

# BUDGET SCORECARD

January 2016

## MISSING PRIORITIES FOR HEALTH CARE CONSUMERS

On January 7, Governor Jerry Brown released his proposed 2016-17 budget, a \$171 billion plan (\$122B General Fund).

- Medi-Cal is projected to cost \$85.1 billion (\$19.1 billion GF) and cover a projected 13.5 million Californians, one-third of the state’s population.
- The health budget is more or less status quo—it continues California’s commitment to health reform implementation and providing coverage to all children, but also maintains the recession-era cuts to health and human services.
- Despite a significant surplus, the proposed budget does not restore past cuts, such as those made to Medi-Cal provider rates and benefits, or other public health programs. Nor does the budget invest in building on the state’s success under the Affordable Care Act, such as in covering the remaining uninsured.
- The budget includes the renewal and revamping of a managed care organization (MCO) tax, maintaining a critical federal funding stream while preventing an additional \$1 billion in cuts.

Here’s a list of missing priorities that health advocates are urging the legislature to include as it crafts a budget in the months ahead:

NEEDED INVESTMENTS & RESTORATIONS FOR HEALTH CARE CONSUMERS	ASSEMBLY	SENATE
<b>#Health4All: Expansion of Health Care Coverage to Californians Regardless of Immigration Status.</b> Last year’s budget expanded full-scope Medi-Cal to an estimated 170,000 undocumented low-income children beginning May 1, 2016, at a cost of \$182 million/year (\$145 million GF) in 2016-17. Health advocates seek additional steps toward #Health4All, such as a capped pilot program, to cover income-eligible adults regardless of immigration status. Also pending as SB 10 (Lara).		
<b>Full Restoration of Medi-Cal Dental Benefits for Adults.</b> Denti-Cal was eliminated for adults with Medi-Cal coverage in 2009 and was partially restored in the 2013-14 budget. Still left uncovered are gum treatments, rear root canals, and partial dentures—services that should be restored.		
<b>Restoration of Critical Medi-Cal Benefits.</b> Nine other Medi-Cal benefits were eliminated in 2009, including acupuncture, audiology, chiropractic, incontinence creams & washes, optician/optical labs, podiatry, vision, and speech therapy.		
<b>Restoration of Medi-Cal Provider Rates.</b> Health advocates seek to rescind the 10% provider rate cut adopted in 2011. Many Medi-Cal patients have difficulty accessing providers and specialists, and low reimbursement rates contribute to this problem.		
<b>Restoration and Investments in Public Health Programs:</b> Many public health programs were cut or eliminated during the recession; In the last few years, only a few programs have been restored, like the Black Infant Health Program and HIV and Hepatitis C Prevention Programs. Health advocates seek further investments in public health and prevention.		
<b>Limiting Medi-Cal Estate Recovery</b> to the federally required minimum of long-term care services and eliminate recovery from the estate of the deceased beneficiary’s surviving spouse—to align with 40 other states. Existing policy deters enrollment and penalizes low-income homeowners by forcing them to choose between getting health care or potentially losing the family home. Also pending as <a href="#">SB 33</a> (Hernandez).		