



2017 BUDGET SCORECARD

PRIORITIES FOR HEALTH CARE CONSUMERS

This scorecard shows how key priorities of health advocates fared with the Legislature and Governor in the 2017-18 state budget process.

PROP. 56 PRIORITY INVESTMENTS FOR MEDI-CAL PROGRAM	ASSEMBLY	SENATE	FINAL BUDGET
PRIORITY INVESTMENTS FOR MEDI-CAL: Health Access California actively campaigned for Proposition 56, helped to draft the initiative, and promoted the measure as a way to raise revenues to improve the Medi-Cal program. Following the intent of voters, we proposed that the Legislature invest the Proposition 56 tobacco tax funds to increase access in Medi-Cal through expanding eligibility, restoring benefits, and increasing provider rates in a targeted way. These are the proposals we advocated for, and how they fared in the Assembly, Senate, and final budget after negotiations with the Governor:			
Expand Medi-Cal to all Young Adults up to Age 26, Regardless of Immigration Status. Thanks to #Health4All actions and the implementation of SB 75 (2015) , all income-eligible kids have access to full-scope Medi-Cal. Covering income-eligible undocumented young adults upholds our commitment to the health and well-being of our immigrant communities, for a population that is excluded from Medi-Cal and often don't have parental coverage to stay on, like other young adults do.	\$54M annually	\$63.1M (2018-19) \$85.8M (2019-20 & thereafter)	\$0
Increase Access Through Provider Rate Restorations. Health Access supports provider rate increases and urge that they be data-driven to the geographic regions, provider types, and beneficiary populations where the need is most acute, and where the investment would result in substantial gains in access and quality of care. <i>The final budget proposes to include supplemental payments to providers, as written in the Budget Bill "Junior Bill" AB 120/SB 105—including \$325M to physicians, \$140M to dental care, \$50 million to women's health (all tallied on this scorecard)—as well as \$27M for Intermediate Care Facilities for the Developmentally Disabled, and \$4M for HIV/AIDS care. Without more specifics in the legislation, the "Department of Health Care Services shall develop the structure of these provider payments and post those parameters" by 7/31. The Department of Finance may increase provider payments up to a total of \$800M for the following fiscal year if the state's fiscal condition allows for it.</i>	\$610M annually for incentive payments	\$150M (2017-18) increases to \$700M (2020-21 & thereafter)	\$325M annually for supplemental payments only
Increase Dental Provider Rates. Improve reimbursement rates for Denti-Cal providers to help ensure Medi-Cal beneficiaries have meaningful access to dental coverage. <i>Funded in the final budget.</i>	\$247.3M annually for incentive payments	\$130M annually	\$140M annually
Restore Adult Dental Benefits. Dental coverage for adults in Medi-Cal was eliminated in 2009 and was partially restored in the 2013 budget. Still left uncovered are gum treatments, rear root canals, and partial dentures. <i>The final budget would fully restore the benefit January 1, 2018.</i>	around \$78M GF annually	\$34.5M (2018-19) \$69M (2019-20 & thereafter)	\$34.8M GF (Beginning 1/1/18) \$78M GF (Ongoing)

Restore Optical and Other “Optional” Medi-Cal Benefits eliminated in 2009 for fiscal, not policy, reasons. Beyond dental (discussed above), the benefits include: audiology, chiropractic, incontinence creams & washes, optician/optical labs, podiatry, vision, and speech therapy. <i>The final budget would restore optical services January 1, 2020—but not the other benefits.</i>	around \$30M GF annually	\$18.4M (2018-19) \$36.8M (2019-20 & thereafter)	Optical only \$12.5M GF (Beginning 1/1/20) \$26.3M GF (ongoing)
Improve Access to Family Planning Services. Restore the 10% cut to provider rates for Family PACT providers and provide an increase for rates frozen for over a decade to ensure that Planned Parenthood and other family planning providers can continue to serve consumers who rely on them for critical reproductive services. <i>Funded in the final budget.</i>	\$50M annually	\$50M annually	\$50M annually
Increase Aged and Disabled (A&D) Medi-Cal eligibility level , reducing the number of low-income seniors with a high Medi-Cal share of cost by raising the A&D income level to 138% FPL, equivalent to income levels for adults.	\$30M annually	\$0	\$0
Support Diabetes Prevention Program Model Pilots. Provide funding for the Diabetes Prevention Program Model Pilots, which will improve health outcomes and save Medi-Cal money. <i>Funded in the final budget.</i>	\$38K (2017-18) \$5M thereafter	\$0	\$5M GF (ongoing)
ADDITIONAL STATE BUDGET PRIORITIES - ENSURING ACCESS TO HEALTH CARE FOR CONSUMERS		ASSEMBLY	SENATE
ELIMINATE the Newly Qualified Immigrant (NQI) Wrap Program, which would move ALL newly qualified immigrants from full-scope Medi-Cal to into a Covered CA health plan in 2018. Under the NQI Wrap Program, this population will be vulnerable to losing comprehensive coverage, and risk complicating their immigration status, possibly even triggering deportation. The Governor’s May Revision proposes to stop implementation of the NQI wrap program.	Adopted Governor’s May Revision + placeholder TBL to eliminate	Adopted Governor’s May Revision + placeholder TBL to eliminate	NQI Wrap Program Eliminated
OPPOSE the Sunset of Child Health and Disability Prevention State Only Program to ensure Medi-Cal eligible, low-income children are covered for early detection and prevention of disease and disabilities.	\$30M (3-1 Voted to Oppose Sunset)	\$30M (2-1 Voted to Oppose Sunset)	Program remains
Protect the Consumer Participation Program (CPP) by deleting the sunset in statute. The CPP ensures the interests of consumers are represented before the Department of Managed Health Care (DMHC) when health plans seek unreasonable rate increases or industry groups demand rules that harm access to health care.	Placeholder TBL to delete sunset	Placeholder TBL to delete sunset	Sunset extended to 2024
Ensure Major Risk Medical Insurance Funding (MRMIF) is Prioritized for Current Enrollees in the Major Risk Medical Insurance Program (MRMIP), our state’s high-risk pool program. While high-risk pools are not ideal for consumers, looming federal changes to the ACA may lead to more reliance on high-risk pools.	Placeholder TBL to clarify funds go to MRMIF first	Placeholder TBL to clarify funds go to MRMIF first	Funds will prioritize MRMIP enrollees

*TBL = Trailer Budget Language