SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



FROM: Executive Office

April 10, 2012

SUBJECT: Assembly Bill 2096 (Perez) which would reduce Safety Net Care Pool Uncompensated Care Pool (SNCP) funds to county hospitals and University of California (UC) hospitals

RECOMMENDED MOTION: That the Board of Supervisors:

1. Oppose Assembly Bill 2096; and

County Executive Office Signature

2. Authorize the chairman of the Board to forward a letter of opposition to our Sacramento based advocates and the bill's author.

BACKGROUND: AB 2096 (Perez) would reduce the amount of limited funding available for county/University of California (UC) hospitals to care for uninsured in their communities. The bill would allow district hospitals to receive existing Safety Net Care Pool Uncompensated Care Pool (SNCP) funds which are currently allocated only to county owned/operated and University of California (UC) hospitals. The SNCP is a declining revenue source and it should be concentrated in general acute facilities which either have a statutory obligation to care for the uninsured or who provide such care to significant numbers

of these individua	ıls.		,	
		alex Hann		
		ALEX GANN		
		Principal Management Analyst		
FINANCIAL DATA	Current F.Y. Total Cost:	\$ 0	In Current Year Budget: N/A	
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment: N/A	
	Annual Net County Cost:	\$ 0	For Fiscal Year:	N/A
SOURCE OF FU	JNDS: N/A			ons To Be
			Require	s 4/5 Vote
C.E.O. RECOM	MENDATION: APPROX	Ε		
1	cv	1 120	14.	

Policy

Departmental Concurrence

冈 \boxtimes

> Consent

Department Recommendation.:

Per Executive. Office:

Prev. Agn. Ref.: N/A

District: All

Agenda Number:

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

FORM 11: Assembly Bill 2096 (Perez)

DATE: April 10, 2012

PAGE 2

BACKGROUND continued: SNCP funds are an essential component of a larger program to transform care for low-income populations in California. There are currently 21 hospitals which are receiving SNCP funds. These hospitals are either county owned/operated or University of California (UC) hospitals and are known as the Designated Public Hospitals (DPH), which represent 6% of the hospitals state-wide but provide nearly half of all hospital care to California's 7 million uninsured. District hospitals or non-designated public hospitals (NDPHs) have more than double the number of facilities as DPHs, but provide less than 8% of total uninsured care among DPH and NDPH facilities.

Due to the economic downturn, public hospital systems have seen the number of uninsured in their systems increase, making SNCP funds ever more critical to help with the growing number of low- and middle-income individuals in public hospital systems that are uninsured.

Designated Public Hospitals provide a unique role:

- All patients served. County owned public hospitals are obligated, pursuant to Section 17000 of the Welfare and Institutions Code, to accept all patients regardless of ability to pay. Non designated hospitals do not share this Section 17000 obligation.
- **Specialized Care**. Public hospitals operate more than half of California's top-level trauma centers; operate almost half of California's burn centers.
- **High Impact**. The limited Safety Net Care Pool funds should remain allocated to health care delivery systems that serve the largest percentage of uninsured and vulnerable patients.