

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
January 11, 2024**

APPROVED

COMMISSIONERS

Crystal D. Crawford, J.D., **Chairperson** *
Patrick T. Dowling, M.D., M.P.H., **Vice-Chair** *
Kenny Green*
Alina Dorian, Ph.D. *
Diego Rodrigues, LMFT, MA*

DEPARTMENT OF PUBLIC HEALTH REPRESENTATIVES

Barbara Ferrer, Director of Public Health **
Dr. Muntu Davis, County Health Officer*

PUBLIC HEALTH COMMISSION ADVISORS

Christina Vane-Perez, Chief of Staff *
Dawna Treece, PH Commission Liaison*

***Present **Excused ***Absent**

TOPIC		RECOMMENDATION/ ACTION/ FOLLOW-UP
<u>I. Call to Order</u>	<i>The meeting was called to order at 10:32 a.m. by Chair Crawford</i>	<i>Information only.</i>
<u>II. Announcements and Introductions</u>	<p>The Commissioners and DPH staff introduced themselves.</p> <p>Action for December minutes</p> <p>Land Acknowledgement</p>	<p><i>Information only.</i></p> <p><i>Approved</i></p> <p><i>Read by Chair</i></p>
<u>III. Public Health Report</u>	<p>Muntu Davis, County Health Officer provided the departmental update.</p> <p>COVID is currently still the largest diagnosed infection and is on a steady increase. As of January 11th, there is a seven-day average of 483 COVID-19 cases a day. This is a slight decrease from the 542 that was reported the week before. These numbers don't include Long Beach and Pasadena.</p> <p>The daily average for COVID-positive hospitalizations is 806. A seven-day average in terms of deaths is 3.7 per day, which includes Long Beach and Pasadena. That is a slight increase from 3.4. This is a lagging indicator.</p> <p>DPH looks at other viruses that are circulating including RSV and influenza. In the last meeting, Dr. Rita Singhal mentioned that a Respiratory Surveillance Dashboard was launched. It is a helpful tool to look at trends and track flu, Covid-19, RSV as well as some of the</p>	

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	<p>other respiratory viruses. RSV and influenza are slightly decreasing and 18.3% of specimens tested for influenzas in terms of symptom surveillance were positive, and 7.5% of specimens tested for RSV were positive. LAC residents still need to take precautions and try to protect themselves and each other.</p> <p>At the end of December, hospital admissions level for COVID-19 increased to the medium level. Prior to that, DPH sent out an order for licensed care facilities, and inpatient facilities to require masking of visitors and staff at inpatient care areas. This was to increase source control in places where people were required to be and be there for potentially a longer time and who are high risk. Oftentimes, in these areas, people coming in, whether it be staff or visitors, can potentially be the source of an outbreak within those facilities. In the Order, masking for healthcare staff is regardless of vaccination status. This was done early to prevent reaching the high level. This will stay in place until LAC falls below medium level.</p> <p>The California Department of Health, CDPH, issued an update to their Health Officer Order for COVID-19 control and related guidance documents on January 9th. This would reflect changes in isolation guidance from persons who are testing positive or clinically diagnosed with COVID. Changes of recommendations are for those testing for proposed contact as well as the infectious period for isolation and quarantine. DPH is still in review of the updates and will soon decide how to proceed. The infectious period has not changed. COVID patients should still wear a mask for ten days. DPH will continue to advise people to take steps to reduce COVID and other respiratory virus transmission using measures such as masking for persons who test positive or are diagnosed with COVID for ten days. The mask should be a well-fitting high-quality mask and should be worn ten days after the symptoms began or ten days after their first positive test.</p> <p>DPH still provides at-home tests at many libraries for individuals to assess their status if they have respiratory symptoms or have exposure.</p> <p>DPH advises everyone who is in close contact with a confirmed case test immediately. If they are negative, test again within three to five days to make sure they do not have it. Cal/OSHA has updated their guidance inside of the workplace, confirmed cases should wear a mask when returning to work for ten days. DPH still recommends that people should test negative before they come out of isolation and around others. The new guidance from the state also advises that if you're coming out within ten days after being infected, you can stop</p>	

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	<p>wearing a mask earlier if you have two negative COVID tests within a day.</p> <p>Comments/Recommendations:</p> <p>Dowling: Hopkins is doing a lot of work around the expiration dates of tests and what that means. Is there messaging around that?</p> <p>Davis: The FDA will occasionally send out information about the expiration dates on tests and extend the expiration date. It's important to check the quality and make sure the tests are kept and stored properly so they can still be used.</p>	
<u>IV. Presentation</u>	<p>Dr. Naman Shah, Director of Medical Affairs, gave an update on Medical Debt in Los Angeles County</p> <p>Dr. Shah heads a Healthcare Consumer Protection unit as part of the consumer protection efforts. They have expanded to look at financial harm and access to care as a consumer protection issue. With the public health emergency ending, there will be about 300,000 residents in LAC who will lose health insurance.</p> <p>Medical debt has not been looked at as a local public health issue but as a State and Federal issue. DPH is looking at a bottom-up approach to making progress that will supplement and complement state and federal efforts. DPH conducted an analysis of population representative data from LAC between 2017 and 2021. 1 in 10 LAC residents are impacted by burdensome medical debt. While the uninsured faced the most burden, insurance expansion has dramatically proceeded. Over the last 5 years, medical debt remains un-impacted.</p> <p>72% of those with burdensome medical debt have insurance. Premiums and deductibles are increasing. An LAC resident can have insurance and still be liable for thousands of dollars in medical debt.</p> <p>Medi-Cal members, who are among our most vulnerable, had twice the burden of medical debt compared to Medicare. This was a surprising find, so a Medi-Cal sub-study was developed to further understand the reasons why and what the gaps in Medi-Cal might be.</p> <p>A 2022 analysis was just completed and released in November, which showed there was no change in medical debt burden. 10% of the County was affected and the uninsurance decreased by 10% but</p>	

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	<p>still no change in the total amount of medical debt. In 2021, it was greater than \$2.6 billion and in 2022 it increased to about nearly \$3 billion. The problem is worsening. There are stark disparities between racial and ethnic groups, from geographic location within the county, families with children, income levels, and chronic health problems.</p> <p>Public Health put together a Medical Debt Coalition. The coalition has more than 40 members. The coalition members include 21 community organizations, 18 health organizations, 7 local government departments, legal aid organizations, think tanks, Western Center, and health insurers. The coalition produced a baseline report and action plan that recommended strategies that the county could undertake to address medical debt locally. Supervisors Hahn and Mitchell co-sponsored a motion, which was unanimously passed in October.</p> <p>The use of the county code to develop an ordinance that would require the collection of key data and policies on debt collection and financial assistance activities in LA County hospitals. There are 92 hospitals in LAC and the hospitals hold between two-thirds and three-fourths of the total debt. Hospitals must post their financial assistance policies and report the total amount of charity care they provide.</p> <p>Many hospitals are interested in improving their financial assistance, but they do not track metrics internally for example: how many people applied? How many people were denied and the reason? What does the distribution of applications and acceptances look like by demographic breakdown, etc.? Answers to these questions will improve financial assistance and provide transparency to all stakeholders including their board and their community members.</p> <p>Whenever an account is sent to the collection at an individual level, it should be sent to be reported. If individual data is captured, the County can match that account to see if the individual is at the 300% federal poverty line. There is a State law, the Hospital Fair Billing Act, that requires financial assistance to be offered to all individuals at 400% FPL and below. If caught, financial assistance navigation can be offered to help break the cycle of debt.</p> <p>DPH has partnered with hospitals to identify best practices related to debt collection financial assistance policy and application. Policies have been collected and are currently being analyzed. At times, the pages in policies range from 5 pages to 21 pages and submission of</p>	

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	<p>documents can range from 3 to 18 pages. Public Health is providing a form of assistance if the policies can be uniform and streamlined, it could be a huge benefit. LAC hospitals provide about \$300 million of financial assistance every year. If DPH can improve that by 10%, that would be a \$30 million return. DPH would like to develop a uniform policy and application based on the analysis of best practices among already existing elements in various hospitals. Another obstacle is that a client cannot submit a web-based application anywhere in the County. It is still paper-based.</p> <p>The prevention strategy to reduce the accumulation of medical debt will look at internal county policies and strategies. This is working with the insurance to educate consumers on billing and out-of-network charges and provide more navigation resources for financial assistance. This is a partnership with Health Service, Consumer Business Affairs, Economic Opportunity Mental Health and Social Services.</p> <p>DPH also looks at the feasibility of purchasing and retiring medical debt. Some jurisdictions have been using ARP funds and other funding streams to buy and retire medical debt. It adds to stress for patients who are still making payments on old medical debts that have been sent to collection. There is access to care issues and people self-restrict. When people have medical debt, they tend to skip follow-up visits and prescription refills. Medical debt also impacts their credit scores, which impacts their overall financial well-being.</p> <p>In a secondary market, hospitals often sell their medical debt to a secondary debt buyer that could be pennies on the dollar (\$0.01 for every dollar of debt) The county could buy and retire about \$2 billion of existing medical debt, for about \$24 million. Currently working with CEO and just completed a report on the possibility and feasibility of doing this for LA County. Once funding is identified it can move forward.</p> <p>Also looking into legislative advocacy options that are already ongoing at the state and federal levels. Consumer Financial Protection Bureau at the federal level and public health's comment on new rules that would bar medical debt from impacting credit scores.</p> <p>The California Health Interview Survey, where annual medical debt data comes from, works with UCLA and funds them to add additional medical debt-related questions that will cover some of the gaps that</p>	

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	<p>the community partners have asked for. The next large meeting for the medical debt coalition is in March at the California Endowment. Commissioners are invited to attend this event.</p> <p>This is a bipartisan issue and the right time to tackle this long-standing issue. The healthcare system is wonderful it just has a financial model that is broken. This is seen as one of the largest public health priorities.</p> <p>Recommendations/comments:</p> <p>Crawford: The work that the coalition, Dr. Shah’s leadership, and vision are admirable when looking at economic empowerment and freeing people from oppressive systems and forces. Congrats on all the work being done.</p> <p>Dowling: People must work fourteen quarters to be eligible for Medicare. If a person is born with tremendous birth defects and can never work, they are unlucky from the beginning.</p> <p>Dorian: Medical debt is not a choice for people and the amount is not. Many do not know medical debt has a snowball effect not only on part of the debt, but it creates other issues. This sounds promising, especially with the ordinances, and the application to file for financial assistance. Hospitals are a business but taking care of the population is the most important thing. Is the financial assistance something all hospitals offer, and it is similar to law firms that have pro bono?</p> <p>Shah: All hospitals are required to provide financial assistance, and have a financial assistance policy, for-profit and nonprofit. Nonprofits have additional reporting requirements, and it is a condition of their IRS 501(c)(3) exemption. There is no amount associated with their tax status, so they are not obligated to provide any fixed amount. Different communities need different amounts of financial assistance and variation is expected. The average in LAC is thirty percent lower than the state average for financial assistance for hospitals as a proportion of their total budget. For many physicians, there’s a source of moral distress when treating a patient when knowing the patient is being burdened by your care or may not be able to continue in your care. The Los Angeles County Medical Association (LACMA) has been a big supporter of our work.</p>	<p>Send Medical Debt Coalition invitation to Commissioners.</p>

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	<p>Rodrigues: System navigation is a significant need and there's an excess of need for individuals who are burdened by medical debt. Some of the legal aid organizations that do have limited funding to support these individuals can't address some of the other social determinants of health that are impacted. Perhaps our community health workers with proper training could fulfill that role in supporting folks who are impacted by medical debt.</p> <p>Green: Appreciate the work that is being done as well as the June report. There is a lot of complexity because it comes down to financial literacy as well. In the June report, you spoke of preventing medical debt, improving financial assistance, and managing medical debt. How do we get the public to consider those things? And were the medical debts an emergency or an accident? Or were they preventable?</p> <p>Shah: Financial literacy is key. DPH is working in tandem with partners, our community as well as the Consumer Business Affairs Department (DCPA), which has a large literacy program. We want to leverage existing resources to incorporate some of this so people do not have to go to multiple places for support.</p>	
<u>V.</u> <u>New Business</u>	<p>2023 Public Health Commission Annual Report</p> <ul style="list-style-type: none"> - A motion was called to extend the deadline to April 30, 2024. 	<p>Approved by vote:</p> <p>All were in favor of extending the deadline.</p>
<u>VI.</u> <u>Unfinished Business</u>		
<u>VII.</u> <u>Public Comment</u>	<p>Caller: H.D. from Sherman Oaks is happy that masks are now being required at hospitals, it's only because transmission and hospitalization numbers are high. Once the numbers are lowered, masks will not be required anymore. H.D. urges to keep masks in the hospital even when the numbers go down.</p> <p>Caller 2: Thanks the Commission for bringing back masks in healthcare settings but advises the action was too little too late as it</p>	

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	<p>was put in place when numbers were going up. Caller asks to extend this mandate permanently and expand it to more facilities and pharmacies.</p> <p>Caller 3 (J.): The caller is taking care of an elderly mother and is terrified to take her to medical appointments right now. Call expresses outrage with there not being air filters in classroom settings.</p> <p>Attendee (J.): The attendee finds obsessive-compulsive detail oriented good habits of health help him. He was experiencing pain in the right side of his chest but drank water and the pain eased. He attends Buddhist meetings once a month communicates through text and goes to synagogue.</p> <p>Attendee (J.B.): The attendee is a candidate for the Southeast LA, 42nd District, and founder of an organization. He urges LAC to maintain the mask requirement in healthcare settings as well as extend it to outpatient settings.</p>	
<u>VIII. Adjournment</u>	<p>MOTION: ADJOURN THE MEETING</p> <p><i>The PHC meeting adjourned at approximately 11:40 p.m.</i></p>	<p><i>Commissioner Crawford called a motion to adjourn the meeting. The motion passed and was seconded by Commissioner Dowling.</i></p>