



HEALTH ACCESS

California's Health Consumer Advocacy Coalition

Health Care Budget and Legislative Update

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Organizing Director

June 16, 2016

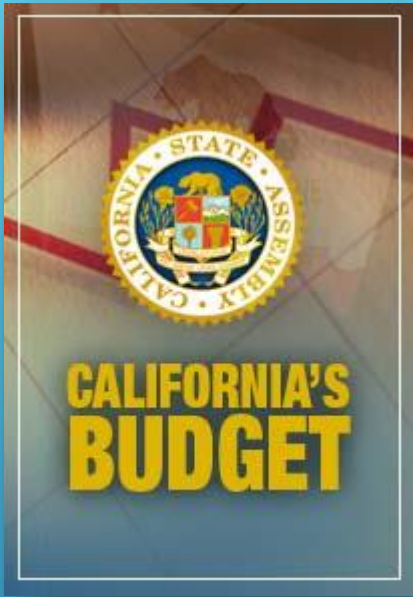
Maternal and Child Health Access Meeting

HEALTH ACCESS CALIFORNIA

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 2016 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.

www.health-access.org



STATE BUDGET:

The Legislature and the Governor have reached a budget deal!

Proposed \$122.5 billion budget now on Governor's Desk awaiting signature.

The \$122.5 billion package repeals a controversial cap on welfare payments, includes more money for higher education, raises rates for child care providers and puts an additional \$3 billion into the state's rainy-day reserve, including an optional \$2 billion shift demanded by Gov. Jerry Brown to protect against a feared economic downturn.




Kevin de León: 'Everyone's happy' with the budget 0:46

STATE LEGISLATION:

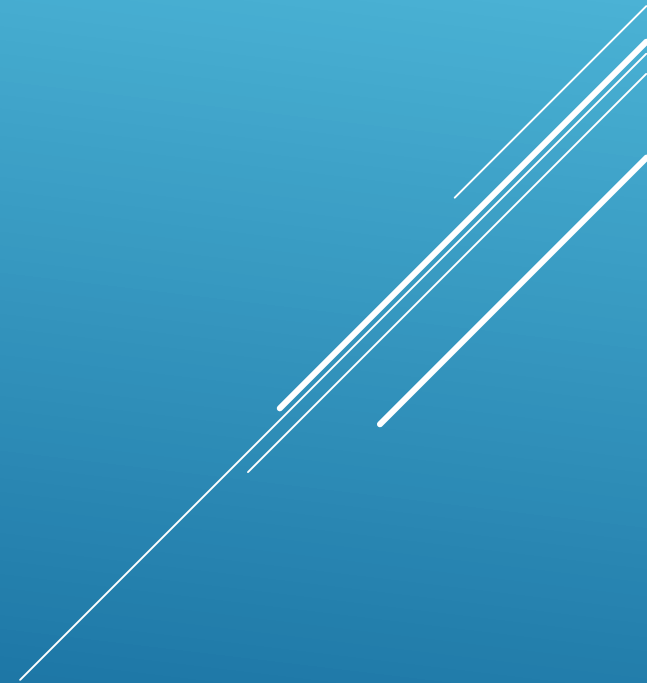
All bills either passed or failed in their House of origin. Now beginning the committee process anew in the opposite house.

Two-year bills or bills with urgency clause have a different timeline. Some were passed and some still await final votes

Key Health Care Legislative and Budget Victories in 2016

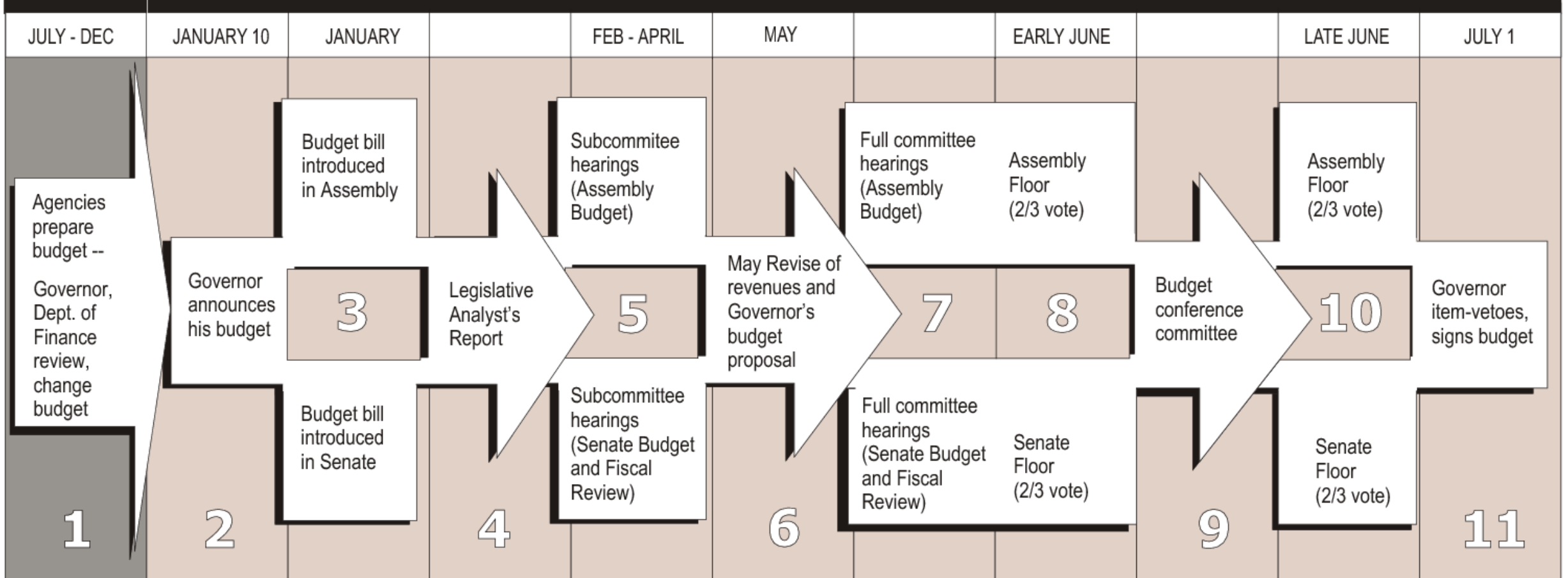
- ▶ SB 75 Health for all Kids by Senator Lara
 - ▶ SB 10 Waiver Application for Covered California by Senator Lara
 - ▶ Elimination of Maximum Family Grant Rule
 - ▶ Medi-Cal Estate Recovery to conform to Federal guidelines
 - ▶ Some Medi-Cal “optional” services restored
- 
- A decorative graphic consisting of several parallel white lines of varying lengths and orientations, located in the bottom right corner of the slide.

Positive Steps Through the State Budget



California State Budget Process

PUBLIC PROCESS



wjs/seiu afl-cio

STATUS: Awaiting Governor's Signature as of 06-16-2016

A Huge Victory for Families and Children!

REPEAL of the Maximum Family Grant Rule

The revised budget includes several limited but important investments in health and human services, including in child care, housing, and other areas.

In particular, the long-sought repeal of the Maximum Family Grant Rule in CalWORKS, a racist and punitive policy that puts families deeper into poverty.

Health Access congratulates our allies in the health and human services community for this long overdue victory!



DONE

MAXIMUM FAMILY GRANT

denies family aid to
130,000 children in 95,000
families across California.

IT'S TIME TO
#REPEALMFG

Medi-Cal Estate Recovery To Conform to Federal Guidelines

Medi-Cal Estate Recovery: The budget deal includes funds (\$26M GF) to limit Medi-Cal estate recovery to long-term care services, consistent with federal requirements. The federal government requires states to recoup certain medical costs – mostly related to nursing home care – from the estates of some Medi-Cal patients after they die.

Current California policy, however, seeks repayment beyond the federal minimum and a patient's estate is expected to pay back the value of ALL coverage, including premiums for managed care plans, received after a patient turns 55.

This policy unfairly targets older Medi-Cal recipients (higher income Covered California patients don't have to repay their subsidies), and discourages enrollment and home ownership.

Health advocates have made this a top priority and are pleased the California budget is limiting estate recovery to the minimum required by federal law, aligning California with 40 other states.

Restoration of Acupuncture Benefit in Medi-Cal

Restoration of Acupuncture Benefit in Medi-Cal:

The Conference Committee took action to allocate \$3.7 million GF in 2016-17 (and \$4.4 million ongoing) to restore the acupuncture optional benefit in the Medi-Cal program.

This is a positive step toward restoring the non-federally mandated Medi-Cal benefits that were eliminated in 2009 for fiscal, not policy reasons.



Medi-Cal Interpreters

Medi-Cal Interpreters:

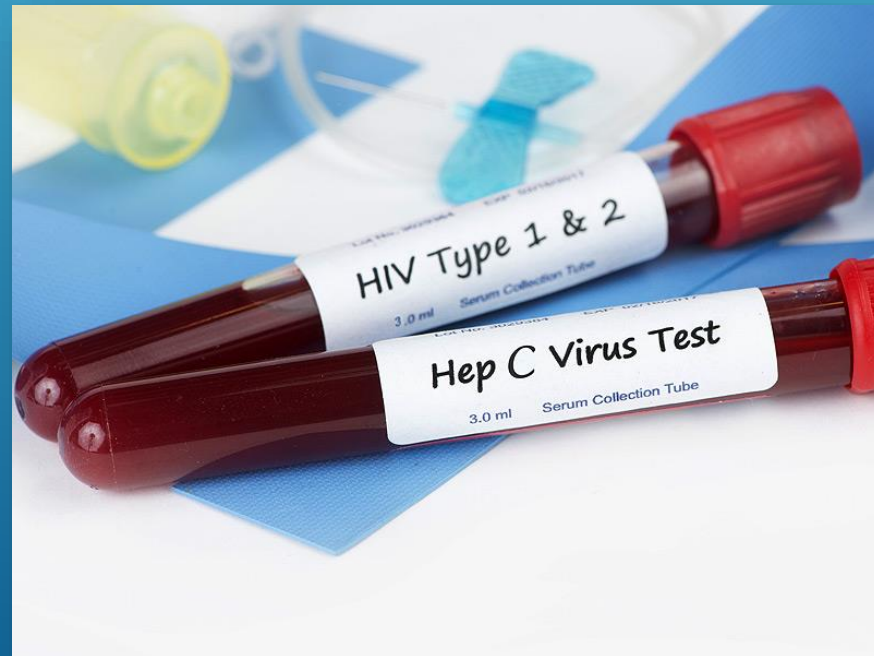
The Senate and Assembly previously approved \$15 million for in-person interpreters to assist Medi-Cal patients who do not speak English well. The Conference Committee reduced this amount to a one-time \$3M GF allocation to establish a multi-county pilot project.

These funds are contingent upon enactment of legislation authorizing the project. Both federal and state law require that all patients who need an interpreter should have access to one. About 40% of California residents regularly speak a language other than English, and many of the newly insured have language access needs. Language barriers can cause patients to be misdiagnosed, not get appropriate or timely treatment, and cause medical errors that jeopardize safety.

Hepatitis/HIV Initiatives

Hepatitis Initiatives:


The Conference Committee allocated a one-time \$1.4M GF allocation for Hepatitis Initiatives that increase Hepatitis B vaccinations for high-risk adults and provide resources for rapid Hepatitis C and HIV test kits. The Senate had provided on-going support for these initiatives.



Children's School-Based Dental Prevention

Children's Dental Disease Prevention Program (CDDPP):

Both the Assembly and Senate restored \$3.2M GF funding for CDDPP, which provided school-based oral health prevention services to 300,000 low-income school children in 32 counties for nearly three decades before it was eliminated during the recession.

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Delay of Newly Qualified Immigrant Wrap

Delay of the Newly Qualified Immigrant (NQi) Wrap:

Both houses approved the Administration's May Revision proposal to delay implementation of the NQi wrap program for one year.

The program would transition Medi-Cal expansion adults who have less than five years in a "qualified immigration status" to Covered California with wraparound services.

Advocates, including Health Access, Western Center on Law and Poverty, and California Pan Ethnic Health Network had raised concerns about the transition given its complexity and workability.

AIDS Program Assistance

Both houses acted to improve access and affordability for individuals living with HIV or AIDS by eliminating cost-sharing for individuals enrolled in the **AIDS Drug Assistance Program (ADAP)** with annual incomes between 400 and 500 percent of the Federal poverty level, making it more affordable and accessible to patients, which will result in savings to the state.

The Legislature also approved the development of a **Pre-Exposure Prophylaxis (PrEP) Affordability Program** to cover PrEP-related copays, coinsurance, and deductibles incurred by all individuals accessing PrEP in California with annual incomes below 500 percent of the federal poverty level. Finally, both houses proposed \$8.6 million (federal funds and ADAP rebate funds) for the **Office of AIDS' Health Insurance Premium Payment (OA-HIPP)** Program, which covers premiums, copays, coinsurance, and deductibles incurred by all eligible people living with HIV/AIDS in California.

Medical Residency Programs and Covered CA Emergency Regulations

The conference budget deal also includes \$33 million/year for three years for medical residency programs, including clinic-based Teaching Health Centers, to increase to primary care workforce.

Finally, the deal includes budget trailer language to allow Covered California limited authority to issue emergency regulations.

Key Health Care Accomplishments Through the Legislative Process 2016



SB 75 “Health4All Kids” by Senator Lara Became Effective May 16, 2016

Medi-Cal is available to ALL low-income children, regardless of immigration status.

In 2015, California passed a law that allows all low-income undocumented children and youth under 19 years old to enroll in full-scope Medi-Cal.

As of May 16, 2016, all low-income children, regardless of immigration status, are be able to enroll in health coverage and get care.

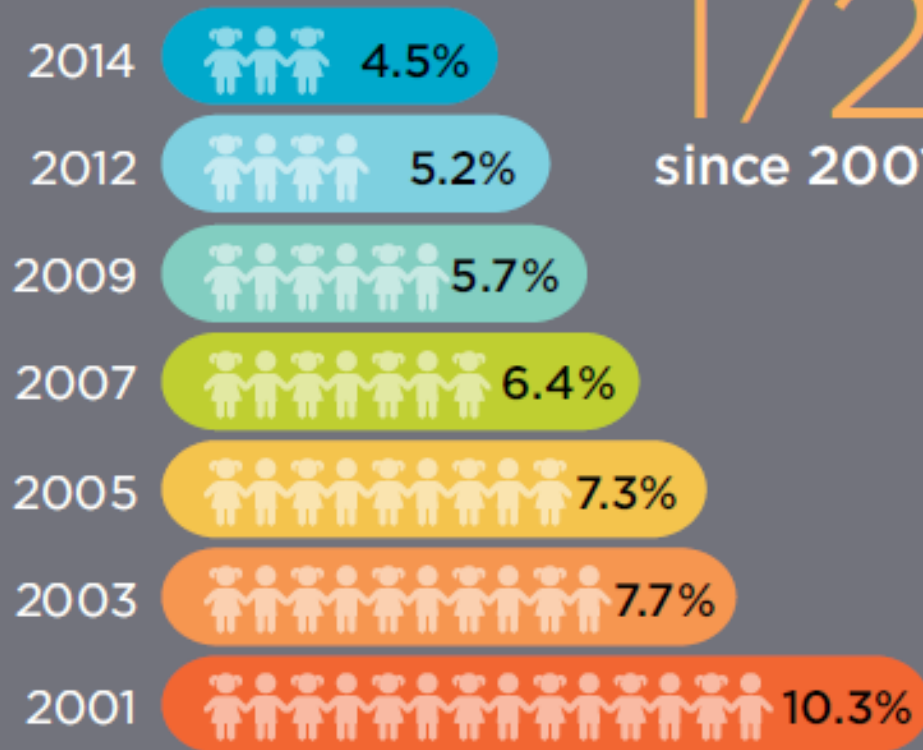
Health4All
KIDS

www.health4allkids.org



Because of Medi-Cal, California's uninsured child rate has dropped over

1/2
since 2001



Now let's finish the job!

Starting May 2016, all income-eligible children can enroll in Medi-Cal regardless of immigration status.

That means at least **260,000**

kids will have new access to Medi-Cal.



SB 10 “Waiver to Covered CA” by Senator Lara Signed by the Governor

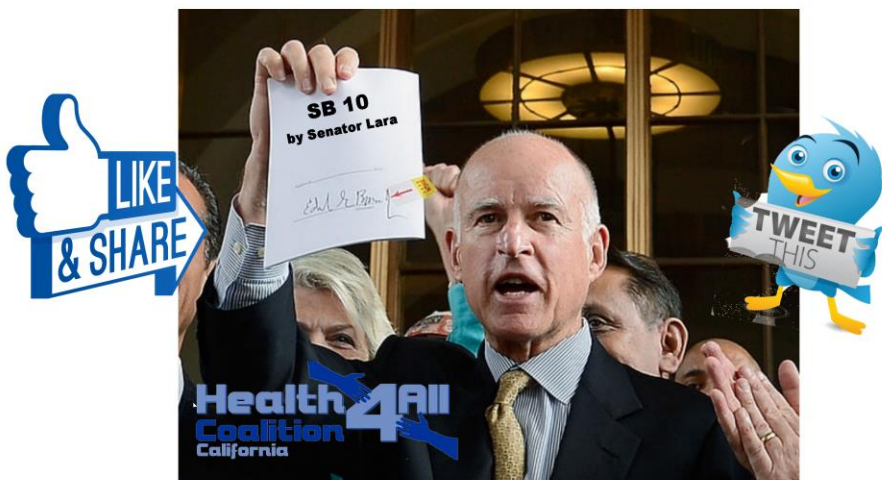
SB10 Signed! A Step Closer to #Health4All!

Last week, Governor Brown signed a bipartisan bill to remove a critical barrier to Covered California and allow all Californians to access the state health insurance marketplace, regardless of immigration status.

SB 10 (Lara) authorizes the state to apply for a federal waiver that would allow undocumented immigrants to buy unsubsidized health coverage through Covered California. Currently, undocumented immigrants are barred from using the state marketplace under the Affordable Care Act even when using their own money and instead must go directly to a broker or health plan to purchase health insurance.



Governor Jerry Brown
for signing
SB 10



Governor Brown just signed legislation that would remove an exclusion that prevents undocumented immigrants and Deferred Action for Childhood Arrivals recipients from purchasing health coverage using the state's insurance marketplace, Covered California. SB 10 by Senator Ricardo Lara now heads to the Federal Government for final approval.

Members of the Health4All Coalition, who have led statewide efforts to expand access to all Californians, applaud the Governor for taking another step towards improving access to coverage to all regardless of immigration status.

Covered California now has to finalize Waiver request and submit it to the Federal Government.

There are different timelines to be adhered to. The Federal Government has 180 days to review application.

If approved it goes to the President for passage. This could happen during the present administration or the next one.

This was a bi-partisan measure supported by Republican members of the Senate and the Assembly.

- Cannella
- Vidak
- Linder
- Baker
- Bradley



HEALTH CONSUMER BILLS FOR THE 2016 SESSION

► **Health Access Sponsored, Co-Sponsored and Priority Bills** (updated 6/13/2016)

Bill (Author)	Description	Status
AB 533 (Bonta)	Stop Surprise Bills from Out-of-Network Providers: protects patients from “surprise” bills from out-of-network providers when patients use an in-network facility. The bill would also ensure that such a consumer only has to pay in-network cost-sharing. Sponsored by Health Access and California Labor Federation. See fact sheet	Assembly Concurrence
SB 10 (Lara)	Health4All: expands health care coverage to all Californians, regardless of immigration status, by authorizing the state to apply for a federal waiver that would allow undocumented immigrants to buy coverage through Covered California using their own money. See fact sheet	Signed by Governor
SB 908 (Hernandez)	Notice of Unreasonable Rates: requires individuals and small business owners to be notified if the premium for a plan they choose is “unreasonable” or “unjustified” and be given the opportunity to find a plan with a reasonable rate. Sponsored by Health Access. See fact sheet	Assembly Health
SB 997 (Lara)	Undocumented Children Covered by Kaiser: requires the Department of Health Care Services to allow undocumented children who are currently enrolled in the Kaiser Permanente Child Health Program and who are eligible for Medi-Cal to maintain their current Kaiser coverage as they transition to full-scope Medi-Cal. Sponsored by Health Access. See fact sheet	Assembly Health
SB 1010 (Hernandez)	Transparency in Drug Prices: as amended adds detailed, publicly available information on prescription drug costs to current rate review for employers with more than 100 employees. Also provides notice of increases in prescription drug costs to state purchasers, including CalPERS, the Medi-Cal program, Corrections, and the Department of General Services. Sponsored by Health Access.	Assembly Health
SB 1135 (Monning)	Notice of Rights to Timely Access, Language Access and How to Complain: requires health plans and insurers to notify consumers and health care providers about patients’ right to timely care and language assistance.. Sponsored by Health Access. See fact sheet	Assembly Health

► Priority Bills on Medi-Cal and Covered California

Bill (Author)	Description	Status
AB 1568 (Bonta/Atkins)	1115 Waiver: implements the recently approved Medi-Cal 2020 providing California with more than \$6.2 billion in new federal funding through programs that will shift the focus away from hospital-based and inpatient care, towards outpatient, primary and preventative care.	Senate Appropriations (Hearing 6/20/2016)
AB 1696 (Holden)	Tobacco Cessation Programs: would require Medi-Cal to cover tobacco cessation services more extensively than done under current Medi-Cal policy.	Senate Health (Hearing 6/22/2016)
AB 2077 (Burke/Bonilla)	Medi-Cal Transitions to Covered California: will help facilitate transitions from those Californians whose eligibility fluctuates between Medi-Cal and Covered California because of changes in income. Sponsored by Western Center on Law and Poverty.	Senate Health (Hearing 6/22/2016)
AB 2394 (Garcia)	Medi-Cal Nonmedical Transportation: clarifies that accessible nonmedical transportation is a covered Medi-Cal benefit for beneficiaries needing roundtrip transportation to obtain covered Medi-Cal services.	Senate Health (Hearing 6/22/2016)
SB 815 (Hernandez)	1115 Waiver: implements the recently approved Medi-Cal 2020 providing California with more than \$6.2 billion in new federal funding through programs that will shift the focus away from hospital-based and inpatient care, towards outpatient, primary and preventative care.	Asm Appropriations (Hearing 6/15/2016)
SB 1339 (Monning)	Inter-county Transfers: makes it easier for recipients of public assistance programs, including Medi-Cal, to continue receiving benefits and health care services when they move from one county to another within California.	Assembly Human Services
SB 1418 (Lara)	Expanding Medi-Cal to all Eligible Californians: extends eligibility for full-scope Medi-Cal benefits to individuals 19 years of age or older, regardless of immigration status.	Senate Health

► Transparency

Bill (Author)	Description	Status
SB 1159 (Hernandez)	Cost/Quality Database: would create an advisory committee that would of health care stakeholders, and would require the Secretary of Health and Human Services to arrange an annual report on containing the cost of health care services and coverage. <i>Support if amended.</i>	Assembly Health (Hearing 06/21/2016)
SB 1365 (Hernandez)	Outpatient Setting Hospital Fees: requires if care is provided in an outpatient setting, provider would be required to give notice of changes to outpatient settings. Sponsored by the Teamsters.	Assembly Health

▶ **Access**

Bill (Author)	Description	Status
AB 1795 (Atkins)	Access to Services that Detect and Treat Breast Cancer: ensures that women will receive coverage for treatment for services under the Breast and Cervical Cancer Treatment Program (BCCTP) for the duration of the period of treatment, and expands eligibility for breast cancer screening under the Every Woman Counts (EWC) program to symptomatic women under the age of 40.	Senate Health (Hearing 06/15/2016)
AB 1849 (Gibson)	Coverage for Foster Youth: reduced barriers to foster youth receiving the extended health coverage they are entitled to.	Senate Human Services (Hearing 6/14/2016)
AB 2024 (Wood)	Critical Access Hospitals: improves access to health care in California's rural communities by allowing rural hospitals designated by the federal government as "critical access hospitals" to directly employ physicians and bill for their services.	Senate Health
AB 2308 (R. Hernandez)	Enrollment Assistance: requires CSU and community colleges to screen every student for health insurance coverage and provide enrollment assistance through partnerships with local organizations. Sponsored by CCHI.	Senate Education (Hearing 06/22/2016)
SB 923 (Hernandez)	Cost-Sharing Rules: prevents plans from changing any cost-sharing requirements during the plan year or policy year, except when required by a change in state or federal law.	Assembly Health (Hearing 6/21/2016)
SB 999 (Pavley)	Hormonal Contraceptive Prescriptions: would allow pharmacists to prescribe a 12-month supply of hormonal contraceptives.	Assembly Health (Hearing 6/14/2016)
SB 1466 (Mitchell)	Expand Access to Mental Health Services for Children in Medi-Cal: improves access to mental health care for foster youth by requiring existing screenings under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program to include a screening for trauma.	Assembly Health (Hearing 06/14/2016)

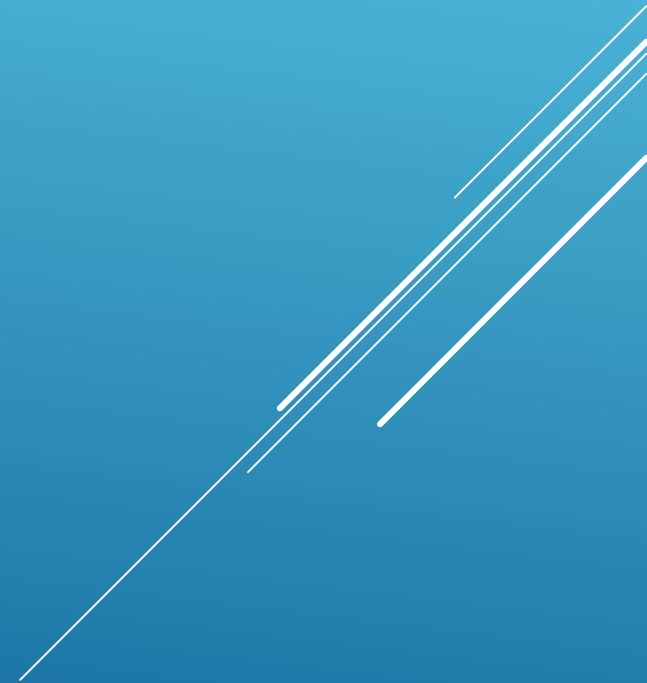
► Health Equity

AB 1726 (Bonta)	Data Collection: Requires specified entities, when collecting demographic data on ancestry or ethnic origin, to disaggregate those data for specified Native Hawaiian (NH) and Asian and Pacific Islander (API) groups.	Senate Education (Hearing 06/22/2016)
AB 1823 (Bonilla)	Access to Clinical Trials: increases access to clinical trials among women, low-income people, and people of color.	Senate Health (Hearing 06/22/2016)
AB 2424 (Gomez)	Funding for Health Inequity and Disparities: create the Community-based Health Improvement and Innovation Fund to address health inequity and disparities.	Senate Health
SB 1139 (Lara)	Health Profession Education Grants and Loans: provides grants and scholarships from the Health Professions Education Foundation to undocumented students seeking a health profession. Sponsored by CPEHN.	Assembly Health (Hearing 06/28/2016)

► Prescription Drugs

Bill (Author)	Description	Status
AB 1831 (Low)	Refills for Eye Drops: would allow patients to get early refills of eye drops.	Senate Health (Hearing 06/22/2016)

WORK STILL TO BE DONE



Restore Optional Medi-Cal Benefits

Denti-Cal was only partially restored in 2013. **Still left uncovered are:**

- **Gum treatments**
- **Rear root canals**
- **Partial dentures**

The remaining benefits that continue to be excluded in Medi-Cal coverage for adults are:

- Restoring Full Dental Benefits (\$98.M)
- Audiology (\$2.4M)
- Chiropractic (\$3M)
- Incontinence creams & washes (\$5.6M)
- Optician/optical labs (\$5.9M)
- Podiatry (\$13.5M)
- Vision
- Speech therapy (\$160K)

Health Access will continue to advocate for full restoration these benefits, along with full adult dental benefits.

Reverse Medi-Cal Provider Rate Cuts

Those Californians currently enrolled in Medi-Cal coverage continue to experience the cuts made during the Great Recession to **Medi-Cal rates and benefits, which need to be restored**. This includes less access to doctors due to a 10% cut to provide reimbursement rates.

Health and community advocates will continue to pursue the restoration of Medi-Cal rates and benefits, and the **#Health4All expansion of Medi-Cal to all adults regardless of immigration status**, even if they are not included in either legislative body's budget.

Thanks to actions taken in last year's budget, all California kids became eligible for full-scope Medi-Cal this month. The work to expand Medi-Cal to cover adults regardless of immigration status, continues in Senator Lara's [SB 1418](#).

Fund Medi-Cal Data Collection

Medi-Cal Data Collection: The Conference Committee ultimately did not allocate any funds to align Medi-Cal's health plan data collection and reporting requirements for race/ethnicity, language, and sexual orientation and gender identity (SOGI) data with Covered California's proposed 2017 qualified health plan standards. The Assembly had approved \$200,000 GF and trailer bill language to accomplish this task.

Health Access will continue to pursue this goal in other venues.

Increase Aged & Disabled Eligibility Levels

Aged & Disabled Eligibility Level Increase:

The Conference Committee also declined to increase the amount of income that is disregarded in calculating eligibility for the Medi-Cal aged and disabled (A&D) program.

When the A&D program was enacted in 2000, it had an income eligibility standard of 199% federal poverty level (FPL) plus income disregards, making the eligibility criteria equivalent to 133% of the FPL.

However, the disregards lose real value every year, with the resulting income standard today at only 123% of the FPL. The Assembly previously allocated \$30M GF to increase the eligibility level.

SB 1418 (Lara)

Expanding Medi-Cal to Undocumented Adults



SB 1418 (Lara): Expanding Full-Scope Medi-Cal to Undocumented Adults

The Affordable Care Act explicitly and unjustly excludes undocumented immigrants from receiving health coverage through federally funded programs including Medi-Cal, the state's Medicaid program. Though California recently made the investment to extend comprehensive full-scope Medi-Cal to all children and youth, regardless of where they were born, the fight to ensure that *everyone* has access to health care is not over. Undocumented California adults are still left without comprehensive health coverage options. We also know that covering parents is good for families and for our health care system. When parents have access to affordable health care, kids are more likely to get coverage and preventive care.

Supported by the California Immigrant Policy Center and Health Access California, [SB 1418](#) (Lara) would expand full-scope Medi-Cal coverage to all low-income adults, regardless of immigration status, upon availability of funding through the state budget.

SB 1418 Moves California Closer to Health For All

SB 1418 removes a critical barrier to health access due to immigration status and brings California closer to ensuring that every Californian has comprehensive, affordable, and accessible care. This bill expands full-scope (or “comprehensive”) Medi-Cal to low-income undocumented adults whose income are at or below 138% of the federal poverty level (FPL). This means that an undocumented adult in a [family of four](#) would be eligible if the family’s annual income is \$33,534 or less.



SB 1418 is largely a symbolic bill this year and is not expected to pass this year.

However, it continues to build support for the Health4All movement and keeps the conversation alive.

STATUS: Re-referred to Senate Health Committee (May 4, 2016)

Ballot Initiatives:

- ▶ **Tobacco Tax**
 - ▶ **Prop 30 Extension**
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Sign up to our listserv to keep updated and informed on the latest developments on Health Reform efforts, initiatives, and actions.



EMAIL



2

PARTICIPATE IN PUBLIC ACTIONS

UNDOCU-CARE



JOIN THE INLAND EMPIRE IMMIGRANT COALITION

SATURDAY, APRIL, 26TH
@ 10:AM TO 12:PM
POMONA CITY HALL
(CORNER OF MISSION & GAREY)
#IEYC #CIYJA

COME SUPPORT THE #HEALTH4ALL CAMPAIGN, AND FOR SB1005. A BILL THAT WOULD ALLOW UNDOCUMENTED IMMIGRANTS ACCESS TO HEALTH CARE



3

JOIN US AT PRESS CONFERENCES!



4

JOIN US FOR LEGISLATIVE VISITS



5

SHARE YOUR STORY!



Questions?

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