

***Los Angeles Regional Network Meeting (LARN)***  
***Los Angeles Chamber of Commerce***  
***350 S. Bixel Street***  
***Los Angeles, CA***  
***September 14, 2007***  
***9:00am to 12:30pm***

**Welcoming Remarks, Member Introductions -- 9:38am**

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

- The mission of LARN is to engage the Los Angeles area Latino community at the local level; support Latinos to interact with other community leaders and elected officials; and contribute to their active participation in government's decision-making process.
- Current LARN priorities include:
  - Access to healthcare
  - Community health (better food and recreation choices for the L.A. Area)
  - Health disparities in the Latino community
- About the Latino Coalition for a Healthy California:
  - Leading voice for policies, services, and conditions to improve the health of Latinos
  - Three strategy approach: community education (outreach via Rapid Response Network, and Regional Network meetings); Research (secondary research viewed through a Latino lens); Policy advocacy
  - How to become an affiliate or dues-paying member of the LCHC
  - For more information, please contact us at: 1225 Eighth Street, Suite 500, Sacramento, CA 95814. Or by phone, (916)448-3234. Or by email, [lchc@lchc.org](mailto:lchc@lchc.org)
- LCHC partners: Alliance for a Better Community and COFEM

Sandra Trinidad, Health Policy Analyst, Alliance for a Better Community

- ABC is a nonprofit organization promoting equality for Latinos in education, health, economic development and civic participation throughout the Los Angeles region.
- Current Health Policy areas include: Student Wellness Policy (cafeteria foods and education); Joint Use; Enrollment of Children in Health Insurance Programs; Opportunities that increase physical activity and access to healthy food.

**Latino Health in Los Angeles County: Pressing Issues, County Actions --10:00am**

Martha Jimenez, Senior Health Deputy, Office of Los Angeles County Supervisor Gloria Molina

- At this time, the Office of LA County Supervisor Molina is focused on three major issue areas:
  - The closure of Martin Luther King Jr Harbor Hospital
  - Health Care Reform
  - The LAC/ USC Replacement Facility
- MLK Hospital

- Last fall, the MLK Hospital failed a major survey conducted by the CMS (U.S. Centers for Medicare & Medicaid Services). The survey revealed that the hospital was not in compliance with a number of Medicare Conditions of Participation. As a result, the CMS terminated its \$200 million contract with the Hospital. The Metro Care Project was downsized (from 100 hospital beds to 40 hospital beds).
- In August, CMS relayed another survey—which ultimately noted deficiencies in hospital staff, the administering of help, and so on. The Medicare Provider agreement with the hospital was terminated effective August 15, 2007. Thus marking an end to nearly four years of failed attempts to reform the historic institution.
- Both the State and CMS played parts in the closing of MLK Harbor Hospital
- The community served by this institution is severely impacted by low income families, statistically uninsured, and in need of health care the most
- The Supervisor has had a major focus on opening new facilities—facilities that provide quality, linguistically- and culturally- appropriate care.
- Health Care Reform
  - Of the 10.2 million people living in Los Angeles County, ~3 million are uninsured. Ideally, the Board of Supervisors wants to insure everyone.
  - The Governor has said he will veto AB 8, Speaker Núñez’s and Senator Perata’s proposal. They will hold a special session for healthcare reform, as well as water issues.
  - Supervisor Molina believes that if we have more people insured and using preventive care, that would take the burden off emergency and urgent care providers, where LA County faces many problems. However, these systems will have to be up and running and have providers available to treat everyone who is newly insured in this interim.
  - We will need higher provider reimbursement rates to treat new Medi-Cal beneficiaries, as well as a transition process.
  - LA County could reduce by 23% the number of patients served in emergency rooms and urgent care facilities if we can move more people into preventive care.
- Replacement Facilities
  - The Supervisor wants larger facilities. However, many things contribute to the provision of such facilities: there are 4 health facilities existing in LA County; 1,502 budgeted beds; 688,000 patients being served; the average length of stay for a patient must be 5.5 days in order to continue services for new patients; OSHPD has increased costs for facilities
    - Considering everything, the county is doing fairly well. The cost of the LAC and USC Med Center is on the lower end, given the # of beds in the facility.
- Overall, good things are happening, but the County needs to maintain and become more efficient

- In regards to language access in hospitals, the county recognizes problems, due to gaps in coverage. Although language access is federally mandated, providers have troubles with federal reimbursements for interpreters. Ultimately, language services must be provided and both the County and Federal Government need to be held responsible.
- As LA County has been designated a medically-underserved area, with a medical-professional shortage, it is imperative to focus on and strengthen community clinics, for, this is where most area patients will turn. Especially since the closure of MLK Harbor Hospital.

## **Latino Health in the Capitol: Legislation, Budget, and Healthcare Reform –**

**10:40am**

Vanessa Cajina, LCHC

### **Legislation**

- Today was the last day for bills; everything has now gone to the Governor's desk for final consideration
- LCHC sponsored 5 bills this year—the most we've done so far.
- SB 472: It's looking like California will be the first state in the U.S. to standardize and translate prescription drug labels.
- SB 564: Expansion of school health centers. This bill has become a 2-year bill, due to a lack of financing. This action is better than a veto, because we will see it again next year.
- SB 615: Promotion of workforce diversity development through the creation of a loan repayment program for pharmacy technicians. The bill has passed through the Assembly and now goes to the Governor's desk. Please send a letter of support!
- AB 269: Would report ethnicity and languages spoken of area dentists, available by zip code. The bill has passed through Senate and now goes to the Governor's desk. Please send a letter of support!
- AB 898: Creates a pilot program to implement the *promotoras de salud* model in school health centers. Has become a 2-year bill, due to lack of financing.
- AB 1 & SB32: Creates universal health care for all children in California. Passed in their respective houses and now go to Governor's desk. Please send a letter of support! Stay tuned for bills in November regarding health care reform: the Governor may run into problems passing any bills that impose new taxes/ fees to achieve health care reform—partisan politics are carrying over from the Budget Debates.
- SB 120: Would require all chain restaurants to report nutrition information (calories, carbohydrates, sodium, trans fat, and so on.) on menus. Currently, male adolescent Latinos on average eat fast food at least 3 times a week, and the obesity epidemic is widely affecting low-income areas! The bill has passed through Assembly and now goes to Governor's desk. Restaurant associations are strongly opposing this bill, and have made their presence known at the Capitol. Please send a letter of support!
- AB 1472: Creates the Healthy Places Act, to improve environmental health, and provide healthy spaces to people. The bill died in suspense—being held in Senate Appropriations Committee. We may see this bill again next year.

- SB 48: Expands and supports healthy retail food outlets in underserved communities. This would make fresh fruits and vegetables available and improve food choices. The bill is in suspense—being held in Assembly Appropriations Committee.

### **The California Budget- 52 days late and \$700 million short**

- Partisan debates resulted in passing the third-latest budget in state history. While in deliberation over the budget, the houses could not work on *any other* bills. For this reason, we are not any closer to achieving health care reform. In order to finish the Budget, the Governor “blue penciled” over \$700 million to appease Senate Republicans. This means he did not negotiate or consult anyone on the changes.
- Real people are hurting and many have lost their jobs due to the cuts—the majority of the cuts came from Health and Human Services.
- Some of the cuts include:
  - 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*

### **Healthcare Reform**

- Local Health: South L.A.!
  - Proposed Interim Control Ordinance to prohibit the establishment of fast food restaurants in South L.A. for one year. Currently 65% of retail space in this area is occupied by fast food, leaving very few healthy food options to the community. Therefore, this moratorium will allow S.L.A to screen new outlets coming in, and reject those which fail to offer better food choices.
  - This is only the first of many steps to creating a healthy community—but nonetheless a step in the right direction.
  - Perhaps we should, instead, offer benefits to existing businesses which offer healthy choices.... Or build incentives to bring in farmer’s markets (note: it has been shown that people in low-income communities will not chose farmer’s market over fast food, simply because fast food is cheaper).

### **Federal Health Legislation: SCHIP reauthorization**

11:10am

Kim Brettschneider, Interim Executive Director, Children’s Defense Fund – California

- In the fight for access to healthcare, Kim presents three extreme cases of children who did not have access to healthcare: 2 children who died of a tooth abscess, and

one child who should have received federal/ state subsidized healthcare, and died because his application was lost in the mail.

- Any progress that California hopes to achieve in healthcare will be prevented by the failure to reauthorize SCHIP on the federal level. For, the funding of many Californian healthcare reform initiatives depend heavily on federal SCHIP money coming in.
  - “Healthy Families” is the California version of SCHIP (State Children’s Health Insurance Program)—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 you’re family 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!
  - SCHIP has been a successful government aid program → it currently insures 30 million children who wouldn’t normally have healthcare.
- Bush has threatened to veto anything over \$5 billion
- What can you do?
  - Send a postcard for SCHIP support
  - Go to <http://www.familiesusa.org/resource-centers/medicaid-action-center/> for updates and sample letters of support
  - Call a congressional rep and tell them what your community needs and why you support SCHIP. Your voice counts!!
    - Brian Bilbray
    - David Dreier
    - Jerry Lewis
    - Ken Calvert
    - Mary Bono

### **Deficit Reduction Act update: Medi-Cal proof of citizenship guidelines**

11:30am

Michelle Lillienfield, Supervising Attorney, Health Consumer Center of Los Angeles

- The Basics of the Deficit Reduction Act:
  - DRA does *not* say that only US citizens will receive Medi-Cal benefits. However, the messaging is confusing; the message conveyed is that only U.S. citizens will be eligible
  - DRA has promulgated all sorts of myths. The Latino community is “word of mouth”, relying heavily on what they hear → we need to give people the proper information and avoid confusion
  - DRA was developed to avoid fraud (to avoid people who are ineligible for benefits from taking advantage of Medi-Cal system). So far, the government has spent millions on searching for cases of fraudulent abuse of benefits...*and they have only found three cases of fraud!!*

- DRA implementation has been disastrous so far! DRA Standards are confusing; difficulties explaining to the mentally disabled; not all U.S. citizens have records of birth (for example, many from Louisiana lost their birth certificates to Hurricane Katrina; many African Americans from the South do not have records because pre-Civil Rights hospitals did not serve African Americans; and so on).
- DRA only requires *US Citizens to prove* their identity and citizenship. NOTHING CHANGES FOR non-US citizens. Non-citizens should continue to follow existing documentation rules for immigration status and identity.
- Not all U.S. Citizens have to produce documents. Exceptions include citizens on SSI or Disability, CalWORKS, Presumptive Eligibility, Minor Consent, Accelerated Eligibility, CHDP, School lunch, SPE, Deemed Eligible Infants, Foster Care, Adoption Assistance, Kin-Gap, and Medicare. These are all considered gateway programs to Medi-Cal (no need to worry about citizenship)
- DRA Rules for US Citizens and Nationals *applying* for Medi-Cal
  - To be eligible for full scope benefits, must provide ORIGINAL or certified proof of citizenship/nationality and proof of identity.
  - If you can't provide documents, you'll still receive some other level of benefits (just not full scope).
- DRA Rules for US Citizens and Nationals *already receiving* Medi-Cal
  - During annual redetermination of benefits, recipient must provide ORIGINAL or certified proof of citizenship and proof of identity.
  - If you can't provide documents, you only need to show a "good faith effort" towards getting the documents in order to continue receiving full scope benefits.
- Documents are only required ONE TIME
- Notices of new DRA rules will be sent to all Medi-Cal beneficiaries on the week of September 17<sup>th</sup>
- Implementation in Los Angeles:
  - Beneficiaries need to WAIT and communicate with county authorities (not state authorities). Notices from the state are purely informational; the burden of implementation is solely on the county level.
  - L.A. County is enormous! They must first prepare before implementing. DPSS will hire special teams who will be available in the lobby of buildings, and whose sole purpose is to verify documents of beneficiaries.
  - We recommend NOT putting any original documents in the mail; bring the documents in personally. DPSS will copy, return and give receipt. This only need be done once!
  - Call MCHA to set up implementation: 213-749-4261
  - Call the HCC Telephone Hotline for any problems/ concerns/ questions. 1-800-896-3203. Mon, Tues, Thurs, or Friday from 9am to 11:45am. Say the magic words "technical assistance" to be referred to the attorney of the day. The advice/ assistance is FREE to all L.A. County residents with an income up to 200%fpl

**California's Healthcare Reform debate—Were are we and where are we going?**

11:50 am

Vanessa Cajina, LCHC

Sandra Trinidad, Alliance for a Better Community

- AB 8 and the Governor's Proposal
  - The similarities between the two are striking (not the differences).
  - AB 8, the legislative Democrats' plan, has passed through Assembly and Senate. It contains clauses for affordability, employer contributions, and public programs expansion.
  - The Governor has said that he would veto AB 8 in its current form, for four basic reasons:
    1. AB 8 is not universal; employer coverage will not guarantee health care for all Californians. The Governor calls for an Individual Mandate to hold everyone responsible for paying into health care, and the LCHC supports the Individual Mandate, so long as affordability language is included for the low-income, below 300% of FPL.
    2. AB 8 does not include "guaranteed issue". Unless *everyone* (especially the young and healthy) contributes to the health insurance pool, health care providers will continue to reject the sick and unhealthy as a means of cutting their own risks. An Individual Mandate would require everyone to pay in, and would therefore guarantee insurance for the healthy and the sick.
    3. AB 8 relies on employers to fund it—and the Governor believes that is not enough. The Governor's plan would rely on providers, insurers, employers, and individuals to fund it, creating a much larger pool.
    4. AB 8 does not increase Medi-Cal provider compensation. As it is, hospitals have very little incentive to serve Medi-Cal beneficiaries, because Medi-Cal reimbursements to providers are lower than privately-negotiated rates.
- Where is Healthcare going?
  - The Gov. and Leadership have agreed to meeting in a special session to pass healthcare reform
  - The session will likely produce broad policy components that both parties have agreed to in theory
  - Will likely agree to put the financing measures on a ballot. *Watch out!!!!* The ballot will propose (1) a hospital and provider tax – the hospitals agree with this tax, because they stand to gain in the future (via Medi-Cal provider compensation, etc.) OR (2) A SALES TAX – this is a regressive tax = bad for Latinos. Latinos tend to have lower incomes, and the low-income will be hit hardest by a regressive sales tax (it is the equivalent to an increase in the cost of living... making food and supplies *more and unnecessarily* expensive to them).
- 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.

**Take Action—previous progress and what you can do now**

- LCHC has accomplished many things in Los Angeles: Latino Health Advocacy Day, making district visits to 10 Los Angeles legislators and their staff. Also, a Town Hall forum on healthcare.
- Every voice counts! Every phone call, letter, etc. to a legislator is logged. If certain issues are recurrent (whether they be in support of something or against something) they often find their way into the agenda of that legislator (it is their responsibility to represent the wants and needs of their constituents).
- In a final push, It's OUR Healthcare wants to call 1000 legislators! *Pick up the phone, and make your voice heard! You may even use the script below,*
  1. *Tell them who you are, where you're from, and that you want healthcare that you can afford to buy AND use.*
  2. Gov. Schwarzenegger Los Angeles Office: 1-866-396-0812
  3. Speaker Fabian Nuñez: 1-866-567-2194
  4. Senator Lou Correa: 1-866-535-1744

**Adjourn**

Approximately 12:15pm