

## HEALTH CARE

**Adopted 1985, 1987, revised 1997, 2007**

LWVMI supports:

A basic level of quality health care that is affordable and available to all Michigan residents.

This basic level includes access to preventive care; health promotion and education, including access to cost information; primary care, including prenatal and reproductive health services; acute care; long term care; affordable prescription drugs; palliative care and hospice services; and mental health care coverage and services, including substance abuse services, up to parity with other health care services.

Cost effective methods that do not sacrifice necessary care for the individual. Efficient and economical delivery of care, enhanced by such practices as reduction of administrative costs, increased use of medical technology, and regional planning for the allocation of personnel, facilities and equipment.

### I. Facilities

- A. The availability of health care facilities in a given community should be reviewed to avoid duplication of equipment and facilities that are scarcely used and expensive. Certificates of Need and discretionary bed use programs, important methods of encouraging efficient operations, should be reviewed by a committee that includes providers and consumers to ensure that the existing facilities are congruent with community needs.

The Certificate of Need process should continue and include:

1. Periodic review of the dollar amount thresholds of projects to be reviewed,

2. Streamlining the process and strengthening it through stricter enforcement,

3. Limiting the process to new or additional medical treatment facilities and equipment and major renovations.

- B. To ensure that the most cost efficient and least restrictive health care systems are utilized, a full range of health care options should be available including: hospitals, nursing homes, home care, minor emergency centers, ambulatory care, out-patient surgery, adult day care, and hospice programs.

### II. Health Care Personnel

- A. Use of various types of providers such as advanced nurse practitioners, physician assistants, or other certified health professionals should be encouraged where appropriate.

- B. Workforce development: The training and support of an adequate number of service providers is necessary to address health care workforce shortages, including the development of sufficient teaching faculty, in order to improve patient safety and the health care delivery environment.
- C. Providers of services share the responsibility for controlling health care costs with consumers. The cost/risk/benefit relationship should be considered when prescribing medications, laboratory testing or protracted treatments, with the patient involved in the decision-making process.

### III. Health Care Consumers

- A. Consumers should be viewed as full members of the health care team.
- B. Consumers should assume responsibility for healthful living practices both as a means to protect their own quality of life and to decrease or eliminate excessive health care costs.
- C. As active partners in the process of care, consumers must be encouraged to express their preference for end-of-life care, and assign a patient advocate and/or assert their desires in writing as provided for in Michigan law.

### IV. Patient Safety

- A. Health care professionals have a responsibility to provide competent care. Providers and consumers both have an obligation to support systems that will reduce medical errors.
- B. Consumers should have the opportunity to redress grievances, including those involving pharmaceutical companies, but should act responsibly in considering malpractice or professional liability lawsuits.
- C. The state has the responsibility to establish a resource for the reporting of medical errors and the dissemination of this information in order to reduce patient harm across health care settings.

### V. Access

- A. Access to a basic level of care should not be based on ability to pay. Public funding should be provided to eliminate the financial barriers which prevent access to care and coverage for many residents of all ages.
- B. Adequate medical care, service providers, facilities and transportation should be provided in geographical areas defined as underserved.