



California Program on Access to Care

University of California, Office of the President
School of Public Health, UC Berkeley
Major CPAC Accomplishments

The California Program on Access to Care (CPAC) actively works to promote healthcare reform for vulnerable populations living in the State of California. Created in 1997, at the behest of the California State Legislature and under leadership of then Chair of the Assembly Budget Committee, Denise Ducheny Moreno, CPAC pays special attention to healthcare access for low-income populations, including immigrants and agriculture workers. CPAC maintains its visibility by sponsoring up to six policy briefings in the Capitol every year. CPAC has awarded over \$4 million in healthcare research grants and convened over 50 healthcare forums, roundtable discussions, and briefings for legislative staffers, executive branch officials, and key stakeholders. CPAC is a catalyst: its actions help set healthcare policy in motion. Six major CPAC-sponsored healthcare initiatives are listed below.

CPAC assisted in revitalizing and redesigning the Healthy Families Outreach Program (1997-1999).

One of CPAC's first major undertakings was to directly monitor and help redesign Healthy Families, a low-cost insurance program for California's low-income children and teens. During its first six months of operation, Healthy Families was floundering in its outreach efforts to California's racial and ethnic minorities, which represented 65 percent of the program's target population. CPAC joined with the Health and Insurance Committees in the Legislature to address the substantial under-enrollment in Healthy Families. In the fall of 1998,

CPAC provided the primary technical assistance to implement joint legislative hearings of the Senate and Assembly Health and Insurance Committees. For the hearings, held in both Los Angeles and Sacramento, CPAC identified and supported expert UC academic testimony presenting methods for boosting outreach efforts. CPAC acted in response to a request by the Senate Insurance Committee, which coordinated the efforts of the four legislative committees. State officials responded with a substantially redesigned outreach program to address the initial under-enrollment in Healthy Families, including developing the Patient Assistor program, expanding outreach through the minority media, and directly contracting with community-based organizations, all actions that had been previously proposed to the State. Within six months after the combined/joint hearings in Los Angeles, target populations in the Healthy Families program increased dramatically to include California's immigrant-based populations. Between 1998 and 2002, enrollment in the Healthy Families program showed double digit increases annually. As of November 2007, the Healthy Families program serves over 840,000 low-income children in California. CPAC's early technical assistance to the Legislature helped promote redesigns of the Healthy Families program, and helped ensure that California's low-income children would access high quality health, dental, and vision services.

top

CPAC served as a catalyst for improvements in Children's Dental Care (1998-2002).

In the late 1990's, the concept of dental care for young children under five years of age was largely overlooked in California, and primary care physicians were neither trained in recognizing dental disease nor versed in the serious physical health problems dental disease can produce. In November 1998, CPAC held an oral

health briefing for California's Latino Legislative Caucus. The CPAC-sponsored presentation revealed that California was experiencing a silent, but widespread, dental disease epidemic among low-income children of all ethnicities--an epidemic that could lead to severe health problems, including diabetes. In 1999, CPAC established the first statewide study group to identify obstacles to dental health treatment and to present solutions. The CPAC Oral Health Study Group introduced innovative, potentially groundbreaking concepts, such as active physician involvement in monitoring dental caries, the importance of providing dental treatment to children under five years of age, which was broadly implemented in the State of Washington, and the importance of dental care to the overall physical health of children. The CPAC study group evolved into the Oral Health Access Coalition, which is currently co-led by the Dental Health Foundation and the California Primary Care Association. Due in part to CPAC's efforts, dental care was adopted by the First 5 California/Proposition 10 Commission, which directly funds First 5 county commissions to provide children's health and child care coverage. Dr. Francisco Ramos-Gomez (UCSF) was a CPAC academic advisor and served as an instrumental leader in this dental health campaign. Now, thousands of primary care physicians have received training in the detection and prevention of dental disease, as have parents and other childcare providers. The training program funded by First 5 is a joint venture between the California Dental Association, the Dental Health Foundation, and the California Primary Care Association (presenting 600 community clinics). CPAC's leadership in bringing together various parties within the health communities planted the seeds for revolutionizing dental care for California's youngest children, and is helping to make oral healthcare a core component for low-income populations.

top

CPAC guided and supported the creation of the Health Initiative of the Americas (HIA) and other binational programs (2001- present).

Starting as a small CPAC-funded program, the California-Mexico Health Initiative has evolved into the most expansive binational health promotion, training, and research program currently operated by the University of California. Recently re-named the Health Initiatives of the Americans (HIA), this program addresses disease prevention and health promotion needs of Mexicans who migrate to and/or reside in California. CPAC provided substantial funding and in-kind support (over \$300,000) during HIA's first two years, and engaged in joint planning for all major events during HIA's first four operating years. CPAC particularly acknowledges Xochitl Castaneda, HIA Director, for her groundbreaking efforts to conceptualize and implement this program from its very modest beginnings. Today, CPAC and HIA co-promote various binational healthcare events, including the Annual Forum on Migration and Health, and the Migration and Health Grant program (PISMA), currently in its sixth year of operation. The Forum on Migration and Health brings together up to 500 policymakers and professionals working in the fields of migration and health; and PISMA funds binational research teams to conduct health policy projects. These activities focus on public health outreach for underserved immigrants and migrants of Mexican and Central American-origin living in 26 states throughout the U.S. and in their home countries. Building on its past efforts in the area of oral health, CPAC is also sponsoring a Binational Oral Health Task Force, which re-convened at the LA Migration and Health Forum in October 2007. In addition, CPAC has steadfastly worked with HIA and other private and public sector entities to co-lead feasibility and planning efforts for a binational health insurance pilot program between Mexico and California. A CPAC supported paper on binational insurance titled: *Willingness to Pay for Cross Border Health Insurance in the United States and Mexico* has been accepted for

publication in the January issue of *Health Affairs*, the nation's premier health policy journal. CPAC's leadership with HIA in opening a dialogue between U.S. public health agencies and Mexican public health agencies has helped create the momentum to move forward with much needed binational health programs for vulnerable populations working and living in both countries.

top

CPAC convened discussions developing the California State Prescription Drug Discount Plan (2003-2006).

Vigilant to healthcare policy changes nationwide, CPAC was alert to efforts largely based in the Northeast to establish state-sponsored prescription drug discount plans. In general, these plans allow states to use their purchasing leverage through Medicaid in contracting with pharmaceutical companies. States can then purchase prescription drugs at discount prices for low-income populations. CPAC helped promote the drug discount concept in California after the May 2003 Supreme Court decision upholding of the State of Maine's discount plan. In September 2003, CPAC joined with California's Attorney General Office to convene an informational event regarding model prescription drug discount programs in use by Maine, Vermont, and Massachusetts. The event featured a former legislator from the Northeast region discussing the operations of various state plans in that area, and inspired the introduction of 13 legislative bills in January and February of 2004. Faced with initial opposition from the Governor's Office, all bills died or were vetoed. The following year, CPAC worked with its lead faculty investigator, Dr. Ramon Castellblanch (San Francisco State University), to provide technical assistance to help key legislators craft discount plan bills. Major legislation emerged from both the Assembly and the Senate. Ultimately, the Legislature reached a compromise with the Governor. The

compromise plan gives pharmaceutical companies three years to voluntarily reduce prescription drug prices to Medicaid and other low-income populations. If the pharmaceutical companies do not voluntarily reduce prices, the State of California will use its purchasing leverage on behalf of Medicaid recipients. CPAC's efforts were instrumental in generating the background policy research to benefit low-income people of all ages and ethnicities, and will serve to make prescription drugs more affordable.

top

CPAC convened and promoted the California Medicaid Research Institute (CaMRI) (2004-Present).

In the 1990's, public universities began assisting state Medicaid programs to improve healthcare delivery and services in their respective states. The public university-Medicaid model was implemented successfully in three states and going through development in four other states when CPAC acted to make this model a reality in California. Building on the concept developed by lead investigator, Dr. Andy Bindman (UCSF), CPAC has provided continuing support to the core idea that the University of California could lend its resources and academic expertise to assist Medi-Cal in analyzing data, organizing programs, and framing programs to better serve the 6.5 million target population. As Medi-Cal shifted patients into managed care programs, it had less access to patient information, less understanding about patients' needs, and more need of data regarding its target population. In August 2004, CPAC organized a roundtable discussion between UC faculty, the Department of Health Services, and representatives from public university-Medicaid agencies in three states--Maine, Massachusetts, and Maryland--which had all successfully implemented model programs. By December 2006, the years of CPAC-sponsored discussions paid off, and

negotiations began for a three-year University of California-Medi-Cal contract to fund a multi-campus research institute. The lead campus, UC San Francisco, and three other campuses—UC Los Angeles, UC San Diego, and UC Berkeley—will be providing on-going research and technical assistance to the California Department of Health Services (DHS). The final CaMRI contract is going through its formal approval process within the State, and a public announcement on this UC-Medi-Cal agreement is expected by February 2008. CPAC's role as catalyst, convener, and funder of CaMRI during its nascent stages demonstrates CPAC's capacity to organize bold new ventures in the healthcare domain.

top

CPAC acted as catalyst for social responsibility standards in California's for-profit healthcare insurance mergers (2003-2005).

In November 2003, WellPoint Health Networks (Blue Cross) in California and Anthem Inc. (also Blue Cross) in Indiana decided to merge their lucrative, for-profit health plan companies. CPAC was asked by the State Assembly Speaker, Fabian Nunez, and Assembly Member, Manny Diaz, to ensure that the 1.1 million public recipients served by Blue Cross of California, as well as California's healthcare provider community, would not be detrimentally affected by the merger. Concerns arose about Blue Cross cornering the healthcare market and increasing premiums to pay for executive bonuses and other costs associated with the merger. Key legislators worried that unregulated and potentially excessive rate increases could result in more uninsured Californians. The WellPoint-Anthem merger was considered a "done deal" by the bevy of attorneys representing the healthcare behemoths and by market analysts on Wall Street. In spite of approval from the U.S. Department of Justice and the U.S. Federal Trade Commission, the merger was placed on hold in California. The Assembly Select Committee to Investigate

the Merger of California Health Insurance Providers, chaired by Assembly Member Diaz, raised major questions regarding a quick State approval process, and urged that public hearings be held to assess possible negative impacts on California's healthcare community. In July 2004, the California Insurance Commissioner, John Garamendi, blocked the merger, saying it created potential risks for Californians. Finally, the Insurance Commissioner and the Chief of the Department of Managed Health Care, Cindy Ehnes, approved the merger after Wellpoint-Anthem consented to a three-year State-mandated agreement governing operations at the health plan. The health plan agreed to not transfer merger debt to enrollees in the form of price hikes and/or service reductions, and agreed to commit \$265 million to "good will" healthcare transactions in California, such as funding clinics in underserved communities. The following year, in 2005, two other for-profit HMO healthcare giants--United Healthcare and Pacificare--applied for a merger. CPAC was asked to work closely with the Insurance Commissioner and the Senate Health and Human Services Committee to help frame a final agreement patterned after the Wellpoint-Anthem agreement of the year before. In this process, the Senate Committee Chair, Senator Debra Ortiz, demanded two provisions be implemented prior to the merger. The first provision was that Pacificare justify any proposed premium and cost sharing changes so as to protect patients and businesses from rate increases to pay for executive bonuses and other merger costs. The second provision was to require Pacificare to set aside funds for health initiatives or coverage expansions to benefit medically underserved areas. CPAC provided technical assistance to the framing of these provisions and displayed its commitment to California's community of consumers and health care providers in its gutsy battle against the multi-billion dollar HMO mergers.

top

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