[ms-0398.020.018.007]

RECENTLY, THE STATE LEGISLATURE ADOPTED A REFORM MEASURE WHICH WILL "REALIGN" THE STATE PARTNERSHIP WITH COUNTIES IN COUNTIES DELIVERY OF STATE REQUIRED PROGRAMS AND LOCAL COUNTY OPTION PROGRAMS. THIS NEW REFORMED IS KNOWN AS "REALIGNMENT".

THIS "REALIGNMENT" IS AN ATTEMPT TO OFFER GREATER "FLEXIBILITY" TO LOCAL GOVERNMENTS IN THE DESIGN AND DELIVERY OF THEIR HEALTH CARE SERVICES, AND THAT IN TURN WOULD THEORETICALLY ALLOW COUNTY HEALTH CARE NEEDS TO BE MET MORE EFFECTIVELY & EFFICIENTLY. THIS "REALINGNMENT " CONCEPT WILL HAVE SIGNIFICANT IMPACT AND WILL REQUIRE MAJOR MODIFICATIONS IN THE DELIVERY OF PUBLIC, MENTAL, INDIGENT AND SOCIAL SERVICES. THE EXACT EXTENT OF "LOCAL FLEXIBILITY" UPON COUNTIES WILL NOT BE KNOWN UNTIL CLEAN-UP LEGISLATION IS FINALIZED.

ONE VIEW OF THIS ACTION IS THAT THE STATE HAS SHIFTED ITS' RESPONSIBILITY TO ADEQUATELY FUND HEALTH CARE PROGRAMS TO THE COUNTIES. PERHAPS "REALIGNMENT" IS A NECESSITY GIVEN THE STATES' BUDGET DEFICIT.

REGARDLESS OF ONES VIEW TOWARDS STATE ACTION, THE REALITY IS THAT SAN DIEGO COUNTY HAS NEARLY EXHAUSTED ITS ABILITY TO PROVIDE HEALTH CARE SERVICES FOR OUR 2.5 MILLION RESIDENTS. THIS DETERIORATION OF THE COUNTY'S ABILITY TO PROVIDE HEALTH CARE SERVICES IS DIRECTLY LINKED TO A NUMBER OF VARIABLES.

FIRST AND FOREMOST IS OUR PER CAPITA RATE OF STATE GENERAL FUNDS WHICH THE STATE DERIVES FROM PROPERTY AND OTHER TAXES, FRANCHISES, MOTOR VEHICLE IN LIEU-TAX, FINES, FORFEITURES AND PENALITIES, ETC. AS THE SECOND LARGEST COUNTY IN THE STATE, SAN DIEGO RANKS 56 OUT OF 58 COUNTIES IN OUR SHARE OF STATE GENERAL FUNDS. SAN DIEGO RECEIVES $173.00 PER PERSON WHILE LOS ANGELES RECEIVES $268.00 PER PERSON. THE STATE WIDE AVERAGE PER CAPITAL TAX IS AT $236.00. IF SAN DIEGO WERE TO RECEIVE THE STATE WIDE AVERAGE WHICH I BELIEVE IS JUSTLY DUE US WE WOULD HAVE AN ADDITIONAL $100 MILLION IN REVENUES FOR THE PROVISION OF SERVICES.

SECONDLY; AS PART OF "REALIGNMENT" THE TOTAL STATE CONTRIBUTION TO OUR MEDICALLY INDIGENT ADULT SERVICE PROGRAM THIS YEAR WILL BE $27 MILLION, A MEAGER SUM WHEN COMPARED TO A $41 MILLION PROGRAM IN FISCAL YEAR 1988-89. TO ENSURE A BASELINE LEVEL OF FUNDING THIS YEAR THE BOARD OF SUPERVISOR TOOK ACTION TO UTILIZE $ 4 MILLION OF LAST YEARS PROPERTY ADMINISTRATION FUNDS COLLECTED AS A RESULT OF ASSEMBLY BILL - 2557. EVEN WITH THE $4 MILLION A VOID OF $10 MILLION REMAINED. IF NOT FOR OUR LOCAL HOSPITALS' WILLINGNESS TO TEMPORARILY ABSORB A $10 MILLION COST, 25,000 RESIDENTS WOULD BE WITHOUT HEALTH CARE THIS FISCAL YEAR.

IT IS IMPORTANT FOR OUR CITIZENS TO UNDERSTAND THAT THE PROVISION OF MEDICAL SERVICES TO THE INDIGENT ADULT POPULATION, WAS A FISCAL RESPONSIBILITY OF THE STATE. IN 1982 THE STATE EXPENDED $55.5 MILLION FOR THE MEDICALLLY INDIGENT IN SAN DIEGO COUNTY.

IN 1983 THE COUNTY GOVERNMENT AGREED TO TAKE ON THIS RESPONSIBILITY WITH THE UNDERSTANDING THAT THE STATE WOULD PAY FOR ITS SHARE. IMMEDIATELY UPON TRANSFERING THE PROGRAM TO THE COUNTY, THE STATES' FUNDING LEVEL FLUCTUATED & REDUCED TO A DRASTIC $36.4 IN 1985, UP TO $41 MILLION AND NOW DOWN TO $27 MILLION. DURING THE PERIOD OF 1985 TILL 1989 THE POPULATION INCREASED ? AND INFLATION INCREASED BY 32 5.

A THIRD AREA OF MAJOR IMPORTANCE AND THE MOST DIFFICULT TO RESOLVE IS THE DELIVERY OF HEALTH SERVICES TO 26% OF COUNTY' POPULATION WHO ARE UNINSURED. THIS UNCOMPENSATED GROUP CONSTITUTES 575,000 INDIVIDUALS BEYOND THE EXISTING 25,000 IN THE COUNTY MEDICAL SERVICE PROGRAM.

THE UNINSURED POPULATION IS MOSTLY COMPRISED OF CHILDREN, OF INDIVIDUALS WHO ARE EMPLOYED YET ARE OFFERED NO INSURANCE, AND THOSE WHO ARE VICTIMS OF STATE & FEDERAL POLICIES WHICH REDUCE ELIGIBILITY. THE BURDEN OF PROVIDING HEALTH CARE SERVICES TO THE POPULATION WHO ARE NOT ELIGIBILITY FOR COUNTY MEDICAL SERVICES REST WITH PRIVATE HOSPITALS AND PRIVATE PHYSICIANS. IN 1990 THE UNCOMPENSATED HEALTH CARE COST FOR HOSPITALS ALONE, REACHED $ 70 MILLION.

BEGINNING JANUARY 1992 THE COUNTY BOARD OF SUPERVISORS WILL BEGIN TO GRAPPLE WITH INDIGENT CARE UNDER REALIGNMENT. AS THE POPULATION OF UNINSURED INCREASES AND AS THE COST FOR HEALTH CARE CONTINUES TO CLIMB, THE MESSAGE WE GET FROM SACRAMENTO IS THAT COUNTIES WILL HAVE TO LEARN TO DO MORE WITH LESS. ONCE AGAIN WE ARE FACED WITH VITAL HEALTH CARE CHALLENGES. WE WILL NEED TO DECIDE IF WE CAN OPERATE A $41 MILLION CMS PROGRAM ON A $27 MILLION BUDGET. WE ALSO MUST DECIDE IF WE CAN CONTINUE ASKING HOSPITALS & PRIVATE PHYSICIANS TO ABSORB MILLIONS IN UNCOMPENSATED CARE COST.

THIS FISCAL YEAR WE REDUCE COUNTY OVERMATCH FUNDS TO OUR PSYCHIATRIC HOSPITAL BY $ 2.5 MILLION. NEXT FISCAL YEAR, AN ADDITIONAL $4.4 MILLION IN TOBACCO TAX FUNDS ARE PROJECTED TO BE TAKEN AWAY, A DECREASE OF $6.9 MILLION FROM A $15.2 BASELINE BUDGET. MAINTAINING DELIVERY OF SERVICES TO OUR MOST VULNERABLE POPULATION CANNOT BE IGNORED, FUNDS MOST BE SOUGHT.

I BELIEVE WE MUST TAKE IMMEDIATE ACTION TO REDESIGN OUR DRASTICALLY UNDER-FUNDED HEALTH CARE SYSTEM. TO ADDRESS THE ABOVE AREAS AND A HOST OF OTHER ISSUES WHICH ARE DIRECTLY RELATED TO THE QUALITY OF LIFE FOR THIS REGION. THE SOLUTION TO THIS COUNTY'S HEALTH CARE LIES IN THE COLLABORATION OF BUSINESS, GOVERNMENT, THE COMMUNITIES AT RISK, AND PROVIDERS WORKING TOGETHER TO ATTRACT NEW MONIES (WITHOUT NEW TAXES) AND TO MAKE OUR EXISTING FUNDS MORE EFFICIENT. WE MUST ALSO WORK TOWARDS EDUCATING THE PUBLIC TO ADJUST OUR EXPECTATIONS TO MEET AVAILABLE RESOURCES.

WITHIN THIS REDESIGN OF HEALTH CARE SERVICES, SPECIFIC ATTENTION MUST BE FOCUSED ON THE HEALTH NEEDS OF THE UNDERCLASS AND THE PARTICULAR PROBLEMS WHICH ETHNIC MINORITIES FACE IN OBTAINING ADEQUATE RESOURCES. PREVENTION STRATEGIES MUST BE DEVELOPED IN ALL OF THE MAJOR AREAS WHICH FOCUS ON THE HIGHEST RISK POPULATIONS WITHIN THIS COMMUNITY. THE FAILURE TO SPECIFICALLY ADDRESS THE WIDENING GAP WHICH THE AFRICAN AMERICAN AND HISPANIC COMMUNITIES FACE REGARDING HEALTH STATUS WILL NO LONGER BE ACCEPTABLE.

CONSEQUENTLY I PROPOSED THAT THE RECENT ACTION APPROVED BY THE BOARD ON JULY 23,1991 REGARDING THE DEVELOPMENT OF A TASK FORCE BE ACTED UPON IMMEDIATE AND THAT THIS TASK FORCE BE DEVELOPED INTO A BLUE RIBBON COMMISSION WHICH INCLUDES REPRESENTATIVES OF THE FOLLOWING:

CHAMBER OF COMMERCE, ONE OR TWO HOSPITAL S, COUNTY MEDICAL SERVICES, NATIONAL MEDICAL ASSOCIATION, COMMUNITY CLINIC, UCSD, SEVERAL LARGE EMPLOYER REPRESENTATIVES, AND XYZ

THE OBJECTIVES OF THIS BLUE RIBBON COMMISSION WILL INCLUDE THE

FOLLOWING ACCOMPLISHMENTS:

♦ THE IDENTIFICATIONS OF INITIATIVES WHICH HAVE BEEN UNDERTAKEN & ADDRESS ACCESS TO CARE PROBLEMS AND UNCOMPENSATED CARE ISSUES;

♦ TO FOCUS PARTICULAR ATTENTION ON THOSE PROGRAMS WHICH PROVIDE POSITIVE INCENTIVES FOR PATIENT COMPLIANCE AND BEHAVIOR CHANGE(AT THE INDIVIDUAL Level AND FOR STRUCTURAL EFFICIENCIES (AT THE PROGRAM OR INSTITUTIONAL LEVEL);

♦ TO ASSIST THE COUNTY DEPARTMENT OF HEALTH SERVICES IN THE DEVELOPMENT OF A PLAN TO REORGANIZE INDIGENT HEALTH CARE SYSTEMS, FOR AN EFFECTIVE DATE OF JULY 1, 1992. THIS PLAN SHALL EXAMINE:

A. THE MAL-DISTRIBUTION OF HEALTH CARE RESOURCES

B. SYSTEMS INEFFICIENCIES AND FRAGMENTATION (INHERENT IN THIS IS POLICY MODIFICATIONS/IMPLICATIONS)

C. COORDINATION OF PUBLIC HEALTH AND SOCIAL SERVICES

D. OPPORTUNITIES TO INCREASE FEDERAL, STATE AND PRIVATE RESOURCES (INHERENT IS LIMITED REPORTING, EFFECTIVE EVALUATION AND LOCAL CONTROL)

IN CONCLUSION, ANY SOLUTIONS TO THE CHALLENGES OF NEXT YEAR AND INTO THE REMAINDER OF THIS DECADE, WILL REQUIRE LEADERSHIP IN ADDRESSING THE PROBLEMS CITED. I FORESEE THAT THE PUBLIC AND PRIVATE PARTNERSHIP ESTABLISHED BY THIS COUNTY BOARD OF SUPERVISORS CAN ONLY GROW STRONGER DURING THIS DECADE .