



Implement in Increments

San Francisco's approach to insuring the uninsured

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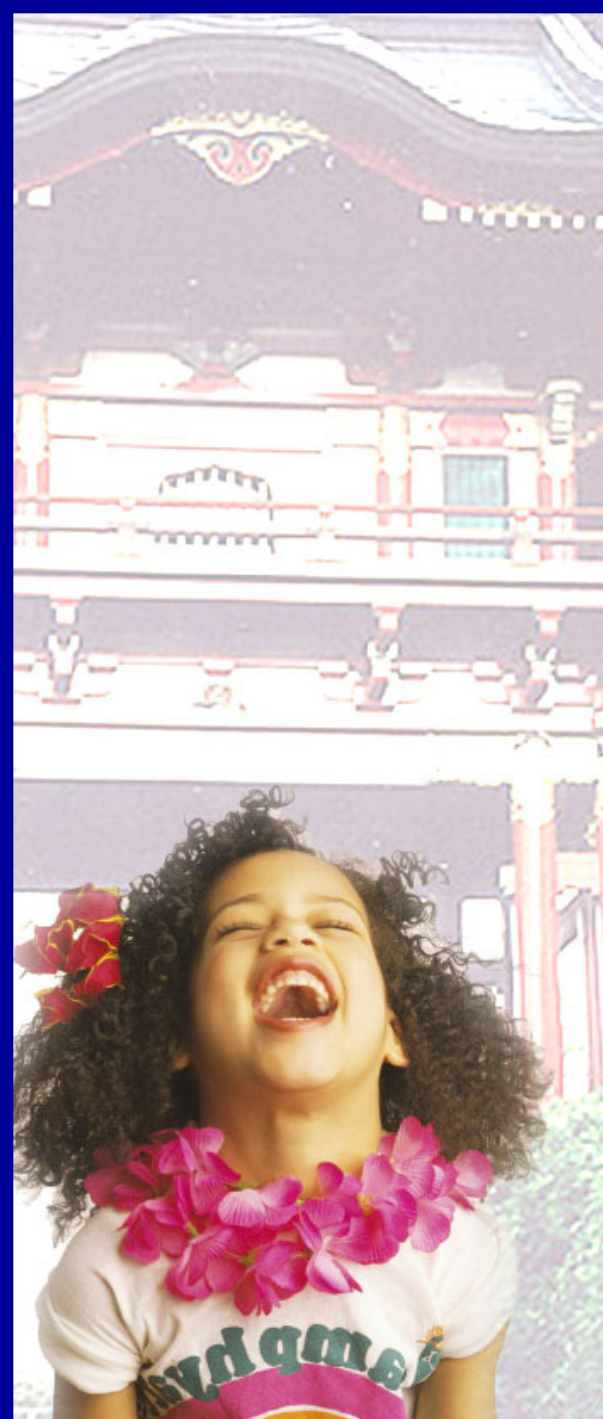
A young girl with dark hair, wearing a dark blue shirt and a gold chain, is looking upwards. In the background, the California State Capitol building is visible, featuring a prominent white dome with a gold spire. The sky is a clear, light blue.

History of SFHP

- ▶ **1994** – Board of Supervisors creates Health Authority
- ▶ **1997** – Health Authority creates SFHP to enroll Medicaid members
- ▶ **1998** – Healthy Workers is added
- ▶ **1999** – Healthy Families is added
- ▶ **2002** – Healthy Kids is added
- ▶ **2003** – Childcare provider medical savings accounts is added
- ▶ **2004** – Young Adult and Young Parent extension is added

How does SFHP do it?

- ▶ SFHP and the City and County of San Francisco share a commitment to provide high quality health care to San Franciscans who cannot afford health insurance.
- ▶ Proposition J, passed by SF voters in 1998, made universal health care in the City a priority.



How does this partnership work?

- ▶ SFHP/City design programs jointly
- ▶ City funds
 - *50% funding for Healthy Workers*
 - *80% funding for Healthy Kids*
 - *100% for funding for childcare workers' health savings accounts*
 - *100% funding for expansion to young adults*
- ▶ SFHP implements



Why In-Home Support Service Workers?

- ▶ Federal dollars were available to subsidize coverage.
- ▶ Dept of Public Health believed they were providing medical services for these workers anyway in uncoordinated fashion and with no reimbursement.
- ▶ Network was limited to Dept of Public Health providers.



Why Kids?

- ▶ Why not?
- ▶ 9,000 SF children and youth were uninsured.
- ▶ Regular medical, dental and vision care makes a difference in lives of kids and families.
- ▶ Eligible kids were not being enrolled in public programs.
- ▶ Another county had “paved the way.”
- ▶ Kids are cheap to insure and San Francisco doesn't have very many.



A photograph of a woman and a young boy smiling. The woman is standing behind the boy, her arms around him. They are in front of a large, multi-story brick windmill with a domed top and several windows. The windmill is the central focus of the background image.

Why Childcare Workers?

- ▶ It was a policy priority to stabilize this segment of the workforce.
- ▶ We have a way to help each worker navigate the individual insurance market.
- ▶ Health savings accounts are an option for those unable to find affordable insurance.
- ▶ It's a small population.



Why Young Adults?

- ▶ Over 44% of SF young adults were uninsured.
- ▶ Great concern politically about low-income youths transitioning into adulthood.
- ▶ Easy to extend Healthy Kids to Young Adults.
- ▶ Relatively inexpensive to insure & age-outs and parents are small enough group to make program affordable.

A young girl with dark hair, wearing a light-colored sweater, is looking upwards with a thoughtful expression. In the background, the Golden Gate Bridge in San Francisco is visible against a clear sky.

How is it going?

- ▶ We have universal health insurance for children in San Francisco (99.2% insurance rate)
- ▶ 13,000 people have health insurance in San Francisco who would not have had it without these programs
- **But 83,000 are still uninsured!**



Next Up: Healthy Parents?

- ▶ In 2003, designed program for SF to cover parents by drawing down unused California SCHIP funds
- ▶ Obtained initial funding and legislation
- ▶ Need state agency to apply for federal approval
- ▶ Can't get state agency to move for such a small program



Next Up: Taxi Drivers?

- ▶ City sets fares, so has power to generate funds to subsidize insurance for drivers
- ▶ SFHP and City working on design and financing
- ▶ Major hurdle will be deciding who will contribute what to subsidy from fees, fares, etc



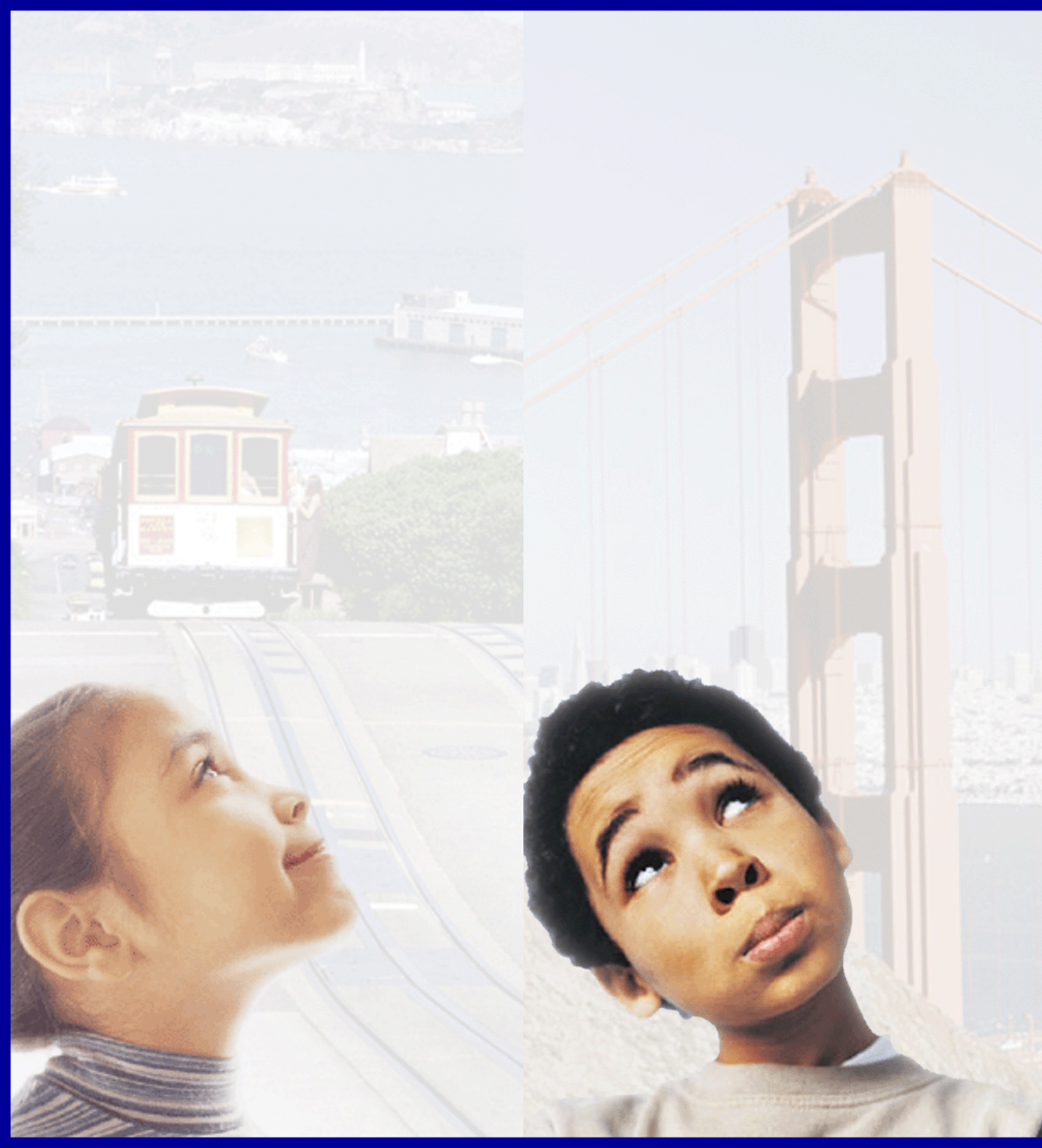
Next Up: Working uninsured?

- ▶ Premium assistance program for low-wage employee's share of cost of employer health insurance?
- ▶ Three-share program?
- ▶ Discount health care network for low-income uninsured folks?
- ▶ Funding public health system and making it available and accountable to all?



Initiatives Are Both Solutions & Band-aids.

- ▶ Proud of what we have done for individuals and families.
- ▶ Done without clear tax increases, but major revenue is needed to make a real dent.
- ▶ Concerned that our programs make people think there are easy solutions.
- ▶ Diversion of resources and energy from effort to make radical change



Thank You