



## Ensuring Access to Care

**P**reventing the transmission of and limiting morbidity and mortality related to pandemic influenza will ultimately depend on Americans' access to the vaccine as well as care and treatment should they become ill. The health care utilization patterns of the uninsured need to be factored into pandemic influenza preparedness and response efforts. In general, studies have shown that being uninsured or underinsured leads to a decreased utilization of preventive care, as affected individuals only seek necessary health care in urgent situations. This is shown in the reality that the uninsured tend to have diagnoses of malignancies at more advanced stages<sup>23</sup> and have higher mortality rates resulting from hospitalizations when compared to insured individuals.<sup>24</sup> In the event of pandemic influenza, the uninsured would be less likely to seek health care quickly if they developed symptoms of influenza. And when they sought care in later stages, it would be uncompensated care provided in hospitals.

It is important to recognize that local providers in many cases do not have the resources to pro-

vide basic primary health care under normal circumstances, much less to provide surge capacity. Volunteers during Hurricane Katrina observed that chronic health conditions were as significant a concern as acute problems in the affected populations.<sup>25</sup> Populations that are already vulnerable will become much more so in a pandemic situation.<sup>26</sup> Hospital bed capacity is lacking in many areas, even those that are not under-served, due to cost cutting initiatives that reduce the availability of inpatient beds.

Efforts to increase surge capacity also need to include how to care for individuals who are in need of medical care not related to the prevention and treatment of pandemic influenza. For example, as pregnancy and childbirth account for almost one out of four hospital stays for women,<sup>27</sup> measures must be taken to ensure that there are separate medical facilities to specifically cater to women in labor and delivery and pregnant women with complications. Persons with other health problems ranging from broken bones to heart conditions need to be able to access medical care in alternate facilities.

### Therefore, APHA recommends that:

1. The federal government purchase vaccines and antivirals at least for uninsured individuals and children eligible for the Vaccines for Children (VFC) program.
2. Congress and HHS establish an emergency Medicaid designation for uninsured individuals during an influenza pandemic that would require states to provide medical assistance to these individuals under state Medicaid plans, but increase the federal medical assistance percentage (FMAP) for providing medical assistance to these individuals.
3. Public health officials follow the steps recommended by the HHS Pandemic Influenza Plan to improve surge capacity during a pandemic in the areas of staffing, bed supply, consumable and durable goods and continuation of essential medical services.
4. Populations in need of medical care not related to pandemic influenza, ranging from women in labor and delivery to individuals with severe heart conditions, be able to access such care in facilities separate from those treating individuals infected with pandemic influenza.
5. Congress provide sufficient resources to state and local governments and health departments, hospitals and laboratories to prepare for influenza epidemics and pandemic. Resources should be targeted to areas most in need of assistance as determined by public health experts.