

March Network Call

March 1, 2018

**LGBT
HEALTH**

**California LGBT Health &
Human Services Network**

Agenda

- ▶ Introductions
- ▶ State Policy Updates
- ▶ Federal Policy Update
- ▶ #Out4Mental Health
- ▶ Announcements
- ▶ Questions



California LGBT Health & Human Services Network

- ▶ Statewide coalition working collectively to advocate for state level policies and resources that will advance LGBT health.
 - ▶ Over 60 organizations participate: community centers, clinics, researchers, advocates
- ▶ Provide coordinated leadership about LGBT health policy in a proactive, responsive manner that promotes health and wellness as part of the movement for LGBT equality.
- ▶ **The Network seeks to:**
 - ▶ Engage LGBTQ organizations in state-level policy decisions
 - ▶ Advocate for policies advancing the health of LGBT communities
 - ▶ Expand coverage and improve access to quality health care
 - ▶ Strengthen programs and build capacity for member organizations
 - ▶ Increase funding to LGBT health and human services organizations
 - ▶ Raise awareness among state policymakers about the needs of LGBTQ communities

Introductions

- ▶ Name
- ▶ Organization
- ▶ Geographic Service Area
- ▶ Primary Programs/Services

LGBTQ Legislation Updates

- ▶ AB 1791 (Waldron) - PrEP and PEP continuing education
- ▶ AB 2119 (Gloria) - Ensures that youth in foster care have access to providers who offer gender-affirming treatment
- ▶ AB 2153 (Thurmond) - LGBTQ cultural competency training for teachers and school staff
- ▶ SB 918 (Wiener and Rubio) - Establish \$60 million in grants for youth experiencing homelessness
- ▶ AB 2639 (Berman & O'Donnell) - Suicide Prevention Training for Teachers and School Staff
- ▶ AB 186 (Eggman) - Safe Consumption Services
- ▶ AB 2943 (Low) - Categorize "Conversion Therapy" as Consumer Fraud
- ▶ AB 2719 (Irwin) - Recognizing needs of LGBTQ Older Adults
- ▶ AB 2663 (Friedman) - Property Tax Equity for Same-Sex Partners
- ▶ AB 1985 (Ting) - Updating local hate crimes laws
- ▶ ACR 172 (Low) - Resolution apologizing for past discriminatory California laws and provisions

CALIFORNIA UNDER THE ACA

Millions with new consumer protections; financial assistance

4+ million Californians with new coverage already

Biggest drop in uninsured rate of all 50 states

CA IMPLEMENTED AND IMPROVED:

- Covered CA negotiating on behalf of consumers
- Shop & compare health plans & benefits
- Medi-Cal express lane enrollment options
- Oversight over health plan rates & networks
- State coverage expansions: immigrant kids, newly qualified immigrants

If we can prevent ACA repeal,
stop Medicaid cuts, and resist attacks

how can California drive forward?



2017 ACA Repeal: AHCA/BCRA/ORRA/GCHJ

MASSIVE CUTS TO OUR HEALTH CARE SYSTEM

- ▶ Phase out/Zero out ACA funding: Medicaid expansion & Marketplace affordability assistance
- ▶ Graham-Cassidy:
 - ▶ National - \$133 billion/year by 2026.
 - ▶ California - \$23 billion/year by 2026; \$53 billion/year in 2027 and beyond

CUT AND CAP MEDICAID

- ▶ End 50-year federal match guarantee with a per capita cap, which will affect:
 - ▶ National - 70 million people
 - ▶ California - 14 million people

LEAVE MILLIONS MORE UNINSURED & INCREASE PREMIUMS

- ▶ Zeroing out individual (& employer) mandates, and further impacts on coverage & premiums
 - ▶ National - 32 million
 - ▶ California - 4 million

REPEAL KEY CONSUMER PROTECTIONS

- ▶ Give states discretion to undo: essential health benefits, lifetime limits, no surcharges for people with pre-existing conditions, maximum out-of-pocket costs, etc. Without funding, even California would face pressure to scale back benefits.

Trump 2019 Budget: Big Take-Aways

- ▶ Overall, cuts **\$3 trillion** in spending over 10 years.
- ▶ Cuts Medicaid and ACA subsidies by **\$763 billion** over 10 years, which is cut of **\$172 billion annually** by 2028.
- ▶ **Eliminates** Medicaid expansion and ACA subsidies.
- ▶ **Further caps** Medicaid funding for seniors, people with disabilities, and children.
- ▶ **Weaken consumer protections** for people with private insurance by letting states eliminate key protections.

Holding Californians Harmless From Administrative Attacks

If the framework and financing of the ACA is intact, California has the will & wherewithal to withstand sabotage of individual insurance market:

- ▶ **Cost-Sharing Reductions & Covered California** workaround
- ▶ **Marketing & Outreach:** Federal budget cut by 90% to \$10M vs. Covered CA's \$110 Million Campaign
- ▶ **Open enrollment:** CA keeps 3-month open enrollment period (AB 156, Wood)
- ▶ **Insurer exits:** Extend continuity of care protections to individual market (SB 133, Hernandez)
- ▶ **Contraceptive Coverage:** While Trump executive order impacts ERISA plans, existing law requires CA-regulated plans cover preventative care without cost sharing (SB 1053, Mitchell)

Holding Californians Harmless From Administrative Attacks

More To Do

- ▶ **“Junk” Substandard Insurance:**
 - AHP Regulations
 - SB910 (Hernandez) on Short Term Insurance
- ▶ **Medical Loss Ratio**
- ▶ **Market Stabilization Efforts: Increased Affordability Help** Funded in Part by a More Progressive Individual Coverage Contribution to Encourage Enrollment
- ▶ **Ongoing Vigilance**

What Steps Can Be Soon?

*Without Federal Approval

Universality

- #Health4All expansions to undocumented immigrants
 - No one excluded due to immigration status.
- Expand affordability help in the individual market & Covered California:
 - No one should spend more than a % of their income on premium, on a sliding scale.
 - Those in Covered California need more help paying for both premiums and cost-sharing, including both copays and deductibles.

Cost/Quality/Equity

- Health care prices: No unjustified medical bills beyond benchmarks
- Public option/Medicaid Buy-in: No bare counties/no consumer abandoned with no options at whim of private insurer.
- Accountability of Medi-Cal managed care plans: Year over year improvements on quality/equity.

Covering the Remaining Uninsured

California Projected Uninsured Ages 0-64, 2017

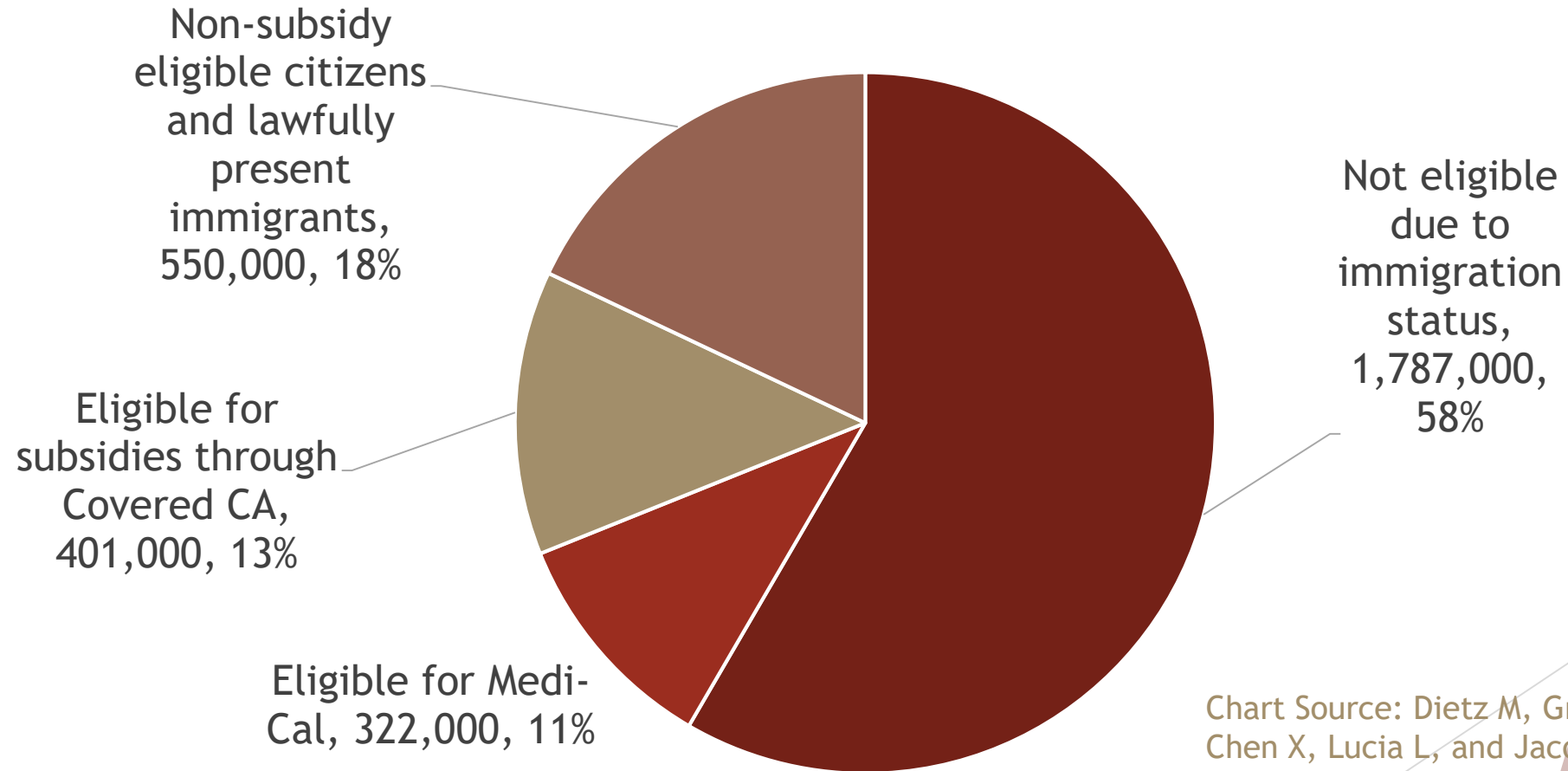


Chart Source: Dietz M, Graham-Squire D, Becker T, Chen X, Lucia L, and Jacobs K, Preliminary CalSIM v. 2.0 Regional Remaining Uninsured Projections, UC Berkeley Labor Center and UCLA Center for Health Policy Research, August 2016.

Covering the Remaining Uninsured Cont.

Take-Up and Affordability Matter:

▶ **Medi-Cal:**

- ▶ * Enrollment today: 13.8 million
- ▶ * 322,000 eligible but not enrolled
- ▶ * Less than 3% eligible not enrolled

▶ **Covered California:**

- ▶ * Enrollment today: 1.2 million
- ▶ * 401,000 eligible but not enrolled
- ▶ * Around 1/4 of those eligible for Covered California subsidies are not enrolled

Who Needs Affordability Help?

Under the ACA, millions have new coverage, new access, and/or new financial help to afford coverage under the ACA, but **some Californians need more assistance:**

- Uninsured **undocumented immigrants** who should be eligible for Medi-Cal like every other Californian.
- Those in “**family glitch**”: family members of workers with job-based coverage that is affordable for only the worker—but dependents don’t qualify for tax credits.
- Some **over 400%** federal poverty level (typically older and high-cost areas) who have no affordability guarantee, and are spending more than 10% on coverage.
- Those **under 400%** who are eligible for help but it is insufficient, where monthly premiums/cost sharing still a burden, and may decline coverage as a result.

California can fill in these gaps to guarantee:

No one should pay more than a % of their income for premium—on an improved sliding scale for premiums and cost sharing.

Renewed Focus on Universal Coverage

Since its founding, Health Access has been a strong supporter of multiple vehicles to get universal health care and quality, affordable health care to all Californians—including a Medicare for all single-payer system.

When we work for single-payer we are fighting for:

- ▶ a universal system,
- ▶ a publicly and progressively financed system,
- ▶ a cost-effective system,
- ▶ a comprehensive coverage system
- ▶ a simpler and more efficient system,
- ▶ a system focused on prevention not profits.

A Robust 2018 Agenda on Cost/Quality/Equity

More Work on Prescription Drug Prices

- ▶ Pharmaceutical Gifts to Doctors (SB 790, McGuire), Regulate PBMs (AB 315, Wood), Maintain co-pay caps, etc.

Consolidation and its Impact on Costs

- ▶ Health Plan Merger Oversight (AB 595, Wood)
- ▶ Unfair & Anti-Competitive Hospital Contract Provisions (SB 538, Monning)

Health Care Cost Containment

- ▶ “It’s the Prices, Stupid”: Insurers, Hospitals, Doctors, Drugs, Devices, etc.
- ▶ Oversight Focusing on Cost, Quality and Equity

Medi-Cal Managed Care: Accountability for Quality and Equity

For More Information

Website: <http://www.health-access.org>

Blog: <http://blog.health-access.org>

Facebook: www.facebook.com/healthaccess

Twitter: www.twitter.com/healthaccess



Health Access California

1127 11th Street, Suite 925, Sacramento, CA 95814

916-497-0923

Other Offices in Oakland & Los Angeles areas

HIV Alliance Budget Asks

- ▶ **\$10 Million General Fund Annually - Support Comprehensive HIV Prevention Services Including PrEP and PEP;**
- ▶ **\$2 Million General Fund One-Time - Support 3-Year Demonstration Projects to Address Economic Empowerment and Linkage to HIV Care and Prevention for Transgender Individuals;**
- ▶ **\$3 Million General Fund One-Time - Support 3-Year Demonstration Projects to Address the Health and Psychosocial Needs of Older Adults Living with HIV;**
- ▶ **\$1 Million General Fund Annually - Support Public Health Detailing to Educate Medical Providers about HIV and STD Prevention;**
- ▶ **ADAP Rebate Fund - Modify PrEP Assistance Program to Provide More Comprehensive Coverage for PrEP and PEP.**

Federal Policy Updates



HHS License to Discriminate
Rule

Comments due March 26

- ▶ [NCTE Health Action Center](#)
- ▶ [Center Action Network](#)
- ▶ [NCTE Comment Tool](#)

#Out4MentalHealth

- ▶ Local Liaisons Wanted!
- ▶ Contribute a blog post
- ▶ Find mental health resources in your region
- ▶ Join a Town Hall near you

#Out4MentalHealth



Take time to take care of yourself
YOU MATTER

SAVE *the* DATE
EQUALITY CALIFORNIA INSTITUTE



**FAIR
SHARE
FOR
EQUALITY**

FRIDAY, APRIL 6, 2018
PARAMOUNT STUDIOS
LOS ANGELES, CA

Fair Share for Equality convenes LGBTQ community leaders, legislators, and research experts to discuss the disparities in health and well-being that LGBTQ people continue to face. Join us for a day of speakers and discussions with policymakers to ensure that a "fair share" of resources is dedicated to California's LGBTQ community.

RSVP at eqca.org/fairshare2018



Date: Friday, April 6, 2018
Location: Paramount Studios (5555 Melrose Avenue, Los Angeles, CA 90038)
Time: 9:00am - 5:00pm

RSVP:

<http://action.eqca.org/page/s/fairshare2018>

Announcements

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Questions?

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