

CHEAC Legislative Platform 2009

CHEAC is dedicated to the promotion, protection and improvement of the health of California's population.

PROGRAM ISSUE AREAS (listed alphabetically)

Access to Health Services

Platform: Support measures that enhance counties' abilities to deliver services through their hospitals and clinics. Favor proposals that would provide for the continued expansion of both county and community Federally Qualified Health Clinics (FQHCs).

Brief Background: Public hospitals and clinics provide services to all patients in California, regardless of their insurance status or ability to pay. Counties are required to serve the medically indigent under Welfare & Institutions Code Section 17000. California's public hospitals and clinics are the core of the state's health care safety net. Though they represent just 6 percent of all hospitals in the state, public hospitals provide nearly half of the hospital care provided to uninsured patients. Public hospitals also provide comprehensive systems of care, including services that are essential for the entire community; they operate roughly 60 percent of all top-level trauma centers and nearly 45 percent of all burn units. They also deliver 11 million outpatient visits a year, and train 45 percent of all doctors in California.

Some counties operate Federally Qualified Health Centers (FQHC) or FQHC "look-alikes" that provide primary health care to Medi-Cal patients as well as many underserved, underinsured or non-insured Californians. These clinics are eligible for enhanced Medicaid and Medicare reimbursements and reduced costs on both prescription and non-prescription drugs for outpatient care.

Animal Control

Platform: Support policies that enhance the ability of county animal controllers to provide cost effective and humane animal control services.

Brief Background: Each year almost one million unwanted and abandoned cats and dogs are born in California. Local governments spend more than \$250 million each year to intake and care for those animals and ultimately kill over half. Encouraging the spaying and neutering of cats and dogs is a reasonable, proven-effective and necessary means to greatly reduce the number of unwanted animals in California. Furthermore, local governments are responsible for the surveillance, prevention and control of animal rabies in California. This is achieved through local companion animal vaccinations and licensing programs, stray animal control, animal bite reporting, investigation and animal isolation along with public education.

Built Environment

Platform: Support legislation and funding that encourages consideration of public health impacts in the design and planning of healthy communities.

Brief Background: Historically, public health has played a role in community design. Before planning became a separate discipline, local health departments performed many "planning" tasks. In the 1900's, they advocated separating noxious land uses from dwelling units and clamped down on rampant sanitation issues and poor conditions in tenement housing. Today's public health professionals are realizing that our modern built environment with poorly designed streets, lack of transportation options, air pollution and sprawl is negatively impacting health. Physical inactivity levels are significant among Californians of all ages and abilities. Individuals are not able to easily engage in daily physical activity due to unsafe play areas, limited access to recreational facilities and substandard pedestrian and bicycle infrastructure throughout the state. These conditions create and exacerbate the symptoms of many chronic diseases such as heart disease, hypertension, asthma, bronchitis, stroke, diabetes, obesity, osteoporosis and depression while also increasing the risk of serious injury. Increasingly local public health departments are getting involved in helping to mitigate these health risks. From traffic-calming to bike lanes to transit-oriented development, the public health "voice" can help inform land use and transportation decisions to help create safer, healthier communities.

Chronic Disease Prevention and Wellness Promotion

Platform: Support increases in preventive health services or activities that improve community health outcomes. Encourage the enhancement of federal and state funding to support these efforts at the local level. Seek to improve nutrition, obesity and fitness education programs as well as health literacy in California's population.

Brief Background: Significant federal, state and local resources are expended to treat health conditions such as heart disease, cancer, lung disease and stroke which are the leading causes of death and disability in California. Other chronic diseases like diabetes and asthma contribute to overall health problems statewide as well. Many of these chronic conditions and the adverse effects of them are preventable; however, inadequate resources and programs exist dedicated to the prevention and control of these chronic conditions, contributing to more money being spent on health care and to a diminished quality of life for residents.

28% of California's 5th, 7th and 9th graders are overweight. Children who are overweight increase their risk for type 2 diabetes mellitus, asthma and orthopedic problems. They are also more likely to have risk factors for cardiovascular disease. Weight problems are complex with many causes including a person's diet and physical activity level; however, other aspects of everyday environment also can influence them. These may include a lack of recreation facilities, unsafe communities or lack of access to low cost fresh fruits and vegetables. Finally, the growing number of people experiencing food shortages, insecurity and hunger concurrent with the reduction in social assistance programs, has become gradually recognized as a public health concern.

Communicable Disease Control

Platform: Support increased state and federal funding and resources directed at building the capacity of local public health departments to combat and control communicable diseases.

Brief Background: The control of infectious disease, through immunizations, surveillance, disease investigation, laboratory testing and response activities has long been a fundamental and statutorily required responsibility assigned to local government public health agencies. However, resources to support these essential activities has been insufficient for years. In addition, new and re-emerging infectious diseases, including pandemic influenza, multi-drug resistant tuberculosis, West Nile Virus, Methicillin-resistant Staphylococcus Aureus (MRSA) and Severe Acute Respiratory Syndrome (SARS) have increased the need to build capacity.

Dental Health Services

Platform: Favor proposals to expand access to dental health services for low-income Californians. Support efforts to increase Denti-Cal reimbursement levels to encourage qualified dentists to participate in providing care to low-income children. Support water fluoridation efforts. Encourage dental health education program expansions including adequate funding.

Brief Background: Many Californians, including hundreds of thousands of children, have unmet oral health needs. Untreated dental problems result in days missed at school or work and increased susceptibility to other more damaging health problems such as ear and sinus infections or heart disease. It's estimated that only 30% of California's water supply is fluoridated. Public health strategies such as water fluoridation and dental health education programs are not widely supported or funded.

Drug & Alcohol Services

Platform: Enhance the ability of local health departments' to reduce and prevent alcohol and other drug related problems. Support legislation to fully fund the Prop 36 program to support the service mandate. Support legislation that would make a range of alcohol and drug treatment services available to adolescents.

Brief Background: Alcohol and other drug abuse is a menacing problem in California. It's estimated that the state spends in excess of \$10.4 billion a year to address alcohol and other drug problems with most of the funding directed towards law enforcement and prisons rather than prevention and treatment. Furthermore, demand for treatment far exceeds statewide treatment capacity.

Proposition 36, passed by California voters in 2000, requires all offenders charged with certain non-violent drug possession offenses to be placed in substance abuse treatment instead of prison or local custody. Required funding for this initiative, which has been inadequate to meet the needs of the eligible population, ended on June 30, 2006. Funding for the program now is a negotiable item in the state budget each year though counties are required to continue to provide services.

Also, there is a need for substance abuse treatment to deter youth from a lifetime of dependency. Such treatment is often not available now because California's treatment system was developed to serve adults. As a result, costs associated with substance abuse by youth continues to grow. The lack of adequate adolescent substance abuse treatment services threatens the health and safety of the entire community.

EMS

Platform: Maintain existing laws and regulations governing the role of counties in the oversight of pre-hospital emergency medical services including ambulance services. Support legislation or regulatory reform that would enhance county authority and increase funding for such oversight. Oppose any efforts decreasing county authority to oversee the emergency medical services system and any efforts to limit the authority of the local Emergency Medical Services Medical Director over pre-hospital patient care including disciplinary actions over licensed or certified personnel.

Brief Background: Counties maintain that emergency medical services and ambulance services must be provided on a countywide basis to ensure that providing services, even in remote areas of the county, remains financially viable. Changing the system to jurisdiction-by-jurisdiction would mean that certain affluent areas would be cherry-picked by cities leaving the less affluent areas to the counties to provide coverage.

Environmental Health

Platform: Support legislation and funding that promotes safe and healthy living and working environments for all California residents.

Brief Background: The improvements in technology which allow identification of small concentrations of environmental contaminants combined with increasing public concern about adverse health impacts have given rise to an extraordinary quantity of state and federal law and regulation on environmental issues. Local environmental health departments, whether a separate local agency or integrated into local public health departments, enforce these laws on behalf of Californians. This may include air quality, water quality, restaurant inspections, hazardous materials and hazardous waste management, land use, liquid and solid waste and vector control.

First Five (Proposition 10)

Platform: Support the efforts of local First Five commissions to enhance the health and early growth experiences of California's children. Oppose any efforts to reduce funding to county-based programs on the assumption that local First Five commissions will fill the revenue gap created by the withdrawal of state funds (i.e. supplantation). Oppose any restrictions on the decision-making authority of the county First Five commissions and Boards of Supervisors as set forth in the text of Prop 10. Oppose any attempts to repeal Prop 10 via legislation or state-wide ballot initiative.

Brief Background: Proposition 10, the California Children and Families Act of 1998, created the California Children and Families Program, now known as First Five, to promote, support and improve the early development of children from the prenatal stage to five years of age.

Food Safety

Platform: Support efforts to protect and ensure the safety of California's food supply.

Brief Background: Food is a basic human need. Public health has long had an interest in the availability of a safe food supply. During the early 20th century, contaminated food, milk and water caused many foodborne infections. Public awareness dramatically increased during this time and led to the passage of the federal Pure Food and Drug Act. In the late 20th and early 21st centuries food safety and security continue to be the focus of public health interest. The national recall of California-grown spinach and the

international recall of Chinese produced foodstuffs have proven that food has become a global commodity and that impurities at any step of production can have wide public health impacts.

Health Coverage

Background: Health care reform discussions have occurred over time in various contexts throughout the United States, including in California, on how to best expand healthcare coverage to all individuals and how to best reform the health care system. These discussions have included proposals to expand or enhance publicly provided health coverage as well as privately provided coverage.

- **California Children's Services Program**

Platform: Support strategies to streamline funding and program complexities of the California Children's Services (CCS) program in order to meet the demands of the complex medical care and treatment needs for children in California with certain physically disabling conditions.

Brief Background: The California Children's Services (CCS) program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under the age of 21 with CCS-eligible medical conditions. The CCS program is administered as a partnership between county health departments and the California Department of Health Care Services.

The growth in CCS caseloads and program costs have steadily increased over time. This increase places demands both on the service delivery side (particularly due to a decreasing pool of specialists and/or therapists and because county staff must review each case in order to authorize services) and on the financing of the program. As fiscal pressures have increased on the California State Budget, the State CCS program is now limiting the state's financial participation in the program, which is further de-stabilizing the program.

- **Expansion of Health Coverage/Health Reform**

Platform: Support efforts to provide and to protect health coverage for all residents, irrespective of pre-existing conditions or ability to pay. Monitor the development and implementation of health care reform proposals at both the federal and state level. Advocate for adequate coverage, access to care, affordability, prevention, streamlining and evaluation components. Also advocate for ensuring a commensurate shift in mandated responsibilities under Welfare and Institutions Code Section 17000 with any shift of indigent funding away from counties, refraining from levying new taxes or fees on counties or county facilities to fund coverage expansions and the protection of funding for public health and other county health services which remain county responsibilities. *Brief Background:* Millions of Californians lack health care coverage. There are numerous barriers to enrollment of eligible persons in existing State and Federal programs. An increasing number of uninsured people rely on county health care services or seek no care until health problems are so acute as to result in needless suffering, even death. Counties, through both Welfare & Institutions Code Section 17000 obligations and through county operated hospitals and clinics, are providers of care to many low income uninsured Californians. This role must be considered in any reform discussions. Furthermore, increased reimbursement to local healthcare agencies for uninsured patients and increased access to prevention and early intervention health services would result in savings to the entire health care system.

Expansion efforts must avoid disruption in current county health care safety net services during the transition to and after a coverage expansion is in place and address coverage, access, affordability and prevention issues. For more detail, refer to the CHEAC Legislative Policy Guidelines: Expansion of Health Care Coverage (2007).

- **Healthy Families Program**

Platform: Support efforts to protect and expand Healthy Families Program coverage to all children. Support efforts at the federal level to reauthorize the State Children's Health Insurance Program (SCHIP) including expanding income eligibility levels to 300% of the Federal Poverty Level and adding parents of HFP eligible children to the program. Oppose any attempts to establish citizenship documentation requirements under SCHIP.

Brief Background: The State Children's Health Insurance Program (SCHIP) is administered by the Center for Medicaid and Medicare Services. Program benefits became available October 1, 1997, and currently provide \$40 billion in Federal matching funds to assist states to expand health care coverage to the nation's uninsured children.

In California, the Healthy Families Program (HFP) implements the federal SCHIP. Funding is generally on a two-to-one Federal-and state-matching basis. The HFP generally offers health insurance to eligible children in families with incomes below 250% of the Federal Poverty Level. SCHIP funding was authorized by Congress through Federal Fiscal Year 2007 with President Bush signing legislation in late 2007 to extend the program through March 2009. It is expected that this funding level will be sufficient to cover all children currently enrolled in the program.

- **Medi-Cal**

Platform: Support efforts to protect and expand Medi-Cal coverage for children and adults. Support efforts at the State and federal levels that maintain and expand enrollment in the Medi-Cal program and increase the quality of services that recipients receive through Medi-Cal. This would include simplifying the program and enrollment for participants and providers, opposing efforts that create disincentives to enrollment and utilization, such as co-payments and premiums, expanding access to dental services, maximizing federal financial participation and increasing provider rates.

Brief Background: Medicaid is a joint state/federal healthcare program for eligible low-income individuals. California's Medicaid program, Medi-Cal, is administered by the California Department of Health Care Services (DHCS). In recent years, the federal commitment to the Medicaid program has been eroding through the President's budget requests and through administrative rule changes that have attempted to severely curtail federal Medicaid spending. At the same time, California has continued to under fund Medi-Cal such that California ranks 47th in total Medi-Cal spending per Medi-Cal patient, one third below the national average.

Health Disparities and Health Inequities

Platform: Seek to reduce health disparities and inequities by working to eliminate barriers to good health for California's diverse population.

Brief Background: Health disparities and inequities result from numerous interactions between community environments, social pressures, lifestyle factors and economic conditions. In California, minority populations have a well documented higher incidence of chronic diseases, higher mortality rates and poorer health outcomes. In addition, low-income residents, regardless of race, lack access to regular medical care and lack adequate health insurance coverage, if any at all. Local health departments have begun to emphasize programs to reduce these disparities; however, resources, staff and community awareness must be increased in order to be effective.

Injury Prevention

Platform: Support efforts to mitigate injuries to California residents.

Brief Background: A great variety of laws or programs exist in California to protect residents from harm. These include car passenger restraint and child safety seat laws, helmet laws for both motorcycles and bicycles, poison control centers and swimming pool fencing laws among others. Local health departments provide some injury prevention programs to their communities; however, resources are scarce.

Jail Medical Services

Platform: Favor legislation which requires the inclusion of medical service and medical facility costs in projections for overall facility/operational costs as part of public funding for new jail facilities. Support legislation that requires state financial participation in the funding of medical facilities and medical care for inmates in county correctional facilities. Support legislation that would suspend, rather than discontinue, an individual's Medi-Cal coverage when they are incarcerated.

Brief Background: The growing number of inmates in state and local correctional facilities has had major impacts on public expenditures for facility development and operations. County costs have been rising not

only because jail population is expanding, but also due to court-mandated standards for care and the increasing prevalence of medical and mental health problems among inmates. The resources required to provide necessary medical care for these inmates is continually overlooked as the focus is on law enforcement and incarceration rather than medical treatment. Counties have a substantial financial commitment for jail medical services including emergency room evaluation or emergency hospitalization of individuals in the custody of police or sheriff prior to booking, medical screening of all inmates after booking and outpatient and inpatient medical care of individuals in the custody of the sheriff after booking.

Maternal & Child Health Services

Platform: Support programs designed to maximize the health and quality of life for all women, infants, children and adolescents and their families in California.

Brief Background: Local health departments are responsible for the administration of a variety of programs designed to address the health priorities and primary health needs of infants, mothers, fathers, children, adolescents and their families. These programs include Black Infant Health, breastfeeding support, childhood lead poisoning prevention, children's health initiatives and newborn screening.

Public Health Emergency Preparedness

Platform: Continue to pursue and support fair and equitable funding to local health departments for public health emergency preparedness.

Brief Background: The anthrax attacks post-September 11 identified the need to increase preparedness efforts and local public health jurisdictions response capabilities for dealing with terrorism (including bioterrorism) at the local level. Hurricane Katrina identified the impact of natural disasters on local, state and federal medical/health response capabilities also. Pandemic influenza threatens to overrun an already fragile medical and public health system. Local governments are at a disadvantage of raising revenues in order to respond to these types of events. Increases in funding are needed to augment local programs to prepare for, and respond to, all forms of terrorism, natural disasters and other related public health emergencies.

Public Health Infrastructure

Platform: Support legislation that would provide continued funding and support for core local public health services and public health laboratories.

Brief Background: Public health infrastructure can be understood to be the capacities and resources that make the provision of essential public health services possible in a community. This includes an adequate and trained workforce to provide services, public health laboratories, communication and disease tracking systems, community involvement, partnerships and other components of contemporary public health practice. Public health capacities vary widely in California due to geography, population and the availability of resources among other factors.

In addition, public health facilities in California were constructed in the 1960's or earlier and are now outdated and insufficient to support current state-of-the-art public health efforts. Federal public health preparedness funds have been used to rebuild and strengthen local public health infrastructure through the modernization of surveillance and communicable disease data systems, recruitment of community volunteers and disaster service workers, training of local staff and community healthcare workers in emergency response, preparation of hospitals and community clinics to address surge capacity issues and the development of public risk communication plans. However, this federal infusion of funds is on the decline while rebuilt infrastructure needs are ongoing and need to be maintained in order to be effective in the long term.

Public Health Workforce

Platform: Support development of the Public Health Workforce through both state and federal advocacy efforts. Work with universities and community colleges to develop viable public health work force programs.

Brief Background: The current public health workforce is aging rapidly with many local health departments struggling to fill critical positions including public health laboratory directors, public health

microbiologists, public health and medical nurses and registered environmental health specialists (REHS) among others. A study by the National Center for Health Workforce Analysis found that recruitment difficulty for public health professionals is widespread, and these recruitment problems affected the existing public health workforce. This inability to fill vacant positions typically has led to chronic understaffing and difficult working conditions. Many local public health departments report that they have learned to 'do more with less', but in many instances they are unable to maintain necessary service levels.

Targeted Case Management (TCM)

Platform: Oppose proposals from both the Centers for Medicare and Medicaid Services (CMS) and Congress to deny, reduce, cap or eliminate TCM reimbursement. Seek legislation to prohibit the elimination, capping or redirection of TCM services funding.

Brief Background: Counties provide case management services to targeted populations through the Public Guardian, Mental Health Conservator, Probation Department, Public Health Nursing, the Linkages program and community providers. Targeted Case Management (TCM) services assist targeted populations (like the severely mentally ill, women and children or frail seniors who are Medi-Cal eligible) in accessing needed medical, social, educational and other services.

The federal Centers for Medicare and Medicaid Services (CMS) has recently begun to challenge counties in their claiming process for Public Guardian, Mental Health Conservator and Probation program reimbursements. There are also discussions at the federal level of capping, reducing or eliminating TCM.

Tobacco Control

Platform: Continue to support efforts to prevent or reduce the use of tobacco and its accompanying health and economic impacts on the state and its residents.

Brief Background: Each year, over 41,000 Californians die due to tobacco-related illnesses. With tobacco use rates on the decline in the state, a renewed focus on prevention education and smoking cessation programs should be encouraged.

Trauma Care Funding

Platform: Support legislation that will enhance the provision of emergency and/or trauma services and increased funding for the various components of emergency and trauma care systems, including operations, equipment, infrastructure, ancillary services, public health interventions and physician reimbursements.

Brief Background: Hospitals throughout the State provide a significant volume of emergency care to patients who do not have third-party insurance coverage. The financial impact is often greater on designated trauma centers located in urban areas. Over fifty-percent of hospital emergency rooms operate at a net operating loss due to the significant volume of uncompensated care.

ADMINISTRATIVE ISSUE AREAS

Local Health Department Administration and Simplification

Platform: Advocate for and support a simplified process of contracting with the State Department of Public Health to allow local health departments to develop a system for the delivery of comprehensive and coordinated public health services to their communities. And:

- Ensure that legislation and regulation be considered from a county health system perspective, recognizing program and population interaction and overlap.
- Discourage complex administrative requirements or request for proposal (RFP) processes in favor of basic plan submission, subventions or contractual obligations.
- Ensure local health departments are given maximum discretion as to how they implement or achieve the objective set by legislation; focus should be on performance expectations, not organizational structure, personnel, process or procedure.

- Encourage funding consolidation (e.g., block grants) over categorical funding for target populations or problems to promote practical implementation.
- Seek maximum flexibility, and avoid “strings” whenever possible.
- Legislative efforts aimed at “system” reform should specify objectives, funding commitments and ultimate responsibility. Avoid attempts to split responsibility at the county level (county versus CBO, county versus state, etc.).
- Avoid creating new and independent governance and administrative structures at the local level to create or implement new social/health programs. Program initiatives can be better planned, organized, staffed, directed and controlled by existing governmental structures that understand the historical, legal and policy context of California local government. Counties meet these standards best. They bring a regional and population-based perspective to programs which equips them to adapt to the needs of ethnically and culturally diverse constituents. Governmental programs should be accountable to the public through elected representatives, which is a function the Board of Supervisors is already equipped to provide, and which is widely recognized by the public.

Brief Background: California’s county and three city health departments have a basic legal responsibility to protect the public health of all state residents. In addition, on behalf of the state local health departments administer a myriad of state and federal categorical public health programs. Each of these critical programs are part of the overall mission for California’s local health departments.

Most of these public health programs have historically been developed and organized around categorical funding streams and target populations, rather than on core public health functions and sound principles. The result is a maze of contracts and administrative requirements. Each public health program has its own reporting, training and staffing – with little consistency in program or administrative requirements. For more detail, refer to the CHEAC Legislative Policy Guidelines: Simplified Funding and Claiming System for Public Health Programs (August 2006).

Mandates

Platform:

- Oppose new mandates without specified, stable and adequate funding commitments.
- When new mandates are accompanied with new or expanded funding, ensure those mandates are limited to funds available and/or allocated; avoid vague references to responsibilities or open ended obligations.
- Ensure that if state subvention funds are reduced or redirected, whether through legislative or administrative action, state mandates or obligations should be similarly and correspondingly reduced.
- Seek to add language to tie existing mandates, standards or requirements to the available funds or allocations.
- Ensure that funding increases for ongoing mandates is adequate.

Brief Background: The fiscal constraints being faced by most governments demand that all federal, state and local budgets be viewed together as a single public budget bounded by voter preferences and resource limits. It is impossible and inappropriate to shift costs from one government’s budget to another without overall adjustments in the revenues and priorities of the total public budget.

Public Health Funding

Platform:

- Protect and optimize funding for county/city health services.
- Avoid the creation of “winners and losers” among the counties when evaluating the allocation/subvention of funds or state benefits, formula development and adjustments to existing allowances. Seek processes, concepts or funding allocations that are equitable and fair so that county consensus is possible – both short term and long term.

Brief Background: The most significant funding source for indigent health and public health programs is Realignment, funding based on sales taxes and vehicle license fees. Growth in this funding does not keep up with the cost of providing services, which is jeopardizing core health services. Furthermore, many core health programs have seen an increase in administrative costs mandated by the State though funding remains flat or is declining.