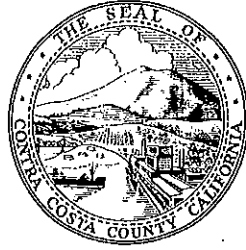


TO: BOARD OF SUPERVISORS  
FROM: Ad Hoc Legislative Committee  
Supervisor Susan A. Bonilla, Chair  
Supervisor Mary N. Piepho, Member



# Contra Costa County

DATE: August 7, 2007

S.D. 7

SUBJECT: Health Care Reform "Principles for Action"

SPECIFIC REQUEST(S) OR RECOMMENDATION(S) & BACKGROUND AND JUSTIFICATION

**RECOMMENDATION:**

1. ADOPT the attached Health Care Reform "Principles for Action"
2. ENCOURAGE other counties, particularly those with county-operated hospitals, to develop similar principles for action consistent with the messages contained therein.
3. REQUEST the California State Association of Counties (CSAC), Urban Counties Caucus, Bay Area Counties Caucus, labor organizations, community-based organizations and other stakeholders to consider the Health Care Reform Principles for Action in their advocacy efforts.

**FISCAL IMPACT:**

The Principles for Action were crafted to give County officials and advocates a clear and consistent message about what would be acceptable in the Health Care Reform package, in order to avoid negative consequences (both financial and service-related consequences) to the County health system.

**BACKGROUND:**

At their June 6, 2007 meeting, the Ad Hoc Legislative Committee considered the need for "Talking Points" that would set forth principles for proactive advocacy on Health Care Reform. For the past several months, counties, public hospitals, labor organizations, and other stakeholders had been reacting to the various health care reform bills, as well as the Governor's reform proposal. Themes had emerged in those discussions which could now be synthesized into a succinct document that expressed County concerns and positions.

Consequently, in consultation with Dr. Walker and the County's health care lobbyist, CAO staff crafted several iterations of Talking Points that were discussed at roundtable meetings of labor organizations, community based organizations and other stakeholders and at the Ad Hoc Legislative Committee meeting on July 24, 2007. The final version of the Talking Points has been reformulated as "Principles for Action" (see attached).

CONTINUED ON ATTACHMENT:  X YES

SIGNATURE:

RECOMMENDATION OF COUNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

APPROVE  OTHER

SIGNATURE(S):

ACTION OF BOARD ON

APPROVED AS RECOMMENDED

OTHER

SD. 7-3

4. Counties are willing to look long-term at solutions, but now is not the time to consider reducing county resources. The issue could be addressed in the next round of legislation on Health Care Reform, after a demonstrated reduction in caseload and commensurate with a reduction in responsibility.
5. Health Care Reform should be carefully structured to ensure that federal funding for public hospitals is not cut. Major funding for public hospitals is provided by a federal Medi-Cal waiver that expires in 2010. Reforms could affect renegotiation of that waiver.

## **II. Medi-Cal Reimbursement Rate increases are fundamental to increasing health care coverage.**

1. Many “insured” families under Medi-Cal still do not have access to health care since many hospitals, clinics, and physicians limit their Medi-Cal patients due to the inadequacy of the rates.
2. Medi-Cal Reimbursement Rate increases will help the State access federal funding, bringing additional resources to the system.
3. Medi-Cal Reimbursement Rate increases will also help address the problems of insufficient system capacity.

## **III. Hospital, Clinic and Provider Capacity must be addressed.**

1. Giving everyone an insurance card does not solve the problem of health care access. If people cannot utilize the health system because of insufficient hospital and clinic capacity, the objective of universal health care will not be met.
2. Public hospitals are crucial in meeting the demand for trauma care, obstetrics, psychiatric services, and training of physicians and nurses.
3. Public hospital clinics and community clinics are essential for primary care access. System reform must preserve and strengthen them.

- SD.7.5
- b) Eight County-operated family-practice based primary care clinics. The County also contracts with community clinics such as Planned Parenthood, La Clinica de la Raza, and Brookside.
  - c) Contra Costa Health Plan (CCHP) – the oldest publicly sponsored, Knox-Keene licensed, Federally Qualified health maintenance organization in the country. CCHP serves as the health plan for 80 percent of Medi-Cal beneficiaries in the County.

2. The County system also includes an extensive network of:

- a) mental health and substance abuse providers,
- b) public health outreach and education, and
- c) disease management programs.

*In conclusion, we believe that successful Health Care Reform requires:*

- Partnership with a clear and consistent message about what is and what is not acceptable.
- Reform that first “does no harm” to the existing public health care system.
- Careful planning to avoid unintended negative consequences to County health services and patients.
- The essential components of Medi-Cal rate increases, increased capacity, and cost containment.