HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 30-93

RESOLUTION IDENTIFYING ISSUES OF CONCERN RELATED TO HEALTH SYSTEM REFORM

WHEREAS, there is a recognized crisis in the current health care system related to cost and access: where 40.6 million Americans have no health care insurance an additional 15 to 30 million have inadequate insurance, where two million persons per month lose their health insurance, and health care costs account for 12% of the gross national product, and;

WHEREAS, the San Francisco Health Commission passed Resolution 10-92 Endorsing the Principles for Health System Reform for the Department of Public Health, and;

WHEREAS, the San Francisco Health Commission passed Resolution 2-93 Endorsing the Principles for the Development of a Managed Care System in San Francisco, and;

WHEREAS, the San Francisco Health Commission has passed both Vision and Mission Statement Resolutions guiding planning, budgeting and policy direction for the Department of Public Health, and;

WHEREAS, each of these Resolutions promotes health care access for all, and the elimination of financial, cultural, linguistic, physical, and operational barriers to services, and;

WHEREAS, the primary providers of care to San Francisco's growing uninsured and underinsured populations, the Department of Public Health and other traditional safety net providers, are deeply concerned that proposed health reform changes in state and national systems could threaten the quality and access to care for those who rely on our local health system, particularly in light of the state budget crisis, and;

WHEREAS, the President of the United States has proposed the Health Security Act of 1993 to reform the health care system, and;

WHEREAS, several competing Congressional plans to reform the health care system have also been introduced, and;

WHEREAS, significant discussion regarding the merits of each proposal will result in substantial changes to the pending legislation, and;

WHEREAS, the directives subsumed in state and national health system reform will have sweeping implications on the general operations and structure of the Department of Public Health, 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, pending changes may alter the viability of public health services in San Francisco, now, therefore; be it

RESOLVED, that the San Francisco Health Commission identifies the following issues and questions of concern related to health system reform:

1. Undocumented persons are not eligible for guaranteed health benefits under the Health Security Act of 1993. This omission is in contrast to the first principle identified in SF Health Commission Resolution 10-92 endorsing Universal Coverage for all people, and guaranteeing health care as a right, not a privilege.

2. Emergency services and prenatal care for undocumented persons should maintain, at a minimum, the federal and state match reimbursement structure currently in place.

3. Recognition of the critical services provided by Disproportionate Share Hospitals should be preserved, especially during any transition period when a gap may occur between hospitals receiving DSH payments and the development of "other" funding mechanisms. The reimbursement structure for Disproportionate Share payments to Hospitals serving low-income, undocumented populations should be preserved.

4. "Essential Community Provider" designation should include community providers who provide care to vulnerable populations, including San Francisco General Hospital and other Disproportionate Share Hospitals.

5. Incarcerated persons are not covered in the Health Security Act of 1993. Reimbursement mechanisms must be incorporated into health system reform to off-set the local costs incurred in providing health care services care to these persons.

6. A reformed health care system must ensure access to capital and recognize the special capital needs of public hospitals that have historically been starved for capital. Such hospitals and health systems will require significant assistance in accessing capital to build the networks that will enable them to treat their traditional patients.

7. It is essential that a reformed health care system that provides universal access, not construct barriers to enrollment since institutional barriers are likely to be most difficult for our traditional clients to overcome.

8. While enrollment will be mandatory, many people will not enroll. Such people without coverage are likely to seek traditional safety net providers for health care services,

because other providers may, as they often do now, attempt to avoid patients without sponsorship. Public health care systems must receive reimbursement for such patients.

9. Health system reform must include specific recognition of the role which Graduate Medical Education plays in providing health care services to urban and underserved populations.

10. Flexibility must be included in national health system reform to alleviate the pressures exerted on municipalities already involved in statewide reform, so that timelines and participation will not disrupt sensitive transitions currently underway.

11. Health system reform must include adequate funding for ongoing planning and evaluation with consumers, communities and providers to assure the maintenance of quality public health services which are culturally sensitive and linguistically competent.

12. The Health Security Act of 1993 or any other Congressional health system reform measure passed, should include additional funding for long-term care and mental health and substance abuse services, including appropriate reimbursement for high cost services that are now provided by such reimbursement methodologies as distinct part SNF (skilled nursing facility) and TEFRA (tax equity and fiscal responsibility act) psychology reimbursement.

13. Private employers (with over 5,000 employees) who establish their own alliance receive a cap on percent of payroll contributed to premium. Cities and local governments which serve as alliances should be allowed the same privilege (currently the cap for public employers does not go into effect until 2002).

14. Health system reform should include specific guidelines for the inclusion of federal employees into a health alliance (except for the US Post Office, which has already separated itself from other federal programs).

15. In any instance where Ryan White funds or other related funds are displaced, a reformed health care system must ensure the replacement of such critical funding.

16. 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 which will be effected by both comprehensive and incremental reform. As such, it has a critical interest in how reform legislation will specifically affect SFDPH's services and the population of the City and County of San Francisco, and; be it

FURTHER RESOLVED, that the Health Commission directs the Director of Public Health to take a leadership position in advocating for changes in pending in state and

national legislation which are responsive to these issues and which support previously approved principles for health system reform, and be it;

FURTHER RESOLVED, that the Health Commission urges the Board of Supervisors to stay informed on the legislative progress and policy changes related to state and national health system reform, and to support approved principles wherever the opportunity arises.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday , December 21, 1993.

Sandy Ouye Mori

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Executive Secretary to
the Health Commission