

HEALTH CARE

Commitment amid uncertainty

Health Plan executive cites challenges and plans

By Amy Shin
Health Plan of San Joaquin

The numbers are enough to make your head spin. The non-partisan Congressional Budget Office estimates 24 million Americans would lose their health care coverage by 2022. There would be \$880 billion less over the next decade for Medicaid — which 70 million Americans now rely on — with \$592 billion of that Medicaid reduction to go to the wealthiest Americans for tax relief.

As the American Health Care Act (AHCA) makes its way through Congress, the picture coming into focus is of a health care landscape that would shift costs to the states, especially for Medicaid. Medi-Cal (Medicaid in California), which currently serves one in every three Californians, receives \$16 billion annually for Medicaid Expansion under the Affordable Care Act (ACA). Our total federal, state and local funding for all of Medi-Cal tops \$100 billion per year. How much of that annual total could be in jeopardy so is far unknown.

Local residents may lose access to health care

Locally, of the 545,000 residents in Stanislaus and San Joaquin counties now covered by Medi-Cal, 129,000 participate through ACA-Expanded Medi-Cal. Our concern is that those in ACA-Expanded Medi-Cal would lose coverage with AHCA. Speaking as the largest local Medi-Cal provider, Health Plan of San Joaquin serves more than 345,000 beneficiaries, and 88,000 of our HPSJ Expanded Medi-Cal members may see their access to quality health care eliminated.

And across all of Medi-Cal, from our youngest members to our seniors and people with disabilities, federal funding would be capped with no allowance for increases in the actual cost of care.

We now are hearing from many of our community partners and HPSJ's extensive local health care network, as they struggle to interpret what these proposals and cuts may mean for their ability to serve our local communities. From our local community-based organizations, among the hundreds with whom we have partnered for more than 20 years, word is coming in that there is growing concern about what these proposals will do to the health and long-term well-being of families, and our local economy.

Who are our members in the ACA-Expanded Medi-Cal population?

They are low-income and



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[Photo Source: Health Plan of San Joaquin]

mostly working adults. With the current law, a local family of four has a gross income of below \$33,534. For an individual Medi-Cal member, their gross annual income can be no higher than \$16,394. Over two-thirds of adults on Medi-Cal participate in the labor force. None of them will be enjoying the kind of tax relief currently being considered by Congress as part of AHCA.

During 2010, in the depths of the Great Recession, the Washington, D.C.-based Brookings Institution measured employment and real estate rankings for 100 U.S. counties. Stanislaus County came in last at No. 100; San Joaquin County ranked next to last, at No. 99. As the Central Valley continues to struggle with economic recovery, one of the lasting lessons is that unless all of our residents have adequate food, shelter, education, training — and quality health care — there will not be the strong workforce we all need in order to sustain a prosperous or even viable economy. It really does "take a village" for all of us to feel ready for the next economic uncertainty.

While we do not yet know firmly what the final AHCA would look like, let alone what local, long-term changes would mean for San Joaquin and Stanislaus counties, here is some of what we do know.

Health Plan of San Joaquin will continue with our hands-on, high-touch quality health care, geared to our diverse Central Valley.

For some of the most worrisome, widespread, chronic conditions here in the Central Valley, HPSJ teams of nurses, doctors, case managers and health educators will continue leading expanded collaborations with our providers (from local physicians and their practice staffs, to hospitals, clinics and pharmacies) to work with patients trying to control their life-threatening high blood pressure, cardiovascular disease, asthma and diabetes.

Essential services for a healthier community — all of us benefit

Yes, a healthy community really does take a village, in

ways large and small. HPSJ was founded by and for the people of this region. The bargain that each of us enjoys, as American citizens and as local Valley residents, is that when Medi-Cal health insurance is available to provide access to quality, essential health services, each of us benefits from a healthier community. And, as with all insurance, each of us can draw the peace of mind in knowing that access to quality care is available — and the health care infrastructure that takes care of local Medi-Cal families is also going to be around to take care of us and our own families.

Unfortunately, the proposed AHCA eliminates ACA requirements for the 10 essential services now mandated for all health insurance coverage. Without this requirement, both state-to-state Medicaid coverage and purchased health insurance policies would vary widely in terms of what services actually are covered. For example, pre-ACA, many did not have coverage for behavioral health, including autism — a health condition important to a wide array of families.

Beyond the measurably improved chances for families to be well, consider the impacts from eliminating these essential health services. From protecting all our local families and communities from contagious diseases, to raising the next generation of healthy, productive Valley citizens, to meeting the personal and public traumas of addiction, to removing the once ruinous economic burdens on our hospital emergency rooms — we and our medical and community partners know what fundamentals are needed for an effective, basic health care system. These are those 10 essential services we would be very sorry to possibly lose here in California:

1. Outpatient (ambulatory) services.
2. Emergency services.
3. Hospitalization.
4. Maternity and newborn care, including special circumstances.
5. Mental health and substance use disorder services, including behavioral health treatment.

6. Prescription drugs.
7. Programs such as physical and occupational therapy (known as rehabilitative and habilitative services) and devices.
8. Laboratory services.
9. Preventive and wellness services and chronic disease management.
10. Children's services, including oral and vision care.

HPSJ commitment to all Medi-Cal members

Another lesson from the Great Recession: We cannot leave behind our homeless Medi-Cal members. Homelessness is not unique to this area, but it is now one of the chronic situations for too many of our fellow Central Valley citizens. HPSJ, as the local Medi-Cal plan, regularly works with local civic and community partners and with providers such as clinics to reach out to homeless members to provide health care and support.

Because our care does not end at work, last month many of our almost 300 employees donated support-and-comfort kits for our homeless neighbors in Stanislaus and San Joaquin counties through the now-annual HPSJ Share the Love Program. For Stanislaus County, our partners were Golden Valley Health Center and Modesto City Schools, as well as our water donations partners Cost Less Food Company (Ceres) and Save Mart (Modesto); donated kits were distributed by Cleansing Hope and Golden Valley Health Center. For San Joaquin County, our Share the Love partners were Catholic Charities and Family Resource Center; donated kits and water were distributed by Gospel Center Rescue Mission, SOS Homeless Outreach, Community Medical Center, McHenry House and Hope Family Shelter.

Our determination is not to slide back to pre-ACA days. Of course, changes are coming. The hope is that the changes will benefit us all, and: 1) will not create barriers for our citizen neighbors in getting and sustaining quality health care coverage, and; 2) that essential services — whether for an autistic child or a young mom-to-be, or a baby boomer fallen on hard times but not yet eligible for Medicare — will be there when they're needed.

Medicaid will continue to surmount challenges and evolve, as it has for more than 50 years. In Stanislaus and San Joaquin counties, we are doing as our doctors often advise (watchful waiting), and we're continuing to connect with our entire extended community family to continue bringing measurably great health care for our friends, families, neighbors and workforce.

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t, don't end it" was Bill Clinton's rhetorical straddle during affirmative action. It's to "repeal and replace" the ACA ("Obamacare") look "mend it, don't end it." It's not that, as is frequently said, that the ACA can be ended. The most likely path to ending the ACA is the repeal of the ACA, which, through Aid to Independent Children, conferred benefits to welfare. Perhaps entitlement to welfare is immortal. We need Security and Medicare as a sure approach to insolvency. Republicans who repeatedly repeal the ACA — before voters gave a majority to a repeal — now must do so in conditions that are partly because of the ACA. It is whether Barack Obama's American consensus in favor of guaranteeing health insurance, debate surrounding the ACA, or any case, today's debate about the ACA is occurring in that consensus. And in the other new beliefs: Health care is not to be denied because of pre-existing medical conditions. A new law should provide credit entitlement, and children up to age 26 be eligible for their parents' insurance. Republicans are insisting they largely accept this system that distorts recourse to the health-care system of 180 million Americans are employer-provided insurance, and as what it obviously is — Republicans have abandoned it as taxable income a small and most generous employer-provision, and have postponed meaning, probably, forever "tax" on such plans. It is probable that whatever the tapestry of subsidies, mandates will be a tapestry of regulations and mandates. The ability will constitute substantial but will hardly constitute the relation of the citizen, or sector, to the government. It is one-sixth of the American population larger than all but four states. It has been observed that it had had sophisticated statistics, the health-care system have been too negligible to Americans then were born and rudimentary medicine was sick people as comfortable nature healed or killed them. political contention, medicine has risen rapidly with the 900, 37 percent of Americans from infectious diseases; are. Medicine has advanced most of infectious diseases to

The vital importance of listening