

***Bay Area Regional Network Meeting
Building Regional Advocacy for Latino Health
Friday September 7, 2007
10:00am to 12:00pm
The Women's Building, 3543 18th Street #8, San Francisco, CA***

MINUTES

Welcome and Opening Remarks

Vanessa Cajina, Regional Networks Coordinator for the Latino Coalition for a Healthy California

- The BARN was created 4 to 5 years ago in hopes of getting Bay Area Latinos involved in health issues, both locally and statewide
- BARN empowers Bay Area communities to participate in health planning implementation, evaluation, advocacy, and in government's decision-making process.
- Hosted by Latino Coalition for a Healthy California and Bay Area Partners. LCHC is the leading organized voice for policies, services, and conditions to improve the health of Latinos.
- LCHC issue areas include: access to health care (not only access to health insurance, but also access to doctors and culturally/ linguistically appropriate medical care); health disparities; and making sure that communities are healthy to live in.
- LCHC strategies: community education (partially accomplished through regional network meetings); secondary research (research which is reviewed through a Latino lens); and policy advocacy
- How to join the LCHC: become a member or an affiliate member
- LCHC's Bay Area Partners:
 - Alameda Health Consortium—an association of community clinics in Alameda County, specializing in those issues which impact community health centers, as well as issues pertaining to low-income and minority populations in Alameda County.
 - Leah Stevralia, Policy Analyst, Alameda Health Consortium
 - California Immigrant Policy Center (CIPC)—a statewide partnership of four organizations, which coordinate responses to the health and welfare challenges facing immigrants in California.
 - Cary Sanders, Northern California Policy Analyst, CIPC
 - Services, Immigrant Rights & Education Network (SIREN) – organization striving to empower low-income immigrants and refugees in Santa Clara through direct services, community education and leadership development, and policy advocacy.
 - Working Partnerships USA – a collaboration of labor unions, religious groups, educators, and community-based organizations all responding to a widening gap between the Silicon Valley's prosperous employers and the well being of the region's workforce. Through research and policy development, Working Partnerships USA has made some major accomplishments, including the success of a Children's Health Initiative.
 - Brian Darrow, Research Associate, Working Partnerships USA

Healthcare Reform: Where is California going?

Vanessa Cajina, Regional Networks Coordinator, LCHC

- There have been major developments at the Capitol, this week alone, in healthcare reform. This panel will serve to catch us all up to speed, and give us a sort of “State of the Union Address” on the issue. Ellen Wu, Executive Director of the California Pan Ethnic Health Network and Cliff Sarkin, Senior Policy Associate of the Children’s Defense Fund will now discuss, *California’s Healthcare Reform Debate: Where are we and where are we going?*

Ellen Wu, CPEHN

- The California Pan Ethnic Health Network brings together many coalitions, including It’s OUR Healthcare and Having Our Say, which focus on health issues in communities of color and policy agendas which are truly multicultural. CPEHN hosts skill-building workshops to educate communities, and has an array of health-related statistics on its website—look up statistics specific to communities and based on ethnicity.
- Having Our Say Coalition brings people of color to the political discussion table and assures that legislative bills address health disparities relative to communities of color.
- Where are we and where are we going? Ultimately, all of the bills are about money. We, as a state, know how to cover everyone. But, the real question is how do we pay for it? Do employers pay, healthcare providers pay, Individual Mandate, or should everyone pay?
 - AB 8 (Núñez and Perata): a 7.5% fee from the employer’s payroll will go into a purchasing pool for workers. Covers all children 300% below the federal poverty level, regardless of immigration status. It calls to extend Medi-Cal to families of immigrant children who cannot afford healthcare. If the individual mandate is 5% or more of a families’ income, they will not have to pay for healthcare insurance.
 - But, where will the burden fall when we run out of money? We need to find a way to protect consumers from carrying this burden

Cliff Sarkin, CDF

- The Governor’s Bill: proposes coverage of all Californians via shared responsibility. “This (bill) includes everything, and the kitchen sink.” Hospitals, Providers, Individuals, and Employers will all pay-in to healthcare.
- The Governor’s Bill has encountered several draw-backs:
 - Conflict over who should/should not have to pay. What if you can’t afford the individual mandate?
 - The Governor could not get any legislators to sign on the bill—Schwarzenegger is alone.
 - The delayed budget and budget freeze has slowed the process
 - Semantics: fees vs. taxes. Is the individual mandate a fee or a tax? This is a major stopping point for the Governor, because if it is a “tax”, the bill will require a larger 2/3 vote. If it is a “fee”, the bill will only require a simple 50% majority.

Ellen Wu

- AB 8 only has an employer fee. This could be good and bad. The Governor, by taxing more people, is able to bring in more money to the pool and able to expand Medi-Cal using this extra money.

Vanessa Cajina

- On the individual mandate debate, the Governor's bill originally had no protections for affordability. LCHC draws the line here: if individuals are forced to buy a healthcare plan that costs more than 5% of their income, then this bill may do more harm than good. Additionally, there is no guarantee that mandatory insurance will be quality → even if people buy mandatory insurance, they still may choose not to go to the doctor
- The good news is, that affordability language for the Speaker's bill is in progress, and should be released today (9/7/07).

Ellen Wu

- An individual mandate is important, because it may be the only way to truly achieve universal healthcare. In order to get "guarantee issue" (that is, the case in which providers can absolutely not turn *anyone* away, based on health, race, location, or for any reason), you must require everyone to buy insurance. If providers have a high-risk pool of individuals, you have to increase the size of the pool, and essentially include *everyone* (if providers assume more high-risk patients, they need more low-risk patients to balance out the pool).

Vanessa Cajina

- What happened with the Budget? Democrats could not pass their Budget because they could not get even *one* Republican to change their vote. Consequently, the Budget went over 52 days. Animosity from the Budget debate is carrying over into the healthcare debate
- Some legislators are suggesting a healthcare related sales tax. This is a scary concept for Latinos—a regressive tax as such will increase prices and affect everyone, potentially harming low-income Latinos.
- Session ends soon. If the healthcare debate is not resolved, the Governor will call special session → the results from a special session may not be good. The Governor will probably veto AB 8 (he believes healthcare to be too much of a burden to place on employers alone). If AB 8 is vetoed, special session will definitely be called.

Cliff Sarkin

- AB 1 and SB 32: (Expand Medi-Cal and Healthy Families) cover all children up to 300% federal poverty level, regardless of immigration status. These bills are robust children's health packages. If everything else falls apart, these bills move forward, and hopefully (at least) get children covered this year.
- The Governor, his Staff, and Speaker Nuñez are the *only* ones in the Capitol making decisions. They have completely shut out sponsors, democrats, all other legislators from these bills. No one really knows what is going on with them!

Ellen Wu

- The CPEHN report: A Call to Action
- Since communities of color are the ones currently uninsured, 70% of people affected by these bills will belong to a community of color (many of them are also Limited English Proficient).

- We not only need to get these people insured, but we also need to strengthen the safety net in linguistically/culturally appropriate ways, in order to prepare for the newly insured.

Vanessa Cajina

- First, what these bills propose is better than what we have in place now.
- Second, every voice counts... and we must be active in these bills.

Federal Healthcare: SCHIP, ICHIA, and the Deficit Reduction Act

SCHIP and ICHIA: Cliff Sarkin, Children's Defense Fund

- While we work on healthcare in California, there is much more going on federally: SCHIP Reauthorization, for example.
- "Healthy Families" is the California version of SCHIP—each state has its own name for the program. SCHIP started in 1997 (under Clinton's negotiated welfare reform). SCHIP sits on top of Medi-Cal. This means that, if your family income sits above the Medi-Cal maximum, you can apply for SCHIP aid. SCHIP was a 10 year block grant (due to expire September 30, 2007).
- Currently, the federal government's baseline contribution to the states is \$5 billion (that equals \$25 billion over the next 5 years, if SCHIP is reauthorized at the same baseline rate). However, advocates say we need at least \$60 billion over the next 5 years in order to cover the existing gaps in coverage!
- Everyone knew this debate was coming. A few weeks ago, President Bush stated he would veto anything over \$5 billion a year.
- SCHIP has been a successful government aid program → it currently insures 30 million children who wouldn't normally have healthcare. SCHIP is highly supported by taxpayers.
- The House and Senate have both passed their bills, and it is now going to the Congress Conference Committee.
 - Playing Politics: some of the Senate Republicans are putting up blocks on these bills.
- It is very important that we insure a *robust SCHIP Reauthorization*. This is needed, and it is already assumed, in order to make California Healthcare Reforms work!

SCHIP and ICHIA: Cary Sanders, California Immigrant Policy Center

- Within SCHIP Reauthorization, ICHIA is considered by Congress to be one of this year's top priorities.
- ICHIA is a federal bill that would allow states to provide federally funded medical coverage to lawfully residing immigrant children and pregnant women under Medicaid and SCHIP *with no waiting period*
 - Currently, legal immigrants are *barred* from enrolling in Medicaid or SCHIP for 5 years (even if they meet all other eligibility requirements and have no other source of coverage).
 - 5 years is a long time for a child or a pregnant woman to wait for medical coverage!
 - This restriction is resulting in increased ethnic health disparities, and a decreased number of children with healthcare providers (even though they should have SCHIP support).

- California could be a model state for making ICHIA work. Governor Schwarzenegger has stated that ICHIA should be included in SCHIP renewal. And, California is one of 22 states that chose to maintain coverage for legal immigrants during their first 5 years in the country. This sets a great example for the other US states.
- SCHIP Reauthorization: Senate Bill vs. House Bill

Senate Bill	House Bill
--\$35 billion in new spending	--\$86 billion in new spending
--ICHIA not included	--ICHIA included
--Includes Deficit Reduction Act (DRA)	--Allows states the option to reject DRA
--Express Lane= demo project in only 3 states	--Express lane= permanent state option
--No Medicare provisions	--Medicare Provisions

- Bush has threatened to veto even the Senate Bill, which proposes lower costs/ spending. The White House said the (Senate) bill “goes too far in federalizing health care” (*New York Times*, 8/3)
- It is important the Children’s Health and Medicare Protection (CHAMP) and ICHIA- friendly representatives are present in the Congress Conference Committee, if either of these bills is to make it.
- WE NEED TO make call-outs to Pelosi and other Bay Area Representatives to include ICHIA and CHAMP provisions in SCHIP.

Cliff Sarkin

- TO-DO LIST: We need to convince these 5 moderate Republicans to vote yes on these provisions—
 - Brian Bilbray
 - David Dreier
 - Jerry Lewis
 - Ken Calvert
 - Mary Bono
- On August 17th, the Budget debates shut-down states’ ability to access funds. In the meantime, 5 New Rules were created/ proposed to decrease the flexibility of states to use SCHIP funds
 - For example, before expanding SCHIP to cover more than just families below 200% federal poverty level, states must prove that *all* families in the state fewer than 200% federal poverty level are insured. This would be impossible to prove.
 - Another of the rules stated that children must prove they have been uninsured for at least 1 year. This would mean that an uninsured child would have to *wait* a year- with no medical coverage- before receiving SCHIP benefits.
 - Gov. Schwarzenegger has already written a letter stating his disapproval of these new rules.
 - Contact Emma Dolman, 202-224-4744 to write a letter to the President or Congress, regarding these rules.

Deficit Reduction Act: Leah Stevralia, Alameda Health Consortium

- Deficit Reduction Act was meant to affect immigrants who were supposedly receiving Medicaid benefits without being full citizens. This legislation requires that all Medi-Cal recipients, with some exception, will need proof of citizenship documentation to apply for Medi-Cal. You must provide proof of citizenship. But you only have to apply once: either the first time you apply, or your first re-application after passing this bill. You provide proof or prove that you're making a "good faith effort" to get proper documentation.
- California has tried to apply the new guidelines, set-forth by the All-County Welfare Letter, as smoothly as possible. Although California is doing better than in other states, it has been confusing, and there has already been much fall-out.
- The process has been long and taken much time.
- As far as eligibility is concerned, it is not immigrants who are being dropped by the deficit reduction; the people dropping off are those who aren't providing "good faith efforts" to meet the new requirements.

State Legislative and Budget Review: Latino Health in Sacramento

Vanessa Cajina, Latino Coalition for a Healthy California

- Below are updates on 10 Bills *supported* by LCHC in 2007:
- Access to Care
 - **SB 472 (Corbett)** Enables the Board of Pharmacy to standardize the format for prescription drug labels and provide labels that could be translated into other languages.
 - Status: passed out of Assembly, now goes to Governor. *Send a letter of Support to the Governor!*
 - **SB 564 (Ridley-Thomas)** Would create a grant program to expand the number of school health centers; expands the definition of school health centers to provide routine assessments, health promotion services, and outreach.
 - Status: Became a 2-year bill
- Health Disparities
 - **SB 615 (Oropeza)** would create a loan repayment program for pharmacy technicians by collecting \$10 from professionals when reapplying from their license on a biennial basis.
 - Status: Passed out of Assembly, now goes to Governor. *Send a letter of Support to the Governor!*
 - **AB 269 (Eng)** would report data from dentists (cultural, ethnic and language) and would make this information available by zip code of primary practice.
 - Status: Passed out of Senate, now goes to Governor. *Send a letter of Support to the Governor!*
- Community Health
 - **AB 898 (Saldaña)** would create a pilot program in 3 school health centers throughout the state to have *promotores* provide diet education and obesity prevention.
 - Status: Has become a 2-year bill

- Other BARN legislation
 - **AB 1 (Laird) and SB 32 (Steinberg)** Create health care coverage for ALL children under 300% federal poverty level and eases the enrollment process for Medi-Cal/ Healthy Families
 - Status: Awaiting a vote from both Senate and Assembly
 - **SB 120 (Padilla)** Would require specified food facilities (chain restaurants) to provide nutrition information on their menus
 - Status: Awaiting vote from the Assembly
 - **AB 1472 (Leno)** Established the California Healthy Places Act, requiring state agencies to work together to improve environmental health and provide assistance and funding to local governments
 - Status: Held in Senate Appropriations Committee
 - **AB 12 (Beall)** Creates the Adult Health Coverage Expansion Program in Santa Clara County to provide healthcare coverage to workers through an employer.
 - Status: Awaiting a vote from the Senate
 - **SB 48 (Alquist)** Would expand and support healthy retail food outlets in underserved communities, as well as technical support to existing food retailers to improve food choices.
 - Status: Held in Assembly Appropriations Committee
- ***The California Budget:*** 52 days late (the third latest budget in state history) and \$700 million short. The budget stalemate resulted in the Governor “blue penciling” (that is, cutting without consulting anyone) millions in order to appease Senate Republicans. Most of the cuts coming from Health and Human Services, including:
 - AB 2911 (Discount Prescription Program) *Program delayed, \$6.3 million cut*
 - SB 437 (Medi-Cal/Healthy Families self-certification pilot program; the original universal healthcare for children bill) *\$15.4 million cut*
 - Outreach and enrollment for Medi-Cal/Healthy Families *\$15 million cut*
 - Medi-Cal managed care rates (incentives for doctors to help Medi-Cal families) *\$53.1 million cut*
 - Cal WORKS COLA suspension *\$124 million cut*
 - Expanded Access to Primary Care Program *\$10 million cut*
- We try to place **action** in our Regional Networks: there is a lot that **you can do!**
 - It’s OUR Healthcare has already made much progress—bringing hundreds of people to the Capitol, and speaking with legislators about the need for affordable, comprehensive coverage.
- In a final push, It’s OUR Healthcare wants to call 1000 legislators by September 14! *Pick up the phone, and make your voice heard! You may even use the script below,*
 - *Tell them who you are, where you’re from, and that you want healthcare that you can afford to buy AND use.*
 - Gov. Schwarzenegger San Francisco Office: 1-866-579-5982
 - President Pro Tem Perata (East Bay): 1-866-541-1386
 - Senator Yee (San Francisco, Daly City): 1-866-302-6740

ADJOURN