

New York Universal Health Care Options Campaign

Principles for a Universal Health Care System in New York State

The following principles speak to major concerns and needs of consumers, providers and payers.

1. Health care is a human right. Government must assure that this right is realized. Markets alone cannot.

2. Universality. Universal health care means 100% of the residents have easy access to health care. This means no payments as a pre-condition to receive health care. Equality of access to quality health care should be independent of employment status, gender, sexual orientation, class, race, ethnicity, language, culture, geography, and immigration status.

3. Comprehensiveness. All necessary care, including primary and preventive care, should be covered. As in other countries with advanced industrial economies, care should include mental health, dental, hearing and vision services, rehabilitation, home care, hospice care, and long term care. Services and programs to prevent disease and promote patient wellness and population health must be a major focus of the health delivery system. The system should strive to eliminate health disparities among various communities.

4. Choice

a) Consumers have the right to choose any licensed health care providers as their care givers.

b) No systemic reform should take away the right of any group to keep their existing coverage if they prefer it.

5. Access. Access to health care needs to be clear and simple, with clarity about scope of coverage. Patients should be free from administrative and logistical obstacles to getting care.

6. Sustainable costs. Overall health care costs must be lowered from present high levels to levels that are sustainable, for consumers and all payers, public and private.

a.) Administrative costs of our health care system must be reduced to the level in existing public health care programs (that is, 3 to 7%) rather than the 20 to 35% levels common in the present private health care system.

b.) Waste, paperwork, and inefficiency throughout the medical care system need to be reduced and integrated electronic record systems introduced.

c.) The system for paying providers should encourage them to deliver the full range of services that are effective in preventing and treating illness and injuries and improving health, but should discourage delivery of other services.

d.) 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.

7. Financing. The health care system should be paid for in an equitable way: those with higher incomes should pay a higher proportion of their incomes than those with less.

8. Working Conditions. Providers and caregivers' work should be organized so that they can serve their patients to the best of their abilities

9. Provider Incomes. All health care workers' incomes should support a decent standard of living. Medical and allied professionals are entitled to a standard of living consistent with their education, training and responsibilities. Payment should be timely.

10. Encouraging Provider Responsiveness to New York's Needs

a.) Individual debt for the education of doctors and other health care providers must be substantially reduced.

b.) The burden on providers resulting from the way we try to protect the public from malpractice must be reduced.

c.) There should be incentives (rather than the present financial disincentive) to encourage an adequate distribution of medical professionals, both geographically, in relation to local needs, and among primary care and the several specialties.

11. Public Accountability and Transparency. To become more responsive to individual, family and community needs, the system must enable patients, providers, and communities to provide input. Its leaders and managers must be accountable to the communities it serves. The system's policies and rules – and the way they are made – must be transparent.