



SB195 CHARITY CARE COMMISSION (SEN. ADAMS)

Vote **NO**

A waste of resources, at best. At worst: a distraction from critical decisions

A Utah Health Policy Project Fact Sheet

February 25, 2013

SUMMARY

The goal of [Senate Bill 195](#) is to set up a new state commission to promote charity care as the main solution for the crisis of the uninsured. Charity care isn't new to Utah. The legislature passed resolutions supporting it in [2005](#) and [2010](#). [SB195](#) intends to move beyond those attempts to set up a commission to promote charity care as the be-all, end-all solution for the uninsured and their need for health care. Plus, the new commission would tie up the already scarce resources of the Department of Health and other agencies. The concept behind [authentic charity care](#) is to ask health care workers (doctors, nurses, labs) to donate their services through a network of clinics scattered throughout the state. The bill also seeks to loosen malpractice protections even further, leaving charity care patients with little to no protection in case they are harmed—setting up a health care delivery system similar to the developing world. In return for free medical care, the grateful patients would volunteer or donations to the clinic that helped them, or to the community in general.

POINTS AGAINST SB195

- **It duplicates ongoing efforts and grows government.** The proposed Commission would duplicate efforts of the statewide Safety Net Summit process, underway since 2006: <http://www.health.utah.gov/safetynet/> (see under the Providers section all electronic notes from these intensive twice yearly sessions wherein safety net providers share info on current trends, disparities and opportunities for networking and economies of scale. According to Division of Health Systems Improvement, which facilitates it, the safety net initiative will continue, as there is a great need for primary and preventative care in Utah and integration of such with mental and dental care.
- **Utah has played with charity care before and the results show that it doesn't work**—like when Utah hospitals pulled out of their gentleman's agreement to donate [\\$10 million worth of care donation](#) to supplement the limited primary and preventive care benefits offered through the state's Primary Care Network. The concept of [authentic charity care](#) has had enough time to prove its merits—and if there was one community that could give it a go, it was Utah.
- **Charity care cannot adequately fulfill the need.** At best, charity care is episodic and unreliable for people who need a consistent and continuous source of health care—people like Emily (*reverse*). Cancer patients and others needing chronic care management cannot rely on charity care. If they must, there can be dire consequences. Across the nation, 26,100 people between the ages 25-64 died prematurely due to a lack of health coverage in 2010. Astoundingly, 687 25-64 year old Utahns died due to lack of health care coverage from 2005 to 2010 (learn more [here](#)).
- **Utah ranks [fourth from the bottom](#) in the number of primary care physicians per capita**, while also ranking near the top of the fastest growing states in the nation. With our primary care system already [stretched to the limit](#), where is all this new charity care going to come from?
- **Charity care doesn't promote personal responsibility** by encouraging [preventative care](#). Since charity providers aren't directly responsible for the overall health of patients, they aren't motivated to make sure their patients get better and stay better—one of the principles of [accountable care](#).

Please vote NO on SB 195.

Emily: charity care failed me

Diagnosed with breast cancer in 2009, Emily lost her insurance when she got laid off, and so could not afford the chemotherapy and radiation that her doctors recommended. Her primary care physician did his best to get all of her care donated, but he could not pull all of this together in time for Emily. The Cancer came back in the fall of 2012, and is now widespread. “I had good health and good insurance my whole life until May 2009, when I got caught in a companywide layoff, says Emily. In October of that same year, I was shocked with a diagnosis of breast cancer. I had surgery to remove the cancer, and it looked like they got it all out, but my doctors recommended a 9 month treatment plan of chemo and radiation to ensure that the cancer wouldn't come back.



Every visit to the oncologist was hundreds of dollars, and the chemo and radiation were many thousands. Needless to say I couldn't follow through with their treatment plan and it seemed like the cancer was gone, so I didn't get the treatments and just hoped for the best. Just last month, I had a growth on my back which turned out to be a metastatic recurrence of the breast cancer. I am now again trying to get coverage to get the treatments that I desperately need to fight this disease.

This might not have happened if I could have gotten the treatments I needed in the first place.



Emily's Doctor took charity care as far as it would go...

Dr. Raymond Ward is a family physician in private practice. Like many primary care physicians in Utah, he takes care of people with no insurance. “I'm frustrated when patients (like Emily) are unable to get the medications and treatments they need because they do not have insurance coverage,” says Dr. Ward. “Too many patients are not getting basic treatments for treatable conditions like diabetes and high blood pressure. These conditions would be inexpensive to treat now but, if left alone, will likely result in expensive and potentially fatal complications.” Dr. Ward has known too many patients with terrible conditions like breast cancer and spinal cord abscesses who could have prevented their diseases had they been able to afford the proper treatments earlier.