

***Los Angeles Regional Network Meeting Minutes
Wednesday, November 28, 2007***

***Los Angeles Chamber of Commerce
350 S. Bixel Street, Bank of America Room
Los Angeles, CA***

9:30am to 12:00pm

9:55am

Welcoming Remarks, Member Introductions

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

- The Los Angeles Regional Network (LARN) convenes on a quarterly basis to empower Latino communities in the area to fully participate in health planning implementation, evaluation and advocacy. Members address locally-defined needs and conditions, and pose local solutions to Latino health issues.
- Current LARN priorities are: access to healthcare, community health, and health disparities.
- The Latino Coalition for a Healthy California
 - Is the leading organized voice for policies, services, and conditions to improve the health of Latinos
 - Issue areas include access to health care, health disparities, and community health
 - LCHC uses a three strategy approach: community education (partially achieved through the Regional Network Meetings), research, and policy advocacy
 - For more info, please contact us:
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- The Alliance for a Better Community, Veronica Melvin (Executive Director)
 - ABC partners with the LCHC, and hosts LARN meetings, in order to stay current and stay involved in the Latino Health issues happening in Sacramento. Also, to see how what is impacting the Los Angeles issue areas.
 - ABC is a nonprofit organization operating within an ever-changing dynamic that promotes equity for Latinos in education, health, housing, economic development and civic participation throughout the Los Angeles region.

- Current policy areas relating to Health are: student wellness, joint use, enrollment of children in health insurance programs, and opportunities that increase physical activity / access to healthy food.
- Member Introductions
- Changes to the Agenda: Angela Gilliard was unable to make it to the meeting today, but was able to send us her notes, *Points by the Western Center on Law and Poverty!* Cherie Fields' flight was cancelled, so Lucien Wulsin has graciously offered to cover her presentation on SCHIP and Healthy Families

10:16am

Latino Health in the Capitol: A 2007 legislative wrap-up

Vanessa Cajina, Latino Coalition for a Healthy California

- We had hoped that Healthcare Reform would come by the end of regular session, but that did not quite go as planned. Luckily, legislators cared enough about the issue to carry the legislation over into special session.
- During Summer Recess, the Senate Republicans dug in their heels and held-up the passing of a Budget for weeks. That Budget Impasse was indeed the reason for special session.
- Next year, bills with fiscal implications will have a hard time getting signed by the Governor. Looking at the hardships caused by the Budget, Health and Human Services are often the first to take a hit in funding.
- LCHC 2007 Legislation on Access to Healthcare
 - SB 472 was signed! Enables the Board of Pharmacy to standardize the format for prescription drug labels and provide labels that could be translated into other languages. We will be looking to the Regional Networks for input on making sure that pharmacy labels are regulated correctly for Limited English Proficient patients. On a side note, this bill has received national attention! The entire country will be looking to California as the example for prescription drug labels.
 - SB 564 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. SB 564 has become a two-year bill. We will continue to support this cause next year, hoping to expand the number of school health centers. Funding for this bill will be difficult. Please let us know if you have any financing ideas
- LCHC 2007 Legislation on Health Disparities
 - SB 615 would create a loan repayment program for pharmacy technicians by collecting \$10 from professionals when reapplying from their license on a biennial basis. It was vetoed; unfortunately, Pharmacy Technicians represent the largest healthcare profession group that does not have a college repayment program
 - AB 269 would report data from dentists (cultural, ethnic and language) and would make this information available by zip code of primary practice. It was signed! This will collect data from dentists, and report ethnicity and languages spoken by zip code of primary practice.
- LCHC 2007 Legislation on Community Health

- AB 898 would create a pilot program in 3 school health centers throughout the state to have *promotores* provide diet education and obesity prevention. It has become a two-year bill due to financing measures.
- ◆ Other Latino health legislation LCHC supported:
 - AB 1 and SB 32 would have created universal health care coverage for all California Children under 300% fpl. The bills were held in the Legislature, to be taken up as part of larger healthcare reform efforts.
 - SB 120 vetoed. Would require specified food facilities (chain restaurants) to provide nutrition information on their menus. We really hope to see this again next year—because many of us do not know that a Chicken Cesar Salad at Mc Donald’s has more calories from fat than a Double Cheeseburger! This bill would have requires restaurants to post nutrition information on menus.
 - AB 1472 established the California Healthy Places Act, requiring state agencies to work together to improve environmental health and provide assistance and funding to local governments. It was held in Senate Appropriations Committee. We hope to see it again next year.
 - SB 48 was held in Assembly Appropriations Committee. This bill would work with community retailers to give them resources to provide better foods. Alquist has run this bill before, so we hope she does it again next year.
- Q& A from the audience: There was another bill, proposed by Keuhl I that allocated \$100 million to L.A. County, used for healthcare (due to the closure of MLK). People should know that this money exists, since LA is in need of resources!
- Also, SB 840 (Single Payer Health Coverage Bill) has been vetoed by the Governor every time it has come through. However, this time it has become a two year bill. This sends differing messages to the public: before, the Governor believed that SB 840 represented socialized medicine. This year, if his healthcare reform is unsuccessful, then we will see SB 840 return next year.

Healthcare Reform

Vanessa Cajina, Latino Coalition for a Healthy California

- AB 8, the Legislative Democrats’ Plan, passed through the Assembly and the Senate with clauses for affordability, employer contributions, and public programs expansions
 - The Governor vetoed this bill for four specific reasons:
 - AB8 was not deemed universal
 - It did not include “guaranteed issue”
 - In only relied on employers to fund it
 - It did not increase Medi-Cal provider rates
- Where are we going? In Special Session, the Assembly has taken on Health Care Reform, and the Senate has taken Water Reform. Special Session is likely to produce the broad policy components of Health Care reform that the Republicans and Democrats have agreed to in theory.
- There is some agreement between the Governor and legislative leadership: when the Governor gave his Keynote Address at LCHC’s Conference in November, he

mentioned that his Chief of Staff was meeting with Speaker Nuñez at that very moment.

- They will likely agree on the large policy pieces and put the financing measures on a ballot. There are many competing interests, so be wary of tobacco tax vs. sales tax vs. other financing measures. Stay tuned on what to expect!
 - Keep in mind: is the plan affordable for consumers? Is it accessible to everyone? Will we have enough medical providers to accommodate the newly insured? Is the financing sustainable?
- There are 6 members of the Health Committee who are from Los Angeles! We are considering district visits, so let us know if you are interested in participating. The Committee still has many questions we need to answer! The Member Names are:
 - Dymally
 - De La Torre
 - Eng
 - Bass
 - de León
 - Hernandez
- Both the Governor's and the Speaker's plan have become much more detailed and include more provisions. The New Proposals are being analyzed by the committee.

10:39am

The Healthcare Reform Debate—Into the Special Session

Lucien Wulsin, Project Director, Insure the Uninsured Project

Financing Universal Coverage

- Any proposal that introduces a tax requires a 2/3 legislative vote in order to pass. Since financing measures this year will be difficult, it is likely that the proposals will not receive a 2/3 vote, and the measure will have to be put to ballot.
- The Speaker started off saying that employers should pay 7.5%, and then he changed to 6.5%. Now, the Governor, Speaker, and Pro Tem have compromised on 5.5%.
Update 1/11/08: There has been some movement, with a sliding scale for employers who will contribute between 1% and 6.5% depending on their revenues.
- Individuals will pay for some
- Counties are negotiating funds for the medically indigent adults (MIAs). But how large of a waiver should we ask for in order to pay for the MIAs?
- Hospitals will pay 4% → this could prevent hospitals from paying their own Medical Match.
- There will be a \$2 billion shortage, needed in order to cover those who can't afford coverage. How will we cover this \$2 billion gap?
 - Cigarette tax?
 - Sales tax?
 - Junk food/ fast food tax?
 - Governor proposes that every employer offer tax-protected plans (i.e. tax deductible health savings plan)
 - Lottery
- How can we accomplish financing without a majority 2/3 vote?

- Q& A: Alcohol tax? Lucien: not currently on the table, although it has been thought of in the past.
- Individual Mandate
 - Both bills now have individual mandate provisions
 - MIAs will be covered at least up to 250% fpl
 - Advance-able, refundable tax credit, to help those >250% fpl, via a finance medical savings plan
 - People over the 250% fpl represent around 1 million uninsured individuals—a tax credit would help them cover costs. Tax Credits could benefit:
 - Elderly: Individuals 50+ years old, currently paying twice as much as individuals under the age of 30.
 - Children: it costs more to insure 1 adult than 3 children

10:54am

Angela Gilliard's Notes on Affordability

Presented by Vanessa Cajina, Latino Coalition for a Healthy California

- Proposals to expand public programs to cover new healthcare reform, while Medi-Cal covers childless adults up to 100% fpl
 - Problem: if a childless adult living 100% fpl is offered health coverage through their job, they will be forced to either take the coverage or pay into pool (even though they may receive the best care through Medi-Cal)
- Western Center on Law and Poverty would like to see a 5% cap for everyone, in reference to out-of-pocket medical expenses
- The Western Center believes that Medi-Cal and Healthy Families should cover up to 300% fpl, rather than 250%
- The purchasing pool should allow for all people below 350% fpl to participate

10:59am

Yolanda Vera, Director, LA Health Action Plan

Local Coverage Option

- The United Homeless Healthcare Providers is a coalition working with LA Health Action Plan to look for healthcare reform options that will cover individuals at the local level.
- A Local Coverage Option is the way in which a government extends coverage to childless adults who live below poverty, as well as medically indigent adults (MIAs). Currently, the county covers these persons. This could drastically change with the new healthcare reform packages. The big issue here is funding.
- Counties would be given a choice on how to deliver local coverage:
 - Through the County Health Care System
 - Through County Health Plan (managed care for Medi-Cal and some Healthy Families recipients)
 - Through Local Initiatives (plans such as L.A. Care in Los Angeles County)
- County Experience

- If you give individuals an insurance card, individuals will elect to seek help in facilities that are not run by the county (i.e. private providers). This means that Counties will no longer have a solid constituent base.
- The only people, then, who will use the County services will be the undocumented, the mentally ill, and people who do not wish to enroll in the purchase pool.
- Know- Keene protections *must* apply to healthcare reforms.
- Reforms must not undermine impoverished people's benefits—don't give them fewer benefits than they already receive from health.
- Give the County Providers a chance to continue services once people are given an insurance card
- Make eligibility easy
- Protect the safety net! Make people continue to use the county services until the County is competitive in the new market. Otherwise, we risk losing the safety net, and the providers that are experienced in serving the underserved
- If we thrust counties into a competitive market too soon, there will be unforeseen consequences:
 - Currently, counties are treating people who no one else wants to treat (for this reason, there is no way they can be competitive)
 - They need a chance to catch up; Counties do not deserve to simply have the rug pulled from beneath them.
- Key Points: (1) the scope of benefits needs to be sensitive to Los Angeles County's needs (being a region with particularly high occurrences of mental disabilities and chronic diseases). (2) Protect the Safety Net.

11:17am

SCHIP Reauthorization

Lucien Wulsin, Insure the Uninsured Project

- Time is running out to reauthorize Healthy Families; emergency regulation 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.
- Currently, Healthy Families covers 700,000 children in California
- Bush has recently agreed to some increase in funding. He's recently stated that we don't want public coverage of children that fall between 250% and 300% fpl; he believes they should all fall under private coverage.
- At this rate, California will run out of SCHIP funding in June. At that time, we will have to cut people off entirely or suspend the program (which will leave people uncovered for 3 months)
 - 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!

- Either way, the program will deteriorate if MRMIB acts upon either of these options. This will take away from all of the work that's been done! MRMIB should not act, and let the Congress and President work out a solution.
- We need to communicate the importance of Healthy Families in California to our Senators, Representatives, and the President. California is one of 14 states that will seriously be hurting without more funding.
- California reserves the right to cover up to 300% fpl. We need to let Representatives know this as well.
- \$35 billion augmentation in SCHIP authorization, or however close they can get to that number, is necessary.
- What can you do? Reach the Senate Republicans, and get them to change their vote.
- One other possibility to keep Healthy Families running is to look for funds in Medicaid. California has \$10 billion shortfall next year to cover Healthy Families. So this may be a good option.
- Write to MRMIB: tell the “your program makes a huge difference in our community. If you enact a waiting period for Healthy Families, you will impede the program. Worse, if you cut 66,000 individuals a month, you will do terrible damage to Healthy Families and all of the work we have done to make this program successful.” Send this message to all Congressional Republicans, Democratic Representatives—the individuals losing coverage are the children of their constituencies! Write them before 12/5/07

11:35am

Planning Ahead: Los Angeles Regional Network 2008 Priorities

Strategy Session (gathering input from meeting participants)

Vanessa Cajina, Latino Coalition for a Healthy California

- What do you think are the 3 biggest health issues facing Latinos in Los Angeles? What is going to get us to galvanize these issues?
 - LARN should be more structured—meet more often than every 3 months. We need to have monthly meetings, as the Los Angeles Regional Network is not yet a Coalition.
 - For example, the County put together a group of 20 people after closing MLK
 - It is hard to coalesce strategies when we only see each other on a quarterly basis.
 - Create a power base in Los Angeles (i.e. a LARN steering committee) to translate our ideas into action
 - Neighborhood Councils need to be involved → we need to contact them and show *them* how to build healthy communities
 - Advocate access to healthcare and create a directory in Spanish and English
 - There is a lack of organization in health education
 - Define how to build a healthy community
 - Focus on SCHIP: Healthy Families issue is not going away
 - Coverage for the undocumented population, and adolescents
 - Access to specialty care (especially in South Los Angeles)

- DRA—reduce the impact in the Latino Community
- Getting more people involved—governments need to see the face of health care; the faces of the people they are cutting from Healthy Families
- Get CAAs to advocate
- Access to health care, as well as access to linguistically, culturally, and geographically appropriate care.
- Obesity prevention: the method used on Latinos has not worked (it is insufficient to simply pass out flyers in Spanish)
- What can your organization do to work on these issues?
 - Letters of support—sign-on as organizations or individuals
 - December 3rd/4th will be a call-in day for floor vote
 - How do we voice the opinions of people who lose coverage from Healthy Families, and so on? → media coverage, small events hosted by neighborhood councils
 - “City Beat” can distribute information to all 85 neighborhood councils → this vehicle has been established for 5 years (yet not many know about it)
 - Make contact with the California Hispanic Chamber of Commerce and the Latino Business Associations
 - Form a LARN steering Committee to take action

Adjourn
12:05pm