

Principles for a Universal Health Care System in NYS

In the 2007-08 State Budget, the NYS Legislature allocated \$200,000 to the Department of Health to contract out a series of studies on the various approaches to universal health care, including a single payer / Medicare for All type of system. The Governor also established a Task Force with the Departments of Health and Insurance to develop by spring 2008 a universal health care proposal for New York State.

Below are a number of principles that should be incorporated into any universal health care system for New York.

1. Health care is a human right. Meeting the needs of patients and maintenance of the public health are the primary goals of the health care system.
2. Universal health care means 100% of the residents have easy access to health care. Period. This means no payments as a pre-condition to receive health care. Access to health care or providers should not be linked to employment or immigration status.
3. We need to improve the comprehensiveness and quality of health care services and delivery to equal that of countries with advanced industrial economies, with care including mental health, dental, hearing and vision services.
4. Administrative costs of our health care system are to be reduced to the level of existing public health care programs (e.g., 3 to 7%) rather than 20 to 35% administrative costs associated with the present private health care system..
5. Consumers have the right to choose their health care provider.
6. Access to health care needs to be clear and simple, with both medical providers and consumers readily knowing what services are covered. Patients should not be burdened with administrative and logistical obstacles to achieving care. Providers and caregivers' work should be organized so that they can serve their patients to the best of their abilities.
7. Overall health care costs must be lowered from present high levels - for consumers, employers, and taxpayers. While the role of profit in the health care system should probably be eliminated, at a minimum it must be significantly reduced and carefully regulated
8. Prevention of disease, programs to promote patient wellness, and public health programs must be a major focus of the health delivery system.
9. All health care workers should receive a living wage.
10. Individual debt for the education of doctors and other health care providers must be substantially reduced. There should be incentives (rather than the present financial disincentive) to support medical professionals working in primary care and key specialties which are presently short of personnel. Doctors and other medical providers are entitled to a standard of living consistent with their education and training.
11. Waste, paperwork, and inefficiency throughout the medical care system needs to be reduced and integrated electronic record systems introduced.
12. Health care should be progressively financed. The system should be paid for in an equitable way; people with more money should pay a higher proportion of their income than people with less money.
13. Public accountability and transparency.. The system should be organized so that patients and providers have input resulting in increased responsiveness to individual, family and public needs.