

The National Coalition of Mental Health Professionals & Consumers is a national grassroots organization of consumers, interdisciplinary mental health and substance abuse care professionals, and consumer advocates. We are an educational foundation and advocacy organization serving consumers and professionals, committed to the preservation of confidentiality, integrity, and quality care for all, through education, political and legal action to preserve and promote the highest standards of comprehensive care and health care privacy.

The National Coalition of Mental Health Professionals & Consumers works to preserve quality care and the consumer's rights to choice, personal privacy, and control over treatment decisions. We work in the fight for solid reform in the health care system to guarantee quality mental health and substance abuse care. We work through public and professional education, and through legal and legislative action, to replace managed care with a pro-patient, pro-quality, pro-consumer system that is affordable and accessible for all.

We address the ways in which managed care negatively impacts patients and professionals in mental health care and often increases distress, and promotes rather than abolishes stigma. We have been working for the past 14 years to promote a mentally healthy nation where those who suffer from mental and emotional disorders are treated fairly and humanely, and where admitting to treatment for mental and emotional distress is no longer stigmatized. America's political leadership has so far failed to address this very challenge.

Your work will hopefully accelerate the potential for change that we see as glimmers of hope in that national and state political leadership. We have been paying close attention to the work of the Citizens' Health Care Working Group, to your working process and to the input you have received. We have recognized from the outset the potential value of your effort, the import for solid and genuine reforms which would benefit all in our nation, as well as the potential misuses of your valuable work by powerful interests that are vested highly in only self-serving, profit-making changes.

We believe that the primary function of the Working Group, and the only one that will have any impact on the Executive and Legislative branches of government, will be the Recommendations that are required to be sent to the White House and the Congress, as the legislation mandates.

For this very purpose, the National Coalition is a National Partner in the Making Health Care Work for All Campaign, doing the organizing work needed for solidly impacting the recommendations of the Citizen's Health Care Working Group, with particular commitment to make sure that mental health and substance abuse care is not relegated to a low priority service by the Citizen's Health Care Working Group in its charge by Congress to make recommendations which lead to Presidential and Congressional legislative proposals by 2007.

The National Coalition wants to go on record as agreeing with the *Principles* for health care that the Working Group has concluded. We wholeheartedly agree with your statement comment about how important it is to “reconcile contrasting views about the role of the marketplace and government, of competition and planning, of individual and shared responsibility.” We are pleased that your *Values and Principles Section* emphasizes the role of shared social responsibility both in paying for care and in consideration of health care costs. Most importantly, you state that you “do not believe that the most important barriers to achieving a health care system that works for all are technical.” We fully agree - the barriers are, most decidedly, political.

We fear, however, that these Interim Recommendations do not fully satisfy their mandate — to tell Congress what the people want. This can be partly attributed to some of the questions mandated by the legislation. Congress charged you to prepare recommendations on “health care coverage and ways to improve and strengthen the health care system based on the information and preferences expressed at the community meetings.” You have heard from 10s of thousands of the American public, from widely diverse regions and from many, many walks of life in this democratic and inclusive process.

Your report states: *“Across every venue we explored, we heard a common message: Americans should have a health care system where everyone participates, regardless of their financial resources or health status, with benefits that are sufficiently comprehensive to provide access to appropriate, high-quality care without endangering individual or family financial security.”* From the Interim report:
http://www.citizenshealthcare.gov/recommendations/interim_recommendations.pdf

However, we believe that your Interim Recommendations, while so positive in many ways, do not accurately reflect two very important messages you received from the great majority of participants in the public process:

- *Over two-thirds support for the goal to "Create a national health plan, financed by taxpayers, in which all Americans would get their health insurance."*
- *You received universal resistance to the "zero-sum" trade-off ideas on which some of the questions posed were based, that is, overwhelming opposition to the implication that greater access to health care might only be afforded and achieved by reducing benefits.*
- *You have heard unequivocally from the public that they do not want business as usual in health care to continue.*

Yet, these two themes are not reflected anywhere in your report - the Interim Recommendations don't follow the law's directive to reflect the opinions expressed by the public input which you so diligently mobilized, documented and tabulated.

We are deeply concerned that some members of Congress will select those portions of this report that support their own individual agendas, while ignoring the overriding message supporting an equitable, comprehensive, high-quality system for everyone.

It is our hope that the Final Recommendations will be revised so as to correct that flaw. We trust that your Final Recommendations will more effectively highlight the public support for an easy-to-navigate national health plan and public opposition to measures that seek to control costs by reducing access to categories of benefits.

All who participated in this process and have tracked the input made available by the Working Group see that the "common message" above represents the prevailing views of the participants. ***We want a universal, comprehensive, high-quality system that does not endanger financial security for anyone. The need for a long-term overall strategy to achieve health care for all, not just short-term steps, is critically important to achieve health system change. And, it is important to reinstate the goal of 2012, or earlier, as the deadline for achieving health care for all.***

Our serious concern is that actual details of the report do not reflect this “common message” and the prevailing views, but, rather reflect the opinions of a select few, possibly from the Working Group, possibly from the current federal government administration. Proposals, based more on ideology than reality, do nothing to address America’s present, and rapidly expanding, health care crisis.

The Working Group’s key principle is that health care is a “shared social responsibility.” The National Coalition is convinced that the principle of shared social responsibility both on cost and on access are the essential foundation for successful and sustainable reform.

To be truly successful, reforms must share responsibility among those who pay for health care - individuals, employers, and state, local and federal governments - to assure affordability for all. Successful reforms must encourage and facilitate commitments to genuine stewardship of the limited resources among those who provide care to maximize the value of every dollar spent on health care.

The principles of “shared social responsibility” rejects the market approach as the fundamental organizing principle of health care. So did online survey respondents with 62% disagreeing with the statement, “We all should be responsible for setting aside enough money to pay for most of our health care expenses.” In view of this foundational principal of “shared social responsibility,” the National Coalition offers a few succinct comments on the Working Group’s six “Recommendations,” as follows:

Recommendation #1

The central problem of affordability in health care must have the goals of:

- Remove financial barriers to health care - shared responsibility for financing care cannot mean high patient cost-sharing.
- Making premiums affordable by requiring high deductibles or high co-pays at point-of-service would create shallow insurance that Americans could not afford to use.
- The recommendation for a national program is also hampered by the statement that it should be public or private. It might combine both public and private elements.
- Medicare has won widespread support by combining private delivery of care with public coverage.
- The above points will then address the invaluable elimination of medical bankruptcy – clearly a problem unique to our nation.

Recommendation #2

The National Coalition strongly believes that there should be no modification of the Federally Qualified Health Center concept.

- We believe in expanding integrated community networks - providing high quality coordinated care to vulnerable populations through integrated community networks is certainly an essential goal..
- As the health care safety net is strengthened, preserve community control of the boards of federally qualified community health centers
- Paralleling the necessity of continuity of comprehensive care in mental health and substance abuse services, beginning with preventive services and early interventions, coordination has to be between ambulatory care and in-hospital care, between primary care and specialty care.
- The problems faced by providers in the current safety net stem from both under funding and obstacles to obtaining hospital and specialist care.
- A true integration would mean the gradual disappearance of a separate sector called “the safety net.”

Recommendation #3

From the Working Group Interim Recommendations:

“Using federally-funded health programs such as Medicare, Medicaid, Community Health Centers, TRICARE, and the Veterans’ Health Administration (VA), the federal government will promote:

- Integrated health care systems built around evidence-based best practices;
- Health information technologies and electronic medical record systems with special emphasis on their implementation in teaching hospitals and clinics where medical residents are trained and who work with underserved and uninsured populations;
- Reduction of fraud and waste in administration and clinical practice;
- Consumer-usable information about health care services that includes information on prices, cost-sharing, quality and efficiency, and benefits; and
- Health education, patient-provider communication, and patient-centered care, disease prevention, and health promotion.”

These are all important and valid goals which are parts of promoting better quality and more efficient use of resources, with this caveat:

- As long as health care remains fragmented and there is no continuity of care working for people, these goals above cannot achieve what is needed and possible.
- Promotion work in these areas must be allow for patient choice, facilitate the continuity of care, and facilitate the coordination of health care.

Recommendation #4

The principles and concepts from these recommendations on palliative care, hospice care and other end-of-life services, must be fully applied to all people who suffer with the whole spectrum of chronic diseases.

Recommendation #5 - The most important goal – must be achieved by 2012:

“It should be public policy that all Americans have affordable health care.”

The Interim Recommendations must be revised:

- to remain consistent and true to the *Principles* and the Value of “shared social responsibility” – the core value that “we’re all in this together” - that these are all issues of what is needed to promote the common good.
- to not start regressing and relying on the concept of “financial assistance” to individuals in this recommendation - this concept invariably has promoted budget cutting of “safety net” programs.

The Working Group statement that “benefits that are sufficiently comprehensive to provide access to appropriate, high-quality care without endangering individual or family financial security” is soundly based on the belief that benefits that are broad in scope are indeed vital. Public online input clearly wanted broad, inclusive, comprehensive benefits, and rejected exclusion of types of care as a main tool to limit cost.

This recommendation also does not reflect the majority of public input, basically because it reverts to a reliance upon a market approach to containing costs. Emphasizing “consumer usable information on prices” rather than public policy tools, it ignores such valuable public policy tools as:

- ✓ slashing administrative costs by eliminating the complexity of thousands of different insurers and plans,
- ✓ capping the share of health insurance premiums that can be used for administration, marketing and profit, and,
- ✓ federal government negotiations to cut drug prices for Medicare and all Americans, which over 70% of on-line survey participants support.
- ✓ coupling cost controls with coverage expansion would make broad and deep coverage affordable now.

Recommendation on Financing Health Care That Works

Financing strategies must be linked to principles of fairness and efficiency:

- ***Efficiency in financing means reducing the paperwork shuffle, the administrative waste, the plethora of confusing and concealed prices.***
- ***Fairness means financing care in ways based on one’s ability to pay, not one’s health status*** - 47% of survey responses support income-linked payment standards for determining who should pay more for coverage.
- This emphasizes the importance of the Working Group’s mention of the graduated income tax as a potential revenue source.

- Survey participants also reject making people pay more based on health behaviors or health status - 70% disagree with requiring people who use more health services to pay higher premiums.

Recommendation #6

The National Coalition wants to have greater discussions with the Working Group about what constitutes an adequate mental health and substance abuse care benefit – as always, “the devil is in the details.” The decades-long propaganda by the drug and insurance industries, the marketing of drastic rationing of mental health and substance abuse care services, and of the “great values of ‘managed care’ and ‘quick fixes’ by drugs” has profoundly distorted the thinking of the public and of elected officials about these very essential details, and has led to the further stigmatization of mental health and substance abuse conditions in America.

“Define a ‘core’ benefit package for all Americans.

Establish an independent non-partisan private-public group to identify and update recommendations for what would be covered under high-cost protection and core benefits.

- *Members will be appointed through a process defined in law that includes citizens representing a broad spectrum of the population including, but not limited to, patients, providers, and payers, and staffed by experts.*
- *Identification of high cost and core benefits will be made through an independent, fair, transparent, and scientific process.*

The set of core health services will go across the continuum of care throughout the lifespan.

- *Health care encompasses wellness, preventive services, primary care, acute care, prescription drugs, patient education, treatment and management of health problems provided across a full range of inpatient and outpatient settings.*
 - *Health is defined to include physical, mental, and dental health.*

Core benefits will be specified by taking into account evidence-based science and expert consensus regarding the medical effectiveness of treatments. “(From

http://www.citizenshealthcare.gov/recommendations/interim_recommendation_s.php#interimrecs)

The delivery of truly medically unnecessary (as defined by the health care professions), of truly non-core benefits is not what makes American health care so unaffordable.

The cost problem in American health care results from three main sources:

- excessively high prices for care in the U.S.,
- administrative costs of highly fragmented private insurance, and,
- too many core services performed in clinical situations where they are of little to no benefit.

So-called “consumer directed” health care reforms will not work – we need a national system to provide health care for all. Shared social responsibility for covering the cost of health care also entails social responsibility for containing costs, including prices. Cutting prices cannot be left to individual patients’ comparison shopping. This also is be a shared social responsibility, not a market-based, shopper’s duty. So-called “consumer directed” health care reforms will not work – we need a national system to provide health care for all – this is what the American people keep calling for!



Thank you for your careful reading of this Public Comment document from the National Coalition. We trust it will help inform your Final Recommendations.

Sincerely,

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on behalf the Members of the National Coalition
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