

# Counties' Role in Health Care Delivery and Financing



Produced by the Community  
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## **About NACo – The Voice of America's Counties**

The National Association of Counties (NACo) is the only national organization that represents county governments in the United States. Founded in 1935, NACo provides essential services to the nation's 3,066 counties. NACo advances issues with a unified voice before the federal government, improves the public's understanding of county government, assists counties in finding and sharing innovative solutions through education and research, and provides value-added services to save counties and taxpayers money. For more information about NACo, visit [www.naco.org](http://www.naco.org).

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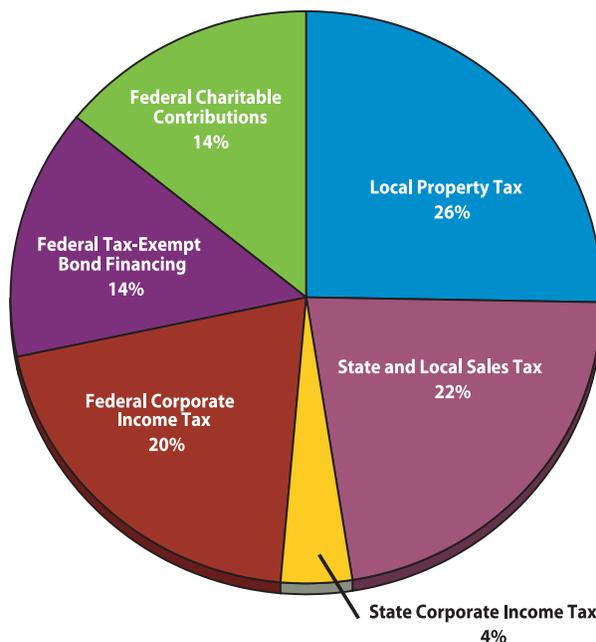


## Hospitals and Clinics

County governments and hospital districts operate over 1,100 public hospitals nationwide. These hospitals make up an important part of the local safety net system for uninsured and underinsured individuals, providing almost a quarter of all uncompensated hospital care in 2002. Public hospitals also play an important role in other aspects of community health, including health promotion and education, mammography and other cancer screenings, local adult and teen outreach, crisis prevention, reproductive health services, and public health preparedness.

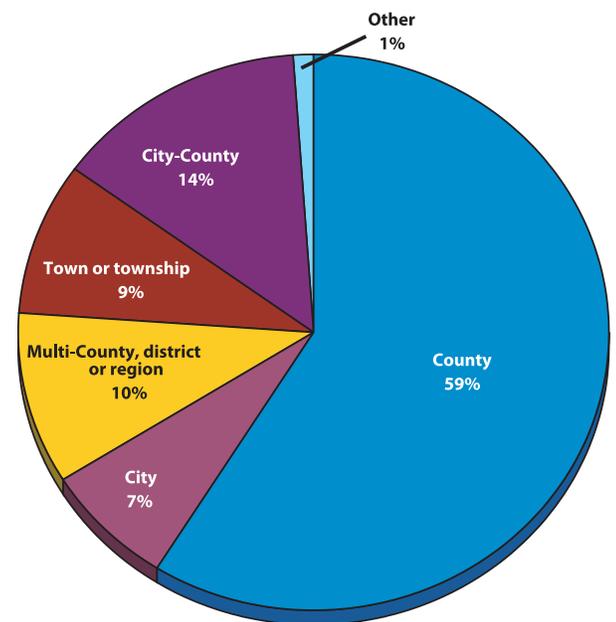
These services are financed through a variety of funding sources, including local and state government subsidies, Medicaid and Medicare DSH payments, cost shifting, and other programs. The largest source of support comes from state and local subsidies, which provide for 39 percent of the financing for unreimbursed care. Because of their limited ability to levy tax and raise funds, the impact of these costs on county governments is especially significant. In 2002, the cost of the property tax exemption for public hospitals was \$12.6 billion nationwide; more than one quarter of this cost was derived from exemption from local taxes, the single largest contributor to the value of tax exemption.

### Value of Tax Exemptions Provided to Not-For-Profit Hospitals, 2002



Source: Congressional Budget Office, *Nonprofit Hospitals and the Provision of Community Benefits*, December 2006, p.5, available from [www.cbo.gov/ftpdocs/76xx/doc7695/12-06-Nonprofit.pdf](http://www.cbo.gov/ftpdocs/76xx/doc7695/12-06-Nonprofit.pdf).

### Local Health Department Type of Jurisdiction



Source: National Association of City and County Health Officials *National Profile of Local Health Departments, 2005*

## Public Health

The vast majority of counties operate single or multi-county local health departments (LHDs) charged with protecting the health and safety of their community. Structure, governance, and services provided vary from state to state, but generally, county health departments serve the following core functions:

- Preventing Diseases
- Protecting Against Environmental Hazards
- Preventing Injuries
- Promoting and Encouraging Healthy Behaviors
- Responding to Disasters and Assisting Communities in Recovery
- Ensuring the Quality and Accessibility of Health Services

Funding for LHDs comes from a variety of sources, including revenues from local government; revenues from state government; federal funds; reimbursement from Medicare, Medicaid, or private insurance; and patient fees. Local sources provide the greatest percentage of LHD revenues at 29%.

Services provided by most LHDs include immunizations; screening and treatment for tuberculosis, sexually transmitted infections, blood lead levels, and high blood

pressure; maternal and child healthcare; family planning services; population-based prevention services; and communicable disease control. Other common services include oral health, home healthcare, primary care services, behavioral and mental health services, and substance abuse treatment.

According to the National Association of City and County Health Officials, 62% of LHDs serve small districts (less than 50,000 residents), and are an increasingly important resource in small, rural communities facing provider shortages.

## Medicaid

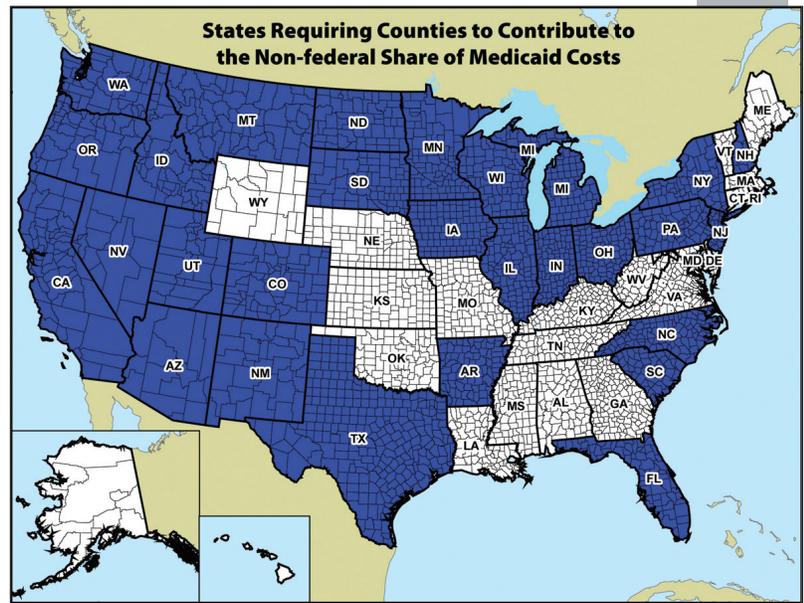
The Medicaid program covers over 55 million low-income individuals at a cost of over \$300 billion annually. Approximately 57 percent of total program costs are paid by the federal government and the remaining 43 percent are considered the “non-federal share”.

Depending on state regulations, the non-federal share can be financed entirely through state funds or through a combination of state and county funds. A total of 28 states require counties to pay some part of the non-federal share of Medicaid costs for their residents. Requirements vary by state, and sometimes by county and for different covered services and populations. Up to 60 percent of the non-federal share can be financed by local contributions.

- In North Carolina, counties are required to pay 100% of the non-federal share for County Medicaid Administration and 15% of the non-federal share for all other services. Counties will pay an estimated at \$517 million in 2007-08.
- In New York, the share paid by counties and New York City has ranged from 10 to 25 percent of total Medicaid spending depending on the service and population involved. The county local share of Medicaid expenditures topped \$5.56 billion in 2003, an 11.3% increase over 2002.

## Summary of State Laws and Regulations

Responsibility for the financing, delivery, and regulation of healthcare in America is shared jointly among federal, state, and county authorities. Because responsibility is shared, the resulting system of care varies widely between states, and within states varies between counties. This process has two important results, one being the formulation of local healthcare policies that reflect



local needs and priorities, the other a fragmented and confusing system of laws and programs that is constantly changing.

This summary provides an overview of current laws and regulations related to what counties can do, can't do, and must do to ensure the health and safety of their residents. The following areas of responsibility are covered:

- Indigent care
- Taxing authority
- County-owned hospitals and clinics
- Public health
- Medicaid
- Mental health
- Inmate healthcare

The information comes from a variety of sources, including a survey of State Association of County Executive Directors, an analysis of individual state statutes and regulations, state and local public health agencies, and various publications. For a particular state, where one topic area is left blank, the information is either not available or no regulations exist.

### ● Alabama

**Indigent Care:** County bears ultimate financial obligation for the medical treatment of indigent residents.

**Taxing Authority:** Counties authorized to levy tax to maintain health facilities.

**Public Health:** Public health system centralized at the state level, with services delivered through county

health departments. Services offered at some health departments include cancer screening, well child care, newborn screening, chronic disease management and screening, family planning, HIV/STI testing and counseling, home health services, immunizations, WIC services.

### ● **Alaska**

**Indigent Care:** State bears responsibility for medical treatment of indigent residents.

**Taxing Authority:** Counties may levy a tax to establish and maintain health facilities and indigent care programs.

**Public Health:** Public health system mixed state and local governance. Most boroughs do not provide healthcare. The state provides most public health services.

### ● **Arizona**

**Indigent Care:** Counties required to provide medical care to the poor. The scope of services covered is at the discretion of the county.

**Taxing Authority:** Counties are authorized to levy general excise tax to support county programs.

**Public Health:** Counties must establish and maintain county health departments. Services provided include immunizations, primary care, prenatal care, HIV/STI testing and counseling, substance abuse treatment, health education, WIC, and outreach and enrollment in public programs.

**Medicaid:** Counties contribute funds for administrative costs, long term care, and acute care. In FY 2007 county contributions made up 19% of total non-federal funds and are projected to cover \$236 million, or 63%, of the long term care costs in FY 2007.

**Mental Health:** Counties must provide mental health services to indigent patients. Care also available through state hospitals.

**Inmate Healthcare:** Counties responsible for healthcare costs of inmates housed in county jails who are unable to pay.

### ● **Arkansas**

**Medicaid:** One county pays a portion of the non-federal share for acute care costs.

**Taxing Authority:** Taxing authority is limited by state law.

**Public Health:** County health departments are units of State government. Counties provide building and cover some operational costs.

**Inmate Care:** County responsibility.

### ● **California**

**Indigent Care:** Counties responsible for healthcare for indigent residents. Counties have broad discretion in determining how they will meet this obligation. The state provides some funding support for indigent care, but the majority of funds and responsibility for program administration rests with the counties. It is estimated that between \$2 billion and \$2.5 billion is spent annually on services for roughly 1.7 million indigent persons through county programs.

**Hospitals and Clinics:** Fourteen counties own and operate 19 hospitals statewide. At least 16 counties operate primary or specialty care clinics, delivering services such as dental and HIV care, separate from county hospital systems.

**Public Health:** The state shares legal responsibility with counties to protect the health of the public through county-run local health departments. Eleven of the smallest counties contract with the state to provide public health services. Services provided include immunizations, substance abuse treatment, mental health services, WIC, environmental health, and outreach and enrollment in public programs.

**Medicaid:** Counties contribute funds for administrative costs, long term care, and mental health. Counties provide approximately 50% of the non-federal share of costs for Medicaid mental health services.

**Mental Health:** Counties are financially responsible for indigent mental healthcare, with specified state contributions, up to a cap. Counties are also responsible for a portion of mental health services provided through Medicaid. Counties are often direct provider of services.

**Inmate Health:** Counties ultimately responsible for healthcare costs of inmates housed in county jails who are unable to pay, including mental health, substance abuse, dental care, vision services, and routine care.

### ● **Colorado**

**Indigent Care:** Counties are mandated to provide medical care to indigent residents when funds are available.

**Taxing Authority:** Counties may levy a property tax to establish public hospitals.

**Public Health:** County health departments are an essential component of the safety net, providing well-child care, prenatal care, and services for children with special health needs, including enhanced services such as case management.

**Medicaid:** Counties responsible for up to 20% of the non-federal share of administrative costs.

**Mental Health:** Counties responsible for community-based services; the state's role in service provision is largely limited to institutional care.

**Inmate care:** County responsibility.

### ● Connecticut

County government was abolished in Connecticut in 1960, although the names remain for geographical purposes.

### ● Delaware

**Indigent Care:** State responsibility.

**Public Health:** Local health departments are units of state government.

### ● Florida

**Indigent Care:** Counties have a financial obligation for care of indigent residents. Counties may also elect to participate in a state program jointly funded by the state and county to reimburse hospitals for inpatient care and outpatient indigent care.

**Taxing Authority:** Counties may issue bonds or levy property taxes with voter approval to establish and maintain public hospitals. Counties may also establish funding districts for indigent care and levy local ad valorem taxes with voter approval.

**Public Health:** County health departments are units of state government. They serve as a major source of care for the poor. Services include maternal and child health services, WIC, family planning, HIV/STI testing. Some county health departments also provide more comprehensive primary care services.

**Medicaid:** Counties pay a fixed amount per month for each nursing home resident, and 35% of the non-federal share for the 13th through 45th inpatient hospital days.

**Mental Health:** State pays for in-patient and community based mental healthcare for indigent residents; counties must pay 25% match for state funds devoted to community mental health services.

### ● Georgia

**Indigent Care:** County officials are allowed, but not required, to provide indigent care. Although not required, most counties contribute to indigent care through support of local health departments, county hospitals, funding mental health services, and intergovernmental transfer dollars to the Indigent Care Trust Fund. ICTF is a

state-run fund to be used for primary care, expansion of Medicaid, and support of rural providers.

**Taxing Authority:** Almost all counties have a Hospital Authority. Hospitals are authorized to levy an ad valorem tax of 7 mills to provide indigent hospital and medical care.

**Public Health:** County health departments are units of state government. Services include indigent cancer care, care for chronic renal disease, treatment of communicable diseases, dental healthcare, mental health treatment. Counties provide space and many counties provide additional funds and in-kind services to health departments.

**Inmate Healthcare:** County responsibility.

### ● Hawaii

**Indigent Care:** State funded healthcare is available to a very limited group of categorically eligible individuals.

**Public Health:** Local health departments are units of state government. Services include new born screening, immunizations, school-based healthcare, substance abuse treatment, children's mental health, treatment for chronic renal disease, cancer screening and treatment, maternal and child health.

### ● Idaho

**Indigent Care:** Counties required to provide medical services for indigent residents, up to a cap; the state finances costs above this threshold. Benefits include physician services, preventive screening, dental care, inpatient hospital care, emergency care, skilled nursing facility services, home and community healthcare services, prescription drugs. Counties may assess an ad valorem tax of 0.1% on assessed property within the county to pay for these services.

**Taxing Authority:** Counties may levy a property tax of 0.06% to finance county hospital or nursing home.

**Public Health:** Public health services are administered through 7 health districts across state, jointly funded by the counties covered within the district. Services include health education, WIC, home healthcare, immunizations, communicable disease control, HIV/STI testing and counseling, chronic disease management, family planning, and primary care services.

**Medicaid:** Counties provide approximately 50% of the non-federal share for administrative costs.

**Inmate Healthcare:** Counties ultimately responsible for healthcare costs of inmates housed in county jails.

## ● Illinois

**Indigent Care:** There are no statutes requiring counties to provide indigent care. Cook County, through its three hospitals and network of community clinics, is the largest provider of indigent healthcare in the state and the third largest provider of such care in the nation, caring for more than a million poor uninsured individuals every year.

**Taxing Authority:** Counties may levy property taxes, with voter approval, to provide indigent healthcare services.

**Public Health:** Counties operate 95 local health departments throughout the state. Services include well-baby clinics, immunizations, communicable disease control, health education, dental services, case management, chronic disease screening and management, HIV counseling and testing.

**Medicaid:** Counties pay a portion the non-federal share of long term care costs.

**Inmate Healthcare:** County responsibility

## ● Indiana

**Indigent Care:** Joint responsibility of the county and township to provide medical care to indigent residents. Counties maintain an indigent fund, financed through property taxes, the financial institutions tax, motor vehicle excise taxes.

**Public Health:** County-run health departments are responsible for environmental health, vital records, HIV testing, immunizations, maternal and child health, communicable disease control, and health education.

**Medicaid:** Counties are responsible for a portion of the non-federal share of long term care and mental healthcare costs.

**Inmate Healthcare:** Counties are ultimately responsible for healthcare costs of inmates housed in county jails.

## ● Iowa

**Indigent Care:** Counties have an obligation to provide medical care to indigent residents. The state also provides indigent care through University of Iowa hospitals and clinics.

**Taxing Authority:** Counties may levy a property tax to support county hospitals. These hospitals must provide free treatment to indigent residents.

**Public Health:** Local health departments are units of county government. While not required, many direct-care services are provided to medically indigent in all

counties through the health department. These include population-based preventive services, well baby care, family planning, behavioral and mental health, home and community-based services.

**Medicaid:** Counties pay a portion of the non-federal share of mental health services, and 50 percent of the non-federal share of targeted case management for persons with chronic mental illness, mental retardation or developmental disabilities.

**Inmate Healthcare:** Counties required to provide adequate medical care, including mental healthcare and emergency treatment.

## ● Kansas

**Indigent Care:** State responsibility.

**Taxing Authority:** Counties with between 175,000 and 200,000 residents may levy property taxes for the creation of a fund to pay for the hospitalization of indigent residents.

**Public Health:** Local health departments are units of county government. Health departments must provide immunizations and health screening to students. Additional services provided include mental healthcare, community nursing care, communicable disease control, WIC, family planning, chronic disease screening and management.

**Inmate Care:** Counties ultimately responsible for healthcare costs of inmates housed in county jails, including mental health, substance abuse treatment, dental care, and emergency care.

## ● Kentucky

**Indigent Care:** Limited state responsibility.

**Public Health:** Local health departments are units of county government. State and county jointly fund local health departments to provide immunizations, WIC, environmental health programs, and outreach and enrollment into public programs.

**Inmate Healthcare:** County responsibility, states reimburse for costs over a cap.

## ● Louisiana

**Indigent Care:** Any resident of Louisiana who is found to be medically indigent or medically needy is eligible for admittance to any state-owned hospital. Parishes may also appropriate funds to pay for medical care for indigent residents.

**Public Health:** The Louisiana Department of Health and Hospitals, Office of Public Health currently operates 77 parish health units that provide services in the areas of immunization, family planning, prenatal care, newborn screening, well child care, nutrition therapy, early intervention services for individuals infected with HIV, health education, testing and monitoring of infectious diseases, environmental health services, and vital records services.

### ● *Maine*

**Indigent Care:** Municipalities have the responsibility to provide medical care to the indigent under the state's general assistance statutes. Covered services include physician services, prescription drugs. The state also contributes to an uncompensated care pool to provide hospital care to the indigent.

### ● *Maryland*

**Indigent Care:** Counties administer the state-funded Emergency Medical and Housing Assistance Program. Covered services include office visits, well care, lab tests, x-rays, substance abuse counseling, diabetes treatment, HIV/AIDS treatment, prescription drugs.

**County-owned Facilities:** Counties may establish hospitals and health facilities.

**Public Health:** Health departments in Maryland's twenty-three counties and Baltimore City are units of local government. Each administers public health programs tailored to community needs to provide preventive care, immunizations, health education, maternal and child health, substance abuse counseling, mental health services, family planning, and communicable disease prevention.

**Inmate care:** County responsibility

### ● *Massachusetts*

**Indigent Care:** State responsibility

**Public Health:** Responsibility for public health services varies across the state. Bristol, Plymouth, Norfolk, Barnstable and Dukes counties operate health departments, responsible for disease prevention and control, health and environmental protection, and promoting a healthy community. Towns and cities provide public health services in other areas of the state.

### ● *Michigan*

**Indigent Care:** The Adult Benefits Waiver provides basic health insurance coverage to residents of the State

of Michigan with countable incomes at or below 35% of the federal poverty level. Funded through excess SCHIP and state funds, administered by counties.

**Public Health:** The state has granted local health departments primary responsibility for public health prevention and control. Michigan has 83 counties served by 45 local health departments through a city, county or a multi-county district health department. Health departments must provide immunizations, communicable disease control, STI testing and treatment, emergency management, prenatal care, family planning, health education, nutrition, and vision screening.

**Medicaid:** Counties pay a portion of the non-federal share of administrative costs and 10 percent of the cost of Medicaid mental health services delivered by county community mental health agencies. Counties with medical care facilities provide a variable maintenance of effort payment for Medicaid patients in the facility.

**Mental Health:** The state relies on a county-based community mental health system. A mental health board in each county bears full responsibility for providing services to mentally ill and developmentally disabled residents. Specific services provided vary, but typical services include inpatient and outpatient services, residential treatment programs, special services for children and adolescents, and emergency crisis services.

### ● *Minnesota*

**Indigent Care:** State and counties share responsibility, with counties responsible for 10 percent of costs and administration of the state medical assistance program. Covered benefits include inpatient and outpatient care, physician services, and prescription drugs.

**Public Health:** Local health departments are a unit of county government. Offered services include primary care, disease prevention, family planning, family health, health promotion, immunizations, maternal child health, WIC, and home health services. Local health departments are also very active in providing services to residents with chronic care needs.

**County-owned facilities:** Many of Minnesota's counties and cities operate hospitals, health centers, or clinics in addition to carrying out core public health functions. More than a third of Minnesota hospital beds are either state- or locally controlled.

**Medicaid:** Counties pay a portion of the non-federal share of costs for long term care. Counties pay 100 percent of the non-federal share of administrative costs related to client services.

**Inmate Healthcare:** County responsibility.

## ● *Mississippi*

**Indigent Care:** Neither state nor county are required to provide indigent services. Counties are authorized to appropriate funds to do so.

**Taxing Authority:** Authorized to create hospitals and programs that address the needs of those unable to pay for healthcare. Counties are authorized to collect taxes for the support of such care.

**Public Health:** Local health departments are organized into nine districts, each under the auspices of a district health officer. Each provides preventive health services to children from birth to 21 years of age, including immunizations, vision screening, family planning, perinatal high-risk management, hearing testing, dental screening, physical exams, newborn genetic screening, lead poisoning prevention and screening, developmental screening.

**Inmate Healthcare:** County responsibility.

## ● *Missouri*

**Indigent Care:** Counties ultimately responsible for care of the poor.

**Taxing Authority:** Any county may establish a health center if residents vote on an annual property tax to support it. County may establish public hospitals and are authorized to issue revenue bonds to fund it. Counties can levy taxes to support public health and mental health services.

**Public Health:** Each county operates a local health department. Services offered include chronic disease screening, cancer screenings, car seats/booster seats, case management (prenatal women and children), child-birth classes, communicable disease control, HIV testing and referral, immunizations, temporary Medicaid card issuance, WIC and women's wellness.

**Mental Health:** Counties are authorized to establish a community mental health center.

## ● *Montana*

**Indigent Care:** Counties are responsible for financing and administering public assistance programs for indigent residents. These programs may include free medical care.

**Taxing Authority:** Counties may levy property taxes up to 13.5 mills, and an additional 12 mills if approved by voters, to establish and finance a poor fund. Counties may erect and maintain public hospitals, financed through tax levy and issuing bonds.

**Public Health:** Local health departments are units of the county, city, or county-city collaborations. Services provided include communicable disease control, environmental health, health education, prevention, family planning, home healthcare services, immunizations, HIV testing and counseling, chronic disease screening and management, well child clinics.

**Medicaid:** Counties pay 50 percent of the non-federal share of administrative costs related to eligibility determination.

**Mental health:** The state must develop and maintain comprehensive mental health services and programs. State is responsible for community mental health centers as well. County must pay all costs for those who are involuntarily committed.

**Inmate Healthcare:** Counties responsibility.

## ● *Nebraska*

**Indigent Care:** County must provide medical services to indigent residents to the extent that the county can pay for it.

**Taxing Authority:** County may sell bonds for construction of an indigent hospital.

**Public Health:** There are 18 local health districts covering 91 counties and two single-county health departments in Nebraska. Each district is governed by representatives from covered counties. Services provided include home healthcare, immunizations, prevention, health education, improving delivery of healthcare services, chronic disease screening and management, substance abuse treatment, long term care, mental health services.

**Inmate Healthcare:** County responsible for routine and emergency services.

## ● *Nevada*

**Indigent care:** To the extent that a county is able to levy taxes, it must provide care, support, and relief to the poor, including emergency care, prenatal care, well child care, and other medically necessary care. Clark County administers and finances the Medical Assistance Services for indigent residents, covering including inpatient and outpatient hospital care, prescription drugs, nursing home care.

**Taxing Authority:** Counties are to fund indigent care through a property tax of at least 6 but not more than 10 percent or levying 1.5% ad valorem tax on real property.

**Public Health:** Most local health departments are state entities, with the exception of Clark and Washoe Counties.

**Medicaid:** Counties must pay a portion of the non-federal share of administrative costs, long term care costs, and 100 percent of the non-federal share of long-term care for the aged, blind and disabled whose net monthly income exceeds set amount. Counties are required to pay the total administrative costs for the federal match program.

**Inmate Healthcare:** County responsibility

### ● *New Hampshire*

**Indigent Care:** City or town responsible for the care of indigent, regardless of the city's economic status. County is responsible for elderly, disabled, and nursing home care. State law explicitly places responsibility of this care on county board.

**Medicaid:** Counties are responsible for 25 percent of the non-federal share of long term care costs.

### ● *New Jersey*

**Indigent Care:** The state, counties, and municipalities share responsibility for providing indigent medical care, including physician services and prescription drugs.

**Taxing Authority:** Counties authorized to appropriate funds to pay nonprofit hospitals and clinics to care of the indigent.

**Public Health:** In New Jersey, every municipality is required to be served by a local health department. There are a total of 116 county and municipality local health departments offering substance abuse treatment, child health services, chronic disease screening and management, communicable disease control, emergency preparedness, health promotion, mental health, long term care, and occupation health services.

**Medicaid:** County is responsible for a portion of the non-federal share of administrative costs.

**Mental Health:** New Jersey's public mental health system includes state and locally funded and operated programs. The state operates six psychiatric hospitals, and New Jersey counties operate six. By statute, 90 percent of the reasonable costs of the county facilities are funded through state aid; the remaining 10 percent is funded by the county.

### ● *New Mexico*

**Indigent Care:** Counties are responsible for the healthcare, hospitalization, and ambulance transportation of indigent residents. In 2006, counties collected \$52.9 million for indigent care, primarily through gross

receipt taxes, providing a total of \$44.9 million in indigent medical services.

**Taxing Authority:** Each county must create a county indigent hospital claims fund, financed by property tax levies authorized by the state. Counties are permitted to purchase, own, and manage public hospitals and impose a tax levy to support these facilities.

**Public Health:** Public health functions are carried out by the public health division of the state Department of Health. This division operates approximately 53 local public health offices. Local interests represented by local public health councils (about 20 throughout state). Some counties also fund autonomous health departments to provide environmental services.

**Medicaid:** Counties contribute about seven percent of the total non-federal share of Medicaid costs through the use of intergovernmental transfers.

**Inmate Healthcare:** County responsibility.

### ● *New York*

**Indigent Care:** Counties responsible for the care and assistance of any person in need and unable to provide for themselves.

**Taxing Authority:** Counties are authorized to create and maintain public homes to care for residents. May assess, levy and collect necessary funds.

**Public health:** There are 58 county health departments in New York, required to provide environmental health, family health, immunizations, and disease control services. Counties may also provide dental and primary care, prenatal care, substance abuse treatment, long term care, mental health services, case management, and outreach and enrollment for public programs.

**Medicaid:** Counties pay over \$6 billion annually toward the non-federal share of Medicaid costs. In 2003, county Medicaid expenditures accounted for 19.1% of county general fund expenditures and 73.2% of tax levy.

**Mental health:** Depending on the type of service, counties pay from 10 percent to 25 percent of expenditures for the mentally retarded and developmentally disabled population.

**Inmate Healthcare:** County responsibility.

### ● *North Carolina*

**Indigent Care:** It is a state obligation to pay for indigent medical care. Several counties also administer free care programs.

**Taxing Authority:** Counties authorized to provide and

support hospital services and long term care centers.

**Public Health:** Each County must operate a health department or join with other counties to create a district health department. Health departments must provide immunizations at no cost, communicable disease control, HIV testing and counseling, prenatal care, case management, health education, interpreter services, chronic disease screening and management, and family planning. Most of the state's 86 local health departments provide maternal and child health services and in some cases adult health services.

**Medicaid:** Counties responsible for 15 percent of the nonfederal match for all services. In 2006, this totaled \$460 million.

**Mental Health:** Counties required to support a Local Management Entity (LME) that is typically a multi-county agency. The LMEs provide screening, triage and referral services, crisis stabilization, quality control and contract management, and some case management services. Only LMEs that have been granted state approval provide direct mental health services.

### ● **North Dakota**

**Indigent Care:** Support of poor is a county obligation, within the limits of the county's appropriations.

**Taxing Authority:** Counties can levy a tax to support indigent services.

**Public Health:** North Dakota's public health system is made up of 28 single and multi-county local public health units. All provide immunizations, chronic disease screening and management, vision screening, high-risk infant follow-up. Most also provide maternal and child health services, health promotion, and communicable disease programs.

**Medicaid:** Counties pay 15 percent of the non-federal share of some costs. Additionally, counties pay 100 percent of the non-federal share of local administration costs for all eligibility determination and related supervision.

**Inmate Care:** County responsibility

### ● **Ohio**

**Indigent Care:** Limited state responsibility to provide care at hospitals receiving DSH funds. Joint state/county responsibility to provide care to disabled residents ineligible for federal programs.

**Public Health:** Operations within Ohio's 135 local health districts are generally divided into three areas: Administration, Personal Health and Environmental Health. Typical services provided include prenatal care, WIC, fam-

ily planning, coordination of care, immunizations, substance abuse programs, communicable disease control, STI screening and treatment, school nursing programs, primary and acute care, and health education.

**Medicaid:** Counties pay a maximum of 10 percent of the non-federal share of administrative costs, with some limitations.

### ● **Oklahoma**

**Indigent Care:** County obligation to provide for the poor.

**Taxing Authority:** Counties are authorized to issue bonds or levy a tax for the purpose of creating and maintaining hospital facilities, community mental health, public health center, etc. Must treat indigent residents at no cost.

**Public Health:** Counties are authorized to establish local health departments funded by local tax sources. Currently 69 of 77 counties operate health departments. They are charged with monitoring health status of community, health education, environmental health, HIV/STI counseling and testing, WIC, nutrition education, health promotion, eldercare case management, health screenings, communicable disease investigations, dental screenings, immunizations, maternal and child health services.

### ● **Oregon**

**Indigent Care:** Neither state nor county required to provide care to indigent residents.

**Taxing Authority:** Counties are authorized to build and maintain hospitals, long term care facilities, medical offices and clinics, and ambulance services. Counties may borrow money, assess, levy, and collect a property tax up to 1/4 of one percent of the real market value of all taxable property within district. May also levy a "special tax".

**Public Health:** Each of Oregon's 36 counties provide services through local health departments, including immunizations, communicable diseases control, family planning, health statistics, health education and referral services, perinatal care, laboratory services, chronic disease screening and management, nutrition services, primary healthcare services, and environmental health services.

**Medicaid:** Oregon counties pay a portion of the non-federal share of the cost for case management services.

## ● **Pennsylvania**

**Indigent Care:** Counties have ultimate responsibility for indigent residents. Although there is no specific mandate to provide indigent medical care, many counties do.

**Taxing Authority:** Counties may establish public hospitals and may appropriate funds to provide for indigent care.

**Public Health:** Philadelphia, Allegheny and Erie Counties have their own health departments. The balance of Pennsylvania counties work with the state to provide communicable disease control, chronic disease prevention and intervention programs, STI diagnosis and treatment, immunization, family health programs and environmental health services. In addition to these services, seven counties operate FQHCs and there are 43 county-run nursing homes in 40 counties.

**Medicaid:** Counties pay 10 percent of the non-federal share for county nursing homes. Counties pay a portion of administrative costs.

**Inmate Healthcare:** County responsibility.

## ● **Rhode Island**

**Indigent Care:** State responsibility

## ● **South Carolina**

**Indigent Care:** Counties are required to pay part of the cost of inpatient medical care for qualified indigents under the Medically Indigent Assistance (MIAP) program.

**Taxing Authority:** County may elect to construct and maintain a public hospital, financed through bonds, local taxes, donations, or fees. Must provide indigent care. MIAP partially financed through county assessments and hospital taxes.

**Public Health:** State Department of Health and Environmental Control is responsible for public health activities. Counties partially fund some public health services through state local government fund withholdings, but counties are not required to actually provide the services.

**Medicaid:** Match of \$13 million for all counties plus \$.50 per capita withholding from state Local Government Fund.

**Inmate Healthcare:** County responsibility, including mental health, dental care, vision services and emergency care.

## ● **South Dakota**

**Indigent Care:** Counties are obligated to pay for care of indigent residents.

**Taxing Authority:** County may raise funds by taxation or issue bonds for the support of the poor and to establish public hospitals for the care and treatment of indigent residents.

**Public Health:** The state Office of Community Health Services and Public Health Alliance provides public health services to all ages through county health departments, including immunizations, WIC, well-child care, health education, prenatal care, family planning, information and referral, in-office screening for glucose, blood pressure, vision, hearing and hemoglobin.

**Medicaid:** Counties pay \$60 per month for each ICF/MR resident and \$200 per month for each mentally ill resident in state inpatient facilities.

**Inmate Healthcare:** County responsibility, including mental health, substance abuse, dental care, vision services, routine care and emergency services.

## ● **Tennessee**

**Indigent Care:** Counties may provide indigent care through public hospitals or contracting with non-public hospitals. State launched Cover Tennessee in January 2007 to provide low-cost insurance and prescription drug coverage to uninsured working Tennesseans.

**Public Health:** State and county jointly provide variety of services through local public health departments, including child health, immunizations, primary care, family planning, STI testing and treatment, nutrition, WIC, prenatal care, health education, outreach and enrollment into public programs.

## ● **Texas**

**Indigent Care:** Counties must provide healthcare to indigent residents in one of three ways: create a hospital district, run a public hospital, or operate a county indigent healthcare program. In all, there are 130 hospital districts, 138 counties running an indigent care program, and 32 public hospitals. State assistance is available if a county spends at least 8% of the county general revenue levy on healthcare services. Covered services must include immunizations, medical screening services, annual physical examinations, inpatient and outpatient hospital services, laboratory and X-ray services, family planning services, physician services, prescription drugs, and skilled nursing facility services.

**Taxing Authority:** Hospital districts may issue bonds,

levy property tax up to three-quarters of one percent of the value of taxable property, and levy sales and use taxes up to 2% with voter approval. Counties may impose property tax of one-half a percent in counties under 22,000 or one tenth of one percent in larger counties.

**Public Health:** The state is divided into 8 public health service regions, overseen by state. Counties may also create independent boards of health. Most rural counties have no local health department and are served by state service regions. Most local health departments operate entirely on locally derived revenues.

**Medicaid:** Urban hospital districts contribute funding to match federal disproportionate share funds.

**Inmate Healthcare:** County responsibility.

### ● *Utah*

**Indigent Care:** State runs indigent care program, financed through combination of state and local funds.

**Public Health:** There are 12 local health departments in Utah. Local departments of health are city-county, county, or multi-county organizations operated by local governments. Each of these agencies provides a variety of direct public health services, including significant indigent care responsibilities, maternal and child health, chronic disease management, family planning, perinatal services, dental services, communicable disease control, immunizations, substance abuse treatment, mental health, case management, WIC, and environmental health.

**Medicaid:** Counties pay 20 percent of the non-federal share for mental health services.

**Inmate Healthcare:** County responsibility.

### ● *Vermont*

**Indigent Care:** State responsibility

### ● *Virginia*

**Indigent Care:** Joint responsibility of county, state, municipality. County responsible for up to 25% of cost of indigent care through State/Local Hospitalization (SLH) program for indigent persons. In FY 2005 total SLH expenditures were \$ 12,674,758 (\$2,006,340 in local funds).

**Public Health:** There are 35 local health districts overseen by the state. Counties set up local health departments within their district. There are no requirements of services provided, but most offer dental care, well child care, chronic disease screening and management, family

planning, immunization, maternity care, STI Testing and Treatment, TB Screening, and WIC programs.

**Inmate Healthcare:** County responsibility.

### ● *Washington*

**Indigent Care:** State sponsored basic health program provides affordable healthcare coverage through private health plans to low-income residents or patients who have exhausted any third-party sources.

**Public Health:** Thirty-five county health departments carry out a wide variety of programs to promote health, help prevent disease and build healthy communities, including immunizations, STI/HIV Testing and counseling, and WIC programs. All 39 counties also provide mental health services, substance abuse treatment, services for aging through Area Agencies for Aging, and services for persons with developmental disabilities. The King County health department runs several full-service primary care clinics.

**Medicaid:** Some counties responsible for a portion of the non-federal share of Medicaid for mental healthcare.

**Inmate Healthcare:** County responsible for all costs, including primary care, prenatal care, inpatient and outpatient hospital services, and behavioral health treatment.

### ● *Wisconsin*

**Indigent Care:** State-run optional Relief Block Grant Program provides funds to counties for medical relief programs. 40 of 72 total counties currently opt in. Benefit schedule and eligibility rules vary.

**Public Health:** All 72 counties, and 22 cities, operate local health departments providing communicable disease surveillance prevention and control, public health nursing, immunizations, health education, chronic disease screening and management, physical therapy, family planning, WIC services, environmental health, prenatal care coordination, and STI clinics.

**Medicaid:** Counties pay the non-federal share for certain mental health programs (e.g., community support services and targeted case management) and some administrative costs.

**Inmate Healthcare:** County responsibility, including mental health and routine care services.

### ● *West Virginia*

**Indigent Care:** Neither state nor county required to provide indigent care.

**Taxing Authority:** Counties can levy a property tax up to 3 cents for every \$100 assessed to fund general public and mental health services. Counties authorized to establish and maintain public hospitals, clinics, and long term care facilities.

**Public Health:** Counties must form boards of health as a single county or a combination of any two or more counties. Health departments must provide community health assessment, communicable disease control, immunizations, STI testing and treatment, environmental health protection. May provide additional services, including chronic disease screening and management, family planning, HIV and STI testing and treatment, home health, and primary care services. There are currently 49 independent local health departments.

## ● Wyoming

**Indigent Care:** State law affords very few medical services to indigent patients not eligible for Medicaid.

**Taxing authority:** Counties may levy property tax designated for public health purposes.

**Public Health:** Counties may elect to establish and maintain a health department. Health departments provide free treatment for communicable diseases and STIs. May provide comprehensive range of services including mental healthcare, substance abuse treatment, public health nursing programs, high risk maternal and newborn programs, chronic disease management, disaster response. Under direct supervision of state DOH.

**Inmate Healthcare:** County responsibility, including routine care, mental health, and emergency treatment.

## What is NACo Doing?

NACo's Health Programs assist counties in strengthening the local healthcare safety net; mobilizing local leadership; improving quality; and expanding access through county-led community partnerships. For more information, please contact Christina Rowland at 202-942-4267 or [crowland@naco.org](mailto:crowland@naco.org)

### Access to Healthcare for Vulnerable Populations

*Supported by the W.K. Kellogg Foundation*

- Technical assistance to expand access to healthcare for uninsured residents
- Health Leadership Training Institutes for county officials and their community partners
- Disseminate healthcare resources and information through monthly newsletter

- Facilitate on-going peer-to-peer communications among county officials
- Host State-Local Forum on healthcare with the National Conference of State Legislators

### Rural Health Works

*Supported by DHHS, Health Resources and Services Administration, Office of Rural Health Policy*

- Technical assistance on the Rural Health Works community engagement process
- Evaluate local healthcare systems and generate county-specific data on the importance of the healthcare sector to the local economy
- Strengthen rural economies by increasing use of local health services

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