Today there are over eight million Californians with no health coverage. It is estimated that as many as five to six million of these uninsured Californians are eligible for coverage of some sort under the new Affordable Care Act.

Those who are newly eligible for the Exchange or Medi-Cal will be 100% federally funded during the initial years of implementation.

AB 714 (Atkins) implements and improves on the provisions of federal health reform by maximizing the uninsured and underinsured enrolled in the Exchange and Medi-Cal on January 1, 2014, when the Exchange opens and Medi-Cal eligibility expands to cover adults without children under the age of 18 living at home.

To do this, AB 714 will “pre-enroll” those who:

- Have some linkage to an existing public program that has limited benefits such as FAMILYPact, as well as AIM, breast and cervical cancer, and prostate cancer.
- Are about to age off of a public program such as Medi-Cal or Healthy Families.
- Receive discounted care or charity care from a hospital.
- Have some other link to a public program or other publicly regulated health services.

By planning ahead, at least one million and perhaps as many as two million Californians who now have limited benefits could be enrolled on January 1, 2014, through pre-enrollment alone.

Starting in 2013, consumers will receive notice about the Exchange and the Medi-Cal expansion. And starting January 1, 2013, pre-enrollment of these Californians can begin so that on January 1, 2014, enrollment goes from zero to sixty in no time.

AB 714 complements other pieces of legislation that implement and improve federal health reform, including efforts to streamline and simplify eligibility and enrollment in Medi-Cal and Healthy Families, as well as measures to expand Medi-Cal eligibility, consistent with federal law, and another measure to provide auto-enrollment for those losing private coverage due to changes in life circumstance such as divorce or job loss.

This is in sharp contrast to the dismal performance of California in enrolling children in Healthy Families and the medically uninsurable in the high-risk pools where enrollment was slow and difficult.