

***Bay Area Regional Network Meeting
Creating Regional Advocacy Infrastructure
Tuesday, December 4, 2007
12:30pm to 3:00pm
Biblioteca Latinoamericana, 921 S. First Street, San Jose, CA***

MINUTES

12:30pm

Registration and Lunch

12:47pm

Welcome and Opening Remarks

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

- Welcome to the last quarterly BARN meeting for 2007. Please take a moment to recognize all of our funders who are present (Blue Shield Foundation of California, Health Net) and all of our regional partners who help make this meeting possible.
- 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.
 - Basil Robledo, SIREN

- 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.
 - Sarah Muller, Associate Policy Director, Working Partnerships USA
- Ultimately, we want to give you information, we want you to meet other people in the room, and we want you to make a call at the end of this meeting- or at least note the phone numbers, to make your voice heard in the community
- Member introductions

Keynote Address

The Honorable Jim Beall, California State Assembly

Vanessa Cajina, Latino Coalition for a Healthy California

- Prior to his service in the Assembly, Jim Beall served for twelve years on the Santa Clara County Board of Supervisors, and for 14 years on the San Jose City Council. He currently represents the 24th Assembly District, which includes Campbell, Saratoga, and parts of Santa Clara, San Jose, and Los Gatos.
- Assemblymember Beall was appointed Chair of the Assembly Committee on Human Services and Chair of the Assembly Select Committee on Drug and Alcohol Abuse. Additionally, he serves on Committees on Budget, Higher Education, Veteran’s Affairs, as well as the Budget Sub Committee #1- Health and Human Services. His legislative interests include Human Services, Transportation, Health, and Education.
- Assemblymember Beall is a great advocate for the underserved and low income populations of California. We are honored to have him serve us and hear from him today.

Assemblymember Jim Beall

- I have been in the Legislature for exactly one year, today. In one year, I haven’t absorbed everything, but I have come a long way
- The introduction of AB 12, to allow the children’s health initiative to expand to working adults in Santa Clara County. This bill worked with Working Partnerships USA (among others), and was consistent with shared responsibility—calling for workers, employees, and so on. To contribute to the health plan
- More people are eligible for either Healthy Families of Medi-Cal, or they are becoming uninsured
- In Santa Clara County, only 39% of individuals who are employed and live below 300% fpl have insurance.
- AB 12 would be administered by Santa Clara County Health Plan. Eligibility for program: gross annual income is <300% fpl and the employer’s consent.
- The year of “healthcare reform” is almost over! We absolutely need an agreement and need to expand health care coverage
- Hopefully, there is a last minute agreement in special session, because everyone is in need of health care—not just emergency care.

- The sticking points are on the Governor. The question is, “how far is the Governor willing to go?” He is needed in order to close this deal
- If no solution is reached, something like AB 12 may be the solution, going county by county to cover adults (of course, having some sort of accountability clause)
- Issues with the Budget
 - The budget is \$10 billion in the red
 - There will continue to be similar problems in the future
 - Our revenue system is antiquated
 - The public does not want massive trusts; they do not want to cut services
 - Bonds continue to pay off deficits rather than the incorporation of new programs
 - The issue is not that we are spending too much money; we are shifting money to pay off debts, with bonds
- The Spending Issue
 - The State makes exceptions to spending in the following areas:
 - Public Safety
 - Primary Education—which is currently being paid the bare minimum contribution from the state
 - Higher Education—increased spending due to increases in enrollment fees
 - When I [Asm. Beall] was a student at San Jose State University, I was a work study student, working my way through the university by working in the fields for over 10 years. Now, due to increased student fees, this is impossible. Kids can no longer work their way through college; they have to take out loans.
 - The truth of the matter is, that Health Care and Higher Education will get us out of poverty!
- Health Care Spending
 - Medi-Cal reimbursement: hospitals are only reimbursing 45 cents to every one dollar. This is something that restricts our public health system.
 - Private Insurance: only 20% of substance abuse cases are covered by private insurance. 80% of substance abuse patients seek public help! Private insurers turn away “problem” patients, therein neglecting Latinos, the underserved communities, and so on.
- Where are we with the Budget?
 - Republicans will not cut Public Safety spending, so where else can we look to cut money?
 - Look for state revenue raising ideas that won’t affect the economy
 - \$17 billion worth in tax credits were issued by the state. We need to review *who* isn’t paying taxes. For example, it is not in the public’s best interest to issue tax credits to people owning yachts! Nor should we issue tax credits for the production of Hollywood movies. These tax credits do not help our communities.
 - “La cucaracha” come crawling out towards the end of session, trying to propose cutting the safety net programs, yacht tax credits, and so on. At *the last minute* because they do not have to go through the full legislative process!

- On a side note, a tax credit only requires a 50% majority in order to pass. Yet a 2/3 majority is required in order to repeal the tax.
 - We should require stricter standards for the adoption of tax credits: demand the legislators prove the tax credit's worth to communities and necessitate a 2/3 vote to pass.
 - EVERY TIME we go through the budget, programs that serve poor people are the ones cut at the last minute. It is never the yacht owners that lose their benefits; it is the Cost Of Living Adjustment (COLA) programs and the poor people.
 - The Budget System is racially and ethnically biased, socially unjust, and is currently preventing Health Care Reform from happening.
 - Minority rules a majority in the Legislature. They target the immigrant population in their budget cuts, ALL because they have the power to do so. We need people in the Legislature who represent our state, since our state's desires are not being met. We can not seem to get those in power to agree on our needs.
 - As Chair of the Committee on Drug and Alcohol Abuse, I know that substance abuse is another big problem that leads to budget issues (i.e. prisons and public safety). Substance abuse is not just a social problem, it's a medical problem. Abuse leading to health problems among other things.
 - AB 423 was vetoed. It would have made it mandatory that health insurance programs treat mental health/ substance abuse patients who are already insured. This would then enable 18.3 million people who have insurance to receive mental health and substance abuse treatment as part of their coverage.
 - It is hard to believe why this was vetoed, since it would only cost an addition \$6 in premiums per year! HMOs opposed this idea, and caused it to be vetoed.
 - In terms of social justice, the underserved are truly impacted by this veto. Latinos and Blacks have a higher proportion of mental illness and substance abuse within their communities

1:33pm

Local Response to Covering Adults: Best Practices on Health Insurance Expansion

Dick Hodgson, Vice President of Policy and Planning, San Francisco Community Clinic Consortium

- Mayor Gavin Newson has said that it is San Francisco's responsibility to "Provide access to health care for all of San Francisco's uninsured." (In the City of 775,000 people, there are an estimated 82,000 uninsured).
- Planning
 - The language used for this proposal is specific: it was realized that "health insurance" was a state administered product (not run by cities). So, the City decided to call their product "access to health care"
 - The Mayor gave the City Council 100 days to come up with a plan to provide access. They did come up with the idea, and formed 8 committees to work on logistics

- Healthy San Francisco is a “work in progress” even today, as they are still developing the details
- Legislation- Health Care Security Ordinance, has two components:
 - Health Access Program (which is now called “Healthy San Francisco”)
 - Employer Mandate (starting January 2008) calling for a “pay or play” system
- Eligibility for the program
 - You must be uninsured for a specified amount of time (this will avoid crowd-out from those who chose the public plan over private health insurance)
 - You must live in San Francisco (you cannot just work there and receive benefits; you must live in the city)
 - Undocumented individuals will also be eligible via a city-funded program
 - You must be 18-64
- Services
 - Services only apply to San Francisco; not applicable outside of the City
 - Emphasis on “medical home” type care. Each individual will be assigned to a clinic that will coordinate all of their medical care; the individual will only receive services from that particular clinic
 - Prevention and primary care services offered
 - Services exclude dental, vision, and cosmetic care
 - Premiums and some POS fees will apply to individuals above 100% fpl
- Launch of Program
 - In July of 2007, two clinics opened in Chinatown to individuals 100% fpl or below. Chinatown is a discrete community, and the clinics drew in local interest (there was some concern of too many people applying for coverage too soon).
 - In September 2007, an additional 20 clinics launched the program for individuals below 100% fpl. To-date, there are nearly 6,000 individuals enrolled (14.55% of them are Latino)
 - In January 2008, the program will be launched for individuals 101% fpl to 300% fpl.
- Enrollment Process
 - One E App system allows individuals to complete one form and discover which programs they are eligible for (i.e. Medi-Cal, Healthy Families, etc.). Healthy San Francisco is the payer of last resort, only extending coverage to those who are not eligible for any other programs
 - There are still some bugs to work out in the One E App start-up process. Certified Application Assisters must be present; the process takes ½ hour per application; there are high start-up costs for some clinics
- Employer Mandate
 - Requires employer payments per hours employee works
 - Small employers are exempt
 - There is a current ERISA lawsuit against Healthy San Francisco, expected to be resolved soon. The Golden Gate Restaurant Association feels that only the Federal Government has the power to issue an employer mandate

- Q & A
 - Clinics do not receive a fee for service, nor do they receive a reimbursement. They receive start-up grants (not associated with any specific services)
 - There are many homeless people enrolling in Healthy San Francisco; they play a key roll in the first phase of launching the program
 - Medical Homes: patients can change Medical Homes on a periodic basis, and through a given process. This procedure is in place to make sure that individuals do not go to multiple clinics, receive multiple treatments, etc.
 - Rx: pharmacies should enact a federal pharmacy program to provide prescriptions. Healthy San Francisco can only cover so much.
 - The Biggest Challenge so far has been the One E App roll-out process. It is a time consuming process: in order to get the current 6,000 people enrolled, they had to go through 10,000 to 13,000 applicants!
 - The clinics provide mostly chronic care—no urgent care
- For more information, please visit www.healthysanfrancisco.org

1:58pm

Expanding Adult Health Coverage in Santa Clara County

- Introduction: For a program similar to Healthy San Francisco and the plans discussed by Asm. Beall, Sarah Muller was instrumental in implementing “Healthy Workers” for Santa Clara County

Sarah Muller, Associate Policy Director, Working Partnerships USA

- The Problem in Santa Clara County
 - More working adults are becoming uninsured. Rates of employer-based coverage are dropping.
 - The low- and middle-income adults are the most at risk of losing health coverage over the next five years
 - The Santa Clara Valley Health and Hospital System in under increasing financial pressure (while the SCVHHS treats nearly 90% of the county’s uninsured, it faces a \$200 million deficit next year)
 - The uninsured are a strain on our public health system; our safety net is picking up all of the costs delivering services to the uninsured.
- Healthy Workers
 - Strives to lower the number of uninsured in Santa Clara County, Strengthen the SCVHHS, and targets workers and small businesses to make healthcare more affordable
 - Proposes a *voluntary* employer-based health plan that employers can work to buy into and affordable premium
 - Has at least three contributing parties: workers (\$25-\$55/ month), Employers (\$130/ month per worker), Third Party (discounted rate provided by SCVHHS)
 - Third Party: before, the County was paying ALL of the uninsured’s healthcare bills. So now, they can offer a discounted rate and at least receive some revenue from the same individuals they already cover
- Eligibility

- Workers, age 18-64 who earn below 300% fpl, and who live and work in Santa Clara County
- Small businesses in Santa Clara County that employ 2-50 workers and that have not offered health coverage over last 12 months.
- Benefits include inpatient, outpatient (preventive), prescription drugs, emergency, and specialty care. No dental or vision. The benefits are portable—members are covered everywhere (no medical homes).
- Healthy Workers is expected to reach 24,000 working adults in SCC (all below 300% fpl, and work for a small business). 40% are Latino.
- Next Steps
 - Prepare for enrollment in February 2008 (Passed by the Board of Supervisors in June 2007)
 - Implementation and marketing outreach
 - Continue to build support among small business community
 - Follow all statewide legislation
- Q & A
 - Why don't plans include dental/vision work? Because Dental Care is not currently covered by the County, so this is not something that the County can discount/ cover for Healthy Workers
 - Dependents <18 years old of Healthy Workers will be automatically enrolled
 - Workers without permanent residency are included in the program
 - Does outreach include CAAs to look for parents enrolling their children? Right now, Healthy Workers is using broker firms to enroll people, due to their relationship with small businesses
 - What can we do? Outreach and enrollment. If you live in Santa Clara County, spread the word to the community and distribute the information

2:20pm

Latino Health in Sacramento: A review and the next steps on legislation

Vanessa Cajina, Regional Networks Coordinator, LCHC

- 2007 in review, was a mixed bag. Healthcare reform was the prevailing theme.
- 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: *SIGNED! Thanks for your support! This was a huge win for us, as California will be the nation's example on prescription drug labels. Expected to be in effect by January 1, 2011 Stay tuned for stakeholder input and community meetings. We'll need your input on behalf of patients with Limited English Proficiency.*
 - **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: *Two year bill due to fiscal implications*
- 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: *vetoed*
 - **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: *Signed! Thank you for your support!*
- 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: *Held in Legislature, to be taken up as part of larger healthcare reform efforts*
 - **SB 120 (Padilla)** Would require specified food facilities (chain restaurants) to provide nutrition information on their menus
 - Status: *vetoed*
 - **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*
 - **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*

2:32pm

Healthcare Reform in California

Cary Sanders, Northern CA Policy Analyst, California Immigrant Policy Center

Basil Robledo, Policy Director, Services, Immigrant Rights and Education Network

- A recap:
 - Jan 2007, the Gov., Democrats and Republicans unveil their healthcare reform proposals.
 - September 11, the Governor calls for special session to talk about Health Care reform
 - October 12, Governor vetoes AB 8
 - October/ November, Republicans introduce healthcare proposals

- Emphasis on access to affordable care via tax credits, health savings accounts, regulatory reform, and additional choices in coverage options
 - November 8, Gov introduces ABX 1 2 and Nuñez/Perata introduce AB X 1 1

Key Comparisons (handout provided from presentation)

	ABX 1 2 Governor's Plan	ABX 1 1 (Nunez/Perata)	AB 8 (Nunez/Perata)
Californians to be covered	Estimated 4.1 (more than three-quarters of uninsured)	Estimated two-thirds of uninsured	Estimated 3.4 million (more than two-thirds of uninsured)
Requirements on employers	0-4% of total payroll based on payroll size	Pay or play: 2 - 6.5% of Soc. Sec. wages or pay into fund	Pay or play: 7.5% of Soc. Sec. wages or pay into fund
Requirements on consumers	<i>All Californians required to have coverage, no exemptions</i>	<i>All Californians required to have coverage, exemption if exceeds 6.5% of income</i>	Employees must enroll in state plan if employer pays fee or accept coverage provided, premiums capped at 5% if 300%FPL
	<i>ABX 1 2 Governor's Plan</i>	<i>ABX 1 1 (Nunez/Perata)</i>	AB 8 (Nunez/Perata)
Requirements on Providers	<i>Hospital fee = 4% of patient revenue, subject to ballot approval</i>	<i>Hospital fee = 4% of patient revenue, subject to ballot approval</i>	None stated

Part-time workers	<i>Employer not required to pay based on full-time/part-time, part-time workers eligible for public programs if meet income/residency requirements</i>	<i>Employer required to spend 7.5% of part-time payroll, can be covered through purchasing pool</i>	Employer required to spend 2/4/6.5% of payroll on workforce with wages under \$25,000, can be covered through purchasing pool
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Public Program Expansions

	ABX 1 2 Governor's Plan	ABX 1 1 (Nunez/Perata)	AB 8 (Nunez/Perata)
Children	Expands Medi-Cal, Healthy Families to all children up to 300% FPL regardless of immigration status	Expands Medi-Cal, Healthy Families to all children up to 300% FPL regardless of immigration status	Expands Medi-Cal, Healthy Families to all children up to 300% FPL regardless of immigration status
Others: Adults, some children	Medi-Cal expansion for legal residents up to 100% FPL, Medi-Cal expansion to parents and caregivers up to 250% FPL, Medi-Cal expansion to young adults, ages 19 and 20 below 250% FPL,	New coverage program for childless adults under 100% FPL, expands HF coverage to parents with incomes 133-250% FPL, Medi-Cal expansion to single, Medically Indigent Adults up to 250% FPL, Medi-Cal expansion to adults ages 19 and 20 earning less than 250% FPL	Expands Medi-Cal to parents and children ages 5-18 living at or below 133% FPL, Expands HF to parents with incomes between 133-300% FPL

Key Comparisons Continued

	ABX 1 2 Governor's Plan	ABX 1 1 (Nunez/Perata)	AB 8 (Nunez/Perata)

Immigrants	Individual mandate applies to immigrants, undocumented children eligible for Medi-Cal & Healthy Families, undocumented adults not eligible for subsidies	All workers eligible for coverage through employer or purchasing pool and subsidies in purchasing (funding/screening could be an issue), children eligible regardless of status	All workers eligible for coverage through employer or purchasing pool and subsidies in purchasing (funding/screening could be an issue), children eligible regardless of status
Affordability	Minimum coverage to be determined by Sec. of H&HS, subsidies for citizens under \$26,000 a year (individual), \$52,000 (family), tax credits	No one required to accept coverage if costs more than 5.5% for unspecified policy, tax credits for individuals at 250-400% FPL	No worker required to accept coverage if costs more than 5% of wages
Prevention and Wellness	Community makeover grants to local health depts. for obesity prevention and other issues, Calif. Diabetes Program, & all plans required to offer “Health Action Incentive/Rewards Program”	Community makeover grants to local health depts. for obesity prevention and other issues, focus on prevention in obesity/diabetes and smoking, requires all plans to provide “Healthy Action” plan	Uniform benefit packages include coverage for primary and preventative care, California to “adopt and encourage” health lifestyles
Insurance Market Reforms	Guaranteed issue for all Californians, phased transition with rating bands, premiums may vary based on age/geography, health plans must spend 85% of premiums on	Guaranteed issue with limits and community rating by 2010 for individuals without serious medical conditions, simplified medical underwriting, expands small employer regs. to	Guaranteed issue and community rating by 2010 for individuals without serious medical conditions, individual with serious medical conditions eligible for high risk pool,

	patient care	mid-sized employers, health plans must spend 85% of premiums on patient care	health plans must spend 85% of premiums on patient care
Other Funding Sources	Employer contributions, employee and individual contributions, federal funds, redirection of safety-net (county funds), Hospital fees & new revenues generated by leasing the state lottery, funding to go to ballot initiative	Employer contributions, Employee and individual contributions, federal funds, redirection of safety-net (county funds), Hospital fees and new increase in tobacco tax (subject to voter approval)	Employer contributions, employee contributions, state funds, federal funds

- Some of the major sticking points include affordability, other funding sources, the Hospital tax, treatment of part-time workers, and immigrants.
- All plans will cover children, regardless of immigration status
- Funding sources will most likely not be resolved; we should expect to see them as a ballot measure
- What now?
 - Proposals will be heard in Health Committee
 - Funding issues will go to ballot next November
 - Call your legislators to get our children covered TODAY!

2:56pm

SCHIP Reauthorization

Leah Stevralia, Alameda Health Consortium

- SCHIP provides funding for California’s Healthy Families Program
- Time is running out to reauthorize Healthy Families; emergency regulations may be necessary

- Senate and House Democrats have proposed a \$35 billion increase in SCHIP funding—that would be enough to cover everyone living below 300% fpl in California under Healthy Families.
- Bush has recently vetoed the Congressional bills to increase funding. Congress is only 10 votes short of being able to override the presidential veto!
 - Bush vetoed the reauthorization bill because of a tobacco tax for funding; he wants stronger provisions against undocs; he wants to cut states off from funding children up to 300% fpl (believing that some kids should be on private plans, not public plans)
- The new bill packages aren't going so well: they have included more crowd-out provisions, citizenship provisions for eligibility, and much more. But the President is still expected to veto.
- If no agreement is reached, be prepared for a one year extension of the program. We cannot continue to manage this program if it is flat funded! 21 States will run out of money, *and California will have to shut down Healthy Families by June 2008!*
 - The Managed Risk Medical Insurance Board (MRMIB) has arrived at a few options:
 - One choice is to create a waiting period for those who want to sign up
 - Another is to cut 66,000 people from the program every month!
- We need to communicate the importance of Healthy Families in California to our Senators, Representatives, and the President.
- What can you do?
 - Call the Governor:
 - Sacramento office (916) 445-2841
 - San Francisco office (415) 703-2218
 - Tell him to make healthcare reform a priority for the millions of uninsured Latinos who need affordable coverage and to make sure all of California's kids are covered!
 - Call your Congressional representative to tell them to reauthorize SCHIP and to not let any of California's children go uncovered or lose coverage!
 - Anna Eshoo 408-524-2339
 - Mike Honda 888-643-4715
 - Sam Farr 800-340-farr
 - Tom Lantos 650-342-0300
 - Jerry McNerney 925-737-0727
 - Nancy Pelosi 415-556-4862

3:14pm
Adjourn