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Martha Eastman

Viewpoints

Viewpoint is the opinion page of *Maine Perspective*, offered in an effort to enhance and spark dialogue on campus on issues related to the University and the state, written by experts in their academic/professional areas.

Progress Toward Universal Health Care in Maine

Concerns about the crisis in our healthcare system are

turning into action. Public support is growing for a universal healthcare plan in Maine. Last December I joined the Consumers for Affordable Health Care. I was surprised and pleased to learn that several organizations to which I already belonged were among the CAHC members. Receiving the minutes of their meetings has helped keep me informed of activities around the state relating to this important issue. Both as a health professional and as a healthcare consumer, I am eager for change that will improve the healthcare delivery system.

As a nurse who has spent many years working in the field of public health, I am well aware of the shortcomings in our illness-oriented healthcare system. We have technology that allows an infant to survive at only 24 weeks gestation, spending perhaps two months in a neonatal intensive care unit. If such an infant is fortunate, there are early intervention services available in his or her community that will assist the family. However, our current financial situation has severely limited these services. Although early intervention services for the 0-3 population are supposed to be in place (PL 99-457), I understand that Maine has insufficient funds to provide these services to all who need them. I was concerned to learn recently that the public health nursing services provided by the Department of Human Services are pursuing Medicaid reimbursement for public health nursing home visits. In other states, this practice has led to limited availability of these services to the general population. Over time, only reimbursable visits are provided, despite the client's need. The healthcare available under a universal plan must include services that go beyond illness care.

As a state and a nation, I think we need to put more emphasis on primary prevention programs that will benefit many. If we had a comprehensive program to prevent pre-term births for all mothers along with guaranteed availability of early intervention programs for those babies that were born prematurely, I believe that we would save money in the long run. This is just one example of the types of services that are needed when the term "comprehensive" is used. Immunizations, community based mental health services, and risk reduction programs are other examples.

During the past year, a member of my family became ill and needed specialized care. We were lucky to be referred to a major teaching hospital in Boston. During that experience, I was grateful for the advances in technology that allowed for more precise diagnosis and sophisticated medical management. Yet I was also disturbed to see how little other things had changed since I had last worked in a hospital. Despite the fact that we were in a state-of-the-art teaching hospital, it seemed to me that "service coordination" was an unfamiliar notion. Much to my relief, the patient's health improved in spite of some potentially hazardous hospital conditions. The medical bills, such as \$30,000 for two months worth of intravenous nutrition therapy at home,

are frightening. Numerous health services have been denied by Medicare so far for various reasons. We are hopeful that all the bills will eventually be covered by either Medicare or Maine Blue Cross-Blue Shield. A staff member at the insurance company has offered to "help sort it all out" once every bill has been processed by Medicare. Meanwhile, the doctors perform more tests and prescribe other therapies that generate more bills. While appealing the Medicare denials, more notices of denials arrive regularly each week. The information provided to explain why various services are denied is confusing. All this adds to the difficulties faced by a family that is already coping with a stressful illness experience.

During the past few years, the debate about universal healthcare has been increasing among both consumer groups and healthcare professionals. In the summer of 1990, I was asked to speak on this topic to a group of senior citizens who were attending the Active Seniors Summer Institute on the UM campus. Several of the participants on that day noted that they thought their legislators in Washington had put the concept of a national health program "on the back burner." Many expressed their feelings of frustration with the current healthcare system. Several also told stories of how they had tried to save the government money by pointing out that their physicians had billed Medicare for care that they had never received. They had been told that following up on fraud when the bill is less than \$500 is not feasible.

Changes in our healthcare system will be made, but I fear that they will represent only minor tinkering where a total restructuring is needed. Since comprehensive health services are not available or accessible to most consumers, most do not know how good the system might be. Worrying about the potential for higher taxes, some do not see that we are wasting valuable resources providing episodic illness care.

Many of the groups that are supporting universal healthcare have described criteria for comparing the various proposals that are being put forth. For instance, the American Public Health Association (1990) has used 13 criteria to evaluate selected national health program proposals. Some of these criteria include: universal coverage, comprehensive benefits that include prevention, nondiscrimination, education of health workers, etc. The Consumers for Affordable Health Care has developed "five guiding principles" to use in developing a statewide universal health plan. These are:

- ▼ Access to comprehensive health insurance coverage for all Maine citizens.
- ▼ Efficient administration by a single, publicly accountable, non-profit agency.
- ▼ Comprehensive cost control with improved Quality of Health Care.
- ▼ Freedom to choose your own healthcare provider in Maine and when traveling outside of the state.
- ▼ Fair and broad-based financing based upon each individual's ability to pay.

This past June I attended CAHC's Universal Health Care Retreat. This event brought together an interesting assortment of consumers, healthcare providers, political candidates, business leaders and other activists. Listening to the speakers there, I felt that perhaps together we can change the system. ▲

Martha Eastman is clinical coordinator of nursing for UM's Student Health Services. The Legislature's Joint Select Committee to Study the Feasibility of a Universal Health Plan will hold a public hearing in Augusta Oct. 17. For more information about the hearing, call Consumers for Affordable Health Care, 622-4761.