

Health, community, and consumer advocates are urging the Legislature and Governor to include the following budget priorities in the final state budget.

#CARE4ALLCA STEPS TO UNIVERSALITY & AFFORDABILITY	GOVERNOR	SENATE	ASSEMBLY
CARE4ALL CALIFORNIA – California can take meaningful steps toward universal coverage, without changes to federal law or federal waivers, by expanding Medi-Cal regardless of age or immigration status, increasing affordability assistance in Covered California, and more:			
<p>Improve Affordability Assistance in Covered California, for those below 600% of the federal poverty level. Affordable Care Act subsidies have helped millions of people afford health coverage, but in our high-cost state, more financial assistance is needed, especially to help those who face cliffs in the coverage subsidies.</p> <ul style="list-style-type: none"> • <i>Governor’s Proposal: Use revenue from individual mandate to support first-in-nation assistance from 400-600% FPL (around \$100/month), augment help for those 200-400% FPL (around \$10/month); sunsets in 3 years.</i> • Health advocates urge additional help beyond mandate revenue, at a scale to be more meaningful, & to allow assistance below 200% FPL as well, where a little help can go a long way. <p><i>Related: SB 65 (Pan); AB 174 (Wood)</i></p>	<p>Invests money from mandate: \$295.3M in 19-20; \$330.4M in 20-21; \$379.9M in 21-22.</p>	<p>Adopts Gov’s proposal of \$295.5-\$379.9M; Adds \$300M for additional affordability assistance.</p>	<p>Adopts Gov’s proposal of \$295.5-\$379.9M.</p>
<p>Prevent Premium Hikes by Continuing ACA Individual Mandate at the State Level. The federal tax bill repealed the ACA’s individual mandate penalty, causing individual premiums to go up twice as much as they would have otherwise. As many as 800,000 more Californians will become uninsured without action.</p> <ul style="list-style-type: none"> • <i>Governor’s Proposal: The Governor proposes to implement the ACA individual mandate at the state level; with revenue goes to improving affordability. Related: SBI 75 (Pan), AB 414 (Bonta)</i> 	<p>Included.</p>	<p>Included.</p>	<p>(Not included) \$ to implement contingent on separate policy bill.</p>
<p>Expand Medi-Cal to All Low-Income Californians, Regardless of Immigration Status (Health4All). While California recently expanded Medi-Cal to include all income-eligible children, they lose coverage at age 19 and undocumented adults are excluded from comprehensive Medi-Cal coverage.</p> <ul style="list-style-type: none"> • <i>Governor’s Proposal: Expand Medi-Cal to all income-eligible adults 19-25</i> • Health & immigrant advocates prioritize expanding Medi-Cal for undocumented seniors as well as young adults & seek a path to provide primary & preventive care to all & make our system stronger. <p><i>Related: SB 29 (Durazo), AB 4 (Arambula), sponsored by CA Immigrant Policy Center & Health Access California</i></p>	<p>\$74.3M for young adults.</p>	<p>\$74.3M for young adults, with no age-out into the future; and \$62.5M for seniors.</p>	<p>\$74.3M for young adults.</p>
<p>End the “Senior Penalty” in Medi-Cal, by aligning the income eligibility for the Medi-Cal Aged and Disabled program, now at 123% FPL, with the rest of Medi-Cal under age 65, which is at 138% FPL. Over 20,000 low-income seniors and people with disabilities between 123-138% FPL now face a high Medi-Cal share of cost of hundreds or thousands of dollars. <i>Related: AB 715 (Arambula), sponsored by Western Center on Law and Poverty, Justice in Aging, Disability Rights California.</i></p>	<p>(Not included)</p>	<p>\$62.4M to end “senior penalty”</p>	<p>\$62.4M to end “senior penalty”</p>

<p>Keep Low-Income Seniors in Medi-Cal. AB 683 (Carrillo) would raise the assets limit so seniors don't lose access to Medi-Cal for having small amount of savings. AB 1088 (Wood) would stop seniors from losing no-cost Medi-Cal, by fixing Medi-Cal income-counting rules related to an individuals' payment of the Medicare Part B premium, which causes some individuals to continually bounce in and out of no-cost Medi-Cal. <i>Both sponsored by Western Center on Law and Poverty, Justice in Aging, & Disability Rights California.</i></p>	(Not included)	(Not included)	(Not included) Requires DHCS to detail options on assets test
<p>Enroll More Children in Medi-Cal through WIC Express Lane Eligibility, through expedited Medi-Cal enrollment for those in the Women, Infants, and Children (WIC) program, & providing a presumptive eligibility to pregnant women applying for WIC. <i>Related: AB 526 (Petrie-Norris), sponsored by Children Now, Children's Defense Fund, The Children's Partnership & California Coverage and Health Initiatives</i></p>	(Not included)	(Not included)	(Not included)
<p>Fund Outreach and Enrollment: Community groups urge funding for outreach and enrollment for health programs to help consumers enroll in and retain health coverage and access medical services. <i>Sponsored by the California Pan-Ethnic Health Network and several other health organizations.</i></p>	(Not included)	(Not included)	\$30M/year for 2 years
<p>ADDITIONAL STATE BUDGET PRIORITIES TO IMPROVE MEDI-CAL</p>	GOVERNOR	SENATE	ASSEMBLY
<p>Restore Medi-Cal Benefits (audiology, chiropractic, incontinence creams & washes, podiatry, and speech therapy) that were eliminated in 2009 for fiscal, not policy, reasons. Only dental and acupuncture have been restored to date. Previous budgets committed to restore the optical benefit in January 2020.</p>	Optical \$11.1M	Beyond optical, \$6.1M to also restore audiology, podiatry, speech therapy, creams.	Including optical, \$6.9M to restore all benefits. (\$18M total; \$42.2M ongoing)
<p>Improve Medi-Cal Access with Prop 56 Tobacco Tax Investments: <i>The Governor's May Budget Proposal continues 2018 investments in supplemental payments & rate increases for physicians, dentists, family planning services, intermediate care facilities for the developmentally disabled, HIV/AIDS services, home health, and pediatric day services. New proposed investments include \$50M for family planning services; \$30M for early developmental screenings for children to address social determinants of health; \$22.5M for adverse children experiences (ACEs) screening for children and adults in Medi-Cal; \$25M in training on trauma screenings; and \$250M to encourage Medi-Cal managed care plans to meet "value" goals in areas like management of chronic diseases & behavioral health integration, supportive housing & other whole-person care social supports. Also \$120M in loan repayment for Medi-Cal physicians and dentists. Sunsets December 2021.</i></p>	Included.	Included, but rejects Governor's sunset.	Included, with adjustment of \$80M of value-based payments going instead to specific provider rate increases.
<p>Increase Resources for Medi-Cal: Extend our expiring managed care organization (MCO) tax that brings in federal matching funds to support and improve Medi-Cal and health care.</p>	(Not included)	Adopted, raises \$1.373B in 2019-20, \$1.831B after	Adopted, raises \$858M in 2019-20, \$1.8B after