

Governance. The State of North Carolina would establish a Commission similar to that which regulates utility companies to administer the North Carolina Health Care System. The Head of the Commission shall be an elected official with powers similar to those of the Insurance Commissioner. The Commission, in consideration of the evidence and professional standards and with the input of providers and the public, would determine a package of benefits and negotiate reimbursement rates for ambulatory services with organized provider groups. In-patient facilities would negotiate a fixed annual budget. The Commission would also have the authority to approve or deny applications from providers for purchase and installation of expensive, highly technological medical equipment based on such criteria as need, efficacy, geographical availability and cost. The deliberations of the Commission would be public, and citizen participation in the process would be required. The records of the Commission would be accessible to the public and the press.

The Commission would establish a *Quality Board* to monitor health care services delivered under the System for fidelity to evidence-based treatment recommendations and the most current best practices. Treatment recommendations of the relevant professional associations would be applied as appropriate. This Board will be responsible for insuring that necessary health services are delivered equitably regardless of age, sex, race/ethnicity, marital or employment status or geographical location. As with the Commission, the records and deliberations of the Board shall be accessible to the public and the press.

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Health Care *for All* NC

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*A 501(c)(3), non-profit, membership organization
educating and advocating for the right to health care
for all North Carolinians*

Guidelines for real health care reform that is fair, universal, affordable, and high quality

North Carolinians deserve direct access to high quality, effective, affordable health care, not access to health care mediated by insurers or employers. Achieving the goal of guaranteed access to necessary and appropriate health care for 100% of all North Carolinians requires fundamental reform of the health care system. Incremental reforms in other states have failed to achieve universal coverage yet have cost far more than predicted while creating demand for care that the existing health care system could not absorb.

HC/A NC is the only non-profit in the state of North Carolina exclusively devoted to the Right to Health Care. **HC/A NC** recognizes that the state has an obligation to guarantee for all North Carolinians access to appropriate health care on a regular basis.

As long ago as 1991, the Congressional Budget Office found that a *single-payer* system could cover all of the uninsured at no additional cost thanks to reduced administrative costs. Therefore, **HC/A NC** proposes an equitable, efficient, and financially stable health care system based on the *single payer* model for all North Carolinians, characterized by the following:

Eligibility. Access to necessary health care must be provided to all residents of North Carolina. No mandate, no application forms, no means test, no exclusions or exceptions for pre-existing conditions. All means all.

Benefits. Within the limits of what the North Carolina Health Care Commission (see below) deems necessary and appropriate, the final determination of what services shall be available to any given patient will be at the discretion of the provider, the patient and the patient's family.

- Necessary health care includes primary and preventive care;
- evidence-based, appropriate out-patient interventions deemed necessary to
 - protect and preserve health,
 - treat medical conditions that may arise,
 - reduce pain and discomfort, and
 - avoid premature death or disability;
- necessary, appropriate, evidence-based in-patient care;
- prescription drugs;
- emergency care;
- mental health and substance abuse services; and
- dental, hearing and vision services.

Providers. Patients would have the freedom to choose from among all participating providers, including their current providers. All existing forms of licensed provider, public and private, will be welcome to participate, such as:

- private office-based practices (solo and partnerships),
- multi-specialty groups,
- ambulatory care clinics,
- community/neighborhood/rural/migrant health centers,
- HMOs,
- hospital OPDs, and
- institutional providers (hospitals, HMOs, skilled nursing facilities, urgent care facilities, etc.).

All participating providers, solo or group, out-patient or inpatient, private and public, will be not-for-profit. Since there will be only one health care system, there would not be competing networks which exclude some licensed providers. Over-utilization of specialty services will be minimized by incentivizing primary care choices for physicians-in-training and redressing extreme imbalances between reimbursements for primary as opposed to specialty services.

Financing.¹ The Commission will establish a Trust Fund to finance the System *The Trust Fund* will prioritize primary and preventive care over secondary and tertiary care; out-patient services over in-patient; community-based over institutional; and services for the young over those for the elderly.

The Trust Fund will finance the system with revenues from one or more of the following sources:

1. existing sources of Government revenue for health care, including tobacco settlement dollars and so-called "sin taxes",
2. progressively graduated tax on income,
3. progressive payroll and self-employment taxes,
4. a deduction from wages in lieu of the present Medicare deduction, and
5. a nominal fee at the point of service for non-preventive care not provided by the medical home.

Private health insurers will not be allowed to sell health insurance coverage that duplicates the benefits provided under this System. Insurers may sell supplemental benefits for profit.

¹ Dallasdoc. The Ted Kennedy Health Care for All Act: Thursday Health Care Series. The Daily Kos, June 19, 2008. <http://www.dailykos.com/storyonly/2008/6/19/19253/4980/846/538182>