

Access to Primary Health Care

Facts on Expanding Access at the Community Level

Inadequate Access to Primary Health Care:

- Currently, nearly 1 million working-age adults in Pennsylvania have no health insurance. Over a 2-year period of time (07-08), nearly 20 percent of working-age adults experienced at least 6 months when they had no coverage. Lack of coverage discourages individuals from seeking medical care; it also prompts some medical providers to deny services because of concern they will not be paid.
- Another 1.3 million Pennsylvania adults are under-insured, meaning that apart from the cost of insurance premiums, they spend more than 10 percent of their income on medical costs through deductibles, co-pays and fees for services that are excluded from coverage. When under-insured, people are similarly deterred from seeking the medical care they need.
- When people avoid prompt medical care, they are at risk of becoming sicker, suffering more than necessary, and ending up in emergency rooms where care is more expensive.
- Large unpaid medical bills are often either discharged in bankruptcy court or paid by taxpayers.

The Importance of Community Health Clinics:

- Community health clinics provide primary health care to all patients without regard to their ability to pay. This doesn't mean the medical services are free; rather, these clinics use a sliding fee scale. If the patient has health insurance, a community health clinic will collect payment from the insurer. But about 40 percent of clinic patients have no coverage of any kind.
- Because community health clinics do not turn people away, these clinics are the leading providers of primary health care in many lower-income communities.
- Federally Qualified Health Clinics and related facilities operate at 160 locations within Pennsylvania and serve 500,000 people annually. In addition, some hospitals – especially in large urban areas – operate clinics that function along similar lines. And some communities have organized free or partial-pay clinics that operate through the donated services of health professionals.
- Without these clinics, many more people would go without early detection and care. Many others who have a chronic disease such as diabetes or hypertension would slide into crisis.

The Solution:

- Senate Bill 5, authored by Senator Ted Erickson (R-Delaware County), would provide \$35 million annually to the Department of Health for grants to community-based health care clinics. One-half of the money would be used to expand existing clinics or develop new ones. One-quarter of the money would be used to improve prenatal, obstetric, postpartum and newborn care.
- Another \$10 million annually would be made available to the Department of Public Welfare for grants to hospital-based clinics only. The criteria described above also would apply to this money.
- Another \$5 million annually would be made available as tax credits to businesses that donate funds, products or services to a community-based health care clinic.
- This all would be paid for by an excise tax on “other tobacco products” than cigarettes. Currently Pennsylvania is the only state that does not tax such items.
- The maximum grant under the Department of Health's program would be \$500,000; those grants would need to be partially (25%) matched by other funds or services.

The Pennsylvania Health Access Network (PHAN) is a coalition of groups working to improve access to quality health care through the expansion of health insurance coverage. PHAN organizes health care consumers, works to raise public awareness of the need for health system reform, and supports public policy proposals that adhere to the following principles:

- Access to quality health care for all Pennsylvanians;
- Access to affordable, quality health insurance for all Pennsylvanians;
- Effective controls to keep health care and health insurance premiums reasonably priced;
- Shared responsibility for health system costs among individuals, employers and the public.