

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 10-92

**RESOLUTION ENDORSING PRINCIPLES FOR HEALTH SYSTEM REFORM
FOR THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**

WHEREAS, there is an acknowledged crisis of cost and access in the current health care system: 37 million Americans have no health care insurance, an additional 15 to 30 million have inadequate insurance, and health care costs account for 12% of the gross national product; and, in 1990, the U.S. spent 48-162 percent more per capita on health care than the United Kingdom, Canada, Germany, and Japan, and;

WHEREAS, health care services should be responsive to the increasing cultural diversity of San Francisco and the United States, and;

WHEREAS, health system reform should address the inequities of the current system by including women and cultural and ethnic minorities in all levels of management, administration, and provision of direct care, and;

WHEREAS, the San Francisco Department of Public Health seeks to promote the health and well-being of all San Franciscans by providing a continuum of health and mental health care services, surveillance, health promotion and disease prevention, as well as planning and promoting sound public policies for public health and health care delivery, and;

WHEREAS, the San Francisco Department of Public Health has ongoing collaborative relationships with providers in the private sector, including individual practitioners, community clinics, hospitals, and other organizations that will also be affected by health system reform, and;

WHEREAS, as the primary provider of care to San Francisco's growing uninsured and underinsured populations, the Department of Public Health has a critical interest in the development of proposals for both comprehensive and incremental reform of the health system, and;

WHEREAS, many members of Congress as well as the California State Legislature are drafting health care reform legislation which would specifically affect SFDPH's services and the population of the City and County of San Francisco, now, therefore; be it

RESOLVED, that the Health Commission endorse the following principles to serve as a guide in developing and evaluating policy proposals to reform the current health care system:

- 1) **Universal coverage:** Health system reform must guarantee health care as a right, not a privilege, with universal coverage and access for all people who live in California and in the United States, regardless of culture, class, ethnicity, and sexual orientation. Ideally, access to care should not be determined by employment status.

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2) **Role of public health departments and public sector providers:** Public health departments provide essential population-focused health promotion and disease prevention services that are not typically included as part of individual health care benefits through insurance coverage. Examples of these services include disease control and surveillance, health education, public health nursing services, disaster planning, health planning, emergency medical services, and environmental protection services. These services must be recognized and adequately funded in any health reform plan.

Even under the most comprehensive national plan, public sector providers will be essential to any health care delivery system for at least three reasons: First, the public sector must always be ready to respond to health care crises, such as the HIV epidemic and TB. Second, the public sector must be available to provide services to those who do not have access to other providers. Finally, there will always be individuals whose circumstances have not been planned for in the comprehensive health care plan, and services need to be available to them through the public sector. SFDPH believes it is absolutely essential to provide access for persons who are not able to receive appropriate health care service in other ways through the preservation of a strong and well-financed institutional safety net.

3) **Comprehensive benefits:** There must be a guaranteed broad-based benefit package that emphasizes coordinated preventive and primary care services for individuals. Covered services must include a full continuum of care from preventive to acute to long-term care services, with an emphasis on disease prevention and health promotion programs which will assist in long-term cost containment. The plan should also include specified programs currently provided by public health departments, including mental health, family planning, long-term care, and substance abuse services.

4) **Payment mechanism:** There must be uniform payment rates for services to all patients that reflect the cost of care. The payment mechanism should not give providers an incentive to serve one person versus another.

5) **Cost containment:** Health reform must include a package of cost containment measures to control operating and capital expenses because excess costs ultimately limit access to services. These measures should be based on appropriate regulatory provisions and should cover all components of the health system, without creating barriers to appropriate care. Appropriate cost controls include evaluations of technology and procedures, utilization of the most appropriate procedures at the most appropriate level of care, resource planning for distribution of capital and medical technology, and global budgeting.

6) **Financing:** Health reform must acknowledge that individuals in society ultimately will pay for the financing of any health system. The health system should be financed through a combination of progressive financing mechanisms that reflect ability to pay. Progressive financing mechanisms could include tax incentives, broad-based taxes, and premium base approaches. Copayments and deductibles, where included, should be reasonable and based on ability to pay.

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7) **Quality assurance:** There must be mechanisms and safeguards to ensure effective and efficient organization of services and high quality care. Mechanisms should include a process of appeal to ensure that patient rights are respected. Quality assurance should also address cultural competence of care and assess whether culturally and linguistically appropriate services are being delivered.

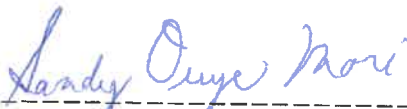
8) **Development of health workforce:** Comprehensive health system reform must include support for the education and training of health care workers to ensure: (1) adequate financing, (2) appropriate supply and distribution of workers, geographically and across specialties, (3) affirmative action to reach the goal of appropriate representation of all cultural and ethnic minorities in the health care workforce, and (4) culturally competent care through multicultural education and training of all providers.

9) **Reform of current private insurance marketplace:** Any plan that continues to rely on the private insurance market must make the following reforms: (1) reinstatement of community rating, (2) guaranteed issuance and guaranteed renewability, (3) elimination of pre-existing conditions limitation, (4) fraud control, (5) affordability, and (6) portability. Reform should also eliminate the duplicative direct and indirect administrative costs of a multi-payor, multi-eligibility system.

10) **Ongoing planning and evaluation with consumers, communities and providers:** To ensure accountability to providers and consumer communities, and the protection and promotion of consumer rights, there must be mechanisms to ensure ongoing planning and evaluation of the system. These mechanisms include consumer satisfaction surveys, community-based needs assessment, measures of quality of care, technology assessment, and diverse representation on all advisory committees, and; be it

FURTHER RESOLVED, that the Health Commission directs the Director of Public Health to advocate for these principles and participate in developing policies for health care reform at the State and Federal level.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of October 20, 1992.



Sandy Ouye Mori

Executive Secretary to the Health Commission