

The Free Clinic's Position on Health Reform

November 9, 2009

The Free Medical Clinic of Greater Cleveland (“The Free Clinic”) has long advocated for policy changes designed to make health care available to everyone, based upon our firm belief that “Health care is a right, not a privilege.” The following represents a statement of the components The Free Clinic believes should be included in any comprehensive health reform initiative.

The Free Clinic believes health reform should:

- 1. Provide basic, comprehensive health coverage and access for the approximately 46 million people currently without health insurance in the United States.**
- 2. On public health grounds, allow undocumented immigrants to purchase coverage through a proposed health care exchange to lessen the unnecessary use of emergency rooms and to diminish the transmission of infectious diseases.**
- 3. Maintain or create incentives and/or penalties to influence employers to offer health coverage to their workers, with appropriate exemptions for smaller employers.**
- 4. Expand Medicaid to all individuals with incomes up to 150% of FPL and increase Medicaid payment rates for primary care providers to 100% of Medicare rates.**
- 5. Prohibit insurance companies from: excluding individuals from coverage based upon pre-existing conditions; discriminating on premium levels based on gender and age; and canceling coverage that has already been purchased, except in cases of fraud.**
- 6. Create a “public option” mechanism that allows individuals not covered through other avenues to purchase insurance at affordable rates.**
- 7. Establish a benefit design with the following components:**
 - a. An “essential health-care benefits” package that integrates physical and behavioral health care, provides coverage for mental health and substance use disorders at a level consistent with other health conditions, and consists of a comprehensive set of services equal in scope to the benefits in a typical employer plan.
 - b. No annual or lifetime limits on coverage.
 - c. Reasonable limits on individual and family premium cost sharing (e.g., \$5K individ./\$10K family)
- 8. Provide incentives to promote prevention and wellness designed to reduce chronic diseases and address health disparities.**
- 9. To accommodate the anticipated increased patient load, provide incentives to encourage the training of a diverse corps of primary and behavioral health professionals who will practice in underserved areas.**
- 10. To address the anticipated need for institutional capacity expansion, provide financial support to safety net providers, including the nation’s more than 1200 free clinics, to address the health care needs of lower income individuals.**