What could $1,370,000,000 do for health care in our region?

Every day in our region, pressing health care needs go unmet. Affected most directly are the “underserved:” the elderly, children and adolescents, the working poor, the disabled and the uninsured. The lack of affordable, appropriate health care services for our most vulnerable populations touches us all.

Fortunately, in Maryland, Delaware and the Washington, D.C. area, we have a unique opportunity, not only to better meet existing health care needs, but to expand services, facilities and programs for those most in need. That opportunity comes with the proposed sale of CareFirst BlueCross BlueShield to WellPoint Health Networks.

“A sale of CareFirst, remember, means a trust fund for the poor.”
— The Washington Post, September 23, 2002

If the sale is approved, the jurisdictions now served by CareFirst will receive $1.37 billion which could be invested in three independently managed, non-profit health care foundations. Each year, funds from those foundations could be spent on community-based initiatives designed to improve the health—the lives—of underserved populations.

Imagine the difference $1.37 billion could make to health care in our region, now and in the future.

“When those who can’t afford health insurance but aren’t poor enough for state assistance will benefit from a sale of CareFirst.”
— The Baltimore Sun, September 24, 2002

When the people The Sun is talking about—primarily, poor working families and seniors on fixed incomes—need health care, where do they turn?

$1.37 billion could go a long way toward bolstering a system of primary care delivery that offers a continuum of preventive and routine care at a reasonable cost. It could go a long way toward providing health insurance for those who live in the gray area between the minimum wage and Medicaid.

It could go a long way toward paying for prescription drugs, often the quickest, most efficient way to treat illness.

“The creation of conversion foundations is a wonderful opportunity for those who provide care to underserved people.”
— Colleen Minnes, Sealer Program Analyst, Office of State and National Partnerships, Bureau of Primary Health Care, Winter 2000

The health care providers and policy makers who work in the non-profit arena know where the system’s holes are, but don’t have the means to fix them... nor do the regions’ governments, which face huge budget shortfalls.

$1.37 billion could go a long way toward coordinating existing services, eliminating redundancies, and identifying unmet needs.

It could go a long way toward rebuilding existing facilities to meet needs more effectively, efficiently and economically.

It could go a long way toward building new facilities in struggling communities across the region.

“These foundations are often poised to play important roles in both raising an awareness of community health needs and responding to them.”
— Communities in Health Dialogue, March 11, 2002

$1.37 billion could go a long way toward disease prevention: mobile vans that bring pre-natal care to women, vaccines and dental hygiene to children, and blood pressure checks and mammograms for those who need them.

It could go a long way toward bringing comprehensive care to rural areas where access is severely limited.

It could go a long way toward education and outreach that address manageable illnesses: asthma, diabetes, tuberculosis, and pulmonary and cardiovascular diseases are just a few that cost thousands of lives and millions of dollars each year.

The opportunity is here. Now.

There’s every reason to believe that we can accomplish all of this—if we follow the lead of 30 other states and take advantage of this historic $1.37 billion opportunity. Since 1973, 139 conversion foundations have been established. Today, these foundations total over $15 billion and are a major force in health care grant making.

$1.37 billion would give charitable organizations in this region the means to profoundly and positively affect the health of children and adolescents, at-risk families and seniors. This new, continuing source of funding could provide much-needed care to hundreds of thousands of people, right here in our communities.

So as we consider the sale of CareFirst BlueCross BlueShield to WellPoint, let’s remember to ask one vital question: “With so many in need, can we afford to pass up this unparalleled opportunity to make a positive difference in people’s lives?”

This discussion brought to you by CareFirst BlueCross BlueShield. Learn more online at www.carefirst.com.