

Central Valley Regional Network Meeting Minutes
Fresno Covenant Foundation
2727 North First Street
Fresno, CA
September 21, 2007
9:00am to 12:30pm

Welcome and Opening Remarks

9:02am

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

- Our vision for the Central Valley Regional Network (CVaRN) is to bring together a group of individuals in the Central Valley, who are interested in advancing the health of Latinos.
- This is all made possible by our funders: The California Endowment, The California Wellness Foundation, Blue Shield of California Foundation, and Health Net of California.
- Our Central Valley advisory partners include the California Immigrant Policy Center*, Central Valley Health Network, Latino Coalition for a Healthy California, and the Latino Issues Forum*. We would also like to thank our advisory committee from the Central Valley Health Policy Institute, Health Net, and La Union del Pueblo Entero.
- Thank you so much—to the Fresno Covenant Foundation, for hosting today's event!
 - Luis Santana: FCF is in the process of organizing to become more involved in the Central Valley community. FCF works on empowering children to lead better lives. Parents are welcome to seek help at the Fresno Covenant Foundation, to improve their child's academics, and so on.
 - FCF has created educational programs that fit children's individual needs. The child is always the center of attention, but these programs also strive to involve parents, among others.
- About the Latino Coalition for a Healthy California (LCHC):
 - The LCHC has accomplished several regional successes in Los Angeles, the Bay Area and San Diego. Quarterly CVaRN meetings hope to achieve similar results in the Central valley: addressing locally-defined needs and conditions, increasing the community's knowledge and empowering the community to participate in policy-making decisions, and so on.
 - LCHC is the leading 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
- About the California Immigrant Policy Center (CIPC):

* Two of our partners- CIPC and LIF- had planned staff retreats on this day, and were unable to attend today's meeting.

- CIPC is a statewide partnership, coordinating responses to the health and welfare challenges that face immigrants in California. CIPC works directly in the community as well as with policy makers to provide an integrated response to changes in laws and to advocate for the rights of low-income immigrants.
- About the Latino Issues Forum (LIF):
 - LIF is a public policy and advocacy institute dedicated to advancing education, healthcare, the environment, telecommunication, civic participation, and reproductive justice for Latinos.
- About the Central Valley Health Network, David Quakenbush, CEO of the CVHN:
 - The CVHN has 13 members, 116 sites, and serves 20 counties. The Central Valley Health Network strives to advocate for its patients—many of which are Latinos- and to provide better services. In order to do so, it is important to engage the surrounding community as well as the patient community. For this reason, CVHN is actively partnered with the Latino Coalition for a Healthy California.

9:24am

Audience Introductions

Latino Health in the Capitol: Legislation, Budget, Healthcare Reform

9:31am

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

- There have been many recent events, regarding legislation and the budget. It is now time to get ready for next year. The general process begins in December or January, when Legislators introduce new bills. The bills then must pass through the first house, the second house, and finally the Governor's desk.
- LCHC took on 5 bills this year—3 are currently at the Governor's desk, 2 have become two-year bills (which will return next year). LCHC also supported a number of bills this year that also improve the health of Latinos.
- SB 472 (Corbett – LCHC sponsored) *At the Governor's desk—send a letter of support!*
 - Enables the Board of Pharmacy to seek stakeholder input in order to standardize the format of prescription drug labels and would provide labels that could be translated into languages other than English.
 - CA will be the first state to achieve standardized labels; the Institute of Medicine is looking to this model to accomplish similar feats on the federal level.
- SB 564 (Ridley-Thomas – LCHC co-sponsored) *Has become a 2-year bill*
 - Hector Lara, School Health Centers Association: Would create a grant program to expand the number of school health centers, and allows school health centers to provide routine assessments, health promotion services, and outreach.
 - This would be HUGE for the Central Valley, as there is such a large need for school health centers in this region
- SB 615 (Oropeza – LCHC-sponsored) *At the Governor's desk—send a letter of support!*
 - Would create a loan repayment program for pharmacy technicians.
 - This incentive could bring more Latinos into the health industry, and help diversify the healthcare workforce (therein increasing the income of Latinos, and better serving communities of color, because Latinos tend to give back to and serve in low-income areas).

- SB 269 (Eng – LCHC-sponsored) *At the Governor’s Desk—send a letter of support!*
 - Would report data on dentists (cultural ethnicity, languages spoken, etc.) and would make data available to public by zip code of primary practice.
 - This way, if you only speak Spanish, you could locate a Spanish-speaking dentist
- AB 898 (Saldaña – LCHC co-sponsored) *2 year bill*
 - Would create a pilot program in 3 school health centers throughout the state to implement the promotoras de salud model of diet education and obesity prevention.
- AB 1 (Laird) & SB 32 (Steinberg) *At the Governor’s desk—send a letter of support!*
 - Creates healthcare coverage for all children in California who live below 300% federal poverty level who are not eligible for Medi-Cal or Healthy Families
- SB 120 (Padilla) *At Governor’s desk—send a letter of support!*
 - Would require specific food facilities (chain restaurants) to provide nutrition information on their menus
- AB 1472 (Leno) *Held in Appropriations*
 - Establishes the Healthy Places Act, which requires state agencies to work together to improve environmental health and provide assistance and funding to local governments
- SB 48 (Alquist) *Held in Appropriations*
 - Would expand and support healthy retail food outlets in underserved communities, as well as technical support to existing food retailers to improve food choices

9:46am

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

- This is the third latest budget to be passed in the history of California
- The official budget is a result of the Governor “blue-penciling” over \$700 million (meaning he made cuts without any negotiations; the cuts were simply made behind closed doors). Most of these cuts came from Health and Human Services.
- Some notable 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*

9:52am

David Quackenbush, CEO, Central Valley Health Network
California’s Budget

- The budget being 52 days late created a huge impact on health centers. Any health center that accepts Medi-Cal relies on the state government to reimburse them— and no reimbursement payments were made during budget negotiations. Health centers were not

getting paid for the entire duration of budget negotiations. This means they were almost missing payrolls, and the ability to pay their bills.

- At the end of the day, health centers lose money. They are forced to take out short-term loans to cover reserves, and then they are forced to repay the loans, *including 3% interest!*
- Budget not signed = providers not paid = patients not being seen. Some centers had to shut down!
- So the budget finally gets signed, and then we discover that the Governor “blue-penciled” \$10 million from Expanded Access to Primary Care (which is the only plan that serves the uninsured in the state) and more money from Medi-Cal. This places health centers in a tough spot.
- In reality, health centers are fatigued by the efforts.

Vanessa Cajina

- At this point, it’s important to realize that *you* have a voice. Every letter or call received by the Governor or by a Legislator is logged. By the time a legislator or the Governor get a critical mass of contacts on a topic, they will designate a staff member to investigate the issue area—especially if you personalize the letters/ calls (let them know who you are, how you’re affected...) These politicians will address it, because they ultimately want to serve their constituents and gain more votes.

10:08am

California’s Healthcare Debate: Where are we and where are we going?

Vanessa Cajina

- We have an interesting cast of characters: the Governor of the largest state in the US (who has the possibility of creating a national impact), a strong staff on healthcare reform working for the Governor, and the Republican Caucus pushing for market-based solutions.
- January seems like so long ago... when a whole slough of healthcare reform bills were introduced:
 - AB 8 (Nuñez): public program expansion, employer contribution of 7.5% to expand health insurance
 - SB 48 (Perata): same as AB 8 only different contribution levels
 - SB 840 (Kheul): single-payer model
 - And many more!
- Where are we now? We are gearing up for Special Session and the Governor’s proposal
 - AB 8, the Democrats’ plan, passed through the Legislature with clauses for affordability, employer contributions, and public program expansion
 - The Governor will veto this plan because: it is not universal – no individual mandate, it does not include guaranteed issue, it relies on employers as the main funding source, and it does not increase Medi-Cal provider compensation (with more people using Medi-Cal, there could be a bottleneck for providers – California needs to increase the number of doctors accepting Medi-Cal to accommodate the newly insured).
 - LCHC is neutral on AB 8. There are still things we would like to see come from it, such as an affordable individual mandate paired with guaranteed issue.
 - LCHC recognizes that most uninsured Latinos are <300% fpl, and will greatly benefit from this reform. By getting more people into the purchase pool, insurers

assume less risk and are, therefore, able to accomplish guaranteed issue. No one could be turned away!

- An interesting note: many of the points in Governor Schwarzenegger's plan are similar to plans being talked about by presidential candidates.
- Special Session will likely produce the broad policy components that the Governor and Leadership have already agreed upon in theory.
- The budget has played an integral role in healthcare reform. We would not be in Special Session were it not for the budget impasse. The hostilities between Republicans and Democrats over the budget will make a 2/3 majority vote on healthcare reform impossible. It is likely that healthcare reform financing measures will have to go to the ballot
 - WATCH OUT! On the ballot, when faced with voting for the hospital and provider tax to finance healthcare reform or a sales tax, keep in mind that *hospitals agree* with the provider tax. And sales taxes are *regressive* = bad for Latinos. A sales tax could unwittingly put the cost of healthcare reform on low-income communities who are the population most affected by sales tax increases.
- Who's at the table for Special Session?
 - Gov. Schwarzenegger, Legislative Leadership, Dem/ Rep legislative workgroups, medical providers, insurers, businesses, and consumers (= groups like LCHC).
 - The Central Valley is not well represented in Session – there is another special session dealing with water issues that more Valley legislators are working on.
- NEVER underestimate the power of the people!
 - Every voice counts
 - It's OUR Healthcare as accomplished so much for consumers: special session, the possibility of a ballot measure to ensure funding, get well cards, photo grams and clocks to bring down our issues at the Capitol.
 - LCHC's accomplishments: Latino Health Advocacy Day, Town Hall forum, and more!
 - After the war, *nationwide*, health care reform is the #2 issue on Americans' minds!
- What can you do?
 - Send letters of support
 - Call the Governor's Fresno Office, make your voice heard: 1-866-575-3782

Descansito

10:40am

Federal Health Legislation: SCHIP reauthorization and Medi-Cal proof of citizenship guidelines

10:47am

- DRA has been affecting the Latino population greatly... it is a very confusing new program, difficult to implement, and Latinos (among many others) are beginning to worry that they will lose their Medi-Cal benefits as a result

Doreena Wong, Staff Attorney, National Health Law Program

- The Deficit Reduction Act of 2005 (DRA) has rendered new proof of citizenship requirements

- DRA was passed in 2005 to allow states to make changes; states are given more flexibility to alter Medicaid.
- What is the change in Medicaid law that affects citizens? Applicants and beneficiaries who are citizens of the US must not only show proof, but must provide the original documents that prove their citizenship. Note: legislation in Congress is working on making this easier.
- The change was supposed to have been implemented on 7/1/2006. Most states did not comply with this date, due to the additional administrative burden it created.
- What about immigrants? Immigrants have *always* had to show proof of immigration status; *nothing has changed for them!*
- So, really, this law only affects U.S. Citizens and U.S. Nationals who are applying for or continuing to receive Medicaid as citizens.
- Why is this change in the law a problem?
 - Documentation costs can be prohibitive for many low-income people; passports can cost >\$100. This is not feasible for low income
 - Many people with mental health issues or physical disabilities may have trouble complying
 - Disproportionate impact on people of color or from rural areas where births were sometimes not recorded. (Some rural areas do not keep birth records; some people were born at home/ not in a hospital; some areas did not allow African Americans in hospitals before 1960s.)
- Some U.S. Citizens do not need to prove their citizenship, i.e. children born in U.S. to a mother already on Medicaid; people on SSI or SSDI, people whose births can be confirmed electronically by automated data matched with county births, etc.
- Citizens must provide documents that prove (1) their citizenship and (2) their identity. A passport, for example, is a tier 1 document which can prove both criteria. Documents in tiers 2 through 5 require that the individual produce two separate documents (one proving citizenship, the other proving identity).
- If a person does not have these documents available, they can continue to receive benefits, so long as they show that they are making a “good faith effort” to get the documents.
- If a person is not making a “good faith effort”, they will not receive full scope benefits, but they will be placed on restricted medical care.
- Questions? Contact Doreena Wong:
 - wong@healthlaw.org
 - www.healthlaw.org
 - 310-204-6010, extension 107
- Contact info for the Fresno Health Consumer Center:
 - www.healthconsumer.org
 - 1-800-300-1277
 - 1-559-570-1200
- Contact info for Kern County:
 - www.healthconsumer.org
 - 1-800-906-3982
 - 1-661-321-3982

11:28am

SCHIP Re-authorization

- The State Children's Health Insurance Program (SCHIP) is a federal program that was developed in 1997 as part of the Balanced Budget Act. Known in California as the "Healthy Families" Program, SCHIP is due to expire on September 30, 2007
- In California, SCHIP insures all children who do not qualify for Medi-Cal but still have incomes below 250% federal poverty level
- Where Medi-Cal is an entitlement program (meaning that anyone who qualifies must receive benefits), SCHIP is a "capped" program. Once federal funding runs out for a state, the state can no longer register more people, regardless of eligibility.
- 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. President Bush has stated that 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 a 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!
- 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 regional Representatives to include ICHIA and CHAMP provisions in SCHIP.
- TO-DO LIST: We need to convince these 5 Republicans to vote yes on these provisions—
 - Brian Bilbray
 - David Dreier
 - Jerry Lewis
 - Ken Calvert
 - Mary Bono
- What else can you do? Go to <http://www.familiesusa.org/resource-centers/Medicaid-action-center/> for updates on SCHIP and sample letters of support

11:48am

A Call to Action: Sign a letter to your Congressional representative to support children’s health!

11:52am

Adjourn