

# LEGISLATIVE UPDATE



Week of January 25, 2021

## State Issues

<b>Bill Introduction Deadline</b>	Last Friday, January 22, marked the last day for lawmakers to submit bill requests to the Office of Legislative Counsel, and February 19 is the last day for bills to be introduced. Over the next three weeks, we will begin to see the policy issues that will emerge during the 2021 legislative session. Already there are bills to address expanding health coverage generally, and Medi-Cal coverage for undocumented persons specifically, as well as issues related to telehealth. As the bills come into print, we will provide our Alliance Legislative Summary and Status report on bills of interest to the Catholic health care ministry.
<b>Medi-Cal Update: CalAIM Revised</b>	<p>The Department of Health Care Services held a webinar this week to roll out – in a great deal of detail – the revised CalAIM (California Advancing and Innovating Medi-Cal) proposal. This is their framework that seeks to reform the state’s Medi-Cal program into a broad-based delivery system, which will come with substantive program and payment reform across the Medi-Cal program.</p> <p>CalAIM advances several key priorities of the Administration by leveraging Medicaid as a tool to help address many of the complex challenges facing California’s most vulnerable residents, such as homelessness, behavioral health care access, children with complex medical conditions, the growing number of justice-involved populations who have significant clinical needs, and the growing aging population.</p> <p>CalAIM implementation was originally scheduled to begin in January 2021, but was delayed due the impact of the COVID-19 public health emergency. As a result, DHCS is proposing a new CalAIM start date of January 1, 2022 – with a rolling implementation date for various aspects of the plan.</p> <p>One of the hallmarks of this transformation is an intention to provide for non-clinical interventions focused on a whole-person care approach via Medi-Cal that targets social determinants of health and reduces health disparities and inequities. Furthermore, the broader system, program, and payment reforms included in CalAIM allow the state to take a population health, person-centered approach to providing services with the goal of improving outcomes for all Californians. They hope to be able to a have significant impact on an individuals’ health and quality of life and, through phased in approach to transformation, will ultimately reduce the per-capita costs over time.</p> <p>For providers, what is refreshing in this approach is the realization and acknowledgement that the health care system as currently created cannot be responsible for the whole wellness of a person, if their only avenue of support is in a medical context. In order to be fully healthy, many vulnerable populations require much more than an acute care hospital can provide – a home, access to behavioral health care, healthy food, a support system, and, of course, truly</p> <p style="text-align: right;"><i>(more)</i></p>

<p>Medi-Cal Update: CalAIM Revised (continued)</p>	<p>coordinated accessible health care. What is also appreciated is the fact that cost savings will take some time to be realized. In previous efforts, there was an interest in investing in prevention services and/or services that address these social-determinants of health – but at the expense of the current health care delivery system. What will need to stay at the forefront of these discussions is the fact that the cost of health care will be reduced as people become healthier overall – but that is not going to happen overnight, and the state must retain its commitment to the health care providers as we all work towards that goal.</p> <p>Additional resources are included below, including links to some of the state’s updated summaries of their plan. This new proposal is to be included in Budget Subcommittee hearings in the coming weeks, but we expect those hearings to be abbreviated.</p> <ul style="list-style-type: none"> <li>▪ DHCS webinar slide deck: <a href="https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-2021-Proposal-Presentation.pdf">https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-2021-Proposal-Presentation.pdf</a></li> <li>▪ DHCS report of the revised CalAIM proposal: <a href="https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Proposal-Updated-1-8-21.pdf">https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Proposal-Updated-1-8-21.pdf</a></li> <li>▪ Executive Summary and Changes from Previous Version: <a href="https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Executive-Summary-1-8-21.pdf">https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Executive-Summary-1-8-21.pdf</a></li> <li>▪ The state has created a dedicated email address for all questions and comments. You can reach them at <a href="mailto:CalAIM@dhcs.ca.gov">CalAIM@dhcs.ca.gov</a>.</li> </ul>
<p>Covered California</p>	<p>This week, Covered California, California’s ACA health benefit exchange, announced that effective Monday, February 1, anyone that is uninsured and eligible to enroll in health covered through Covered California can do so until May 15.</p> <p>The move aligns California with President Biden’s new Executive Order to declare a special health insurance enrollment period from February 15-May 15 for the 36 states served by the federal marketplace (and not their own state-run marketplace as with California) – reopening the doors to coverage for millions of Americans.</p> <p>It is estimate that 2.7 million Californians remain uninsured, including 1.2 million who are eligible for financial health from Covered California or through Medi-Cal.</p>

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