

House Passes Health Reform!

On the evening of March 21, 2010, the Democratic-controlled House passed the health reform bill by a vote of 219 to 212 with all Republicans and 34 Democrats voting against the legislation. The bill extends health insurance coverage to an additional 32 million uninsured Americans and was signed by President Obama two days later. The House also passed a separate reconciliation bill that contains a number of improvements. The Senate reviewed the bill, made minor changes, and it is now back to the House, with Speaker Nancy Pelosi indicating that the House has the votes to pass it.

According to the Congressional Budget Office, the health reform bill will cost \$940 billion over ten years and reduce the deficit by \$143 billion. It is expected to reduce the deficit by \$1.2 trillion in the second ten years.

The bill includes some provisions that will take effect immediately and some that will be phased in over the next few years.

Immediate provisions include:

- **Children's Health Insurance Program (CHIP):** States must continue to maintain CHIP (Healthy Families Program) for eligible children until 2019.
- **Pre-Existing Conditions:** Insurers are barred from denying coverage to kids with pre-existing conditions. Adults will have to wait till 2014 for the same protection.
- **No Limits on Coverage:** Insurers can no longer place lifetime caps on benefits and will face tight restrictions on new plans' use of annual limits (plans will be prohibited from imposing annual limits in 2014).
- **Bans Rescission:** Health insurers are banned from dropping people's coverage when they get sick.
- **Young Adults:** Health insurers are required to let young people stay on their parent's policy up to their 26th birthday.
- **Seniors:** Seniors will get a \$250 rebate to help fill the "doughnut hole" in Medicare drug coverage.
- **Small Business Tax Credits:** Small businesses will be offered tax credits to make employee coverage more affordable. Tax credits of up to 35% of

premiums will be immediately available and will increase to 50% of premiums starting in 2014.

- **Public Health Funding:** The bill provides \$500 million for prevention, wellness and public health activities.

Additional provisions that will be implemented after 2014 include:

- **Increased Access to Medicaid:** Medicaid eligibility will increase to 133% of FPL.
- **Individual Mandates:** Almost everyone will be required to get insurance or face a fine. Exemptions will be made for low-income people.
- **Opens Healthcare Exchange:** Health Insurance Exchanges in each state will be open to individuals and small businesses, as well as a multi-state plan available from nationwide health plans.
- **Employer Mandate:** Businesses with 50+ employees must offer insurance or pay a \$2,000 per worker penalty.
- **Healthcare Tax Credits:** Federal assistance will be made to families making less than \$88,000 a year for a family of four (400% FPL).
- **Reforms Health Insurance Regulations:** Prohibits insurers from refusing to sell policies or excluding coverage for treatments based on pre-existing health conditions and from charging higher rates due to health status, gender and other factors.

Community Health Councils strongly supported passage of the health reform bill. As of the signing, states will be required to maintain their current CHIP and Medicaid coverage for children until 2019. States will only be eligible to receive federal Medicaid funds if they can ensure that their eligibility requirements, methodologies, or procedures are not more restrictive than what was in place on March 23, 2010. California must factor this in as it proceeds with any actions that entail budget reductions to the Medi-Cal and Healthy Families programs.

CHC will continue to monitor and provide updates on health reform and its implications for the state budget.

Additional information on the bill can be found on Speaker Nancy Pelosi's website at <http://www.speaker.gov/newsroom/legislation?id=0361>.

AB 1640 Passes Assembly Health Committee

On March 23rd, the California State Assembly Committee on Health unanimously passed AB 1640. AB 1640 seeks to reverse the recent eligibility cuts and enrollment freeze to the Cancer Detection Program: Every Woman Counts (EWC). The bill will now move to the Appropriations Committee.

Community Health Councils, on behalf of twenty-two organizations, testified at the Committee hearing and provided stories on the local impact of the EWC cuts. CHC urged the legislature to restore access to life-saving breast cancer screenings for thousands of women across the state. The recent policy changes to the EWC program have already disqualified approximately 30,000 women in Los Angeles County alone.

Data from *Health Indicators for Women in Los Angeles County*, a study released by the Los Angeles County Department of Public Health this month, underscores the importance of the EWC program. The study shows that uninsured and lower-income women had drastically lower rates of obtaining a mammogram in the past 2 years compared to privately insured or middle to higher-income women. This new data reinforces the need to fight for the restoration of the EWC program to provide adequate access to breast cancer screening and diagnostic services to this population. For more information regarding AB 1640, please contact Laura Ewing at Laura@chc-inc.org.

CHC Responds to City Budget Plan

Community Health Councils responded to the City of Los Angeles' proposed budget plan in a letter sent to Mayor Antonio Villaraigosa and the City Council on March 16th. CHC is concerned that the proposed cuts to City Planning, Redevelopment, Parks & Recreation among other departments will significantly harm the health and safety of Los Angeles' most vulnerable and underserved communities and intensify already striking disparities in social, environmental and economic resources. In order to achieve equity across Los Angeles, the currently available financial and human resources should be targeted to South Los Angeles and other underserved communities. In particular, the city should focus investments in maintaining and expanding safe spaces for physical activity and developing new healthy food retailers that have the potential to improve the well-being of residents and the economic vitality of communities.

Efforts to Increase Fresh Food Access

Los Angeles Food Policy Task Force

The Task Force was formed with support of city administration to study the viability of establishing a Los Angeles Food Policy Council to increase access to wholesome foods as a means of addressing health disparities. Composed of approximately 21 members from all aspects of the food supply system, the Task Force has drafted recommendations for a Food Policy Council after several months of research and deliberation. The recommendations fall under four organizational categories: (1) structure (2) function (3) food supply and (4) food demand. The Task Force will present their proposals to community members for feedback and input during "listening sessions" tentatively scheduled the evening of April 7th. Community Health Councils is represented on the Task Force and will host a session with coalition member Hunger Action LA. Please contact Gwendolyn Flynn, Community Health and Education Policy Director, at 323.295.9372 x226 for more information.

"Roots of Change" Los Angeles Urban Rural Roundtable

While the Los Angeles Food Policy Task Force is examining the role of a Council in local food access, an effort to address food-related matters from a regional perspective is being conducted by the Roots of Change Los Angeles Urban Rural Roundtable. Roots of Change (ROC) is a state-wide organization that seeks to create a sustainable food system in California by 2030. It has created Urban-Rural Roundtables throughout California, the Los Angeles Roundtable being the most recently established. Like the Task Force, ROC's broad membership consists of producers, labor, retail, distributors, consumers and others in the food chain located in the city and outlying areas.

Community Health Councils is represented on the Los Angeles Roundtable. The group is completing its objective to provide food system recommendations from a regional viewpoint to inform LA's Food Policy Task Force efforts. Ultimately, the Urban-Rural Roundtable will work to develop a foodshed (everything between where a food is produced and where a food is consumed, from the land to the table) for the Los Angeles Region.

**FOR MORE INFORMATION ... CONTACT
COMMUNITY HEALTH COUNCILS,
323.295.9372. INFO@CHC-INC.ORG.**