

## MISSOURI UNIVERSAL HEALTH ASSURANCE PROGRAM

**-Creates a single publicly financed statewide health program to provide universal comprehensive health care services.**

### Goals:

- Timely access to health services of the highest quality for every resident of the state;
- The provision of adequate funding for health care services;
- Lower health care costs through a single, non-profit administration.

### Priorities:

- Quality** of care through primary and preventive services; **accountability** of providers to consumers for the outcomes and consumer **acceptability** of care; continuity of care by coordinating services to individuals and the community; and to maintain high levels of professional competence and expertise among health care providers;
- Access** to care through the equitable distribution of resources within the health care delivery system on the basis of community need
- Free choice of providers
- No exemption due to pre-existing conditions, or other discrimination
- Cost containment:**
- Elimination of unnecessary administrative and overhead expense
- Streamlined administration, a single bill, and uniform payment
- No costly means testing
- Innovative and cost-effective modes of care
- Reimbursement of independent providers of health services on a fee-for-service basis, using Federal Medicare reimbursement fees as a guideline. Institutional providers will have a global budget. The program shall annually negotiate the fee schedule.
- Lower prescription drug prices negotiated for uniform state discounts, and use of an evidence based system formulary
- Cost containment pricing for durable and non-durable medical equipment
- The Health Care Trust Fund, a lock-box, cannot be used for any other purpose than health services, and may not be used for General Revenue expenditures.

The Board of Governors administers and implements the program. An ethics subcommittee will advise the board on ethical issues relating to the allocation of health care resources. Public hearings will be held for public input. The Board will:

- Establish budget and policy guidelines
- Establish fee schedules
- Approve additional services
- Administer the health care trust fund
- Monitor and evaluate the program for quality, access, costs, and unmet needs

Six regional district advisory councils shall develop with the Board an annual comprehensive state health care plan. The geographic regions shall give the Board input on their specific health care services, needs and goals.

---*Mimi Signor, RN, 2011 update*