HEALTH ACCESS
California's Health Consumer Advocacy Coalition

FACT SHEET

Covered California: California's Health Insurance Marketplace at Risk

January 18, 2017

The Affordable Care Act (ACA) created health care marketplaces (or "exchanges") to make health insurance more affordable and easier to shop, compare, choose, and buy. Under Republican Governor Arnold Schwarzenegger, California was the first state in the nation to create its own marketplace, called Covered California. The combination of Covered California and Medi-Cal (Medicaid) expansion has cut California's uninsured rate by more than half, from 17.2% in 2013, to 8.6% in 2015.[1]

The ACA provides federal subsidies to help moderate-income consumers afford the cost of insurance premiums as well as the cost of care.

- **Over 90% of those enrolled in Covered California, 1.2 million California consumers, receive federal tax subsidies worth $4 – $5 billion**.
- The average subsidy of $440[2] covers nearly 77%[3] of the consumer's monthly premium costs.
- These subsidies make health coverage more affordable to a population that earns between $16,000 and $47,080 a year (138% – 400% FPL).[4]
- Around 680,000[5] lower income consumers also receive another **$800-$900 million in help to pay for cost sharing** such as co-pays and deductibles, which are paid directly to insurers. The average cost sharing subsidy is $1,250[6] annually.

GOP Proposals to repeal the ACA without a replacement would:

- Eliminate subsidies that help 1.2 million Californians afford coverage; and
- Destabilize the insurance market for all individual consumers, including those not subsidized, who would be left in a smaller, sicker risk pool, causing insurance premiums for all individuals to skyrocket. The Urban Institute and others predict a "death spiral"[7] that would cause insurers to abandon the marketplaces altogether.

Covered California, the Nation's Largest State Exchange, Helps Californians Get Coverage

Individual Consumers: Covered California currently enrolls over 1.4 million individual consumers.[8]

- Since its formation in 2014, Covered California has enrolled and served more than 2.5 million Californians, who cycle through individual insurance between employer-based and public program coverage.[9]
- Most of those who have been enrolled in Covered California have renewed their coverage in Covered California. Over a million Californians have gone on to find other coverage through employer coverage or Medi-Cal (California's Medicaid program).

Covered California Negotiates on Behalf of Consumers

As a public agency with an appointed board of directors, Covered California is accountable to the public and the consumers it serves. It is one of the few exchanges that is an "active purchaser" that actively negotiates with health insurers over rates as well as improvements in cost, quality and health disparities. Covered California has successfully used its bargaining power to:

Minimize Rate Increases

- The three-year average rate increase in Covered California is 7%[10]-- lower than national averages and lower than pre-ACA trends where consumers regularly faced double-digit percentage spikes.
- For 2017, the statewide average premium rate increase to 13%[11] compared to the national average premium rate increase of 22%.[12] To deal with rate increases, the ACA and Covered California provides two new tools:
    - Federal subsidies absorbed the impact of rate increases for 90% of enrollees; and
    - No longer locked into one insurer, consumers can shop and compare plans. Even with rising premiums, the vast majority of consumers (80%) would be able to comparison-shop and find a plan at the same benefit level that costs them, at most, 5% more than they were paying in 2016.[13]

Give Consumers a Choice of Plans

Almost every Californian has a choice of health insurers in the individual market.

- 11 different health insurers participate in Covered California.
- For 2017, 92.6% of consumers can choose from three or more insurers.
- All consumers will have at least two insurers to choose from.[14]

Help Consumers Make Apples-to-Apples Comparisons of their Options

Standardized benefits and cost sharing to help consumers shop and compare plans.

- For example, when a consumer decides to purchase a Silver plan, the copays, deductibles, and other cost sharing are the same for Anthem, Blue Shield, HealthNet, Kaiser Permanente, and the other plans available in that region.
- Standardization makes choosing a plan simpler, provides peace of mind about the benefits, fosters more intense price competition, and allows the consumers to choose coverage based on premiums, plan quality ratings, and provider networks.
- Before the ACA and Covered California, insurers offered different plans with different cost-sharing and benefits, making it impossible for consumers to shop and compare their coverage options.

Improve Quality and Reduce Health Disparities

- Covered California is also requiring insurers to show improvements in cost, quality and disparities through requirements such as lower hospital infections, fewer caesarean sections, and reduced health disparities for high blood pressure and diabetes.[15]

The ACA's Insurance Market Rules Protects Consumers

Covered California's success is rooted in the insurance market rules put in place by the ACA, which built on pre-existing California consumer protection laws. Key protections include:

- **No discrimination against people with pre-existing conditions:** Under the ACA, no one can be denied coverage or be charged more based on pre-existing condition, whether that is a serious condition like cancer or a heart attack, or a less serious condition like asthma, acne, or ear infections. In California, premiums for individuals and small employers are based solely on age and geographic region. Insurers cannot base premiums on gender, tobacco use, and health status.
- **Consumers get comprehensive coverage,** including medically necessary doctors, hospitals, labs, imaging, as well as medically necessary prescription drugs, behavioral health treatment, maternity care and preventive care services.
- **No annual or lifetime limits to coverage:** The ACA banned annual and lifetime limits, so people can no longer be dropped by their insurer for having serious, expensive medical needs:
    - Pre-ACA people with cancer, multiple sclerosis, or other very serious conditions would hit an annual limit of $100,000 or a lifetime limit of $1 million, forcing them to lose their homes or go into bankruptcy.
    - Under the ACA, every consumer has a $7,000 cap on annual out-of-pocket costs (co-pays, deductibles, and other cost sharing).

[1] UC Berkeley Labor Center, Taking Stock: Californians' Insurance Take-Up Under the Affordable Care Act, October 2016.
[2] Covered California, June 2016 Active Member Profile, Published December 2016.
[3] Covered California, Covered California Announces Rates and Plan Expansions for 2017, July 2016.
[4] Covered California, Income Guidelines Use Through March 2017, September 2016.
[5] Covered California, June 2016 Active Member Profile, Published December 2016.
[6] This average estimate is achieved by dividing $800-900M by 680,000 enrollees that receive CSR.
[7] Urban Institute, Implications of Partial Repeal of the ACA through Reconciliation, December 2016.
[8] Covered California, Covered California Announces Rates and Plan Expansions for 2017, July 2016.
[9] Covered, California, Health Insurance Companies and Plan Rates for 2017, Updated September 2016.
[10] Covered California, Covered California Announces Rates and Plan Expansions for 2017, July 2016.
[11] Covered California, Covered California Announces Rates and Plan Expansions for 2017, July 2016.
[12] US Department of Health & Human Services, Office of the Assistant Secretary for Planning and Evaluation, Health Insurance Choice and Premiums in the 2017 Health Insurance Marketplace, October 2016.
[13] Covered California Announces Rates and Plan Expansions for 2017 (July 19, 2016) http://news.coveredca.com/2016/07/covered-california-announces-rates-and.html.
[14] Covered California, Covered California Announces Rates and Plan Expansions for 2017, July 2016.
[15] Covered California, Attachment 7 to Covered California 2017 Individual Market QHP Issuer Contract: Quality, Network Management, Delivery System Standards and Improvement Strategy (Board approved on April 6, 2016); Attachment 14 to Covered California Qualified Health Plan Contract, July 2013.

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California's Health Consumer Advocacy Coalition

FACT SHEET

January 12, 2017

Five Million Californians Could Lose Coverage Under ACA Repeal: Data by Congressional District

Over five million Californians rely on the resources provided by the Affordable Care Act, either to get their coverage through the Medicaid (Medi-Cal) expansion, or to get financial assistance to afford and buy a private health plan through Covered California. Repeal of the ACA would be a loss of over $22 billion/year to California's health system (and 209,000 jobs lost) in 2017-18 and beyond. This includes $17.3 billion for covering 4.1 million Californians in Medi-Cal, and over $5 billion in tax credits (averaging over $309/month) for over 1.2 million in Covered California. Repeal of the ACA would directly impact not just these 5 million Californians, but also millions of other consumers who will be left in a smaller and sicker insurance pool, with skyrocketing premiums as a result. The chart below details enrollment by California Congressional district with the best and most recent available estimates and numbers for mid-2016. Enrollment has continued to grow beyond this in both Medi-Cal and Covered California

CALIFORNIA ENROLLMENT IN ACA COVERAGE						
		Covered California as of June 2016			Medi-Cal Expansion as of July 2016	
District	**Representative**	**Total Enrollees** June 2016	***Enrollees with Subsidies*** *June 2016*	**Total Enrollees Ever Served**	***Total Adult Expansion*** *(Estimate)*	**Total Enrollees Receiving Direct Assistance from ACA****
All	**California**	**1,356,909**	***1,204,526***	**2,671,361**	***3,648,000***	**4,852,526**
1	LaMalfa [R]	27,708	*25,646*	49,325	*75,000*	100,646
2	Huffman [D]	33,893	*29,213*	62,126	*63,000*	92,213
3	Garamendi [D]	20,587	*19,077*	40,790	*65,000*	84,077
4	McClintock [R]	30,679	*27,548*	56,138	*47,000*	74,548
5	Thompson [D]	26,882	*24,043*	52,779	*60,000*	84,043
6	Matsui [D]	20,075	*18,617*	41,481	*88,000*	106,617
7	Bera [D]	23,200	*21,424*	46,325	*56,000*	77,424
8	Cook [R]	18,482	*17,008*	34,781	*87,000*	104,008
9	McNerney [D]	23,401	*21,803*	46,889	*80,000*	101,803
10	Denham [R]	25,462	*23,757*	49,841	*86,000*	109,757
11	DeSaulnier [D]	26,100	*22,286*	51,052	*54,000*	76,286
12	Pelosi [D]	31,488	*25,200*	64,604	*68,000*	93,200
13	Lee [D]	30,667	*25,898*	61,023	*69,000*	94,898
14	Speier [D]	25,509	*22,029*	52,041	*55,000*	77,029
15	Swalwell [D]	26,829	*23,399*	53,312	*45,000*	68,399
16	Costa [D]	18,609	*17,823*	35,864	*105,000*	122,823
17	Khanna [D]	25,616	*22,294*	53,175	*43,000*	65,294
18	Eshoo [D]	23,588	*18,822*	48,714	*33,000*	51,822
19	Lofgren [D]	23,440	*21,033*	49,665	*76,000*	97,033

FACT SHEET: CA Enrollment by Congressional District

CALIFORNIA ENROLLMENT IN ACA COVERAGE						
		Covered California as of June 2016			Medi-Cal Expansion as of July 2016	
District	**Representative**	**Total Enrollees** June 2016	***Enrollees with Subsidies*** *June 2016*	**Total Enrollees Ever Served**	***Total Adult Expansion*** *(Estimate)*	**Total Enrollees Receiving Direct Assistance from ACA****
20	Panetta [D]	27,570	*24,814*	55,086	*65,000*	89,814
21	Valadao [R]	12,840	*12,351*	27,937	*99,000*	111,351
22	Nunes [R]	19,306	*18,070*	37,722	*68,000*	86,070
23	McCarthy [R]	15,742	*14,579*	32,025	*67,000*	81,579
24	Carbajal [D]	29,730	*27,001*	54,107	*52,000*	79,001
25	Knight [R]	20,820	*18,369*	42,661	*58,000*	76,369
26	Brownley [D]	29,029	*26,393*	54,483	*59,000*	85,393
27	Chu [D]	42,005	*37,900*	79,054	*70,000*	107,900
28	Schiff [D]	38,091	*31,469*	73,453	*68,000*	99,469
29	Cárdenas [D]	22,830	*20,856*	46,031	*107,000*	127,856
30	Sherman [D]	35,104	*30,099*	68,813	*55,000*	85,099
31	Aguilar [D]	18,870	*17,015*	37,120	*83,000*	100,015
32	Napolitano [D]	26,709	*24,888*	53,083	*76,000*	100,888
33	Lieu [D]	30,749	*23,286*	60,057	*24,000*	47,286
34	Becerra [D]	23,274	*20,672*	46,157	*107,000*	127,672
35	Torres [D]	23,071	*21,709*	45,464	*83,000*	104,709
36	Ruiz [D]	22,332	*20,286*	42,431	*81,000*	101,286
37	Bass [D]	24,283	*20,106*	49,749	*74,000*	94,106
38	Sánchez [D]	21,886	*20,052*	44,405	*65,000*	85,052
39	Royce [R]	37,723	*34,331*	69,242	*51,000*	85,331
40	Roybal-Allard [D]	15,527	*14,659*	31,977	*119,000*	133,659
41	Takano [D]	18,403	*17,034*	37,114	*79,000*	96,034
42	Calvert [R]	25,724	*22,757*	50,651	*56,000*	78,757
43	Waters [D]	20,590	*18,422*	42,024	*87,000*	105,422
44	Barragán [D]	15,913	*14,956*	33,674	*104,000*	118,956
45	Walters [R]	33,881	*29,039*	65,090	*37,000*	66,039
46	Correa [D]	21,914	*20,559*	46,233	*92,000*	112,559
47	Lowenthal [D]	24,866	*22,223*	51,114	*76,000*	98,223
48	Rohrabacher [R]	34,527	*29,899*	67,033	*47,000*	76,899
49	Issa [R]	31,814	*26,643*	61,627	*38,000*	64,643
50	Hunter [R]	26,875	*23,893*	52,392	*63,000*	86,893
51	Vargas [D]	26,284	*25,435*	50,078	*95,000*	120,435
52	Peters [D]	29,235	*24,015*	58,033	*31,000*	55,015
53	Davis [D]	27,177	*23,846*	55,316	*57,000*	80,846

**Total Enrollees Receiving Direct Financial Assistance from ACA are the CoveredCA Enrollees with Subsidies and Medi-Cal Adult Expansion Enrollees.

Source: Zip code data from Covered California, Covered California June 2016 Active Member Profile

Source: UC Berkeley Labor Center, Medi-Cal Adult Expansion Population Estimates

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California's Health Consumer Advocacy Coalition

FACT SHEET

Our Health Care at Risk:

Medicare, Medicaid, and the Affordable Care Act

Updated January 13, 2017

The election of Donald Trump, along with Republican control of both houses of Congress, threatens health coverage for millions of Americans and the progress we've made in the last half-century with the enactment of Medicaid, Medicare, and the Affordable Care Act (ACA).

Dramatic rollbacks in health care and coverage are at the top of the agenda of both President-elect Trump and Speaker Paul Ryan, who has re-committed to his longstanding plan to cut Medicaid and Medicare. Many of those changes, as well as repeal of many (but not all) elements of the Affordable Care Act, could be passed through budget reconciliation, which only requires 51 votes in the Senate, a majority vote of the House, and the President's signature.

At Risk: Medicaid Safety-Net Coverage

Medicaid (called Medi-Cal in California) provides coverage to over 14 million Californians[1], over 1/3 of the state, including a majority of our children, 2/3 of nursing home residents, and many other families and individuals living in poverty.[2] Medi-Cal is a lifeline for those who otherwise don't have access to health care and provides a safety-net for any one of us who may suddenly lose a job or income.

- Speaker Ryan's "Better Way" proposal would **undo Medicaid's matching guarantee** to California, and cap the money going to states. States would be forced to choose between taking Medicaid funds either as a block grant or a per-capita cap, neither of which provide sufficient funding to cover California's ongoing needs.
- The GOP Congress also seeks (passing last year in a 51-vote Senate reconciliation bill) to **repeal the Medicaid expansion under the ACA**, which will provide $17.3 billion to California in the 2017-2018 budget[3] year and would eliminate coverage to over 4.1 million Californians.
- National estimates forecast the Ryan proposal will **cut Medicaid funding by a third to half in ten years – tens of billions of dollars – endangering coverage for millions more Californians**,[4] as well as forcing further funding reductions for hospitals and other health providers.
- Medicaid cuts of this magnitude would endanger the safety net of hospitals and the health providers we all rely on. A repeal would cost California's economy $20.3 billion in GDP and lead to 209,000 job losses – 135,000 of which are in the health care industry.[5]

At Risk: Financial Assistance to Buy Private Coverage in Covered California

- **Over 90% of the 1.4 million Californians who buy coverage through Covered California get financial assistance** (tax credits) so the health premium is not more than a percentage of their income (on a sliding scale up to 9.5%). Some Covered California enrollees also get subsidies to reduce deductibles and other cost-sharing.
- **The over $5 billion**[6] **in financial assistance and subsidies to California families** is targeted for repeal—the 51-vote GOP reconciliation bill last year phased them out after two to three years.
- The loss of tax credits will directly increase the cost of health coverage – by hundreds or thousands of dollars – for a million Californians. The resulting loss of coverage would leave a smaller and sicker risk pool in the individual insurance market, **spiking the price of health premiums market-wide**.

- One proposed replacement, funding for Health Savings Accounts, would be inadequate to make private coverage affordable, especially for low- and moderate-income Americans.
- Another proposed replacement, refundable tax credits, would mean consumers pay premiums first and then get tax refunds later, requiring consumers to front thousands of dollars in premiums and copays they cannot afford.

At Risk: Patient Protections Including No Denials & Rate Hikes for Pre-Existing Conditions

- The Affordable Care Act put in place **key consumer protections against insurance company abuses that benefit all patients**, most notably by prohibiting health plans from denying (or charging more to) patients with pre-existing conditions. This also includes requirements that insurers cover essential benefits, eliminate annual or lifetime caps, limit out-of-pocket costs, meet actuarial value requirements, not charge women differently than men, and limit differential premiums based on age.
- The GOP Congress has sought to repeal these protections in various 60-vote repeal bills. While these patient protections cannot be repealed under 51-vote budget reconciliation, President-elect Trump could nonetheless hinder these protections through administrative actions. These actions could include granting waivers that void some guidelines, simply not implementing or enforcing some rules, or allowing legal challenges to stand.
- In addition, President-elect Trump has highlighted his proposal to **pre-empt state patient protections** by allowing out-of-state insurers to sell across state lines and avoid California's strong consumer protections. They include coverage of medically necessary care, standards on timely access to care, network adequacy, language access, and the right to appeal denials of care.

At Risk: The Guarantee of Medicare

- **Medicare covers 5.6 million California seniors and people with disabilities.**[7]
- Full repeal of the Affordable Care Act would **roll back the improvements in prescription drug coverage** (which closed the so-called "donut hole") and undo some cost-saving measures that have increased the sustainability of Medicare.
- Speaker Paul Ryan has long advocated to **privatize Medicare into a "premium support" voucher program**, where Medicare beneficiaries would be given a set amount of money to help purchase (but not necessarily fully pay for) private plans. President-elect Trump has made similar references to "modernizing Medicare."

California Congressional Representatives must be clear-eyed about the real life-and-death impact of any proposal they vote on—including these changes to Medicaid, Medicare, and the Affordable Care Act that would leave millions more Californians uninsured, living sicker, dying younger, and being one emergency away from financial ruin. Members of Congress must be accountable for the health and financial consequences to California families and communities.

[1] DHCS, 2017-2018 Governor's Budget Highlights, January 2017.
[2] DHCS Research and Analytic Studies Division, Medi-Cal Monthly Enrollment Fast Facts, July 2016.
[3] DHCS, 2017-2018 Governor's Budget Highlights, January 2017.
[4] Center on Budget and Policy Priorities, Per Capita Caps or Block Grants would lead to Large and Growing Cuts in State Medicaid Programs, June 2016.
[5] UC Berkeley Labor Center, California's Projected Economic Losses Under ACA Repeal, December 2016.
[6] Covered California, March 2016 Active Member Profile Federal Advanced Premium Tax Credits amounted to approximately $4.4 billion, annually and Federal Cost Sharing Subsidies amounted to approximately $600 million.
[7] Kaiser Family Foundation, Total Number of Medicare Beneficiaries 2015.

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Governor's #CABudget Continues CA's Commitment to Medi-Cal–While Congressional Cuts Loom

On January 10, 2017, Governor Jerry Brown released his proposed 2017-18 Budget of about $125 billion, which includes continued support for the Medi-Cal program which 14.3 million Californians rely on.

POTENTIAL CONGRESSIONAL CUTS:

Potential federal cuts loom for Medi-Cal, which is budgeted for $102.6 billion in 2017-18, including $19.6 billion from the general fund, and $66.8 from federal funds that are threatened by Congressional proposals to repeal the Affordable Care Act, and to cap Medicaid funding through block grants or per-capita caps. We should all be concerned with Congress' rush to repeal coverage without any replacement in place–not just for the 4.1 million people in Medi-Cal, but for the health system and the state as a whole.

The U.S. Senate is expected to vote on budget resolutions to end health coverage and financial assistance to over five million Californians through a simple majority repeal vote of the Affordable Care Act. The ACA repeal, if in effect for 2017-18, would result in a cut of $17.3 billion to Medi-Cal and the state budget (more than what the state budget spends on all of higher education), as well as another $5 billion for the financial assistance provided through Covered California to help families afford health insurance. Medicaid per-capita caps or block grants would further cut Medi-Cal by an additional tens of billions of dollars.

OTHER HEALTH BUDGET ITEMS:

Despite the threat of Congressional cuts, the Governor's proposed budget includes no major cuts to Medi-Cal, but also not the investments that Californians might have expected after voting for three different ballot measures to support Medi-Cal. We expect there will be a vigorous conversation this year about not just defending Medi-Cal, but also making targeted improvements, in areas from dental care to women's health. Other notable items in the health budget include:

* The budget includes continued funding for **#Health4AllKids**, which provides full-scope Medi-Cal to all income-eligible children regardless of immigration status, with a projected enrollment of 185,000 children.

* Resources are budgeted from **Proposition 56**, passed by California voters in November to increase the tobacco tax and raises at least $1.3 billion a year. Medi-Cal is booked to receive 82% of the revenue, transferred to the Healthcare Treatment Fund to support new growth in Medi-Cal expenditures. No augmentations to benefits, rates, or programs are proposed in the Governor's budget.

* The budget proposes to end the **Major Risk Medical Insurance Fund,** which provides assistance to individuals with pre-existing conditions remaining in this high-risk pool and transfer the money to another fund to support their coverage and expenses. Although the ACA's prohibition against denying coverage to people with preexisting conditions has largely eliminated the need for high-risk pools, advocates will look to see if this program should be continued if Congress repeals the ACA.

***** The Governor's budget proposes implementation of the **Newly Qualified Immigrant (NQI) Benefits and Affordability Program Wrap** in 2018. The NQI wrap was envisioned to save the state general fund money by moving newly-qualified immigrants from Medi-Cal to Covered California and providing Medi-Cal wraparound services for benefits that are not available through Covered California plans. The new proposal would expand the population from roughly 60,000 to 120,000 who would be shifted into Covered California with this "wrap." Health consumer and immigrant advocates have expressed strong concerns about the NQI wrap because of the enrollment and benefit complications that are likely to arise.

***** As part of the **Implementation of Medi-Cal Managed Care Regulations,** the proposed budget includes $4.5 million to continue implementation of the federal regulations, which address, among other things, provider network adequacy.

***** The Governor's budget proposes to end some aspects of the **Coordinated Care Initiative (CCI)**, specifically detaching in-home support services (IHSS) from CCI. Key elements of the CCI will continue, including CalMediConnect and mandatory enrollment of dual eligible, and integration of long term support services LTSS (minus IHSS) into managed care.

* The budget also assumes the renewal of the federal **Children's Health Insurance Program (CHIP)**, a key funding stream for many children in Medi-Cal (former the Healthy Families program before it was folded in). CHIP is now set to expire in September 2017. The budget assumes renewal, but at a non-enhanced federal share of 65%–thus costing the general fund $536.1 million–a middle budgeting position between no renewal at all, or a renewal at a higher federal share set by the ACA at 88%.

We anticipate changes to the fiscal landscape and Congressional actions will change between now and the Governor's May Revision.

http://khn.org/news/health-law-sleepers-six-surprising-health-items-that-could-disappear-with-aca-repeal/

Health Law Sleepers: Six Surprising Health Items That Could Disappear With ACA Repeal

By **Julie Appleby** and **Mary Agnes Carey** January 12, 2017

Among the health law's lesser known provisions: Employers are now required to provide women break time to express milk for up to a year after giving birth. (Heidi de Marco/KHN)

The Affordable Care Act of course affected premiums and insurance purchasing. It guaranteed people with pre-existing conditions could buy health coverage and allowed children to stay on parents' plans until age 26. But the roughly 2,000-page bill also included a host of other provisions that affect the health-related choices of nearly every American.

Some of these measures are evident every day. Some enjoy broad support, even though people often don't always realize they spring from the statute.

In other words, the outcome of the repeal-and-replace debate could affect more than you might think, depending on exactly how the GOP congressional majority pursues its goal to do away with Obamacare.

No one knows how far the effort will reach, but here's a sampling of sleeper provisions that could land on the cutting-room floor:

CALORIE COUNTS AT RESTAURANTS AND FAST FOOD CHAINS

Feeling hungry? The law tries to give you more information about what that burger or muffin will cost you in terms of calories, part of an effort to combat the ongoing obesity epidemic. Under the ACA, most restaurants and fast food chains with at least 20 stores must post calorie counts of their menu items. Several states, including New York, already had similar rules before the law. Although there was some pushback, the rule had industry support, possibly because posting calories was seen as less onerous than such things as taxes on sugary foods or beverages. The final rule went into effect in December after a one-year delay. One thing that is still unclear: Does simply seeing that a particular muffin has more than 400 calories cause consumers to choose carrot sticks instead? Results are mixed. One large meta-analysis done before the law went into effect didn't show a significant reduction in calorie consumption, although the authors concluded that menu labeling is "a relatively low-cost education strategy that may lead consumers to purchase slightly fewer calories."

PRIVACY PLEASE: WORKPLACE REQUIREMENTS FOR BREAST-FEEDING ROOMS

Breast feeding, but going back to work? The law requires employers to provide women break time to express milk for up to a year after giving birth and provide someplace — other than a bathroom — to do so in private. In addition, most health plans must offer breastfeeding support and equipment, such as pumps, without a patient co-payment.

LIMITS ON SURPRISE MEDICAL COSTS FROM HOSPITAL EMERGENCY ROOM VISITS

If you find yourself in an emergency room, short on cash, uninsured or not sure if your insurance covers costs at that hospital, the law provides some limited assistance. If you are in a hospital that is not part of your insurer's network, the Affordable Care Act requires all health plans to charge consumers the same co-payments or co-insurance for out-of-network emergency care as they do for hospitals within their networks. Still, the hospital could "balance bill" you for its costs — including ER care — that exceed what your insurer reimburses it.

If it's a non-profit hospital — and about 78 percent of all hospitals are — the law requires it to post online a written financial assistance policy, spelling out whether it offers free or discounted care and the eligibility requirements for such programs. While not prescribing any particular set of eligibility requirements, the law requires hospitals to charge lower rates to patients who are eligible for their financial assistance programs. That's compared with their gross charges, also known as chargemaster rates.

NONPROFIT HOSPITALS' COMMUNITY HEALTH ASSESSMENTS

The health law also requires non-profit hospitals to justify the billions of dollars in tax exemptions they receive by demonstrating how they go about trying to improve the health of the community around them.

Every three years, these hospitals have to perform a community needs assessment for the area the hospital serves. They also have to develop — and update annually — strategies to meet these needs. The hospitals then must provide documentation as part of their annual reporting to the Internal Revenue Service. Failure to comply could leave them liable for a $50,000 penalty.

A WOMAN'S RIGHT TO CHOOSE … HER OB/GYN

Most insurance plans must allow women to seek care from an obstetrician/gynecologist without having to get a referral from a primary care physician. While the majority of states already had such protections in place, those laws did not apply to self-insured plans, which are often offered by large employers. The health law extended the rules to all new plans. Proponents say direct access makes it easier for women to seek not only reproductive health care, but also related screenings for such things as high blood pressure or cholesterol.

AND WHAT ABOUT THOSE THERAPY COVERAGE ASSURANCES FOR FAMILIES WHO HAVE KIDS WITH AUTISM?

Advocates for children with autism and people with degenerative diseases argued that many insurance plans did not provide care their families needed. That's because insurers would cover rehabilitation to help people regain functions they had lost, such as walking again after a stroke, but not care needed to either gain functions patients never had, such speech therapy for a child who never learned how to talk, or to maintain a patient's current level of function. The law requires plans to offer coverage for such treatments, dubbed habilitative care, as part of the essential health benefits in plans sold to individuals and small groups.

January 5, 2017

Dear Members of the California Congressional Delegation:

Our organizations are very concerned about proposals that would throw California's health system into chaos, removing the guarantees provided to us by Medicare, Medicaid, and the Affordable Care Act. We urge you to invest in and improve our health system, and not pursue efforts to repeal the Affordable Care Act, cap the Medicaid program through a block grant or per capita cap, and privatize Medicare. Such proposals would cause millions of Californians to lose their health coverage, cut billions of federal dollars that flow to California, and ultimately lead to increased health costs for everyone.

Our state cannot return to the days when nearly one out of every five Californians was uninsured and when insurance companies could deny coverage to the sick and kick people off insurance if they ran up big bills. Californians should not be forced to live sicker, die younger, and be one emergency room visit away from financial ruin.

The Affordable Care Act should not be repealed, especially not without a clear replacement that ensures every Californian who has benefitted from health reform will keep the financial assistance, benefits, and consumer protections they currently count on to meet their health care needs. We absolutely cannot allow health coverage for millions of Californians to be left in limbo if it is repealed without any replacement in place.

California has made enormous progress in the last five years, improving the health care system on which we all rely. We ask you to help protect the important gains our state has made:

- California has reduced the uninsured rate from nearly 19 percent in 2010 to 8.6 percent in 2015—the biggest drop of any state in the nation over the last three years. There are now 3.5 million more Californians with health insurance.[1]

- Up to 16 million Californians with pre-existing conditions like cancer, asthma, and diabetes can no longer be denied or charged more for health insurance.[2]

- All health plans, including Medicare and private insurance, are required to cover preventive services at no cost – like contraception, recommended cancer screenings, and vaccines.

- Over 12 million Californians, including people with employer coverage, no longer face lifetime caps on their benefits that effectively cut off coverage for the sickest individuals when they needed it the most, exposing people with the worst conditions like cancer to bankruptcy and home foreclosure.[3]

- Medi-Cal (Medicaid) has been strengthened and improved. It now provides quality affordable health coverage to nearly 14 million Californians, including hard-working adults, the elderly, children, and people with disabilities. Medi-Cal provides coverage to 1-in-3 adults and half of California's children. Over 3 million Californians have gained coverage through the Medicaid expansion.[4]

- Over 90% of the 1.3 million Californians who buy coverage through Covered California get federal financial assistance to better afford private insurance.[5]

California could not have made these gains without critical federal dollars. All of these federal dollars flow to doctors, hospitals, clinics, and other health care providers across the state creating jobs, boosting local economies and supporting vital health care services for millions of Californians.

- Our Medi-Cal program gets nearly $16 billion under the recent Medicaid expansion, which helps cover over 3.6 million low-income California parents and childless adults.[6]
- Our health system and economy also depends on the nearly $5 billion in federal premium and cost-sharing subsidies for the 1.3 million consumers who buy coverage through Covered California.[7]
- California can lose additional billions of federal dollars, reducing current federal funding from $60 billion to $30-$40 billion if proposals to cut Medicaid funding through block grants or per capita caps become a reality, placing millions of low-income Californians at risk of losing part or all of their health coverage.[8]
- California cannot make up these cuts with state money: our entire General Fund budget for 2016-17 is $125 billion. There is no way we can replace tens of billions of dollars in federal cuts, and the loss of federal dollars would result in millions of Californians losing their coverage.

Finally, Medicare provides coverage for over 5 million California seniors and people with disabilities.[9] Repealing the ACA would roll back the improvements in prescription drug coverage and undo cost-saving measures that have increased the program's sustainability. Furthermore, Medicare beneficiaries will lose the ability to access preventative services with no deductible or co-pay, which will increase barriers to detecting and treating health problems early.

The health and lives of millions of Californians are at stake. We ask you to uphold the significant gains that have been made and ensure that any action taken by Congress safeguards the coverage, benefits, consumer and financial protections that the people of California currently enjoy.

Sincerely,

1. Access Support Network - San Luis Obispo, Monterey and San Benito Counties
2. ACLU - California
3. ACT for Women and Girls
4. Advancement Project
5. AFSCME
6. Alameda County Community Food Bank
7. Alliance of Californians for Community Empowerment
8. Alzheimer's Greater Los Angeles
9. Americans for Democratic Action
10. American Nurses Association - California
11. APLA Health
12. Asian Americans Advancing Justice - LA
13. Asian and Pacific Islander American Health Forum
14. Black Wellness Council
15. California Alliance for Retired Americans
16. California Association of Food Banks
17. California Coverage and Health Initiatives

18. CaliforniaHealth+ Advocates
19. California Health Professional Student Alliance
20. California Hepatitis Alliance
21. California Labor Federation
22. California Latinas for Reproductive Justice
23. California Immigrant Policy Center
24. California Pan Ethnic Health Network
25. California Partnership
26. California Partnership to End Domestic Violence
27. California Physicians Alliance
28. California School Employees Association
29. California Association of Public Authorities for IHSS
30. Cares Community Health
31. Children's Defense Fund - California
32. Children NOW
33. The Children's Partnership
34. Community Clinic Association of Los Angeles County
35. Community Health Councils
36. Community Health Initiative - Napa County
37. Community Health Initiative - Orange County
38. Community Health Initiative – Kern County
39. Community Health Partnership
40. Community Resources for Independent Living
41. Congress of California Seniors
42. Consumers Union
43. Contra Costa Community Clinic Consortium
44. Contra Costa Organizing for Action
45. Doctors For America – California
46. Essential Access Health
47. Equality California
48. Father's and Families of San Joaquin
49. Greenlining Institute
50. Health Access California
51. HealthRIGHT 360
52. Hepatitis C Support Project
53. IATSE Local 706
54. IATSE Local 871
55. Jewish Family Services LA
56. Justice in Aging
57. Korean Community Center of the East Bay
58. Lifelong Medical Care
59. LGBT Health and Human Services Network of California
60. Los Angeles LGBT Center
61. Lutheran Office of Public Policy - California

62. Maternal and Child Health Access
63. Mi Familia Vota
64. Mixteco Indigena Community Organizing Project
65. National Association of Social Workers
66. National Health Law Program
67. National Immigration Law Center
68. PICO CA
69. Planned Parenthood Affiliates of California
70. Positive Women's Network USA
71. Project Inform
72. Public Health Advocates
73. Sacramento LGBT Community Center
74. San Francisco Aids Foundation
75. SEIU California
76. Senior Services Coalition of Alameda County
77. Social Good Solutions
78. St. Anthony's San Francisco
79. United Domestic Workers/ AFSCME Local 3930
80. Vision y Compromiso
81. Voices for Progress
82. Western Center on Law and Poverty
83. Women's Health Specialists of California
84. Young Invincibles

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[1] New Census Numbers Show That Health Care Reform Continues to Work in California. California Budget and Policy Center. http://calbudgetcenter.org/blog/new-census-numbers-show-health-care-reform-continues-work-california (September 14, 2016).
[2] 5 Years Later: How the Affordable Care Act is Working for California. U.S. Department of Health and Human Services. http://www.hhs.gov/healthcare/facts-and-features/state-by-state/how-aca-is-working-for-california/index.html
[3] Id.
[4] Ibid., 1.
[5] Covered California, March 2016 Active Member Profile. Available at: http://hbex.coveredca.com/data-research/library/active-member-profiles/CC_Membership_Profile_2016_03.xlsx
[6] Ibid., 1.
[7] Ibid., 5.
[8] According to the Center on Budget and Policy Priorities, block grants or per capita cap proposals would result in overall federal funding to state Medicaid programs to be cut about one-third to one-half by 2026.
[9] CMS Medicare Enrollment Dashboard, available at: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/Medicare-Enrollment/Enrollment%20Dashboard.html

HEALTH ACCESS
California's Health Consumer Advocacy Coalition

FACT SHEET

Our Medi-Cal at Risk

Federal Proposals Would Cut Billions from Medi-Cal and Eliminate Coverage for Millions of Californians

Updated January 13, 2017

For 50 years, Medi-Cal, California's Medicaid program, has been a vital lifeline for millions of Californians and a core pillar of the health system on which we all rely. Proposals from the President-elect and Congress would threaten the health coverage that children, working adults, low-income families, senior citizens, and people with disabilities receive from Medi-Cal. This fact sheet assesses the impact of various proposals on California, based on the information available and our best assessment at this time.

Medi-Cal is Important to California's Health and Economy

Medi-Cal provides coverage for health care services to **over 14 million Californians**[1] and provides an important safety-net for all of us when we are incapacitated or in between jobs.

- Over one-third of the state's population and 60% of all California children are covered by Medi-Cal.
- Medi-Cal covers 50% of all state births and two-thirds of all nursing home residents.[5] Medi-Cal also covers more than 4.6 million low-income working adults, both working parents and adults without children under age 18 at home.
- **Most hospitals and other major health providers rely on Medi-Cal** as a major funding stream, especially in areas where Medi-Cal covers one-third to one-half of the population, including the Central Valley, the rural north, and much of Southern California.
- California will receive $66.8 billion in federal funding for the $100 billion Medi-Cal program for the budget year 2017-2018, and will face to lose **$17.3 billion under ACA repeal. Other funding cap proposals could result in the state losing even more funds, amounting to more than half of its federal funding.** Such reductions would force severe cuts to Medi-Cal enrollment and benefits.
- In contrast, the state's General Fund budget is **$125 billion**[6]. Replacing lost federal funds would require a 20%-25% state tax increase, or deep cuts to general fund spending for K-12 and higher education, corrections, human services, transportation, and environmental protection, or all of the above.
- A repeal would have severe economic impacts for California and could cost the state's economy **$20.3 billion in GDP and lead to 209,000 job losses** – 135,000 of which are in the health care industry.[7]

COUNTY	% OF POPULATION IN MEDI-CAL[2]	ESTIMATED JOB LOSSES[3]	PROJECTED ECONOMIC LOSSES[4]
Fresno	50%	6,000	$516 million
Imperial	51%	n/a	n/a
Kern	45%	5,000	$359 million
Los Angeles	40%	63,000	$53 billion
Madera	45%	700	$56 million
Merced	51%	2,000	$129 million
San Bernardino	41%	n/a	n/a
San Joaquin	41%	4,000	$324 million
Tulare	55%	3,000	$193 million

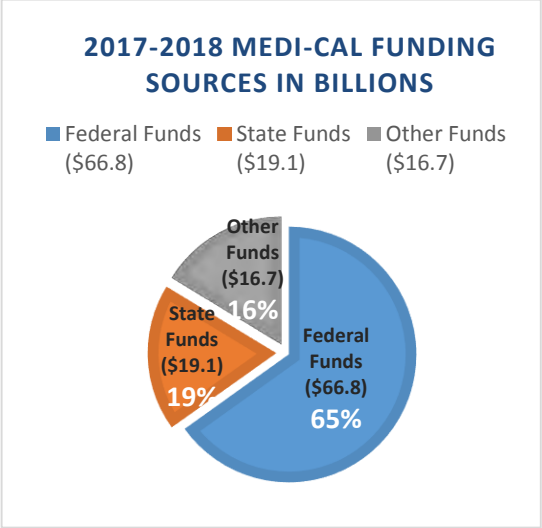
Repealing the ACA Medicaid Expansion Would Cost California Over $16 Billion

The Medicaid expansion allowed over 4.1 million low-income parents and childless adults to become enrolled for Medi-Cal. The federal government currently pays for 95% of this expansion and under the ACA has committed to

covering no less than 90% of the cost starting in 2020. California received **$16 billion[8] in federal funds for the Medicaid Expansion** in the 2016-17 budget year.

- Repeal of the Medicaid expansion would force drastic state budget cuts in health care and/or other state programs. It would also force dramatic funding reductions for the hospitals and health providers we all rely on.
- In January 2017, GOP leaders plan to pass a "budget reconciliation" package (which requires only 51 Senate votes instead of the standard 60) in order to repeal large components of the ACA with a two-year delay in implementation, with no replacement plan.

Proposals to Cap Medicaid Would Cut Billions More and Eliminate Coverage Guarantees



Speaker Paul Ryan's "Better Way" proposal would **undo Medicaid's federal matching guarantee** to California and other states. Right now, the federal and state governments share the cost of providing health care to those on Medicaid. In general, for every dollar California spends, the federal government matches with another dollar. Under this proposal, the funding guarantee would be eliminated.

Within 10 years, the Ryan proposal would reduce the federal match for the expansion population and cut the remaining funding to states by one-third to one-half.[9] In California, that would result in a cut of $25-$33 billion in an over $100 billion Medi-Cal program.[10] The Ryan proposal would cap the money that states receive for Medicaid by forcing states to choose between a block grant and a per-capita cap. A block grant or per capita cap would likely **eliminate the Medicaid entitlement**, which guarantees a right to health care for everyone who is eligible and applies for coverage. The Ryan proposal would also **eliminate numerous protections** in federal law that ensure consumers get the care they need.

Block grants and per capita caps are simply different ways to limit federal Medicaid funding to states:

- Under a block grant, the state would receive a set amount from the federal government and would be responsible for all costs beyond that amount. **Under the Ryan proposal, a block grant would give the state a third less federal funding than would be given under the current system.** Federal funding would not be adjusted if enrollment or health care costs increase.
- A per-capita cap would limit the funding available per enrollee, which would be adjusted only for general inflation (health care costs rise quicker than the general inflation rate). States would be responsible for all costs that exceed the per-capita cap, including those arise from increased health care costs, an aging population, public health emergencies, natural disasters, or any other reason. Under the Ryan proposal, a per-capita cap would cut overall federal funding in half by limiting the funding available per enrollee.
- Either option would result in the state losing tens of billions of federal dollars for Medi-Cal. In the context of $125 General Fund state budget, backfilling cuts of this magnitude is unlikely.

Medi-Cal Already Faced Tough Cuts Before These New Proposals

Medi-Cal is already an efficient program, with a low per-capita cost (compared to commercial insurance), and little room to squeeze. As a result, these federal proposals would force major cuts to eligibility, benefits, and access to providers. During the Great Recession, California made significant cuts to health, education, and other services. Major cuts were made to an already underfunded Medi-Cal:

- California reduced Medi-Cal provider reimbursement rates by 10 percent across-the-board. Medi-Cal's provider reimbursement rates were already among the lowest in the nation, even before the 10 percent cut.

As a result, fewer doctors, specialists, and other providers choose to serve Medi-Cal patients, leading to treatment delays and lack of access to care.

- The state also **eliminated important benefits**, including adult dental services, chiropractic services, optician/optical laboratory services, optometry, podiatry, and speech and audiology services. (Adult dental was only partially restored in 2013; acupuncture was restored in 2016).

Privatizing Medicare Would Also Shift Costs to States, Shift More Costs to Medi-Cal

Speaker Paul Ryan's "Better Way" proposal would also privatize Medicare, which would end traditional Medicare and shift it to a voucher program, wherein seniors would use that voucher to buy private health plans. **The vouchers would only cover some of the costs, forcing seniors to make up the difference with their own limited funds.** This proposal saves the federal government money because it shifts the cost of health care to seniors, and to the states. Of the over five million California seniors who receive coverage through Medicare, more than one million of them have incomes low enough to be "dual-eligibles" who are enrolled in both Medicare and Medi-Cal. Medi-Cal fills in the gaps of cost-sharing and benefits for low-income seniors. By covering what Medicare does not, **California would face increased costs because of Medicare privatization.**

Proposed Cuts Will Have Deep Impact on California's Health and Economy

Repealing the Medicaid expansion, capping the program through block grants or per capita caps, and privatizing Medicare—would cut tens of billions of dollars from California's $90 billion Medi-Cal program, would force catastrophic budget cuts and eliminate health for millions of Californians.

- Medi-Cal coverage is a crucial lifeline for **nearly 14 million Californians**, including children, parents, seniors and people with disabilities, and other working adults. Medi-Cal helps these families get the care they need, and prevent financial ruin due to emergency or ongoing medical costs.
- Medi-Cal is a major source of revenue for almost every hospital in the state. Cuts to the program undermine these hospital providers and the capacity of the health system as a whole. A repeal would have severe economic impacts and could cost the state's economy **$20.3 billion in GDP and lead to 209,000 job losses** – 135,000 of which are in the health care industry.[11]
- Studies suggest that underpayments in Medi-Cal contribute to a **"cost-shift"** or a **"hidden tax"** to private commercial insurance, where those insurers are forced to increase premiums to make up the cost difference.[12]
- $25 billion-$33 billion in cuts to Medi-Cal and California's health system would lead to economic impacts far beyond health care. This includes the loss of thousands of health care jobs (a hospital is often the largest employer in a community) to the fiscal impacts of having more uninsured people facing financial instability and living with the risk of bankruptcy, home foreclosure, and more.

Covered California Subsides for Premiums and Cost Sharing

In addition to the threats to Medi-Cal, proposals to repeal the ACA would affect the federal financial assistance Californians rely on to purchase affordable coverage:

- **More than 90% of the 1.4 million Californians** who get their health insurance through Covered California get federal assistance in paying for their premiums. Many also get financial help with lower copays, deductibles and other cost sharing. The federal financial assistance amounts to another **$4 billion to $5 billion a year** in addition to the federal funding for Medi-Cal.

[1] DHCS, 2017-2018 Governor's Budget Highlights, January 2017.
[2] California Budget & Policy Center, Medi-Cal Factsheet, November 2016.
[3] UC Berkeley Labor Center and UCLA Center for Health Policy Research, Fact Sheets: What do California Counties Stand to Lose Under ACA Repeal? January 2017.
[4] Ibid.
[5] DHCS Research and Analytic Studies Division, The Aging Population: A Medi-Cal Perspective, October 2016
[6] May Revise Budget Summary, 2016-17 Budget.
[7] UC Berkeley Labor Center, California's Projected Economic Losses Under ACA Repeal, December 2016.
[8] Governor's Enacted Budget 2015-16, Health and Human Services, pages 25-26.
[9] Center for Budget Policy and Priorities, The Congressional 2016 Budget Plan: An Alarming Vision Ryan Proposal, June 8 2016. Also, Center for Budget Policy and Priorities http://www.cbpp.org/research/health/per-capita-caps-or-block-grants-would-lead-to-large-and-growing-cuts-in-state June 22 2016.
[10] Exactly how the ACA expansion is treated varies in different proposals: this proposal uses the 2016 base year spending but first reduces the federal match from 90% to 50% and then reduces total funding for the entire Medicaid program by a third to a half.
[11] UC Berkeley Labor Center, California's Projected Economic Losses Under ACA Repeal, December 2016.
[12] Institute of Medicine, Shaping the Future for Health – Hidden Costs, Value Lost: Uninsurance in America, June 2003.

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California's Health Consumer Advocacy Coalition

FACT SHEET

SB 17 (Hernandez): Prescription Drug Price Transparency

SB 17 (Hernandez), co-sponsored by Health Access California and the California Labor Federation, will increase transparency in prescription drug pricing. As introduced, the measure includes legislative findings about rising prescription drug costs and a statement of legislative intent to increase transparency so purchasers like CalPERS and Medi-Cal as well as health plans and insurers can have the information they need to manage prescription drug costs.

Drug Companies Can Charge Whatever They Want

The cost of prescription drugs continues to skyrocket without any justification from pharmaceutical manufacturers. Consumers are facing price increases on everything from longtime generics used to treat common conditions such as diabetes, high blood pressure, and high cholesterol to new treatments for diseases such as hepatitis C. Pharmaceutical companies can increase prices whenever they want, however much they want, while consumers and purchasers have no way to know what is driving these costs and how to manage them.

Escalating Drug Prices Affect Consumers' Health and Their Pocketbooks

Consumers end up paying more when drug prices go up, in the form of higher out of pocket costs (copays, deductibles, coinsurance) as well as higher insurance premiums. When people are hit with higher drug costs, they are also more likely to skip doctor appointments, tests, or procedures, or not fill their prescriptions or take them as directed.[1]

Consumers Want Action on Drug Pricing

A 2016 Kaiser Health Foundation tracking poll found that 77% of Americans say prescription drug costs are unreasonable; 86% of Americans favor requiring drug companies to release information to the public on how they set drug prices; and 78% support limiting the amount drug companies can charge for high cost drugs for illnesses like cancer or hepatitis[2].

SB 17 will shine a light on prescription drug prices by giving purchasers, both public and private, the opportunity to adjust formularies, negotiate rebates and discounts, and take other steps to manage drug costs. SB 17 builds on the work of last year's SB 1010, which sought to make sure drug companies played by the same rules as everyone else in the health care industry in terms of cost transparency and advance notice. SB 1010 was pulled by the author after substantial amendments were imposed that would have undermined the intent of the bill.

For more information about SB 17 (Hernandez), contact:

Beth Capell, Health Access California
bcapell@jps.net or (916) 497-0760

[1] Consumer Reports Best Buy Drugs National Poll, March 2016. http://www.consumerreports.org/drugs/as-drug-prices-increase-quality-of-life-goes-down/

[2] Kaiser Health Tracking Poll. September 29th, 2016.

SB 17 (Hernandez) Legislative Findings about Prescription Drug Prices

Among the findings cited in SB 17 (as introduced December 5, 2016) are:

- Health care spending in the United States is twice the level of health care spending in other developed countries while life expectancy is often less.[3]
- Individual consumers, employers, taxpayers and other purchasers of health care services and coverage pay for this high health care spending.
- Total prescription drug costs in the United States exceeded $450 billion, or 16.7 percent of personal health care spending in 2015, up from $367 billion or 15.4% of personal health care spending in 2012[4].
- For persons under age 65, the cost of outpatient prescription drug spending amounts to 19% of the premium dollar, and that the 19% spent on outpatient drugs does not include drugs administered by a health professional such as chemotherapy or in a hospital or other health facility. Specialty drug spending rose 30.9% between 2013 and 2014[5]. Cancer drug prices doubled within the last decade, from an average of $5,000 per month to an average of $10,000 per month[6].
- The federal government found that 75% of the increase in Medicaid spending on prescription drugs between 2013 and 2104 was due to increases in price[7]. Many prescription drugs had increases in unit prices, including Ativan which increased 1,264 percent between 2014 and 2015 and five other drugs that had unit cost increases of more than 300% between 2014 and 2015[8] while from the fourth quarter of 2013 to the second quarter of 2016, Epi-Pen prices increased 15% every other quarter so that the price had increased 548% since 2007[9]. Of the 20 drugs with the highest per unit cost increases in Medicaid, nine were generic drugs and those products had increases in price ranging from 140 percent to nearly 500 percent between 2014 and 2015[10].

[3] Jeffrey Hoch, Center for Healthcare Policy and Research, University of California, Davis State Prescription Drug Prices, Joint Informational Hearing, May 10, 2016
[4] Andy Slavitt et al, CMS, Updated Medicare and Medicaid Drug Spending Dashboard, November 14, 2016
[5] Hoch, 2016
[6] Awsare, 2015
[7] Slavitt et al, 2016
[8] Slavitt et al, 2016
[9] Senate Health Informational Hearing on Mylan's EpiPen and Drug Pricing, Background Paper, September 29, 2016
[10] Slavitt et al, 2016

Register for the #Fight4OurHealth Coalition

Public Google doc:
https://docs.google.com/document/d/11qSCNErV4tcd5f8VN7duQZQlTo6yksyYmQrbO7fPvK8/edit

And information regarding tomorrow's #Fight4OurHealth Weekly Field Call:

Every Friday at 11:00 AM
(You must sign up above to get weekly call-in information)
Call in: 1-866-906-7447
Code: 9174075#

Agenda:
1 Breaking News/Update on Federal Activity/Timing of Votes
2 Calendar Updates and Upcoming Events
3 Report-Back from Regional Teams
4 Communications Report-Back
5 Messaging/Research Needs
6 Recap of District Visits/Activities
7 Other Upcoming Visits/Events
8 Other Announcements