



Archived Responses to Budget Questions

The Department of Budget and Management Services strives to be accessible, transparent and responsive to all residents. As part of the budget process, residents were provided the opportunity to submit budget questions directly to the budget department. Below are the full questions as received via an online form and the corresponding responses.

FY2021 Executive Budget Recommendation

Why don't we make revenue from cyclists using the city streets Chicago spends lots of money on bike lanes?

City streets and city bike lanes are not under the County's jurisdiction and therefore are not a potential revenue option for Cook County.

Cook County has twice the judges needed to properly function. Even pre-pandemic most were in their chambers but "working" over half the day. Why can't this number be reduced and save taxpayers big salaries and expensive pensions?

The Circuit Court of Cook County of the State of Illinois is the largest of the 24 judicial circuits in Illinois and one of the largest unified court systems in the world. It has about 400 judges who serve the 5.2 million residents of Cook County within the City of Chicago and its 126 surrounding suburbs. More than 1 million cases are filed each year.

Any change related to the number of judges in Illinois falls under the jurisdiction of the General Assembly and not Cook County.

Questions related to the Cook County Health System

1, In the budget and the press releases I keep hearing that Provident ER is turning into a "a standby ER". What does that mean?? Provident ER has not taken EMS run since 2011, so isn't it already a standby ER???

2. The budget also shows that per President Preckwinckle's recommendation, Provident ER is proposed to lose multiple physicians positions? Can you please explain that? How many staff members are being cut from provident ER?

For question 1: The Provident ED has not taken ambulance service since 2011 and has been operating as a "basic" ED. The definitions of Emergency Departments are listed below.

Section 250.710 Classification of Emergency Services

Each hospital, except long-term acute care hospitals and rehabilitation hospitals identified in Section 1.3 of the Hospital Emergency Service Act and in subsection (c) of this Section (Section 1 of the Hospital Emergency Service Act), shall provide emergency services according to one of the following categories:

1. Comprehensive Emergency Treatment Services

A. At least one licensed physician shall be in the emergency department at all times.

B. Physician specialists who represent the major specialties and sub-specialties, such as plastic surgery, dermatology and ophthalmology, shall be available within minutes.

C. Ancillary services, including laboratory and x-ray, shall be staffed at all times. The pharmacy shall be staffed or on call at all times.

2. Basic Emergency Treatment Services

A. At least one licensed physician shall be in the emergency department at all times.

B. Physician specialists who represent the specialties of medicine, surgery, pediatrics and obstetrics shall be available within minutes.

C. Ancillary services, including laboratory, x-ray and pharmacy, shall be staffed or on call at all times.

3. Standby Emergency Treatment Services

A. A registered nurse on duty in the hospital shall be available for emergency services at all times.

B. A licensed physician shall be on call to the emergency department at all times. On question 2: CCH originally proposed a layoff of 11 union and two non-union positions in the budget for Provident ER. CCH currently believes there will only be two union and two non-union layoffs once expected retirements and available vacancies are factored in.

3. I am appalled to read about the cuts to services that are being couched as "expansion" of services. There is no doubt that cutting the number of inpatient beds in the county by 15 beds and decreasing the level of services provided by the ER is a reduction of services. Keep in mind that this is a PROFITABLE hospital. More than \$100 million dollars in revenue came into Provident in INPATIENT revenue, which will decrease with the cuts to these services. Add to that the proposed INCREASE in overtime compensation in the face of layoffs and the INCREASE in privatization of services by over \$33 million dollars. In short, this is nothing but neoliberal austerity politics, balancing the budget on the backs of the black and brown people of this county. I urge the Commissioners to reject this proposal and fully fund the Health System.

4. Limiting or eradicating healthcare services on the south east side impacting large swaths of low income people, What is your alternate plan to provide healthcare access and prevent a healthcare desert in a large metro city?

5. Provident Hospital of Cook County need healthcare services to be adequately staffed with Doctors and Nurses that will service our Black/Brown community and the uninsured. Will the services that will provide quality care

to our community be included in the current proposed budget?? Why is Cook County choosing to strip more healthcare resources away from the already underserved and under-resourced Southside communities (homes of many essential workers allowing our city/county to continue functioning) in the middle of a pandemic? Why is Cook County laying off employees with decades of service and forcing them to reapply for the same jobs at lower pay?

6. Can there be another way to reduce the deficit or balance the budget of Cook County without reducing in effect eliminating the emergency room services at Provident Hospital? ONE Nurse and NO Doctors is not safe or acceptable care to the people of the community. This would be unheard of and unmentioned in any communities other than poor Black and Brown Communities of Chicago. There has to be a another way; there has to be a better way. It is a death sentence to those that will be turned away and sent to hospitals farther away since TRAUMA and EMERGENCY needs are time sensitive.

7. Isn't unconscionable to close any public health facility in this time of rising COVID numbers and vast health care disparities in communities of color, further exposed by the pandemic? Shouldn't we leave no stone unturned to increase health care sites and staffing to meet the glaring needs AND to save lives?

8. Isn't it time to really address the priorities that the City, State, and County leaders have repeated time and again in speeches: that we have to address decades of systemic racism by investing in those communities that need it most. I know from my many years of serving area students at Northeastern Illinois Univeristy (now retired from staff there, and a proud AFSCME member) that health care, its costs and availability, are a Number One concern of employees (Faculty AND Staff,) and students alike. All of us need every existing hospital and community health care center! We need them to have increasing funds for more staff and equipment. How can any cuts be justified to this area of great public need. Isn't health care a right?

9. Provident Hospital of Cook County need healthcare services to be adequately staffed with Doctors and Nurses that will service our Black/Brown community and the uninsured. Will the services that will provide quality care to our community be included in the current proposed budget??

Please see below for responses to questions 3 - 9 provided by CCH.

- Cook County Health remains committed to the South side and the future of Provident Hospital. Provident Hospital is not closing. Over the course of the last several years, Cook County Health (CCH) has invested heavily in improvements on the Provident campus and remains committed to a strong presence on the south side. CCH's commitment to the south side requires reimagining and restructuring to build a firmer foundation from which to grow. CCH strongly believes that the continued development is a key strategy for the long-term viability of Provident and the Cook County health system.
- Cook County Health has expanded services at Provident by adding much needed ophthalmology and digital mammography services as well as a sleep lab. CCH has also expanded outpatient primary care and behavioral health. These expansions have filled an unmet outpatient need in the community. With these and other service additions and improvements at

Provident, outpatient visits grew from 62,000 in 2016 to more than 127,000 in 2018. CCH looks forward to adding outpatient dialysis and a lifestyle center in early FY21.

- The inpatient unit at Provident Hospital is not closing, but CCH needs to be honest about the volumes to ensure its scarce resources are being used efficiently. The hospital is currently staffed for 16 patients, while the average daily census for Provident's inpatient unit over the last year was 11.8. The FY21 budget simply proposes staffing to actual volumes – something every hospital does.
- The Provident emergency department is not closing. The overwhelming majority of the patients seen in the Provident emergency room present with acuity levels that are more appropriately cared for in a primary care setting. These include, but are not limited to, prescription refills, sore throats, and STDs, for example. The FY21 budget transitions Provident to a 24/7 standby emergency room to more appropriately reflect patient acuity. All patients will be seen and Provident will continue to have a physician in the ED and provide emergency services 24/7.
- Cook County Health is expanding surgical services at Provident. Today, the Provident Operating Rooms(ORs) are used exclusively for non-emergent and elective outpatient or same-day procedures. Currently, patients having procedures that require an in-patient stay must travel to Stroger Hospital. The ORs at Stroger are not only very busy, but because Stroger handles a significant amount of emergency and trauma surgeries, elective and non-emergent procedures are often 'bumped.' As a community hospital, Provident is positioned very well to also perform routine, elective procedures that require minimal in-patient time. In FY21, Cook County Health will implement a strategy for Cook County Health patients and CountyCare members to have selected surgical services performed at Provident. This will significantly improve efficiency on both the Provident and Stroger campuses and also serve as an important patient satisfier. By designating Provident as the primary location for various surgeries and procedures, patients will experience reduced waiting times and a facility that is much easier to navigate. CCH also looks forward to the creation of a full-service endoscopy suite and colon cancer program at Provident to address the third most common type of cancer among African-Americans.
- CCH remains committed to building a new Provident facility. Last year, CCH received state approval and looks forward to investing more than \$200M in a new Provident facility in the coming years that will include 42 medical and surgical beds; 6 intensive-care unit beds; 8 operating rooms; 2 procedure rooms; 20 outpatient exam rooms; and 18 bed bay emergency department.
- CCH is proud of its mission and proudly cares for the patients regardless of their ability to pay. It has budgeted \$312M in charity care expenses for FY21, which equates to \$26M every month, or \$6M a week, which is more than some hospitals spend in a single year on charity care. The real challenge for CCH is its inability to affect the outside factors that challenges it. CCH does not have the ability to step in and fill the gaps when private healthcare institutions choose to change a service line or cease operations, and it cannot alone provide universal coverage or implement other solutions that would spread the costs of caring for the uninsured across other health care systems. CCH welcomes proposals on how to address charity care in the region and remains ready to partner with advocates for meaningful change.
- CCH recognizes a change has been announced by a major hospital that will impact the healthcare delivery system on the south side. This could further

limit south side residents' access to community-based health care. This change was announced after the preliminary FY21 budget was developed. As the CCH leadership thought about this pending change and possibly other changes, it recognized that with the resources available to CCH and the continuing demands of charity care, there is not more it can do immediately to replace services that may go away. It does believe that with the new Provident, it will provide much needed additional services. As a core pillar of its strategic plan, CCH currently participates in conversations, and will be part of future conversations about, advocating for more healthcare resources on the south side, west side and throughout Cook County for vulnerable populations.

FY2021 Preliminary Forecast

What revenue proposals are under consideration for the November budget that will work to make Cook County more equitable and inclusive for everyone, particularly Black and Brown communities? What proposals are supported by President Preckwinkle that will redirect public funds to address housing, mental health, technology deficits, and other disparities? Keep up the great work!

Cook County is in the very preliminary stages of making determinations related to next year's budget. While we are just taking the initial steps to develop an equitable and inclusive budget, please know that our work will be done through an equity lens that recognizes the impact of systemic racism on the many topics noted in your thoughtful question.

You may also be interested to know that we recently put together a consistent, thorough and equitable process to distribute millions of dollars in CARES Act money to underlying municipalities for direct coronavirus-related costs like PPE purchases. COVID-19 is hitting Black and Brown communities the hardest which is why we set out to lead the way on distributing relief funding equitably. This plan is distribution \$51 million to almost 130 municipalities.

In partnership with the Chicago Metropolitan Agency for Planning, allocations to each municipality were determined through an equitable lens, with factors that included, but that were not limited to, immediate needs of the municipality to respond to the pandemic, municipal population, municipal median income and municipal public health statistics. It is important to note that each municipality must apply for this funding allocation and such allocation will be contingent on eligible cost reimbursement.

President Preckwinkle I would like to know if Cook County Employees that have 26 years of service or more would be able to get a buyout if they are 58 years old or older? Would it be feasible for Cook County to offer the buyout and will it generate better revenue for our Cook County residents?

Cook County is not exploring buyouts as a budget savings mechanism. A buyout would not generate better revenue for Cook County. It would reduce operational costs while potentially increasing the County's pension obligations.

Will the County defund Sheriff Police? How many layoffs? How many furlough days?

We are looking for savings in all our departments, bureaus and separately elected offices. Everyone is going to have to take hits and that includes the Sheriff. We are aware that some offices are considering furloughs and have to work through their bargaining units to finalize them, but have not yet confirmed their full plan to our Budget Office. We expect those decisions to be finalized by the end of August. With that said, Cook County is divesting in the old criminal justice system and investing in communities. Cook County will continue to implement reforms within the criminal justice system, invest in community-based services, and work with public safety stakeholders to provide the resources necessary to reduce violence.

To create a more equitable and fairer justice system for all residents, Cook County will continue to implement sustainable reforms within the criminal justice system, invest in community-based services and work with public safety stakeholders to provide the resources necessary to reduce violence.

Through our Justice Advisory Council, Cook County has made investments of \$23 million in wrap-around services for people involved in the criminal justice system through community-based grants in the areas of violence prevention, recidivism reduction, and restorative justice, as well as Opportunity Works and other programming focused on employment opportunities for young adults.

There is a Cook County Department of Revenue Tobacco Tax Ordinance. Little Cigars under Sec. 74-433 Tax imposed; cigarettes, Other tobacco rates. This tax was effective 2016 at little cigars:\$0.05 per unit on cigar. Mayor Rahm Emanuel challenged the previous ruling of circuit court, which was overruled by the Illinois Appellate. The tobacco group sued on the grounds that state law prohibited new taxes on other tobacco. This is a new modern economy and Cook County I am hoping will find a way to respond to this revenue since Cannabis is legal and there is an increase in revenue growth. These little cigars are tools used to smoke Cannabis. The Ordinance states that Taxes can't be increased on other tobacco relative to 1993, according to the state of Illinois. This population won't be offended, and Honorable President Preckwinkle said everything is on the table. Thanks Horace,

The challenge against the taxing of other tobacco products mentioned in your question involved the City of Chicago's tax, which was implemented well after their tax on cigarettes. The court ruling on that case does not impact the County's tax on other tobacco products, specifically little cigar. Accordingly, the County's tobacco tax rate of .05 has not changed and remains in effect.

We don't currently project little cigar sales to increase significantly enough to impact current revenue estimates. Even if sales increase in conjunction with the legalization of cannabis, an analysis of filed returns in 2019 showed that segment was less than 1% of OTP revenue, so sales would have to increase immensely to have any real impact.