

HMHS Cluster Transcript

January 28, 2026, 7:30PM

- **Atineh Sepanian** started transcription

R1 **Room 140** 0:07

We'll start with introductions from board offices in the room. Point first. Hi everyone. Alexandra Perez with supervisor Hans office. CLO chin your eyes also with superior eyes are Han's office. Devero supervisor Mitchell's office. Maybe tears. For Lam 4th District, Chris Cullen, 4th district. Have any representatives from the first district on the call.

CA **Cespedes, Anthony** 0:45

Hi, this is Anthony.

R1 **Room 140** 0:48

We have any representatives from the 2nd district on the call.

KS **Kazue Shibata** 0:53

Yes, that's a kazuy Shibata.

KK **Kouassi, Koffi** 0:53

CST.

KS **Kazue Shibata** 0:56

Sorry.

Oh, this is Kazuy Shibata.

CEO Asian Pacific Healthcare venture and we're also in a District 1.

R1 **Room 140** 1:02

Oh sorry this is.

So this is our representatives from from board offices. Do you have any representative second district on the call?

KK **Kouassi, Koffi** 1:13

You said second district Coffee, Kwasi budget deputy supervisor Mitchell.

R1 **Room 140** 1:19

Any representatives from the third district on the call.

FB **Fingard, Brad** 1:23

Red Fin card, third district.

R1 **Room 140** 1:28

We have any representatives from the 4th district on the call.

Do we have any representatives from the 5th district on the call?

We'll move on to county representatives, starting with folks in the room first.

We have any DO staff in the room tonight? Stephanie Chief executive office.

We have any representatives from County Council in the room.

Randy Moore, County Council.

Do we have any representatives from public health in the room?

Correct.

You have any representatives from mental health in the room.

Crystal kibble.

We have any representatives from health services in the room, Sanchez government relations, any other county representatives in the room that we didn't call.

8.

Do we have any CEO staff on the call?

Do you have any County Council?

MM **Matthew Marlowe** 2:37

Hi, this is Matt, Marla.

R1 **Room 140** 2:39

Sorry, go ahead.

MM **Matthew Marlowe** 2:41

No, not Marley's on the call.

R1 **Room 140** 2:42

Hello. Do you have any representatives from County Council on the call?

RK **Rachel Kleinberg** 2:49

Rachel Kleinberg, Department of Mental Health.

R1 **Room 140** 2:54

Have any representatives from public health on the call.

Have representatives from mental health on the call.

JY **Joo Yoon** 3:05

Hey, good morning, Julian, Department of Health.

ES **Elan Shultz** 3:08

Cindy Long Schultz from DMH.

R1 **Room 140** 3:13

We have representatives from health services on the call.

AW **Allan Wecker** 3:16

Alan Wecker health services.

CG **Christina Ghaly** 3:19

And Christina Galli health services.

AG **Allen Gomez** 3:22

Helen Gomez, health services.

R1 **Room 140** 3:29

Thank you.

Do we have any other county representatives on the call?

OK.

We'll go ahead and get started.

As the agenda notes, we have one motion and one information item.

We're gonna switch over a little bit and start off with information items, a DMH approval to amend existing legal entity and our residential treatment contracts.

Do you have any questions from board offices on this item?

Do we have any public comment on this item?

Move to item 2A, motion from President Carter County services cut by HR one.

Thank you.

And we have some slides which we'll pull up.

Thank you.

My colleagues, today we are sharing a motion to take action, preserve essential county services that are threatened by HR one and related federal and state policies. Federal policies.

Cuts to medical and public health.

Predominantly impact our black and Latino neighborhoods, especially those that rely on medical and those that rely on us to provide essential services.

One in three county residents lies on medical and depend on medical in these cuts unprecedented and generational.

The slideshow you can do the first slide please.

Shows some of the numbers.

The Department of Health Services, which predominantly relies on federal revenue.

XA 700 million annual impact once HR.

R1 is fully implemented Department of Public Health is already looking at a \$42 million deficit this year alone.

In both doctors, Galley and Ferrer are president available after this presentation for questions.

Graphs that you're looking at show the impact that the federal policies already having on our county residents.

So since July of last year.

Already, 125,000 residents have Disenrolled from medical.

And 80,000 have disenrolled from Calfresh.

And these numbers include roughly 30,000 children who have fallen off both calfresh and medical as a result of confusion. Because of these federal policies.

Next slide please.

The impacts to our departments of health services and Department of Public Health are profound.

Our Department of Health Services operates 4 county hospitals.

LA general.

All of you, Rancho Los Amigos in harbor, as well as 23 outpatient sites.

These impacts include mandatory work requirements, legal immigrants losing eligibility, burdensome redetermination requirements.

That are designed to cut eligible people off of aid threats to Cal aim all total, it's a range of 95 to 300 million in funding losses in 26 and 27.

DHS depends principally on Medicaid to survive and to fund its services.

It receives a capitated payment every medical a patient served.

So therefore, any loss in medical eligibility means a loss in a capitated payment.

GP **Gary Poe** 7:30

Is it?

R1 **Room 140** 7:35

It affects its bottom line.

Our Department of Public Health.

It serves all county residents and IT projects another 200 to \$300 million loss in federal funding. As I mentioned earlier, it's already looking at a \$42 million deficit this fiscal year, requiring consolidation and closure of clinics and reassignment of staff. Both departments and the directors can elaborate, have implemented cost saving measures.

For those measures are not enough to offset the harm of these federal policies.

The impact of HR One is profound and also impacts our private safety net providers well. The Community health centers in particular have been a long time partner with the county for at least 1/4 of a century, especially a partner through the Medicaid waivers.

Next slide please.

These slides show information that was provided by the Community Clinic Association of Los Angeles.

The first slide on the left shows where the Community Health Center sites currently are broken down by supervisorial district.

Second, graph the lilac graph in the middle shows where the patient served by the

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Community health centers live and reside.

Last slide on the right.

Shows the source of revenue broken down by supervisorial district for the patients served by the Community health centers.

They estimate a profound impact.

On the centers that threaten their ability to keep opening.

And to stay open.

So what's the proposed response of the county? Next slide please.

Many of us all have heard a call from the Community to do something, and the call essentially focused on 4 principles.

One was protect the most vulnerable who are impacted by HR. 1/2 was to enact a temporary sales tax measure to focus on safety net services and preserve the safety net services that will be impacted.

Three was be accountable.

Be accountable to the taxpayers on how we're spending the money.

And four was to support essential services, especially those provided by the healthcare safety net.

In response, what we are introducing today is a motion that essentially does 2 main things.

One it would place 1/2 percent general sales tax measure on the June ballot.

It would also ask for approval of an ordinance implementing that measure.

And then it also would adopt A spending plan to preserve services for the health safety net that's most threatened by these cuts.

Next slide.

The spending plan would propose dividing up dollars that would be collected from its general sales tax measure if approved, as follows, 47% would go to nonprofit provider network. The community clinics, in particular the 22%, would go to DHS hospitals and clinics, percent would go.

To core public health functions 5%.

Health programs 5% for safety net hospitals.

Percent for outreach 2.5% for correctional health 2.5% in home supportive services, 1% public health departments operated by Pasadena and Beach.

Need details.

Need to be worked out in implementation. The measure would include a citizen oversight board.

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That would be appointed by the Board of Supervisors to advise, not dictate, but to advise to the board how the dollars should be expended in any details on expenditures.

We've also talked to the auditor controller, who's here about some of the other details that we would work out on implementation.

And the full intent is also to reimburse the auditor and CEO for any reasonable expenses related to implementation.

Jimanjia is here at he can also talk about the preliminary polling that showed 58% of the Surveyed's residents have expressed support for a temporary tax to preserve healthcare.

Raising taxes should always be a last choice for us, especially given the realities of the cost of living that we're facing.

The realities of what our residents are facing right now with HR1 and P stated.

There really is no other clear, viable, timely response within our control and we could implement to prevent some of these horrible cuts.

Isn't like some of us who are around in 1995, where President Clinton arrived on the tarmac with a billion dollar check.

It's not going to happen this time.

So this motion gives the voters a choice.

In light of the stark realities our counties facing, are you willing to pay a half percent general sales tax increase?

Reserve essential services that our county provides.

It also sends a signal the county in its discretion.

Adopt A plan to spend these temporary monies to preserve and save healthcare services for our residents.

Next slide please.

Others are exploring other initiatives to raise taxes, and we wanted to mention two in particular that are filed for the November ballot.

One is a Children's Health care ordinance filed for November.

It is a local ballot measure.

It would impose a special \$0.05 parcel county tax deducted to raise roughly \$330 million.

The focus would be for services.

Provided by hospitals for children services allocation.

There's a formula within the measure.

60% would go to children's hospitals.

There's five children's hospitals, hospitals of LA Memorial, Miller Long Beach, UCLA, Northridge and Valley Presbyterian. I'm told that the allocation methodology would give the majority to children's immemorial given their volume.

40% would go into a countrywide pediatric that would be controlled by the Board of Supervisors. They're currently collecting signatures now.

Other is a statewide file for the November ballot.

It would impose A1 time statewide billionaire's tax on individuals worth more than 1 billion if it passed.

Would generate 100 billion in one time.

That would be preserved.

Principally for healthcare services and it has an allocation methodology within it.

There's questions on either whether both of these will pass, and in particular, on the billionaire's whether it'll survive threatened legal threats on litigation.

Even passes the dollars and the distribution will be controlled by the state legislature.

Unclear how much LA County would get and when it would get any dollars.

That is why the ordinance implementing this local sales tax.

Measure as a provision that makes it clear that the county, if one of these taxes, especially the billionaire's tax, should somehow pass and it generates money or health safety net. It grants that it makes clear that the Board of Supervisors.

Reduce the sales tax before the five years are up indoor.

Just lift the sales tax. If those other measures come forward.

I think that pretty much sums it up in terms of what the overview is.

We thank you for considering this measure.



+12*****82 16:16

Thank you.



Room 140 16:20

I wanted to invite.

Doctors Freire Galley and Jim Manje, if they have anything else to add before we open it up to questions.

Morning everyone.

Thank you so much.

I I want to really appreciate all of you for the support.

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I'm I'm going to start by just acknowledging that maybe some difficult times. Yesterday, our first offices to 121 impacted employees, letting them know that we were in the process of reassigning them.

For some, we have no match yet.

Urban.

Also let everyone know.

Months now that we're in the process of closing.

Eight of our health clinics referr.

Sorry Ventra, our folks are in on the call are noting that it's a bit hard to figure what you might.

That's not usually my problem.

I will speak up.

I totally apologize that you know we're we're also in the process of having to close services.

You can't have less staff and services.

I I wanna particularly say.

Supervisor Richmond supervising legal team.

For really snapping what will be needed to get us through the next three years, we cannot do more with less.

When we're already struck.

What can do is less less.

And revenue.

Increasing revenue needs to be part of the equation.

Departments will continue to cut and find efficiencies when the needs and the demands.

From the people we're in service of are just increasing.

Formula for a disaster.

Well, I'm grateful.

I'm grateful that there's an opportunity here for our county to step up, sure that the most vulnerable residents are left without essential safety net healthcare protections. I also want to thank Jim and the coalition of Community folks that came together to design a system for us, a temporary system.

That really understands the fundamental needs protect.

Ed access.

Life saving care and public health services. We can't actually dismantle an entire

system.

The safety net system.

Not have it had huge devastating impacts residents and their lives and well-being, but also on our community and our economic.

People who are not well and don't have access to services that allow them to be well or not provide for themselves and their families often will show up to our safety net institutions when they're super sick and need highly expensive care.

So I'm grateful for the effort provided Mitchell and and I'm hope to note, that the public health department.

Is really behind efforts to acknowledge.

The importance of preserving the infrastructure that allows our community large.

So I'm grateful for that. In terms of our our losses, I want to note that, well, we we too that that although we too rely on medical.

To reimburse for some of our services, the the hardest hit place for us with HR One will be the drug medical.

Substance use treatment program.

We'll lose about \$147 million over a couple years.

And it's a program that actually allows people to seek care for treatment.

It offers a continuum of care.

And it will too. Things significantly reduction.

That, coupled with grant reductions, we've already seen reporting over the.

And just this weekend, you know, we received news that we had to stop working on one of our grants. Fortunately, a large outcry.

But federal federal funding right now is is.

Is under threat.

The administration has made it very hard for us to use some of the funding we get.

That don't allow us in public health to serve everyone if you want.

Public health is about serving everyone the entire public for the good of the entire public, and then doing things like limiting.

I appreciate the ability to join with you and I'm happy to answer any questions.

I ask for your hand up and has had it for a while.

So can we go to Doctor Valley 1st and then we'll go to the gym or is that fine? OK.

Thank you.



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Thank you and good, good morning.

Almost. Good afternoon everyone.

Can you hear me?

OK, OK.

I wanna just first thank Supervisor Mitchell and Yolanda and your team and also Jim Manja and his team for all of the work on bringing this to reality.

There's been a lot of work.

Of parties coming together in the face of so many obstacles and threats to the patients and populations we serve, I won't elaborate on reminding everyone of the magnitude of those threats, but.

For DHS, it really is.

Very damaging and threatens the fiscal sustainability of our hospitals and our clinics and our overall health system. And that's at the same time that we're really facing so much in rising demand as people potentially lose their insurance and cease to have access to the care and the cover.

Options that were previously made available to them. Our near term losses are in the few hundreds of 1,000,000, but with HR one those extend up to 750 million.

Dollars by fiscal year 2829, those are ongoing losses. Our delivery system for our hospitals and clinics is about 7 1/2 billion dollars. So that represents 10% or so of revenue lost and it's just not sustainable and not able to be made-up.

For with efficiency measures alone, we're certainly doing everything we can.

And Yolanda touched on a couple of those to address.

Our own opportunities to capture efficiencies.

Savings where we can.

We've had a hiring increase in place for six months now.

We have worked on curbing overtime contracts, S&S expenditures wherever possible, and I think we've made some good progress there and I'm incredibly proud of the team for their hard work, but it's just not going to be possible to make up through those efficiency and cost saving.

Measures alone for the magnitude of the losses that we will experience as part of HR one.

So absent an alternative set of funding streams to make up for those losses.

As we will be facing the eventuality of service cuts in the future, as we bear these times, so I'm happy to answer questions if there's anything for DHS and just want to offer my thanks again for the work on this measure and the opportunity to discuss it

today.

Thank you.

R1 Room 140 24:02

Thank you.

Jim Manja, Saint John's community health.

We are in a, you know, as everyone is saying, an incredibly dire situation and what I think we have to acknowledge is that there will be serious cuts to not only the public health system, many public health system money, health system in general, but also to the commun.

Health centers.

Which serve millions of residents in Mississ.

Los Angeles County.

So the estimates from HR one are that at least a third of the budgets of each Community Health Center will be cut.

Which means 1/3 of the patients that are served.

Will have to be turned away.

Clinics will close and we will have hundreds of thousands of people.

Accessing care only through the emergency room which we know is more expensive. We came together to put together a coalition.

And we first worked with all of the County Health Department, DHS, TPH EPSS to make sure that the funding was adequate enough to help force, you know, prevent some of the worst cuts to the system.

Then we're creating a coverage program which would.

Match all of the folks who.

Lose their medical coverage because of state and federal.

So this is really a lifeline for the communities a low income communities throughout Los Angeles County.

Coalition that we've put together is still young. It's broad, so it includes all the community health centers, the Community Clinic Association of Allie County and all. The first includes.

Local 721.

It includes Planned Parenthood.

It includes a host of community based organizations, SEIU 2015, and so we're putting together a broad based coalition and we've raised substantial dollars.

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We have enough money to run this campaign to win.

But obviously this is a big investment for the Community nations, but we're committed to.

In the safety net, both the county system as well as the private community clinic system.

Thank you very much for your consideration.

A special thanks of course to Supervisor Mitchell and Yolanda Vera for all their work on this.

I also want to thank all of the supervisors in their consideration taking this ballot measure.

Before we go on to questions from board offices.

Just so folks in the room and on the call understand how this is going to work.

We're going to 1st go through questions from board offices and we'll go to public comment in the room and then we will go to callers or or folks online that have their hands raised. It sounds like there are not appearing on our on our end, but it sounds. Like folks are raising their hands.

So just so folks are aware.

Questions.

Actually have a question.

I'm wondering Doctor Galley if you might be able to weigh in on whether the current allocation for the test.

Is sufficient to administer the program for nonprofit providers.

Would you mind sharing a bit?

 **Christina Ghaly** 27:29

Yeah. Thank you for that question.

So the the my understanding and others, please feel free to chime in is that the administration for the program is possible through the the 47% allocation. That's for putting together a network on a system and if the choice of the board is that DHS administers that.

 **Room 140** 27:41

Thank you.

 **Christina Ghaly** 27:51

System which would be a similar program for example.

Doesn't have to be exactly the same, but could be similar, for example to what my health LA was in the past.

A program like that for the residually uninsured, DHS could administer that, and then the administrative cost could be covered out of that program.

Now, if there's an expectation or a hope that DHS is able to ramp up specialty care or other services for that program, that's I think we'd have to look at what the volumes are and how many people are uninsured, which are really huge questions at this point in.

Time and and thankfully, there's the flexibility in the measure to be able to.

Address those issues and find solutions down the road.

And then the 22% would be able to support DHS, the revenue losses that we're experiencing for our hospitals and clinics to be able to maintain and support the existing services that DHS provides. Of course, some of which already serves individuals who are uninsured.

R1 Room 140 28:47

Thank you.

And then I don't know if you drive gallery of business tomorrow question for you, Yolanda, but how would nonprofit providers then be selected for to pick new program?

CG Christina Ghaly 29:00

Yolanda, do you wanna do you want me to start?

R1 Room 140 29:02

Yeah, so. So go ahead, because I think that the example from the myhealth LA program was that it was federally qualified health centers that are we getting the programming, Christina. But I think some of those details in terms of what is equit.

CG Christina Ghaly 29:03

Go ahead.

Please.

R1 Room 140 29:20

Able under the whatever the reiteration of this new program is, it's gonna be worked out in the details as well as on the oversight committee to give recommendations. But any reactions, Christine?

 **Christina Ghaly** 29:31

That's exactly what I was going to say.

My health, LA, was set up as an FQHC network because of the advantages predominantly for 340B pricing that is made possible through FQs in the community clinics.

But this new program could be set up in a in the same way, or in a different way. And we could look at the pros and the cons in terms of network access, number of people who need to access care, geographic access points, financial considerations, including but not limited to 340 B and other considerations. So it could be done the same or it could be done differently and we would need to look to a variety of stakeholders and the advisory committee to weigh in on the options.

 **Room 140** 30:11

So the intent of those of us who work together to put this.

Is that it would also include so include community health centers.

It would also include parenthood, as you know, is facing.

The stating cuts we want to make sure that Planned Parenthood Planned Parenthood could also access.

 **+12*****15** 30:32

I'm here.

 **Room 140** 30:37

And parenthood could also access this funding.

Any other questions from board of?

Few questions.

 **+12*****15** 30:48

I can give.

I can give a testimony if I I can.

R1 Room 140 30:53

Hi, if you're speaking on the call, can you please meet yourself?

+12***15** 30:53

This is Claudia Powell.

R1 Room 140 30:57

Thank you.

It is my understanding that we would need to lift the sales tax CAP.

The question is where are we in that process through legislation?

So we've met with the CEO, Lehr, in recognizing need to lift the tax cap. The organizers have already gone to Sacramento and delegation, which is expressed support.

And Jim, do you want to provide any more details on so? Assemblyman Isaac Bryan and they sent it to Marie Elena Dorasso.

Who's the?

Measure we're expecting to bring it in as a trailer bill through the budget.

I think they're shot at.

I've seen the legislation, so it will be passed.

Before the vote.

When is that?

When would it need to be approved by, and how likely?

It needs to be approved before the acts takes effect, so we have beyond the June primary.

Get it passed?

In the support of the LA delegation.

We think we have a very good shot.

We've obviously been in touch with the governor's office.

Tenant and assembly leadership.

We have a very sign. Obviously, if Allie County Board of Supervisors weighs in, that will also help flavor. But we we expect to be able to pass it.

And so you said the deadline would be before the tax takes effect.

Do you have a date?

Generally, it'd probably be.

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Around September is what season?

Yeah, I think I think.

But we can confirm this and I see Council in the back is that they've been amazingly helpful in looking at all the different deadlines.

They it's they look at the California Revenue Taxation Code and when it goes into effect, tell me if I'm correct on this is that.

The IT passes, then July 13 would be the deadline.

For the special legislation to take effect, is that right?

Yes, that's correct. So Pete Bollinger.

Is join with Tom Fonda, chief deputy from the County Council's office.

So the the legislation would need to pass before the tax is adopted by the board.

So what's going to happen is after the election, assuming this gets the required #1.

Then the board certifies the election, declares the results. They typically do that about 30 days after the election.

I think right now it's scheduled in July.

Why, in tentatively, July 14th?

So they do that.

That's when it's actually formally adopted.

When the board makes that.

Decision you would want the legislation to pass before that.

Right now, it's tentatively July 13th.

Thank you. And I'm not saying that this would happen, but in the event for whatever reason.

Doesn't happen.

What would happen?

It would be less instead of bringing in a billion dollars, would bring in.

There would still be.

Many cities in LA County that have not reached the cap.

It would see that's in significantly the amount of money that.

Do you know what I look?

I just wanna address that it cannot be collected. It needs the cap. There is.

Across the board, it cannot be collected in some cities and not others.

It's very experience for Measure H was that was that we had a delay meant a loss of quarter until we got the release.

So whatever time period goes by, I'm assuming that they would that would be time

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be able to collect it.

We wouldn't be able to collect any of the funding.

That's correct.

So our experience with Measure H was a little different.

There were a couple of cities.

That you like four or five small cities and there was language in measure J that addressed that issue.

Wouldn't be collected.

However, the state ultimately.

Refused to collect measure A and we proceeded to.

Your legislation that validated.

Doing so, you lost the collection of 1/4.

So in this case.

Ideally, the legislation should be in place.

For as he said.

The measure is adopted.

If not.

It doesn't preclude the possibility that the legislature could still provide exemptions to the CAP that you would likely lose.

In order.

But it there.

I don't believe this scenario in which the state could only collect the tax in those cities that are not.

That's really helpful to understand.

A separate question has this a ballot initiative been shared with these and if so, would have?

No, we've just published it.

The normal procedures we've adopted, you know, for the county.

And then how is the general tax different from a special taxes and understand that it's a general tax?

Can you explain what the difference is?

Yes. So a general sales tax can be used for any any purpose.

It is essentially general fund revenue.

Special tax is restricted for special purposes.

It would be restricted by the voters so.

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This tax.

While you know there's stated intent to use it for certain purposes, ultimately because it's a general tax, it can be used for any county purpose up to the board to decide how to use the fund.

So can we legally specify how we wanna use a general tax?

The board, for instance, in the motion there is a proposed spending plan.

The board can state its intent to use funding in a particular way, but that does not tie the hands of the board to change. Rather, when you use the funds.

So there's no as there would be with a special tax. There's no legal restriction on the boards of the funds.

And just because I want to make sure I understand it. So I did look at the language and it does even that the way that the language is written for the ballot, it is very healthcare focused.

So would this still be considered a general tax?

Though it's not general per SE, it's more specialized.

I just wanna make sure we're.

Ballot measure language sets out. You know what the board's focus is on using the fund.

But it is still a general tax.

You know it. It basically says to use for essential services including these things, but it doesn't exclude the use of the funds for other purposes and the ordinance is very clear that it can be used for any general.

The ordinance is where it clarifies that it could be.

As it relates to the Oversight Committee, I understand it's a nine member.

Will they be selected or will they be appointed?

The suggestion is within the ordinance and the motion in terms of the basic requirements.

The hope is that it would be principally reflect the departments entities that are most impacted by HR one.

It is a board driven decision. I know from my boss. Obviously the impact on health. He'd want to be sure that we had a strong representation on health.

A strong representation of the private and nonprofit and county departments that are impacted by HR one.

But like what is the process to select them?

I mean, that's one of the things we have to work on in implementation. And so this is

the first segue of doing it.

And I'm anticipating, especially if the measure passes, there's going to be multiple efforts to clarify analca how we do this with details.

There's so many details that need to be worked out in terms of the expenditure plan, how you allot for it, how you transfer money, if it's collected, how you know all the expenses are tracked and then selection of the specific members of the Advisory Board is one.

And then similarly, how would the committee work with the respective agencies and county departments and make recommendations to the board on how the funds allocated? Can you please describe that process?

I mean, it's again it is a process that still needs to be worked out.

It's an advisory group.

We have a lot of examples of advisory groups that we've used before in the healthcare settings. Measure B and some Advisory Board as an example.

Cfc has an advisory group as H, so it'd be.

Yeah, we've learned the lessons.

Learned best practices and then try to adopt those. That was what the.

Advisory Group will recommend these pieces. These components for both the election.

I think we probably the board would have to do some preliminary ones with the Advisory Board then working out some of the other details.

And then just the last question, under 4G, do you know what hospitals will qualify for that 5%?

4G, so I'll be going to as much as possible, Los Angeles County, I understand we only have one, so that is Catalina, the nonprofit hospitals on the following criteria that needs based criteria.

My understanding is that MLK, any other hospital that meets those requirements would qualify.

Do we know what other hospitals would call?

Don't know any other hospitals that qualify, but we think, I'm sure, talk to others. So I had a question about Eloni.

You have mentioned in the ordinance right that that should the billionaire tax. If that passes, that there's language in the ordinance that would allow the board to decide to either reduce or, you know, or just stop taking the out of this one.

Is it just for billionaire or is it for all the it's it's a broad language.

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It's found in the ordinance section 4.74.

.130, B. It just makes clear that the board has the power to lower or waive the tax and not increase it during the period of the five years, so it doesn't reference any specific initiative, OK.

And then the other question, it kind of aligns with what Angelica was asking because it sounds like that there are still a lot of pieces that need to kind of be figured out, right?

And so, you know, and these are all gonna be very, very important.

Pieces and steps.

And so is there a timeline that's allowed, right?

Should this, you know, ballot pass, is there a timeline that that we would have to meet to make sure that we have the oversight pieces that we know how funds are gonna be, you know how the interaction between agencies and and whatever else is there a set, Tim.

That's associated with this.

No, there's not one.

That's absolutely built in and I think the things that were important to the supervisor was to embrace the accountability that the organizers were asking us to have.

That's why it has the auditor controller review on the expenditures.

That's why it included the Citizen Advisory Board and I think as we've seen in other measures, the county has to do it in a way that makes sense with the implementation.

My understanding is that if it passes, it goes into effect in October.

Is that right?

October of 2026.

So we have some wind up period.

But I also think it's important to send a message to the.

The public.

That this is what the board's intent is and we will be accountable given the intent of why we're doing this in the 1st place with HR One in the impact.

No, I mean like I, you know, I appreciate about the pieces in here around the oversight, around the accountability and the transparency piece.

But again, under accountability and transparency is ensuring that, you know, should the ballot pass that these next steps.

Finalize these pieces.

Are going to be looked at and done in a reasonable amount of time. 'cause. It would suck if it passed and then it takes less to get into.

So I think that's the, you know, that's the no good point, Esther, that the hope is that if the if the voters pass this LA County and I'm sure that enlightened self-interest on everyone's part is to get the money out the door as quickly as Poss.

So that we can start covering the services that we continue to provide, right?

Because obviously this ballot is coming out of what is happening right now and and and this is a major.

Issue and so if there's delay in terms of delivery of the funds, that will also have an impact on you know on the healthcare systems that are depending right on this thing to pass in the money.

Any other questions from both?

We briefly mentioned the polling.

I was just wondering if you could a little bit more detail about what that looked like.

Sample size.

Question for asked because I believe boarding can sort of shift people one.

 **Christina Ghaly** 45:36

Could you speak up a little bit please?

 **Room 140** 45:38

Sure, you can provide some more detail on how you went about the polling would be helpful.

We've shared the polling with some of the board offices, would be happy to share.

The essentially it showed that.

59th and support with negative messaging.

It was a large sample size over 1000 people.

David Binder and Associates did the.

We we down for demographics, we go down.

For.

Income status we drill down.

Different variables to kind of get a sense for which were the strongest voters, where was the resistance, etc.

And we we started to look at the messaging we're about to start pulling again for more specific campaign.

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The things that we found was the more that we talked about.

And Trump, Bill hire the vote total.

Here a definite path to victory, and we'd be happy to share them with the polling.

For general tax or tax oh from both.

And there was not a measurable difference between voter support for either.

Pretty much the same.

We were concerned that a general tax would only less.

Control to the board.

But that wasn't what we found.

2 polled.

From board offices.

Can I?

But the there was a presumption by the people polled that the funds raised would be used for health care safety net services, with a general tax.

Other questions from board offices.

Anyone that would like to provide public comment in the room?

Yeah.

Hi everyone to increase the Community clinic association.

So represent our 68 nonprofits.

 +12*****84 47:58

Jeff, hello.

 Room 140 48:01

Hold on, please.

 +12*****84 48:01

Yes, hello.

 Room 140 48:02

On the phone, you'll be called by name and order, so please hold on.

We're taking public comment in the room first.

Yeah. So representing our 68 nonprofit community clinic organizations throughout the county, as was mentioned, centers through 2 million patients, about 3/4 of those patients are covered by Medicaid.

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So, like the county, we are truly dependent on medical and as was also mentioned, federal dollars.

That health centers do have looking increasingly precarious.

So really, addressing the cuts that are coming, this situation is extremely dire for us.

We thank Supervisor Mitchell.

For you know, taking this on and moving it forward.

Both centers are committed to doing what it takes. If this makes it to the ballot to getting this passed and to working with the board and county departments as we work out all the details of what it will take.

Wish we were exaggerating.

I wish Jim and I were exaggerating when we talk about how dire this will be to health centers, but we will see about a solution, a reduction in program services, hours of operation.

We will see some sites close.

We may even lose some Health Center organizations throughout the county.

Agents will lose access points in the community and Health Center staff will do job, I think as we look at the situation we're in now, we don't.

There we go. Let's try once more.

Can you guys hear us online?

OK.

Great. Thank you.

Please refrain from muting this room. Thank you.

Retaining my talk.

I was able to say I'm a chief external relations officer for VA Care Community Health and we enthusiastically and endorse and support this ballot initiative and thanks supervisor very much, Mitchell, for her efforts in my prior life.

For 20 years I was head of the Wells Fargo Foundation here in Los Angeles.

I worked with literally thousands of nonprofit organizations.

So I'm always keeping an eye on philanthropy and giving in this region what we are seeing right now.

Is there is a significant decline individual giving right now to organizations giving has become more restrictive. The foundations that we rely on in this Community have for many years are more stressed than they have ever before.

I born or raised in Los Angeles.

I've voted, I think, in almost every election.

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And I don't think I've ever seen a ballot initiative that is more needed or more urgent than this one.

It is literally going to save lives and if it doesn't pass, I don't know what we're going to do.

What's looking for new ways and new solutions and new answers.

This is the answer to this issue right now and the Lassie what I'd just like to say is appoint a personal privilege as a resident of the 5th district. I want to thank everybody in this room for your efforts in rebuilding after the fires, we lost our home. But I'm to say that we've begun rebuilding and to the extent that all of you in this room have contributed that effort over this last year, you know when it rains, of course, right.

And so let's get behind this and make it happen and.

You so much.

You.

Anyone else?

Yeah, please go ahead.

Good afternoon. Francisco Cordele with Wesley health centers. We have over 40 sites in Los Angeles County from as far as Antelope Valley Rd.

Southeast Los Angeles, as well as the San Gabriel Valley.

This is very important for us. You know, we we're going through the HR one and all the medical Medicaid levels and restrictions. A lot of people are at risk. You know their health is at risk at this time.

And you know, we need to support the safety safety net and that's why we're all together as a coalition.

You know we're, you know, to support the people of Los Angeles County.

Just want to make sure that we want things.

Supervisor Mitchell for bringing this motion forward and we urge the board to support this as well. Thank you.

Good afternoon. Darren Harris with St.

Johns Community Health services over 30 sites with over a half a million visit annually in Los Angeles County and as you mentioned, as we heard earlier today, where are you feeling the concentration?

Here today and not put off till tomorrow.

Patients are suffering as we as we speak.

So this was our solution in order to ensure that the most vulnerable people in this

type of support that they need.

Due to respect to the question around process, we are currently working with the legislature to fast track a bill in both houses that should be passed for the budget that will be before the July deadline.

That was explained earlier today, and so we have overwhelming support from.

Sacramento The LA County is not the only person that's looking to residence.

Other counties are doing the same thing as well.

And so with that being said, no.

Order reflecting upon the same lives here.

You know, the folks who really.

Funds are being, you know, dragged up into private sector. And so we are looking to the public.

As in the work that we do.

Like to provide public comment in the room.

Anyone else?

Eight. We'll move on to public comment on the call.

Tyla Adams, you can go ahead and unmute yourself.

TA **Tyla Adams** 54:41

Hi everyone.

My name is Tyla Adams, reproductive justice manager with black women for Wellness.

R1 **Room 140** 54:46

Sorry. Tyler, can you speak up a little bit?

TA **Tyla Adams** 54:48

Yeah, absolutely.

Are you guys able to hear me now?

R1 **Room 140** 54:51

Yes, thank you.

TA **Tyla Adams** 54:52

OK.

Perfect Tyla Adams, reproductive justice manager at Black Women for Wellness. We're nonprofit, focusing on the health and well-being of women and girls in Los Angeles County here today because I care deeply about the health, safety and futures of communities, youth and families across LA.

So I urge the board to continue to protect our health and care safety network. We continue to see not only immediate impacts in emergent health, but long term health outcomes with the fallout of HR one.

As many have said, the federal cuts are devastating. Slashing funding for reproductive health care, school based mental health services and other programs that communities of color have long relied on for survival, Wellness and opportunity. These cuts threaten the very programs that birthing people, youth and families need. So supporting Supervisor Mitchell's motion gives voters the chance to stand up for Equitable health care, reproductive justice, and the well-being of our communities, ensuring that.

County continues to be a place where families not only survive but thrive. Thank you.

R1 Room 140 56:00

Thank you, Lena silver.

You can unmute yourself and speak.

LS Lena Silver 56:05

Thank you.

I'm Lena Silva, representing neighborhood legal services of LA County, lead agency for the benefits access for immigrants, Los Angeles Urban Network, which partners with major FQHC's to provide benefit, enrollment and legal support for the immigrant community.

We thank Supervisor Mitchell for this life saving motion. Not only will HR one have devastating financial impacts on the county health system and lead to the loss of medical benefits for hundreds of thousands of Angelinos due to work requirements and renewal requirements.

But state changes to medica eligibility for immigrants both already passed and proposed in this year's budget, will also leave hundreds of thousands of immigrants uninsured with myhealthleaf funding for HHFQHC's and DHS clinics is essential to ensure people get care before their condition is catastrophic this funding.

Is especially important considering similar projected losses of Cal fresh with our food

is medicine framework due to work requirements and immigration restrictions. Finally, attrition for medical due to pending changes to the public charge rule, use of medical data for immigration enforcement and other recent federal actions. Means FQHCS will see many more people in need of health services who are uninsured. Thank you.

R1 **Room 140** 57:18

Thank you. L siebert.

E **Elle Seibert | Got Long COVID?** 57:25

Hello and thank you for the opportunity to speak today. My name is El Siebert and I am here on behalf of Gottlong COVID APSA campaign for the COVID long COVID crisis. While I'm primarily here for the public comment that will be taking place later, I'm very grateful for.

The motion, proposed by Supervisor Mitchell, given the current state of medical and what that means for patients with long COVID in this county.

I in my organizing experience.

I've come across many people with long COVID, myself included, who are beneficiaries of medical one person that I know and work with closely has recently lost medical because their income raised just above the limits and as many of you know, medical is also an entry point for a.

Wide range of social services, including Cal fresh.

And others that include access to medication.

As of right now, my friend's loss of medical coverage means.

That she no longer has access to needed medications and as of right now, there's really no way.

There's no program in place that we're aware of that can get her access to the medication she needs while she appeals the claim and seeks to restore benefits.

That is the extent of my comment for this item, but I really encourage any future efforts on restoring access on medical and I also.

Want to say that as patients, we also want to work with you and support your efforts to get the funding that our county needs to provide essential services. Thank you.

R1 **Room 140** 59:08

You Andrew kazakhis.

AK **Andrew J. Kazakes** 59:11

Hi everyone.

I'm Andrew kazakhis.

I'm a managing attorney at the Legal aid foundation of Los Angeles.

I want to 1st commend Supervisor Mitchell's team for spearheading this plan to address the looming crisis caused by federal health care cuts. I generally support this important motion, but wanted to comment on the funding mechanism. Since sales taxes are generally regressive and disproportionately burden low income and.

Working class families already coping with the broader affordability crisis.

Yolanda's presentation, which was great.

Covered some November ballot measures along these lines, which was great to hear, but I'd like to ask whether the board has explored other options as part of the county's revenue generation plan, such as increasing taxes on luxury goods and high value real estate transactions, increasing taxes on.

Short term rental and hotel taxes exploring a county parcel tax increase or healthcare assessments on large employers who require a robust county health system to maintain a healthy workforce.

I'm also wondering if the board is considered exempting food and other essential items from the tax to avoid further eroding poor people's purchasing power.

I would imagine that such proposals, since there was there were some remarks about public support that such proposals targeting higher income consumption would also enjoy broad public support. Thank you.

R1 **Room 140** 1:00:27

You Barton Espinoza.

ME **Marvin Espinoza** 1:00:33

Thank you very much.

I am doctor Marvin Espinoza, chief operating officer at Girls Club of Los Angeles, and on behalf of Girls Club of Los Angeles, we are deeply concerned about these federal cuts proposed in HR1 and what they mean for families that we serve across Los Angeles County aside from.

Taking billions from the program, it would make it very hard for people to access care in South Los Angeles.

The loss of medical coverage is not an inconvenience.

It's a direct threat to daily survival, stability and opportunity.

So more concretely, it's a direct threat to community health and family stability, whether it's delayed or forgotten care, increased emergency room dependence. All of this when primary care disappears, the ER becomes the only option as we know. So I urge everyone to act and support Supervisor Mitchell's motion and stand with voters to protect healthcare and future of Los Angeles County.

Thank you very much.

R1 **Room 140** 1:01:30

Thank you, Danny Gonzalez.

DG **Danny Gonzalez** 1:01:34

Good afternoon.

My name is Danny Gonzalez, and I'm here on behalf of the Los Angeles LGBT Center in strong support of this motion to secure funding to preserve critical county services cut by HR1A County wide health.

And mental health services at a moment when federal cuts are putting our most vulnerable residents at risk.

E **Elle Seibert | Got Long COVID?** 1:01:51

Moment one.

DG **Danny Gonzalez** 1:01:55

Nearly half of the revenue would fund no cost or reduced cost care for uninsured, low income Angelinos through trusted nonprofit providers.

Additional funds would safeguard our public hospitals and clinics and strengthen core public health and HealthEquity efforts for LGBTQ plus people. People of color, immigrants and low income community. These services are not optional.

These are life lines. We urge you to advance this motion and give voters the opportunity to protect care in Los Angeles County. Thank you.

R1 **Room 140** 1:02:21

Oh.

Thank you, romanique green.

DP Dominique Greene P. 1:02:30

Hello, my name is Dominique Green.

I'm speaking on behalf of California Black Women's Health project and the 454,585 black women and girls in Los Angeles County that we represent from preconception to aging. California Black Women's Health Project urges the board to support super. Mitchell's motion to secure funding to preserve services provided by Martin Luther King Community Hospital and the broader county healthcare safety net.

Martin Luther King Community Hospital is a vital hub of hope and healing for our communities.

Without this funding, we risk losing an essential health and behavioral health lifeline for black women, girls and families who are already impacted by generational trauma, poverty and systemic neglect. Our communities deserve to have access to high quality and culturally responsive care, California black Women's Health project stand.

Firmly to support.

Of this action to give voters the opportunity to stand up for health care.

And the future Wellness of Los Angeles County. Thank you.

R1 Room 140 1:03:33

Thank you, Karen Morris.

KM Karen Morris 1:03:40

Good afternoon. Karen Morris from SEIU Local 721 SEIU 721 strongly supports the half cent retail sales tax initiative as a timely strategic attempt in what will need to be a multi pronged strategy to counter the federal clawbacks which stand to devastate our core safety.

Net services.

Without speaking to the specific percentage allocations delineated in the motion, revenue generating solutions like the proposed ballot measure are crucial to shore up vital safety net services at a time when devastating cuts and a still unknown influx of clients will inundate our directly operated clinics.

Our FQHC's and our county run hospital emergency rooms.

And our greater.

County operated system and while DHS corners the market on uncompensated care

and faces devastating cuts as your board is keenly aware.

Public health was grossly underfunded going into the pandemic, and today, as you contemplate this motion, our workforce has been notified of potential layoffs.

As the department plans excuse me to move forward with the shuttering of clinics, our mission driven workforce requires sustaining revenue to serve the growing population most impacted by these painful cuts.

Thank you, supervisor Mitchell, Yolanda, fellow deputies and our partners for your leadership here.

R1 Room 140 1:05:35

Thank you, Karen.

Shayda jewel harzada.

Geez, for my likely mispronunciation.

SJ Sheyda Joolharzadeh 1:05:44

Hello, my name is. My name is shaylarzadeh.

I am a managing attorney at the Legal aid foundation of Los Angeles.

I oversee our medical legal partnership, which provides free legal services to LA County patients, a majority of whom receive medical. These patients are most likely to be harmed by this sweeping changes in federal and state policy.

These healthcare cuts are devastating and are having tangible impacts on our patient clients who are terrified of losing coverage or who have already lost coverage. We oversaw a site at Rancho Los Amigos where patients are extremely vulnerable.

They are low income and have long term disabilities. Cuts to comprehensive health care coverage means the inability to get life saving medical equipment like power wheelchairs, as well as in home supportive services for day-to-day assistance across our other sites. Healthcare providers have expressed that under resourced patients will.

No longer seek out services.

And they are already seeing a drop in patient.

Accessing preventative health care. Therefore, I agree with the board's goal of increasing revenue on the June 2026 ballot to protect LA County's healthcare safety net and support the most vulnerable Angelinos. Thank you.

R1 Room 140 1:06:58

Thank you.

Sean Howe.

SH **Saun Hough** 1:07:05

Thank you.

Good afternoon.

It's Sean Hugh, and I'm representing Crossroads United Methodist Church in the city of Compton as well as two Community Action coalitions, both in unincorporated Willowbrook as well as unincorporated Compton.

And we want to urge support for Supervisor Mitchell's motion.

We ask that this body would give voters the opportunity to stand up for healthcare and the future of LA County.

Especially our unincorporated areas of Willowbrook.

And Compton that really rely on MLK in the services it provides to our community.

Thank you.

R1 **Room 140** 1:07:44

Thank you Atul nakasi.

AN **Atul Nakhasi** 1:07:48

Thank you.

Hi I'm doctor Atul Nakasy, vice president of government affairs. On behalf of MLK Community Hospital and we strongly support this ballot measure.

I'd like to thank Yolanda for sponsoring this motion.

The board for its consideration, as has been made very clear here, we are in a Poly crisis.

R1 **Room 140** 1:08:01

No.

AN **Atul Nakhasi** 1:08:07

1st medical costs have skyrocketed.

You know, imagine if your rent went up by not just 3%, but 30% / 10 year period.

That's medical inflation costing.

Increases in Los Angeles area over the last 10 years 30% cost increase.

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Second, volume demand has has increased.

We serve the highest population of Medicaid traffic in the state of California, 84,000 Medicaid visits per year are Chapel and gift shop have been converted to patient care spaces. Many of you've seen those up close and personal.

We have tents on concrete white tents on concrete on our pavement to this day.

Taking care of demand, we can't meet with our space requirements.

And third, the funding that'll be eliminated or the biggest cuts in in medical history that this country seen 1 trillion / 10 years for the country nationally.

And we'll be feeling those ripples certainly here locally.

So how will we care for the sickest and poorest amongst us?

Closure is not just a hypothetical scenario for MLK. It happened in 2007.

Studies in the intervening years without a hospital show that residents of South LA experienced longer delays.

Care more challenges? Seeing a specialist nearby hospital saw more trauma admissions and uninsured patients, and the chance of death for victims of gunshot wounds increased.

This measure will provide vital support to safety net hospitals and we support this measure. I'd also like to express support to our county departments and the broader safety net system. As someone who previously served as a county doctor at DHS operated MLK Outpatient Center for seven years I.

Can speak personally.

To the vital access in care provided by DHS for our communities, so many of our patients, often sick and poor, depend on DHS and our broader safety net system. Here in LA for their primary specialty, emergency and life saving care they receive. Thank you.

R1

Room 140 1:10:06

Thank you, Doctor Nakasi razu shabata.

KS

Kazue Shibata 1:10:12

Yes. Can you hear me?

Hi this is Kazue Shibata.

R1

Room 140 1:10:14

Yes.

KS Kazue Shibata 1:10:15

I'm the CEO of Asian Pacific healthcare venture, where FQHC clinic and first of all, I'd like to thank Supervisor Mitchell for making the motion and taking the leadership. And I really do appreciate all the individuals in this room expressing interest and support. But I also want to give.

Special.

Recognition to Jim and CELAC for taking a community leader.

Ship in doing this as a person or as the CEO that has been FQHC staff for over 30 years. I have something to perhaps contribute by saying that I've seen system changes over the course of 30 years.

We had a huge number of uninsured patients in Los Angeles County feeling emergency rooms in the county, and we worked very hard to create.

PPP.

The public Private Partnership program, which evolved to become its healthcare LA. No, I'm sorry, it's.

R1 Room 140 1:11:20

Uala.

KS Kazue Shibata 1:11:21

Health, right?

And it really does change our patient health status.

They stop.

Actually we we actually saw much less number of patients showing up in ER and so the really the advantage of this proposal is that we already have a system.

That we used to use.

That that FQHC the community health centers and the county people together met every single month to improve the program.

As you know, many of the ballots and proposals, once they pass, they spent a year or two years developing infrastructure to implement. But this one already has the knowledge and the paper trail and a program framework.

So this is really a good proposal, ready to go and I fully support and thank you very much for the time.

R1 Room 140 1:12:20

Thank you.

Claudia Powell.

CP Claudia Powell 1:12:28

My name is Claudia Powell.

I am the vice president for Plan Parenthood at BOGASI Project, Los Angeles County.

I'm here because I deeply care about the health centers and the safety net of the community.

I'm asking you to protect the county safety net by placing the temporary half cent retail tax on June 2026.

Ballot the federal cuts.

The HR one are devastating.

Billions will be stripped from the Medicaid.

In California and the new barriers like co-pays and eligibility restrictions will make will makes quickly harder for people to get the care that they rely on for Planned Parenthood. Health centers have been devastated since September. We were not able to build.

The services that we provide and for patients through the medical services, which is 80% of the patients that we serve and our 23 health centers in LA County.

Due to the HR one bill.

That excludes for one year from receiving payments.

This county is one of the three one in three residents depend on the medical that include working families, seniors, young people, woman rely on rely half of all the county residents living in this in this ability. This is fundamental for all.

All people in the county community clinics are the safety net for the county. We are responsible to safeguard the systems to keep the county healthy.

This is why it's important for Planned Parenthood to bogus project to place this measure on the ballot so Boros can have the chance to do exactly that, both in June.

For healthy.

County.

Thank you so much for for for considering this.

R1 Room 140 1:14:29

Thank you.

Thank you.

Eric Sandoval.

 Erik Sandoval 1:14:37

Hello. Hello. Good afternoon, everyone.

I want to thank you all for allowing us the opportunity to fight for, to fight for the healthcare.

So essentially I mentioned my name is Eric Sandoval and I'm with St. Johns Community Health and today I just want to speak for the millions of Californians who depend on medical to send you to survive, right, not just to get by, but to live.

More healthier and dignified lives.

Essentially, medical is not a luxury but a lifeline.

It serves seniors choosing between medication and rent, children who need checkups to succeed in school, people with disabilities who need consistent care and immigrant families.

Our neighbors, co-workers, and essential workers who keep the stay running.

Essentially low income communities.

They're already facing possible barriers, such as rising.

Event food insecurity, unsafe working conditions, unlimited access to care. So taking away or weakening medical does not save money in the long run and essentially creates a deeper crisis when people lose preventative care, they end up in emergency rooms and when parents lose coverage, the children suffer and.

When immigrants are excluded.

Entire communities are pushed into fear and instability.

So healthcare should never depend on how much money you make or where you were born.

Health is a human right.

And California has led the nation by recognizing that everyone deserves care. Now rolling back medical coverage, especially for low income and immigrant communities, would reverse years of progress and harm the very people who already carry the heaviest of burdens. Protecting medical means essentially healthier families, stronger communities.

Lower emergency cost and a more just and humane California.

Now this is not about politics.

This is about people so well, we do want to urge our leaders to help protect medical and to stand with the communities that make California what it is. Now, when we protect medical, we protect lives. Thank you.

R1 **Room 140** 1:16:50

Thank you.

Thank you.

Time is up, Eric. Thank you.

Gary Poe.

GP **Gary Poe** 1:16:59

Thank you guys.

I want to say thank you to Supervisor Mitchell and I'm out in the community.

I'm Gary pour outreach coordinator and also SEIU 721 Stewart and in a community I'm already hearing from seniors of losing coverage of buying their diapers also with their prescriptions.

So I'm already starting to hear to cry.

And help that's needed in the community. So this measure will.

Will help that and I hope you guys.

Really push this forward and if you think about it, we got the electors coming up in 2028 and if we had the Olympics here and we have a bunch of folks in our own community that is out there without no coverage, that do not have access.

To quality health care, this is this is going to be. This is why he set it up like this.

So we got to get behind this and we got to fund this so that we can make sure we keep Angelenos safe and with quality health care.

Thank you.

R1 **Room 140** 1:17:57

Thank you.

Yolanda Arias.

YA **Yolanda Arias** 1:18:04

Good afternoon.

My name is Yolanda Adias and I'm the director of Community and economic justice

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at the Legal Aid Foundation of Los Angeles.

Indeed, cuts in federal Medicaid funding to California will have a devastating impact to the ability of low income residents of California to access medical care. While generally supportive of the half cent increase in retail sales tax to preserve critical county health services, we are concerned about how the.

Revenue would be distributed.

We think the creation of a nine Member Citizens Oversight Committee is a good step toward ensuring that there is accountability.

We would like the committee to ensure that the revenue is spent in critical areas of need, given that this committee has no authority to give input on spending, priorities, seems to limit the amount of public input and oversight as to what parts of the safety net should be.

Preserved.

We also have questions about the allocation of the funds as laid out in the proposed motion.

The largest delegation of these funds is being given to non county non DHS facilities and entities.

What kind of oversight will the county provide to ensure that these funds are being used to fill the gap left by the reduction of Medicaid federal funding?

It's our understanding that DHS is currently making reductions in services, such as eliminating ENT services at MLK OPC.

Outpatient center.

Yet it doesn't appear that this new funding is going to maintain services such as these at DHS facilities in communities where they're needed.

We believe that consideration of in the use of these funds must be given to preserving services and expanding programs at DHS facilities such as ATP, and restoring my health. LA, In addition to supporting our nonprofit.

Health facilities.

Thank you.

R1

Room 140 1:20:02

Thank you.

I believe that is all the public comment.

Who?

Thank you to everybody who came, and everybody who's been working hard on it.

A special thanks to.

Kim, the Community health centers all the GHSDPH people.

So if you have any questions, feel free to call.

Do you have any items that are continuing from previous meetings? Any emergency items?

Item 6.

Public general public comment.

Do we have any general public comment on today's meeting?

I believe L.

Well, did you have general public comment to provide?

E Elle Seibert | Got Long COVID? 1:21:06

Yes, I do.

When would be the best time to ship?

R1 Room 140 1:21:10

How's the time? Go ahead.

E Elle Seibert | Got Long COVID? 1:21:12

Excellent. Thank you.

My name is Elsie. But like I mentioned earlier, I'm here on behalf of Gottlong COVID, a public service public awareness campaign addressing the COVID long COVID crisis. I consult for clients, including NIH recover and counsel for medical specialty societies, long COVID expert panel.

Today I'm here with in partnership with the USC cut COVID recovery clinic. A recent study from the California Workers Compensation Institute found that fewer than 5% of COVID workers comp claims those involving long COVID accounted for nearly 74% of total COVID claim costs LA County.

Employs roughly 105,000 workers and based on current prevalence estimates, approximately 6600 county employees are likely living with long COVID, even if only a fraction of those cases become workers compensation claims the fiscal impact is substantial. Using conservative assumptions of prevalence EST.

+13***52 1:21:59**

OK.

E Elle Seibert | Got Long COVID? 1:22:08

6.6%.

LA county.

Is likely already carrying over \$100 million in long COVID related workers compensation liability. But workers comp is only part of the picture.

Harvard economist David Cutler estimates that if long COVID goes unaddressed, it will cost LA County approximately \$12.08 billion with AB over the next five years.

Through lost productivity, increased healthcare utilization, disability and social services.

This is not only a public health crisis, it is a workforce budget and equity issue.

For this reason, we urge the Board to convene a Los Angeles County long COVID task force to assess prevalence, unmet needs, service gaps to develop a coordinated county strategy for prevention and social services, including resource allocation and policy levers to design A public outreach and education campaign. And.

To monitor long term outcomes, given current budgetary constraints, a task force is the lowest cost, highest impact step this board can take to make strategic evidence based decisions.

That protect county residents, workers and finances. Thank you.

R1 Room 140 1:23:14

Thank you, Beth nasheeda.

BN Beth Nishida 1:23:21

Good afternoon.

Good afternoon.

My name is Bethany Shira.

I'm the Co chair of the long COVID Community Advisory Board at USC.

C.

I'm also a patient.

We met with each of you individually over the past month or so.

We appreciate the support from each one of you as we work to meet the needs of those with long COVID.

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Thank you.

 BN Beth Nishida 1:23:44

It is estimated that there are over 20 million US residents affected by long COVID, with over 600,000 of them being residents of LA County.

Long COVID effects every part of life, even those who are considered mild may be left unable to work.

Many become more isolated.

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It's.

 BN Beth Nishida 1:23:59

Some struggle with or are no longer able to meet their bill requirements because of their inability to work and can have issues with consistent housing.

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Google.

 BN Beth Nishida 1:24:07

Many patients struggle with daily basic living skills and being care for them, being able to care for themselves can be a struggle. Like some other chronic illnesses, long COVID disproportionately effects women. Those with higher economic instability and those with lower education levels.

The county budget is being significantly impacted by cuts at the federal level and the impact of HR 1, and those cuts are set to disproportionately impact the same people that long COVID does.

Thank you so much for your proactive actions in addressing this issue.

I don't want to downplay the significance of the budget cuts, but neither do I want to downplay how thousands of people are some who do not have access to appropriate care even now.

The number of people with long COVID in LA County continues to grow.

And the number of people who need medical resources, daily care help housing

resources and who cannot meet their living expenses is growing. As some of you requested. We have engaged DPH and DHS representatives in a conversation as well. I ask that you have an agenda item regarding long COVID.

Invite them to present.

Please work together with them and us to determine how we can meet the needs of so many people who are chronically ill.

Ask the LA County develop a limited time task force to study long COVID within LA County and make recommendations to the Board of Supervisors. Thank you.

R1 **Room 140** 1:25:24

Thank you.

Thank you, Beth.

Time is up. Thank you.

Any other public comment?

Thank you all for participating today.

We'll go ahead and.

De La Rosa, Miguel stopped transcription