



## Campaign Accomplishments: 2018-2020

In the two years since the official launch of the #Care4AllCA campaign, California has begun to show the nation a path to achieve a universal health care system that is affordable, accountable, and equitable to all Californians, despite obstacles posed by the federal government. Our campaign of over 70 health, community, business, and labor organizations, has proposed a number of successful proposals enacted in 2018 and 2019.

### PROTECTED PATIENTS, SHIELDING CALIFORNIANS FROM FEDERAL SABOTAGE OF OUR HEALTH SYSTEM

The Trump Administration has taken a series of regulatory steps to undermine our health system, including making it harder for people to enroll in Medicaid, destabilizing our insurance markets and increasing premiums, and opening loopholes in patient protections. To counter, California has:

- **Prevented substandard insurance** promoted by the Trump Administration from trapping consumers in “junk” coverage that can exclude patients with pre-existing conditions or don’t cover basic services like maternity care, mental health treatment, and prescription drugs.
  - **Banned substandard so-called “short-term” coverage:** SB 910 (Hernandez) of 2018.
  - **Limited the sale of substandard “association health plans”:** SB 1375 (Hernandez) of 2018.
- **Ensured the value of health coverage:** Required health plans to spend 80% of our premium dollars on health care, limiting administrative costs and profits, despite federal guidance allowing more: AB 2499 (Arambula) of 2018.
- **Prevented restrictions to Medicaid eligibility:** Prohibited the state from pursuing waivers that make it harder for low-income people to enroll in Medi-Cal: SB 1108 (Hernandez) of 2018.
- **Maintained stability in individual market and prevent premium spikes:** Implemented a state-level **individual mandate** penalty, encouraging enrollment and helping to fund additional affordability assistance in Covered California. **AB 414 (Bonta)** of 2019 required reporting on the implementation of the mandate.

### EXPANDED COVERAGE AND AFFORDABILITY ASSISTANCE, KEY STEPS TO UNIVERSALITY

California has cut the uninsured rate in half under the Affordable Care Act, and has taken additional steps to expand coverage. California Governor Gavin Newsom and the Legislature agreed to some first-in-the-nation steps to provide a down payment to get to near universal coverage, which were aligned with legislative bills:

- **Increased affordability assistance in Covered California:** Additional state subsidies will help nearly a million Californians better afford care, reducing their premiums and cost-sharing, including over 200,000 Californians who will get newly covered, much needed in a high-cost state. The new affordability assistance includes \$1 premiums for those under 138% of the federal poverty level (FPL), reduced premiums for those 200-400% FPL, and first-in-the-nation help over 400% FPL up to 600% FPL. **AB 174 (Wood)** of 2019, requires reporting on the subsidy impacts.
- **Expanded Medi-Cal to all young adults regardless of immigration status, toward the goal of #Health4All:** Over 140,000 income-eligible young adults are newly eligible for Medi-Cal starting January 2020, improving the health of our communities.
- **Increased Medi-Cal eligibility for low-income seniors:**
  - **Ended the “senior penalty” in Medi-Cal,** by aligning income-eligibility for the Medi-Cal Aged and Disabled Program with income eligibility for those under age 65.
  - **Stopped seniors from losing free Medi-Cal** by fixing Medi-Cal income counting rules that cause some individuals to continually bounce in and out of free Medi-Cal: **AB 1088 (Wood)** of 2019.
- **Invested in outreach and enrollment:** Funded counties to contract with community-based organizations to provide Medi-Cal enrollment and health navigation assistance.
- **Kept Californians covered:** Helped consumers avoid coverage gaps when they undergo life events that cause them to lose health coverage either from Medi-Cal or other private health coverage. **SB 260 (Hurtado)** of 2019.

## INCREASED ACCOUNTABILITY TO IMPROVE QUALITY & EQUITY IN OUR HEALTH SYSTEM

With more Californians covered, more attention must be placed on ensuring quality care, and that our system is accountable for improved health outcomes and reduced health disparities. Beyond **appointing a new California Surgeon General**, our campaign has supported other actions to focus on prevention rather than profits. We passed legislation to:

- **Require implicit bias training for perinatal providers** and improve data collection to lower maternal mortality rates for black women. While California drastically decreased maternal mortality during childbirth, mortality rates remain three to four times higher for black women in our state. **SB 464 (Mitchell)** of 2019.
- **Require plan-specific reporting on cost, quality and disparities** for plans that participate in Covered California. They must provide enrollee data so Covered California can report annually on and publish plan-specific cost, quality, and disparity data, so we can better target where needs remain. **AB 929 (Luz Rivas)** of 2019.

## INSTITUTED NEW OVERSIGHT ON HEALTH CARE PRICES

Our campaign recognizes the need to address the high cost of health care, from premiums to prescription drugs. Americans pay more for health care, not because we use more services or have better health outcomes, but because prices are higher, driven by consolidation, lack of oversight, and industry profit motives. To prevent higher premiums, deductibles, and co-pays, we have sought increased accountability on the health industry, and so far successfully won:

- **Expanded and improved rate review for large-group health insurance** by giving regulators the authority to conduct rate review in the large group insurance market, which has the potential to save consumers hundreds of millions of dollars, and to standardize and improve the information that insurers must report. **AB 731 (Kalra)** of 2019.
- **Ensured uniform and transparent data** by removing Kaiser Permanente's reporting exclusions in state law, setting a standard for health plan data and hospital financial reporting. **SB 343 (Pan)** of 2019.
- **Increased tools to lower the price of prescription drugs**, with new oversight that has:
  - **Cracked down on the practice of "pay for delay" for prescription drugs**, by curbing these collusive agreements where drug manufacturers pay generic companies to delay the introduction of lower-price medication to the market. **AB 824 (Wood)** of 2019.
  - **Regulated Pharmacy Benefit Managers (PBMs)** at the Department of Managed Health Care. **AB 315 (Wood)** of 2018.
  - **Extended the Prescription Co-Pay Cap** of \$250/month on state-regulated health plans, and put in other protections. **SB 1021 (Wiener)** of 2018.
- **Increased oversight of health plan mergers**, with public hearings and health impact review of major mergers by the Department of Managed Health Care. **AB 595 (Wood)** of 2018.

The work of our coalition also helped to initiate and invest in public processes and reports to develop proposals for further reforms, including:

- The of Statewide Planning and Development to creation of a **Healthcare Payments Database**
- A new **Healthy California for All Commission** to "develop a plan that includes options for advancing progress toward achieving a health care delivery system in California that provides coverage and access through a unified financing system, including, but not limited to, a single-payer financing system, for all Californians." The Commission will also investigate "public option" proposals.