rently only covers items *not* included in specific contracts between the City and HHC. For example, the Corporation will receive \$46 million in Fiscal 1996 from the City's Department of Mental Health, Mental Retardation, and Alcoholism to provide services to the mentally ill, developmentally disabled, and abusers of alcohol and other sustances.

"The City Council Health Committee proposes that the State Legislature amend the HHC enabling statute to require that apart from indigent care, which would be funded... by a state collection and distribution mechansim, all other Citymandated services be covered by contracts providing volume-based payments by the City for services delivered by HHC. The City's contracts with private hospitals for prison-based care are now adjustable for inmate population counts. Its payments to HHC for hospital-based care should be similarly adjustable. Where a fair price cannot be agreed upon, the City should issue a request for proposal to solicit competitive bids to provide these services. . . .

Revise the funding mechanism for the uninsured

"The City Council Health Committee recommends that the State Legislature revise the funding system for the uninsured and underinsured.... The new system should have a permanent distribution system which reimburses outpatient care at a higher rate compared to inpatient care, and distributes funding to providers based on the volume of indigent care delivered. Funding should cover 100% of costs for public providers, or any other providers which demonstrate that they treat all patients regardless of ability to pay.

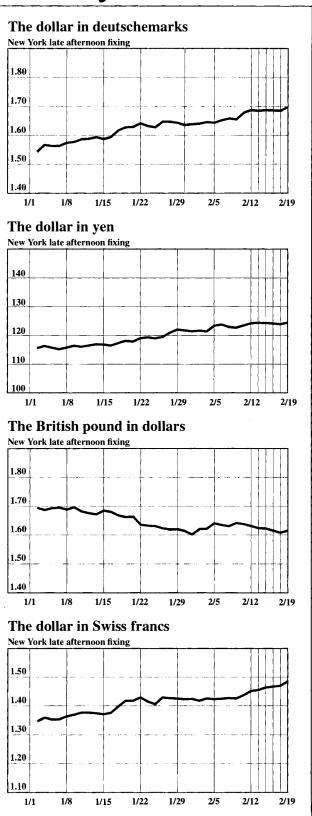
[Various sources of funding are noted, including such sources as parts of "fees for motor vehicle, hunting, and gun licenses, in recognition of the their contribution to trauma costs"]

Greater flexibility in organizing service delivery

"There have been many excellent recommendations for the specific reconfiguration of HHC's services by experts both within and outside of the Corporation. Independent of City Hall, HHC would have the same opportunity that private hospitals have always had to make effective management choices as circumstances change. . . .

"As an independent public benefit corporation, HHC would negotiate its own labor agreement with District Council 37 and other municipal unions, apart from any citywide agreements. An ability to control its salary levels would eliminate a major barrier to recruitment of skilled medical personnel. There would be no loss of flexibility to the Corporation from remaining a unionized public-sector employer, rather than transforming its facilities into private hospitals, as the mayor has proposed. In New York City, both the public and private healthcare sectors are unionized. Under the mayor's plan of privatization, District Council 37 would be likely to be replaced by Local 1199. . . . "

Currency Rates



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