



2020 Legislative and Budget Recap

Our Care4AllCA agenda to secure and expand coverage to all Californians is more important than ever as we face the COVID-19 global pandemic, an economic recession, and social unrest spotlighting longstanding inequalities. It's vital that all Californians be connected to care and coverage, especially those most vulnerable to coronavirus and already excluded or disadvantaged in our health system due to age, race, income, immigration status, and more.

While the current public health, economic, and other emergencies meant California policymakers had less money, time, and focus on these pressing issues, our coalition was able to protect the progress made in recent years, and take steps forward. Yet significant issues remain to address in 2021, made even more urgent by the continuing health crises.

KEEPING COMMITMENTS TO COVERAGE & AGAINST INEQUITABLE CUTS: Early in the year, the #Care4AllCA campaign won key commitments from state leaders to invest in our health care, which the public health crisis only made of greater importance. However, the state budget deficit created by COVID-19 forced a reversal on many of these commitments, inequitably denying coverage to the most at-risk, and potentially cutting access to benefits and providers for millions. We continue to campaign for better budget solutions, including revenues, to prevent cuts. Until then, we were able to:

- **Prevent Cuts to Medi-Cal Coverage for Seniors.** The state budget proposed to undo eligibility fixes in Medi-Cal that would have denied or discouraged coverage and care for tens of thousands of seniors in a pandemic that is preying on this very population. The Care4All California coalition successfully stopped proposals to:
 - **Reinstate the “senior penalty” by lowering the income eligibility for seniors** and people with disabilities in Medi-Cal from 138% (\$17,200/year) to 123% of the federal poverty level which would have put at risk the coverage of 20,000.
 - **Allow additional seniors to fall off full-scope Medi-Cal**, which would have happened if Medi-Cal income counting rules did not disregard Medicare Part B premiums.
 - **Reinstate estate recovery** for those over age 65, which would have led to many not enrolling in Medi-Cal so they would not endanger the family home for their loved ones.
- While the Governor’s original budget would have expanded Medi-Cal to seniors age 65 and over regardless of immigration status, the proposal was tabled in light of the economic and state budget downturns. The campaign was able to get the commitment from state leaders to prioritize such an expansion when the economy picks up.
- **Continue Affordability Assistance in Covered California.** Our previous work won state subsidies that supplement federal ACA assistance and helps hundreds of thousands of Californians afford health coverage. While the state budget took back unspent funds rather than reinvest in helping more Californians afford coverage, we were able to preserve enough dollars to ensure that Californians do not pay more than a certain percent of their income for care.
- **Continue Key Medi-Cal benefits.** Our collective advocacy helped beat back a proposal to eliminate many benefits like physical therapy, podiatry, speech therapy, occupational therapy, and important dental benefits that are “optional” under federal law but essential to Medi-Cal beneficiaries.
- **Maintain Funding for Outreach and Enrollment** for community groups to help consumers enroll in and retain health coverage and access medical services, especially critical for communities of color and others that face barriers.

CONTROL COSTS AND IMPROVE QUALITY: Californians should not be concerned with the rising cost of their care in the middle of a pandemic, and costs should not be inflated out of control by the health industry. These proposals were enacted to protect consumers and ensure transparency and accountability in the health sector:

- **Institute Rate Reporting in the Individual and Small-Group Markets** to better understand the types of health coverage that Californians are purchasing, and to track the costs. *AB 2118 (Kalra)*
- **Establish a Health Care Cost Transparency Database** within the Office of Statewide Health Planning and Development (OSHPD) that collects and streamlines health information to track and inform policymakers on health care costs, quality, and equity from available data sources, while preserving privacy. *(Wood)*
- **Create a State Label to Manufacture Generic Drugs** which allows the state to contract for manufacturing of specific generic medications, fixing market failures and driving a better price for California and consumers. *SB 852 (Pan)*

UNCOMPLETED BUT ONGOING EFFORTS

We cannot fail unless we stop trying, and our coalition is committed to continuing the work to expand coverage, including **additional affordability assistance in Covered California**, and getting to the **#Health4All goal of opening Medi-Cal to all who are income-eligible, regardless of immigration status**. While these bills and proposals are stalled, we expect the work on these issues to continue in the new year:

COST/CONSUMER PROTECTION

- **Ban Surprise Emergency Room Billing** by preventing bills for out-of-network hospital ER visits so consumers are only billed for their in-network co-pay or deductible, and setting a fair provider payment standard. [AB 1611 (Chiu) Co-Sponsored by California Labor Federation and Health Access California]
- **Oversee Hospital Consolidation** by strengthening and extending the oversight of the California Attorney General on health care mergers, acquisitions and other transactions while also giving the AG additional authority to counter the anti-competitive effects of health care consolidation. [SB 977 (Monning) sponsored by the CA Department of Justice]

EQUITY AND QUALITY

- **Ensure Quality in Medi-Cal Managed Care** by requiring these plans to procure their contracts with the state every five years in order to ensure plan accountability, quality, and stakeholder engagement. Also requiring plans to meet certain criteria, including health care quality, network adequacy, and accessibility, in order to bid with the state. [SB 936 (Pan) Co-Sponsored by California Pan Ethnic Health Network and Western Center on Law and Poverty]
- **Create a Doula Pilot Program to Decrease Health Disparities** to provide doula care for pregnant and postpartum Medi-Cal enrollees in 14 CA counties with the highest birth disparities. Doulas provide individually tailored, culturally appropriate, and client-centered care and advocacy, potentially reducing the impacts of racial bias. [AB 2258 (Reyes) Co-Sponsored by Western Center on Law and Poverty, National Health Law Program, and Black Women for Wellness]
- **Field Test Translated Medi-Cal Documents** for the many Medi-Cal beneficiaries who do not understand the materials they get, requiring they be written in simple, and culturally appropriate language, and be subject to field testing (a review of translations for accuracy, cultural appropriateness, and readability by native speakers). [Advocated by California Pan Ethnic Health Network and Western Center on Law and Poverty]
- **Streamline Enrollment** into Medi-Cal for those in the WIC program through express lane enrollment. [SB 1073 (Gonzalez) Sponsored by The Children's Partnership]
- **Raise the Assets Limit for Seniors in Medi-Cal** so they don't lose care for having small amounts of savings. [AB 683 (Carrillo) Co-sponsored by Western Center on Law and Poverty, National Health Law Program, & Justice in Aging]

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