

# INTRODUCTION

## **Policy Forum:** *The North Carolina Healthcare Safety Net*

For more than three years, as we have published 20 issues of the *North Carolina Medical Journal*, there have been multiple occasions when we thought the word “crisis” was an appropriate moniker for a situation of urgent importance to the health of North Carolinians or the future of the healthcare services upon which we all depend. Certainly the growing number of North Carolinians without health insurance is an alarming trend. But, when one considers the fragility of the healthcare services available to serve the needs of this rapidly increasing component of our population—now nearly one-fifth of all North Carolinians—here is yet another occasion when the word “crisis” seems appropriate.

The recent analysis of a blue ribbon Task Force on the North Carolina Healthcare Safety Net convened by the North Carolina Institute of Medicine (NC IOM) directs our attention to a set of issues many healthcare providers (individual private practice professionals, hospitals, clinics, and public health departments) have known all too well in recent years. The burden of providing free and uncompensated care to larger and larger numbers of the uninsured (for types of services that range from the everyday concerns of the “worried well” to extensive and expensive specialty care from physicians and intensive hospital services) is putting enormous pressure on providers who are legally responsible for serving all who ask for help or on volunteers who give their time and professional expertise to those unable to pay for the care they receive.

The NC IOM Task Force was ably co-chaired by Carmen Hooker Odom, MPR, Secretary of the North Carolina Department of Health and Human Services, and Sherwood Smith, Jr., JD, Chair Emeritus of Carolina Power & Light (now Progress Energy). Staff leadership was provided by Pam Silberman, JD, DrPH, Vice President of the NC IOM. Dr. Silberman and the two co-chairs, along with other colleagues at the NC IOM, have offered a detailed Issue Brief summarizing the major dimensions of the healthcare safety net problem in our state. Other members of the NC IOM Task Force were invited to discuss particular pieces of this puzzle in a series of commentaries that follow the Issue Brief.

The Task Force acknowledged that one of the most important steps that could be taken to address the problems of the uninsured would be to assure insurance coverage for greater numbers of those without such coverage. There are many strategies by which this could be done, but until healthcare insurance is universal, the uninsured will remain a health policy issue of concern.

The commentaries in this issue of the *Journal* give a clearer picture of those at risk by not having insurance, the complexities of state and federal regulations that govern the organization and delivery of personal healthcare services to the uninsured, the voluntary outreach of local physicians and other healthcare professionals in service to the uninsured, and the efforts of private pharmaceutical companies to make needed medicines available to those unable to afford them. In addition, the commentaries explain the tremendous burden our hospitals and local public health departments carry, as providers of last resort, through their emergency departments and clinics, respectively. The commentaries also highlight the school-based efforts in providing needed primary and preventive health services to children and adolescents with no other source of care and the way in which North Carolina’s Department of

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Health and Human Services has led the nation in the development of rural health centers to serve communities who were without access to needed primary healthcare services.

We also felt like it was important to include a recent (March 9, 2005) letter from Governor Easley to the United States Senators and Representatives of North Carolina. The letter explains how reducing the federal Medicaid match to states would affect North Carolina's healthcare safety net, and, in turn, its medically vulnerable citizens.

Serving the healthcare needs of the uninsured is a demanding job, involving thousands of healthcare professionals, hospitals, health departments, and clinics (many of whom are linked in operative networks to maximize their effectiveness and to lessen the burden on one or a few providers in each community). We hope that this issue of the Journal illustrates the enormity of the problems we face in this area. We also hope it provides some recognition for the citizenship and high-level professionalism of so many individual and institutional providers who have joined together to care for the uninsured. To all of these, we tip our hats and express our heartfelt thanks. It is hoped that in the not to distant future, the numbers of uninsured will be reduced, and some of the problems addressed in this issue of the Journal will be less of a concern than they are at the moment.

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