

1987 California ends
“patient dumping”

1992 Small group
insurance
reforms pass

1997 State Child
Health Insurance
Program
(SCHIP)/Healthy
Families established

1999 California HMO
Patients’ Bill of Rights
signed into law

2002 Legislature
passes timely
access & language
access rules

2006 Hospitals
prohibited from
overcharging the
uninsured

2010 Patient
Protection and
Affordable Care Act
signed into law

2012 Obamacare
intact after Supreme
Court ruling and
general election

2013 Open enrollment
in Medi-Cal and
Covered California
starts in October

2014 Full
implementation of
Affordable Care Act
begins

The work continues...

HEALTH ACCESS 25TH ANNIVERSARY

Fulfilling the Promise



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

**HEALTH ACCESS CALIFORNIA
HEALTH ACCESS FOUNDATION
25 YEARS**

Health Access California is the statewide health care consumer advocacy coalition, advocating for the goal of quality, affordable health care for all Californians.

Health Access Foundation undertakes coalition organizing, public education, applied research, and policy analysis and advocacy, to advance reforms to benefit California's health care consumers, both insured and uninsured.

Together, Health Access works to expand coverage, protect consumers, ensure quality care, guarantee affordability and security, and promote health and wellness.

Health Access is the leading coalition voice for health care consumers in California. We represent consumers in the legislature, administrative and regulatory agencies, the media, and public forums. In Sacramento, Washington, DC, and beyond, the health industry—from insurers to drug companies, from doctors to hospitals—is well represented. Health Access ensures that consumers have a voice. Health Access has a long history of fighting—and often winning—policy battles against HMOs that deny care, prescription drug companies that price-gouge, providers that overcharge the uninsured, as well as employers that don't provide health care for their workers.

Health Access advances policy change because we organize the power of individuals, organizations, and communities together—whether that

power comes from unique policy expertise, personal experiences, or popular sentiment. With offices statewide in Sacramento, Oakland, and Los Angeles, Health Access provides a bridge between the grassroots and senior policy levels to effectively advocate for substantive reforms; between different levels and agencies of government, from legislative to administrative; and between different types of organizations and communities to work for a common purpose.

Health Access works with a broad coalition of dozens of member organizations representing communities of color, immigrants, people with disabilities, children, seniors, people of faith, labor, and working families. As important as our policy goals, Health Access seeks to build our coalition, our individual members' and allies' ability to engage effectively in advocacy on health issues, our collective power as a coalition, and our overall capacity for future fights and campaigns.

ACCOMPLISHMENTS

Over our 25 years, our work has established an impressive track record of working to preserve access to care, protect consumers, and reform our health care system. Among our victories, Health Access California has:

- Led California efforts to win comprehensive health reform, ensuring all Democratic members of Congress voted for the new federal Affordable Care Act, and worked to increase support for the law in California;
- Led coalition efforts, working with the California State Legislature, to pass the

first-in-the-nation bills to implement and improve the law, including laws on essential benefits, rate review, broader insurance oversight, consumer assistance, and increased enrollment;

- Ensured access to coverage for children, including those with pre-existing conditions;
- Worked to expand coverage to over 500,000 Californians through county-based initiatives, starting with Healthy San Francisco, and now expanded under the new federal law and Medicaid waiver, at our urging, with over 50 Low-Income Health Programs;
- Helped prevent health care budget cuts proposed by various Governors that would have denied millions of Californians health care coverage, and caused millions more to suffer increased costs;
- Worked to expand and streamline Medi-Cal and Healthy Families for children and parents;
- Passed over two dozen managed care consumer protections, creating the Department of Managed Health Care, and allowing patients to get an independent review of any HMO denial of care or coverage;
- Secured additional reforms that include protections regarding access to prescription drugs, maternity care, timely access to care and language access to care;
- Exposed rate hikes, by requiring notice to policyholders, and by requiring public rate filings and rate review at the regulators;

- Prevented hospitals from overcharging the uninsured, by passing a first-in-the-nation (with New York) law so the uninsured are not price-gouged by hospitals, paying 3-4 times what insurers pay for the same treatment; and limiting what ER doctors charge the uninsured as well;
- Won passage of a prescription drug discount program, one that would use the negotiating power of the government;
- Advanced the vision and movement for universal health care by leading and supporting several campaigns and coalitions to win comprehensive health reform – each effort bringing the state and national conversation closer to the goal. This includes our work for single-payer proposals, universal children’s coverage, expansions of employer-based coverage, Healthy San Francisco, and the federal Patient Protection and Affordable Care Act.

CURRENT PROGRAMS

HEALTH ACCESS CALIFORNIA

Legislative Advocacy: Representing health consumers in the state legislature, while developing health policy and encouraging investment in public health. Sponsoring and advancing key bills to implement health reform and advance consumer protections, so consumers can have confidence that care and coverage will be there when they need it.

HEALTH ACCESS FOUNDATION

Regional Organizing and Advocacy: Working with local and regional organizations on budget and

legislative campaigns; partnering with coalitions on key local issues.

Administrative Advocacy:

Ensuring consumer representation at the various administrative and regulatory agencies, from the Department of Insurance to the Department of Managed Health Care from the Office of Statewide Health Planning and Development to the Managed Risk Medical Insurance Board, including serving as a designated consumer representative at the National Association of Insurance Commissioners.

Policy Coordination and

Research: Monitoring developments on budget and legislation. Providing our coalition with timely updates, fact sheets, and research reports on budget, legislation, and other policy developments.

Health and Human Services

(HHS) Network: Leading budget-related advocacy, with three other groups, for a broad coalition of organizations fighting on behalf of California’s families for a fair budget, revenues and reforms that invest in people, sustains our safety-net, and create jobs and improves our economic recovery.

It’s Our Healthcare! (IOHC):

Coordinating the statewide campaign and coalition working for the implementation and improvement of the new federal health law in California, both with legislative and administrative advocacy. Working closely with Having Our Say, the state health reform coalition representing communities of color.

California LGBT Health and Human Services Network:

Coordinating a statewide network of nonprofit direct service providers, community centers, researchers, and policy experts that serve and represent lesbian, gay, bisexual and transgender people, families and communities, to advance LGBT health policy.

Health Care for America Now! - California (HCAN-CA): Leading the California field campaign of the broad-based coalition to win and now to defend and implement federal health reform, so all have access to guaranteed quality, affordable health care, and are not left all alone at the mercy of the insurance companies.

Health Initiative on Overcharging and Underinsurance (Health IOU):

Working to prevent the various causes of medical debt, to implementing efforts against provider overcharging, to winning protections against underinsurance.

California Story Bank: Collecting individual patient experiences with the health system, and developing spokespeople and leaders to talk about their issues with the health system to policymakers and the press.

VMI (Video Medical Interpretation) Project: Expanding language access to care by implementing Internet videoconferencing technologies for interpretation services in public hospitals and clinics. Our ongoing project in San Francisco and Alameda counties has reduced wait times to get interpreter services, and expanded the number of languages offered.

MAJOR POLICY GOALS

(Excerpted from our Strategic Plan, Adopted in 2010)

With the passage of the federal Affordable Care Act, the need and role of Health Access goes beyond specific policy work to implement and improve health reform in the most equitable, efficient, and consumer-friendly way, or new efforts to educate, enroll and engage consumers, or the public campaign to defend it.

Over the next three years, through 2014, Health Access will seek to:

1. Expand coverage: Implement and improve upon health reform.

Health Access has, since its inception, focused on expanding health coverage through group plans, such as public program expansions, employer-based benefits, or a universal, single-payer system. Health Access has worked to advance comprehensive health reforms and the vision of quality, affordable, universal health care for all Californians throughout its history.

With the passage of federal health reform, the challenges and opportunities are significant, including new efforts to educate, enroll and engage consumers, and the public campaign to defend it nationally. Beyond educating people about its benefits and promise, the role for California advocates is to have the best implementation possible, to put forward a model for the nation to follow. We will continue to focus on California, but constructively inform and participate in the national reform efforts.

Health Access will be the custodian of

health reform, and the spirit of the health reform movement's continued growth and expansion. It will be the champion against attempts to "repeal and replace," and its challenger to fix its flaws and fulfill its promise.

Desired outcomes include:

- Mass enrollment of coverage on Day One, January 1, 2014, and building political will and winning the changes in eligibility and enrollment to do it.
- A transformed and improved health insurance market to be affordable, transparent, organized, regulated, consumer-friendly, and geared toward lower cost, better quality care, and providing greater financial security.
- A robust safety-net that survives and thrives in a new environment.
- A continuing effort to support improvements and additional reforms, from increased affordability, to new transparency, to expansions for those left uncovered, to specific new oversight on insurers, to developing a path to the vision of a universal, single-payer health system.

2. Fight for a fair budget for the future: Protect public investments to preserve access to care.

Health Access has been a leader in the state budget battles of the last decade, working to protect our health care infrastructure of public health coverage programs like Medicaid (Medi-Cal), SCHIP (Healthy Families), and Medicare, and our safety-net institutions of public hospitals and community clinics.

Health Access works to improve and

strengthen these programs and services, to save them from cuts, to support the revenues and funding that they need to survive and thrive, and work for the reforms of the budget process to achieve those ends.

Desired outcomes include:

- Prevent specific state cuts to health programs, services and investments.
- Pass the revenues—and reforms to our broken budget system—to sustain and restore our health system now and into the future
- Work with federal partners to defend and improve federal health programs, including Medicare, Medicaid, and the Affordable Care Act.

3. Protect consumers: Ensure consumer representation and protection.

Health Access serves broadly as a lead voice of health care consumers to develop and advocate for various proposals so consumers have confidence in their care and coverage, in their ability to get the care they need, when they need it.

In the media, in the legislature, at regulatory agencies, and elsewhere, we are a consumer counterpoint to insurers as well as other elements of the health care industry. Focusing on cost, quality, and access, we develop and advocate for policies so consumers are able to get the care they need when they need it; that insurance is meaningful in covering care and providing economic security. This includes stopping insurers and providers from denying care, or overcharging for it.

Desired outcomes include:

- Ensure that consumers have a voice in every venue about state health policy.
- Advance policies that protect against overcharging, abuse, and other practices that leave health consumers financially insecure or in debt, from “junk” insurance and underinsurance to unfair pricing and billing by providers.

Health Access has worked to advance comprehensive health reforms and the vision of quality, affordable, universal health care for all Californians.

- Continue advocacy, with our coalition partners, to ensure the needs of California’s diverse communities are met, whether in terms of language access, health equity, immigrant rights, LGBT inclusion and equality, protections for seniors, people with disabilities and “dual-eligibles,” women’s health, consideration for children and young adults, rural access, care for the undocumented, etc.

4. Encourage prevention: Promote a healthier California.

Health Access recognizes that the major task of defending our gains and successfully implementing and

improving the federal health law is just a first step toward truly advancing the goal of healthier individuals and communities.

Desired outcomes include that we:

- Win specific reforms of the delivery of care to reduce cost, improve quality, ensure safety, promote equity, and encourage prevention. (This will build on our existing work on medical errors, health disparities, information technology, comparative effectiveness, drug labeling, coordinated care and medical homes, etc.)
- Identify and support specific policy and social changes, working with partner organizations, that Health Access can have an added-value role to lead in promoting prevention and wellness outside the health care system.
- Develop a “Health Reform 2.0” agenda that details the next steps, building upon the new reforms will promote health, economic security, and equity. We should build on the new law’s potential to transform the nation’s political landscape, including the discussion on the role of government, our national identity, the social compact with one another, and our ability to care for one another.

Many of these goals are inter-related: the implementation of health reform relies on the foundation of a sound and sustainable budget and our existing core public programs; health reform is the main (but not the only) vehicle to advance greater consumer protection; and the reform in health care embraces a broader view that includes prevention and wellness.

CALIFORNIA HEALTH REFORM TIMELINE

| | HISTORY OF HEALTH REFORM IN CALIFORNIA | HEALTH ACCESS HISTORY |
|---------|---|--|
| 1985-87 | Coalition fights “patient dumping” by hospitals and ER physicians who deny care to uninsured patients. | |
| 1987 | Gov. Deukmejian signs legislation penalizing patient dumping, as well as to fund physicians who provide emergency care to the uninsured (the Maddy Fund). | Health Access California organized out of coalition that fought patient dumping. Health Access Foundation also founded. |
| 1987-91 | <p>Numerous measures on expanding access discussed, many by Assm. Burt Margolin and supported by Health Access California, including employer “pay or play.” “BabyCal,” and “KidCal” proposed.</p> <p>Task Force out of AB350 (Brown/Maddy) recommends an employer mandate.</p> <p>A version of Insurance Commissioner Garamendi’s “managed competition” plan passes, but is vetoed by Gov. Wilson.</p> | <p>Lois Salisbury serves as first full-time chair.</p> <p>Maryann O’Sullivan serves as founding executive director.</p> <p>Health Access develops health policy proposals, including single-payer.</p> |
| 1992 | <p>Legislative proposals, including SB308 (Petris), a single-payer proposal, and “KidCal” (Margolin), stall.</p> <p>Progress made:</p> <ul style="list-style-type: none"> • California expands coverage for pregnant women to twice the poverty level. • Small group underwriting reforms (Margolin) pass: purchasing pool, guaranteed issue and modified community rating. <p><i>Prop. 166</i>, an employer mandate supported by California Medical Association, and opposed broadly, fails with 32%</p> <p>Task Force out of AB350 (Brown/Maddy) recommends an employer mandate.</p> | |
| 1993 | President Clinton sworn in. Clinton health plan debated. | Maria Ferrer becomes executive director. |
| 1994 | <p>Clinton health plan fails in Congress.</p> <p><i>Prop. 186</i>, a single-payer initiative supported by Health Access California and others, fails with 27%. Democrats also lose Congress. Anti-immigrant <i>Prop. 187</i> passes.</p> <p>As Blue Cross of California converts from non-profit to for-profit, state regulators and advocates insist to protect charitable assets. Two conversion foundations are created.</p> | |
| 1995 | Gov. Wilson proposes elimination of most state-funded services for undocumented immigrants. | Bruce Livingston becomes executive director. |
| 1996 | <i>Prop. 214</i> and <i>Prop. 216</i> , HMO reforms, supported by consumer groups and opposed by insurers, fails with 42% and 39%. | Health Access joins others groups around the country to protect and expand Medicare and stop privatization. |
| 1997 | <p>State Child Health Insurance Program (SCHIP) passes. California creates Healthy Families (Villaraigosa).</p> <p>Gov. Pete Wilson proposes HMO reform task force, vetoes all HMO reform bills.</p> | Health Access California and others announce HMO Patient Bill of Rights legislative package in Jan 1997, sponsors 30-50 bills/year. |
| 1998 | Attempts to override Gov. Wilson’s vetoes fail. | |

| | HISTORY OF HEALTH REFORM IN CALIFORNIA | HEALTH ACCESS HISTORY |
|---------|--|---|
| 1999 | <p>Newly-elected Gov. Gray Davis signs 21-bill HMO reform package. Creates Department of Managed Health Care, independent medical review, HMO liability, etc.</p> | <p>Melinda Paras becomes executive director.</p> |
| 2000-01 | <p>New efforts to streamline Medi-Cal and Healthy Families. First measure to prevent hospital overcharging of the uninsured is introduced. Health Care Options Project (Solis) re-starts reform debate.</p> | <p>Video Medical Interpretation project started. Health Access begins new efforts to expand coverage in California.</p> |
| 2002-03 | <p>Efforts to expand HMO Patient Bill of Rights continues:</p> <ul style="list-style-type: none"> • SB842 (Speier): sets standards for drug coverage. • AB2179 (Cohn): timely access to care. • SB853 (Escutia): requires language access. <p>Facing \$38 billion budget deficit, Gov. Davis proposes massive health care cuts.</p> | <p>Anthony Wright becomes executive director. Health Access organizes against cuts.</p> |
| 2003-04 | <p>Single-payer health coverage re-enters legislative debate with SB921(Kuehl). Employer coverage expansion SB2 (Burton) passes, signed by Gov. Davis. Supported by Cal. Labor Federation, CMA, Health Access and others.</p> <p>Gov. Davis recalled; Gov. Schwarzenegger elected. <i>Prop. 72</i>, referendum on SB2, opposed by the Chamber of Commerce and Cal. Restaurant Association, gets 49.2%, repeals law.</p> | <p>Health Access starts broad-based efforts at health reforms on multiple tracks, including employer mandates but also single-payer, public program expansions, and more.</p> |
| 2005 | <p>Gov. Schwarzenegger holds special election with several proposals, all of which fail, including <i>Prop. 76</i> spending cap. AB356(Chan) was signed into law to provide disclosures to consumers about both reasons for pre-existing condition denials and rate increases. Would later reveal infamous Anthem Blue Cross filing in 2010. AB772 (Chan), universal children’s coverage, is vetoed by Gov. Schwarzenegger.</p> | <p>Health Access California “OuRx” coalition, after years of working on legislation, sponsor <i>Prop. 79</i>, to win drug discounts. PhRMA opposes with \$80 million, and sponsors competing <i>Prop. 78</i>. Both fail 39% and 42%</p> |
| 2006 | <p>Major victories:</p> <ul style="list-style-type: none"> • AB772(Chan), first-in-nation protections to prevent hospitals overcharging the uninsured, signed into law. • AB2911(Nunez/Perata), to negotiate for better drug discounts, signed by Gov. Schwarzenegger (but never implemented). • SF Supervisor Tom Ammiano pursues local reform; Mayor Gavin Newsom creates task force, both leading to unanimous passage of Healthy San Francisco. • SB840(Kuehl) universal single-payer bill (latest iteration from SB921 in 2003), passed full legislature for first time. Gov. Schwarzenegger vetoed. <p><i>Prop. 86</i>, a tobacco tax to fund emergency rooms and children’s coverage, fails with 48.2%</p> | <p>Work starts to implement new laws, sponsored by Health Access California, providing consumer protections against uninsured paying more for drugs and hospital care.</p> |

CALIFORNIA HEALTH REFORM TIMELINE

| | HISTORY OF HEALTH REFORM IN CALIFORNIA | HEALTH ACCESS HISTORY |
|---------|--|--|
| 2007-08 | <p>Gov. Schwarzenegger proposes new health reform package and designates 2007 as “Year of Health Reform.” ABx1 1 (Nunez/Schwarzenegger), comprehensive health reform proposal, stalls in Senate Health Committee in Jan. 2008</p> <p>Barack Obama elected President, with mandate on health reform.</p> | <p>Health Access and “It’s Our Healthcare” coalition work to advance both comprehensive and specific health reforms.</p> <p>Health Access gets pledges from Congressional representatives to pursue health reform.</p> |
| 2009-10 | <p>With leadership from President Obama, and California Congressional leaders (including Speaker Nancy Pelosi, key committee chairs Waxman, Miller, and Stark, and many others), the Patient Protection and Affordable Care Act is enacted.</p> <p>Major budget crisis re-emerges. Major budget cuts include elimination of dental and other benefits in Medi-Cal</p> | <p>Health Access leads the California campaign for Health Care for America Now (HCAN) to pass the Affordable Care Act. All California Democrats unanimously vote for “Obamacare.”</p> <p>Health Access and others fight health care budget cuts.</p> |
| 2010 | <p>California passes key bills to adopt many of the consumer protections in the Affordable Care Act, including:</p> <ul style="list-style-type: none"> • AB1602 (Speaker Perez) & SB900 (Alquist) establish first-in-the-nation post-reform Health Benefits Exchange. • SB1163 (Leno) to institute rate review in California. • AB2244 (Feuer) to ensure access and affordability for coverage for children with pre-existing conditions. | <p>Health Access commits to implement and improve upon the federal health law</p> |
| 2011 | <p>Gov. Brown continues California implementation of health reform, with bills on consumer assistance, eligibility and enrollment, and the medical loss ratio.</p> <p>California passes long-sought mandate to require maternity coverage in all plans, 18 months earlier than required under federal law essential benefit protections.</p> | <p>After planning process, Health Access adopts three-year strategic plan (excerpted in this program).</p> |
| 2012 | <p>Gov. Brown signs more bills implementing the Affordable Care Act, including ones setting standards for essential health benefits, AB1453 (Monning) & SB951 (Hernandez), and the new rules for small group coverage AB1083 (Monning).</p> <p>Over 50 counties start Low-Income Health Programs (LIHPs), enrolling over 500,000 Californians in an early expansion of Medicaid, far beyond any other state.</p> <p>Prop 30 passes, which, along with previous steep budget cuts and a recovering economy, promises to end a decade of budget deficits and crises.</p> <p>U.S. Supreme Court upholds the Affordable Care Act.</p> <p>President Obama is re-elected, with Democrats gaining seats in the U.S. House and Senate, thus assuring continued implementation of the Affordable Care Act.</p> | <p>Health Access’ active online communications continues, after over 500 E-mail updates since 2002; over 2,800 blog posts over a decade; and 15,000 tweets over four years.</p> |
| 2013 | <p>Open enrollment in Medi-Cal and the new state health exchange, Covered California, starts in October 2013.</p> | <p>Health Access’ work to fulfill the promise of health reform continues...</p> |

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