



Health Care for All!

Maryland Citizens' Health Initiative

2600 St. Paul Street

Baltimore, MD 21218

(410) 235-9000 (voice) -- (410) 235-8963 (fax)

info@healthcareforall.com (e-mail) <http://www.healthcareforall.com>

September 28, 2010

Chairman James Hubbard

Deputy Secretary Renata Henry, Department of Health and Mental Hygiene

Deputy Secretary Fran Phillips, Department of health and Mental Hygiene

Dear Chairman Hubbard,

Thank you and the Coordinating Council for all of your great work. The Maryland Health Care for All Coalition represents over 1200 health care, business, faith, labor and community groups from across the Maryland landscape that have endorsed our Health Care for All plan. The Coalition is committed to the concepts of affordable, quality health care for all Marylanders.

Such access must be made available to every group in Maryland with special effort made to insure access to Special Populations including but not limited to hard to reach populations, the poor, urban dwellers, those from rural communities and those suffering from mental disabilities and from addictions. To move in the direction of accomplishing this monumental task we believe that special effort must be made to better coordinate services between primary care providers and specialists. To this end it is our recommendation that primary care providers receive additional compensation to insure that more physicians become primary care providers and that other health professional be prepared to provide primary care inclusive of physician assistants and nurses.

In urban areas emergency rooms of large hospitals often double as primary care for the indigent because they either lack insurance or access to a primary care physician. In rural communities, medical clinics provide the bulk of primary care. To insure that staffing needs are met in these facilities and urgent care clinics in urban areas incentives must be offered to staff to attract and retain qualified professionals. To lessen the load on emergency rooms as primary care providers and follow up care providers it is essential that the same kind of incentive program be put in place.

Several additional services should be considered including better and more use of Health Homes for the chronically ill, comprehensive care management, care coordination and health promotion, family and support, comprehensive transitional care and referral to community and social supports. State long term care systems are still unbalanced and must be overhauled to insure quality care and access for the most needy of patients. It is our belief that there must be greater focus on home and community based services to help alleviate many of the disparities present in the current system.



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If the new system is to work and special populations are to be reached greater emphasis must be placed on educating the citizenry on the upcoming changes and how they will impact health care delivery in the future. Special attention must be given to providing the public with a better understanding of the new health insurance exchanges. This is essential to help the public navigate the numerous options available and to help people determine what is the best fit for their insurance needs.

Efforts must also be made to help close the gap in service coverage especially for the poor.

It's in the areas of behavioral health inclusive of addictions that special care must be taken to help as many people as possible access the help they need. Mental health services inclusive of long term addiction treatment must be made available in any reformed system.

Maryland has made great strides over the past few years in reducing smoking by increasing tobacco taxes, enacting a comprehensive smoke free workplace law, and funding tobacco prevention and cessation programs. Maryland now has the sixth lowest smoking rate in the nation and this has saved thousands of lives and hundreds of millions of dollars in health care costs. This progress must be continued in at least two ways. We must make sure that tobacco cessation offered through Medicaid and in private insurance plans when federal reform is fully implemented is as effective as possible. We must also fund the state's tobacco prevention and cessation program at a level adequate enough to do the kind of effective media and other work necessary to keep people, particularly children, from starting to smoke as well as services like quit lines to help people quit. This will save lives and health care dollars.

Sincerely,

Rosanna Miles

Senior Deputy Director