



Michigan League FOR Human Services

Health Care Reform Principles

(Approved by the Board of Directors 6/23/94; updated 9/18/09)

The Michigan League for Human Services is a statewide citizens organization dedicated to advocacy, education and issues concerning low-income individuals and families. The League has a long history of supporting each person's basic right to health care. The availability of affordable, quality health care for all individuals and families is an important goal of the League's members, and a number of fundamental assumptions underlie the support for health care reform.

The health care system must be publicly accountable. There must be an effort to simplify the administrative complexities that make clear information difficult to obtain while costing the system billions of dollars. Health care reform must go beyond reform of medical care delivery and financing; a reformed system should anticipate, control and prevent disease and injury, rather than simply providing treatment.

It is against this background that the Michigan League for Human Services adopts the following set of principles for health care reform. These principles are rooted in the historical tradition of the League's concerns and reflect the subcommittee's work. As in the past, the primary focus of the League is the

effect of public policy decisions on the lives of underserved low-income populations across the state.

Coverage and Access:

1. Health care reform must result in a system with guaranteed universal coverage and portability for all residents, regardless of preexisting conditions, present life station, sex, age, employment status, income or present family structure. All individuals and families must be included in the same system.
2. Health care reform must result in genuine access to a continuum of needed care, including geographic and cultural access. Elements which reduce barriers to access must be maintained and strengthened, including but not limited to:
 - public health, community and migrant health centers;
 - community-based organizations which improve health status;
 - programs which meet the unique needs of special populations;
 - alternative service delivery models.

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Benefits:

3. Health care reform must result in coverage of the full range of mental health and physical health needs appropriate to an individual's condition, including but not limited to:
 - preventive, acute, chronic and long-term care
 - prescription drugs;
 - dental services;
 - substance abuse services.
4. Health care reform must include the opportunity for consumers to exercise reasonable, effective choice regarding providers, plans and treatments. Individuals must be provided with the information necessary to make informed health care choices.

Financing and Administration:

5. The health care system must spread the costs of care across the entire community, with the level of contribution by consumers based on ability to pay.
6. Any financing program for health care reform must be sensitive to the possible loss of employment through mandated costs passed on to either for-profit or nonprofit organization.
7. In health care reform, the definition of "employee" must be consistent with existing federal and state law. Volunteers who are reimbursed for out-of-pocket expenses only should not be defined as an employee.
8. Health care reform must effect cost containment. Proposed cost containment measures must be analyzed for their

potential effect on the long-term operation of a reformed system.

9. States must be given flexibility above a minimum level of standards for benefits, quality and delivery of services to ensure responsiveness to local differences. Mandated programs must be adequately funded by the mandating authority.
10. Health care reform must include a strong regulatory system based on principles of equity and the protection of consumers. There must be an effective process to resolve disputes that arise within the health care system.

Quality:

11. Health care reform must encourage and protect programs for the education of health care professionals and for research into issues affecting human health and disease.
12. Support must be provided for the evaluation and improvement of health care by allocating resources for the systematic study of health outcomes.
13. Health care reform must assure a consumer protection mechanism that includes effective safeguards against inappropriate treatment, over treatment, or under treatment, empowers the consumer with rights of redress and ensures the fiscal and professional integrity of the system's components. The health system must assure that services are medically necessary and meet required standards of care. The clinical judgments of health professionals must be respected and protection accorded to the integrity of the patient-provider relationship.

14. Health care reform must assure the establishment of a comprehensive quality management program that preserves and improves the quality of health care. The program must encourage the appropriate diffusion of new medical knowledge, share comparative performance information among providers and consumers, and establish a provider self-examination plan that acts as a catalyst for quality improvement at all levels in the delivery system.

15. Health care reform must assure that consumers are provided with information in the most accessible educational format available to help guide decisions about treatment alternatives and provider and plan selections.

16. Health care reform must assure an increase in the meaningful and cost-effective use of health information technology.