

LOCAL VIEWS

State's community health care cuts may be costly

By IRMA COTA, BARBARA MANNINO
and TRACY REAM

We can all agree that California is in dire fiscal straits right now and that we must all share in the sacrifice and the responsibility in lifting the state out of its economic predicament.

In the midst of another \$24 billion state budget shortfall, is it prudent for lawmakers to treat all state programs equally when it comes to the budget hatchet? And in reality, with community health centers absorbing

the burden of medical care for the uninsured during the worst economic crisis since The Great Depression, does it make sense for the state to be reducing or eliminating funding and programs that support community health centers?

We, along with most other Californians, would say no. However, that is exactly what's happening.

Our case rests in the situation facing the community health centers, your health care safety net.

California's community clinics and health centers are currently experi-

encing up to a 20 percent increase in the number of uninsured people walking through their doors as a result of the continuously declining economy, skyrocketing unemployment rate and staggering loss of health insurance coverage. Yet, for the second year in a row, Gov. Arnold Schwarzenegger is poised to eliminate those clinic programs that go specifically toward addressing our state's ever-growing uninsured population.

In his recent May Revision, the governor outlined the elimination of \$48.8 million in funding to communi-

ty health centers; money that supports Expanded Access to Primary Care, Seasonal Agricultural Migrant Workers, Rural Health Services Development, and Indian Health — all programs that help cover the cost of medical services to California's vast uninsured residents.

These programs, known as "traditional" clinic programs, represent the only state funding from which California's clinics can draw upon in serving the state's uninsured population. They are literally the only items with-

rectly to community clinics and health centers and are dedicated for the uninsured.

Each year, traditional clinic programs allow health centers to provide approximately 1 million uninsured patient visits to individuals located in our most underserved communities who would otherwise either not seek or receive care, or would do so in our more costly hospital emergency rooms. Thus, at a time when Californians are losing their jobs and their

See Health, Page E6

Health

Continued from Page E1

health coverage at alarming rates, the governor's budget withdraws total support from the very providers that are not only stepping up to serve those most in need, but also keeping health system costs down.

By eliminating traditional clinic programs, in essence,

millions of uninsured Californians would be left with nowhere to turn but to hospital emergency rooms. With approximately 60 percent of personal bankruptcies being the result of unmanageable medical bills, community health centers help keep people from delaying care and incurring more catastrophic and costly care that could lead to personal financial crisis.

In 2008, when the governor

first proposed these reductions, the nonpartisan Legislative Analyst's Office reported that cuts to traditional clinic programs made little sense and would bear no net savings to the state. The analyst's office asserted that the governor's proposal would only put up more barriers to health care and cause more shifts to expensive venues where patients go to receive their health care.

As the governor and Legislature proceed during this next iteration of budget negotiations, California's community clinics and health centers hope that they recognize the importance of maintaining "traditional" clinic programs.

It was just 18 months ago that the governor and Legislature embarked upon a broad health care reform agenda, and in the process called for historic investment into tradi-

tional clinic programs — \$134 million to be exact. Lawmakers recognized the critical role community clinics play in caring for the uninsured, the cost-effective, culturally relevant health care delivery model they employ and ultimately immense state savings they provide in our broken health care system.

While clinics are not asking for another historic investment right now, they are ask-

ing that policymakers choose to preserve and protect their ability to continue to provide Californians essential medical care when they need a stable health care system most.

Irma Cota is the North County Health Services' president and chief executive officer; Barbara Mannino is the CEO of the Vista Community Clinic; and Tracy Ream is Neighborhood Health care's CEO.