SECTION 9212 REPORT

LIVERMORE ACCOUNTABLE AND AFFORDABLE HEALTH CARE INITIATIVE

Henry W. Zaretsky, Ph.D.

Henry W. Zaretsky & Associates, Inc.

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EXECUTIVE SUMMARY

This report analyzes the potential economic impact on the City of Livermore should the LIVERMORE ACCOUNTABLE AND AFFORDABLE HEALTH CARE INITIATIVE ("Initiative") be approved by the voters. This report begins with a description of the regulatory program that would be mandated by the Initiative. It then provides a tentative list of providers covered by the Initiative, and based on available data provides a few examples of how some providers would be affected and are likely to respond. Next, it discusses likely fiscal impacts on the City in terms of enforcement costs and in terms of providers' responses and their impact on the local community.

The Initiative proposes to establish a form of rate-setting program for health care providers located in the City of Livermore that will be administered and enforced by the City's Community Development Department. Some 100 to 200 local providers could be affected by this program. The program would limit the amounts covered providers may charge a patient for health care services to 115 percent of reasonable costs for the services, which amount is defined by the Initiative and expressly excludes salary and benefits costs for managerial personnel. Providers excluded from the program include chronic dialysis clinics, clinics and other providers that provide services exclusively to children, community or free clinics, clinics that primarily provide reproductive or family planning services, facilities licensed to a public entity, and facilities licensed to the Department of Veterans Affairs. Payments by public programs such as Medi-Cal and Medicare are exempted from this program.

The Initiative encourages the providers to invest in quality improvement for health care services, but the improvements must be justified and approved by the Community Development Department before the costs could be included in the reasonable costs of service, and only if the services meet certain requirements.

The initiative would impose new reporting and cost-accounting responsibilities on the covered providers. Not all providers would be impacted to the same extent, but at least some providers are likely to be disadvantaged.

The City's authority to enact the legislation proposed by the Initiative is being litigated, and the administration of the program is also likely to be litigated with respect to the scope of the measure, and to define the terms, conditions and application of the program.

The program is likely to have three economic impacts on the City:

(1) The initial costs to implement the Initiative, including legal costs to determine whether the City has the authority to enact this type of legislation, and then to defend the program if found to be constitutional. In addition to first-year operational costs, start-up costs of $750,000 to $1,000,000 are likely;

(2) The continuing costs to administer and enforce the Initiative, which is estimated to be approximately $1.9 million annually; and

(3) Longer-term impacts on the community and the local economy in terms of health care access and effects on some local businesses supporting health care providers.

I. REGULATORY PROGRAM

Payment Limits

The regulatory program proposed by the Initiative "seeks to impose reasonable limits on prices that hospitals and other health facilities may charge and encourages further investment in health care quality improvements." It does this through imposing an "acceptable payment amount," which is defined as 115 percent of direct patient care costs for a particular patient (excluding compensation costs incurred for managerial staff) and approved pro-rata "health care quality improvement cost." The latter includes costs a "provider pays that are necessary to: maintain, access or exchange electronic health information; support health information technologies; train non-managerial personnel engaged in direct patient care; and provide patient-centered education and counseling." Pro-rata health care quality improvement cost means a provider's total quality improvement cost divided by the total number of patients treated by a particular provider in a given year.

Provider Types Subject to Payment Limits

Providers subject to the Initiative include hospitals, with the exception of children's hospitals, public hospitals and Veterans Affairs hospitals. Clinics are included, with the following exceptions: chronic dialysis clinics, clinics that provide services exclusively to children, community or free clinics, clinics that primarily provide reproductive or family planning services, clinics licensed to a public entity, and clinics licensed to the Department of Veterans Affairs. Other providers are included with the same exceptions that apply to clinics and hospitals.

Patients and commercial payers are included. Medicare, Medi-Cal and other public payers are excluded.

Process

Commencing January 1, 2019, a hospital, medical clinic, or other covered provider shall annually issue a rebate and a reduction in billed amount to a payer for all money paid or billed

for services provided to a patient in Livermore in excess of the acceptable payment amount for those services.

No later than 150 days from the close of its fiscal year, the provider shall compile the following information for each patient provided care in Livermore that fiscal year:

- Patient identification
- Total amount received from each payer, or if payment not paid in full, an estimate of the amount to be paid
- Reasonable estimate of cost of direct patient care provided in fiscal year
- Acceptable payment amount for fiscal year
- The amount, if any, by which the amount received exceeds the acceptable payment amount

No later than 180 days after the close of its fiscal year, each provider shall issue a rebate of any amount it was paid in excess of the acceptable payment amount. In the case of multiple payers, the provider shall distribute the rebates among the payers consistent with their relative obligations to pay for services. Failure to issue a rebate in the required time will result in a fine.

No later than 150 days after the end of its fiscal year, each provider shall provide to the Community Development Department information identifying the reasonable cost of direct patient care for each patient to whom it provided care in the fiscal year. The reasonable cost of direct patient care is defined as costs directly associated with providing care to patients in Livermore. The reasonable cost of direct patient care shall only include allowed operating costs, excluding salaries and benefits paid to managerial staff such as facility administrators.

Each provider shall maintain and report to the Community Development Department the information described above. The information required to be maintained, and the report required to be submitted, shall be independently audited by a certified public accountant, and shall include the accountant's opinion as to whether the information contained in the report accurately describes the required information.

Each provider shall annually submit the required report in a format, and on a form, prescribed by the Community Development Department. It shall be provided no more than 150 days after the end of its fiscal year.

A provider may petition the City's Community Development Department at any time for a determination that a requested cost that is not specified in the Initiative as a health care quality improvement be included as a reasonable cost for that purpose. The City may only approve the requested cost if it finds that the provider has demonstrated the cost was spent on activities designed to improve health quality and increase the likelihood of desired health outcomes in ways that are capable of being objectively measured and of producing verifiable results and achievements.

A provider may also petition the City's Community Development Department at any time for a determination that a requested cost that is not specified in the Initiative as a reasonable cost of direct

patient care be included as a reasonable cost for that purpose. The City may only approve the requested cost if it finds that the provider has demonstrated the cost was directly associated with the provider's operations and providing care to patients in Livermore and is reasonable in light of market rates for similar goods and services.

The Community Development Department may grant a petition concerning reasonable costs of direct patient care only upon finding that the provider has demonstrated that the cost was directly associated with operating the provider in Livermore and providing care to patients in Livermore and is reasonable in light of market rates for similar goods or services.

A provider may petition the City's Community Development Department at any time for a determination that the acceptable payment amount should be increased. The Community Development Department may only grant a petition upon it finding that an acceptable payment amount of 115 percent of the sum of the reasonable cost of direct patient care and the pro rata health care quality improvement cost would be confiscatory or otherwise unlawful as applied to that provider.

The provider has the burden of proving that the acceptable payment amount and the pro-rata health care quality improvement cost would be unlawful.

II. AFFECTED PROVIDERS IN LIVERMORE

Hospitals

The Initiative affects only providers located in the City of Livermore. The only hospital located in Livermore is Valley Memorial Hospital, which has 35 general-acute beds, 14 psychiatric beds and 26 long-term care beds. In 2016, no general-acute beds were occupied and the psychiatric beds were only occupied by Medicare or Medi-Cal patients, which means only the long-term-care patients would have been subject to the Initiative if it was effective at that time. Of those long-term-care patients, only 12 percent are not Medi-Cal or Medicare, and covered by the initiative (2.6 patients on an average day) if it was in effect. These data were obtained from Office of Statewide Health Planning and Development (OSHPD) Annual Hospital Disclosure reports for 2015 and 2016, and from the OSHPD Annual Utilization Report of Hospitals data for 2016. OSHPD reports for long-term-care facilities indicate no free-standing skilled nursing facilities in Livermore.

Kaiser does not have a hospital in Livermore, but does have a medical office building. In the Kaiser system, however, the provider is, for all practical purposes, also the payer. Thus, it is uncertain whether Kaiser would be covered by the Initiative. It is possible that in administering the program, a decision could be made to require Kaiser to comply with auditing and reporting mandates while not being subject to the program's health-care cost limits.

All Providers

Table 1 shows the breakdown of the Livermore providers obtained through Livermore business license data.

TABLE 1
NUMBER OF PROVIDER BUSINESSES IN LIVERMORE THAT MAY BE AFFECTED BY INITIATIVE ACCORDING TO PROVIDER TYPE

Provider Type	Number of Provider Businesses
Acupuncture	3
Adult Day Program	2
Alternative Medicine	1
Chiropractor	18
Counseling	36
Dental	65
Dental Laboratory	4
Dietitian	2
Drug/Alcohol	1
Holistic Health Services	1
Home Health	8
Hospice	1
Hospital	1
Kaiser	1
Medical Equipment/Supplies	8
Medical Laboratories	3
Nutritionist	2
Optometrist	9
Oral And Maxillofacial Surgery	2
Physical Therapy	8
Physicians	30
Podiatrist	1
Speech Therapy	3
Urgent Care	1
Grand Total	**211**

Source: Livermore Business Licenses.

Note that these are licensed businesses, not numbers of actual providers (e.g., one business could include only one actual provider, and another could include 100 providers. They would each be counted as one provider in Table 1).

It is unclear whether the initiative includes a provider office with only one practitioner. The Initiative defines "other provider" (i.e., not a hospital or a medical clinic) as a provider organization

within the meaning of subdivision (f) of Section 1375.4 of the California Health and Safety Code, which states, "For purposes of this section, provider organization means a medical group, independent practice association, or other entity that delivers, furnishes, or otherwise arranges for or provides health care services, but does not include an *individual* or a plan." (Emphasis added) A legal opinion on this issue should be requested.

If solo practitioners are included, there appear to be over 200 provider organizations subject to the Initiative. If solo practitioners are excluded, the population of covered providers could be substantially less, especially relating to non-physician providers. In any event, it is possible there are over 100 covered providers.

The table in the Appendix presents the same data as Table 1, but it includes the business name on the license.

III. LIKELY EFFECTS ON PROVIDERS

The Initiative promises to be highly burdensome for affected providers, particularly small provider businesses, as follows:

(1) It will require considerable record keeping in terms of cost accounting.

(2) It will require some providers to change their accounting systems.

(3) It will impose new auditing costs.

(4) It will require changes in patient records.

(5) It will complicate long-term planning in terms of services, capacity, and acquisition of equipment, construction and capital financing.

(6) It puts the burden on the provider to demonstrate how aspects of the program are not feasible and could have a substantial adverse impact.

(7) If approved, the measure would apply to services already rendered this year. While the provider is put on notice that its charges per covered patient can't exceed 115 percent of reasonable cost in a given year, its patient and service mix can change, and the costs are already incurred by the time its data are submitted. As such, this could incentivize a provider to refuse to treat patients it expects to be costly. This could especially be the case for Medicare and Medi-Cal patients, for whom payment rates are generally substantially below the cost of care. A 15-percent margin on private-pay patients will, for many providers, not be sufficient to offset payment shortfalls for Medi-Ca l and Medicare patients.

(8) It appears that all appeals are after the costs are incurred.

(9) Proving that a new cost (e.g., quality improvement, capital expenditure) is warranted could be difficult.

(10) Excluding managerial salaries and benefits from reasonable costs may result in high management turnover, eroding an organization's management quality, and thus eroding the organization's ability to comply with the program without harming patient care.

(11) A considerable portion of a provider's private-payer revenue is determined through negotiations between the provider and health plans and capitated medical groups. It is unclear how the measure's 115-percent limit will affect that process. If the 115-percent limit becomes both a ceiling and a floor, the negotiation process is obviously compromised.

While some of these effects can be expected with any regulatory system intended to control health costs, the development of cost-control programs that address more than public expenditures would usually involve broad-based input, benefitting from considerable expertise and experience. An example is the all-payer hospital rate-setting system that has been operating in the State of Maryland since the 1970s, in which all payers, including Medicare, Medicaid and commercial insurance plans, participate on an equal basis. The Initiative under consideration shares none of these characteristics.

Impact on Physicians

To estimate the effect of physicians, 12 high volume procedures accounting for total Medicare payments during 2016 of $25.5 billion nationally were selected. Medicare rates for the San Francisco area were compared to two benchmarks compiled by Fair Health, a national repository of data on charges and payments. The calculations are presented in Table 2. The Fair Health benchmarks in the table relate to the three-digit zip code encompassing Livermore. The "FH High" benchmark represents what a patient would pay for a given procedure if the physician is not part of a network agreeing to a negotiated rate. "FH Low" is the average network rate (i.e., based on negotiations between the payer and the provider). Each Fair Health benchmark's percentage of the applicable Medicare rate is shown, along with a midpoint for both Fair Health benchmarks. Note that for all but one procedure, the midpoint percentage is greater than 115 percent, and for all but two procedures, it is substantially greater. For the Fair Health Low benchmark, for all but three procedures the benchmark is greater than 115 percent of the Medicare rate. Assuming the Medicare rate is approximately the physician cost (including the physician's salary and benefits), it is likely the Initiative's 115-percent limit would require physicians to lower their current rates for the overwhelming majority of procedures.

TABLE 2

COMPARISON OF MEDICARE RATES FOR PHYSICIANS FOR HIGH VOLUME PROCEDURES WITH FAIR HEALTH BENCHMARKS (WITH AND WITHOUT NETWORK DISCOUNTS) PHYSICIANS LOCATED IN LIVERMORE 2016

CPT	Description	PAYMENT	Medicare Rate SF	FH High	FH Low	High%	Low%	Mid%
92014	EYE EXAM&TX ESTAB PT 1/>VST	$987,218,821	$148.64	$225.00	$117.00	151%	79%	115%
97110	THERAPEUTIC EXERCISES	$1,107,325,798	$38.45	$67.00	$28.00	174%	73%	124%

CPT	Description	PAYMENT	Medicare Rate SF	FH High	FH Low	High%	Low%	Mid%
99203	OFFICE/OUTPATIENT VISIT NEW	$786,601,329	$125.47	$316.00	$165.00	252%	132%	192%
99204	OFFICE/OUTPATIENT VISIT NEW	$1,116,776,113	$188.49	$475.00	$235.00	252%	125%	188%
99213	OFFICE/OUTPATIENT VISIT EST	$4,738,845,265	$85.61	$215.00	$109.00	251%	127%	189%
99214	OFFICE/OUTPATIENT VISIT EST	$7,058,685,506	$125.43	$315.00	$159.00	251%	127%	189%
99215	OFFICE/OUTPATIENT VISIT EST	$961,401,670	$167.69	$420.00	$212.00	250%	126%	188%
99223	INITIAL HOSPITAL CARE	$1,681,774,159	$225.84	$664.00	$317.00	294%	140%	217%
99232	SUBSEQUENT HOSPITAL CARE	$2,719,926,929	$80.68	$238.00	$112.00	295%	139%	217%
99233	SUBSEQUENT HOSPITAL CARE	$1,829,520,169	$116.45	$343.00	$161.00	295%	138%	216%
99285	EMERGENCY DEPT VISIT	$1,551,773,631	$185.97	$667.00	$253.00	359%	136%	247%
99291	CRITICAL CARE FIRST HOUR	$960,333,069	$311.34	$842.00	$353.00	270%	113%	192%
	TOTAL	$25,500,182,460						

Sources: (1) Centers for Medicare and Medicaid Services, and (2) Fair Health.

Impact on Hospitals

As indicated above, there is only one hospital in Livermore, Valley Memorial Hospital, which only has patients in its long-term- care and psychiatric patient services. And in the latter, all patients are either Medicare or Medi-Cal, and thus not covered by the Initiative. Of the long-term-care patients, only about 12 percent are not Medicare or Medi-Cal – approximately 2.6 patients on an average day. However, even 2.6 patients per day amounts to about 1,000 patient days annually. According to the Initiative, the hospital is allowed to recover 115 percent of reasonable costs (excluding management salaries and benefits) on private-pay patients.

To approximate the impact of excluding management compensation, use was made of management and supervision hours as a percentage of total productive hours in 2016 from the OSHPD Disclosure data for both Valley Care System hospitals (the parent hospital, Valley Care Medical Center, is located in Pleasanton), since this data is not reported for each hospital separately. Regarding the proportion of costs represented by management compensation, the data used here is the closest approximation publically available. This results in 87.11 percent of productive hours being non-management, and the Initiative-mandated net mark-up dropping from 1.15 to 1.017.

The calculation is shown in Table 3. Thus, based on this approximate estimate, the hospital would only be permitted to recover less than 100.2 percent of its costs. Given that it recovers significantly less than its costs from Medicare and Medi-Cal, this type of limit (i.e., excluding managerial costs) may cause patient care services to be reduced or eliminated if the cost of providing a service

exceeds the amount that can be received from payers. Even if the calculation based on relative productive hours is lower in terms of calculating net mark-up than would result from more complete, but unavailable, data, it follows that excluding managerial costs reduces the limit to considerably below 115 percent, and a hospital with more than a nominal Medi-Cal and Medicare patient load paying below costs is likely to experience significant financial losses. (In 2016, the Valley Care System's two hospitals combined received approximately 72 percent and 63 percent of costs from Medicare and Medi-Cal, respectively, based on the OSHPD Disclosure data.)

TABLE 3

CALCULATION OF 115-PERCENT PAYMENT LIMIT ADJUSTED FOR EXCLUDING MANAGEMENT SALARIES AND BENEFITS
VALLEY CARE SYSTEM HOSPITALS
2016

Row Number		Percentage of Total Hours
1	% Management Hours	12.89%
2	% Non-Management Hours	87.11%
3	Initiative Allowed Mark-up	115.00%
4	Net Mark-up Excluding Management*	100.17%

Source: OSHPD Annual Hospital Disclosure Reports, 2016.

*Row 2 X Row 3.

In addition, Valley Care-affiliated physicians practicing in Livermore will be impacted as indicated in Table 2.

IV. FISCAL IMPACT

The Initiative's fiscal impact on Livermore will be twofold. First, in terms of the cost to the City of setting up, administering and defending the program. And second, in terms of the impact on the community in terms of health care access, and how such changes, if they do occur, affect the reputation of the community and its economy.

Cost to City

Section 8.21.040(a) of the Initiative states that the "City shall appropriate to the Community Development Department sufficient funds to enable the department to implement and enforce this Chapter." The Initiative does not identify a specific reliable revenue source for the program. In that case, the City's general fund would be the funding source.

The Initiative does impose fines on providers, in an amount ranging from $100 to $1,000, which must be paid by the provider for each late-issued rebate or reduction due. The Initiative also provides that the fines may only be used to implement and enforce the Initiative. However, fines are not a reliable

funding source for the program. For example, even assuming a high volume of rebates are due and corresponding fines are levied, it is uncertain whether those finds would be adequate to cover the program's fiscal impacts identified below. If one assumes the providers comply with the Initiative and only nominal fines are levied, the program must still be implemented and enforced. The costs of implementing and administering the program will likely need to be offset through cutting other City services, increasing City revenues, or a combination of both.

The proposed program is complex and requires considerable expertise in the health field, both quantitative and qualitative. Administering the program in a manner that minimizes worsening health care in the community will require a highly skilled and well-paid staff of regulators. For the most part, such a staff will have to be recruited externally since current City employees are unlikely to have extensive backgrounds in health care.

An estimate of the skills required and related salaries and benefits consistent with current City of Livermore personnel policies is presented in Table 4. The number of staff set forth in this table is based on the assumption that at least 100 provider organizations would be regulated. To enable the program to be developed and implemented by early 2019, it may be advisable to rely relatively more on consultants than staff the first year, and phase-out the consultants in favor of staff as experience with the program is gained. Total annual salaries and benefits cost is estimated to be $1.35 million.

TABLE 4

SKILLS NEEDED AND ESTIMATED ANNUAL COST
HEALTH CARE SERVICES COST INITIATIVE
ASSUMING AT LEAST 100 PROVIDER ORGANIZATIONS ARE REGULATED*

1. Program Director

   Senior level administrator with extensive background in health administration, including at least a master's degree.

   1 FTE Health Care Program Director — Monthly Salary Range: $9,823.24 - $12,279.05
   Benefits: $5,814.45 - $6,705.66

   Total Annual Position Cost: $227,816.32

2. Health Care Finance Director

   Senior level health care finance expert with extensive experience in health care finance or health care accounting. Will direct a staff (Health Finance Team) of finance/accounting/economics professionals with the responsibility to design and implement the program.

   1 FTE Financial Services Officer — Monthly Salary Range: $9,274.52 - $11,593.15
   Benefits: $5,615.32 - $6,456.75

Total Annual Position Cost: $216,598.80

3. Health care finance team. This team will assess the data needs, design the data reporting system, develop the methodology to approve individual provider payment ceilings, provide direction to auditors, assure compliance on the part of regulated providers, and evaluate exceptions requests. Will be comprised of mid-level analysts in the following fields:

   - Accounting
   - Finance
   - Economics

   3 FTE Management Analyst — Monthly Salary Range: $8,239.94 - $10,299.92
   Benefits: $5,239.87 - $5,987.43

   Total Annual Position Cost (3): $586,344.60

4. At least one medical billing specialist, to start. May expand after year one.
   1 FTE Billing Technician II (Account Clerk),
   Monthly Salary Range: $4,705.02 - $5,718.98
   Benefits: $3,777.44 - $4,145.41

   Total Annual Position Cost: $118,372.68

5. 0.5 FTE Information Technology Technician, given the sensitive nature of confidential patient data that will be processed
   Monthly Salary Range: $2,777.65 - $3,376.65
   Benefits: $1,678.92 - $1,917.31

   Total Annual Position Cost (0.5): $63,527.52

6. Legal Counsel, possibly on loan part-time from another City department.
   0.5 FTE Assistant City Attorney — Monthly Salary Range: $6,109.46 - $7,636.82
   Benefits: $3,341.92 - $3,896.20

   Total Annual Position Cost (0.5): $138,396.24

Total Staffing Costs for Program: $1,351,056.16

*Most personnel classifications and salaries and benefits information were provided by Trish Arieta, Human Resources Manager, City of Livermore Administrative Department.

Table 5 summarizes these salaries and benefits costs, and adds operational overhead, which includes mortgage, insurance, utilities, supplies, ongoing software licensing, fleet services, IT services, Workers' Compensation and other items. Overhead is estimated at 40 percent of salaries and benefits for each position. Adding overhead, results in total annual costs of $1.9 million.

TABLE 5

ESTIMATED PERSONNEL AND OVERHEAD COSTS*

Position Definition	Total Annual Position Cost from Table 4	Estimated Operational Overhead*	Total Salary, Benefits & Overhead
Healthcare Program Director	$227,816.32	$91,126.53	$318,942.85
Healthcare Finance Director	$216,598.80	$86,639.52	$303,238.32
Management Analysts (3 FTE)	$586,344.60	$234,537.84	$820,882.44
Billing Technician	$118,372.68	$47,349.07	$165,721.75
IT Tech (0.5 FTE)	$63,527.52	$25,411.01	$88,938.53
Legal Counsel (.05 FTE)	$138,396.24	$55,358.50	$193,754.74
Total	$1,351,056.16	$540,422.46	$1,891,478.62

*Estimated at 40 percent of salaries and benefits. Provided by Douglas Alessio, Administrative Services Director.

To this $1.9 million, start-up costs of $750,000 to $1,000,000 should be added, to account for recruitment costs, software purchase and implementation, office furniture, computers, vehicles and consulting costs. Thus, total first-year costs are estimated at approximately $2.8 million. Should there be substantial litigation, these costs are likely to be higher.

Economic Impact on Community

If the program is implemented and withstands legal challenges, it is likely to have major impacts on the community.

If adopted and implemented as is, the initial implications are:

- Providers exiting the Livermore market, unless they can re-locate nearby, but outside Livermore.
- Those that are unable to re-locate are likely to cut costs in a manner that will lessen access and compromise the quality of patient care.
- New providers may be reluctant to enter the Livermore market.
- If access is diminished, the consumers most affected, as usual, will be low-income, aged and/or disabled, who will have to travel outside Livermore for care.
- Although payment rates paid on behalf of publically-sponsored patients are not affected by the Initiative, unless their providers have a patient mix that is nearly 100 percent Medicare or Medi-Cal, such as a community clinic, the non-public portion of these providers' businesses is likely to be adversely affected. This in turn could result in reduced access for publically-sponsored patients.
- Besides the payment limits, there are considerable burdens placed on providers in terms of cost accounting, other record keeping, retaining an auditor, having the burden

of proof if requesting relief, and uncertainty complicating long-term services and facilities planning.

- If health care providers exit Livermore, it will adversely impact local businesses, and thus reduce tax revenue.
- Similarly with respect to real estate values, although this could be welcome relief for buyers and renters.

A mid-point scenario is the program is implemented after legal challenges, and the State Legislature develops legislation that crafts a more comprehensive program to address the uncertainties in the measure. This scenario is not likely in the short-to- medium term.

If the program proves successful and results in health care cost savings without compromising access and quality, it would obviously have a positive impact on the community, and would likely be replicated in other areas

APPENDIX

NUMBER OF PROVIDER BUSINESSES AND RECORDED BUSINESS NAMES IN LIVERMORE THAT APPEAR TO BE AFFECTED BY INITIATIVE

Provider Type/Business Name	Number of Provider Businesses
Acupuncture	**3**
Advanced Acupuncture Centre	1
Livermore Acupuncture & Herbal Clinic	1
Natural Therapy & Health Center	1
Adult Day Program	**2**
Anka Behavioral Health, Inc.	1
Futures Explored, Inc. / GARDEN Tri-Valley	1
Alternative Medicine	**1**
Tri - Valley Acupuncture & Herb Center	1
Chiropractor	**18**
Absolute Chiropractic	1
Advanced Health Chiropractic	1
Alexander Chiropractic and Wellness Inc.	1
Contreras Chiropractic	1
Core Chiropractic: A Center For Total Wellness	1
Fox Chiropractic	1
Haque Chiropractic, Inc.	1
Health And Wellness Chiropractic	1
Holmes AK Chiropractic	1
Jaineen Bloss	1
Joint Ventures LLC	1
Lessard Chiropractic Inc.	1
Livermore Chiropractic	1
Robert J Ammon Chiropractor	1
Sandra Hussey, DC	1
Springtown Chiropractic & Wellness Center	1
Total Health Chiropractic Office	1
Valle Chiropractic Inc.	1
Counseling	**36**
Alice Mayall, P H D	1
Alison Macur, Lcsw	1
Anthropos Counseling Center	1
Axis Community Health	1
Barbara F Strouzas M F T	1

Provider Type/Business Name	Number of Provider Businesses
Carolyn Daniel L C S W	1
Center For Community Dispute Settlement	1
Christine Charron	1
Commun. Resources For Indepen. Living	1
Creative Autism Solutions Team	1
Del Valle Clinic	1
East Bay Youth & Family Initiatives	1
Janice Maurer, LMFT	1
Jean Wolitzer, MFT	1
Jenny M Doying LMFT	1
Jim Conwell, MFT	1
Julie Bjelland	1
Julie K. McCloskey, MFT	1
K A R E Recovery	1
Kathy E Oxsen M F T	1
Kelly M. Sharp, Lmft	1
Kiva Spirit Foundation	1
Laura Frerking, M F T	1
LeeAnne Harker, Ph.D.	1
Lisa Gray MFT Inc.	1
Megan Jones Counseling	1
Melissa Johnson, MS, MFT	1
Monarch Counseling Services	1
Peggy Messerschmidt	1
Sara Sanders	1
Shepherd's Gate New Life Store	1
Shining Light Therapy	1
Teri Sorkin, MFT	1
The Permanente Medical Group	1
Tri Valley Health & Aesthetic, Inc.	1
Viviette Catipon, LMFT	1
Dental	**65**
4th Street Dental Of Livermore	1
Angela H Hunter D D S	1
Arroyo Park Family Dental	1
Awesome Smiles Dental Care	1
Brent C. Lin D. D. S.	1
Brett T Takemoto D D S	1
Brian J Emrich DDS	1
Cheema, Shergill Walia Dental Corp.	1

Provider Type/Business Name	Number of Provider Businesses
Children's Choice Pediatric Dental Care	1
Dalvir Pannu DDS Inc	1
Downtown Dental	1
Dr Paul E Szmyd D D S	1
Dr. Amit Goyal Family Dentistry	1
Drs John & Elizabeth Nguyen DDS	1
Endre Selmeczy D M D	1
Foothill Dental Care	1
Granada Dental, Inc.	1
Grant Rickey D D S, Inc.	1
Harmon D Probst D D S	1
Ivleta Spunde Dds, Inc.	1
Jack O Mills D D S, Inc.	1
James W Becker D D S	1
John M. Chan, A Professional Corp	1
Jon Nishikubo, D D S	1
Joseph Hwang, DMD Inc.	1
Joshua J Solomon, D D S, M S, Inc	1
Kenneth L. Gong, D. D. S.	1
Kitty Hawk Dental Care Office	1
Klifford T. Kapus DDS, MSD	1
Las Positas Family Dental Practice	1
Leslie Matsumura D D S	1
Levine & Vasquez, D.D.S. Inc.	1
Linda Lollini, DDS, Inc.	1
Livermore Dental	1
Livermore Dental Care	1
Livermore Family Dentistry	1
Livermore Smiles Dentistry And Orthodontics	1
Lowell Davis D D S M S Periodontist	1
Mandeep Sidhu DDS Corp	1
Michael Kasso D D S M S D	1
Mint Dental	1
Murrieta Dental Care	1
My Kid's Dentist	1
Nguyen & Sproul Dental Corporation	1
Patrick C. Creevan DDS, Inc.	1
Paul A Vignaroli D D S	1
Periodontal Associates	1
Ricardo Roque DDS	1

Provider Type/Business Name	Number of Provider Businesses
Ron Freeman D D S	1
S Ward Eccles D D S Inc	1
Singh Dental Care	1
Smiles By Design	1
Smiles Unlimited	1
Sonia Dhillon DDS	1
Sonja S. Sommer, DDS	1
Sparkle Dental	1
Steven & Harley Williams D M D	1
Sycamore Family Dentistry	1
Thomas J Marcel D D S	1
United Dental	1
Valley Family Dentistry	1
Vasco Dental	1
Vineyard Hills Dental Care	1
Western Dental Services, Inc.	1
Xiao Dental, INC	1
Dental Laboratory	**4**
Bay Precision Dental Laboratory	1
Eckert Orthodontic Lab	1
J Martinez C. D. T.	1
Protech Dental Laboratory	1
Dietitian	**2**
Dorothy Costa, R.D.	1
Jill Groth	1
Drug/Alcohol	**1**
Solidarity Fellowship	1
Holistic Health Services	**1**
Holistic Ninja Wellness Services	1
Home Health	**8**
AIC Home Health Services	1
CA Mentor	1
Care Solution Associates, L L C	1
Gimag Corp	1
Noble Sub-Acute Care Services Inc.	1
Professional Home Care Assoc.	1
Right at Home of Livermore Valley	1
Serenity Care Home	1
Hospice	**1**
Mindfulcare Hospice And Palliative Services	1

Provider Type/Business Name	Number of Provider Businesses
Hospital	**1**
Hospital Committee For Livermore/Pleas	1
Kaiser	**1**
Kaiser Foundation Hospitals	1
Medical Equipment/Supplies	**8**
Apria Healthcare L L C	1
Ares Medical Corp.	1
Benco Dental Supply Co	1
Gimag Medical Equipment & Supply	1
Medaysis Co.	1
POC Medical Systems, Inc.	1
Pulmocare Respiratory Services, Inc.	1
Theravant Corporation	1
Medical Laboratories	**3**
Laboratory Corporation Of America	1
Microdisc Technologies, Inc	1
Sutter Shared Laboratory LLC	1
Nutritionist	**2**
Megan Winslow, Registered Dietician	1
OrthoEnergetics	1
Optometrist	**9**
Accuvision Eyecare Optometry	1
Bloomingcamp Optometry	1
Curt Nguyen, O D	1
First Sight Vision Services #41972	1
Livermore Optometry Group	1
Murrieta Optometry Inc	1
Punit Dhaliwal Optometrist	1
Tri Valley Optometry	1
Valley EyeCare Center Medical Associates	1
Oral And Maxillofacial Surgery	**2**
Dr. Anna Lu, DMD	1
Michael L. Beckley, D. D. S.	1
Physical Therapy	**8**
Kate Mackinnon	1
LifeStyleRx	1
Livermore Physical Therapy & Sports Rehab. Clinic	1
Physiotherapy Associates Inc	1
Spine And Sports Physical Therapy	1
Stephanie Williams	1

Provider Type/Business Name	Number of Provider Businesses
VibrantCare Outpatient of CA, Inc.	1
Westfall Occupational Therapy Services	1
Physicians	**30**
Advanced Cardiovascular Institute	1
Bay Area Pediatric Gastroenterology, Assoc.	1
Bay Area Surgical Specialists, Inc	1
Chabot Nephrology Medical Group	1
Community Academic Practice-Dermatology	1
Epic Care	1
Gary William Peer M D	1
Golden State Dermatology Inc.	1
Got Vitamin B12	1
John Muir Physician Network	1
Livermore Family Medicine & Geriatrics, Inc.	1
Livermore Pregnancy Resource Center	1
Livermore-Pleasanton-San Ramon	1
Medical Anesthesia Consultants Medical Group, Inc	1
Medical Assessment Services	1
Nader R. Kaldas, M. D.	1
Pacific Urology, SMC	1
Packard Children's Health Alliance	3
Teginder S. Dhanoa, M.D	1
Tri- Valley Cardiology Medical Office, Inc	1
Tri Valley Gastroenterology	1
Tri-Valley Allergy	1
Tri-Valley Family Medicine	1
Tri-Valley Medical Associates, Inc.	1
University Medical Partners, Inc.	4
Podiatrist	**1**
Livermore Podiatry	1
Speech Therapy	**3**
Carmel Chace Speech And Language Services	1
Language Essentials, Inc.	1
Suzy Hites, M.S., CCC SLP	1
Urgent Care	**1**
STAT MED Urgent Care	1
Grand Total	**211**

Source: Livermore Business Licenses.