

Questions and Answers on a National Community Health Service

For the past few years, a number of health analysts have been studying the principles that might be embodied in a national, community-based health service for America. General agreement has emerged that such a health service should be based on the following principles:

- Comprehensive health care of the highest quality is a human right and must be available to every person without charge and without regard to race, sex, age, national origin, income level, religion or political belief.
- Health services should emphasize the enhancement and maintenance of health.
- The health care system should be run by those who use it and those who work in it.
- Health workers should have fair wages and opportunities for advancement through continuing education and recognition of work experience and achievement.
- The health service should be financed by progressive taxation of individuals and corporations.

Last year, at the annual convention of the American Public Health Association, Rep. Ronald V. Dellums (D., Ca.) declared his support of these principles and his intention of introducing into the Congress legislation that would implement them. Since then, several groups have been developing draft legislation that would create such a health service. The Community Health Alternatives Project of the Institute for Policy Studies has completed such a draft plan for a National Community Health Service. This brochure presents its essential features.

Why a Health Service?

Growing numbers of Americans realize that the present health care system, characterized by the private delivery of health care financed on a fee-for-service basis, is unable to meet the health needs of this country. One response has been the development of various forms of national health insurance. However, no insurance scheme will guarantee that services are available to everyone or improve the quality of present services. If enacted, they are likely only to exacerbate the present situation, causing increased demands on already overworked staffs, sending costs even higher, and pumping more money into an unresponsive system.

Instead of propping up an inadequate system with inflationary payment mechanisms and inadequate quality reviews, we should be developing a health care system that would provide full health services to all Americans and would be accountable to those it served. This requires a publicly-controlled and operated health service employing salaried health workers who would directly serve the public, who would then be able to exercise control over the health care they receive. Any scheme short of this must be seen as a weak compromise which can, at best, only ameliorate the ailments of the present health care system.

What is the National Community Health Service (NCHS)?

The National Community Health Service envisioned in our model legislation would be a unit of the Federal Government, "National" because it is nationally funded and coordinated, "Community" because it is based upon democratic control and delivery of health care in communities through a bottom-up governance system, and "Health Service" because health care is provided by health workers who are directly employed by the publicly-financed NCHS.

Who could use the NCHS?

Any resident of the United States would be eligible to register with the NCHS and receive services from it.

What services would be provided?

The NCHS would provide, without charge, a full range of medical, dental, and psychiatric services as well as home health, midwifery, occupational, and health education services. Drugs and medical equipment would be furnished without charge.

These services would be provided in facilities established and maintained by the NCHS. Except in emergencies, the NCHS would not pay for services provided elsewhere. Three years after the establishment of the NCHS, it would not be possible for private practitioners, who charge their patients a fee, to use the facilities, equipment, or personnel of the NCHS to deliver health services.

How would physicians and other health workers be compensated?

All health workers would receive salaries commensurate with their education and experience. Workers could receive increases in salary and be certified for job advancement through recognition of achievement and the enhancement of their skills.

A NATIONAL COMMUNITY HEALTH SERVICE

How would the NCHS be organized?

The NCHS would be set up as a four-tier system—the community, district, region, and nation. The base of the system would be in the “community”, a geographic area with a population of between 25,000 and 50,000 (though it might be smaller in rural areas or in other special circumstances). In each community, primary health care services—general medical care, emergency services, mental health services—would be provided by a Community Health Organization, which would be provided by a Community Health Organization, which would have affiliated with it community health centers, medical practitioners, laboratories, pharmacies, and other units giving primary care. To the maximum extent feasible, nursing homes, multi-service centers for the handicapped, and mental health in-patient facilities would be located in the community to promote the integration of persons using these facilities into the community.

Several communities would be joined together to form a “district”, with a population of between 100,000 and 500,000. Each district would have a general hospital and a health team school, where all health workers would receive their education.

Several districts would be joined together to form a “region”, with a population of between 500,000 and 3,000,000 (a larger population if that were necessary to enclose an entire metropolitan area). Such regions would cover the entire nation, and each would have a medical center providing highly specialized medical services.

Lastly, at the national level, there would be national research and administrative facilities.

How would those who use the NCHS, and those who work in it, run it?

Democratically-elected community health boards would oversee the Community Health Organization and other community health facilities. These boards would plan the delivery of health services, hire health workers, and assume overall responsibility for providing community health services. Members of community health boards would be chosen in community-wide elections and would serve for two years. Health workers could not serve as voting members of such boards, but they could be appointed as non-voting members.

District health boards would oversee health facilities at the district level and coordinate the planning of all health services in the district. Members of these boards would be appointed by the community health boards within the district, with each community health board appointing one member. Regional health boards would oversee health facilities at the regional level, conduct community elections, and assist community and district health boards in performing their duties. Members of these boards would be appointed by the district health boards. Lastly, there would be a National Health Board which would oversee national facilities and establish guidelines for the provision and coordination of health services throughout the NCHS. Its members would be appointed by the regional health boards and would serve with representatives of the President and the Congress.

All health facilities would be managed by the workers in them on a democratic basis. Each health board would develop, in consultation with the workers, a plan for democratic decisionmaking within each facility, including the participation of health workers at all skill levels. Health workers could also bargain collectively with the health board on wages, benefits, and working conditions. They would be guaranteed the right to strike when such a strike did not deprive residents of essential services necessary to sustain life.

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What special rights and guarantees would NCHS users have?

A Health Bill of Rights would guarantee users of the NCHS access to all health services, to choice of facility and health worker, to information and explanations, in their native language, about their health status and any treatment or procedure, and to advocacy and legal assistance.

The Health Bill of Rights would have specific protections for women, children and institutionalized individuals to ensure rights associated with their special situation and health needs.

What occupational health programs would be provided by the NCHS?

Unlike any of the current health insurance proposals, this plan would provide extensive occupational health services. Screening, diagnosis, treatment and education on the detection and prevention of occupational hazards and disease would be provided by Community Health Organizations. The standard-setting functions assigned to the Secretary of Labor by the Occupational Safety and Health Act (OSHA) legislation would be transferred to the National Health Board and implemented by the regional health boards.

Workers would participate in running the occupational health services in their communities and workplaces through Community Occupational Safety and Health Action Councils which they would elect. These COSHACs would work closely with community health boards. Workers in each workplace would have the right to establish workplace occupational safety and health committees which would perform inspections and other functions to protect the safety and health of workers.

How would health research be conducted in the NCHS?

The first priority for health research in the NCHS would be the prevention and correction of the leading causes of illness and death, including environmental, occupational, and social factors. Research would be performed, to the maximum extent possible, under the auspices of community and district health boards, to ensure that it was responsive to the health needs of people in their communities and workplaces.

The work now sponsored by the National Institutes of Health would be similarly decentralized, and several new institutes would be created: an Institute of Epidemiology, to study the spread and transmission of disease; an Institute of Evaluative Clinical Research, to study the effectiveness of various medical techniques; an Institute of Health Care Services, to study potential improvements in the delivery of health care; an Institute of Pharmacy and Medical Supply, to test and certify drugs and therapeutic equipment; and an Institute of Sociology of Health and Health Care, to examine the basic assumptions of medical care, health, and causality of ill-health.

How would the NCHS be financed?

The cost of operating the NCHS should be less than the cost of present health care services. The elimination of administrative expenses associated with the insurance industry and complex billing procedures, the expected decrease in unnecessary hospitalization from elimination of fee-for-service medical practice, and the elimination of excessive fees and profits are estimated to reduce the total cost by at least 20%.

Funds to run the NCHS would come from a special health service tax on individual and corporate incomes and from general federal revenues. The individual health service tax would be steeply progressive, so that the tax paid by low- and middle-income individuals, with taxable incomes, after deductions, less than \$10,000, would be only 1% (equivalent to the Medicare payroll tax now in force, but repealed when the NCHS begins providing service). Higher-income indivi-

duals and corporations would pay substantially higher taxes, and general revenues would contribute the sums now spent by federal, state, and local governments on health services. (Federal payment of the latter would be a form of revenue sharing.)

Funds would be distributed on a uniform per capita basis, with special funds allocated to communities and districts for the care of persons over 65 years of age, persons confined to full-time residential care institutions, and low-income persons. The division of funds between the district and community levels would be determined by the district health boards, but would require the consent of a majority of the community health boards in each district. Similar procedures would be followed in dividing funds between the regional and district levels, and the national and regional levels. Thus all health boards would have equal parts in determining the allocation of funds.

How would the transition be made from the present system?

Immediately after this law was enacted, the President would appoint an Interim National Health Commission, broadly representative of the American people, which would oversee a three-year transition process. This Commission would draw regional boundary lines and appoint Interim Regional Commissions for each region. These commissions in turn would draw boundaries for districts and communities and conduct elections for the members of community health boards. (The boundaries drawn by these Interim Commissions could be modified by the permanent boards once they were established, using a procedure in which residents in the affected areas would participate.)

Once community health boards were elected, they would appoint district health boards and would begin the process of identifying sites for health facilities, acquiring buildings, and hiring health workers. Each board in turn, as it was appointed, would begin the preparation for carrying out its assigned functions.

Two years after the bill had been enacted, the National Health Board would begin functioning, and NCHS health services would start one year later. All the health-related functions now carried out under the direction of the Secretary of Health, Education and Welfare, would be transferred to the NCHS.

In cases where particular boards were not yet ready to assume responsibility for the delivery of full services, these would be provided in neighboring areas or through private health care reimbursed under current Medicare arrangements. These temporary measures would remain in effect for up to three additional years.

COMMUNITY HEALTH ALTERNATIVES PROJECT

The Community Health Alternatives Project is preparing analyses of this and other alternatives to the present health care system. We are organizing conferences to explore the concept of a health service, assisting community and labor groups in their educational work, and joining with individuals and groups around the country to work for better health care for all Americans.

We do not assume that this booklet has answered all your questions. Rather we hope we have stimulated others. If you would like to receive a copy of the model legislation, wish more information, or would like to join this effort, write:

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