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## SENATE JOINT RESOLUTION NO. 125

Offered January 26, 1998

*Directing the Joint Commission on Health Care to continue its study of ways to improve access to health care for Virginia's indigent and uninsured population.*

Patrons—Walker, Bolling, Gartlan, Lambert, Martin, Schrock and Woods; Delegates: Baker, DeBoer, Diamonstein, Hall and Morgan

Referred to the Committee on Rules

WHEREAS, pursuant to Senate Joint Resolution 298 of the 1997 Session of the General Assembly, the Joint Commission on Health Care recently completed a comprehensive study of how to reduce the number of uninsured persons in Virginia; and

WHEREAS, a 1996 survey of the insurance status of Virginians found that approximately 13 percent, or 858,000 persons are uninsured; and

WHEREAS, the 1996 survey found that the cost of health insurance coverage continues to be the most frequently-cited reason for being uninsured; and

WHEREAS, while the total number of uninsured Virginians has remained relatively stable over the last several years, the recent Joint Commission on Health Care study found significant changes in the demographics of Virginia's uninsured population, and identified several emerging issues regarding the indigent and uninsured which will need to be monitored; and

WHEREAS, research by the Joint Commission on Health Care and other national studies have found that there are a number of significant adverse consequences of being uninsured, as evidenced by the fact that when compared to persons with insurance, uninsured persons visit hospitals and doctors' offices less frequently, are one-half as likely to regularly go to a dentist, are three times more likely not to get a prescription filled because it costs too much, and receive fewer primary and preventive health care services; and

WHEREAS, in recent years, the Commonwealth has implemented a number of initiatives to address the uninsured problem, such as insurance market reforms designed to make insurance coverage more available and affordable, programs such as the Indigent Health Care Trust Fund and the State and Local Hospitalization Program to help offset the cost of uncompensated hospital care, and initiatives, such as the Virginia Health Care Foundation, that provide financial support to primary care and other health care programs targeted to indigent and uninsured persons; and

WHEREAS, it is critical to monitor the impact of these and other initiatives to ensure that they are meeting their stated objectives, and to identify and implement any necessary modifications to enhance their effectiveness; and

WHEREAS, the Indigent Health Care Trust Fund was established to help offset the expenses incurred by Virginia's private acute care hospitals in providing care to the Commonwealth's indigent population; and

WHEREAS, the Indigent Health Care Trust Fund Technical Advisory Panel has been working for several years to establish a pilot program for subsidizing private health insurance for the working poor, but has not yet been successful in implementing the program; and

WHEREAS, more detailed analysis of the Indigent Health Care Trust Fund and the proposed pilot program is needed to determine their effectiveness; and

WHEREAS, one of the many issues examined by the Joint Commission in its study of the indigent and uninsured is the impact that not-for-profit to for-profit hospital conversions may be having on indigent and uninsured persons in the Commonwealth; and

WHEREAS, one of the major concerns regarding hospital conversions is the impact such conversions may be having on the provision of health care services that not-for-profit hospitals historically have provided to indigent and uninsured persons; and

WHEREAS, because most of the hospital conversions in Virginia have taken place within the last few years, there is little available information regarding the impact these actions are having on the provision of health care services to the Commonwealth's indigent and uninsured populations; and

WHEREAS, the State Children's Health Insurance Program (SCHIP) was included in the Balanced Budget Act of 1997 to provide funding to states to expand health insurance coverage for low-income uninsured children; and

WHEREAS, it will be necessary to monitor the implementation of this program in Virginia to ensure that it is meeting its stated objectives of expanding insurance coverage to uninsured children; and

WHEREAS, as part of the implementation of SCHIP, a comprehensive outreach program needs to be

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60 established and monitored to ensure that families with children eligible for SCHIP and families of the  
61 estimated 82,000 children eligible for, but not enrolled in, Medicaid are informed of these respective  
62 programs; and

63 WHEREAS, it is essential to continue to identify and assess new initiatives or programs that can  
64 further improve access to health care for the indigent and reduce the number of uninsured persons; and

65 WHEREAS, continuing research on the number and demographics of uninsured persons in Virginia  
66 is needed to maintain a current data base of information, track emerging trends, assess the impact of  
67 past initiatives to reduce the number of uninsured persons, and help formulate new actions or initiatives  
68 that are responsive to specific problem areas; and

69 WHEREAS, one of the founding purposes of the Joint Commission on Health Care was to ensure  
70 that the greatest number of Virginians receive quality, cost-effective health care services, including the  
71 indigent and uninsured populations; and

72 WHEREAS, to fulfill this purpose, continuing analysis and study of the various issues affecting  
73 Virginia's indigent and uninsured populations is needed; now, therefore, be it

74 RESOLVED by the Senate, the House of Delegates concurring, That the Joint Commission on Health  
75 Care, in cooperation with various governmental, public and private health care entities and consumer  
76 advocates, continue to study the provision of health care for the indigent and uninsured, including the  
77 aged population and persons living in rural and inaccessible areas of the state, and to monitor various  
78 issues affecting these populations. The Joint Commission's continuing work shall include, but not be  
79 limited to: (i) evaluating the impact of recent initiatives to address the problems of the indigent and  
80 uninsured; (ii) assessing the progress in reducing the number of uninsured persons in Virginia; (iii)  
81 assessing the affordability of health insurance coverage, particularly for small employers, and the impact  
82 that state mandates and other legislative actions have on the cost of coverage; (iv) monitoring changes in  
83 federal and state health care policy that may affect the indigent and uninsured; (v) identifying additional  
84 actions to further improve access to care for the indigent and uninsured; (vi) monitoring the  
85 implementation of the State Children's Health Insurance Program (SCHIP) and the outreach programs  
86 established to inform families about the SCHIP and Medicaid programs; (vii) conducting a detailed  
87 analysis of the Indigent Health Care Trust Fund to determine the effectiveness of this program; (viii)  
88 monitoring the impact that the conversion of not-for-profit hospitals to for-profit status may be having  
89 on the indigent and uninsured; (ix) conducting necessary population surveys and other data analyses to  
90 update the number and demographics of the uninsured; and (x) recommending other necessary actions to  
91 ensure that the Commonwealth continues to improve access to care for the indigent and uninsured.

92 The Joint Commission on Health Care shall conduct its continuing study during the next three years,  
93 and shall include its findings and recommendations in its 1998, 1999, and 2000 annual reports to the  
94 Governor and General Assembly as provided in the procedures of the Division of Legislative Automated  
95 Systems for the processing of legislative documents.