

# GREATER FLINT HEALTH COALITION BOARD OF DIRECTORS

## Resolution on Universal Access to Health Care

During the past several months the Greater Flint Health Coalition invited Genesee County to participate in a community-wide dialogue regarding health reform by widely circulating a draft resolution on universal access to health care through local media, newsletters, and presentations. This activity culminated in the Greater Flint Health Coalition Resolution on Universal Access to Health Care. This document reflects the input and deliberations of community members and organizations representing physicians, hospitals, business, organized labor, government, grassroots community organizations, healthcare consumers, educators, insurers, and most importantly – the residents of Genesee County. The Resolution was adopted by the Board of Directors of the GFHC on June 15, 2009.

**WHEREAS** the Greater Flint Health Coalition (GFHC) is a broad-based, community healthcare coalition based in Flint, Michigan and comprised of hospitals, physicians, labor, insurers, business, purchasers, consumers, educational institutions, and faith-based organizations whose mission<sup>1</sup> is to:

- Improve the health status of its citizens, and
- Improve the quality and cost effectiveness of the health care system in its community.

**WHEREAS** the GFHC Board of Directors committed in its 2007-2012 strategic plan<sup>2</sup> to:

- Advocate for universal access to health care as an overriding goal of the Coalition
- Advocate four key principles for health care coverage:
  - Universal
  - Continuous
  - Affordable/Sustainable
  - High quality – effective, efficient, safe, timely, patient centered, and equitable.

**WHEREAS** the Greater Flint Health Coalition's Board of Directors issued a consensus statement on August 18th, 2008 to support the principles of Ascension Health's "100% Campaign" which promotes universal access to health care based on social justice.

**WHEREAS** the GFHC has a rich history of improving access to health care in Genesee County by formerly serving as the official outreach agent for Michigan's State Children's Health Insurance Program (SCHIP) named MICHild from 1998 to 2003, and by its creation of the Genesee Health Plan in 2001, a federal and county funded program for the uninsured in Genesee County, all of which are based on the commitment of the physicians and hospitals of this county.

**WHEREAS** in order to meet the GFHC's goals relative to access to health care, the GFHC has concluded that the United States must move beyond continued "band-aid" approaches to solving our health care system's structural flaws by considering true systemic reform.

**WHEREAS**, to embark upon this goal of healthcare reform in order to realize universal access to care, the GFHC recognizes the following fundamental structural flaws in the nation's healthcare system. The United States spends more money per capita on health care by 53% than any other nation in the world<sup>3</sup>; at the same time, 47 million Americans lack health insurance and another 6-10% of the population has inadequate coverage<sup>4</sup>. Also the United States ranks 37th among industrialized nations in certain specific population-based health outcomes<sup>5</sup>.

**WHEREAS**, the current economic crisis of 2008–2009 may give pause to some regarding the nation's ability to achieve universal access to health care, the GFHC contends that the absence of universal access to health care is a contributing factor to the woes of the nation's economy, thus making healthcare reform essential to reducing the suffering due to the economic crisis. The current healthcare system, which is both employer-based and non-universal, has the following impact on the economy:

According to the Bureau of Labor and Statistics Career Guide to Industries, health care is the largest industry in the United States for the year 2006, providing 14 million jobs, 13.6 million jobs for wage and salary workers and about 438,000 jobs for the self-employed.

- Seven of the top twenty-five in growing occupations is health care related.
- Health care is anticipated to generate three million new hourly wage and salary jobs between 2006 and 2016, more than any other industry.
- Most health care workers have jobs requiring less than four years of college education, but diagnosing and treating practitioners are among the most educated workers.
- About 580,000 establishments make up the health care industry, varying greatly in terms of size, staffing patterns, and organizational structures.
- Health care is the biggest employer in the State of Michigan.
- Health care is the largest employer in Genesee County.
- In 2007, 16% of the country's gross domestic product (GDP) was attributed to the cost of health care. It is predicted that by 2016 healthcare spending will reach \$4.2 trillion, equal to 20% of GDP<sup>6</sup>.
- However, the U.S. economy lost more than \$207 billion because of poor health and the shorter lifespan of the uninsured<sup>4</sup> in 2007.
- Healthcare benefits make up 30.2% of employers' compensation costs. Since healthcare premiums increased 78% between 2002 and 2007 and continue to grow<sup>7</sup>, potential for economic growth is severely weakened by current shortcomings of the system.

#### GFHC BOARD OF DIRECTORS INCLUDES THE FOLLOWING:

AFL-CIO	Genesee Regional Chamber of Commerce
Baker College of Flint	Genesys Health System
Blue Cross Blue Shield of Michigan	Hamilton Community Health Network
Citizens Banking Corporation	HealthPlus of Michigan
City of Flint	Hispanic/Latino Community
General Motors Corporation	Hurley Medical Center
Genesee County Board of Commissioners	McLaren Regional Medical Center
Genesee County Department of Human Services	Michigan State Senate
Genesee County Health Department	Mott Children's Health Center
Genesee Intermediate School District	Mott Community College
Genesee County Medical Society	United Auto Workers
Genesee County Osteopathic Association	United Teachers of Flint/MEA
	University of Michigan-Flint

**WHEREAS**, it is the GFHC's belief that enough money exists in the current system to pay for universal access to care by addressing reform to the above noted structural flaws. Some of the current displaced funding includes:

- 25-30% of the health care dollar is spent on administration as driven by the demands of the current system's structure<sup>8</sup>. Administrative expenditures which lead to measurable improvements in medical quality and efficiency are appropriate.
- The exorbitant costs of means testing, underwriting and delays for Medicaid, State Children's Health Insurance Program, and private health insurance plans.

**WHEREAS**, it is the GFHC's position that access to health care is a right for all citizens and not simply a privilege for those who can financially afford it as dictated by the structure of the current system.

**THEREFORE BE IT RESOLVED, THE GFHC ADVOCATES TO PRESIDENT BARACK OBAMA'S ADMINISTRATION THAT UNIVERSAL HEALTH CARE ACCESS BE MADE AVAILABLE TO ALL CITIZENS OF THE UNITED STATES WITH ALL DELIBERATE SPEED.**

**BE IT FURTHER RESOLVED**, the GFHC recommends that the universal healthcare coverage program be:

- A plan which is as comprehensive in benefits as Congressional health plans, and
- Allows for a private, regulated, insurance system.

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- The exorbitant costs of means testing, underwriting and delays for Medicaid, State Children's Health Insurance Program, and private health insurance plans.

**BE IT FURTHER RESOLVED**, covering the 47 million uninsured individuals under the current health system would cost an additional \$103 billion<sup>9</sup> annually. This is noteworthy as in addition to the above cited areas of savings due to current structural flaws, there are numerous areas that can possibly be corrected in the current system to supplement the cost of providing universal coverage to all citizens, including but not limited to:

- Negotiation of pharmaceutical and durable medical equipment prices (like the United States Department of Veterans Affairs) for Medicare Part D
  - Projected savings approximating \$184 billion<sup>7</sup>
- Limitation of direct-to-consumer pharmaceutical advertising.
  - Projected savings approximating \$3 billion<sup>10</sup>
- Eventually eliminate the need for Medicare Advantage
  - Projected savings approximating \$65 billion<sup>11</sup>
- Replace the current tort based malpractice system with a patient focused compensation system based on the workers compensation model to save on the expenses of defensive medicine and improve relationships between patients and their physicians.
- Standardize all billing systems to the Medicare system to reduce administrative overhead variations occurring in insurance companies, hospitals, physician's offices, and all other facilities which must bill for reimbursement from any insurance company.
- Align electronic medical records to a single standard.

**BE IT FURTHER RESOLVED**, that access be maintained by assuring adequate congressional funding of Graduate Medical Education, and education of allied health professionals.

**BE IT FURTHER RESOLVED**, it is the GFHC's belief that this new universal health care system be financed through general taxation (this does not infer a tax increase) and not be employer-based in order to end the "Gordian Knot" of employment and health care benefits in the United States.

**BE IT FURTHER RESOLVED**, this demand for healthcare reform is not only the will of the GFHC, it is also the will of the American people as 62% of registered voters agree that reform is needed more than ever before<sup>12</sup>.

**BE IT FURTHER RESOLVED**, the GFHC Board of Directors requests congressional support for immediate reform to the United States health care system. This reform should include a rigorous review of the highlighted issues to ensure the new system is one that is universal, sustainable, affordable to all Americans, continuous, and of high quality.

**SOURCES: AVAILABLE UPON REQUEST**

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Health Coalition**

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