

Dear STD Controllers, TB Controllers, Immunization Coordinators, Communicable Disease Controllers, and Other Community Partners:

Welcome to the second issue of the STD Control Branch Health Reform eUpdate. The purpose of this e-newsletter is to help local partners understand and leverage health reform to improve the prevention and control of STDs, viral hepatitis, tuberculosis, vaccine-preventable diseases, and other communicable diseases. In this issue, we discuss coverage expansion in further detail.

What is Coverage Expansion?

Currently, there are 7 million uninsured people in California, of whom 6 million (86 percent) will be eligible to participate in coverage expansion through either:

[a\) Medi-Cal Expansion](#) OR [b\) Covered California](#) (the health benefit exchange).

However, at least one million people are expected to remain [c\) Residually Uninsured](#).

The actual number of people who become insured will depend on successful outreach efforts and ease of enrollment. Without assistance addressing language and other access barriers, it is estimated that 2-3 million people will be eligible for expanded coverage but will not be enrolled.

How will coverage expansion affect Local Health Departments and Community-Based Organizations?

Local public health programs and community-based organizations can:

- Learn more about how to assist clients with enrolling in Covered California and, if your organization is eligible to do so, receive reimbursement for providing this assistance. For more information about enrollment assistance opportunities and regulations, visit the Covered California, stakeholder webpage at <https://www.coveredca.com/hbex/stakeholders/>.
- Have strategic conversations about what increased insurance coverage among your clients might mean for your program. (Future issues of this newsletter will share resources on identifying strategies to increase billing and reimbursement capacity and infrastructure.)

a) Medi-Cal Expansion

Three million uninsured people will become eligible for Medi-Cal as of January 1, 2014. Eligibility will be based on income (<133 percent of federal poverty level--\$15,282 for an individual) and will not require having a disability or only having <\$2,000 in assets. Expansion will include demographic groups disproportionately affected by STDs (e.g., 372,000 youth aged 18-26); hepatitis B (e.g., 100,000 Asians and Pacific Islanders); hepatitis C (e.g., 374,000 persons aged 50-64); and other communicable diseases. To access a fact sheet on the number of persons who will be eligible for Medi-Cal by region and county, read this assessment by the University of California Berkeley Labor Center at http://laborcenter.berkeley.edu/healthcare/aca_fs_medi_cal.pdf.

Governor Brown has proposed two approaches to implementing Medi-Cal expansion—one state-run, the other locally-run. The Legislative Analyst's Office (LAO) analyzed the

proposals and produced a report with its recommendations. To view the LAO report, visit <http://www.lao.ca.gov/analysis/2013/health/ACA/medi-cal-expansion-021913.aspx>.

b) Covered California

Three million people will be eligible to purchase health insurance through Covered California, of whom 1.7 million will be eligible for subsidies. Open enrollment will begin in October 2013 and coverage will be effective January 1, 2014. Covered California recently solicited applications for programs to conduct marketing and outreach to enroll persons who are eligible for coverage in the exchange. Grant awards will be announced in mid-May. (According to draft State [regulations](#), local health departments will not be eligible for reimbursement for enrolling individuals in Covered California; however, community-based non-profits are eligible for reimbursement.) For more information on the assister program, visit the stakeholders webpage of Covered California at <https://www.coveredca.com/hbex/stakeholders/>. For consumer information about Covered California visit www.coveredca.com.

c) Residually Uninsured

One million people will not be eligible for expanded coverage, and, without assistance, an estimated 2-3 million people will be eligible for coverage but will not enroll, highlighting the continued need for a robust safety net. (Future issues will discuss strategies for maintaining the safety net in California.) Among those expected to remain uninsured, nearly three-quarters will be U.S. citizens or “documented” immigrants; two-thirds will be Latino; and three out of five will have Limited English Proficiency. For regional estimates on who will remain uninsured under health reform in California, read this assessment by the University of California Berkeley Labor Center http://laborcenter.berkeley.edu/healthcare/aca_fs_uninsured.pdf.