IN 2022
Health Access led or supported efforts to secure crucial commitments to improve health care access, quality, equity, and affordability for Californians. In many cases we helped provide real relief to individuals and families immediately, while also advancing longer-term efforts on the work to help all Californians with the cost of coverage and care.

OFFICE OF HEALTH CARE AFFORDABILITY
+ After years of advocacy lead by Health Access, a new Office of Health Care Affordability will be established in the coming years that aims to prevent the ever-inflating health care prices for all Californians, regardless of if they get coverage through an employer, public program, or individually. **The new Office will set enforceable cost targets for the health industry, with accountability and the potential for fines** if they are not able to justify higher increases. This represents California’s biggest effort in many years to address the longstanding concern about rising health care costs.

MEDI-CAL IMPROVEMENTS

**Health4All**
+ Starting in May of 2022, Medi-Cal expanded to what is now 270,000+ undocumented Californians aged 50 and over.
+ After years of advocacy by the #Health4All campaign, co-chaired by Health Access and the California Immigrant Policy Center (CIPC), the state budget signed in June commits to **fully remove the exclusion in Medi-Cal based on immigration status, opening up this program by January 2024 to another 700,000 income-eligible Californians, ages 26-49**. It’s a recognition of the lessons of the pandemic that all Californians benefit when everyone has access to primary, preventive, and comprehensive care.
+ After Health Access and CIPC intervened, the Department of Health Care Services (DHCS) also committed to ensure that no undocumented young adults “age out” in the interim period leading up to the January 2024 implementation, ensuring **continuous care for 30,000 Californians**.

**Access & Affordability**
+ Due to support from many health care advocates, this year’s budget **eliminates premiums in Medi-Cal** for hundreds of thousands of children, people with disabilities and others who were just over certain income thresholds.
+ The budget also committed to a **reduction in share-of-cost** in Medi-Cal for other low-income seniors and people with disabilities.
+ The budget invests to ensure **continuous coverage** in Medi-Cal for young children to age five.
Quality & Equity
◆ The budget invests in, and the DHCS has proceeded with, implementing CalAIM reform, including the expansion of benefits to include community supports to provide preventive and upstream care and coordination of care to especially vulnerable populations like the unhoused, an effort which Health Access has supported.
◆ After input from health advocates and stakeholders, DHCS developed a new contract with higher and different standards and enforcement for all Medi-Cal managed care plans starting in 2024.
◆ For the first time in decades, all commercial plans were rebid, resulting in shifts in business among Molina, HealthNet, and Anthem, and the expectation of improvement before a future reprocurement in five years.
◆ A fourth plan, Kaiser, now has a direct state contract to improve continuity of care, accountability, quality, and capacity in Medi-Cal.

INSURER ACCOUNTABILITY
◆ Health Access advocated for greater insurer oversight over commercial plans at the Department of Managed Health Care (DMHC) as they develop new health quality and equity standards, and at Covered California as it adopted new contracts.
◆ SB 858 (Wiener), sponsored by Health Access was signed into law to modernize and increase the fines when health plans violate the law and patient protections.
◆ Another Senator Wiener bill, SB 923, co-sponsored by the CA LGBTQ HHS Network and others, was signed into law that is a key advancement for ensuring access to gender-affirming care.

COVERAGE CONNECTIONS
◆ The Governor also signed three bills sponsored by Health Access (SB 967, Hertzberg; SB 644, Leyva; and AB 2530, Wood) that will help Californians get and stay on coverage, when they file their taxes, apply for unemployment insurance, and go on strike.

PRESCRIPTION DRUGS
◆ At the state level, the Administration implemented its Medi-Cal Rx program to consolidate purchasing of prescription drugs, for better bargaining with the pharmaceutical companies, an effort supported by health advocates.
◆ The Administration also budgeted $100 million to directly contract to manufacture generics, starting with insulin, to bring the price of drugs down.
◆ At the federal level, the Inflation Reduction Act included reforms sought for decades by Health Access and health advocates, including
the ability of Medicare to negotiate for the price of prescription drugs, starting with a few but eventually expanding.

+ The federal law provides direct benefit to those in Medicare, capping out-of-pocket prescription drug costs at $2,000 in Medicare, expanding assistance to low-income Medicare beneficiaries, and ensuring free access to vaccines.

COVERED CALIFORNIA

+ After hard-fought federal advocacy lead by Health Access in the state, the Inflation Reduction Act extended the enhanced affordability assistance in ACA marketplaces, preventing premiums spikes that would have averaged over $1,000, and would have doubled premiums for many. Instead, Covered California enrollees will continue to get the security, for at least the next three years, that they won't have to spend more than 8.5% of their income or less on sliding scale for a silver-level health plan. Nearly half of Covered California recipients get plans for less than $10/month, and in many cases without a monthly cost.

+ Part of the crucial work ahead is to make permanent this global government guarantee of affordability assistance.

+ Advocates were severely disappointed that with the federal government supplanting state subsidies, California did not aim its affordability assistance on reducing cost sharing—lowering co-pays, and in fact eliminating hospital deductibles in silver plans, now totaling $4,750. Covered California modeled and prioritized options, plans were ready, and $304 million was allocated for this purpose. This now sets up the future campaign for cost-sharing reductions.

HEALTH ACCESS UPDATES

We celebrated 35 years of advocacy

> On November 30th, we held our 35th Anniversary event in Sacramento. We highlighted our accomplishments over the last three and a half decades and discussed what the coalition has in store for our advocacy.

We recognized Anthony Wright for his 20 years as Executive Director

> Anthony Wright has led our team on many successful campaigns to improve the health system for Californians at the local, state, and federal level, making California a national leader in health reform.

Health Access grew its leadership team

> We welcomed Amanda McAllister-Wallner, former director of the CA LGBTQ HHS Network, as our first Deputy Director. She rounds out an expanded executive team with Erin Chandler, our Chief Operating Officer.
CA LGBTQ HHS Network named new Director

Dannie Ceseña took the helm of the Network as its fourth Director, ready to take on the leadership of a growing staff and increasing the footprint of the Network throughout the state.

Our look changed, but our mission has not.

Over a year in the making with our design firm Lunia Blue, we unveiled a new logo and website to better reflect our bold advocacy and added value approach to coalition organizing and policy impact.

2023 OUTLOOK

While health advocates had setbacks in 2022, if we keep fighting, we are never defeated, just delayed. While other issues and campaigns will arise as well, this unfinished business helps form the core of next year’s agenda, including:

+ Winning enactment of Covered California affordability assistance for cost-sharing, with an investment at least the amount raised annually by the state’s individual mandate.
+ As a next logical step of the #Health4All campaign, opening up Covered California to all regardless of immigration status.
+ Seeking the best initial implementation of the creation of a new Office of Health Care Affordability to set enforceable cost targets for the health industry.
+ Winning new oversight by the Attorney General on health sector mergers and consolidation, a prime driver of increasing health care costs; and prohibitions against anti-competitive behavior and contracting practices by hospitals and health systems.
+ Securing patient protections against surprise medical bills and inflated charges by ambulances and emergency services.