



# 2017 BUDGET SCORECARD

## PRIORITIES FOR HEALTH CARE CONSUMERS

Health advocates are urging the Legislature and Governor to include the following budget priorities as it crafts the final state budget. Conversations regarding the use of Proposition 56 monies are ongoing as of June 8, 2017.

PROP. 56 PRIORITY INVESTMENTS FOR MEDI-CAL PROGRAM	ASSEMBLY	SENATE	FINAL BUDGET
<p><b>PROP. 56 PRIORITY INVESTMENTS FOR MEDI-CAL:</b> 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 the voters, we propose the Legislature invest the \$1.2 billion in Medi-Cal dollars to increase access in Medi-Cal through expanding eligibility, restoring benefits, and increasing provider rates in a targeted way. We urge investments to:</p>			
<p><b>Expand Medi-Cal to all Young Adults up to Age 26, Regardless of Immigration Status.</b> Thanks to #Health4All actions and the implementation of <a href="#">SB 75 (2015)</a>, all income-eligible kids have access to full-scope Medi-Cal. Covering all young adults upholds our commitment to the health and well-being of our immigrant communities.</p>	<p><b>\$54M</b> annually</p>	<p><b>\$63.1M</b> (2018-19) <b>\$85.8M</b> (2019-20 &amp; thereafter)</p>	
<p><b>Restore Adult Dental Benefits.</b> Dental coverage was eliminated in 2009 and was partially restored in the 2013 budget. Still left uncovered are gum treatments, rear root canals, and partial dentures.</p>	<p><b>\$108.6M GF</b> annually (includes other benefits)</p>	<p><b>\$34.5M</b> (2018-19) <b>\$69M</b> (2019-20 &amp; thereafter)</p>	<p><b>\$34.8M GF</b> (Beginning 1/1/18) <b>\$78M GF</b> (Ongoing )</p>
<p><b>Increase Dental Provider Rates.</b> Improve reimbursement rates for Denti-Cal providers to help ensure Medi-Cal beneficiaries have meaningful access to dental coverage.</p>	<p><b>\$247.3M</b> annually for incentive payments</p>	<p><b>\$130M</b> annually</p>	
<p><b>Improve Access to Family Planning Services.</b> 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.</p>	<p><b>\$50M</b> annually</p>	<p><b>\$50M</b> annually</p>	
<p><b>Increase Aged and Disabled (A&amp;D) Medi-Cal eligibility level,</b> reducing the number of low-income seniors with a high Medi-Cal share of cost by raising the A&amp;D income level to 138% FPL, equivalent to income levels for adults.</p>	<p><b>\$30M</b> annually</p>	<p><b>\$0</b></p>	<p><b>\$0</b></p>
<p><b>Restore “Optional” Medi-Cal Benefits</b> eliminated in 2009 for fiscal, not policy, reasons. They include: audiology, chiropractic, incontinence creams &amp; washes, optician/optical labs, podiatry, vision, and speech therapy.</p>	<p><b>\$108.6M GF</b> annually (including dental benefits)</p>	<p><b>\$18.4M</b> (2018-19) <b>\$36.8M</b> (2019-20 &amp; thereafter)</p>	<p><b>Optical only</b> <b>\$12.5 M GF</b> (Beginning 1/1/20) <b>\$26.3M GF</b> (ongoing)</p>

<b>Support Diabetes Prevention Program Model Pilots.</b> Provide funding for the Diabetes Prevention Program Model Pilots, which will improve health outcomes and save Medi-Cal money.	<b>\$38K</b> (2017-18) <b>\$5M</b> thereafter	\$0	<b>\$5M GF</b> (ongoing)
<b>Increase Access Through Data-Driven Provider Rate Restorations.</b> Health Access recommends California utilize publicly-reported data to direct provider rate enhancements 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.	<b>\$610M</b> annually for incentive payments	<b>\$150M</b> (2017-18) increases to <b>\$700M</b> (2020-21 & thereafter)	

<b>ADDITIONAL STATE BUDGET PRIORITIES - ENSURING ACCESS TO HEALTH CARE FOR CONSUMERS</b>	<b>ASSEMBLY</b>	<b>SENATE</b>	<b>FINAL BUDGET</b>
<b>ELIMINATE</b> the <b>Newly Qualified Immigrant (NQI) Wrap Program</b> , 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	
<b>OPPOSE</b> the <b>Sunset of Child Health and Disability Prevention State Only Program</b> to ensure Medi-Cal eligible, low-income children are covered for early detection and prevention of disease and disabilities.	<b>\$30M</b> (3-1 Voted to Oppose Sunset)	<b>\$30M</b> (2-1 Voted to Oppose Sunset)	
<b>Protect the Consumer Participation Program (CPP)</b> 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	
<b>Ensure Major Risk Medical Insurance Funding (MRMIF) is Prioritized for Current Enrollees</b> 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	

\*TBL = Trailer Budget Language