

MOTION BY SUPERVISOR DON KNABE

June 14, 2005

With the closure of King/Drew Medical Center's Trauma Center and the uncertainties surrounding that facility, along with the closure of various other County health clinics, some community hospitals nearby King/Drew have seen dramatic increases in their emergency room visits, as well as increases in the number of uninsured patients.

For example, Downey Regional Medical Center, located five miles from King/Drew, has experienced a 37% increase in utilization of its emergency room in the past three years, along with a doubling of the number of uninsured patients who came through its emergency room and became inpatients. Downey Regional is a non-disproportionate share hospital (non-DSH) and therefore received no funding for these patients, beyond what little the uninsured could pay. These additional costs have added over \$4 million in losses annually on top of the millions of dollars of losses Downey

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Regional has experienced in servicing indigent patients and Medi-Cal patients in increasing numbers over the past several years.

The cumulative effect of these trends has been fiscally devastating to Downey Regional, and they are threatening the viability of emergency room services, which the community desperately needs and which the Hospital wants to provide, but cannot do so indefinitely under the current situation. Should the County lose Downey Regional's emergency room services, over 7,000 ambulances would need to be diverted annually, and this, in turn, would threaten the viability of all remaining hospitals in the King/Drew area. This is a domino which we can not allow to fall. The chain reaction would be more than the system could withstand.

I believe that the Department of Health Services should work with hospitals that are being negatively impacted, especially non-DSH hospitals surrounding King/Drew Medical Center's service areas, and report back to the Board with a plan of action to prevent the closure of further vital services.

I, THEREFORE, MOVE that the Board of Supervisors instruct the Director of Health Services to:

1. Report back within 30 days with his recommendations to maintain current levels of emergency room services;
2. Identify the appropriate level of support needed for impacted, non-DSH hospitals to maintain their viability and continue to service the patients,

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especially for hospitals in or adjacent to King/Drew's service area, including any arrangements for the provision of funding or inpatient bed licensing by the County or other means, and report back to the Board within 30 days.

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