Health Care Council Meeting
July 7, 2017
10 – 11:30 a.m.

1. Welcome and Self-Introductions

2. Caring for the Health of L.A.

   Mitchell H. Katz, MD
   Director
   Department of Health Agency, Los Angeles County

3. Single-Payer Healthcare Discussion

   Shana Alex Charles, MPP, PhD
   Assistant Professor, Department of Health Science
   California State University, Fullerton

4. Action Item
   • Approve: 2017 Federal Health Care System Statement of Principles

5. Upcoming Events
   • Next Council Meeting August 4th

**Thanks to Pacific Federal for once again providing our breakfast!**

Next Council Meeting
August 4, 2017
10-11:30am
Mitchell H. Katz, M.D.
Director
Los Angeles County Health Agency

Dr. Mitch Katz is the Director of the Los Angeles County Health Agency, a newly created agency that combines the Departments of Health Services, Public Health, and Mental Health into a single entity so as to provide more integrated care and programming within Los Angeles. The Agency has a budget of 7 billion dollars, 28,000 employees, and a large number of community partners. For the past five years Dr. Katz served as the Director of the Los Angeles County Department of Health Services (DHS), the second largest public safety net system in the United States. During this time, he created the ambulatory care network and empaneled over 350,000 patients to a primary care home. He eliminated the deficit of DHS through increased revenues and decreased administrative expenses, and used the new ACA funding to pay for a modern electronic health system, Orchid, which has now been implemented in 90% of DHS clinical sites. He has moved over 1000 medically complex patients from hospitals and emergency departments into independent housing, thereby eliminating unnecessary expensive hospital care and giving the patients the dignity of their own home. Dr. Katz continues to see patients every week as an outpatient physician at Edward R. Roybal Comprehensive Health Center and sees patients on the inpatient medicine service at LAC+USC, Harbor-UCLA, and Olive View-UCLA Medical Centers.

Before he came to Los Angeles Dr. Katz was the Director and Health Officer of the San Francisco Department of Health for 13 years. He is well known for funding needle exchange, creating Healthy San Francisco, outlawing the sale of tobacco at pharmacies, and winning ballot measures for rebuilding Laguna Honda Hospital and San Francisco General Hospital. He is a graduate of Yale College and Harvard Medical School. He completed an internal medicine residency at UCSF Medical School and was an RWJ Clinical Scholar.

He is the Deputy Editor of JAMA Internal Medicine, an elected member of the National Academy of Sciences (previously the Institute of Medicine) and the recipient of the Los Angeles County Medical Association 2015 Healthcare Champion of the year.
Shana Alex Charles, PhD, MPP
Assistant Professor
Department of Health Science, California State University, Fullerton

Shana Alex Charles, PhD, MPP, joined the Department of Health Sciences at California State University, Fullerton in 2015 after six years as director of the Health Insurance Studies Program and nine years as a senior research scientist at the UCLA Center for Health Policy Research. Charles's research focuses on discontinuous health insurance, particularly among low-income children, and its impact on access to care, and underinsurance among those with coverage. She also specializes in political issues surrounding health care reform at both the state and the national levels. Her most recent work includes an examination of the differences of access to care between Medi-Cal enrollees and those with private health insurance; an evaluation of the availability of job-based coverage following the first wave of the Great Recession; and a new conceptual framework of underinsurance that includes access to care.


Charles received her master's degree in public policy (health and regional development) from the UCLA Luskin School of Public Affairs and her PhD in health services (health policy) from the UCLA Fielding School of Public Health.
Speaker Rendon Statement on Health Care
Friday, June 23, 2017

Assembly Speaker Anthony Rendon (D-Lakewood) released the following statement on health care:

“Yesterday, Republicans in the U.S. Senate released a cynical plan to repeal the Affordable Care Act, posing a real and immediate threat to millions of Californians who only have health coverage because of the ACA.

“Preparing California to meet this threat must be the top health care priority for the Legislature, Governor Brown, and organizations that advocate for increasing access to health care.

“As someone who has long been a supporter of single payer, I am encouraged by the conversation begun by Senate Bill 562.

“However, SB 562 was sent to the Assembly woefully incomplete. Even senators who voted for SB 562 noted there are potentially fatal flaws in the bill, including the fact it does not address many serious issues, such as financing, delivery of care, cost controls, or the realities of needed action by the Trump Administration and voters to make SB 562 a genuine piece of legislation.

“In light of this, I have decided SB 562 will remain in the Assembly Rules Committee until further notice.

“Because this is the first year of a two-year session, this action does not mean SB 562 is dead. In fact, it leaves open the exact deep discussion and debate the senators who voted for SB 562 repeatedly said is needed.

“The Senate can use that time to fill the holes in SB 562 and pass and send to the Assembly workable legislation that addresses financing, delivery of care, and cost control.

“The fight for single payer also is moving forward on other fronts. The head of the Campaign for a Healthy California, an organization created to pass SB 562, has acknowledged their ultimate goal is to get a single payer initiative on the ballot, and there remains ample time for them to pursue that before November 2018.

“As those potential options work themselves out, the Assembly will stand with our partners to focus on the real, immediate threat to Californians' health care posed by Republicans in Washington.”
2017 Federal Health Care System: Statement of Principles

The nation’s health care system is critical to the long-term economic health and well-being of the United States. The Los Angeles Area Chamber of Commerce supports the following principles for comprehensive health care reform that embraces a market-based system focused on universal access, shared responsibility, wellness and prevention, and accountable health care delivery.

Ensure Portable & Universal Access
- All U.S. residents must have access to affordable, quality health care coverage.
- Individuals’ access to health care coverage should be portable and not dependent on employment status or location.
- An adequate package of health care coverage, at a reasonable cost, should be available to all U.S. residents regardless of their financial or medical status through commercial insurance or government programs.

Focus on Wellness & Prevention
- Incentivize healthy and fit lifestyles to increase wellness and reduce costs. Programs and policies should promote physical fitness and good nutrition as well as better education about disease prevention and health literacy, especially among historically underserved populations.

Strengthen the Market-Based System
- Create strong market incentives to purchase and provide health care coverage that will not disproportionally impact any single constituency.
- All purchasers, regardless of size, should be allowed to utilize purchasing cooperatives (pooling) to obtain health care coverage.
- Facilitate informed choices and personal responsibility by ensuring that consumers have access to accurate, reliable, culturally competent and consumer-oriented cost and quality health care information.
- Provide consumers with a reasonable choice among insurers, coverages and providers across all geographic boundaries.
- Special care must be also made regarding ERISA preemption necessary to enable multi-state employers to have consistent health plan features.

Promote Shared Responsibility
- All stakeholders in the health care continuum must contribute their fair share of the financing necessary to provide universal coverage, including that all U.S. residents must assume personal responsibility via an individual mandate for obtaining health coverage through available private or public programs, and that community rating ratios should not be increased beyond 3:1 as they negatively impact the affordability of health care.
Government funded programs, such as Medicaid, Medicaid Expansion and CHIP must be adequately financed without changing the financing methodology, to ensure the public and private health care safety net is preserved and to eliminate the cost-shift burden onto commercial insurance, individuals, businesses and other private health care purchasers.

Adequately fund programs associated with the public good, such as medical education and research; caring for the underserved; the provision of complex, costly medical services; and those services not otherwise readily available in the community.

Federal reform proposals must achieve active cooperation at all levels of government in order to address state/local needs. Minimize the costly overlap that currently exists between federal and state/local government mandates, programs and requirements.

Modernize Health Care Delivery

- Advance the use of information technology to improve efficiency and access to care, reduce medical errors and expand the interoperability of health records. This includes e-health records and telemedicine. Privacy rights must be ensured and balanced while recognizing the medical benefits of greater information sharing.
- Ensure an adequate clinical workforce through strengthened support for vital programs such as graduate medical education, the National Health Service Corps (NHSC) and Titles VII and VIII Health Professions Training programs including Area Health Education Centers (AHECs).
- Incentivize providers to focus on quality outcomes rather than quantity of procedures, as well as to reinforce wellness & prevention behaviors among their patients. Providers must share accountability for the total cost of care.