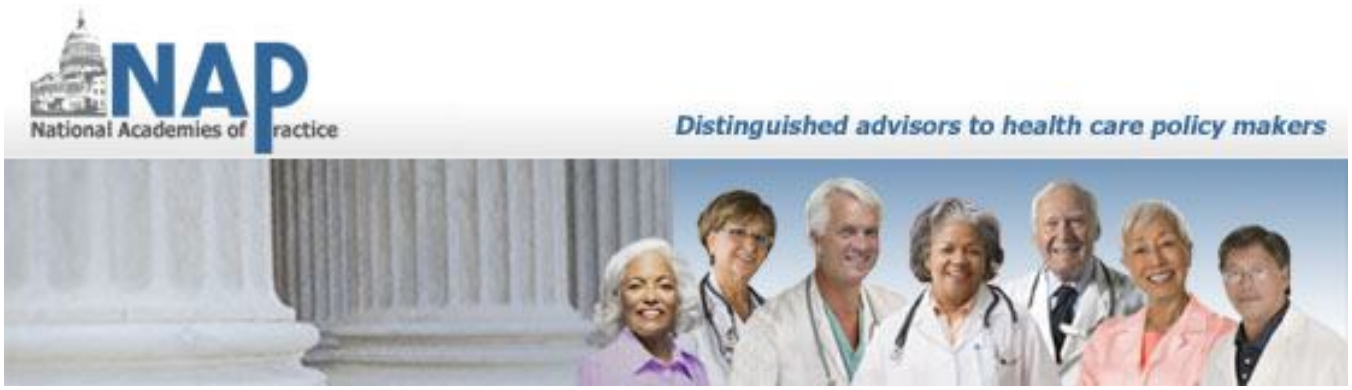

NAP POLICY STATEMENT ON ACCESS TO HEALTH CARE 2007

BACKGROUND

Founded in 1981, The National Academies of Practice is a nonprofit professional association representing the most distinguished practitioners and scholars in ten health professions. These professions include Dentistry, Medicine, Nursing, Optometry, Osteopathic Medicine, Pharmacy, Podiatry, Psychology, Social Work, and Veterinary Medicine. The goal of NAP has been to use its distinguished member resources to promote improvements in the nation's health, through interdisciplinary education and public policy comment. NAP does not promote the special interests of individuals or of groups of health professionals.

The paper that follows continues a long tradition of engagement in the nation's most critical health issues. NAP has produced widely disseminated policy papers such as "Ethical Principles in an Era of Managed Care." NAP testified during the 1990's at the President's Commission considering health care reform during the Clinton administration, and circulated a well-received commentary on health care funding. More recent efforts have included a paper on patient privacy and one on malpractice issues.

During 2006, NAP focused on the critical issues of Access to Care. Internal discussions addressed the deficiencies in the health care system and its seeming inability to provide effective care for millions of Americans. That discussion ended with an all-day national Forum meeting on November 4, 2006 at which distinguished academic, advocacy, and Congressional leaders shared their views. Subsequently, NAP attendees developed recommendations. The Policy statement that follows, reflecting the foregoing process, has the endorsement of the National Academies of Practice Council. It is hoped that this policy statement will contribute to what must be a Congressional debate about health care access policy in the upcoming Congress. We look forward to the opportunity to participate in that process.

Access to Care: What is the basic problem?

We in the NAP believe that health care for all-a universal access system-- ought to be considered a right, just as it is in every developed, and many less developed countries of the

world. Why? Because it is a matter of social justice, because lack of care hurts not only individuals but the economy, because one ill individual can jeopardize the health of all, and because our current system gives advantages to many employers at the expense of society as a whole.

The barriers have been and are economic and political. There is the issue of how much care can be provided and still be afforded. There is the debate about who deserves to be covered. There is the debate about who should pay and by what proportion for the cost of access coverage. All of this goes on as if the cost of non-coverage was no issue, and as if there really was a market alternative. Last but not least, there is the issue of lack of political leadership, and the feeling that health care is some kind of "third rail".

Academicians and policy advocacy groups have presented data for years and years. As individual professionals, we have watched with alarm as our patients have become sick with untreated chronic diseases and conditions that cannot be addressed. We have watched as they have missed work, been unable to care for their families, been bankrupted by unpaid medical bills-or worse. Many of us have tried with little success to advocate for our uninsured or underinsured patients. We can tell the stories of our patients. Such worry and effort have largely been for naught. Our view is that this is a matter of political will. Several states-Massachusetts, Maryland and others are trying their best to address this issue. But fragmented action at the state level is not the answer. What is needed is a Federal solution crafted by political leaders with the backbone to lead the needed charge, make the tough decisions, and sell action to the Congress and President.

Access to Care: What should be the plan?

We share our basic views in the principles below. Also, since we generally agree with the plan put forward by the Citizen's Work Group, we attach detailed comments on that plan. However, as Yale Professor Ted Marmor recommended, our attitude is that within the general parameters outlined below, ANY plan is better than no plan, and that any proposed solution should be gauged by its probably of successful passage as well as by its probable effectiveness if implemented.

1. Establish a public policy that all Americans have affordable health care

As a long term goal we believe the country must make affordable health care a citizenship right as it is in other developed countries. Making this a policy will require making a series of decisions. Among them, who is covered? Only US citizens, illegal immigrants? Only the poor? Children? Everyone? What does "affordable" mean? A percentage of income will need to be decided. For persons who have the income, but chose not to have health insurance, what should be done? We believe the Massachusetts approach should be studied.

2. Make prevention at least as much a core strategy as cure

We do not believe, however, that health care as it currently is provided should be the plan. We must end the insulation of the consumer from the costs of healthcare and of his/her lifestyle choices because of third-party payments without consequences or incentives. Rather, prevention must be emphasized with incentives provided for healthier lifestyles. Education is required as well as addressing the underlying issues of poverty that lead to unhealthy

behavior. Generally, we are tired of health care being viewed as the all purpose "fix it" in a system made much more expensive than it needs to be by the poor health choices made, often voluntarily, by too many Americans.

3. Make primary care the starting point for coverage; add other services as funds allow

We understand that choices will have to be made about the scope of coverage. Primary care as provided by the Federally Qualified Health Centers seems to have widespread support. However, we also want to point out that failure to provide basic dental, mental/behavioral health, vision and hearing services can be as destructive as failure to address the physical needs of patients. "Primary care" must include these services in whatever basic definition is decided.

We also conclude that improving the health care system will be necessary to improve outcomes and reduce costs. The lack of emphasis on prevention, fragmentation, lack of incentives for use of "best practice" techniques, lack of systems of care for those with multiple chronic diseases, and other aspects of system reform will also be needed to make our system of higher quality and more cost effective.

4. Financing Mechanisms: Government versus Private, Single versus Multiple Payers

As providers, we are concerned not just about the lack of insurance coverage for many of our patients, but at the confusion and excess administrative costs created by our current system. We are concerned about practices of insurance and drug companies that drive up health care costs.

We understand that there are pros and cons to all of the alternative financing plans. We suspect that the only workable alternative will require combining an expanded version of employer-sponsored coverage with an expanded Federal government role modeled on the Medicaid or Medicare program for the working poor without employer-sponsored coverage. We are impressed with the work in Massachusetts using employer and employee mandates, as we suspect no other way exists to require organizations or individuals to "pay or play." We also are impressed with the lower administrative costs and simplicity of the expanded-Medicare concept that is at the core of HR 676.

However, any plan must be measured in our view by three criteria:

1. Ease of patient understanding
2. Administrative costs and degree of profit to insurers and providers
3. Acceptability to employers, insurers, Congress and the public.

In our view, a single payer not-for-profit plan meets the above criteria better than any more fragmented/ more administratively-expensive approach.

More about the NAP, including previous policy papers,
can be found on the NAP website at
www.napractice.org