

The Affordable Care Act and California:

What's New, What's Next,
and What Do We Need to Do?

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Maternal and Child Health Access Presentation

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6/21/2013



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1



Health Access is the leading voice for health care consumers in California.

Founded in 1987, Health Access is the statewide health care consumer advocacy coalition advocating for quality, affordable health care for all Californians. [Our Agenda](#) in 2013 and beyond includes:

- **Expanding Coverage:** Implementing and improving upon health reform.
- **Fighting for a Fair Budget for the Future:** Protecting public investments to preserve access to care.
- **Protecting Consumers:** Ensuring consumer representation and protection.
- **Encouraging Prevention:** Promoting a healthier California.

6/21/2013

2

STATE BUDGET & MAY REVISE

Impact on Health Care Programs

June 2013 Update

6/21/2013

3

California's \$96.3 Billion Budget for 2013-2014

California Legislators passed their compromised version of the State Budget as well as a historic Medi-Cal Expansion and key health budget items by the deadline of June 15th. The budget and trailer bills now await the Governor's signature.

- **PASSED:** Major expansion of Medi-Cal, **AB1x1** (Speaker Perez/Pan) and **SB1x1** (Hernandez/Steinberg) to cover over one million Californians, and making it easier to get on and stay on Medi-Cal coverage for many more, under the Affordable Care Act.
- **PASSED:** Key health budget trailer bills, **(SB77/AB82)**, to **improve Medi-Cal coverage, including restoration of most dental services for 3 million California adults** in May 2014; Also includes restoration of enteral nutrition benefits, improvement of mental health and substance abuse services, and extension of coverage for former foster youth until ACA options kick in.
- **PASSED:** Budget trailer bill **(SB78/AB83)** to extend managed care organization (MCO) tax to support \$500 million for health programs, and another **(SB80/AB85)** to **cut \$300 million from county health services in first six months, and hundreds of millions more in future years**, reducing capacity of the county safety-net to provide care to the remaining uninsured.

The approved plan also sets aside **\$1.1 billion for a rainy day fund** from the state's surplus, marking a significant difference from four years ago when the state faced a \$16 billion budget deficit

The Medi-Cal expansion bill included a provision that would allow future lawmakers to reconsider the expansion if the federal government's portion of the costs drops below 70%.

4

Denti-Cal Partially Restored Effective May 2014

DENTAL COVERAGE PARTIALLY RESTORED:

In 2009, California eliminated nonemergency dental benefits from its Medicaid program as a way to save more than \$100 million annually. Nearly three million adults lost coverage for cleanings, exams, gum treatment, crowns, root canal procedures, dentures and fillings.

Restored Dental Services Include:

- Preventive Services,
- Full Dentures
- Crowns
- Denture Repair
- Amalgam Filings
- Root Canals (on a case by case basis)



What is not covered?

- Partial dentures
- Dental Implants
- Bridges



Denti-Cal services being again in May of 2014 for both existing and newly eligible adults.

Senator Steinberg warned that people “won’t be getting any care right away.... It’s going to take some time to rebuild the program since it’s been gone now for over four years,”

6/21/2013

5

California's \$96.3 Billion Budget for 2013-2014

Also includes restoration of enteral nutrition benefits, improvement of mental health and substance abuse services, and extension of coverage for former foster youth until ACA options kick in.

The extension of the MCO tax was for three years, rather than made permanent, helping get the neutrality of the insurers. The bills passed by the required 2/3 margins along partisan lines, with a 54-18 vote in the Assembly, and a 27-10 vote in the Senate.

6/21/2013

6

County Safety Net Dollars Deal

County Safety Net Dollars Deal – Governor conditioned Medi-Cal expansion on reallocation of county safety net dollars – about \$1.4 billion from vehicle license fees that go to counties for public health, clinics, LIHPs, MIAs, etc.

- **Year 1 - State takes \$300 million.**
- **Year 2 onward, 2 options:**
 1. **60-40 split:** State takes 60% and Counties keep 40%
CMSP will take this option – will go from \$224 million to \$34.
Counties without public hospitals will likely do this.
 2. **Cost-Based Formula** – there will be a true-up after a calculation that considers county infrastructure, including cost and revenues from whole system of care. State will take 80% of any savings up to a cap based on the last 4 years of spending.

Generally, this is intended to limit Counties – if they want to expand access, they will have to pay for it.

6/21/2013

7

10% Provider Payment Cut Will Be Retroactive to 2011

The State will apply the 10% Provider Cuts retroactive to June 1, 2011 – the date on which it was intended to take effect. The state would retroactively “recoup” payments from providers by imposing an additional 5 percent cut, for a total reduction of 15 percent. This additional 5 percent cut would be in effect until the full amount owed retroactively is repaid.

Lawmakers expressed concern that a cut of that size could create access problems for Medi-Cal enrollees.

California’s Medicaid Payments Rank Near the Bottom

California’s payments to Medicaid physicians for primary care and other services were the third-lowest in the US in 2012 when measured as a percentage of federal *Medicare* payments for similar services.

Research shows that payment levels affect doctors’ willingness to accept Medicaid patients. In fact, less than 60 percent of office based physicians in California accepted new Medicaid patients in 2011, the second-lowest rate in the nation.

Medi-Cal enrollees report having greater difficulty accessing primary care providers and specialists compared to Californians with other types of health care coverage. This may be one reason why Medi-Cal enrollees – regardless of their health status – report greater use of emergency rooms than do other Californians.

6/21/2013

8

What has the ACA Done for You Lately?



6/21/2013

9

What's Already in Place:

Instilling Confidence in Coverage

- Ending rescissions
- Banning lifetime and annual caps on coverage

Access to Coverage Regardless of Health Status

- Ending discrimination against children with pre-existing conditions
- New, expanded option for adults denied for pre-existing conditions (PCIP)

Securing and Expanding Coverage Options

- Young adults can stay on their parent's coverage through age 26
- More security for the 7 million Californians on Medi-Cal
- More resources for community clinics, prevention efforts, and workforce development

Making Health Care More Affordable

- Help (\$250 rebate/50% discount) for many seniors to afford prescription drugs, as a first step to closing the Medicare Part D "donut hole"
- Subsidies for early retiree coverage
- Free preventative care (with no-copayments) in Medicare & private plans
- Small business tax credit to help pay for workers' coverage
- More review of insurance rates

6/21/2013

10



Essential Health Benefits

- 1 Ambulatory patient services
- 2 Emergency services
- 3 Hospitalization
- 4 Maternity and newborn care
- 5 Mental health and substance use disorder services, including behavioral health treatment
- 6 Prescription drugs
- 7 Rehabilitative and habilitative services and devices
- 8 Laboratory services
- 9 Preventive and wellness services and chronic disease management
- 10 Pediatric services

6/21/2013

11

COUNTING THE BENEFITS

The Affordable Care Act has already made a difference for millions of Californians who have new consumer protections, from the removal of lifetime limits and arbitrary caps on coverage to the required coverage of preventative services without co-payments or cost-sharing. Hundreds of thousands of Californians have new financial help to afford care, including seniors on Medicare getting prescription drugs, and small businesses getting tax credits to continue to offer coverage to their workers.

OVER 1,000,000 CALIFORNIANS HAVE ENROLLED IN NEW COVERAGE

The biggest impact has come from expanding coverage—getting people the care they need and providing economic security from financial ruin. The most recent 2013 estimates are that **over one million Californians have been able to get coverage** through new options provided under the Affordable Care Act.

Over **21,160** Californians who were denied for coverage by insurers due to their health status now have coverage through California's ACA-funded Pre-existing Condition Insurance Program (PCIP). (PCIP had 16,183 enrolled on January 31, 2012.) **Program closed in 2013.**

Over **435,000** young California adults up to age 26 have coverage through their parent's health plan, under the ACA and state conforming legislation.

Over **642,192** Californians in 53 counties have new coverage through **Low-Income Health Programs (LIHPs)** – the most expansive early expansion of coverage under the Affordable Care Act in the country. (Over 500,000 were enrolled at the end of December 2012.)

6/21/2013

12

NEW CONSUMER PROTECTIONS AND FINANCIAL ASSISTANCE

About **8,978,000** insured Californians, whether getting insurance as an individual or from many types of employer-based coverage, gained new consumer protections. For example, over twelve million saw **removal of lifetime limits on their coverage**. The over two million Californians who buy coverage as an individual now have the security that **insurers are no longer permitted to rescind coverage**, and especially after the patient gets sick.

Some of the ACA provisions provided direct financial assistance, to allow patients and policy-holders, seniors and small businesses, to get relief when paying premiums. Here are specific ways that the ACA has helped consumers better afford the cost of health care:

- **No-Cost Preventative Care:** **6,181,000** Californians had their coverage improved to include preventative care without cost sharing, so there is no financial barrier between them and these screenings and services.
- **Rebates:** **\$73,905,280** in rebates were issued to the policyholders of **1,877,186** Californians because their insurance companies did not spend enough of their premium dollars on providing health care, under the ACA's "medical loss ratio" provision.
- **Rate Oversight:** Over **1,507,532** Californians saved over **\$175.2 million** as a result of the rate review process when Anthem, Blue Shield, and Aetna from rate hikes that were retracted, rolled back, or withdrawn.
- **Prescription Drug Help in Medicare:** **319,429** California seniors and people with disabilities have saved **\$453.8 million** in prescription drug costs, under the ACA provision that begins the process to close the Medicare prescription drug "donut hole."
- **Small Business Tax Credit:** In the 2011 tax year, over **375,000** California small businesses in California (70% of the total) were eligible for the tax credit to help pay for the cost of coverage of their **2,442,900** California workers. viii While it will take more time for all eligible small businesses to take advantage, the incentive is significant, as the average credit is **\$752 per worker**. For the 158,000 businesses who are eligible for the maximum assistance, their average credit is **\$1,000 per worker**.

California's Leadership on ACA Implementation:

1. California was the **first state in the nation to establish our insurance marketplace, Covered California**, after passage of the ACA, and only one of a handful to give it the **negotiating power to bargain for the best value** for consumers. Covered California will also **standardize benefit packages so consumers can make apples-to-apples comparisons**.
2. The California Legislature has passed laws requiring new **"essential benefits"** standards for coverage that will go into place in 2014 so that consumers no longer have to fear the fine print that might exclude the service they need. In addition, California **mandated maternity coverage as a basic benefit** 18 months early, in July 2012, which revived a benefit that most insurers were no longer providing in the individual insurance market.
3. With bipartisan authorship, California created the biggest **Pre-Existing Condition Insurance Program** in the country, a new option for over 16,000 Californians who were denied for private plans due to their health status. (The next highest state has around 10,000 enrollees.) PCIP became a victim of its own success, this month closing to new enrollees until 2014, when such denials will not be allowed. (MRMIP, the more limited state "high risk pool," will remain an option through 2013.)
4. California quickly implemented the ACA provision that **banned denials for children with pre-existing conditions** starting early in 2010. When insurers balked, state law made it clear that insurers who refused to offer policies to children would be barred from covering adults as well—bringing the major insurers back into the market. The state law also went further than federal law, to also limit what children with preexisting conditions can be charged to no more than twice any other child for the same policy.
5. California has been one of only five states to **expand coverage early**, and has been the leader, using federal matching funds to so that over 500,000 Californians are now getting coverage in county-run Low Income Health Programs. (This total is more than 20 times the other states with early Medicaid expansions.) These enrollees will be shifted to full Medicaid coverage on January 2014.

LOW-INCOME HEALTH PROGRAMS

A success story, LIHPs in 53 counties now cover over 550,000 otherwise uninsured Californians, most of whom will become eligible for full Medi-Cal on January 1, 2014.

While not full coverage, LIHPs have provided more than episodic and emergency room care for the uninsured, providing a medical home with primary and preventative care services.

Instead of letting the LIHPs expire, California should extend the LIHPs to the remaining uninsured—both continuing our commitment to all Californians, and using our dollars in the most effective and efficient way. This unique opportunity represents a viable way to fulfill the goal of providing access to care and coverage to Californians regardless of income or immigration status.

6/21/2013

15

COVERED CALIFORNIA

The screenshot shows the homepage of the Covered California website. At the top left is the Covered California logo, which consists of three stylized human figures in blue and green. To the right of the logo is a navigation menu with links for HOME, ABOUT US, GETTING COVERED, RESOURCES, and NEWS. Further right are social media icons for Facebook, Twitter, and YouTube, and a language selector set to ENGLISH. The main content area features a large banner image of a man in a light blue shirt looking thoughtful. Overlaid on the left side of the banner is the text: "YOUR DESTINATION FOR HIGH-QUALITY HEALTH COVERAGE". Below this is a welcome message: "Welcome to the official website of Covered California™ – a new marketplace for affordable, private health insurance. Your health matters – to all of us. [Read More](#)". A prominent black box on the left contains a countdown timer: "194 DAYS 17 HRS 1 MINS UNTIL NEW COVERAGE BEGINS FOR MILLIONS OF CALIFORNIANS". Below the timer, it says "Health care coverage begins January 1, 2014".

6/21/2013

16



What we are

The Covered California Marketplace



Sacramento	San Francisco county	Los Angeles county	San Diego
Anthem	Anthem	Anthem	Anthem
Blue Shield	Blue Shield	Blue Shield	Blue Shield
Kaiser Permanente	Chinese Community Health Plan	Health Net	Health Net
Western Health Advantage	Health Net	Kaiser Permanente	Kaiser Permanente
	Kaiser Permanente	L.A. Care Health Plan	Molina Healthcare
		Molina Healthcare	SHARP Health Plan
Medi-Cal	Medi-Cal	Medi-Cal	Medi-Cal

The Place to Shop for Health Insurance. No gimmicks, No games.

6/21/2013



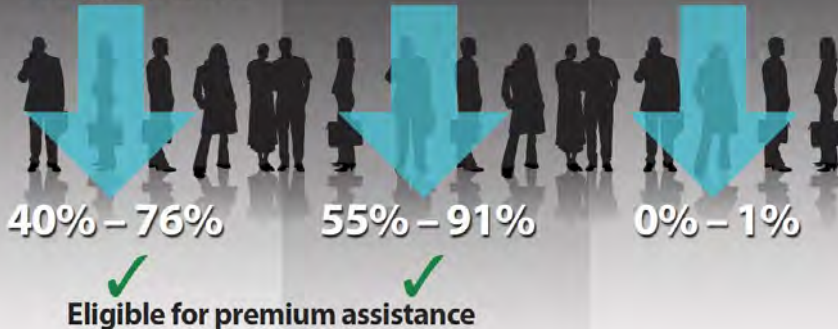
Impact of Affordable Care Act on Californians today

Insured: 600 thousand
Earning **LESS** than 400% of the Federal Poverty Level

Uninsured: 1.6 million
Earning **LESS** than 400% of the Federal Poverty Level

Uninsured: 1.4 million
Earning **MORE** than 400% of the Federal Poverty Level

Change in total cost



Assumes uninsured have been receiving all the health care they would have had they actually purchased insurance.

Source: **Factors Affecting Individual Premium Rates in 2014**, Milliman, San Diego, CA, March 28, 2013

6/21/2013

10



2014 Rates – Silver Plan (40-year-old)

County number of subsidy eligible people	Lowest Priced	Second Lowest Priced	Third Lowest Priced	Average of Three Lowest Priced Silver Plans
Region 3 Sacramento 126,000	Anthem PPO \$332	Blue Shield PPO \$333	Kaiser HMO \$347	\$337
Region 4 San Francisco 28,000	Chinese Community HMO \$325	Anthem EPO \$373	Blue Shield PPO \$375	\$358
Region 6 Alameda 80,000	Blue Shield EPO \$317	Anthem PPO \$357	Kaiser HMO \$365	\$346
Region 15 Los Angeles 779,000	HealthNet HMO \$222	Blue Shield PPO \$252	LA Care HMO \$253	\$242
Region 16 Los Angeles 779,000	HealthNet HMO \$242	Anthem HMO \$259	Molina HMO \$259	\$253
Region 19 San Diego 193,000	HealthNet HMO \$269	Anthem EPO \$308	Kaiser HMO \$316	\$298

6/21/2013

19



Statewide Average Rates

(for a 40-year-old – rates vary by age, region & family size)

Plan	Share	up to	\$17,236 to	\$22,981 to	\$28,726 to
		\$17,235	\$22,980	\$28,725	\$45,960
BRONZE Most Affordable	Individual	\$0	\$46	\$118	\$219
	Federal Government	\$219	\$173	\$101	\$0
Second Most Affordable	Individual	\$0	\$61	\$133	\$234
	Federal Government	\$234	\$173	\$101	\$0
Third Most Affordable	Individual	\$7	\$71	\$143	\$244
	Federal Government	\$236	\$173	\$101	\$0
SILVER Most Affordable	Individual	\$35	\$98	\$170	\$271
	Federal Government	\$236	\$173	\$101	\$0
Second Most Affordable	Individual	\$57	\$121	\$193	\$294
	Federal Government	\$236	\$173	\$101	\$0
Third Most Affordable	Individual	\$64	\$127	\$199	\$301
	Federal Government	\$236	\$173	\$101	\$0

6/21/2013

20



COUNTDOWN TO COVERAGE

Given the size, diversity, and complexity of California, and the depth of the challenges in our health care system, this leadership role has been a necessity, and needs to be continued to take advantage of the major reforms scheduled for 2014. The major coverage expansions of the ACA will begin **January 2014**. In less than **300** days, California can dramatically cut the number of uninsured by half or even two-thirds, and provide more security for those with coverage.

The Medicaid program will be expanded to cover virtually everyone around or below the poverty level, and affordable private coverage will be available for everyone who doesn't get it through an employer. A new marketplace for health insurance, Covered California, will offer plans that will make it easy to make apples-to-apples comparisons, and that will be subsidized so those under \$90,000 per year for a family of four won't have to pay more than a percentage of income for their premiums, based on a sliding scale.

Models developed at the University of California project that, in five years, between **1.2 to 1.6 million** Californians will newly enroll in Medi-Cal; and that another **1.8 to 2.1** million Californians will enroll in subsidized coverage in the Exchange. If done correctly, it will be the biggest expansion of coverage since the creation of Medicare and Medicaid in the 1960s, two generations ago.

Open enrollment starts October 2013, in less than six months.

Is the ACA Here to Stay?

The new health law has real challenges, but they are not insurmountable.

- 1) **Repeal:** **As of May 16, 2013**, The House of Representatives has voted **37 times** to repeal the Affordable Care Act. President Obama has pledged to veto repeal efforts, but has supported specific reforms:
 - 1099 small business tax reporting; CLASS Act
 - State flexibility to meet ACA goals moved from 2017 to 2014
- 2) **Lawsuits:** Notwithstanding the Supreme Court Decision
- 3) **Defunding:** 85% of ACA funding is already appropriated without further Congressional action. Some funds for cost-saving pilot programs and prevention need Congressional approval, and many items will be the subject of budget negotiations.



BOTTOM LINE: **California should aggressively take advantage of the new funding, benefits, options, and consumer protections—and help build the momentum to overcome political obstacles.**

How 38 Million Californians Get Coverage Now

Employer-Based Coverage

- Around Half, 18-19 Million

Public Programs: About a Third (10-11 million)

- Medicare: 4 million
- Medi-Cal: 7.7 million
- Healthy Families: Nearly 1 million (*will transition in phases to Medi-Cal starting January 2013*)

Individual Insurance Market

- About 5% (around 2 million)

Uninsured: Around 7 million

6/21/2013

23

The Remaining Uninsured

Recent estimates by a research team at [UC Berkeley](#) and [UCLA](#) indicate that there will be three to four million remaining uninsured, even after the first five years of ACA implementation in 2019.

Exhibit 22. Characteristics of the Remaining Uninsured with ACA, 2019

	Base		Enhanced	
	Individuals	Percent of Remaining Uninsured	Individuals	Percent of Remaining Uninsured
Undocumented	1,073,000	28%	1,033,000	34%
Eligible for Medi-Cal or Healthy Families	1,130,000	29%	743,000	25%
Eligible for Exchange Subsidies	782,000	20%	429,000	14%
Eligible for Exchange without Subsidies	883,000	23%	820,000	27%
400% FPL or less	226,000	6%	211,000	7%
Greater than 400% FPL	657,000	17%	609,000	20%
Total	3,862,000		3,025,000	
Remaining uninsured exempt from individual penalty		54%		56%

6/21/2013

Source: UC Berkeley-UCLA CalSIM model, Version 1.6

24

The Remaining Uninsured

- Around 1 million according to the UCLA California Health Interview Survey and the CalSIM model, will be undocumented Californians, who were expressly and unfortunately excluded from subsidized coverage or participating in the Exchange by the federal law. The undocumented, now about 20% of the uninsured, will be 27-33% of the remaining uninsured. Depending on decisions regarding immigration reform, many may be on a “path to citizenship” but excluded from federal help with coverage.
 - The majority of the remaining uninsured will be citizens or legal residents.
 - About a fifth to a quarter will be exempt from the individual mandate for reason of lack of an affordable coverage option.
 - Some of the remaining uninsured will be family members of workers with job-based coverage, but who don't get or qualify for family coverage or Exchange subsidies. (This has been known as the “kid glitch” or “family glitch.”)
 - Because of the barrier to individual insurance coverage created by open enrollment periods, some individuals will fail to take up coverage during the open enrollment and will need care when they lack coverage.
 - Even with special enrollment periods, some will drop off coverage during transitions in life and work, not sign up for new coverage in time, and need care before the next open enrollment period.
 - Some will be eligible for Medicaid, but find it hard to complete the application, including with verification of income and immigration. Some will be homeless individuals and/or people with significant mental health and substance abuse needs, who may have issues in documentation or otherwise in going through the Medi-Cal eligibility process.
 - Some will not get the word about the new options for coverage no matter the extent of outreach and education efforts.
- 6/21/2013

25

HEALTH REFORM: Next Steps



6/21/2013

26

PARTIAL HEALTH REFORM 2013“TO DO” LIST

Reform the Individual Health Insurance Market

Pending legislation is AB1x2 and SB1x2. Other legislation needed to adopt cost-sharing limits.

Begin Enrollment in Covered California (the Exchange)

Covered California is scheduled to begin enrollment on October 1, 2013. Coverage will begin on January 1, 2014. Covered California is embarking on many key elements to be ready, including:

- Executing a broad marketing, outreach and education plan.
- Completing CALHEERS, the California Health Eligibility, Enrollment and Retention System, and other IT infrastructure.
- Setting up new service centers, training certified application assisters to build an enrollment network and system.
- Soliciting and negotiating with Qualified Health Plans (QHPs) to get them to offer their products at the Exchange, while meeting goals of standardized plans, and emphasis on quality and value.

Expand and Streamline Medi-Cal---*The Affordable Care Act allows states to expand Medi-Cal to adults without dependent children and all legal California residents under 133% of the poverty level, starting January 1, 2014. Pending legislation is AB1x1, SB1x1 on the Governor's desk*

Build a Bridge Plan---*Concept is to provide affordability and continuity of care to lower income families. Pending legislation is SB1x3.*

Ensure a safety-net that survives and thrives.---*Even if we are very successful at enrollment, California will still have 3-4 million remaining uninsured, which will need our safety-net of providers to continue their important and still urgent work in the midst of this transition.*

6/21/2013

27

Fulfilling the Promise: California 2013 Health Care Legislation



6/21/2013

28

2013 First Extraordinary Session – Health Reform

Reforming the Insurance Market to Benefit Consumers

<p>SBX1 1 Steinberg/ Hernandez ABX1 1 Speaker Perez</p>	<p>MEDI-CAL EXPANSION AND SIMPLIFICATION: Expands Medi-Cal eligibility in accordance with the Affordable Care Act, effective January 1, 2014; streamlines eligibility and enrollment processes to reducing barriers to enrollment such as the assets test while expanding coverage to over 1 million Californians. Currently on Governor's Desk</p>	<p>Health Access Position: Strong Support</p>
<p>SBX1 2 Hernandez ABX1 2 Pan</p>	<p>INDIVIDUAL MARKET REFORM: Implements individual market reforms preventing insurers from denying or discriminating for pre-existing conditions, and otherwise conforming and phasing-in new insurance market rules for individuals who purchase insurance on their own. Limits different premiums based on age to 3:1. Currently on Governor's Desk</p>	<p>Health Access Position: Strong Support</p>
<p>SBX1 3 Hernandez</p>	<p>BRIDGE PLAN: Allows a designated health plan within Covered California to provides coverage to low-income Californians transitioning between Medi-Cal and Exchange coverage for increased affordability and continuity of care. Health Access supports amendments to ensure that the Bridge Plan will utilize existing safety net providers and provide more affordable options for consumers. Currently in Assembly Appropriations</p>	<p>Health Access Position: Support IF Amended</p>

6/21/2013

29

2013 Regular Session– Health Reform

Improving the Affordable Care Act

<p>SB639 Hernandez</p>	<p>LIMITING COST SHARING: Implements elements of the ACA related to cost sharing, including standardizing plans, to make health care more affordable. Currently on Assembly Desk</p>	<p>Health Access Position: Sponsor and Strong Support</p>
<p>AB880 Gomez</p>	<p>EMPLOYER RESPONSIBILITY & ACCOUNTABILITY: Holds employers responsible for their share of health care costs by requiring large employers (more than 500 workers) of low wage workers to pay a fee for each of their workers that is enrolled in Medi-Cal and make it unlawful to change workers hours or wages to avoid responsibility for health coverage. (Sponsored by the California Labor Federation) Currently in Assembly Third Reading</p>	<p>Health Access Position: Support</p>

Insurance Market Reforms and Consumer Protections

<p>SB353 Lieu</p>	<p>DECEPTIVE MARKETING: Protects consumers from false advertising about the benefits and requirements of health reform by (1) requiring insurers that market in other languages to translate key documents in those languages; (2) gives the Insurance Commissioner the authority to authorize marketing materials. Currently on Assembly Desk</p>	<p>Health Access Position: Sponsor and Strong Support</p>
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6/21/2013

30

2013 Regular Session– Health Reform

Ensuring Affordability and Value

SB161 Hernandez	SMALL GROUP STOP LOSS COVERAGE: Provides protections to small business employees getting coverage through "self-insured" "stop loss" plans by requiring guaranteed issue, guaranteed renewability, and increasing the "attachment point" or employer liability to \$95,000 for the entire firm and \$19,000 per covered life. Currently on Senate Floor	Health Access Position: Support
SB746 Leno	LARGE GROUP RATE REVIEW: Gives regulators the authority to review rate increases in the large employer markets in order to determine whether increases are reasonable and justified. Currently on Assembly Desk	Health Access Position: Support
AB18 Pan	STAND ALONE DENTAL PLANS: Proposed to be amended to examine how new regulations on health plans should apply to stand-alone dental plans, permits stand-alone dental plans to provide pediatric dental coverage. Currently in Assembly Appropriations	Health Access Position: Support IF Amended
AB314 Pan	UC STUDENT HEALTH PLANS: Require UC student health plan to eliminate annual and lifetime limits as well as limits on prescription drug coverage, and comply with standards set by the Affordable Care Act. Currently in Senate Health	Health Access Position: Support

6/21/2013

31

2013 Regular Session– Health Reform

Medi-Cal and the Exchange

AB617 Nazarian	NOTICE AND APPEALS: Establishes a coordinated notice and appeal system for eligibility and application issues for the Exchange, Medi-Cal and AIM. Currently in Senate Health	Health Access Position: Support
AB50 Pan	MEDI-CAL ELIGIBILITY AND ENROLLMENT: Allows hospitals to determine presumptive eligibility for Medi-Cal and allows pre-population of application forms. This bill will also provide additional consumer protections to prevent steering. Currently in Assembly 3rd Reading	Health Access Position: Support
AB209 Pan	QUALITY AND ACCESSIBILITY OF MEDI-CAL MANAGED CARE PLANS: Requires DMHC to develop and implement a plan to monitor, evaluate, and improve quality and accessibility of health and dental Medi-Cal Managed Care plans. Currently in Senate Appropriations	Health Access Position: Support
AB411 Pan	MEDI-CAL MANAGED CARE PERFORMANCE INDICATORS: Requires analysis of HEDIS data to monitor and reduce health disparities. (Sponsored by CPEHN.) Currently in Senate Health	Health Access Position: Support
AB422 Nazarian	MEDI-CAL/EXCHANGE AND SCHOOL LUNCH APPLICATIONS: Adds information about Covered California to the currently required information about Medi-Cal that is given to applicants for the school lunch program. Currently in Senate Health	Health Access Position: Support

6/21/2013

32

2013 Regular Session– Health Reform

Medi-Cal and the Exchange

AB191 Bocanegra	MEDI-CAL/EXCHANGE AND CaFRESH APPLICATIONS: Gives families information about Medi-Cal and the Exchange when they apply for CaFRESH, so that they can get information about both health and human services programs. Currently on Assembly Floor	Health Access Position: Support
AB505 Nazarian	LANGUAGE ACCESS IN MEDI-CAL MANAGED CARE: Puts language access requirements for Medi-Cal Managed Care plans into state law. This allows for greater transparency and better enforcement. (Sponsored by CPEHN.) Currently in Senate Appropriations	Health Access Position: Support
AB1263 Speaker Perez	MEDI-CAL MANAGED CARE INTERPRETERS: Creates a nonprofit entity that will certify Medical Interpreters for the Medi-Cal Managed Care Plans and Fee For Service providers. Interpreters will have collective bargaining rights. Currently in Senate Rules	Health Access Position: Support

6/21/2013

33

2013 Regular Session– Health Reform

Prevention Measures

SB768 de Leon	TOBACCO TAX: Imposes a \$0.10 per cigarette tax to fund tobacco cessation programs and provide support to the health care safety net. Currently on Appropriations Suspense File	Health Access Position: Support
SB622 Monning	SODA TAX: Taxes soda and other sugary drinks at a rate of one cent per fluid ounce to raise revenues for disease prevention programs. Currently on Appropriations Suspense File	Health Access Position: Support
AB459 Mitchell	HEALTHY AND SUSTAINABLE FOOD: Increases the requirement of healthy foods and drinks in vending machines in state buildings from 35% to 100%. (Sponsored by CPEHN.) Currently In committee: Second hearing. Held under submission.	Health Access Position: Support

Other Bills

AB361 Mitchell	HEALTH HOMES FOR "FREQUENT FLYERS": Expands pilot projects that help acutely ill individuals who frequently seek care in emergency rooms through coordinated and intensive intervention. Currently in Senate Rules	Health Access Position: Support
AB362 Ting	TAX BENEFITS FOR DOMESTIC PARTNERS: Allows Californians to exempt health benefit expenses for a domestic partner from personal income taxes. Currently in Committee of Government and Finance	Health Access Position: Support
SB266 Lieu 6/21/2013	OUT OF NETWORK COVERAGE: Requires notice to individuals when they are about to be seen by out of network providers (often in in-network facilities) in accordance with the DMHC network adequacy requirements. Currently a Two Year Bill	Health Access Position: Support 34

How Can You Get Involved?



Attend Legislative Visits to underscore the importance of safety net and healthcare programs.

Share your story personal stories help others learn how they can benefit from reform – and they are a compelling advocacy tool!



Support state efforts to implement and improve reform let your local representatives know that you support robust implementation and improvement of reform.

Write a letter to the editor in support of reform and all its benefits.



Join our mailing list to keep up to date on legislative developments and get important action alerts!



35

We Need Your Continued Commitment!

The ACA is not the end of the work, and there will need to be continuing efforts to support improvements and additional reforms, from increased affordability, to new transparency, to providing help for those left uncovered, to specific new oversight on insurers. But the ACA provides a historic opportunity to make huge progress with its framework and funding -- but only if California acts to take advantage. After close Congressional votes, court decisions and a consequential election, the only obstacles left the clock and our commitment.



6/21/2013

36

For more information

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37