



California at Forefront of Implementing Affordable Care Act

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SACRAMENTO – Today, as the nation commemorates the second anniversary of the signing of the landmark health care reform law by President Obama, California has perhaps more reason to celebrate than most other states for being at the forefront of enacting the law.

But “even though California is clearly the lead car (in implementation), we need to maintain that momentum,” cautioned Anthony Wright, executive director of Health Access, a statewide health care consumer advocacy group, as he released a report jointly co-authored by his and more than a dozen other health advocacy groups here in the Capitol building on March 20.

Highlights of the benefits Californians are already enjoying from the provisions of the law launched so far, the report points out, include:

- More than 8,600 Californians who were denied private health insurance coverage because of a pre-existing health condition have enrolled in the state’s Pre-Existing Condition Insurance Plan (PCIP), a high-risk federally funded program that provides insurance for eligible individuals.
- More than 355,000 young adults under 26 now get coverage through their parents’ health insurance plan.
- About 6.1 million Californians get preventive care with no cost sharing.
- More than 319,000 of the state’s seniors have been able to purchase their medications for less out-of-pocket costs through the prescription drug program.
- Hundreds of thousands of Californian consumers saved more than \$100 million in health insurance rate hikes that were retracted, rolled back or withdrawn due to added scrutiny and rate review that came in part from the new law.
- More than 12 million Californians no longer have a lifetime limit on their health insurance plan.

“Millions have already experienced benefits, and millions more will,” noted Betsy Imholz, special projects director of Consumers Union, Inc.’s west coast regional office.

Santa Barbara, Calif., resident Bill Strong said in a telephone interview that since his daughter was diagnosed in 2007, at age six months, with the degenerative and terminal disease, spinal muscular atrophy, the 24/7 care and the frequent intensive care unit admissions his child needs could have quickly dried up the \$5 million lifetime cap on his private insurance plan.

“A day in the hospital costs around \$1,000 a day, and she sometimes needs to be in

Sidebar: Minority Voices Laud Health Care Re
Traditionally, communities of color have been disproportionately represented in the uninsured population in California. Of the 6.6 million currently uninsured, 75 percent are from communities of color, according to a report released by the California Pan-Ethnic Health Network (C-PEHN), an organization of multi-cultural organizations.

“So they stand to benefit most by the Affordable Care Act,” noted Ellen Wu, C-PEHN’s executive director, adding, “We’re already seeing that.”

James Allen Crouch, executive director of the California Rural Indian Health Board (CRIHB), said that he estimates around 100,000 American Indians in rural California about the same number of them in the urban parts of the state to be eligible for the expanded Medi-Cal program under the Affordable Care Act (ACA).

Another 37,000 will receive health insurance through the Health Benefits Exchange, an online marketplace where people will be able to buy affordable coverage.

“ACA is a fabulous improvement over the Indian Health Service (IHS),” Crouch asserted, noting that the IHS is a domestic program that has been “chronically undersourced.”

He said CRIHB is collaborating with three other tribal health boards to develop outreach specific materials to educate about the numerous benefits and changes that will come with implementation of the ACA.

Nationwide, nearly one in seven Asian Americans, Native Hawaiians and Pacific Islanders are uninsured. Health care advocates representing them believe the ACA will improve health care delivery to their communities.

hospital for a month at a time,” Strong said, adding: “If the Affordable Care Act had not been instituted, we would have been constantly worrying that our insurance company will drop us.”

Kevin Ferreira said he was able to put his 20-year-old daughter, whose dance training made her highly susceptible to injuries, on his employer-sponsored insurance plan, saving him around \$17,000 in insurance premiums each year.

“The Affordable Care Act was a godsend to my family,” Ferreira said at the briefing.

Two leading legislators on implementing health care reform in the state – Assemblyman Bill Monning and Sen. Ed Hernandez, the chairs of the Assembly and Senate Health Committees, respectively, highlighted new legislation they have introduced to maximize ACA’s benefits.

Health care advocates and lawmakers are concerned that come 2014, which is when the ACA will be fully implemented, there will be some 4 million newly insured Californians but not enough primary care doctors to care for them.

“Just because you have a health care card doesn’t mean you will have access to a health care provider,” Hernandez said. “We need to make sure we have an (adequate) work force.”

He is currently holding hearings to see how the health care workforce can be expanded to meet the state’s needs.

Kathleen Hamilton of The Children’s Partnership and 100 Percent Campaign noted how the \$14 billion California has already received from the federal government under the ACA to support and expand its school-based health centers has helped scores of students, who were deprived of basic health care services because of the state’s budget cuts. The money allows schools to provide primary care, dental care, behavioral health services and substance abuse counseling.

Wright acknowledged that California’s budget cuts “frustrate” health care advocates because they “go counter to achieving the goals of 2014.”

“Cuts are not allowing our system to properly prepare,” he said, adding: “But the ACA is the light at the end of the tunnel.”

Next week, the US Supreme Court will hear three days of arguments related to the legal challenges to the ACA. That issue never came up at this week’s event.

Kathy Lim Ko, president and chief executive officer of the Asian & Pacific Islander American Health Forum, said the health reform act “makes significant improvements in the way race, ethnicity and primary language data are collected, disaggregated, and reported in health surveys.”

“Asian American and Pacific Islander communities are incredibly diverse and experience different health care disparities that can be overlooked when they are not brought together. Enhancing data collection will have a dramatic impact on our ability to understand these disparities and develop culturally appropriate programs and targeted interventions to communities in greatest need.”

B. Darcell Lee, executive director of the California Health Network, observed: “We have a lot to celebrate. Coverage for things like annual wellness exams and tobacco cessation programs is a win-win - helping to bring down health care costs for our state, while significantly reducing health disparities in our communities.”

Monica Blanco-Etheridge, executive director of the Coalition for a Healthy California, said that there is a significant number of the state’s Latinos who are left out for one reason or another, “but possibly because of the complexities of the law.”

“Unfortunately, the language of the ACA is fairly complex,” she said.

She said she was particularly excited about the Health Benefit Exchange, “which promises to put affordable care coverage within reach of millions of Californians. It has the potential to dramatically expand coverage to California’s Latino community as over 500,000 Spanish speakers will be eligible to receive tax credits to purchase affordable coverage starting in January 2014.”

Health advocates from minority communities are working to ensure the state develops a culturally and linguistically appropriate outreach plan in order to maximize enrollment of communities of color into the new coverage options.

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