This belongs in HCMI
State file – return ~~when~~ to
State office or new Director
when perused.

TO: HCMI Chair/Prog VP/LL Pres.; S.U. Chairs; DPM

FROM: Sally Coughlin, HCMI Director [redacted]

LWV-Texas
October 1985
LL Pres, Mailing: DPM
[redacted]
Women's Issues--HCMI

BASIC INFORMATION ABOUT THE NEW HEALTH CARE STUDY

HEALTH CARE FOR THE MEDICALLY INDIGENT

Focus:
- -who are the indigent?
- -who is eligible for indigent health care?
- -who provides such health care?
- who pays for such health care?
- -what services are provided?
- -what is the role of state government in indigent health care?
- -what are the alternatives?

Locally, Leagues may use the above questions to develop information about their community. This research is a good way to identify changes that may be occurring or that may be necessary in health care delivery to the medically indigent. The purpose of this study is to provide information leading to consensus allowing the League to take action on governmental policy in health care, including legislation.

The Facts and Issues will be available in late spring of 1986. Consensus will follow in the fall. As you do local research, you may encounter situations that you wish would be addressed by the consensus questions. Please share your suggestions with me so that the position which may result from our study will be applicable locally as well as statewide. If your League has not begun research locally, the following are some suggestions for doing so.

Several Leagues around the state have already planned general meetings related to the health care of the medically indigent. Guest speakers include state legislators, hospital administrators, health-care providers, and representatives from the Texas Department of Health (TDH) and the Texas Department of Human Services (TDHS)--formerly the Dept. of Human Resources.

SOURCES OF INFORMATION

Newspapers that have published feature stories on the health care of the indigent include the Houston Chronicle and El Paso Herald-Post. Other sources of information about this subject include medical journals, reports from the TDH and TDHS, and legislative summaries. Interviews with county commissioners, judges, city officials, and hospital administrators can be very enlightening. Local chairs, please pass along information you obtain so that a good statewide database can be collected. Call me; I will be glad to help you if I can.

-more-

BOOKS:

Fuchs, Victor R., Who Shall Live? Health, Economics and Social Choice. New York: Basic Books, 1974.

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PUBLICATIONS:

Task Force on Indigent Health Care Final Report, December 1984 (a few copies are available from the state League office).

Understanding the Texas Indigent Health Legislation: What It Means For Children and Their Families, (Children's Defense Fund-Texas, 316 W. 12th #218, Austin, TX 78701. $5.75 a copy plus 50¢ per copy for mailing.)

-more-

HCMI GLOSSARY

Here are a few acronyms and definitions to help you in your study (more coming later). United States agencies and programs are so designated. As with any new program, a new language has to be learned. When you read you may run across the following:

AFDC	Aid to Families with Dependent Children
AHA	American Hospital Association
AMA	American Medical Association
DRG	Diagnosis Related Groups--Patients are classified according to diagnosis and the hospital then receives a fixed payment from Medicare based on the diagnosis, no matter how long the patient stays or how many services are provided.
EMSS	Emergency Medical Services System
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
ESRD	End Stage Renal Disease
HCMI	Health Care for the Medically Indigent (LWV-TX study)
HCFA	Health Care Financing Services (US)
HHSCC	Health and Human Services Coordinating Council (Texas)
HHS	Department of Health & Human Services (US)
HMO	A Health Maintenance Organization provides complete medical services through a network of hospitals and clinics for a fee fixed at the time of enrollment. Doctors and other providers are hired on a salaried basis.
IPA	Individual Practice Association
Medicaid	A federally-supported, state-administered program, which provides medical assistance to low-income persons as determined eligible by each state.
Medicare	A federal health insurance program which provides for persons 65 and older and certain disabled persons.
PA	Physician's Assistant or Associate
PPO	Preferred Provider Organization--A network of health care providers who have agreed to accept a discounted fee for their services
PRO	Peer Review Organization (US)
SNF	Skilled Nursing Facility
SSI	Supplemental Security Income
TDH	Texas Department of Health
TDHS	Texas Department of Human Services
TRC	Texas Rehabilitation Commission
WIC	Women, Infants, and Children (US)

# # # # #

LEAGUE OF WOMEN VOTERS OF TEXAS
1212 Guadalupe, #107
Austin, Texas 78701
(512) 472-1100

LEAGUE OF WOMEN VOTERS OF TEXAS POSITION ON HEALTH CARE FOR THE MEDICALLY INDIGENT

Adopted November 15, 1986

THE LEAGUE OF WOMEN VOTERS OF TEXAS SUPPORTS A BASIC LEVEL OF HEALTH CARE FOR THE MEDICALLY INDIGENT.

The League believes that all persons whose incomes fall below the federal poverty guidelines are most at risk of medical indigency and should be eligible for health care services. Special attention should be given to children of low-income families and to persons of low income who are elderly, pregnant, or mentally ill.

It is the responsibility of individuals to pay for their own health care to the best of their ability. For those unable to pay, health care services and programs for the medically indigent are the responsibility of various levels of government, including the county, the state, and the state through participation in federal programs.

The League of Women Voters believes the following services constitute the basic level of health care for the medically indigent.

- maternal and child care
- emergency care
- primary care
- preventive care
- care for the mentally ill
- care for catastrophic illness
- nutrition
- substance abuse treatment
- health education

The League believes that all health care facilities, both public and private, have a responsibility to serve the medically indigent and should be accessible to those in need.

# # # # #

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# # # # #

To: Diane cc: Lois, Barbara, and LouisE
From: Sally
May 16, 1986
Regarding the enclosed Consensus Questions

After receiving your revisions, Susanne and I attempted to work with the originals (from the Council/board meeeting handout) and address some of your suggestions. I have left a b c choices because I really don't want to get back lots of different ideas, and the F&I will address the answers.

I do agree with a question that allows LLs to voice an opinion..but #5 confused both Susanne and myself..she thought it meant finances and I thought it meant what kind of care/services the state should have in their policy on the subject of MI. (I'm not so sure about my #5 either.)

Form the original questions, I had only one comment..from Evelyn. Shall I assume that everyone else will rewrite them at Board meeting? Main concern is that we address the subjects of eligibility, services, and finances so that a position (if reached) will allow us to act. If the enclosed are entirely unacceptable, perhaps I can revise and have something new to handout at Board meeting? Regarding the subject of mentally ill: I feel very strongly that it should be a separate study..this is a general coverage of a very broad topic and there are many areas that could/should/must be expanded in the future! However, I have talked with Rachel Cheyney of the SAALWV and she will put together a couple of general paragraphs about mentally ill / medical indigency. Rachel is well qualified to write about this subject as she is presently serving on a State legislative group looking into insurance for the mentally ill..mandated by last session. She is also on a national committee and locally active with the Alliance for Mental Health. (Remember the Genivieve Hearn, Austin woman that was at the Debate Lois? She is Pres. of that organization)

Please let me hear from you if I need to do something entirely different.

Louise Jeanmarie
Suggestion

1. What services should constitute the minimum level of publicly funded health care for the medically indigent? Select one or more.

a. Emergency care

b. Prenatal, perinatal and postnatal services to mother and infant

c. Primary care, diagnosis and treatment of disease

d. Preventative medicine, disease screening programs, immunizations,etc.

e. Catastrophic illnesses

f. Other

2. The following populations are considered to be vulnerable when faced with health problems. Who should be elgible for publicly funded programs that pay for the minimum level of health care services? Select one or more.

a. Uninsured or underinsured working poor

b. Unemployed

c. Those employed in small businesses or self employed

d. All persons below the federal poverty guidelines.

e. Mothers, infants and children and pregnant women whose income is below the federal poverty guideline.

3. Who should have a role in financing health care for the medically indigent?

a. Federal government

b. State government

c. Local government (city or county) d. Combination of tax bases

e. State insurance pool

4. Who should have a role in providing health care for the medically indigent?

a. Public health care facilities..clinics, hospitals

b. Private for profit and not for profit hospitals

To Board and HCMI Committee members
From Sally Coughlin
April 18, 1986

The following questions have been drafted for possible use as consensus questions for the Health Care for the Medically Indigent study. These questions are submitted for your comments, changes, possible additions. Please take the time to read through them and send your suggestions back to me before May 2nd. A brief outline of the Facts and Issues is included. Since some of you may have participated in your local league programs on heath care, I am particularly interested in other issues you feel should be addressed by questions as I am concerned that we reach a broad consensus for League use both locally and statewide.

1. Who should be elgible for publicly funded programs that pay for basic health care?
  a. All persons whose income is below the federal poverty guideline.
  b. All mothers and children below the federal poverty guideline.
  c. No changes in the present system of elgibility in Texas.
  d. Persons who are unisured or underinsured.
  e. Persons unemployed, self employed, or employed in marginal jobs and unable to afford health insurance.
  (intent.. to address extending eligibility requirements to receive health care)

2. Where should health care for the medically indigent be provided?
  a. Public health care hospitals and clinics that are financed by local tax base..city, county or hopital district taxes.
  b Private not-for-profit and for-profit institutions.
  c. Combination of both type of facility.
  d. Other
  (intent.. to address adequate access to health care)

3. What services should constitute the minimum level of publicly funded health care for the medically indigent?
  Select one or more
  a. Emergency care
  b. Prenatal,perinatal and postnatal health care services
  c. Primary care..diagnosis and treatment of disease.
  d. Preventitive care..disease screening programs, x-rays, nutrition programs, education, drugs.
  e. Catastrophic illness
  f. Other
  (intent.. to address the support of specific health care programs)

4. Who should be responsible for financing medically indigent health care costs?
  a. Federal Government
  b. State Government
  c. Local Government(city or county)
  d. Combination of tax bases
  e. State supported insurance programs
  f. All individuals should assume responsibility to the best of their ability to pay
  g. Other
  (intent.. to address funding options)

Outline for Health Care for the Medically Indigent Facts & Issues

I Introduction
   A. Cost of health care nationally
   B. Explantion of ethical obligation for the provision of health care
   C. Definition of the aim of health care
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   A. Definition: one who after securing the basic necessities of life is unable to afford necessary health care.
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   C. Special age groups
   D. Others..homeless for whatever reason
   E. Undesirables..addicts, etc.
III National Overview
   A. Federal Progarms
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V Uncompensated Care
   A. Includes charity and bad debt
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VI Other States
   A. Which states assist the medically indigent
   B. Funding Sources
   C. Additional coverage measures
VII Task Force
VIII Recent Legislation
   A. County Responsibility Act
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   D. Hospital Transfers
IX. Effect of budget cuts
X. Conclusion

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+ undocumented aliens, - don't they get it already?

2. Where should health care for the medically indigent be provided?
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HEALTH CARE FOR THE MEDICALLY INDIGENT

Committee Meeting , Jan 7, 1986

Present: Carolyn Durbin, Barbara Hettinger, Barbara McCormick, Susanne Rupp, Diane Sheridan, Reggie Turetzky, Sally Coughlin

Suggested Consensus Questions:

1. Who (is) elgible for health care? *would elicit only facts, not preferences.* *{Who should be eligible for publicly funded health care?*

2. Where should public health care be provided? private hospitals, public hospitals, clinics, health departments, other? *or should public health care be (or provided in public institutions, private institutions, or a combination thereof?* *for facilities)*

3. What is the minimum level of medical care we should expect government to provide? *(pay for providing health care for the med. indigent:*

4. Who should pay for health care costs..federal government, state government, counties, municipalities, others. *Would need instructions about marking the answer & the ability to mark more than one.*

5. What role should Medicaid play in funding? What role should counties and muncipalities play in funding? What other state revenue can be used for funding for health care?

#5 is too much for one question. I don't know enough to know if the Medicaid part is OK as is. ~~The other~~
The second part is covered in Ques. 4.
The last part might become
" What revenue sources should Texas use to fund indigent health care? "
Is it really necessary to know this or would we be better off with a position where we could support funding from a variety of sources that meet the financing State Govt position.

Sally, I know ridiculous I have a hard time writing "by committee". If I know what's wanted I think I know exactly how it should be worded & I get exasperated with any detours. I caught myself getting visibly impatient last week at the meeting. Sorry if it showed. Anyway, here's my initial reaction to these questions. I think it is important to specify indigent health care.

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Present: Carolyn Durbin, Barbara Hettinger, Barbara McCormick, Susanne Rupp, Diane Sheridan, Reggie Turetzky, Sally Coughlin

Suggested Consensus Questions:

1. Who is elgible for health care?
2. Where should indigent health care be provided? private hospitals, public hospitals, clinics, health department, other?
3. What is the minimum level of medical care we should expect government to provide?
4. Who should pay for indigent health care costs..federal government, state government, counties, municipalities?
5. What role should Medicaid play in funding? What role should counties and muncipalities play (in funding)? What other state revenue can be used for funding ~~for~~ indigent health care?

1. Who should be eligible for publicly-assisted health care?
   - All those below the fedl. poverty line? ___
   - Only mothers & children below the fedl. poverty line? ___
   - Only ~~those~~ the lower 25% below the poverty line (present eligibility)?

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LEAGUE OF WOMEN VOTERS OF DENTON

CONSENSUS QUESTIONS

HEALTH CARE FOR THE MEDICALLY INDIGENT

1. What kinds of medical care should be available to the medically indigent? Emergency care, prenatal/delivery/postnatal care, pediatric care, preventive care, family planning care, public health care, other

2. Who should pay for such care? city taxpayers, county taxpayers, state taxpayers, federal taxpayers, non-indigent patients, stockholders of for-profit hospitals, charitable donors, other

3. Where should such care be provided? Not-for-profit hospital, for-profit hospital, city-county health department, not-for-profit private health care agencies, for-profit private health care agencies, other

4. How can the medically indigent be directed to care?

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THE LEAGUE OF WOMEN VOTERS OF DENTON

BACKGROUND MATERIAL FOR THE LOCAL STUDY ON

HEALTH CARE FOR THE MEDICALLY INDIGENT

At the 1985 Annual Meeting the membership of the League of Women Voters of Denton voted to begin a local stucy of health care for the medically indigent in Denton. The study committee task force, chaired by Linda Brock, included members Genevieve Scott, Barbara Hettinger, Vauline Bliss, and Cheryl Gainer.
The task force began to collect information for the membership, to spark interest within the community, and to write "Consensus Questions" to be used to reach an official position on the issue for the League.

A luncheon to honor the newly appointed medical director of the Denton City-County Health Department was proposed by Cheryl Gainer. This was held July 15, 1985. A variety of people from throughout the community attended, enabling the task force to make new contacts to facilitate the data gathering process.

To simplify a very large study, the task force decided to omit mental health care and dental care at this time. The medically indigent were defined as" people who have inadequate or no health insurance, and who cannot pat the full cost of health care directly, for whatever reason. The health care services were divided into the following general types of care: emergency care, prenatal/delivery/postnatal care, pediatric care, family planning care, preventive care, and public health care.
The task force focused on what is available, who pays for it, who provides it, and whether people's needs are being met.

EMERGENCY CARE

Looking first at emergency care, the task force found that people do receive emergency care at Flow Memorial hospital, our city-county, not-for-profit hospital, regardless of ability to pay. The admissions policy recently adopted by Flow's board of directors states that all emergencies will be treated. Arrangements for payment are made afterwards, and some federal money is available for very low income patients and for those with unusually large medical bills. The Texas Legislature last year passed legislation requiring for-profit hospitals to treat emergencies without regard to their ability to pay. New rules allow the private hospitals, such as Westgate, in Denton, to transfer an indigent patient to a public hospital only for medical reasons, not just because he or she can't pay the bill. So emergency care seems to be in pretty good shape.

PRENATAL/DELIVERY/POSTNATAL CARE

Pregnant women in Denton who are medically indigent may have a difficult time getting medical care. Denton County recorded 3,216 live births in 1984. Of those, 739 women received no (or late) prenatal care. The Denton City-County-Health Department saw only 203 of the women; another 32 of them had out-of-hospital births, some under the care of lay midwives and some with no care. Hospital deliveries in Denton are done at Flow memorial Hospital, the not-for-profit, city- county hospital.

Before 1985 only one of the eight obstetricians in Denton would accept patients with Medicaid coverage. During 1985 he discontinued his oobstetrical practice, leaving Medicaid-eligible pregnant women with no obstetrician. All the obstetricians required payment of their fee by the seventh month of pregnancy. Patients with insurance must pay their deductible by then, and the uninsured must pay the entire fee (varying from about $900-1100 and up for an uncomplicated case.) Some physicians will drop patients who fail to meet the payment deadline. At least $100 must be paid on the first visit. Clearly, private obstetrical care is not an option for the medically indigent woman.

Before 1985 prenatal care was provided by the Denton City-County Health Department for a few women who met the eligibility quidelines. These eligibility guidelines were unavailable to the public and subjectively administered. At that time obstetricians were volunteering their time to provide the prenatal visits, and they had lobbied the County Commissioners Court for the str screening system. Many women who applied for care were turned away. The Health Department did not charge for the prenatal visits, but the patient received both hospital and doctor bills after the delivery.

During this time all the obstetricians took turns providing delivery care for the Health Department patients and the many "drop-in" patients, women with no prenatal care who arrived at Flow Memorial Hospital in labor. The physicians, understandably concerned about the growing number of drop-in patients, asked Flow to hire certified nurse-midwives (CNM) to provide prenatal/delivery/postnatal services for the women who were not in their practices. Three obstetricians then in group practice offered, for a fee, to provide backup care for complicated cases beyond the scope of CNM care. Also at about this time the Health Department began using the services of a registered nurse practitioner for prenatal visits.

In January of 1985 Flow hired two certified nurse midwives. The women are registered nurses, professionally trained in their field, certified and licensed to practice midwifery in the State of Texas. (They differ from lay midwives who may have special schooling or not, and do not have to be licensed. Anyone may work as a lay midwife.)

Just after the nurse-midwives were hired, the three doctors withdrew their proposal to offer backup service because of changes in their malpractic insurance premiums. For eight months the CNM's were not allowed to see patients, and the number of drop-in patients with no care continued to grow.

Finally in late summer one of the original three doctors, Dr. Daniel Bailey, set up his own individual practice and offered, for a fee, to provide backup service. The hospital agreed and the CNM service began in September, 1985. Fees are on a sliding scale based on gross monthly income and number in the family, with written guidelines. The CNM's provide prenatal visits at the Denton City-County Health Department at this time, as well as delivery at Flow hospital, and postnatal care.

The Health Department is now allowing more women into its program but has a cumbersome screening process and as of this writing, has 85 women on its waiting list for a screening appointment. The Health Department now turns away women whose income is above the federal poverty guidline, even if they are medically indigent.

The CNM's are working extremely long hours in an effort to keep up with the workload. In November alone they handled 34 deliveries in addition to pre-and post-natal services. In December, 1985, they delivered 45 women. Twenty deliveries per month is considered a maximum for two CNM's. More than half of these deliveries were for drop-in patients with no, or very little, prenatal care. Some women were from the Health Department waiting list, some were dropped by a physician for nonpayment, some were unaware of the need for prenatal care or how to get it, and some Medicaid patients who had no doctor to take them.

In the fall of 1985 a new department for Family Practice was begun at Flow. This department has voted to allow qualified family practice physicians to provide obstetrical services. Previously, the doctors in the obstetrical department had voted against this plan. Now at least two family practice doctors (who do accept Medicaid) are providing care to women who can pay or have insurance.

In January, 1986, Flow hired a third CNM. The third person will clearly not solve all the problems. As yet no marketing or promotion of the CNM program has begun, and already the numbers of medically indigent pregnant women are inundating the staff. Denton is in a rapidly growing area (with a population increase of 17.4% in 1984). More services will have to be made available if the rate of women receiving no prenatal care is to be substantially lowered.

PEDIATRIC CARE

What about care for children, pediatric care? A child whose parent qualifies for Aid to Families with Dependent Children (AFDC) will have Medicaid coverage which pays doctor bills and part of the cost of medicines, but few people are poor enough to qualify, only about 868 families in Denton County in 1984. Many people are in the position of not being able to afford the $35 office fee, the $40 lab fees, and the $29 for a prescription that even a simple illness can require. That is a lot of money for a family with a gross income of $600 month.

If the family can't afford a private pediatrician, another option

is the new pediatric program at Life Planning/Health /Services. The fee is ten dollars for the first visit and five dollars if a repeat visit is needed. Prescriptions are filled at the lower Medicaid prices. Due to lack of staff, few children can be seen in this program.

Within the Denton Independent School District (DISD), the school nurses try to find out when a sick child is not getting needed care and offer the help of the "Teachers' Welfare Fund". This is money donated by Denton teachers to be spent for medical care for our children whose parents just can't pay the bills. The Director of Medical Services at DISD, Elizabeth Fox, administers this fund.

Another source for paying children's medical bills is the Kiwanas Club. This service organization raises money locally and has a very limited budget. The parent(s) must be interviewed to determine eligiblity; not all who apply are accepted.

PREVENTIVE HEALTH CARE

Looking next at preventive health care, we found that again Life Planning/Health Services (LP/HS) is a source. Life Planning provides women's preventive care such as pap smears and breast exams for the early detection of cancer, and an array of laboratory services that can catch many problems early and prevent others from developing. Help is available in the area of nutrition too. All these services are on a sliding fee scale based on income and number in the family. Medicaid eligible patients receive free care.

Some very minor illnesses can be treated, for a $25 charge, at both Flow and Westgate hospitals, and some minor problems can be handled at LP/HS. Charges for medicine and lab work are extra.

The Denton City-County Health Department provides preventive care for well children, including immunizations, physical assessments, developmental screening, and nutritional counseling. They also screen people of of all ages for high blood pressure, diabetes, and some other medical conditions. Although limited in space, staff, and budget, the Denton City-County Health Department provides a great deal of service. In 1984 they saw 794 children. Although the well child clinic is geared to well children, one of the pediatricians who volunteers there reports that at least half of children seen are ill.

The Women Infants and Children program (WIC), provides help with nutrition for its clients, who are low income pregnant women, mothers and children. The Denton WIC program has been consistently praised for its effectiveness and has been named the best in Texas.

The DISD helps with preventive care by its free screening programs in vision, hearing, scoliosis, and immunization monitoring.

Flow Hospital in association with Dr. Lockwood of Family Radiology has cut the cost of mammography (breast cancer screening) by two-thirds,

now $50. While that is an enormous sum to the indigent woman, it does put the procedure low enough in cost that some could save up for it over time. Osteoporosis screening begins at $75 and ,depending on what is needed, can run up to $115 for the total program.

FAMILY PLANNING CARE

Turning to Family Planning Care, which involves preventing, delaying or spacing pregnancies, we found that the Health Department has been providing this care for one year after a birth to women who have been in their maternity program. After one year the women are referred to Life Planning/Health Services. LP/HS charges on the sliding fee scale, with no charge to Medicaid patients. All kinds of contraceptives are offered. In addition all the medical services needed, including examination and lab work, are provided. Patients who cannot pay the fee at the time of service usually can work out a payment plan. This kind of health care is especially vital to low income people because an unexpected pregnancy can be so disastrous for them financially.

Many university students who are trying to make ends meet with a part-time job and a loan or grant for school expenses are definitely medically indigent. They can receive family planning care at either Texas Woman's University (TWU) or at North Texas State University (NTSU),as well as LP/HS. The universities also provide minor illness care to students.

PUBLIC HEALTH CARE

Public Health Care is provided Denton City-County Health Department. Their immunization and sexually transmitted disease (STD) clinics are available for only small charges. LP/HS also provides STD screening, with those needing treatment being referred to the Health Department.

CONCLUSIONS

The most obvious gap in health care services available to the medically indigent is illness care for adult males and non-pregnant adult females. Unless an adult illness becomes an emergency, there are few places someone without health insurance can turn. Neglected bronchitis which becomes pneumonia will be treated, at greater expense which the patient may never be able to repay to the community.
Rev. Rasberry and other church and charitable workers spend much time trying to locate medical care for people who don't seem to fit into any of the existing programs. Certainly most doctors do provide some free care patients unable to pay. Because there is no one specific location, well-known to people who need care, many people just sit at home and hope they'll get well on their own.

The task force was surprised to find that in a prospering, growing community like Denton, Texas, there are so many people unable to purchase many types of medical care; and because of the lack of a central referral system well-known to all, many are unable to find and get transportation to available care. The task force recommends that the membership of the League of Women Voters of Denton address these issues in reaching its consensus and final position on health care for the medically indigent.

24FEB86

HEALTH CARE FOR THE MEDICALLY INDIGENT

Committee Meeting , Jan 7, 1986

Present: Carolyn Durbin, Barbara Hettinger, Barbara McCormick, Susanne Rupp, Diane Sheridan, Reggie Turetzky, Sally Coughlin

Suggested Consensus Questions:

1. Who is elgible for health care?
2. Where should health care be provided? private hospitals, public hospitals, clinics, health department, other?
3. What is the minimum level of medical care we should expect government to provide?
4. Who should pay for health care caosts..federal government, state government, counties, municipalities?
5. What role should Medicaid play in funding? What role should counties and muncipalities play in funding? What other state revenue can be used for funding for health care?

Consensus Questions: Health Care for the Medically Indigent adopted May 31, 1986 by LWVT

1. Funding not withstanding, what services should constitute the basic level ofhealth care for the medically indigent?
   (check one or more of the following)
   preventive care including disease screening programs and x-rays
 --primary care--diagnosis and treatment
--maternal and child health care (includes prenatal,perinatal, and postnatal care.)
--emergency care
--catastrophic care
--nutrition programs
--substance abuse programs
--health education programs
--mental health care
--none of the above
--other (please explain)

2. Funding not withstanding, who should be eligible for the basic level of health care?
  (check one or more of the following)
--all persons whose income is below the federal poverty guidelines
--low income elderly
--low income pregnant women
--children of low income families
--low income mentally ill
--unemployed
--uninsured
--underinsured
--persons currently eligible for Texas income assistance programs such as AFDC, Medicaid, Food Stamps
--none of the above
--other (please explain)

3. Who should be responsible for financing the basic level of health care for the medically indigent?
 (check one or more of the following) state government
--state/federal government matching funds.
--city government
--county government
--employers through a surcharge on health insurance premiums
--statewide risk pools
--individuals to the best of their ability
--none of the above
--other (please explain)

4. Where should the basic level of health care for the medically indigent be provided?
  (check one or more of the following)
--public hospitals and clinics
--private not-for-profit hospitals and clinics
--private for-profit hospitals and clinics
--private physicians
--nursing homes
--home health care
--none of the above
--other (please explain)

5. Are there any concerns about health care of the medically indigent that have not been addressed by the above questions? How should these concerns be met?

HEALTH CARE CONSENSUS QUESTIONS

1. What services should constitute the basic level of ~~publicly funded~~ health care/? for the medically indigent?
(check ~~any as many as you want~~)

___preventive care including diease screening programs and x-rays
___nutrition programs
___substance abuse programs
___health education programs
___primary care--diagnosis and treatment
___maternal and child health care (includes prenatal, perinatal and postnatal
___emergency care
___other

2. Who should be eligible for ~~publicly funded~~ basic level health care ~~services~~?
(check ~~any combination~~)

___all persons whose income is below the federal poverty guidelines
___low income elderly
___low income pregnant women
___children of low income families
___low income mentally ill
___unemployed

___uninsured
___underinsured
___persons currently eligible for Texas income assistance programs such as AFDC, Medicaid, Food Stamps
___other

3. Who should be responsible for financing basic level health care ~~services~~ for the medically indigent?
(check ~~any combination~~)

___state government
___state/federal government matching funds
___city government
___county government

___employers through a surcharge on health insurance premiums
___statewide insurance risk pools
___individual s to the best of their ability
___other

4. Where should basic level health care ~~programs~~ for the medically indigent be perovided?
(check ~~any combination~~)

___public hospitals and clinics
___private not-for-profit hospitals/clinics
___private for-profit hospitals/clinics
___private physicians
___nursing homes
___home health care
___pther

5. What ~~, if any,~~ ~~needs~~ of the medically indigent have not been addressed by the above questions? How should these concerns be addressed?

Preboard,May 1986

To Board members

From Sally Coughlin

Consensus Questions: Health Care for the Medically Indigent

1. Who should be eligible for publicly funded programs that pay for basic health care?

a. All persons whose income is below the federal poverty guideline.

b. Low income persons with special needs--mentally ill, elderly, pregnant women, children.

c. Persons presently eligible for Texas programs

d. Unemployed.

e. Unisured or underinsured--working poor, self employed.

f. Undocumented aliens.

2. What services should constitute the minimum level of publicly funded health care?

a. Preventive care--disease screening programs, x-rays, nutrition programs, education, drugs.

b. Primary care..diagnosis and treatment

c. Maternal and child health care (or prenatal,perinatal, and postnatal care.)

d. Emergency care.

e. Catastrophic care.

f. Other

e)

3. Who should be responsible for financing medically indigent health care costs? a. Federal/State Government matching funds.

b. Local Government (city or county).

c. Combinations of governmental agencies.

d. Employers through a surcharge on health insurance premiums.

e. All individuals contributing to the best of their ability.

f. Statewide risk pool for catastrophic illness.

g. Other.

4. Where should health care for the medically indigent be provided?

a. Public health care hospitals and clinics that are financed by local tax base..city, county or hopital district taxes.

b Private not-for-profit and for-profit institutions.

c. Combination of all types of facilities.

d. Other

5. What, if any, needs of the medically indigent have not been addressed by the above questions? How should these needs be met?

May 22, 1986

To: Sally, Diane, Barbara, Lois

From: Louise

Further thoughts on Health Care Consensus Questions

1. What services should constitute the basic level of publicly funded health care? (Check as many as you want) for the medically indigent.

____preventive care including disease screening programs and x-rays
____nutrition programs
____health education programs retain
____substance abuse programs
____primary care including diagnosis and treatment
____maternal ealth care including prenatal, perinatal, and postnatal
____emergency care
____catastrophic illness
____organ transplants delete,
____other_____

2. ~~Would~~ who should be eligible for publicly funded basic level health care services? (Check any combination) ~~for medically~~

____all persons whose income is below the federal poverty guidelines
____low income elderly
____low income pregnant women
____children of low income families
____unemployed
____uninsured
____underinsured
____persons currently eligible for Texas income assistance programs such as AFDC, Medicaid, Food Stamps
____~~undocumented aliens~~
____other_____

Medically ind

3. Who should be responsible for financing ~~publicly funded~~ basic level health care services? basic level health care services for medically indigent.

(Check any combination) ANY combination.
____state government
____state government/Federal gov't. matching funds
____city government
____county government
____~~surcharge on employees health insurance premiums~~
____insurance risk pools (statewide)
____~~combination of governmental agencies~~
____other_____

Most responsible state participation

Employer through a surcharge on health insurance premiums.

Statewide

individual & to the best of their ability

4. Who ~~should be responsible for providing~~ publicly funded basic health ~~care services?~~ or Where should ~~publicly funded~~ health care programs for the medically indigent be provided? (Check any combination) BASIC LEVEL

___Public hospitals and clinics
___Private not-for-profit hospitals/clinics
___Private for-profit hospitals/clinics
___Nursing homes ~~(Public)~~ (Private) Physicians
___~~At~~ home care
___~~Hospice~~
___Other

5 what if any conflicts - -

I have purposely put these in the order you see and have consistently used the same language in each question and I think this is important.

As much as I like philosophical questions, I don't think they get us anywhere and I don't think any that we've thought of, mine included, are very good. I think these four questions will establish what we are trying to get at.

PS IMPORTANT TO BARBARA, DIANE, SALLY

I am enclosing a copy of the state health proposed plan that I picked up at a hearing. If you have time, read the first three chapters--you can scan the rest. It is interesting and it contains a laundry list of health care questions. We could map future health care studies from it.

Louise

6 what addressed - solely - agencies lead role - what concerns

1. Considering that the following populations are often believed vulnerable when faced with health problems, who should be eligible for publicly-funded programs that provide for a minimum level of health care services:

unemployed

people below the Texas poverty level

people below the federal poverty level

underemployed

uninsured

underinsured

pregnant women

elderly

mentally ill

other

2. What services should constitute the minimum level of publicly-funded health care when an individual is unable to pay?

emergency care

maternal and child health care

primary care

catastrophic illness

preventive care

mental health care

other

3. What role, if any, should each of the following have in financing health care for the indigent?

state

county

municipalities

4. What role, if any, should each of the following have in providing health care to the indigent?

private hospitals

public hospitals

clinics -- does this mean public, private, or what?

state health department

local health departments

private physicians

other

5. What should characterize state policies to assure minimal levels of care for the indigent?

I'd personally like to stay away from listing the items in these questions with a blank next to them as if we expect a vote on each. I also toyed with instructions on "marking any or all" and feel people can figure this out. I may be having delusions, so feel free to work on the instruction aspect as well as the content.

To: Sally cc: Lois, Barbara, Louise
From: Diane
Date: May 9, 1986
Re: Health Care consensus questions and Facts and Issues

Enclosed are my comments on the Facts and Issues as we discussed yesterday. The next draft, which should be your final draft, should try to address these comments.

In order for Lois and me to edit the final draft expeditiously, can you make wider margins and/or triple spacing? I'm not sure your computer can do this. IF it can, it will make for less clutter than you see on this draft. If you can't do this, we'll cope just fine.

I promise to edit the final draft more quickly. My schedule is busy in late May and all of June, but I'll make this a priority once you get it back to me. I really apologize for taking so long this time.

About the consensus questions--I like Louise's revisions. I've revised them a bit more and am enclosing them here. Louise, I'd like you to react to them to see if I have eliminated something critical in my version.

I like Louise's last vague question because it allows people to reflect on the philosophical comments you have in the F&I--on rights vs. obligations, on the aims of health care, etc. It might be good to try to restate some more of them in your conclusion.

The F&I has given virtually no attention to mental health. As you recall from convention, there was some confusion as to whether mental health was part of what we would do. Delegates thought it was based on Lavora's interpretation, and abandoned their effort to pass a mental health care study. We are obligated to do something on this subject. It may well be that our something will barely touch the surface and will lead delegates to recommend a study of mental health care. But we must do a little more in explaining who provides mental health services, how many are in need, who pays, etc. Remember that Karen Miller's husband heads MH/MR and might be of help.

An issue that is coming up in our local League interviews is the access problem. Susanne Rupp said it was also a San Antonio problem, and it must be a problem in rural areas. It wouldn't take more than a few sentences to note that services are useless if people cannot get to them. Members could respond to that idea in Louise's Question 5. I personally hope that our position would include the word "accessible" so that LLs could work on this aspect of health care, assuming we come to agreement.

Thanks so much for your help, Sally. I find this very interesting and informative to read. I like having easy to understand consensus questions that are conducinve to discussion. They could even be answered by people who don't come to the LL meeting.