

# Insurance no guarantee for access to care

By Laurie Hansen  
Catholic News Service

WASHINGTON — Health coverage no longer guarantees access to health care in the United States, a health policy analyst told participants at June's 75th annual Catholic Health Assembly.

"Ask pregnant Medicaid clients, given that four of every 10 obstetricians no longer take new Medicaid clients or in many cases any clients at all," said the analyst, Emily Friedman.

Friedman was a keynote speaker at the association's June 10-13 conference, which took place in Washington and had as its theme: "Making Room in the Marketplace." The Catholic Health Association, a national organization, has

more than 1,200 members.

"Ask AFDC (Aid to Families with Dependent Children) families, with the American Academy of Pediatrics reporting that 44 percent of pediatricians either limit their Medicaid clientele or refuse Medicaid clients entirely," Friedman urged.

On the other hand, Friedman said, lack of coverage does not necessarily mean lack of access to health care.

"Thanks to the generosity, conscience or tax-status nervousness of American health-care providers — chiefly hospitals, public and private clinics and physicians" — almost everyone that is in a life-threatening state will get care within a "reasonably short period." Yet she said such treatment may be received after "the

scenic taxicab or ambulance tour of two or three emergency departments."

Moreover, Friedman said, little attention has been given to the effects of delays in seeking care.

"In which column do we put the death of the woman who first came in for care after her breast cancer had metastasized widely?; of the man whose diabetes, gone untreated, has now taken his sight?; ... of the child whose limbs have been curved and weakened by what we think of as the Third World disease of rickets?" she asked.

Current statistics on uninsured U.S. residents range from 31.5 million to 37 million, she said.

And the U.S. Census Bureau has

reported that 63 million U.S. residents were uninsured for at least one month between January 1985 and May 1987, she noted. "That means one in four Americans was at risk," she said.

People are uninsured today, Friedman said, because:

- It is thought it would cost too much to cover them.

- Major opponents of health-care reform and of universal health care are playing the two issues off each other and "have succeeded in delaying both," said Friedman.

- Bigotry. Some people within the health-care system maintain the image of the uninsured person as "some doped-up, minority derelict on the corner" and would prefer to keep him or her without insurance, she said.

- Until recently, the vast majority of uninsured people lacked political power. "Many of them are 18 to 25 years old, or 55 to 64 and female, likely to be black or Hispanic, low-income and not exactly heavy campaign donors," she said.

That pattern appears to be changing, however. More and more middle-class individuals are being denied insurance, priced out of the market "or we restrict their coverage so it is useless," said Friedman.

While "Americans have a distressing history of ignoring the cries of the poor," the cries of the middle class "are much larger and harder to miss," she said.

As a result, while little attention was given in the 1970s to proposals for universal health coverage, in 1990 the story is different, said Friedman. Now, more and more people are realizing "the situation has gotten out of hand clinically, financially and morally," she said.

## 'Rationing' plan spurs ethicists' criticism

By Julie Asher  
Catholic News Service

WASHINGTON — A practicing physician who is president of the Oregon Senate said June 12 that his state's plan to ration health care by cost and benefit is a step in "the right direction" that has sparked "a long overdue" national debate on the health-care crisis.

But an ethicist from Jesuit-run Creighton University criticized the plan. While praising Oregon lawmakers for confronting the need to "set political limits to potentially limitless health demands," he called their policy "flawed."

Dr. John Kitzhaber, from Salem, Ore., and Charles Dougherty, director of Creighton's Center for Health Policy and Ethics in Omaha, Neb., exchanged views on the rationing plan at a session during the

75th annual assembly of the Catholic Health Association.

Kitzhaber, architect of his state's rationing approach, reviewed the provisions of a plan he said lawmakers were driven to develop after the Legislature decided to discontinue Medicaid funding for transplants.

In May the Oregon Health Services Commission released the centerpiece of its plan — a list of 1,600 medical procedures, ranked in importance by computer according to a formula that balances their costs against how many people would benefit.

For example, a preliminary ranking put at the top such things as bacterial meningitis, bone cancer, multiple sclerosis and acute headaches. But also near the top were such ailments as thumb-sucking that are not critical but are easily treated at a

relatively low cost.

Near the middle of the list are cystic fibrosis and certain kinds of arthritis. Near the bottom and likely to be dropped are chronic ulcers, sleep disorders, viral herpes, varicose-vein treatment and sex change operations.

Detection and prevention of AIDS are high on the list, but treatment for advanced acquired immune deficiency, where patients are close to death, is near the bottom.

The list is to be finalized this month, when the Legislature will determine which procedures will be covered for Medicaid recipients. The state will have to get a waiver exempting it from federal rules requiring what states have to cover.

Oregon's "proposal is an attempt to de-

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