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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 242 Session of 2007

INTRODUCED BY CASORIO, BELFANTI, BIANCUCCI, CALTAGIRONE, FABRIZIO, FRANKEL, GEIST, GERGELY, GIBBONS, GINGRICH, GOODMAN, KENNEY, KIRKLAND, KORTZ, KOTIK, PETRARCA, READSHAW, REICHLEY, ROSS, SCAVELLO, SOLOBAY, WOJNAROSKI, SONNEY, OLIVER, J. TAYLOR, SIPTROTH, WANSACZ AND THOMAS, APRIL 23, 2007

AS REPORTED FROM COMMITTEE ON HEALTH AND HUMAN SERVICES, HOUSE OF REPRESENTATIVES, AS AMENDED, MAY 8, 2007

A RESOLUTION

~~Urging the Governor and the Secretary of Public Welfare to cease and desist from any action that furthers the planned move from a voluntary managed care choice to a mandated fee-for-service system for medical assistance recipients.~~

URGING THE RENDELL ADMINISTRATION AND THE SECRETARY OF PUBLIC WELFARE TO DESIST IN ANY ACTION THAT FURTHERS THE PLANNED MOVE FROM A VOLUNTARY MANAGED CARE CHOICE TO A MANDATED FEE-FOR-SERVICE SYSTEM FOR MEDICAL ASSISTANCE RECIPIENTS OR THAT REMOVES PHARMACY SERVICES AS A COVERED BENEFIT UNDER ANY MANAGED CARE PROGRAM.

~~WHEREAS, For more than 20 years, the Commonwealth has utilized a managed care model as the foundation for providing access to quality health care for medical assistance consumers; and~~

~~WHEREAS, The medical assistance managed care program was established to enable medical assistance consumers to have a "medical home," ensuring coordination and continuity of care as well as access to physicians and other providers; and~~

~~WHEREAS, Medical assistance consumers who enrolled in managed~~

~~care programs instead of fee-for-service programs are afforded the opportunity for preventative care and routine tests to detect conditions that often result in far more costly medical services; and~~

~~WHEREAS, In 26 counties in this Commonwealth, approximately 71,000 Pennsylvanians are enrolled in voluntary medical assistance managed care plans through which they receive considerable physical health benefits; and~~

~~WHEREAS, The voluntary medical assistance managed care plans are administered by managed care organizations that rank in the top 20 among all Medicaid health plans in the United States according to a study conducted by U.S. News & World Report and the National Committee for Quality Assurance; and~~

~~WHEREAS, Managed care organizations are responsible for managing the physical health services, including pharmaceutical and dental services, of participating consumers; and~~

~~WHEREAS, Managed care organizations have experience and expertise in management of certain chronic diseases as well as management of complex medical cases; and~~

~~WHEREAS, The Secretary of Public Welfare has determined that consumers participating in voluntary managed care programs will be transitioned to Access Plus, the fee-for-service program established by the department and administered by one vendor, as of July 1, 2007; and~~

~~WHEREAS, This determination was made without benefit of comment from the public, especially from those consumers or providers directly impacted by the transition; and~~

~~WHEREAS, Access Plus has been in operation for approximately two years without any independent review and analysis of its impact on the care of medical assistance consumers, coordination~~

1 ~~with providers or cost effectiveness; and~~

2 ~~WHEREAS, Some providers have stated that they will refuse to~~
3 ~~participate in Access Plus if voluntary managed care is~~
4 ~~eliminated; and~~

5 ~~WHEREAS, Consumers currently enrolled in voluntary managed~~
6 ~~care plans may be forced to find new physicians and other~~
7 ~~providers from what will be a considerably smaller network,~~
8 ~~thereby compromising the health of Pennsylvania's most~~
9 ~~vulnerable citizens; therefore be it~~

10 ~~RESOLVED, That the House of Representatives strongly urges~~
11 ~~the Governor and the Secretary of Public Welfare to cease and~~
12 ~~desist from any action that furthers the planned move from a~~
13 ~~voluntary managed care choice to a mandated fee-for-service~~
14 ~~system for medical assistance consumers; and be it further~~

15 ~~RESOLVED, That a comprehensive study and analysis, conducted~~
16 ~~by an independent entity, be undertaken and completed before a~~
17 ~~final decision is made; and be it further~~

18 ~~RESOLVED, That the Secretary of Public Welfare continue the~~
19 ~~voluntary managed care program as it has been conducted until~~
20 ~~the independent study and analysis is completed; and be it~~
21 ~~further~~

22 ~~RESOLVED, That copies of this resolution be transmitted to~~
23 ~~the Governor and to the Secretary of Public Welfare.~~

24 WHEREAS, THE COMMONWEALTH HAS UTILIZED A MANAGED CARE MODEL <——
25 AND MANAGED CARE ORGANIZATIONS AS THE FOUNDATION FOR PROVIDING
26 HEALTH CARE ACCESS AND IMPROVED HEALTH CARE QUALITY TO MEDICAL
27 ASSISTANCE CONSUMERS FOR NEARLY A QUARTER OF A CENTURY; AND

28 WHEREAS, MANAGED CARE PROGRAMS WERE CREATED TO COORDINATE AND
29 MANAGE ALL PHYSICAL HEALTH CARE FOR MEDICAL ASSISTANCE CONSUMERS
30 TO PROVIDE A "MEDICAL HOME" WHICH WILL ENSURE CONTINUITY OF CARE

1 AND ACCESS TO PRACTITIONERS AND SPECIALISTS, ENCOURAGE EARLY
2 DETECTION OF SERIOUS MEDICAL CONDITIONS AND PROVIDE PREVENTATIVE
3 MEDICINE THAT REDUCES THE NEED FOR MORE COSTLY MEDICAL
4 INTERVENTIONS; AND
5 WHEREAS, MANAGED CARE PROGRAMS WERE ALSO CREATED TO PROVIDE
6 QUALITY HEALTH CARE IN A COST-EFFECTIVE MANNER WITH AN EMPHASIS
7 ON CONTROLLING HEALTH CARE COSTS; AND
8 WHEREAS, VOLUNTARY MANAGED CARE PROGRAMS, WHICH PROVIDE
9 COORDINATED HEALTH CARE, ARE CURRENTLY OFFERED TO MEDICAL
10 ASSISTANCE CONSUMERS IN 26 COUNTIES WITHIN THIS COMMONWEALTH;
11 AND
12 WHEREAS, APPROXIMATELY 71,000 MEDICAL ASSISTANCE CONSUMERS
13 ARE CURRENTLY ENROLLED IN A VOLUNTARY MANAGED CARE PROGRAM; AND
14 WHEREAS, APPROXIMATELY 1 MILLION ADDITIONAL MEDICAL
15 ASSISTANCE CONSUMERS ARE CURRENTLY RECEIVING PHARMACEUTICAL
16 SERVICES THROUGH MANAGED CARE PROGRAMS; AND
17 WHEREAS, PHYSICAL HEALTH MANAGED CARE ORGANIZATIONS ARE
18 RESPONSIBLE FOR MANAGING ALL PHYSICAL HEALTH SERVICES, INCLUDING
19 PHARMACEUTICAL COVERAGE AND DENTAL SERVICES, FOR MEDICAL
20 ASSISTANCE CONSUMERS WHO PARTICIPATE IN MANAGED CARE PLANS; AND
21 WHEREAS, ACCORDING TO U.S. NEWS & WORLD REPORT AND THE
22 NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA), WHICH ACCREDITS
23 THESE ORGANIZATIONS, THE MANAGED CARE PLANS IN THIS COMMONWEALTH
24 ARE RANKED IN THE TOP 20 AMONG ALL MEDICAID HEALTH PLANS ACROSS
25 THE UNITED STATES; AND
26 WHEREAS, THE RENDELL ADMINISTRATION'S DEPARTMENT OF PUBLIC
27 WELFARE HAS UNILATERALLY ISSUED A DECLARATION THAT WILL MOVE ALL
28 MEDICAL ASSISTANCE CONSUMERS ENROLLED IN A VOLUNTARY MANAGED
29 CARE HEALTH PLAN TO ACCESS PLUS, A FEE-FOR-SERVICE HEALTH SYSTEM
30 WHICH IS SUBCONTRACTED BY THE DEPARTMENT OF PUBLIC WELFARE TO

1 ONE SPECIFIC VENDOR; AND
2 WHEREAS, THIS FORCED CHANGE TO MANDATED FEE-FOR-SERVICE
3 HEALTH CARE WILL BE COMPLETED WITHOUT THE BENEFIT OF ANY PUBLIC
4 COMMENT OR PUBLIC HEARINGS THAT WOULD ENABLE MEDICAL ASSISTANCE
5 CONSUMERS AND HEALTH CARE PROVIDERS CURRENTLY PARTICIPATING IN
6 VOLUNTARY MANAGED CARE PLANS TO PROVIDE PUBLIC INPUT; AND
7 WHEREAS, THE RENDELL ADMINISTRATION HAS PROPOSED TO REMOVE
8 PHARMACY SERVICES FROM COVERAGE UNDER MANAGED CARE AND TRANSFER
9 SUCH SERVICES TO THE FEE-FOR-SERVICE SYSTEM, WHICH WOULD DENY
10 MEDICAL ASSISTANCE CONSUMERS THE BENEFITS OF THE EXPERTISE AND
11 COORDINATION PROVIDED UNDER VOLUNTARY MANAGED CARE WITH RESPECT
12 TO VITAL MEDICATIONS; AND
13 WHEREAS, MANAGED CARE ORGANIZATIONS WERE CREATED TO
14 INTENSIVELY MANAGE THE CARE OF INDIVIDUALS WITH CHRONIC DISEASES
15 AND COMPLEX MEDICAL CASES WHO NEED CONTINUAL MANAGEMENT AND
16 MONITORING OF THEIR CONDITIONS AND HEALTH CARE IN ORDER TO
17 LESSEN THE RISK OF FURTHER COMPLICATIONS; AND
18 WHEREAS, MANAGED CARE ORGANIZATIONS EMPLOY CASE MANAGERS,
19 SPECIAL NEEDS STAFF, PERSONS WITH EXPERTISE IN PHARMACY MATTERS,
20 DISEASE MANAGEMENT SPECIALISTS AND OUTREACH HEALTH PREVENTION
21 STAFF WHO CURRENTLY SERVE THIS MEDICAL ASSISTANCE POPULATION;
22 AND
23 WHEREAS, A FORCED MOVE TO A MANDATED FEE-FOR-SERVICE SYSTEM,
24 WHETHER FOR PHARMACY BENEFITS ONLY OR WITH RESPECT TO VOLUNTARY
25 MANAGED CARE, WILL ABRUPTLY STOP THE CONTINUITY OF CARE AND
26 MANAGEMENT OF CHRONIC DISEASES FOR MEDICAL ASSISTANCE CONSUMERS,
27 INCLUDING MEDICAL ASSISTANCE CONSUMERS WITH SPECIAL NEEDS; AND
28 WHEREAS, MEDICAL ASSISTANCE CONSUMERS CURRENTLY IN VOLUNTARY
29 MANAGED CARE MAY BE FORCED TO FIND NEW PROVIDERS, WHICH COULD
30 CREATE TRANSPORTATION CHALLENGES AND DIFFICULTIES FOR MEDICAL

1 ASSISTANCE CONSUMERS AS WELL AS UNACCEPTABLE DELAYS IN
2 PREVENTATIVE HEALTH CARE AND EARLY DETECTION OF CHRONIC
3 CONDITIONS; AND
4 WHEREAS, THE RENDELL ADMINISTRATION'S DEPARTMENT OF PUBLIC
5 WELFARE SHOULD CONTINUE TO RECOGNIZE THAT THERE ARE MEDICALLY
6 UNDERSERVED AREAS AND PHYSICIAN SHORTAGES, PARTICULARLY WITHIN
7 THE MORE RURAL AREAS OF THIS COMMONWEALTH; AND
8 WHEREAS, THE CHANGE TO A MANDATED FEE-FOR-SERVICE SYSTEM FROM
9 VOLUNTARY MANAGED CARE CHOICE WILL CREATE A SERIOUS SHORTAGE IN
10 THE NUMBER OF PRIMARY CARE AND SPECIALIST PHYSICIANS
11 PARTICIPATING IN THE MEDICAL ASSISTANCE PROGRAM; AND
12 WHEREAS, THE RENDELL ADMINISTRATION'S DEPARTMENT OF PUBLIC
13 WELFARE, ALONG WITH ITS FEE-FOR-SERVICE CONTRACTOR, WILL BE
14 UNABLE TO CONDUCT THE ESSENTIAL OUTREACH EFFORTS NEEDED TO
15 CREATE A COMPREHENSIVE AND COHESIVE NETWORK OF SPECIFICALLY
16 SELECTED PRIMARY CARE PHYSICIANS, SPECIALISTS AND OTHER
17 PROVIDERS TO SERVE THE MEDICAL ASSISTANCE POPULATION; AND
18 WHEREAS, WHILE THIS EXTENSIVE OUTREACH EFFORT IS BEING
19 DEVELOPED, MEDICAL ASSISTANCE CONSUMERS WILL NOT HAVE ACCESS TO
20 NECESSARY HEALTH CARE; AND
21 WHEREAS, THIS MOVE FROM VOLUNTARY MANAGED CARE CHOICE TO A
22 MANDATED FEE-FOR-SERVICE SYSTEM WILL DISRUPT LONG-ESTABLISHED
23 PATIENT-PHYSICIAN RELATIONSHIPS AND COORDINATION WITH
24 PROFESSIONAL HEALTH STAFF, INCLUDING DISEASE MANAGERS AND
25 COMMUNITY PHARMACIES; AND
26 WHEREAS, THIS MOVE FROM A VOLUNTARY MANAGED CARE CHOICE TO A
27 MANDATED FEE-FOR-SERVICE SYSTEM WILL EXACERBATE THE MEDICAL
28 PROBLEMS OF THIS VULNERABLE POPULATION, THEREBY INCREASING
29 FUTURE FISCAL IMPACT RELATING TO UNMET NEEDS; AND
30 WHEREAS, THIS MOVE FROM A VOLUNTARY MANAGED CARE CHOICE TO A

1 MANDATED FEE-FOR-SERVICE SYSTEM WILL IRREPARABLY HARM MEDICAL
2 ASSISTANCE CONSUMERS OF THIS COMMONWEALTH WHO PARTICIPATE IN THE
3 MANAGED CARE SYSTEM; AND
4 WHEREAS, THE LOSS OF PHARMACY SERVICES PROVIDED UNDER MANAGED
5 CARE WILL DISRUPT THE PROVISION OF INTEGRATED AND COORDINATED
6 CARE FOR 1 MILLION MEDICAL ASSISTANCE CONSUMERS AND CAUSE
7 UNACCEPTABLE RISKS TO THEIR HEALTH AND WELL-BEING; AND
8 WHEREAS, THE HASTY AND ILL-CONSIDERED MOVE FROM A VOLUNTARY
9 MANAGED CARE SYSTEM TO A MANDATED FEE-FOR-SERVICE SYSTEM WILL
10 CAUSE A BREAKDOWN IN THE CONTINUITY OF CARE, CREATE EXTREME
11 CONFUSION FOR MEDICAL ASSISTANCE CONSUMERS ACROSS THIS
12 COMMONWEALTH AND ENDANGER HEALTH CARE MANAGEMENT AMONG THOSE
13 CONSUMERS, ESPECIALLY CONSUMERS WITH CHRONIC DISEASES AND
14 SPECIAL NEEDS; AND
15 WHEREAS, THE RENDELL ADMINISTRATION AND ITS DEPARTMENT OF
16 PUBLIC WELFARE HAVE NOT DEMONSTRATED THE NEED TO FRAGMENT THE
17 CURRENT MANAGED HEALTH CARE SYSTEM WHICH HAS DEMONSTRATED A
18 MEASURABLE RECORD OF SUCCESS, BOTH IN TERMS OF PATIENT CARE
19 MANAGEMENT AND THE CONTROL OF SPIRALING HEALTH CARE COSTS; AND
20 WHEREAS, ACCESS PLUS IS UNTESTED AND UNPROVEN IN ACHIEVING
21 THE DUAL OBJECTIVES OF QUALITY HEALTH CARE THROUGH RESPONSIBLE
22 PATIENT CARE MANAGEMENT AND SUSTAINED REDUCTION OF HEALTH CARE
23 COSTS, AND THE PROVISION OF PHARMACY SERVICES ON A FEE-FOR-
24 SERVICE BASIS HAS BEEN SHOWN TO RESULT IN CARE AND MEDICAL
25 OUTCOMES INFERIOR TO THOSE IN AN INTEGRATED MANAGED CARE SYSTEM;
26 THEREFORE BE IT
27 RESOLVED, THAT THE HOUSE OF REPRESENTATIVES URGE THE RENDELL
28 ADMINISTRATION AND THE SECRETARY OF PUBLIC WELFARE TO CEASE AND
29 DESIST IN ISSUING NOTICES AND FURTHERING THIS HARMFUL AND
30 DELETERIOUS MOVE FROM A VOLUNTARY MANAGED CARE CHOICE TO A

1 MANDATED FEE-FOR-SERVICE SYSTEM FOR THE 71,000 AFFECTED MEDICAL
2 ASSISTANCE CONSUMERS; AND BE IT FURTHER
3 RESOLVED, THAT THE RENDELL ADMINISTRATION AND ITS DEPARTMENT
4 OF PUBLIC WELFARE CONTINUE PROVIDING MEDICAL ASSISTANCE HEALTH
5 CARE THROUGH THE ESTABLISHED VOLUNTARY MANAGED CARE SYSTEM AND
6 CONTINUE PROVIDING PHARMACY SERVICES FOR MEDICAL ASSISTANCE
7 CONSUMERS IN A MANAGED CARE ENVIRONMENT UNTIL A COMPREHENSIVE
8 STUDY AND REVIEW OF THE CHANGE TO A MANDATED ACCESS PLUS PROGRAM
9 FOR PERSONS NOW COVERED UNDER THE VOLUNTARY MANAGED CARE AND USE
10 OF A FEE-FOR-SERVICE PHARMACY SYSTEM FOR MEDICAL ASSISTANCE
11 CONSUMERS IS COMPLETED AND FULL INPUT IS OBTAINED FROM AFFECTED
12 CONSUMERS AND HEALTH CARE PROVIDERS AND UNTIL THERE IS
13 OPPORTUNITY FOR PUBLIC COMMENT AND LEGISLATIVE CONSIDERATION SO
14 THAT A THOROUGH ANALYSIS IS DONE AND ACCOUNTABILITY MEASURES ARE
15 ESTABLISHED BEFORE SUCH A PRECIPITOUS ACTION IS UNALTERABLY
16 IMPLEMENTED; AND BE IT FURTHER
17 RESOLVED, THAT COPIES OF THIS RESOLUTION BE TRANSMITTED TO
18 THE GOVERNOR AND TO THE SECRETARY OF PUBLIC WELFARE.