

**County of San Luis Obispo
HEALTH COMMISSION**

Minutes of Meeting

Monday, October 16, 2006 (Board of Supervisors Chambers)

Members Present: Lynn Enns (Chair), Penny Chamousis, Deborah Donnelly, Ed Guerena, Pam Heatherington, Sara Horne, James Mase, M.D., David Odell, Robert Thielscher, Susan Warren
 Members Absent: Jan Hicks (excused)
 Staff Present: Greg Thomas M.D., Jean White (recorder)
 Speakers: Mary Miller (EOC Ombudsperson), Peter Jenny (County Parks Manager), Donna Sullivan (League of Women’s Voters), Ralph Weber (CFP), Susan Hughes (Tobacco Control Program), Joel Diringer (Consultant, SBRHA)

Agenda Item	Discussion	Action	Who/When
1. CALL TO ORDER	Meeting called to order by Chair Enns at 6:00 p.m.		
2. APPROVAL OF MINUTES	Minutes from September 11, 2006 were approved as written.	Minutes approved.	All
3 PUBLIC COMMENT	<p>Eric Greening referred to the Interim Biosolids/Treated Sewage Sludge Ordinance that is in effect. This ordinance is based on numerical limits for land applied "sludge." Mr. Greening recently learned that the Chicago Grade Landfill receives low amounts of "sludge" from the City of Atascadero, which he believes raises some questions about the definition of land application, how to ensure all sludge is counted, and whether meaningful data could be obtained from this land application site. Mr. Greening suggested that the Health Commission receive a status report on the interim ordinance.</p> <p>Don Thompson, San Luis Obispo, commented on his experience with the County Tobacco Control Cessation program. He would like to see funds redirected toward treatment of tobacco, by offering more classes (possibly 3 classes per day, 5 days per week). He would also like to see class schedules made available to the public and published in the newspapers.</p> <p>Mark Phillips, Atascadero, said that Lynn Enns, chair of the recent GE Task Force, as well as current chair of the Health Commission, has demonstrated contempt for SLO GE Free by refusing to apologize for or retract her false statement claiming that SLO GE Free is a paid lobbying group. She has also used her position to influence the political process in an unfair manner at both the county and state level. She was at the SLO County Board of Supervisors meeting in which a motion to oppose SB 1056 was discussed, but she did not volunteer the information that the Health Commission voted 8-0 in April to oppose SB1056. A letter was supposed to be written opposing SB1056, but this was not sent until after Jim Patterson’s office inquired as to its status. Even then, the letter did not contain any discussion as to why the Health Commission opposed SB1056 nor that the vote was 8-0. These and other actions by the Health Commission Chair reflect badly on the integrity of the entire commission. Mr. Phillips also pointed out that the obligation for the GE Task Force to make no recommendation on anything was non-sensical and not helpful for the Board of Supervisors who are currently in possession of 3 conflicting GE reports. Mr. Phillips asked the Health Commission to review these 3 reports and make recommendations to the Board of Supervisors.</p> <p>Jesse Arnold, Cambria supported the comments of Mr. Phillips with regard to SB 1056. He stated the need for the Health Commission to take a position in order to protect the consumers.</p>		

<p>4. OMBUDSMAN REPORT</p>	<p>Mary Miller, EOC Healthcare Advocate, referred to the EOC Healthcare Access Ombudsman Reports, showing good outcomes. One area of deficient was under “Medical Home,” where data showed that 38% of people who utilize CHC services are “self-pay” or have “no insurance.” Specialty care and dental are also impacted in San Luis Obispo County. EOC’s outreach efforts, via flyers & mini-flyers to farmworkers and undocumented residents, have been very successful. They have also been successful in developing community relationships and partnerships.</p> <p>Commissioner Questions / Comments: Commissioner Heatherington asked what the biggest obstacle was in getting information to the community and whether they refer "self-pay/no insurance" clients to other programs. (Biggest obstacle is lack of communication. They refer patients whenever they can and it is never a problem finding services for children.)</p>	<p><i>Handout: EOC Health Care Access Ombudsman Program Reports</i></p>	
<p>5. SLO COUNTY PARKS AND RECREATION ELEMENT</p>	<p>Peter Jenny, SLO County Parks Manager provided background on the Parks and Recreation Element, an element of the County’s general plan. The current recreation element dates back to 1968. Over the past few years they have facilitated public meetings, to hear what the community wants in the way of programs and facilities in order to meet the growth in SLO County since 1968. After a series of meetings with the Parks and Recreation Commission, an updated document was adopted and forwarded to the Planning Commission for a recommendation. This document is set for review by the Board of Supervisors on November 14th. If the Board adopts the updated plan, it will become law with an adoption meeting on December 5th. Mr. Jenny read their mission and vision, which are summarized in the introduction of the document.</p> <p>Commissioner Questions/Comments: Commissioners asked questions about whether beaches and public access ways were managed under Parks and Recreation or by the State, whether they had programs that specifically address obesity, and how much money they receive from the General Fund. (Most of the beach land in SLO County is state operated, but they have a cooperative agreement to manage some of the beaches. Public Access Ways are managed by Parks & Recreation and the communities. They have very limited recreational programs, due to lack of resources. Parks and Rec raise about 1/2 of their revenue through user fees. Grants have helped with capital expenditures. The California Conservation Core has been a very important source of labor for them). Commissioner Heatherington encouraged partnerships between the schools and the Public Health Department.</p> <p>Public Comment: Eric Greening urged the commission to support the Parks and Recreation element. He states that there are some areas of controversy where the Commission's support is especially needed. He states that trails have been controversial partly due to misunderstanding and partly based on policy differences. He adds that there have been concerns that property will be condemned to make trails, which is not the case.</p> <p>Motion made by Commissioner Heatherington, seconded by Commissioner Odell, to send a letter to the Board of Supervisors supporting the Parks and Recreation element in concept, as it will be presented to the Board of Supervisors. AYES: Commissioners Heatherington, Odell, Chamousis, Guerena, Heatherington, Horne, Mase, Thielscher; NOES: None; ABSTENTIONS: Commissioners Donnelly, Warren.</p> <p>Commissioners Donnelly and Warren would like more time to review the document in detail. This item will be brought forward next month to discuss more specific areas of support, after everyone has had a chance to read the document in-depth. Mr. Jenny will return to answer any further questions.</p>	<p><i>Handout: 1 copy of Parks & Recreation Element (on CD)</i></p> <p><i>Document also available online at slocountyparks.org</i></p> <p><i>Motion in Support of Parks and Rec Element</i></p>	<p>1st - Heatherington 2nd - Odell Motion passed 8-0 w/ 2 abstentions.</p>

**6. SENATE BILL 840 –
SINGLE PAYER
HEALTH
COVERAGE**

Donna Sullivan, played a DVD titled *“The Healthcare Solution: California One Care”* supporting Sheila Kuehl’s bill – SB 840 – universal health insurance in California. The DVD presented patient’s personal stories about how they became impacted after becoming sick due to the health insurance system currently in place. The DVD stated that nearly half of the US population has inadequate health insurance coverage and 15% have no insurance. It states that SB 840 is a single payer system that would provide complete healthcare coverage for all residents of California. About ½ of the system would be financed by government funds that are already being spent on public healthcare programs, such as Medi-Cal and Medi-Caid. The remainder would be financed by replacing private insurance premiums with single payer premiums of about 8% of payroll from employers and about 3% of income from employees. Premiums won’t be paid on the first \$7,000 of income and there would be a cap on premiums for those earning over \$200,000. The new system would have an accountable commissioner, a policy board representing the medical profession and consumers, a position in charge of quality of care and an inspector general. The Lewen Group estimates that a publicly funded health insurance system in California would save 25 billion dollars in the first year.

Commissioner Questions/Comments:

Commissioners asked questions about Medicare, what type of impact this would have on California visitors who have other insurance plans, who would be responsible for establishing reimbursement levels to hospitals and providers, how the unemployed and disabled would get care, what type of co-pays there would be, how the self-employed would be taxed, if funds would be obtained through income tax, and why this isn’t law if it passed both houses. Commissioner Donnelly had some concern about the commissioner of the California Health Insurance Program being an elected official and the amount of authority that this person would have.

(Ms. Sullivan answered questions: Medicare would stay in place. Plan only covers California residents. Board or commission responsible for establishing rates. Governor vetoed original bill. Premiums based on income tax. Co-pay has been changing since bill was introduced.)

Ralph Weber, Certified Financial Planner and Registered Employee Benefit Consultant, Association of Healthcare Internal Auditors, spoke in opposition of SB 840 - universal health insurance in California. He told of his personal experiences with the Canadian healthcare system, talked about the shortcomings of the Canadian healthcare system, and talked about the reasons he left Canada. He believes the objective of SB 840 is to create a huge government run monopoly that will regulate everyone's health. He stated that SB 840 would be funded by the largest tax increase in the history of California – 8% for employers, 3% for employees and 11% for self employed. He also stated that undocumented aliens will not have to pay, but would receive the same benefits that taxpayers, citizens and legal residents receive. Mr. Weber provided data taken from the SB 840 website and also referred to his handout, which provided additional statistics and data, and noted that all sources of data were footnoted in the document. He commented that the SB 840 information he has seen does not quote their sources. He believes that healthcare should be consumer driven and not government driven.

Commissioner Questions/Comments:

Commissioner Heatherington corrected Mr. Weber’s quoted cost of a prescription and asked if he was involved in directing investments as a CPA. (He states he is not.) Commissioner Chamousis asked about statistic that was quoted with regard to percentage of uninsured. (Mr. Weber states he can obtain source of data). Dr. Thomas disagreed with a statement made by Mr. Weber regarding African American persons living shorter lives due to genetics.

Public Comment:

Teresa Weber spoke of her personal experiences with Canada’s “socialized healthcare system.” She states she came to California so she would have the choice to choose her healthcare.

	<p>Eric Greening states he is an uninsured Californian and disagrees with Mr. Weber that it is a “choice.” He shares Dr. Thomas’ concern with “ethic stereotyping.” He asks if each presenter could be given 5 minutes to explain the differences between the Canadian system and what is in SB 840. (Commissioner Enns and Odell state that tonight’s presentation is informational and speakers were not prepared for “debate.”)</p> <p>Speaker’s email contacts: dsullivan7731@sbcglobal.net Ralph@myfinancialhealth.com</p>		
<p>7. PROPOSITION 86 – TOBACCO TAX ACT OF 2006</p>	<p>Susan Hughes, Director of Tobacco Control Program and Executive Director for the First 5 Children and Families Commission, quoted some of the pros and cons of Proposition 86 – The Tobacco Tax of 2006. Proposition 86 is estimated to raise 2.1 billion dollars for FY 2007/08, by placing an additional \$2.60 tax on each pack of cigarettes. Currently there is a .87 cent tax on each pack of cigarettes; with the average state tax at about .96 cents per pack. Collected funds would be distributed to three main categories: treatment, prevention and research. Locally, the State Tobacco Control section projected an additional \$297,000 would come into SLO County from January 07 through June 08 for tobacco prevention control activities.</p> <p>Commissioner Questions / Comments: Commissioner Warren would like to see funds directed towards tobacco treatment programs for adults and adolescents, in collaboration with clinics and hospitals for referrals. Susan Hughes noted that these funds are initially for prevention and education.</p>		
<p>8. MEDI-CAL MANAGED CARE - COUNTY ORGANIZED HEALTH SYSTEM (COHS)</p>	<p>Joel Diringer, representing the Santa Barbara Regional Health Authority, provided history and an update on what has been going on with Medi-Cal Managed Care in SLO County. In December 2005, the Board of Supervisors initially approved the recommendation to proceed with a joint Santa Barbara/San Luis Obispo County Organized Health System. Over the past year, the Health Agency has engaged in discussions and negotiations with the Regional Health Authority and on September 26, 2006, the Board approved moving ahead with the partnership. A joint SB/SLO County Organized Health System will have a name change to reflect the two counties. There will be centralized finance, information technology and administration. Theresa Merkle, Provider Relations Representative, has been actively recruiting physicians for the Healthy Kids Program and the roll-out of Medi-Cal in the County. Scheduled implementation is not until January 08, due to legislative statutory changes that need to be made.</p> <p>Commissioner Questions / Comments: Commissioners asked questions about board membership, transitional “roadblocks,” provider participation, issues with pharmacies, whether the plan covers substance abuse treatment, the effects on CHC FQHC status, and specialty care. (There will be 5 Board members – 1 Board of Supervisor rep, 1 local government rep, 1 physician, 1 hospital administrator, and 1 Medi-Cal beneficiary. Education will be a big piece of transition. Physicians can share in some of the “savings” from the plan. Treatment Authorization Requests will have much faster turnaround. There is a meeting scheduled with the Pharmacist Association on 10/25. If substance abuse treatment is currently included in Mental Health carve out, it will remain. Reimbursement rate to specialists is unknown until the Authority knows how much they will receive from the State)</p>	<p><i>Handout: Copy of Power Point Presentation</i></p>	
<p>9. PUBLIC HEALTH DEPARTMENT REPORT</p>	<p>Greg Thomas, M.D., Health Officer, referred to his written report. Dr. Thomas added that the Public Health Department Flu Vaccine clinic is scheduled for November 3rd. More detailed information is posted on the Public Health website at www.slopublichealth.org. Information on other flu vaccine clinics throughout the County can be found at www.flucliniclocator.org or findaflushot.com.</p>	<p><i>Handouts: Copy of Director’s Report</i></p>	
<p>10. HEALTH COMMISSION UPDATES</p>	<p>CHAIR UPDATE: Chair Enns: Attended two Obesity Prevention Task Force meetings and the Tobacco Control Coalition meeting. Next month there will be an update from the Obesity Prevention Task Force.</p>		

	<p>COMMISSIONER UPDATES:</p> <p>Commissioner Thielscher: Attended the Sept. 11th SLO CAP Board meeting, where there was discussion about current funding and fundraising efforts. Updates were given on the Child Death Review Team, the Post Partum Depression Support Line and their “Touching” program (which is being expanded from kindergarten to second graders). SLO CAP also plans to expand outreach efforts in educating the community on child abuse.</p> <p>Commissioner Warren: Attended the Drug & Alcohol Advisory Board, where there was discussion on AB 1234 – Ethics Training for advisory board members who are compensated. There will be a training on December 13th, 5:00-7:00 pm, location TBD, which may be of benefit to Health Commissioners. There was also discussion about the Advisory Committee’s position statement for methamphetamines. There will be a combined training for Mental Health and Drug & Alcohol staff on co-occurring disorders in December, with a conference open to the public in the Spring.</p> <p>Commission Heatherington: No report</p> <p>Commissioner Chamousis: No report</p> <p>Commissioner Horne: Unable to attend CSN meeting this month; will be attending this Thursday’s meeting.</p> <p>Commissioner Guarena: No report</p> <p>Commissioner Odell: No report</p> <p>Commissioner Mase: No report</p> <p>Commissioner Donnelly: No report</p> <p>Commissioner Hicks: Absent</p>		
<p>11. COMMITTEE REPORTS</p>	<p>Legislative: Committee did not meet this month; working on coordinating a date.</p> <p>Nominating: Committee did not meet this month.</p> <p>Community Education: Committee did not meet this month. Commissioner Heatherington referred to handout she brought back from conference in Long Beach - “No Drugs Down the Drain.” This is a topic that the committee plans to look at further.</p> <p>Budget: Committee did not meet this month.</p>	<p><i>Handout: “No Drugs Down the Drain”</i></p>	
<p>12. PROSPECTIVE FUTURE ITEMS</p>	<p>Next meeting – November 13, 2006 – SLO County Board of Supervisors Chambers</p> <ul style="list-style-type: none"> • Further discussion on Parks and Recreation element • Tobacco Cessation Programs • Obesity Prevention Task Force – Update • Nutritional Survey Results / At Risk-Overweight Children 		
<p>13. ADJOURNMENT</p>	<p>Motion to adjourn - 9:20 P.M.</p>		<p>All</p>