The perfect storm is already upon us in health care

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Later this week, the Nevada Department of Health and Human Services will release a budget scenario detailing 10 percent spending cuts requested by the state budget director in advance of the 2011 legislative session.

These cuts are but a fraction of the estimated $3 billion shortfall facing policymakers as they attempt to square the state's next, two-year budget of $6.8 billion. HHS agencies have been specifically asked to prepare nearly $200 million in proposed cuts to the department's $2 billion dollar budget.

The HHS budget scenario will undoubtedly include another round of reductions in rates paid by the Nevada Medicaid program to hospitals, physicians, nursing homes, and other medical providers; layoffs for hundreds of state employees providing direct services and administering programs for low-income and disabled populations; and cutbacks to, if not elimination of, "optional" services for Medicaid recipients such as dental, vision, and pharmacy services.

Proposed cuts will also extend and deepen the state's ongoing abandonment of public health and mental health services for Nevada's most vulnerable populations. Programs and services not eliminated entirely will see substantial reductions in staff and operating hours, effectively eliminating access to mental health care and preventive services for thousands of Nevadans living in rural and underserved areas of the state.

One of the dirty little secrets of Nevada's ongoing budget crisis is that 10 percent cuts won't be enough to balance the state's budget – in fact, the word on the street is that cuts in the neighborhood of 25 to 30 percent may ultimately be needed to balance the budget in the absence of any new revenue generation or an improvement in the economy.

Another dirty little secret of the budget crisis is that cuts will not be distributed evenly across state agencies and programs.

Like many other states, for example, caseload growth in the Nevada Medicaid program during the Great Recession has been financed by a combination of additional federal dollars through the recovery act and deep cuts to higher education. The anticipated end of additional federal support contained in recent stimulus legislation for Medicaid caseload increases can only mean deeper cuts to higher education and other agency budgets supported through the general fund.

I wince at the suggestion that the budget crisis facing the next Governor and legislature portends some perfect storm that awaits us in the next biennium or down the road – such is typically the sentiment of those of us fortunate to have a steady paycheck and a decent standard of living.

As any unemployed or uninsured Nevadan already knows, the perfect storm has already arrived and increasingly affects the rest of us.

Ask any hospital administrator who has seen the proportion of "self pay" patients – an accounting euphemism for those among us who can't and are likely to never pay their hospital bill – balloon during the current recession.

Ask anyone manning one of the state's suicide hotlines or crisis call centers about the rising volume of calls they receive and desperation they hear on any given day.

Ask any rural EMS crew or ER physician or local sheriff about the growing number of suicide attempts and domestic battery cases they've endured over the past year.

State budget woes and the nasty hand dealt to those who administer and deliver publicly-supported health and human services are first and foremost a cash crunch shared by state governments across the country. The severity of our state's budget crisis is compounded by our state's antiquated tax system and widespread aversion to tax increases any kind.

The current crisis also represents a moral failure of past policymakers and current decision makers to acknowledge that their decisions, in good times and bad, are literally matters of life and death.

How many more suicides or preventable hospitalizations or disease outbreaks will take place before we insist that public policy and budget decisions include a public health impact assessment just as fiscal notes or projections are being prepared by the bean counters?

It's worth noting that we now possess the analytic wherewithal to assess the impact of budgetary and other public policy decisions on the public's health, including but not limited to the impact of public policy on a wide range of measures of morbidity and mortality.

At the end of the day, the spread sheets we will soon be pouring over mask the impact of our state's fiscal crisis on the public's health – an impact measured not only in terms of lives and livelihoods affected, but in terms of lives lost.

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