

Sacramento Bee

The latest on California politics and government

Posted by [Kevin Yamamura](#)

February 16, 2011

Heated rhetoric during Senate's first budget committee vote

Partisan tempers flared Wednesday during the [Senate's](#) first full budget committee vote, initially over procedural matters, then over the Republicans' pledge to oppose [tax hikes](#) and Democrats' rejection of some health cuts.

It was heated enough that Sen. [Joe Simitian](#), [D-Palo Alto](#), suggested at one point, "Let's all take a deep breath and calm down."

Republicans complained when Democrats rejected some of Gov. [Jerry Brown's](#) cuts to Medi-Cal and [Healthy Families](#).

Both parties approved \$1.5 billion of Brown's health care cuts, while Democrats rejected about \$200 million with promises to find other reductions or funding. Democrats approved cuts in Medi-Cal provider rates and mandatory copays for Medi-Cal patients, but they rejected limits on the number of [doctor visits](#), caps on medical supplies and the elimination of children's vision coverage in [Healthy Families](#).

Sen. **Bob Huff**, R-Diamond Bar, vice chairman of the [Senate](#) budget committee, said it was unfair that Republicans had to vote on cuts without knowing what other ideas Democrats are working on.

That prompted a sharp response from Sen. **Mark Leno**, D-San Francisco, chairman of the committee. He suggested that Republicans face no choice but to vote for all of Brown's cuts since most GOP legislators have signed no-tax pledges.

"It's second-grade math, balancing this budget," Leno said. "It's addition and subtraction. You've already taken addition off the table, so it's actually a given that you're going to accept every one of the cuts."

"But we, because we are not signing pledges taking either addition or subtraction off the table, are here to massage this and see how we can soften some of the edges," he added. "You don't have that option because you abrogated that opportunity before you even got here."

Huff responded, "To the degree that you were hoping there would be some Republicans who would make that difficult decision and go against a pledge that they made, you're

going in the wrong direction. If it was a big pill to swallow before, it's becoming a gigantic pill (now). So I'm just offering friendly advice. It may make your members feel better, but you're going farther from where you need to be. And so I would suggest you counsel with your governor and try to find that \$12.5 billion in cuts you and the pro tem talked about on the floor the other day."

The Stockton Record

February 17, 2011 12:00 AM

Briefs -- Published Feb. 17, 2011

Health-e-App adds Spanish site

SACRAMENTO - The Managed Risk Medical Insurance Board has launched a Spanish-language version of Health-e-App, opening online access to consumers 24 hours a day.

Health-e-App is an application for California's Healthy Families Program for children and Medi-Cal for pregnant women. It also allows children to receive preliminary screening for the Medi-Cal Percentage Level Programs. Health-e-App can be accessed at healthapp.net.

Since its launch in late December, the board has received more than 11,500 English and Spanish applications through Health-e-App. More than 42 percent of enrollees in the Healthy Families Program name Spanish as their primary language.

LA ist

Governor's Budget Contains 'Ugly and 'Painful' Cuts for Angelenos

Labor leaders, business interests, and concerned citizens gathered downtown Tuesday afternoon to learn about how Governor Brown's proposed budget will affect Los Angeles. The newly reinvigorated Horizon Institute gathered a diverse line-up of speakers to discuss how the budget could affect health and social services, redevelopment agencies, and criminal justice systems.

Jean Ross, Executive Director of the California Budget Project, began the event with a broad overview of Governor Brown's proposed budget. The Governor's proposal fills the \$25 billion deficit with roughly equal measures of spending cuts and new revenues. Ross explains that "the cuts are so ugly" partly because Brown's budget uses less tricks and gimmicks than seen in recent budgets. Not one prone to hyperbole, she stated, "The cuts that the governor has put on the table, if they are implemented, people will literally die."

Sensing many in the audience are hoping to find alternatives to the devastating cuts, Ross warned that the conventional wisdom to get voter approval is "to swap cuts for cuts, or revenues for revenues. You can't swamp out the elimination of redevelopment for a tax increase."

One part of the budget that is spared significant cuts is K-12 education. Ross predicts that if voters fail to approve Brown's proposed tax extensions, however, the next cuts will come from schools. She believes that if the tax increase doesn't get approved, the list of things to be cut "will get even uglier."

In the 20+ years Ross has been following the budget process in Sacramento, she says there is a "whole different vibe" in the capital. "The best thing I can say about the Governor's proposed budget is that it buys some time. There is an incredible level of budget crisis fatigue among policy types, legislatures, people at all levels of government, and people that depend on public services," Ross said. "We need to get the patient stabilized, do some long-term planning, and have an honest conversation between our elected leaders and Californians more broadly about what we want from government."

Bringing an academic perspective to the discussion was Dr. Dylan Roby of the UCLA School of Public Health. Proposed cuts to Medi-Cal and the Healthy Families program outlined by Professor Roby included increased premiums and copayments, the elimination of Adult Day Health Care and over-the-counter drug benefits, visit and prescription drug caps for Medi-Cal recipients, reductions to In-Home Supportive Services, and the elimination of vision services for Healthy Families children.

Professor Roby explained that the Governor faces a bad situation and there are significant limits on his ability to be creative. He explained that while some of the changes make sense, other cuts appear to be counter-intuitive. "It seems like we are going in the wrong direction a little bit in that we would be weakening the Medicaid program prior to then growing it in 2014." He expressed concern that by enacting a ten visit cap, chronically ill patients will experience a decline in health and the pent-up demand will end up costing the state significantly more in the future when patients are covered as required by the Patient Protection and Affordable Care Act. Roby is also concerned that Brown's plan leaves federal matching funds on the table and increases demand for more expensive services as a substitute for reduced services.

A key feature of Brown's budget is shifting responsibilities and services from Sacramento to the local level. Horizon Institute Executive Director Barbara Maynard explained that the budget will transfer \$5.9 billion in programs from the state to counties, with Los Angeles County accounting for \$1.4 billion of this transfer. Focusing on public safety realignment, Maynard explained that 37,000 non-violent, non-serious, and non-sex offenders would be transferred to county responsibility.

The realignment would lead to 13,550 felons being added to Los Angeles County jails in the next five years. With Sheriff's jails already crowded, there may be early releases. The Sheriff's Department has recommended expanding the Electronic Monitoring Program, reopening closed jail beds, and "to be given the authority and latitude regarding releasing of inmates to parole."

Another component of the proposal is to shift \$741 million to Counties for supervision of all adult paroles which will add 30,000 parolees to Los Angeles County responsibility. Throughout her presentation, Maynard emphasized that while there are still a lot of questions to be answered, there are both risks and opportunities. "If this is jammed through and becomes part of the budget, a lot of this is going to be worked out on the fly. But there are opportunities here."

Contact the author of this article or email tips@laist.com with further questions, comments or tips.

California Progress Report

The Senate Starts Making Tough Budget Decisions Posted on 18 February 2011

By Anthony Wright
Health Access

Yesterday, the Senate Budget Committee adopted nearly \$1.5 billion of cuts to the state's Medi-Cal program, which provides coverage to 7.7 million Californians, largely low-income children, parents, seniors, and people with disabilities. The cuts included a steep 10% reduction to already-among-the-lowest-in-the-nation Medi-Cal provider rate reimbursements; big increases in cost sharing, including \$50 emergency room co-pays and \$100 hospital stay co-pays for Medi-Cal patients under the poverty level; and reductions in other benefits.

But the Committee rejected \$200 million of cuts that the Budget Committee Chair, Senator Mark Leno (D-San Francisco) described as the "most untenable, most cruel-hearted" cuts, including hard caps on the number of doctor visits and prescription drugs that Medi-Cal patients may get, or the dollar amount of medical equipment or medical supplies.

This hearing marked the beginning of preliminary decisions on budget cuts, after a few weeks of an expedited set of hearings of proposed cuts by the Assembly and Senate Budget Subcommittees on Health and Human Services. Consumers and advocates have given heart-wrenching testimony, with advocates explaining the health and financial consequences to families, as well as broader impacts on the health system and the economy.

Even those who proposed the cuts admitted the life-and-death implications of cutting off coverage for necessary medical treatment after ten doctor visits and restricting patients to six prescriptions per month. The proposed hard cap on doctor visits would apply to kidney dialysis, chemotherapy, and other regular treatments that would run out in weeks, leaving patients to die.

While hearing the staff presentation about the proposed hard cap on physician visits, Senator Leno asked "does this action make us a death panel?" The Committee ultimately did reject that specific proposal, but made other severe cuts to Medi-Cal and Healthy Families.

Committee members agreed that none of the cuts were desirable, but the severity of the budget crisis required sacrifice. Senator Leno sighed about the "breathtaking actions" the Committee was taking right before voting to impose mandatory and higher co-payments on Medi-Cal patients under the poverty level. Senator Huff led his Republican colleagues to vote for Governor Brown's proposed cuts--even those that Democrats

voted to reject--in part because he did not know what the Democrats were proposing to cut instead.

Before considering the proposal to fully eliminate vision coverage for the nearly one million children in the Healthy Families program, Senator Leno even recounted his own "vivid memory" as a 4th grade student, suddenly being able to see again after a visit to an eye doctor and receiving glasses. For that cut, the Democratic majority voted to reject the \$11 million proposal to eliminate vision coverage, but to instead restrict coverage for \$3 million in budget savings.

Ultimately, even with all the statements of regret, the Senate Budget Committee approved a number of proposals that will undoubtedly lead to worsened health outcomes, worsened quality of life, financial harm, and more.

CUTS ACCEPTED IN SENATE BUDGET COMMITTEE

1. Reduce Medi-Cal provider rates, including nursing homes and intermediate care facilities, despite California having one of the lowest Medicaid provider rates in the country (47% of Medicare rates), and that nearly half of doctors already don't take new Medi-Cal patients.

1. Raise the cost of care for Medi-Cal patients, the vast majority of whom are under the poverty level and have monthly incomes below \$900, including: \$100/day for a hospital stay, up to a maximum of \$200; \$50 copayment for emergency room visits; \$5 copayment for doctor, clinic, dental, and pharmacy visits and prescriptions.

1. Eliminate Medi-Cal coverage for over-the-counter drugs

1. Limit coverage for hearing aids and enteral nutrition products for adults.

1. Increase monthly premiums for Healthy Families coverage for children in families between 200 and 250 percent FPL by \$18 per child, an increase of 75%, (with a family maximum of \$126); and for families between 150-200% FPL by \$14/child by nearly 100%.

1. Raise emergency room co-payments for Healthy Families coverage for children in families from \$15 to \$50 and raising hospital inpatient services co-payments of \$100 per day with a \$200 maximum (\$0.7 million).

CUTS REJECTED BY SENATE BUDGET COMMITTEE

1. Limit care and coverage for 7.7 million Californians with Medi-Cal coverage including millions of low-income families, seniors, and people with disabilities and chronic illness, including: Limit doctor/clinic visits to 10/year; Limit prescription drugs to 6 per month (with no exceptions unless for life-saving drugs); Establish maximum benefit dollar caps on medical supplies (e.g., wound care, catheters, incontinence

supplies) and durable medical equipment (e.g., wheelchairs), impacting 20,000 patients/year.

1. Eliminate vision care for nearly 1 million children covered by Healthy Families, including coverage for eyeglasses. (An alternative proposal was adopted to yield partial savings by restricting coverage.)

In discussions with his Republican counterparts, Committee Chair Mark Leno expressed a commitment to reaching the Governor's proposed reduction target numerically and to following the broad architecture of that proposal. Though Leno estimated that Democrats would reject 10% of Governor Brown's proposed cuts to "soften the roughest edges", but he promised to propose alternative solutions, including ongoing cuts to achieve the same amount in savings.

Next Steps

The Senate Budget Committee will continue deliberations today, and the full Assembly Budget Committee will begin hearings tomorrow. The goal is to complete the budget process by early March so that a revenue package and related budget proposals can go to the voters by June 2011.

CALL-IN ACTION: The HHS Network, of which Health Access California is a leader, has been asking Californians to call their state legislative leaders to be a champion for these programs, to reject the worst of the cuts. [Click here to start to call legislators TODAY!](#)

DAY OF ACTION: A day of action is scheduled for next week in Sacramento. For more information and to get involved in the HHS Network, contact Jessica Rothhaar at jessicar@health-access.org.

For more information, contact the author of this report, Linda Leu, at lleu@health-access.org. As always, more information on the budget and health reform is available on our website at www.health-access.org.

California Progress Report

The Assembly Goes Ahead With Cuts

21 February 2011
By Anthony Wright

Friday morning, the Assembly Budget Committee approved, in one vote along partisan lines, a broad budget proposal package that adopted many--but not all--of Governor Brown's proposals.

Most of the cuts are adopted, with a major exception of hard caps on doctor visits, prescription drugs, durable medical equipment and medical supplies.

The one major area where there isn't conformity between the Assembly and the Senate is on Adult Day Health Centers, which Governor Brown proposed to eliminate. The Assembly rejects elimination and makes a partial cut of \$28 million. The Senate, earlier today, basically cut all but \$25 million for use as a block grant. This difference--and others--will likely be decided in a Budget Conference Committee which starts meeting on Tuesday.

From the analysis, here are the relevant portions about health care cuts:

Medi-Cal Major Issues:

- **Mandatory Co-pays.** Cuts Medi-Cal by \$557.2 million by mandating that beneficiaries pay co-payments as follows: 1) \$5 for every physician or clinic visit; 2) \$3 (generics) or \$5 per prescription; 3) \$50 for emergency room visits (for emergencies or non-emergencies) and \$100 per day, with a maximum of \$200 per admission, for inpatient services; and 4) \$5 for every dental visit.
- **Rate Reductions.** Cuts Medi-Cal by \$729.6 million General Fund by reducing rates paid to Medi-Cal providers and skilled nursing facilities by ten percent.
- **Utilizations Controls.** Cuts Medi-Cal by \$17.2 million by eliminating coverage of over-the-counter cough and cold products, limiting coverage of enteral nutrition products to tube fed (giving discretion to DHCS to grant exemptions), and imposing an annual dollar maximum on hearing aids of \$1,510 per year. Denies caps on physician visits, prescriptions, durable medical equipment and medical supplies.
- **Adult Day Health Care.** Cuts \$28 million from ADHC by enforcing existing medical acuity eligibility criteria, consolidating state administration of the program, and making other reforms to the program, without eliminating the benefit.
- **Medi-Cal Managed Care Tax.** Secures on-going revenue by making permanent (with

a 3-year sunset) the tax on Medi-Cal managed care organizations.

Healthy Families Major Issues:

- **Healthy Families Premiums.** Cuts Healthy Families by \$22 million General Fund by increasing monthly premiums paid by families enrolled in the program.
- **Healthy Families Co-pays.** Cuts Healthy Families by \$5.5 million General Fund by increasing co-payments paid by families for hospital services, consistent with hospital co-pays in Medi-Cal.
- **Healthy Families Vision Coverage.** Cuts Healthy Families by \$3 million General Fund for support of vision coverage, without eliminating the benefit.

Other Health Major Issues:

- **Proposition 10 Fund Shift to Medi-Cal.** Cuts Medi-Cal by \$1 billion General Fund by replacing it with \$1 billion in Proposition 10 reserves and eliminates the State Prop 10 Commission for on-going savings of approximately \$89 million annually, to cover Medi-Cal services for children 0-5 years of age. Denies proposal to shift fifty percent of local funding on an on-going basis.
- **Proposition 63 Fund Shift to State Mental Health Programs.** Cuts \$900 million General Fund primarily from Medi-Cal by replacing it with \$861 million in Proposition 63 funds for: AB 3632, EPSDT, and Mental Health Managed Care.
- **AIDS Drug Assistance Program Cost Savings.** Cuts \$77 million in General Fund reflecting: \$7 million in administrative savings and an increase in federal funds; and a \$70 million allocation from the Safety Net Care Pool. Directs the administration to expand eligibility in the CARE/HIPP Program and facilitate enrollment of ADAP clients into the HIPP Program, the Pre-Existing Condition Insurance Program, and Low-Income Health Insurance Programs for additional General Fund savings in ADAP. Achieves equivalent savings without increasing cost sharing for ADAP clients.
- **Emergency Preparedness Reductions.** Cuts \$5.8 million in General Fund for maintaining the state's medical supplies stockpile and mobile field hospitals for major public health emergencies.

Anthony Wright is the Executive Director of Health Access, a statewide healthcare consumer advocacy coalition.

The Modesto Bee

TwentySomethings: In a state of insurance 'limbo'

Posted on Sun, Feb. 20, 2011

By Jocelyn WienerCHCF Center for Health Reporting

During the school year, Nikki Boudreau has access to health care through California State University, Stanislaus, where she's a senior. But come summertime, and during school breaks, she is uninsured.

Under federal health care reform, young people up to the age of 26 can be insured through their parents' health plans. But that only works if their parents have health insurance. The 22-year-old art student isn't so lucky.

Her father worked in home improvement until the housing bubble burst. Her mother did child care. Neither is insured. So Boudreau is on her own.

Growing up in Fremont, Boudreau says she spent many of her teenage years uninsured. She didn't see the eye doctor. She didn't see the dentist. When a filling fell out, she spent a year refilling it with temporary filler.

"You just go a long time trying to patch things up and hope they don't get worse," she said.

When she was 19, Boudreau got so sick she ended up in the emergency room. In the end, that health scare was "an unexpected blessing," she said. While in the hospital, she found out she was eligible for Medi-Cal.

Over the next year, she caught up on all kinds of care. She had her wisdom teeth pulled. She got glasses.

But on her 21st birthday, she says, she rejoined the ranks of the uninsured.

"Now it's like, 'I hope I don't get a toothache. I hope I don't get into an accident,'" she said, "Because I'd have to pay out of pocket."

A few years ago, Boudreau went to Planned Parenthood for birth control, and discovered she also was eligible for Family PACT — California's program to provide reproductive health and family planning services to the low-income, uninsured and working poor.

Now, she can get annual exams and help with limited other health problems at the clinic. She's so grateful for that assistance, she does outreach for Planned Parenthood around campus.

"I think there's a lot of people who are in their mid-20s who are kind of in limbo. I meet people all the time who haven't been to the dentist for years, all sorts of things," she said. "It's horrible."

Capital Public Radio will discuss The Bee's series on "Insight," its interview program, Wednesday from 10 to 11 a.m. Listen at KUOP 91.3 FM or www.caprado.org/news/insight.

San Jose Mercury News

Mercury News editorial: Health insurance window closing for California kids

Mercury News Editorial

Posted: 02/20/2011 10:00:00 PM PST

Congress and California stepped up to the plate in a big way last year for children with pre-existing health conditions.

Parents who don't qualify for Healthy Families or Medi-Cal must now do their part. They have until March 1 to sign up their children for health insurance programs before the open enrollment period closes. It would be a travesty for parents to ignore this golden opportunity so many fought so hard to achieve.

Failure to sign up means parents can't take advantage of any insurance price break until their child's next birthday.

The federal government last year initiated reforms forbidding health insurers to deny coverage to children with chronic conditions, such as asthma or diabetes. California's Legislature took that one step further by forcing insurers to offer premiums that are no more than double the rate of covering healthy children.

If health insurers had any doubt about California's commitment to insuring children, Los Angeles Assemblyman Mike Feuer's AB 2244 made the state's position perfectly clear. The legislation, signed last fall by Gov. Arnold Schwarzenegger, bans health insurers from selling policies to anyone for five years if they refuse to sell policies for children.

An estimated 500,000 California children have pre-existing conditions, although many have some form of coverage through their parents' insurance policies. It's unclear how many of the remaining uninsured children in California have yet to take advantage of this option. Advocates in Silicon Valley fear the number may be high, and even one is too many.

Children who have health insurance see doctors far more often than those who are uninsured. It's an established fact that children who do not have coverage are:

3 times more likely to have gone without needed medications.

5 times more likely to use an emergency room in place of a regular place of care.

10 times more likely to not have a pediatrician who serves as their regular family physician.

Children who don't get help for routine problems often wind up at places like Santa Clara Valley Medical Center, where the cost of care -- too often paid by taxpayers -- is thousands of dollars higher than a routine doctor visit.

The California Center for Public Health Advocacy reports that one out of every three school children in the state is overweight. Three out of every four overweight children become overweight adults, and the cost of treating the obese in California in 2010 is already estimated at \$28 billion. The expense will only grow as the state's overweight children grow into adulthood.

The other worrisome and costly health concern for children is asthma. California kids missed nearly 2 million days of school last year because of asthma-related issues.

Parents who care about their children's education also must do everything they can to provide regular health care.

The two are related: Healthy children are more alert and comfortable in school and nearly always will outperform kids who come to school sick or in pain.

Besides, doesn't every child deserve basic health care? This is the time for parents to step up and get them registered -- and for community health advocates to keep up the good work of spreading the word.

ITUP

Update on PCIP Enrollment

02/23/11 | by Ashley Cohen

The most recent reporting on Pre-Existing Condition Insurance Plan (PCIP) enrollment shows that 1,352 Californians have successfully enrolled (24,100 capacity) and 12,437 have enrolled nationwide (375,000 capacity). PCIP is a temporary health plan for the high-risk, medically uninsurable. This low enrollment contradicts initial eligibility estimates, which found that as many as 40,000 people in California (PWC) and 6M in the U.S. (Commonwealth Fund) might be eligible for high-risk pools.

\$5B was allotted for high-risk pools nationwide (\$761M for California). Because of the high initial estimates of potential eligibles and the high cost of care, the law instituted rules that would limit eligibility, which included a 6-month uninsurance requirement. This means that individuals enrolled in higher cost plans could not enroll in PCIP.

The initial estimates failed to take into account whether or not these “potentially eligible” individuals could afford the premiums offered by PCIP. The premiums in California, which are set at 100% of the premiums of a commercial plan for healthy individuals, are \$415/month on average and can be as low as \$140/month for someone under 15 and as high as \$1,003/month for a near elderly person. In addition, the 6-month uninsurance requirement is an obstacle for high-risk individuals who are currently enrolled in a plan, whether it is a commercial plan or another high-risk plan (such as MRMIP).

Despite a slow start due to delays in enacting the program and finding a contacted PPO network, outreach and education in California have been aggressive. The law mandates that a commercial plan inform an individual of available high-risk plans if they are denied coverage. Insurance agents and brokers who successfully enroll an applicant into PCIP receive a \$50 reimbursement. MRMIB has also utilized social media, such as Facebook. Outreach materials are available on the PCIP website.

MRMIB is working with the Department of Insurance to offer continuing education (CE) credit to agents and brokers who view the online PCIP webinar, “PCIP 101.” The federal government turned the state down for premium assistance to lower monthly costs to subscribers.

In order to increase enrollment, congress might consider offering premium assistance and/or lifting the 6-month uninsurance requirement.

Click here to see the California PCIP enrollment summary by county, ethnicity, gender and age.

[Click here](#) to see PCIP enrollment by state.

[Click here](#) to see MRMIB's PCIP outreach activities.

Low-income Families Can Now Apply Online for Health Coverage Through the State of California's New Web-based Application

Health-e-App Public Access, based on Social Interest Solution Solutions technology, Makes 24x7 Health Coverage Eligibility and Enrollment a Reality

SACRAMENTO, Calif.--(BUSINESS WIRE)-- Social Interest Solutions (SIS), a nonprofit organization dedicated to leveraging technology innovation to improve consumers' access to eligible health and human services, today announced that the State of California Healthy Families program has successfully deployed Health-e-App Public Access, the new online version of Health-e-App, an eligibility system developed by Social Interest Solutions.

Health-e-App, built by Social Interest Solutions, was the first fully automated Web-based application in the United States for enrolling low-income children and pregnant women in public health insurance programs. Now, with the newly launched Health-e-App Public Access, applicants can apply online from any computer with access to the Internet.

"Using Health-e-App and now Health-e-App Public Access to apply for Healthy Families Program (HFP) and/or Medi-Cal for Children has many advantages over the traditional paper application process," said Bobbie Wilbur, co-director at Social Interest Solutions. "Health-e-App offers a faster, more secure, consumer-friendly way to apply for public health coverage and provides better quality application data and a more streamlined enrollment process. Now, with Health-e-App Public Access individuals can research, identify and secure available coverage from their home or any Internet connection."

Since the launch of Health-e-App Public Access more than 16,000 applications have been submitted – almost half of which were completed by families submitting applications on their own through the public access channel.

The Health-e-App online application is now available in both English and Spanish at www.healtheapp.net.

The development of Health-e-App Public Access was supported by grants from the California HealthCare Foundation and The California Endowment and matching funds from the State of California.

About Social Interest Solutions

Social Interest Solutions (SIS) is a nonprofit organization dedicated to leveraging technology innovation to improve consumers' access to public and private health and social services. As an active influencer and promoter of policy reform, SIS has successfully developed and deployed pioneering technology solutions that have positively impacted the quality of life for the nation's underserved population.

In early 2003, Social Interest Solutions developed One-e-App, a Web-based system that streamlines the often complicated eligibility and enrollment process by making it possible to transparently connect and share data across otherwise disparate federal and state social services systems and programs. Today One-e-App is deployed in Arizona, California, Indiana and Maryland and has served 7 million individuals.

www.socialinterest.org

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Source: Social Interest Solutions

San Diego Union Tribune

How to treat an ill child with no insurance

By Special to the U-T

Monday, March 7, 2011 at 6 a.m.

As a public service to residents, the Financial Planning Association of San Diego is answering financial questions for readers of The San Diego Union-Tribune. Today's question — on health insurance for a child — is an extension of last week's question. It is answered by Jim Dell of the Professional Alliance for Children; Keri Whitehead of Rady Children's Hospital-San Diego; and Charles Day of the San Diego Ronald McDonald House.

Q: What should you do as a parent if you have an ill child and no health insurance?

A: In the case of a medical emergency, insured or not, take your child to the nearest emergency room. The majority of hospitals are required by law to treat a patient with a health emergency. The Emergency Medical Treatment and Active Labor Act, which was passed in 1986 as part of the Consolidated Omnibus Budget Reconciliation Act, or COBRA, includes that hospitals and ambulance services must provide necessary emergency health care regardless of citizenship, legal status or ability to pay. Though you may not be able to pay, you still will be legally responsible for the cost of your child's care. However, you cannot be held criminally liable for not paying, unless you intentionally and knowingly provide false identifying information to avoid paying for care.

You should not rely on emergency room care for all of your child's medical needs. Hospitals under the emergency medical act are not required to care for nonemergency medical conditions, and they may discharge a patient after the patient has been stabilized and can care for himself or be cared for by another. Because of these limitations, obtain insurance for your child as soon as possible.

Fortunately, under the Affordable Health Care Act signed in 2010, a child's pre-existing condition must now be covered in a health insurance policy, and a child with chronic health conditions cannot be denied coverage. Adults are not scheduled to receive similar protections until 2014.

If you cannot afford private insurance, then apply for Medi-Cal coverage for your child. If your income or assets exceed the limits for Medi-Cal eligibility, your child may qualify for health care coverage under the Healthy Families Program. This government insurance program offers low-cost health, dental and vision coverage.

Additionally, California Children's Services, or CCS, is a state program that provides assistance to children with certain diseases, physical limitations or chronic health problems. To obtain CCS assistance, a child must be under 21 years old, have or be suspected of having a medical problem that CCS covers, be a resident of California and be in a family with an income under \$40,000 (adjusted gross income on state tax return). A few examples of the many health problems that CCS covers are cancers, diabetes, cerebral palsy and broken bones.

If your child is not experiencing an emergency health problem, there are clinics in San Diego that may treat your child at little or no cost.

For example, Family Health Centers of San Diego accept a broad range of payment and insurance plans. These clinics offer affordable services to all income levels, with a special commitment to low income and medically underserved individuals.

Another option is provided by Volunteers in Medicine San Diego, a nonprofit organization whose mission is to improve access to health care for the underserved and uninsured. This charitable organization is staffed by retired physicians, dentists and other medical professionals who provide care without compensation.

Further, some local hospitals provide medically necessary health care services to patients requiring admission to the hospital at low or no cost.

For example, Rady Children's Hospital-San Diego is committed to providing care to patients regardless of their ability to pay. Consistent with this commitment, its financial counselors will first work with a child's family to determine their eligibility for governmental program assistance. State and County eligibility workers knowledgeable in Medi-Cal, Healthy Families and California Children Services assist in determining eligibility and in completing the application process. If a patient does not qualify for a government program, an Rady Financial Assistance Program is in place to provide discounted care to eligible patients based upon their family income.

Another resource that a social worker may refer you to is the San Diego Ronald McDonald House. This charity provides a "home away from home" for children and their families while their child is admitted at any hospital in the San Diego area.

Its Family Care Center also is available during the day to anyone with a child in a hospital. This unique offering provides a place for a family to enjoy a hot meal, relax in a family play area, obtain medical information online, nap, or simply take a break from the often stressful hospital environment.

Additionally, if you are struggling with financial or legal issues while your child is ill, the Professional Alliance for Children may provide relief. The Alliance is a nonprofit organization that aligns professionals — attorneys, Certified Financial Planners, and CPAs — to provide free assistance with these issues. Along with the other charitable

organizations described in this article, the Alliance's mission is to better the lives of children by helping them and their families in their time of need.

All children should receive quality health care regardless of the current financial status of their family. You are not alone when there are resources available that will help you to care for your child.

To submit a question to the FPA of San Diego for possible publication, please send an e-mail to info@fpasandiego.org

Daily Breeze

Toothfairy Cottage entertains preschoolers while teaching dental care

By Erin Richards Staff Writer

Posted: 03/04/2011 06:47:34 PM PST

Standing outside their classroom, preschool students at Hawthorne's Rainbow River School fidgeted while teacher Pamela Padilla herded them into a line.

Excitement ran like an electric current through the 4-year-olds as they turned curious eyes to a woman at the front of a classroom holding teeth.

"Brush, brush, brush your teeth, morning, noon and night. Up and down and all around, until they're clean and white," sang Wendy Young, miming large circles with an oversized toothbrush.

Young, an outreach coordinator for the Shannon Kelly Toothfairy Cottage, delighted the preschoolers with a puzzle, song and magic tricks - all while teaching the children about dental care.

"I want to teach these kids that brushing your teeth should be like washing your hands, simple and necessary," Young said. "If they knew it can help protect them from getting sick, maybe they'll do it more."

Young's educational outreach is part of a larger program offered by the Toothfairy Cottage, the educational arm of the nonprofit Children's Dental Center of Greater Los Angeles in Inglewood. Located just a few doors down from their dental clinic, the Cottage operates out of a house on a residential street in Inglewood, offering in-home workshops as well as on-site visits to schools.

They are building innovations in dental care by making education and prevention a mandatory part of their treatment. Requiring educational workshops for patients, and offering them for free to schools and families, the Cottage's formula is making strides in oral hygiene education that is not widely seen elsewhere.

The educational foundation is critical for local families, which face myriad challenges in getting to the dentist. Misinformation, lack of affordable dental care, and a still sluggish economy can force parents to make tough decisions and often stymie proper dental hygiene.

"It makes a huge difference," said Lilah Banini, a 31-year-old from Compton who volunteers at the Cottage in exchange for dental treatment for herself and her son. "It's like, do I eat, or do I go to the dentist?"

Last year, researchers at UCLA's School of Public Health found that one in four children in California had not seen a dentist. They also found that families with public insurance for dental coverage, such as Healthy Families and Medi-Cal, don't see the dentist as frequently as families with private coverage.

Steven McKane, chief program officer for the Children's Dental Center, said it's common for him to see an 8-year-old visiting the dentist for the first time.

"People die from tooth decay," McKane said. "Oral health is not just a luxury service, it's just as important as any other health service."

The California Dental Association has found that 30 percent of Californians do not have access to oral health care. In Los Angeles County, 15 percent of publicly insured children can't afford dental care, according to the 2005 California Oral Health Needs Assessment.

And the state of California in 2009 cut adult dental care coverage from public insurance programs.

The move eliminated access for the Californians who need it most, said Nadereh Pourat, an associate professor at UCLA's School of Public Health.

"The most vulnerable part of the population lost their dental care," Pourat said. "Chances are that there are going to be huge consequences and a decline in public and oral health."

California Progress Report

Conference Committee Approves Budget With Severe Health Cuts

Posted on 04 March 2011

By Anthony Wright
Health Access

Yesterday, the Budget Conference Committee of both Senators and Assembly representatives approved a package of \$12.5 billion in cuts, and that relies on a vote of the California electorate for \$12 billion in revenues to fill a remaining state budget deficit.

Assemblyman Bob Blumenfield, chair of the Budget Conference Committee, repeatedly stated how tough the cuts were, and how far "out of our comfort zone" he and his fellow Democrats were going. To make the point, he said he was "so far out of my comfort zone, it's like Charlie Sheen at a rehab clinic, times ten." He said those who don't recognize these as "real cuts" to the safety net and other vital programs "should not deny the misery these cuts will cause."

Health and human services were significantly cut, including the state's Medi-Cal program, which provides coverage to 7.7 million Californians, largely low-income children, parents, seniors, and people with disabilities. The cuts included a steep 10% reduction to already-among-the-lowest-in-the-nation Medi-Cal provider rate reimbursements; big increases in cost sharing, including \$50 emergency room co-pays and \$100 hospital stay co-pays for Medi-Cal patients under the poverty level; and reductions in other benefits.

Looking for additional savings, the Committee revisited a previously-rejected proposal to place caps on the number of doctor visits that Medi-Cal patients may get. The original proposal would place a hard cap on doctor visits of 10 a year, with no exceptions. The approved budget puts in place a "soft cap" of seven doctor visits a year, but allows more if a doctor certifies them as medically necessary. The expectation is that the proposal will reduce the number of doctor visits that Medi-Cal pays for in a given year by 15%.

The budget also includes a major cut in Adult Day Health Care. The Governor had proposed full elimination, and the Senate and Assembly made major cuts--but of different scales. The final compromise was to formally eliminate the program, but to recreate the program in a scaled-back, less costly form with \$85 million--an amount that split the difference between where the two legislative houses proposed.

Ultimately, even with all the statements of regret, the Budget Conference Committee approved a number of proposals that will undoubtedly lead to worsened health outcomes, worsened quality of life, financial harm, and more.

CUTS ACCEPTED IN BUDGET CONFERENCE COMMITTEE:

- Reduce Medi-Cal provider rates by 10%, including doctors, hospitals, nursing homes and intermediate care facilities, despite California having one of the lowest Medicaid provider rates in the country (47% of Medicare rates), and that nearly half of doctors already don't take new Medi-Cal patients.
- Limit doctor visits to seven/year for 7.7 million Californians with Medi-Cal coverage including millions of low-income families, seniors, and people with disabilities and chronic illness, unless additional visits are specifically certified by a doctor as medically necessary.
- Raise the cost of care for Medi-Cal patients, the vast majority of whom are under the poverty level and have monthly incomes below \$900, including:
 - \$100/day for a hospital stay, up to a maximum of \$200.
 - \$50 copayment for emergency room visits.
 - \$5 copayment for doctor, clinic, dental, and pharmacy visits and prescriptions.
 - Eliminate Medi-Cal adult day health care, impacting 27,000 patients and 330 centers statewide--and replacing it with a scaled-down program.
 - Eliminate Medi-Cal coverage for over-the-counter drugs
 - Limit coverage for hearing aids and enteral nutrition products for adults.
- Increase monthly premiums for Healthy Families coverage for children in families between 200 and 250 percent FPL by \$18 per child, an increase of 75%, (with a family maximum of \$126); and for families between 150-200% FPL by \$14/child by nearly 100%.
- Raise emergency room co-payments for Healthy Families coverage for children in families from \$15 to \$50 and raising hospital inpatient services co-payments of \$100 per day with a \$200 maximum (\$0.7 million).

Next Steps

The budget now goes to floor votes in both the Assembly and the Senate, expected for next week. Governor Brown is actively seeking a 2/3 vote for this "comprehensive" package, including from some Republicans. In fact, the head of the Chamber of Commerce indicated there may be support for a "comprehensive" package today, suggesting momentum on this effort. The goal is to complete the budget process by mid-March so that a revenue package and related budget proposals can go to the voters by June 2011.

MomsRising.org

California's Health-e-App Public Access: Good News For Children Otherwise Threatened by Budget Cuts

Posted January 27th, 2011 by [Wendy Lazarus](#)

Re-posted in California Health Care Foundation's March 2011 Briefings

Amidst the generally gloomy news out of California about our budget crisis and cuts to vital services, there is one very bright spot: California is a step closer to insuring 700,000 children who go without coverage today with its recent launch of public access to Health-e-App. For the first time, working parents can apply for health coverage programs, such as Medi-Cal and Healthy Families, online, whenever and wherever it is most convenient. Now, families can access the application from home, libraries, or anywhere they have Internet access.

Health-e-App allows families to enter basic information to find out if their children are eligible for the state's health coverage programs. Health-e-App identifies which programs children are eligible for and routes the application to the appropriate program for enrollment.

As the nation moves forward to increase health coverage for uninsured children, especially during these difficult economic times, California's new public access application system is definitely worthy of applause. Within just 20 days after the launch of public access to Health-e-App, 2,500 families used the system on their own to apply for health benefits, and community-based application assistants helped 1,500 families use the online application. Families even applied for health coverage on Christmas Day, New Year's Eve and New Year's Day. These early successes make it clear that families place a very high priority on their children's health care, and that many are ready to use modern new tools that make applying for health coverage more convenient and simpler.

That is why The Children's Partnership has long pushed to use information technology to improve children's health and to help transform our nation's health care system to better serve families in the 21st century. We continuously urge state enrollment administrators to streamline the enrollment process by replacing paper-based procedures with electronic ones that incorporate privacy protections and eliminate onerous reporting that undermines the benefits of new technology. Health-e-App's public access application is a big step in this direction, and the early returns demonstrate the pay off both to children's health and to program efficiencies.

While The Children's Partnership applauds this new public access application and information technology advances that benefit kids, we also recognize that not all families have access to computers or the Internet or have the skills and comfort level to use these technologies effectively. For this reason, we are strong proponents of offering convenient access to trained people who help families use these health enrollment systems.

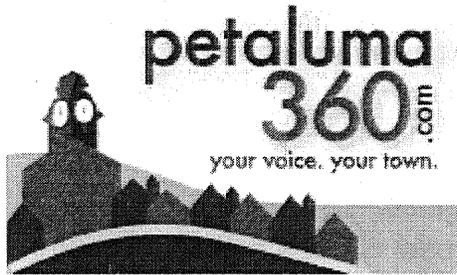
As we look toward continued implementation of the federal Affordable Care Act (ACA), public access is a significant step toward creating the coordinated, simplified, technology-enabled

enrollment system called for by the ACA. And California's online public access application will have lasting advantages as the number of children who apply for coverage through the Affordable Care Act increases in the future.

How You Can Help

- To access Health-e-App, visit <https://www.healthapp.net/>.
- Spread the word about Health-e-App to families, schools, employers, churches and temples, community centers, libraries, and any other place where families go. Visit here <http://www.childrenspartnership.org/CaliforniaHealthApp/>.
- Visit <http://www.100percentcampaign.org/> to learn about the health coverage programs California's children may be eligible for and to get involved in efforts to ensure every child in California has access to the health coverage they need.
- To find a Certified Application Assistant in your area to help families apply for health coverage, visit http://www.healthyfamilies.ca.gov/Joining/Apply_to_HFP.aspx#caa
- To learn more about The Children's Partnership's efforts to streamline health coverage enrollment for children and families, visit www.childrenspartnership.org/ele/aboutus.

Wendy Lazarus is the Founder and Co-President of The Children's Partnership, which advocates for improvements in child health care. Ms. Lazarus has been involved in advocacy for health coverage for all children for more than 35 years.



Funding cuts are shortsighted

By KATHRYN POWELL

Published: Wednesday, March 9, 2011 at 3:00 a.m.

Our community is threatened by the very real possibility that funding will be slashed this month on the federal and state level for community health centers — and this will mean people living with chronic and serious illness won't get the basic care they need.

Your neighbors, co-workers, friends and relatives who use Petaluma Health Center services may be turned away because funding cuts would dramatically curtail what we can offer them.

Our low-income patients who can't afford doctor visits are likely to struggle independently with their health problems, and their diseases will worsen. If their illnesses overwhelm them, they may ultimately seek care at hospital emergency rooms, which costs far more than effective preventative care at a community health center.

Consider this fact: In Sonoma County, one in five people seek medical care from a community health center.

It's shortsighted for the U.S. Congress and the California Legislature to reduce funding for health centers. It may seem like an expedient way to achieve significant savings during an era of unprecedented budget shortfalls, but it will end up costing society much more money in the long run.

The U.S. Senate is expected to take action this week on H.R. 1, a bill already passed by the House of Representatives, which would cut \$1.3 billion from community health centers. This measure would cut almost \$1 million annually from the Petaluma Health Center's federal grant funding, which supports thousands of children and adults, including 6,000 uninsured patients.

The state budget proposal calls for eliminating \$1.7 billion from its Medi-Cal funding, and \$38.5 million from its Healthy Families program. These proposed cuts would limit the number of doctor visits and prescription drugs available to a patient in any given year, and increase premiums and co-pays — a big hit to our center since almost 50

percent of our visits are patients receiving Medi-Cal and more than 1,400 visits are through the Healthy Family program.

Many of our clients have serious conditions like diabetes and chronic pain, and as part of our integrative approach to health care, not only do we treat their immediate symptoms, we teach people in a variety of ways how to achieve well-being — through nutrition, stress reduction, group visits, counseling, movement classes and acupuncture.

The Petaluma Health Center now sees about 16,000 people annually. With last year's federal passage of the national Health Reform Act, many more people will get health insurance — some for the first time — so demand for health center services will intensify.

We estimate by 2014, the Petaluma Health Center will be the “medical home” for 30,000 people. In June, we will be moving into a building on North McDowell Boulevard that is four times larger than our current, severely cramped facility.

Medical providers know that the key to good health is prevention, and the Center for Healthy Living in our new facility will emphasize techniques for lifestyle change leading to improved health. Many of our programs will be open to the public, such as movement classes and demonstrations in our new kitchen showing people how to prepare healthy meals.

Additionally, the Petaluma Health Center contributes to the area's economic vitality by employing 115 physicians and support staff. These workers spend their paychecks here and contribute to the local tax base.

Community health centers are an excellent investment, and truly keep the community healthy so students don't miss classes and employees are healthy enough to work.

To significantly cut our funding now as we're poised to make a major leap forward would paralyze us and force us to cut services. Please call your U.S. Senators Dianne Feinstein (202-224-3841) and Barbara Boxer (202-224-3553), California Senator Mark Leno (916-651-4003) and Assemblyman Jared Huffman (916-319-2006) and urge them to continue the crucial funding for community health centers.

(Kathryn Powell is chief executive officer of the Petaluma Health Center and serves on the board of the Petaluma Health Care District.)