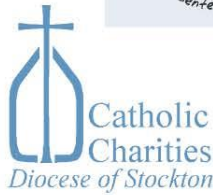


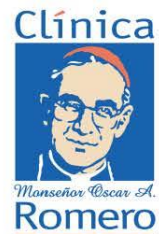
Calling on California to Fund Health Navigators



HOMELESS
HEALTH CARE
LOS ANGELES



INLAND EMPIRE
IMMIGRANT YOUTH COLLECTIVE



ALAMEDA HEALTH
CONSORTIUM

Budget Ask: Calling on California to Fund Health Navigators

3/14/2019: Health coverage options—whether under existing laws or proposed expansions-- mean little if you don't know what is available, the complex eligibility process, or that the renewal process may remove you from coverage even if you are still eligible. Fear of immigration consequences and other barriers also deter eligible people from applying, retaining, or actually using coverage to get medical care.

We are a diverse coalition of health equity advocates and community-based organizations that represent and serve low-income workers and their families throughout the state. Community partners do direct service to help empower clients to overcome multiple health access barriers. They do this not only through outreach, enrollment, and retention services, but also by helping clients find doctors, coordinate medical, mental health and dental visits, with translation services, and deal with many other obstacles consumers face in utilizing their health insurance. Marginalized communities often experience the most challenging barriers to coverage and access— young adults, working families with children, grandparents and other seniors, farmworkers, people with disabilities or in difficult immigration circumstances, limited English speakers, homeless veterans and others living on the streets, and former prisoners-- and yet direct service providers ensure that these challenging cases are resolved so that clients get not only health coverage, but also the medical care they need. Results are driven by community trust in our services and advocacy – and **trust has never been more important given the federal attacks against health programs generally and immigrant families in particular.**

In the past, our state funding came from AB 82 (Stats 2013, c. 23, § 71). Distribution to the counties was administered by the State Department of Health Care Services and the County Medical Services Program (CMSP) Board, as described here: [AB 82 Outreach and Enrollment Program](#) and here: [CMSP Small County Fact Sheets](#). The list of grantees is here: [Statewide Network of OE Grantees](#) and here: [CMSP Grantees List \(pp. 1-2\)](#). Community-based organizations (CBOs) like ours as well as individual certified enrollment assistors (CEEs) and others received the funding.

But this state funding ended on June 30, 2018, and along with it, federal matching funds. We therefore request \$15 million a year in state general funds (SGF) for each of two years (\$30 million SGF over two years) to continue this important work. With federal match, the total over two years is \$60 million. This dollar amount is modelled on the AB 82 allocation, adjusted about 13% for the intervening years as well as for the increased needs summarized above.

- **An efficient and effective investment.** During FY 2016-17, in Los Angeles County alone, our groups have enrolled 27,000 people and provided health coverage information to over 90,000. Retention rates are in the high 80-90% range among the populations we serve, compared to 81% statewide and 65% in L.A. without help from a community organization. “Churning” costs at least \$180 per person (2005) in avoidable admin costs when an eligible

person loses Medi-Cal. A significant portion of our services are directed at resolving access to care issues for people who have already been enrolled.

- **Well worth the upfront cost.** Studies repeatedly demonstrate that the uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases, like asthma, diabetes, high blood pressure, heart disease, and cancers. When a person gets so sick they can no longer avoid trips to the doctor or hospital, treatment becomes far more expensive, including for Medi-Cal if the individual does eventually get help to enroll. Addressing health issues sooner rather than later is also not only humane but vital for being able to work and support oneself and family.

States have cited strong leadership as a factor that contributes to successful coverage efforts. [Outreach and Enrollment Strategies for Reaching the Medicaid Eligible but Uninsured Population, KFF, March 2016](#). We urge our Legislature and Governor to exercise that leadership now to continue support for outreach and enrollment in the state budget. For more information, please contact Linda Tenerowicz at 916-447-1299 or ltenerowicz@cpehn.org.

Sincerely,

California Pan-Ethnic Health Network
Maternal and Child Health Access
Community Health Councils
Western Center on Law & Poverty
Latino Coalition for a Healthy California
Village Connect
SEIU California
Homeless Health Care Los Angeles
Asian Americans Advancing Justice Los Angeles
Gender Health Center
The L.A. Trust
Roots Community Health Center
Community Clinic Association of LA County
Mixteco Indigena Community Organizing Project (MIXTECO)
Catholic Charities Diocese of Stockton
PALS for Health
National Health Law Program
Inland Empire Immigrant Youth Collective
Mi Familia Vota
Health Access
California Family Resource Association
California Health Professional Student Alliance

California Physicians Alliance
Citrus Valley Health Partners
Child and Family Guidance Center
Mid-City CAN
South Asian Network
Clinica Monsenor Oscar A. Romero
Asian Pacific Health Care Venture, Inc.
South East Asian Resource Action Center
Long Beach HHS
California Immigrant Policy Center
Access: Women's Health Justice
AFSCME PEOPLE
The Wellness Center
Dignity Health: California Hospital Medical Center
The Coalition of Orange County Community Health Centers
Venice Family Clinic
Northeast Valley Health Corporation
Redwood Community Health Coalition
Worksite Wellness L.A.
CWDA
Korean Resource Center
National Association of Social Workers
Alameda Health Consortium