

NEW JERSEY PRIMARY CARE ASSOCIATION POSITION PAPER

GUIDING PRINCIPLES FOR UNIVERSAL HEALTH CARE

The New Jersey Primary Care Association, which represents New Jersey's Federally Qualified Health Centers strongly endorses the concept of universal health care for all NJ citizens. It is widely reported that the number of Americans without health insurance continues to grow. In 2006, the number is approaching 50 million. A recent report issued by the Robert Wood Johnson Foundation confirmed what we already knew: That there is a significant gap in the amount of health care accessed by people who do not have health care coverage. In New Jersey it is believed that there are approximately 1.3 million individuals who have no health care coverage.

Statistics show that nationally uninsured adults are nearly four times more likely *not* to see a doctor when they need to and far more likely to miss important health screenings and check-ups as compared to people who have health coverage. Ultimately they may require extensive and expensive care because early care was delayed. Many state such as California, Massachusetts, New York, and New Jersey are looking for ways to ensure that residents receive access to needed care.

With that in mind, the NJPCA Board of Directors has decided that there are certain principles that must be taken into consideration when looking at a universal health care system. Those principles are detailed below:

- **Comprehensive Benefits**

It is imperative that access to mental health, dental care, pharmacy, and specialty care is in place. Based on the experience of the FQHCs in the state of New Jersey, these services are necessary to provide a continuum of care

- **Enforcement without penalty**

In a system where individuals are mandated to buy coverage, the proposed system must have a mechanism in place that allows patients to access care even when (for legitimate reasons), they have not purchased the required health care. By denying care to chronic patients, it could possibly exacerbate the problem and lead to more costly care such as hospitalizations

- **Build upon systems in place**

In developing a universal health care plan, it is imperative that New Jersey looks to the many successful systems currently in place such as FQHCs, hospitals, and community mental health providers. These health care systems and providers must remain in place since so many people fall through the cracks and may (for whatever reason) not be eligible for health care coverage. In addition, many of these providers have had years of experience in working with the underserved and should be looked upon as models that work when designing any new universal coverage proposals

- **Protect the Safety Net**

For years, many community providers such as FQHCs and free clinics have formed the backbone of the public health system. Similar to Massachusetts, a fund must be maintained to ensure maintenance of the safety net. In the [Forums Institute for Public Policy](#) Publication on Universal Health Care in Massachusetts: Implications for New Jersey, it states that Massachusetts kept its free care pool intact so that safety net providers would remain viable even though universal health care was to be enacted. This is a model worth replicating in New Jersey.

- **Streamline and automate the process**

With the possibility of universal health care, this is an opportune time to look at the current process of how, where, when people apply for Medicaid, FamilyCare and other health care programs. Can the process be streamlined so that providers can take advantage of EMR systems, web based applications, portable scanners, etc? The current systems in New Jersey need to be refined so that individuals are able to get into care in the most efficient manner possible