

Reform

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Under the plan most people would be covered through large purchasing cooperatives set up in each state. The cooperatives would be "quasi-public institutions to whom premiums would be paid by employers," Monsignor Fahey reported.

Rounding out the plan, physicians, hospitals and insurers would join in groups to compete for patients, and the government would keep consumers informed on differing plans to allow consumer shopping.

Hospitals that will survive the restructuring will do so because they will cooperate with other hospitals in their region, each one specializing in delivering a certain medical service or services that will not be duplicated at a neighboring facility, experts said.

Other plan features include a major emphasis on encouraging primary care of patients and prevention of disease as opposed to emergency care and disease treatment. Health-care providers will also take on far more efforts to educate patients through community-outreach programs, Fahey and other observers said.

Indeed, if citizens want to understand where health-care reform is going, they can merely look in the mirror — because health officials note consumers will be encouraged to embrace healthier lifestyles so that they stay out of hospitals.

One diocesan observer explained that citizens may watch their health more carefully because they will probably have to shell out higher co-payments under any new health insurance system.

"I truly believe if there is a reasonable out-of-pocket cost to people we will all be more alert," concluded Sister Marie Castagnaro, SSI, president and chief executive officer of St. Joseph's Hospital, 555 E. Market St., Elmira.

All observers in the health-care debate also repeatedly stressed that local and state input will be crucial in determining the final outline of each state's plan.

Indeed, Patrick J. Madden, president of St. Mary's Hospital, 89 Genesee St., Rochester, noted that the Rochester metropolitan area may apply for a waiver from any new health plan.

Rochester is well-known for its decades of cooperation between employers, insurers and medical establishments — a relationship that has enabled the area to keep health costs far below the state and national average, he said. A plan that unduly disrupts that relationship could jeopardize the area's economic base by driving away businesses attracted by Rochester's low health costs, he concluded.

The potential for economic instability is not the only stumbling block between Catholic hospitals and the Clinton plan. Any proposal to make abortion an insurance benefit is bound to raise the ire of Catholic health-care providers.

"I do believe that Catholic hospitals need to unite across the country in terms of protecting our ethical and re-



Above, Todd Beers of Elmira (left) came to the emergency room at St. Joseph's Hospital to be treated for an asthma attack. Emilia DeMichele, a registered respiratory therapist, administers treatment and checks his breathing. At right, this sign greets patients at the ER desk.

ligious beliefs," Sister Castagnaro said.

She also expressed concern that Catholic hospitals might be compelled to perform such operations as vasectomies, which would contradict church teaching.

"We need to have the right to say 'no,'" she said. "If we don't have that freedom, the bishops will close Catholic hospitals."

In a follow-up phone interview with the *Catholic Courier* from Baton Rouge, La., Monsignor Fahey noted that, excepting "radical feminists," freedom of religious conscience is "almost presumed" among health-care reform advocates.

Barring such ethical issues, all three Catholic hospital presidents agreed with many features of the Clinton plan, most especially the idea that universal access should be a key component of any new plan.

"Catholic hospitals have always believed in universal access," Madden commented. "Traditionally, it's been because of location — Catholic hospitals have remained in rural areas, inner cities."

Such a commitment has always carried a price. Because of where they are often located, Catholic hospitals carry far more bad debt, charity, Medicaid and Medicare cases than other health institutions in the nation — sometimes at rates as high as 50-70 percent of their total revenue.

Under the Clinton plan, it is likely that such programs as Medicare (for the elderly) and Medicaid (for the poor) would be phased into the new system. Health-reform advocates contend that a universal access program

would mean higher quality care for the poor who currently cannot afford the same services and physicians that more wealthy people can.

Yet, Monsignor Fahey pointed out that universal access is not a sure bet in any final version of a national health-reform plan.

"There will be forces out there that will pick at that," the priest predicted. "They will want to re-establish Medicaid."

Even if a universal access program is adopted, many Catholic observers and other advocates of quality health care for the poor are worried legislators could turn out a plan geared primarily toward middle-class citizens.

"(Catholic hospitals) are just concerned about whether they're going to be able to do their job," he said. "Will there be funds to take care of the poor? The frail?"

Paul E. Shephard, president of St. James Mercy Hospital, 411 Canisteo St., Hornell, expressed concern that current legislative proposals at the state and federal level may eliminate the funds Catholic hospitals so desperately need.

"With the talk of the continued cut in Medicare, the ability of our hospital to continue to provide many of the services I have talked about to our community is being jeopardized," he said. "In New York state, not only are we looking forward to federal cuts in payments, but also state cuts."

"I run this hospital on fumes," Madden remarked when commenting on the high percentage of Medicaid, Medicare and bad debt cases St. Mary's carries. Like Shephard, he too was concer-

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ned about current proposals to cut Medicare.

He also stated it was crucial that if Medicaid and Medicare are eliminated in a new health care system, Catholic hospitals are cushioned through any financial transition period to a new plan or they could close for lack of funds.

Sister Castagnaro hopes that Catholic hospitals — and the medical establishment in general — work with government to eliminate needless regulation and "red tape" and cut costs that are saddling Catholic and secular health-care providers alike. A concentrated effort to eliminate waste and duplication in the medical profession — and paperwork in the government's regulatory efforts — could level off increasing health costs, she noted.

"I believe the dollars we're spending right now could probably cover everything we wish to cover," she said.

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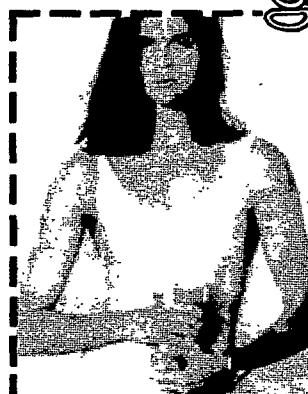
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