

# Not all children's groups oppose Healthy Families transition

By [Emily Bazar](#) | July 9, 2012

As the Legislature debated – and ultimately approved – a budget-cutting plan to transfer nearly 900,000 California children on the [Healthy Families program](#) into Medi-Cal next year, dozens of groups joined in opposition. They ranged from the [California Medical Association](#), a professional organization that represents the state's doctors, to the [California Primary Care Association](#), which represents community clinics. Mostly, they were groups that focus on children and families, such as [Children Now](#) and [United Ways of California](#).

They warned that the transition could disrupt care for thousands of children and ultimately lead to a lack of access to care, particularly in parts of California where doctors – especially those who accept Medi-Cal – are scarce.

But it turns out that opposition to the proposal was not unanimous, even among nonprofits that advocate for children and families.

“We were supportive of what happened,” said Vanessa Cajina, a [Western Center on Law & Poverty](#) lobbyist who focuses on health-related budget items.

First, a little background. Medi-Cal is a public health insurance program for the lowest-income Californians. Healthy Families covers children in families with incomes too high to qualify for Medi-Cal, up to 250 percent of the poverty level.

Under the transition plan that the Legislature agreed to, 415,000 Healthy Families children will move to Medi-Cal on Jan. 1, 2013, with the remainder making the move later in the year. (Check out [this fact sheet](#) from the Legislature for more details on the transition.)

Cajina said her group supports the transition, in part, because Medi-Cal covers a broader array of medical services for children than Healthy Families, a point echoed by Lynn Kersey, executive director of [Maternal and Child Health Access](#).

Kersey pointed to a benefit under Medi-Cal called [Early and Periodic Screening, Diagnosis and Treatment](#), which she said mandates that “any service a child needs that is medically necessary must be provided. If a plan doesn't have that in its package, there are outside services that have to be included.”

As a result, she said, treatment options for certain medical issues, such as mental health and orthodontia, are better under Medi-Cal than Healthy Families.

Norman Williams, spokesman for the state Department of Health Care Services, which administers Medi-Cal, provided another example.

“Chiropractic treatments are limited under Healthy Families to a certain number,” he said. “Under Medi-Cal, children can go beyond the limit if there is a medical necessity identified.”

Cajina and Kersey also said that families will save money with the transition to Medi-Cal. Healthy Families children pay premiums on a sliding scale and children with Medi-Cal do not.

“For children in Medi-Cal under 150 percent of the federal poverty level, there won’t be any cost sharing or monthly premiums, which they had in Healthy Families,” Cajina said.

Cajina and Kersey noted other issues that bolster their support for the transition, such as increased efficiencies and more due process rights for participants. Both also agreed that access to care under Medi-Cal will be a continuing concern.

But “if everybody is in the same program, we’re all fighting for the same improvements,” Kersey said.

Mike Odeh, senior health policy associate for Children Now, said he agrees with the points that Cajina and Kersey make, but worries more about access to care.

“If kids don’t have access to care, then who cares if they’re paying a premium or not? ... We’re concerned not just about the kids in Healthy Families who will move to Medi-Cal and their access to care. We’re also concerned about the kids who are already in Medi-Cal,” he said.

Odeh pointed out that under the transition, the rates that plans received to provide coverage under Healthy Families will drop to Medi-Cal levels, which may result in providers dropping out of the program.

“What happens when you add almost 900,000 more kids to a system that is in some ways fractured?” he asked. “We want to make sure we don’t do that and can strengthen the Medi-Cal program before we do this transition.”