

Restoring the Partnership for American Health

Counties in a 21st Century Health System

Full Partners ...

County governments are integral to America's current health system and will be crucial partners in achieving successful reform.

At the most basic level, county officials are elected to protect the health and welfare of their constituents. County governments set the local ordinances and policies which govern the built environment, establishing the physical context for healthy, sustainable communities. County public health officials work to promote healthy lifestyles and to prevent the spread of disease. Counties provide the local health care safety net infrastructure, financing and operating hospitals, clinics and health centers. County governments also often serve as the payer of last resort for the medically indigent. County jails must offer their inmates health care as required by the U.S. Supreme Court. Counties operate nursing homes and provide services for seniors. County behavioral health authorities help people with serious mental health, developmental disability and substance abuse problems that would have nowhere else to turn. And as employers, county governments provide health benefits to the nearly three million county workers and retirees nationwide. Clearly, county tax payers contribute billions of dollars to the American health care system every year and their elected representatives must be at the table as full partners in order to achieve the goal of one hundred percent access and zero disparities.

● Local Delivery Systems - Access for All

NACo believes that reform must focus not only on the financing but also the delivery of health services. Coverage is not enough.

County officials, particularly in remote rural or large urban areas know that even those with insurance may have difficulty gaining access to the services of a health care provider. Local delivery systems should coordinate services to ensure efficient and cost-effective access to care, particularly primary and preventive care, for underserved populations. County governments are uniquely qualified to convene the appropriate public and private partners to build these local delivery systems. A restored federal commitment to such partnerships is necessary for equity's sake. It will ensure that the local system can provide access to basic care regard-



less of the resources that the local economy is able to generate.

● Public Health and Wellness:

NACo believes that public health services for disease prevention and health promotion must be universally available.

These critical services include: assessment of the health status of communities to identify the unique and most pressing health problems of each community; health education to provide individuals with the knowledge and skills to maintain or improve their own health; monitoring and action to prevent infectious and chronic diseases as well as the safety of air, water and food supplies; outreach, screening and referrals to ensure individuals with particular health care needs are identified and receive appropriate services; full integration of the public health response to emergencies into each county's emergency management plan and systematic integration of local public health considerations into land use planning and community design processes to help prevent chronic disease.

● Expanding Coverage

NACo supports universal health insurance coverage.

County officials differ on the best way to achieve that goal, but in the meantime, existing public health insurance systems should be strengthened and expanded, including Medicare, Medicaid and the State Children's Health

Insurance Program (SCHIP). As states and counties attempt to develop their own plans to cover the uninsured, federal regulatory barriers should be removed to allow them to proceed. Furthermore, in the effort to expand coverage, reformers should not forget that the coverage must be meaningful – the benefit package must be defined so as to provide the full range of services people need, including full parity for behavioral health, substance abuse and developmental disability services.

● Maintaining a Safety Net

NACo believes that the intergovernmental partnership envisioned in the Medicaid statute should be restored and strengthened.

Local safety nets constructed under Medicaid should not be dismantled to “pay for” universal coverage. County hospitals and health systems, in particular, will continue to need extra support to carry out their missions to reduce disparities and serve underserved populations.

● Health Workforce

NACo believes that the health professional and paraprofessional workforce must be supported and enhanced.

Funding for existing education and training programs should be increased and also targeted towards initiatives to increase workforce in the health care industry. Partnerships between local economic developers and workforce development professionals should be encouraged to meet growing health care sector demand. Targeted incentives should be developed to encourage more providers to enter and remain in primary care. Primary care providers should be empowered to – and rewarded for – coordinating services to ensure cost-effective, evidence-based, quality care.

● Health IT

The federal government should support the integration of health information technologies into the local health care delivery system.

NACo supports efforts to promote the use of a range of information technologies to facilitate



appropriate access to health records and improve the standard of care available to patients, while protecting privacy. This includes deployment of broadband technologies to the widest possible geographic footprint. Other tools facilitate evidence-based decision making and e-prescribing. Using broadband technologies, telemedicine applications enable real-time clinical care for geographically distant patients and providers. Remote monitoring can also facilitate post-operative care and chronic disease management without hospitalization or institutionalization.

● Value-Driven Health Care

Individuals should have easy access to accurate information.

NACo therefore supports greater transparency in both the quality and the cost of care. Broader availability of such information will serve as a tool to promote preventive health care measures, which will in turn reduce chronic illness. Counties also support plans that reward individuals who exercise choice based on high quality of care and competitive price for health care services.

● Long Term Care

Federal policies should encourage the elderly and disabled to receive the services they need in the least restrictive environment.

Since counties provide and otherwise support long term care and other community based ser-

VICES for the elderly and disabled, state and federal regulations and funding programs should give them the flexibility to support the full continuum of home, community-based or institutional care for persons needing assistance with activities of daily living.

● Liability Reform

NACo understands that medical liability reform is needed to help contain health care costs.

To that end county officials support common-sense reforms that would reduce frivolous lawsuits without obstructing the rights of citizens to due process. Medical liability insurance carriers should be required to justify premium increases which exceed a certain rate. Instances of inadequate care should be subject to professional discipline and sanction. National medical liability reform should not preempt state and local policies.

● Jail Health

Reforming America's health care system must include reforms to its jail system.

Counties are responsible for providing health care for incarcerated individuals as required by the U.S. Supreme Court in *Estelle v. Gamble*, 429 U.S. 97 (1976). This unfunded mandate constitutes a major portion of local jail operating costs and a huge burden on local property tax payers. The federal government should lift the unfunded mandate by sharing the costs of inmate health care. Furthermore, a true national partnership is needed to divert the non-violent mentally ill from jail and into appropriate evidence-based treatment. Finally, resources should be made available to counties to implement comprehensive reentry programs so that former inmates have access to all the health and social services that they need to avoid recidivism and to take a become fully integrated into the community.

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