

Dear California STD Controllers, Communicable Disease Controllers, and other Community Partners:

Welcome to the first issue of the **Sexually Transmitted Diseases Control Branch (STDCB) Healthcare Reform eUpdate**. Its purpose is to help local partners understand and leverage health reform to improve the prevention and control of STDs and viral hepatitis. In this issue, we review key aspects of the Affordable Care Act (ACA) and describe potential state and local roles in their implementation. Click the [headlines](#) below to read more.

### What is Healthcare Reform?

- 1) [Increased Insurance Coverage through Medicaid Expansion and the Health Benefit Exchange](#)
- 2) [Increased Access through Consumer Protections](#)
- 3) [Improved Health through Investment in Prevention and Standardization of Benefits](#)
- 4) [Improved Healthcare Quality and Community Health through Investments in Infrastructure](#)
- 5) [Lowered Costs through Investments in Best Practices and Other Innovations](#)

### How will it affect Local Health Departments and Community-Based Organizations?

- To learn more about how healthcare reform will affect your programs and to identify ways to adapt to and leverage these changes, see this National Association of City and Health Officials fact sheet on the Affordable Care Act and Local Health Departments: [http://www.naccho.org/advocacy/healthreform/upload/report\\_healthreform-7-11.pdf](http://www.naccho.org/advocacy/healthreform/upload/report_healthreform-7-11.pdf).
- To increase awareness in people you serve that they may be eligible for coverage, read this fact sheet from the California Health Care Foundation on What Every Californian Should Know About the Affordable Care Act: <http://www.chcf.org/publications/2012/03/aca-what-ca-should-know> and visit the website for Covered California at [www.coveredca.com](http://www.coveredca.com).

**We have a number of ideas for future topics, including:** Coverage Expansion; Preventive Services; Federally Qualified Health Centers; Adolescents; Billing; and more. We want to hear from YOU – let us know your topic ideas; tell us what is happening in your area; share your resources!

### 1) Increased Insurance Coverage through Medicaid Expansion and the Health Benefit Exchange

Currently, there are 7 million uninsured people in California, of whom 6 million (86 percent) will be eligible in 2014 to be covered by Medi-Cal or to buy insurance via the health benefit exchange (“Covered California”). ACA also expands coverage by allowing youth up to age 26 to stay on their parent’s insurance and by offering incentives for

small businesses to cover their employees. Many counties in California have offered early coverage expansion through the Low-Income Health Plan. In 2014, the actual number of people who become insured will depend on successful outreach efforts and ease of enrollment. At least one million people in California will be ineligible for coverage and remain uninsured due to lack of eligibility, supporting the need for continued STD and viral hepatitis safety net services. For more information on insurance coverage expansion options for individuals in California, visit the Covered California website at [www.coveredca.com](http://www.coveredca.com).

## **2) Increased Access through Consumer Protections**

Currently, adults with “pre-existing conditions” (such as chronic hepatitis B and hepatitis C) can be denied insurance because of their condition. Starting in 2014, this practice will no longer be allowed. Also, health plans can now no longer deny coverage to children with pre-existing conditions, cancel insurance coverage once a patient gets sick or place lifetime, or place annual dollar limits on benefits. For more information on these and other key features of the law, visit <http://www.healthcare.gov/law/features/index.html>.

## **3) Improved Health through Investment in Prevention and Standardization of Benefits**

Currently, coverage of various services varies by health plan. Starting in 2014, all health plans covered by the law will have to provide a minimum package of ten “Essential Health Benefits,” which include, among others: preventive and wellness services and chronic disease management; mental health and substance use services; prescription drugs; laboratory services; ambulatory services; and maternity, pediatric, and newborn care. The ACA further requires that health plans provide selected preventive services without patient co-pays. For more information on preventive services in the ACA, visit <http://www.healthcare.gov/law/features/rights/preventive-care/index.html>.

## **4) Improved Healthcare Quality and Community Health through Investments in Infrastructure**

Currently, many patients receive fragmented care from clinicians and healthcare systems that do not communicate with each other or coordinate care for their shared patients. Through the Prevention and Public Health Fund and other provisions of the law, the ACA invests in public health and healthcare infrastructure, including electronic health records, electronic laboratory reporting, and “Patient Centered Medical Homes” to improve efficiency and care coordination in the healthcare system. The ACA also invests in Community Health Centers, which have historically provided care to underserved communities, and Community Transformation Grants, which emphasize addressing community-level determinants of health, such as access to safe streets for walking and grocery stores for purchasing healthy foods. For more information on the Prevention and Public Health Fund, read this fact sheet from Trust for America’s Health at <http://healthyamericans.org/health-issues/wp-content/uploads/2012/11/Prevention-fund-strategic-investments1.pdf>. For information on specific ACA-supported public health investments in California, visit <http://www.healthcare.gov/law/information-for-you/ca.html>.

### **5) Lowered Costs through Investments in Best Practices and Other Innovations**

Currently, the United States spends more on healthcare per capita than any other industrialized country without necessarily seeing better health outcomes. The ACA aims to lower costs through a number of strategies, such as investing in comparative effectiveness research (through the Centers for Medicare and Medicaid Innovation), requiring reviews of healthcare insurance premium increases, requiring health insurance plans to spend at least 80 cents of every dollar collected from premiums on care, promoting Accountable Care Organizations, streamlining the process for Medi-Cal enrollment, and supporting malpractice reform. For more information cost containment in health reform, read this fact sheet from the National Conference of State Legislatures at <http://www.ncsl.org/issues-research/health/cost-containment-in-health-reform.aspx>.