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THE GENERAL ASSEMBLY OF PENNSYLVANIA

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**SENATE RESOLUTION**

**No. 60**

Session of  
2007

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INTRODUCED BY EARLL, ERICKSON, PILEGGI, SCARNATI, GREENLEAF, MADIGAN, PIPPY, RAFFERTY, ORIE, D. WHITE, REGOLA, GORDNER, TOMLINSON, ARMSTRONG, BROWNE, CORMAN, VANCE, McILHINNEY, BRUBAKER, PUNT, PICCOLA, ROBBINS, WAUGH, RHOADES, M. WHITE, BAKER, WONDERLING, EICHELBERGER, FOLMER, BOSCOLA, COSTA, DINNIMAN, FONTANA, FUMO, HUGHES, KASUNIC, KITCHEN, LAVALLE, LOGAN, MELLOW, MUSTO, O'PAKE, STACK, STOUT, TARTAGLIONE, WASHINGTON, A. WILLIAMS, C. WILLIAMS AND WOZNIAK,  
MARCH 20, 2007

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REFERRED TO PUBLIC HEALTH AND WELFARE, MARCH 20, 2007

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A RESOLUTION

1 Urging the Rendell Administration and the Secretary of Public  
2 Welfare to desist in any action that furthers the planned  
3 move from a voluntary managed care choice to a mandated fee-  
4 for-service system for medical assistance recipients.

5 WHEREAS, The Commonwealth has utilized a managed care model  
6 and managed care organizations as the foundation for providing  
7 health care access and improved health care quality to medical  
8 assistance consumers for nearly a quarter of a century; and

9 WHEREAS, Managed care programs were created to coordinate and  
10 manage all physical health care for medical assistance consumers  
11 to provide a "medical home" which will ensure continuity of care  
12 and access to practitioners and specialists, encourage early  
13 detection of serious medical conditions and provide preventative  
14 medicine that reduces the need for more costly medical  
15 interventions; and

1       WHEREAS, Managed care programs were also created to provide  
2 quality health care in a cost-effective manner with an emphasis  
3 on controlling health care costs; and

4       WHEREAS, The voluntary managed care programs, which provide  
5 coordinated health care, are currently offered to medical  
6 assistance consumers in 26 counties within this Commonwealth;  
7 and

8       WHEREAS, Approximately 71,000 medical assistance consumers  
9 are currently enrolled in a voluntary managed care program; and

10       WHEREAS, Physical health managed care organizations are  
11 responsible for managing all physical health services, including  
12 pharmaceutical coverage and dental services, for medical  
13 assistance consumers who choose to participate in a voluntary  
14 managed care plan; and

15       WHEREAS, According to U.S. News and World Report and the  
16 National Committee for Quality Assurance (NCQA), which accredits  
17 these organizations, the managed care plans in this Commonwealth  
18 are ranked in the top 20 among all Medicaid health plans across  
19 the United States; and

20       WHEREAS, The Rendell Administration's Department of Public  
21 Welfare has unilaterally issued a declaration that, effective  
22 July 1, 2007, will move all medical assistance consumers  
23 enrolled in a voluntary managed care health plan to Access Plus,  
24 a fee-for-service health system which is subcontracted by the  
25 Department of Public Welfare to one specific vendor; and

26       WHEREAS, This forced change to mandated fee-for-service  
27 health care will be completed without the benefit of any public  
28 comment or public hearings that would enable medical assistance  
29 consumers and health care providers currently participating in  
30 voluntary managed care plans to provide public input; and

1       WHEREAS, Governor Ed Rendell and Estelle Richman, Secretary  
2 of Public Welfare, have stated that the Department of Public  
3 Welfare will send out notices of this forced change to a  
4 mandated fee-for-service system for medical assistance consumers  
5 on or about April 1, 2007; and

6       WHEREAS, Medical assistance consumers will be prohibited from  
7 continuing to choose voluntary managed health care after April  
8 1, 2007; and

9       WHEREAS, The Department of Public Welfare will require that  
10 voluntary managed care organizations refrain from prior  
11 authorization of any services beyond June 30, 2007, which will  
12 unduly delay necessary health care for medical assistance  
13 consumers; and

14       WHEREAS, Managed care organizations were created to  
15 intensively manage the care of individuals with chronic diseases  
16 and complex medical cases who need continual management and  
17 monitoring of their conditions and health care in order to  
18 lessen the risk of further complications; and

19       WHEREAS, Managed care organizations employ case managers,  
20 special needs staff, disease management specialists and outreach  
21 health prevention staff who currently serve this medical  
22 assistance population; and

23       WHEREAS, A forced move to a mandated fee-for-service system  
24 will abruptly stop the continuity of care and management of  
25 chronic diseases for medical assistance consumers, including  
26 medical assistance consumers with special needs; and

27       WHEREAS, Medical assistance consumers currently in voluntary  
28 managed care may be forced to find new providers, which could  
29 create transportation challenges and difficulties for medical  
30 assistance consumers as well as unacceptable delays in

1 preventative health care and early detection of chronic  
2 conditions; and

3 WHEREAS, The Rendell Administration's Department of Public  
4 Welfare should continue to recognize that there are medically  
5 underserved areas and physician shortages, particularly within  
6 the more rural areas of this Commonwealth; and

7 WHEREAS, The change to a mandated fee-for-service system from  
8 the voluntary managed care choice will create a serious shortage  
9 in the number of primary care and specialist physicians  
10 participating in the medical assistance program; and

11 WHEREAS, The Rendell Administration's Department of Public  
12 Welfare, along with its fee-for-service contractor, will be  
13 unable to conduct the essential outreach efforts needed to  
14 create a comprehensive and cohesive network of specifically  
15 selected primary care physicians, specialists and other  
16 providers to serve this medical assistance population; and

17 WHEREAS, While this extensive outreach effort is being  
18 developed, medical assistance consumers will not have access to  
19 necessary health care; and

20 WHEREAS, This move from a voluntary managed care choice to a  
21 mandated fee-for-service system will disrupt long-established  
22 patient-physician relationships and coordination with  
23 professional health staff, including disease managers; and

24 WHEREAS, This move from a voluntary managed care choice to a  
25 mandated fee-for-service system will only exacerbate the medical  
26 problems of this vulnerable population thereby causing an  
27 increased future fiscal impact to serve their unmet needs; and

28 WHEREAS, This move from a voluntary managed care choice to a  
29 mandated fee-for-service system will result in irreparable harm  
30 for medical assistance consumers of this Commonwealth who

1 participate in this managed care system; and

2 WHEREAS, This hastily ill considered move from a voluntary  
3 managed care system to a mandated fee-for-service system will  
4 cause a breakdown in the continuity of care and cause extreme  
5 confusion for medical assistance consumers across this  
6 Commonwealth, thereby severely endangering their health care  
7 management, especially those consumers with chronic diseases and  
8 special needs; and

9 WHEREAS, The Rendell Administration and its Department of  
10 Public Welfare have not demonstrated the need to fragment the  
11 current managed health care system which has demonstrated a  
12 measurable record of success, both in terms of patient care  
13 management and the control of spiraling health care costs; and

14 WHEREAS, Access Plus is untested and unproven in achieving  
15 the dual objectives of quality health care through responsible  
16 patient care management and the sustained reduction of health  
17 care costs; therefore be it

18 RESOLVED, That the Senate urge the Rendell Administration and  
19 the Secretary of Public Welfare to cease and desist in issuing  
20 notices and furthering this harmful and deleterious move from a  
21 voluntary managed care choice to a mandated fee-for-service  
22 system for the 71,000 affected medical assistance consumers; and  
23 be it further

24 RESOLVED, That the Rendell Administration and its Department  
25 of Public Welfare continue providing medical assistance health  
26 care through the established voluntary managed care system until  
27 a comprehensive study and review of the change to a mandated  
28 Access Plus program is completed and full input is obtained from  
29 affected medical assistance consumers and health care providers  
30 as well as an opportunity for public comment and legislative

1 consideration so that a thorough analysis can be done and  
2 accountability measures established before such a precipitous  
3 action is unalterably implemented; and be it further

4       RESOLVED, That copies of this resolution be transmitted to  
5 the Governor and to the Secretary of Public Welfare.