

This year, the Annual Central Coast Conference expanded beyond discussions of children's coverage to the exciting opportunities for coverage of both children and adults in the region and statewide. Topics covered in the workgroup included ten-year trend data for the Central Coast Region, county and statewide efforts to cover all kids, legislative and budgetary issues impacting the uninsured, and coverage expansion opportunities under the new federal waiver. To preface the day's discussion, ITUP staff provided a 2005 data summary of the Central Coast region from 1996 through 2004 highlighting significant trends, accomplishments and opportunities. The 2005 Overview of the Uninsured in the Central Coast and additional regional and county overviews can be viewed on our website: <http://www.itup.org/workgroup.html>.

### **“Paradox in Paradise: Hidden Health Inequities on California’s Central Coast”**

A recent report prepared by Joel Diring and Amy Gilman entitled, “Paradox in Paradise: Hidden Health Inequities on California’s Central Coast,” identifies a series of oft-overlooked disparities in health status and access to care among hidden populations in the Central Coast counties using secondary data. As the demographics change regionally, an increasing number of residents are uninsured with limited access to care and poorer health status. This disproportionately affects the following populations: agriculture workers, service workers, children in immigrant families and low-income seniors. Awareness of changing demographics and identification of community needs is crucial to addressing these disparities.

### **Central Coast and Statewide Efforts to Cover All Kids**

In the Central Coast, three Healthy Kids programs are operational with nearly 3,000 kids enrolled in the region (San Luis Obispo, Santa Barbara and Santa Cruz Counties). These programs have had success in enrolling children in Medi-Cal, Healthy Families and Healthy Kids through simplification and coordination of enrollment and retention efforts. For example, Santa Cruz County involves both CAAs and providers in reminding families about renewal; and San Luis Obispo County has outreached to schools, small businesses and Chambers of Commerce to increase enrollment. Ventura County is in the process of selecting a coverage expansion option.

The recently released May Revision of the Governor’s 2006-2007 budget proposes \$23 million in bridge funding to enroll children currently on waiting lists for a local Healthy Kids program. Similarly, the Assembly’s version includes \$40 million for this purpose. The January version of the Governor’s budget includes funds for outreach, enrollment, retention and utilization efforts for children’s coverage. Both proposals have strong support from the local CHIs.

The passage of the Tobacco Tax Act of 2006, which provides \$371 million annually for a statewide health insurance program for children, would also achieve the goal of covering all children under 300% of FPL. New funds will flow directly into existing local CHIs. Other counties without an existing CHI will experience some delay in implementation and funding. SB 437 (Chan/Escutia) will also expand coverage for children, partnering the local CHIs and MRMIB to create a new statewide program. The initiative and legislation will work together to insure all children and streamline enrollment and retention efforts. Recent polling statewide by

the United Way found that 83% of likely voters polled support “ensuring every child has health insurance”.

### **Medicaid Proof of Citizenship Requirement**

As of July 1, 2006, anyone enrolled or re-determined must document both citizenship and identity to be eligible for Medicaid. Approximately 7 million Californians will be affected by this requirement, for which the state must submit a plan amendment to CMS for approval. State DHS is working on trailer bill language to allow for flexibility in implementation.

### **Legislation to Expand Coverage of the Uninsured**

The Massachusetts State Legislature passed legislation to create statewide universal healthcare coverage which was signed into law by the Governor. The plan combines aspects of an individual and employer mandate to achieve universal coverage. There are many questions regarding the applicability of such a plan in California. Incremental coverage expansion and universal coverage proposals are currently moving through the California Legislature.

- AB 1952 (Nation) proposes universal coverage through an individual and employer mandate. Financed through employer, employee and individual contributions as well as subsidies for low-income residents, the plan aims to control costs through the use of electronic medical records and best clinical practice standards.
- AB 2450 (Richman) achieves universal coverage through an individual mandate. Residents must enroll in basic or essential coverage depending on income and subsidies for uninsuring small low wage employers and their employees.

SB 840 (Kuehl) proposes a single payer model to provide all California residents with a comprehensive benefit package to be financed by \$90 billion in as-yet-unspecified taxes and holds in existing spending for public health programs. The proposal has received strong organizational and grassroots support. Participants expressed concerns about the proposal including reimbursement rates, impact on providers, rationing and financing; however, consensus exists that reform of the system is necessary.

### **Coverage Expansion Opportunities**

As part of the new federal Medicaid Section 1115 waiver, \$180 million is available in years three through five of the waiver for coverage expansion. In order to access the federal funds, county entities or the state must have adequate CPEs (certified public expenditures) to serve as match. The California Department of Health Services has outlined guiding principles and initiated a series of stakeholder meetings to inform the design of the waiver amendment to be submitted to CMS by September 1, 2006 and the expansion program must be ready to launch on September 1, 2007. Two nearly identical bills, SB 1448 and AB 3000, propose allocation of the funds through a competitive grants process to three entities balanced geographically throughout the state.

In the Central Coast, only Santa Cruz County is focusing on these funds as an opportunity to expand eligibility for Medi-Cruz, the county program for indigent adults. Other counties are working on plans for the coverage initiative funds, including San Francisco, Fresno, Orange and Los Angeles. San Diego plans to pursue a separate federal waiver to fund a small employer based coverage expansion (SB 103, Ducheny).

In addition to the healthcare coverage initiative, Central Coast counties are pursuing other opportunities to expand coverage to the uninsured. In Monterey County, a program to provide health insurance for eligible IHSS workers is up and running, offering a competitive premium and a good benefits package. In Ventura County the Ag Futures Alliance Health Care Committee is working with diverse stakeholders to develop an Ag Health Cooperative as a potential viable solution for ensuring a healthy workforce, focusing on health education, direct service access and health insurance. The Cooperative is seeking funding to subsidize a low cost health plan, such as the basic coverage product offered by Western Growers, as well as pursuing its aforementioned goals.

### **Summary of Recommendations**

Participants shared their recommendations and priorities for expanding coverage of the uninsured in the Central Coast. There was consensus among participants on the following priorities:

- 1) Secure sustainable funding for covering kids
- 2) Improve integration and coordination between and within programs
- 3) Begin to focus on adult coverage: Healthy Families and Healthy Kids parents and low-wage workers