

# Opinion

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Sentinel editorial

## Medical care crunch is coming

**S**ANTA CRUZ COUNTY government Thursday again complained that a \$2- to \$3- million reduction will have to be made midstream in its 1982-83 budget, but the real financial/services crunch here will be felt in January when stipulations in the state's new "cost containment" health care legislation become effective.

California has been about the most generous state in the nation for providing health care benefits to its residents. In its Medi-Cal program last year, California spent about \$5 billion covering more than 3 million patients, or about one of every eight persons in the state. That meant picking up the tab for 30 of the 32 services not covered by the federal government, some of which may seem superfluous.

In the process of footing the bill, the state found that (1) it simply doesn't have the funds to continue such a generous program and (2) hospital costs have been going up in geometric proportions — more than 20 percent in 1981 — compared to the overall consumer price index which was less than 11 percent last year.

Something had to be done and approval of a "cost containment" bill was the result.

Different parties have criticized the legislation for creating a two-tier health system and nothing less than a cost shift from state to county governments. It will be both of those, but there is no denying that something had to be done to get costs in the state-supported health program under control. Additionally, few persons disagree that it will cut out some medical "fringe benefits" patients have been getting.

Come January, the "everything for everybody" philosophy for medical care in California will apply no more, and the reimbursement programs we have come to know may be unrecognizable one or two years from now.

In short, the state in its cost containment bill shifted responsibility for medical care to counties, which aren't

exactly swimming in dough these days.

The major problem from Boards of Supervisors is that the state, believing counties can do a better job of directing the program, will give counties only 70 percent of the funds to carry out the same job it has been doing. For Santa Cruz County, which in any given month will have about 2,500 patients receiving Medi-Cal benefits, it means receiving \$3.7 million a year to carry out the program California has been doing here for \$6 million.

Obviously, either eligibility requirements are going to be tightened or levels of care will be reduced.

Hardest hit in all this will be the so-called Medically Indigent Adults, classified as "poor persons" who don't qualify for general Medicare programs.

Santa Cruz County is in a precarious position because it doesn't have its own hospital. Instead, it contracts services with private facilities. Therefore, newly named "Medi-Cal czar" William A. Guy soon will be here to help the county negotiate a contract with a hospital for services to Medi-Cal patients.

Even though county health officials and private hospital representatives have vowed cooperation in this big turnaround, the concept of freedom of choice of hospitals for Medi-Cal patients will be out the window the first of the year.

Medical care for every Californian is an extremely important service. The primary question has been, "How much money do we have to provide medical care?" when we should first be asking "How much care should be provided?"

We agree something had to be done to check skyrocketing health care costs and believe the new formula should be given a chance to operate. However, if it results in suffering in more ways than one for California's citizenry, we think state legislators shouldn't hesitate to act in placing health care in a higher position on the priority list.