

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



ITEM
3.5
(ID # 5458)

MEETING DATE:

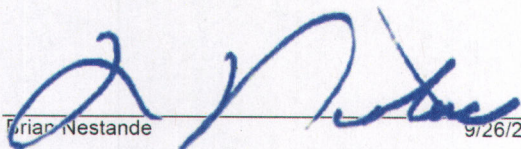
Tuesday, October 17, 2017

FROM : EXECUTIVE OFFICE:

SUBJECT: EXECUTIVE OFFICE: Report from the Legislative Platform Ad Hoc Committee, regarding a letter to our Congressional Delegation requesting extensions at level funding for at least a five-year period regarding our Community Health Centers, The Children's Health Insurance Program, and The National Health Service Corps. [All Districts]; [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:
Receive and file the letters of the Legislative Ad Hoc Committee.

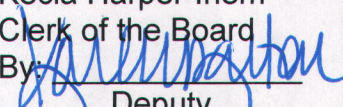
ACTION: Policy


Brian Nestande 9/26/2017

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Jeffries, seconded by Supervisor Washington and duly carried by unanimous vote, IT WAS ORDERED that the above matter is received and filed as recommended.

Ayes: Jeffries, Tavaglione, Washington, Perez and Ashley
Nays: None
Absent: None
Date: October 17, 2017
xc: EO

Kecia Harper-Ihem
Clerk of the Board
By: 
Deputy

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$	\$	\$	\$
NET COUNTY COST	\$	\$	\$	\$
SOURCE OF FUNDS:			Budget Adjustment:	
			For Fiscal Year:	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

Pursuant to Board Policy A-27 Section B: Action can be taken by the County Legislative Ad Hoc Committee if the pending legislation is of critical importance and requires immediate action which cannot be facilitated through the formal action process because there is insufficient time for the item to be brought to the attention of the full board for discussion, and, therefore, can be brought to the attention of the Legislative Ad Hoc Committee comprised of the Board Chair and Vice Chair for immediate action.

The Ad Hoc Committee would act on legislation, per the request of the Executive Office, in the form of a letter of support or opposition signed by the Chair and Vice Chair. The Executive Office is then directed to bring the item to the next Board meeting for Board consent.

On September 22, 2017 the Ad Hoc Committee sent a letter to its Congressional Delegation requesting action by congress to address the imminent program expirations.

Without action by Congress in the coming weeks, major disruptions will begin taking place, negatively impacting children, seniors, new mothers, rural and underserved patients and communities, clinicians, hospitals and Community Health Centers. The programs represent major elements of our nation's health care safety net, in primary care, children's health, hospital care and workforce recruitment and retention. Failure to renew these investments ahead of the September 30 deadline would reverberate throughout the health care system, eliminating coverage and access to care for millions, raising health care costs and reversing decades of bipartisan progress. Rather, sustaining and strengthening these investments will have the opposite effect, building on the goals we all share in health care: better quality, increased access to care, and cost containment.

Community Health Centers

Begun more than fifty years ago and supported through bipartisan administrations and Congress, Community Health Centers today provide high quality primary and preventive care to more than 25 million patients in more than 10,400 underserved communities nationwide. Community Health Centers save the health care system more than \$24 billion every year, by reducing the need for care in costlier settings and by preventing and managing complex conditions. The mandatory investment in Community Health Centers was begun by Congress in 2010 and sustained each year and extended on a bipartisan basis in 2015, is set to expire end of September, 2017.

Nationally, Community Health Centers will face a loss of 51,000 jobs; closure of 2,800 practice sites; and loss of access to care for more than 9 million patients. California's Community Health Centers will face 941,341 patients losing their health care; 5,509 jobs being eliminated and; \$1.1

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

billion in lost revenue. Riverside County will lose \$5.2 million in 2018 federal investment funds which are used to provide high quality, comprehensive health care to 185,000 patients.

Children's Health Insurance Program

Since its bipartisan beginning in 1997, the Children's Health Insurance Program (CHIP) has helped cut child un-insurance to the lowest level ever recorded, 95% of children currently have health insurance. CHIP provides coverage for close to 9 million children in working families that earn too much to qualify for Medicaid but too little to afford private health insurance.

National Health Service Corps

Since its inception in 1972, the National Health Service Corps (NHSC) has worked to build healthy communities by placing health care providers dedicated to working in underserved areas of every state and territory in the United States. Placements are made in the highest need areas of the country, with providers serving in a wide variety of safety net organizations. Additionally, more than half of all NHSC placements continue to serve in designated shortage areas 10 years after fulfilling their NHSC commitment. This bodes well for communities like ours.

However, like the Community Health Centers program, the NHSC is funded on a mandatory basis, and without Congressional action to extend funding, the program will cease to exist at the end of September 2017.

Impact on Residents and Businesses

If the funding cliff is not fixed, health care jobs will be lost, health centers will close and patients will lose access to high quality, comprehensive care. Riverside County will lose \$5.2 million in 2018 federal investment funds, which are used to provide high quality, comprehensive health care to 185,000 patients.

COUNTY OF RIVERSIDE, CALIFORNIA
BOARD OF SUPERVISORS POLICY

Subject:

Policy
Number Page

LEGISLATION COORDINATION

A-27 1 of 4

Policy:

The purpose of Riverside County's Legislative Program is to secure legislation which benefits the County and its residents, and to oppose/amend legislation which might adversely affect the County. Recognizing the need for consistency in conveying official positions on legislative matters, the County has instituted a coordinated process involving interaction between the Board of Supervisors, the County Executive Office, County Agencies/Departments, and the County's Legislative Advocates in Sacramento and Washington, D.C.

The following specific procedures are instituted in order to facilitate active participation by Departments, allow the Executive Office to act as a centralized "clearinghouse" for legislative matters, and to ensure that all advocacy efforts are entirely consistent with Board-approved positions:

A. LEGISLATIVE/REGULATORY PLATFORM

The purpose of the County's Annual Legislative/Regulatory Platform is to identify and secure Board approval of specific State legislative proposals pursued during the upcoming year and to guide advocacy efforts by the County's Legislative Advocates, the Executive Office, and County Agencies and Departments.

The following process is used to develop the County's State Legislative/Regulatory Platform:

1. Every Fall, the County Executive Officer will solicit proposals for County-sponsored legislation from all departments. After review, proposals which would improve or assist county operations are included in the recommended Legislative/Regulatory Platform.
2. On or before January 1 of each year, the County Executive Office shall present the Legislative/Regulatory Platform to the Board of Supervisors for consideration. Once adopted, the Platform shall be the official policy/legislative agenda for the upcoming year. The Platform serves as a tool for focusing on and achieving the County's primary legislative goals, as well as a reference for evaluating similar legislation under consideration at the State/Federal levels.

B. PENDING LEGISLATION

Staff shall advise the Board of Supervisors of pending legislation which may have a significant impact on the County. The process for obtaining a County position on pending legislation is as follows:

1. County Departments are responsible for monitoring legislation in their specific areas and bringing bills which have a potential major impact on the County to the attention of the County Executive Office by submitting an analysis.
2. The Executive Office will review the Department's analysis. If the Executive Office is not in concurrence with the Department recommendation, or if the bill potentially affects more than one department, the Executive Office will work to achieve a consensus position among the departments involved.

COUNTY OF RIVERSIDE, CALIFORNIA
BOARD OF SUPERVISORS POLICY

Subject:

Policy
Number Page

LEGISLATION COORDINATION

A-27 2 of 4

3. After review of the Departmental recommendations and the pending legislation, the Executive Office will make one of the following determinations:

- a. A Policy Position Exists and Is Referenced In:

A Prior Position on Pending Legislation. The Departmental recommendation is consistent with a position previously adopted by the Board of Supervisors in the current or immediately preceding biennial session of the State Legislature.

The Legislative/Regulatory Platform. The policy issue related to the pending legislation is included in and consistent with the Legislative/Regulatory Platform.

A Board Approved Policy. The policy issue related to the pending legislation is consistent with a policy statement previously adopted by the Board. For example, the Growth Management Legislative Policy, Worker's Compensation Reform Policy, 1994 Restructuring Policy Guidelines, etc.

- b. A Policy Position Does Not Exist, and therefore:

Formal Board Action Is Required. A policy regarding the pending legislation does not exist (or if there is not consensus among affected departments regarding a recommended position) and, therefore, requires formal action by the Board of Supervisors. Either the Executive Office or the Department/Agency may prepare the policy item (Form-11) for placement on the Board's agenda.

Action can be taken by the County Legislative Ad Hoc Committee. A policy regarding the pending legislation does not exist (or if there is not consensus among affected departments regarding a recommended position), and the pending legislation is of critical importance and requires immediate action which cannot be facilitated through the formal action process because; the Board is not in session or because there is insufficient time for the item to be brought to the attention of the full board for discussion, and, therefore, can be brought to the attention of the Legislative Ad Hoc Committee comprised of the Board Chair and Vice Chair for immediate action. The Ad Hoc Committee would act on legislation, per the request of the Executive Office, in the form of a letter of support or opposition signed by the Chair and Vice Chair. The Executive Office is then directed to bring the item to the next Board meeting for Board consent.

The County Executive Office will maintain a file which tracks the progress of bills in which the Board of Supervisors has adopted a formal position.

C. LEGISLATIVE ADVOCACY

It is the primary responsibility of the County's Legislative Advocates, the Executive Office, and Department/Agency Heads to advance the official County position as bills progress through the legislative process. Such advocacy may include direct interaction with members of the Legislature and their staff, Committees, and local or regional governmental decision-making bodies (e.g., city councils, CSAC, WRCOG, SCAG, etc.). County staff may assist with such advocacy efforts when an official County position has been established either by a Minute Order, the adoption of a Resolution, or a letter signed by the Chairman or Vice-Chairman on behalf of the Board.

The following procedures address appropriate advocacy activities.

COUNTY OF RIVERSIDE, CALIFORNIA
BOARD OF SUPERVISORS POLICY

Subject:

Policy
Number Page

LEGISLATION COORDINATION

A-27 3 of 4

1. Testimony

- a. Appropriate County staff shall be authorized to advocate before the Legislature and their staff, committees, and local or regional governmental decision-making bodies on policies consistent with the Board of Supervisors formal action. Proposed testimony and related materials shall be filed, in advance when feasible, with the Executive Office.
- b. Advocacy efforts involving policy issues not formally adopted by the Board of Supervisors shall receive prior authorization by the Board of Supervisors. Under compelling circumstances, the Chairman of the Board and/or Executive Officer shall be authorized to approve interim testimony which is crucial to the County. This interim testimony shall be consistent with general County policies. Preparation of such testimony and materials shall be coordinated with the Executive Office.
- c. Testimony of a non-policy nature (i.e., information of a technical or factual nature) may be presented without prior specific Board authorization. Proposed testimony and related material shall be filed, in advance when feasible, with the Executive Office.
- d. The Executive Office shall coordinate with the County's Legislative Representatives the scheduling of presentations before Legislators, staff members, and Committees.

2. Written Correspondence

- a. Written correspondence on behalf of the County to elected officials at the federal, State, or local level should be transmitted over the signature of the Board of Supervisors, when feasible.
- b. This does not apply to correspondence initiated on behalf of the County by the County's Legislative Advocates. Finalized copies of written correspondence shall be provided to the Executive Office by the originating Department concurrent with its mailing.
- c. County Departments, including members of the Board of Supervisors, may originate and transmit letters in support or in opposition to pending legislation if that correspondence represents a position that is consistent with an adopted County position or is based on the County's Legislative Platform. Copies of written correspondence shall be provided by the originating department to the Executive Office along with reference to the Board's position concurrent with its mailing. The Executive Office shall include a copy of the written correspondence that is not based on a specific Board vote as a consent item on the next Board agenda. This includes any correspondence in support or opposition based on the County's Legislative Platform or the County's Legislative Ad Hoc Committee.
- d. Any written correspondence in opposition or support for legislation sent to state or federal legislators that resulted from a direct vote by the Board of Supervisors shall indicate the Board action in the written correspondence.
- e. Any written correspondence to the Administrations and/or the State Legislature/Congress shall include the date version of the bill.

COUNTY OF RIVERSIDE, CALIFORNIA
BOARD OF SUPERVISORS POLICY

Subject:

Policy
Number Page

LEGISLATION COORDINATION

A-27 4 of 4

- f. Written correspondence of a non-policy nature (i.e., information of a technical or factual nature) may be advanced without prior specific Board authorization when a copy of such correspondence is provided to the Executive Office concurrent with its mailing.
- g. No Department shall take any action that would imply the County's support or opposition to any pending legislation and/or regulation in the absence of or inconsistent with an adopted Board position.

D. LEGISLATIVE RESOURCES

The Executive Office shall have on file and available to all Departments, as needed, the following resources:

- 1. A complete State Bill service to include:
 - a. Copies of all Bills and Amendments
 - b. Daily Journals
 - c. Daily and Weekly Histories
 - d. Daily Legislative Indexes and Tables affected
 - e. Committee analyses, when available
- 2. A digest of Federal bills and resolutions which may affect Riverside County.
- 3. All legislative items on which the Board of Supervisors has adopted an official position.
- 4. Copies of Legislative Bulletins (i.e., CSAC, NACO, UCC, League of Cities) highlighting legislation affecting counties.

E. LEGISLATIVE REPORTS TO THE BOARD

- 1. The County's Legislative Advocates shall provide to the Board, not less than monthly, reports on the progress of County-sponsored legislation and issues at the forefront of discussion at State/Federal levels that may have a fiscal and/or operational impact on the County. Included in the reports shall be known formal positions of notable associations/organizations of elected County department heads.
- 2. The Executive Office shall provide quarterly reports to the Board on the status of legislation for which the Board has formal adopted positions. Included in the reports shall be known formal positions of County affiliated organizations (e.g., organizations of which County department head(s) are members).

Reference:

Minute Order dated 11/23/1976 (Rescinded 06/12/1984)
Minute Order dated 06/12/1984 (Rescinded 09/24/1984)
Minute Order dated 09/24/1984 (Rescinded)
Minute Order 3.12 of 12/20/1994 (Rescinded)
Minute Order 3.4 of 01/06/1998
Minute Order 3.7 of 11/07/2006
Minute Order 3.28 of 04/18/2017
Minute Order 3.11 of 05/23/2017



COUNTY OF RIVERSIDE

Board of Supervisors

District 1	Kevin Jeffries 951-955-1010
District 2 <i>Chairman</i>	John F. Tavaglione 951-955-1020
District 3	Chuck Washington 951-955-1030
District 4	V. Manuel Perez 951-955-1040
District 5	Marion Ashley 951-955-1050

September 22, 2017

The Honorable Ken Calvert
2205 Rayburn Building
U.S. House of Representatives
Washington, DC 20515

Dear Congressman Calvert,

We write to you today to urge swift action to address the imminent program expirations facing some of the most critical elements of our health care system. These programs, all of which will see significant funding cuts beginning on Oct. 1, 2017, include:

- Community Health Centers
- The Children's Health Insurance Program
- The National Health Service Corps

Without action by Congress in the coming weeks, major disruptions will begin taking place, negatively impacting children, seniors, new mothers, rural and underserved patients and communities, clinicians, hospitals and Community Health Centers. The programs represent major elements of our nation's health care safety net, in primary care, children's health, hospital care and workforce recruitment and retention. Failure to renew these investments ahead of the September 30 deadline would reverberate throughout the health care system, eliminating coverage and access to care for millions, raising health care costs and reversing decades of bipartisan progress. Rather, sustaining and strengthening these investments will have the opposite effect, building on the goals we all share in health care: better quality, increased access to care, and cost containment.

This is a time of significant instability within the health care system so it is necessary that these programs are put on a stable footing to avoid further disruption. It is reasonable for Congress to evaluate all programs using taxpayer dollars. However, the instability created by year-to-year uncertainty across so much of the safety net has a significant negative effect on patient access and care. To that end, we request **extensions of these programs at level funding for at least a five-year period.**

Community Health Centers

Begun more than fifty years ago and supported through bipartisan administrations and Congress, Community Health Centers today provide high quality primary and preventive care to more than 25 million patients in more than 10,400 underserved communities nationwide. Community Health

Centers save the health care system more than \$24 billion every year, by reducing the need for care in costlier settings and by preventing and managing complex conditions. The mandatory investment in Community Health Centers was begun by Congress in 2010 and sustained each year and extended on a bipartisan basis in 2015, is **set to expire end of September, 2017.**

These resources have resulted in some 8 million new patients gaining access to care, while allowing every Community Health Center in America to grow its capacity through targeted investment in things like new locations, expanded hours, additional providers, quality improvement, and new and integrated services like oral health, behavioral health, and substance use disorder treatment and prevention. Today, the mandatory investment in Community Health Centers of \$3.6 billion annually accounts for more than 70% of the total federal grant investment in this nationwide system of care.

Tough decisions will have to be made if the funding cliff is not fixed, health care jobs will be lost, health centers will close and patients will lose access to high quality, comprehensive care. Our communities and residents that we serve will bear the brunt of your decision.

Nationally, Community Health Centers will face a:

- loss of 51,000 jobs;
- closure of 2,800 practice sites; and
- loss of access to care for more than 9 million patients.

California's Community Health Centers will face:

- 941,341 patients losing their health care;
- 5,509 jobs being eliminated and;
- \$1.1 billion in lost revenue.

For Southern California:

- **Riverside County** will lose \$5.2 million in 2018 federal investment funds which are used to provide high quality, comprehensive health care to 185,000 patients.

To preserve our system of access to primary and preventive care, Congress must act swiftly to avert the funding cliff for these vital programs.

Children's Health Insurance Program

Since its bipartisan beginning in 1997, the Children's Health Insurance Program (CHIP) has helped cut child un-insurance to the lowest level ever recorded, 95% of children currently have health insurance. CHIP provides coverage for close to 9 million children in working families that earn too much to qualify for Medicaid but too little to afford private health insurance.

The Honorable Ken Calvert
September 22, 2017
Page 3

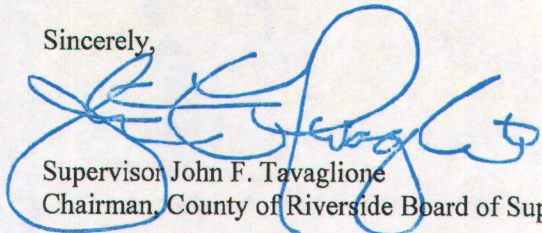
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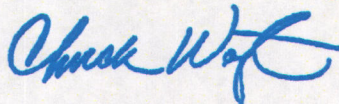
However, like the Community Health Centers program, the NHSC is funded on a mandatory basis, and without Congressional action to extend funding, the program will cease to exist at the end of September, 2017.

Thank you for your consideration.

Sincerely,

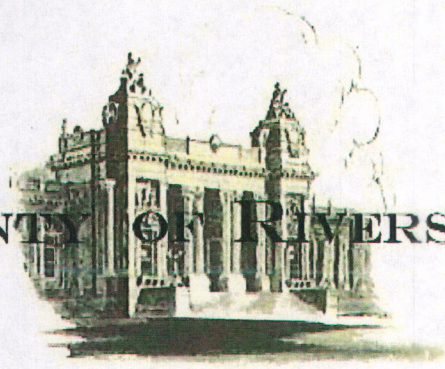


Supervisor John F. Tavaglione
Chairman, County of Riverside Board of Supervisors



Supervisor Chuck Washington
Vice Chairman, County of Riverside Board of Supervisors

COUNTY OF RIVERSIDE



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September 22, 2017

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1507 Longworth House Office Bldg.
U.S. House of Representatives
Washington, DC 20515

Dear Congressman Takano,

We write to you today to urge swift action to address the imminent program expirations facing some of the most critical elements of our health care system. These programs, all of which will see significant funding cuts beginning on Oct. 1, 2017, include:

- Community Health Centers
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Without action by Congress in the coming weeks, major disruptions will begin taking place, negatively impacting children, seniors, new mothers, rural and underserved patients and communities, clinicians, hospitals and Community Health Centers. The programs represent major elements of our nation's health care safety net, in primary care, children's health, hospital care and workforce recruitment and retention. Failure to renew these investments ahead of the September 30 deadline would reverberate throughout the health care system, eliminating coverage and access to care for millions, raising health care costs and reversing decades of bipartisan progress. Rather, sustaining and strengthening these investments will have the opposite effect, building on the goals we all share in health care: better quality, increased access to care, and cost containment.

This is a time of significant instability within the health care system so it is necessary that these programs are put on a stable footing to avoid further disruption. It is reasonable for Congress to evaluate all programs using taxpayer dollars. However, the instability created by year-to-year uncertainty across so much of the safety net has a significant negative effect on patient access and care. To that end, we request **extensions of these programs at level funding for at least a five-year period.**

Community Health Centers

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These resources have resulted in some 8 million new patients gaining access to care, while allowing every Community Health Center in America to grow its capacity through targeted investment in things like new locations, expanded hours, additional providers, quality improvement, and new and integrated services like oral health, behavioral health, and substance use disorder treatment and prevention. Today, the mandatory investment in Community Health Centers of \$3.6 billion annually accounts for more than 70% of the total federal grant investment in this nationwide system of care.

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For Southern California:

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To preserve our system of access to primary and preventive care, Congress must act swiftly to avert the funding cliff for these vital programs.

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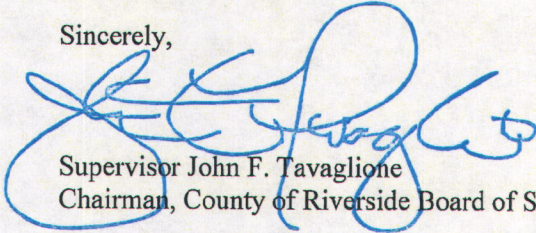
The Honorable Mark Takano
September 22, 2017
Page 3

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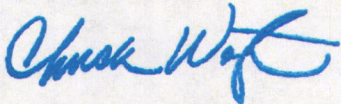
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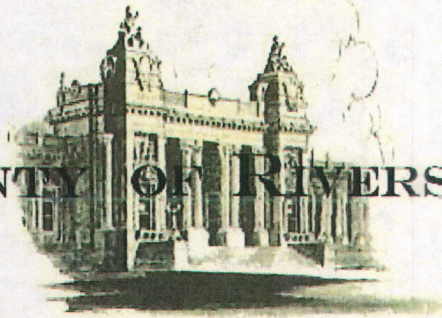
A handwritten signature in blue ink, appearing to read "John F. Tavaglione", written over a circular blue stamp.

Supervisor John F. Tavaglione
Chairman, County of Riverside Board of Supervisors

A handwritten signature in blue ink, appearing to read "Chuck Washington", written over a circular blue stamp.

Supervisor Chuck Washington
Vice Chairman, County of Riverside Board of Supervisors

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September 22, 2017

The Honorable Raul Ruiz
1319 Longworth HOB
Washington, DC 20515

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Page 3

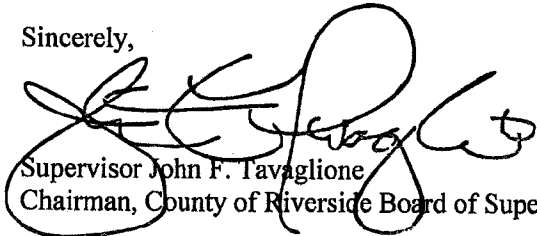
National Health Service Corps

Since its inception in 1972, the National Health Service Corps (NHSC) has worked to build healthy communities by placing health care providers dedicated to working in underserved areas of every state and territory in the United States. Placements are made in the highest need areas of the country, with providers serving in a wide variety of safety net organizations. Additionally, more than half of all NHSC placements continue to serve in designated shortage areas 10 years after fulfilling their NHSC commitment. **This bodes well for communities like ours.**

However, like the Community Health Centers program, the NHSC is funded on a mandatory basis, and without Congressional action to extend funding, the program will cease to exist at the end of September, 2017.

Thank you for your consideration.

Sincerely,



Supervisor John F. Tavaglione
Chairman, County of Riverside Board of Supervisors



Supervisor Chuck Washington
Vice Chairman, County of Riverside Board of Supervisors