



Access to Health Care Workgroup's Legislative Agenda for 2009

I. PRIMARY/SPECIALTY CARE

Goal: Increase number of persons who have affordable and equal access to primary and specialty medical care.

Initiatives desired:

- Continued action to increase the number of Maryland residents covered by some form of insurance (including Medicare, Medicaid, VA, MCHP, employer based, etc.).
- Continue to support strategies to expand health care coverage, such as subsidies for small businesses and insurance pools.
- Increased funding for community health services, clinics, etc., that provide low-cost or free services to those qualifying due to financial limitations. This funding needs to address specialty diagnostic services, specialists, and treatments.
- Improve Maryland's Medical Liability Environment.
- Incentivize retired physicians, both primary and specialty care, to provide services post-retirement. Federal Tort Claims Act should be expanded to include retired specialty care physicians providing in-patient and surgery-center pro bono services.
- Institute an incentive program in the county to encourage physicians and dentists to establish practices and to remain in the Carroll County community.

Rationale:

- Carroll County is home to over 14,000 uninsured residents; however, it is not a medically underserved area (MUA) or a health professional shortage area (HPSA). Those are the designations needed in order to qualify for federal community health center funds. It is suggested that the funding for the Maryland Community Health Resources Commission be increased and allocated to communities who are not eligible for federal funds.

- Carroll County has a deficit of primary care and specialty care physicians.
- Malpractice Insurance rates are limiting the number of providers.
- Retired physicians must continue to pay very high medical malpractice premiums to do any volunteer work in the community post retirement.
- More specialty care providers are needed to confirm patient diagnosis.

II. MENTAL / BEHAVIORAL HEALTH

Goal: To provide equal and timely access to mental health/behavioral health services.

Initiatives desired:

- Help to cut the “red tape” for funds so that persons with dual diagnosis may be treated as a “whole person” and with resources directed to a total care plan designed to meet the client’s needs.
- Provide more flexibility for decisions about use of mental health/behavioral health funds so that they may be utilized in a manner that takes into consideration local needs and resources.

Rationale:

- Special populations in need of additional mental health services are youth, those with co-occurring problems, the incarcerated, and those needing community-based services as they come out of detention centers or are discharged from in-patient psychiatric treatments. The greatest need is for timeliness of coordinated treatment services in order to lessen repeat problems.
- Stabilize and strengthen the behavioral health care system.

III. MEDICATIONS

Goal: To help those who cannot afford to pay for prescription medications, co-payments, etc., to be able to obtain what they need.

Initiatives desired:

- Flexible funding is needed until people are enrolled in drug assistance programs and when they exhaust their drug benefit.

- Increase access to medications through the continued funding of prescription assistance programs, such as MedBank.

Rationale:

- Many seniors covered by Medicare Part D still find it difficult to pay for their prescriptions, especially when they reach the “donut hole” in addition to the co-payments required.
- Even with the many pharmacy assistance programs, people are unable to qualify for governmental programs because they lack documentation.

IV. ORAL HEALTH

Goal: To provide dental services for low-income children and adults.

Initiatives desired:

- Increase funds to expand local Health Department’s Oral Health Programs to address pediatric, adult, and special needs populations.
- Continue to provide funding to increase Medicaid reimbursement rates as recommended by the Dental Access Committee
- Expand dental coverage for adults on Medicaid.
- Increase funding to the Maryland Dent-Care Loan Assistance Repayment Program.

Rationale:

- Oral health has a significant impact on the overall health of an individual. All children under age 21 who are enrolled in Medicaid and MCHP are entitled to comprehensive dental services; however, less than 50% of these children had a dental exam in calendar year 2007.
- Low income adults generally do not have dental health benefits. Even those on Medicaid have no dental benefits or minimal coverage when enrolled in an MCO.

V. TRANSPORTATION

Goal: To improve access to health/behavioral health care services available by assisting those who have no means of affordable transportation.

Initiatives desired:

- Make more funds available for transportation for income-qualified persons in need of transportation for medical care and treatment services.
- Increase transportation providers in the Carroll County area to provide needed services.

Rationale:

- Access Carroll, Mission of Mercy, Carroll County Health Department, Carroll County Children's Fund and Carroll Area Transit System are concerned about residents of Carroll County having transportation to get to the medical and other basic needs services that they require.
- Lack of transportation service providers who offer door-to-door transportation with short notice or same day requests.