

Health Care Community Service



PROPOSITION Q

Shall the City require a private hospital or clinic to post and mail to the Health Commission a 90 day notice before any service reduction or any sale, lease or change in management and shall the Health Commission be required to decide whether the change will impair health care service and to explore ways to replace any reduced service?

YES 280 →
NO 281 →

Analysis

by Ballot Simplification Committee

THE WAY IT IS NOW: The City has a Health Commission charged, among other duties, with managing and controlling "all matters pertaining to the preservation, promotion and protection of the lives, health and mental health of the inhabitants of the city and county . . ." There is no current regulation regarding the procedures for eliminating services provided by private hospitals and clinics.

number of patients and employees who will be affected by the change. Proposition Q will also require that the Commission decide, based on public hearings, whether the proposed change will have a negative impact on the health care service to the community. Proposition Q will also require the Commission to explore other ways of providing the services which are to be reduced.

THE PROPOSAL: Proposition Q would require that before any private hospital or clinic reduces its level of services, or before any hospital or clinic leased, sold or transferred its management, it must post a public notice on the building and mail a copy of the notice to the San Francisco Health Commission. This notice must be posted and mailed not less than 90 days before any change is made. The notice must contain a detailed list of the proposed changes and the

A "YES" VOTE MEANS: If you vote yes, you want the City to adopt this new set of procedures to be used when a private hospital or clinic may be leased or sold or transfer its management.

A "NO" VOTE MEANS: If you vote no, you do not want the City to adopt this new set of procedures.

Controller's Statement on "Q"

City Controller John C. Farrell has issued the following statement on the fiscal impact of Proposition Q:

"Should the proposed initiative ordinance be approved, in my opinion, it would not, in and of itself, affect the cost of government. However, as a product of its possible future application, the San Francisco Health Commission may, as a matter of policy, provide for those health care services reduced or eliminated in the private sector. The net cost increase in public health services, being dependent upon future budgetary considerations, cannot be determined, but could be substantial."

How "Q" Got on the Ballot

On July 28, the Registrar of Voters certified that the initiative petition calling for Proposition Q to be placed on the ballot had a sufficient number of signatures to be placed on the ballot.

On July 20, the proponents of the initiative ordinance submitted petitions containing 16,900 signatures. After examining the signatures, the Registrar determined that there were 13,459 valid signatures. This is more than the 9,399 signatures required to place an initiative ordinance on the ballot. (9,399 represents 5% of the people who voted for Mayor in San Francisco in 1987.)

**LEGAL TEXT OF PROPOSITION Q
IS ON PAGE 95**



Health Care Community Service

OFFICIAL ARGUMENT IN FAVOR OF PROPOSITION Q

Our neighborhoods depend on hospitals for health care, but hospital mergers are eliminating needed medical services. Community hospitals are increasingly controlled by corporations and administrators without local roots or commitment to neighborhood needs. The result is that San Francisco faces a shortage of needed, but less profitable services such as psychiatric, emergency and maternity care.

These decisions are announced suddenly and without community input. Patients may be given only a few days notice. This does not allow for adequate health planning, nor time for patients, government, labor, and health care providers to consider alternatives.

The elimination of health services in the private sector forces more patients into City funded programs, especially the 170,000 uninsured San Franciscans. This puts more burden on taxpayers and the already overstrained public health system.

Sudden closures often result in layoffs without placement or retraining. The City loses health professionals from its skilled labor pool as well as tax revenues.

Proposition Q proposed that private hospitals and clinics give the community a notice before closing or reducing services. It also calls

for public hearings before the San Francisco Health Commission to evaluate the impact on community health care and to explore alternatives. *This is already legally required of public hospitals.*

Proposition Q is a step towards comprehensive community health planning. It will help assure accessible, quality health care for all our neighborhoods.

Congresswoman Nancy Pelosi

Assemblyman Willie Brown

Assemblyman John Burton

Supervisor Harry Britt

Board of Supervisors President Nancy Walker

Mark Splain, Trustee, Hospital & Health Care Workers Union, Local 250

Dr. William Gee, On Lok Senior Services

Jose Medina, Instituto de Laboral

Ellen Schaffer, Community Health Coalition

Tim Wolford, SF Aids Foundation, and San Francisco College Board

REBUTTAL TO OFFICIAL ARGUMENT IN FAVOR OF PROPOSITION Q

Proposition Q is a SHELL GAME of make believe.

The Health Commission has absolutely *no authority* or jurisdiction over the financial affairs of our private hospitals.

Proposition Q does not assure quality healthcare. The only way to assure access to quality healthcare is to increase State and Federal funding for health programs. Over 50% of the patients seen in these hospitals are Medi-Cal or Medicare patients. LET'S NOT PLAY GAMES WITH THIS DELICATE BALANCING ACT!

Our hospitals suffer a great burden due to underfunding by State and Federal agencies. We should work together to increase funding for Medi-Cal and Medicare, not create an adversarial relationship.

Clearly, hospitals need more money to operate efficiently and effectively. Unnecessary hearings before a commission that has no authority in this area will only jeopardize the stability and services provided by our hospitals.

IF this is really a labor issue, then let's negotiate responsibly. Don't threaten the stability of the system with false promises.

The bottom line is that Proposition Q really *doesn't assure anything!* The language is vague and impossible to implement effectively. There are just too many unanswered questions!

VOTE NO ON PROPOSITION Q! Hospital health and safety issues shouldn't be treated like a SHELL GAME!

Tom Hsieh, San Francisco Board of Supervisors

Bill Maher, San Francisco Board of Supervisors

Harold Dobbs, Former San Francisco Supervisor

Robert Murray, M.D., President, Medical Staff,

St. Mary's Hospital

Robert Seymour, M.D., Chief of Staff, Davies Medical Center

Laurens White, M.D., Oncologist, St. Luke's Hospital

NO PAID ARGUMENTS WERE SUBMITTED IN FAVOR OF PROPOSITION Q

Arguments printed on this page are the opinion of the authors and have not been checked for accuracy by any official agency.

OFFICIAL ARGUMENT AGAINST PROPOSITION Q

Proposition Q requires the San Francisco Health Commission, a politically appointed, public, government body to hold extensive, investigative hearings EVERY TIME one of our *community, not-for-profit hospitals* consider:

- merging with another hospital to keep it from closing;
- affiliating with another hospital to eliminate costly administrative overhead or offer expanded healthcare services;
- modifying any service to save patients' money or take advantage of new technology;
- changing existing operations, such as the hours cafeterias are open or parking lots are staffed.

Don't confuse this Ordinance with job security. Employees deserve suitable notice of layoffs or new job opportunities. But **INSTEAD OF MAKING THINGS BETTER, THIS MEASURE WOULD HAVE AT LEAST SIX UNFORTUNATE EFFECTS.**

IT WILL:

1. Increase the already staggering costs of healthcare;
2. Interfere with collective bargaining and union employee rights;
3. Require more lawyers and accountants;

4. Involve **OUTSIDERS** who have **NO AUTHORITY** and **NO JURISDICTION** over the quality of these hospitals' services and their financial affairs;

5. Bring politics into healthcare;

6. Reduce hospitals' ability to meet changing healthcare needs, such as services for patients with AIDS/ARC.

This Ordinance is dangerous because it is confusing, vague, impossible to implement effectively and *full of loopholes.*

VOTE NO on Proposition Q to protect your hospital from costly bureaucracy and red tape.

*The Honorable Tom Hsieh, San Francisco Board of Supervisors
The Honorable Bill Maher, San Francisco Board of Supervisors
Harold Dobbs*

*Robert J. Seymour, M.D., Chief of Staff, Davies Medical Center
Laurens P. White, M.D., Oncologist, St. Luke's Hospital
Davies Medical Center
Mount Zion Hospital and Medical Center
St. Mary's Hospital and Medical Center
San Francisco Section, West Bay Hospital Conference*

NO REBUTTAL TO THE OFFICIAL ARGUMENT AGAINST PROPOSITION Q WAS SUBMITTED

PAID ARGUMENTS AGAINST PROPOSITION Q ARE ON PAGE 153

TEXT OF PROPOSED ORDINANCE PROPOSITION Q

I. DECLARATION OF POLICY

The people of the City and County of San Francisco find and declare that this community has a vital public interest in available healthcare for all members of the community.

In recognition of that interest, the City and County voters adopted an amendment to the Charter in 1985 creating a Health Commission, charged among other duties with "(managing and controlling) . . . all matters pertaining to the preservation, promotion and protection of the lives, health and mental health of the inhabitants of the city and county . . ." (Section 3.697)

The people further find and declare that elimination or curtailment of health services by private hospitals and clinics in this community may have a detrimental effect on the health and well-being of this community.

Therefore, the people adopt this Community Health Care Planning Ordinance.

II. PROVISION OF HEALTHCARE TO THE COMMUNITY

Prior to closing a hospital inpatient or outpatient facility, eliminating or reducing the level of services provided, or prior to the leasing, selling or transfer of management, the hospital shall provide public notice, including notice posted at the entrance to the facility or facilities affected and mailed to the San Francisco Health Commission, of their intention. Such notice shall be posted and mailed not less than 90 days prior to the intended date of the action. The notice shall contain a detailed list of the proposed reductions or changes and the number of patients and employees affected by facility and service.

The commission shall make findings based on evidence and testimony from public hearings that the proposed action will or will not have a detrimental impact on the health care service of the community.

The commission shall further explore in these public hearings what alternative means are available in the community to provide the service or services to be eliminated or curtailed.

It is the intent of the people of San Francisco that the meaning and effect of Section II of this ordinance be construed consistent with the purpose and construction of California Health and Safety Code Sections 1442 and 1442.5. The people further intend that this ordinance be construed consistent with applicable state and federal law. □