



Campaign Accomplishments: 2018-2021

In the four years since the launch of the #Care4AllCA campaign with over 75 health, community and consumer organizations, California is showing the nation a path to achieve a universal health care system that is affordable, accountable, and equitable to all Californians, through the passage of over 30 bills and budget items:

PROTECTED PATIENTS, SHIELDING CALIFORNIANS FROM CUTS AND THE SABOTAGE OF OUR HEALTH SYSTEM

When the Trump Administration took steps to undermine our health system, from making it harder to enroll to lowering benefit standards to destabilizing our insurance markets and increasing premiums, California countered:

- **Prevented substandard insurance** like “junk” coverage that can exclude patients with pre-existing conditions or don’t cover basic services like maternity care, mental health, and prescription drugs.
 - **Banned substandard so-called “short-term” coverage.** SB 910 (Hernandez) in 2018.
 - **Limited the sale of substandard “association health plans.”** SB 1375 (Hernandez) in 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. AB 2499 (Arambula) in 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) in 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) in 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 took first-in-the-nation actions to universal coverage:

- **Increased affordability assistance in Covered California:** Enhanced state subsidies starting in 2020 helped nearly a million Californians better afford care, reducing their premiums and cost-sharing, much needed in a high-cost state. The new state financial help became a model for federal affordability assistance in 2021. Additional changes would cover \$1 premiums to create real zero-premium coverage for hundreds of thousands of Californians, and study the potential of directing state subsidies to reduce cost-sharing. (Pan, Wood). AB 174 (Wood) in 2019 requiring reporting on state subsidy impacts.
- **Expanded Medi-Cal to all young adults and older Californians, regardless of immigration status, toward the goal of #Health4All:** Over 140,000 income-eligible young adults were newly eligible for Medi-Cal starting January 2020, and another 230,000 Californians aged 50 and above will be eligible starting May 2022. (Arambula, Durazo)
- **Increased Medi-Cal eligibility for low-income seniors:**
 - **Eliminated assets test** for seniors in Medi-Cal. (Carillo) in 2021
 - **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 health coverage** by fixing Medi-Cal income counting rules that cause some individuals to continually bounce in and out of free Medi-Cal: AB 1088 (Wood) in 2019.
 - **Prevented reinstatement of “estate recovery”** that deterred enrollment from seniors afraid of losing their family home.
- **Invested in outreach and enrollment:** Funded counties to contract with community-based organizations to provide Medi-Cal enrollment and health navigation assistance. Also **funded field testing for translated Medi-Cal documents.**
- **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) in 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:

- **Lower maternal mortality rates, especially for black women.** While California has decreased maternal mortality during childbirth, mortality rates remain three to four times higher for black women.
 - **Require implicit bias training for perinatal providers** and improve data collection. *SB 464 (Mitchell) of 2019.*
 - **“Mom”nibus, including Medi-Cal doula coverage and post-partum coverage.** Supported a package of efforts to holistically support birthing people and their babies through income support, expanding access to Medi-Cal coverage in the postpartum period to 12 months, expanding access to doulas and midwives, and improving investigation of maternal and infant deaths. *SB 65 (Skinner) of 2021.*
- **Report on quality and equity**, to better identify disparities in order to better address them.
 - **Require Covered California to provide plan-specific reporting on cost, quality and disparities.** Covered California plans must provide enrollee data so Covered California can report annually on and publish plan-specific cost, quality, and disparity data. *AB 929 (Luz Rivas) of 2019.*
 - **Require equity reporting for hospitals.** The new Department of Health Care Access and Information (HCAI) will require hospitals to submit race-disaggregated quality data and develop an 'equity plan' on how to address any identified disparities. *AB 1204 (Wicks) of 2021.*

INSTITUTED NEW OVERSIGHT ON HEALTH CARE PRICES

Our campaign seeks 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 reporting and rate review on health insurers:**
 - **Instituted rate reporting** in the individual and small-group market. *AB 2118 (Kalra) of 2020.*
 - **Large-group health insurance rate review** 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.*
- **Established a Healthcare Payments Database.** *(Wood) in 2020.*
- **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.*
 - **Created a state label to directly contract to manufacture generic drugs.** *SB 852 (Pan) of 2020.*
 - **Regulated pharmacy benefit managers (PBMs).** *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 Care4All California campaign is complementary with other state and national efforts to get to the goal of universal coverage, such as the work of the **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.”