December 21, 2018

Gavin Newsom
Lieutenant Governor & Governor-elect of the State of California
State Capitol, Suite 1114
Sacramento, CA 95814

Dear Governor-elect Newsom:

I write today to share with you the National Health Law Program’s priority goals to improve health care in California next year. I know that you share many of these goals, and I look forward to partnering with you to achieve them. Since we began at UCLA in 1969, the National Health Law Program has worked to advance access to quality health care for low-income and underserved individuals and families. In 2019, we will be celebrating our 50th anniversary of securing health rights for all.

California has made tremendous gains in protecting and advance health care access over the last several years. However, nearly 3 Million Californians remain uninsured. In addition, federal threats continue to loom, including ongoing attempts to limit access to comprehensive reproductive health services such as contraception and abortion care.

Your administration has an opportunity to further expand the coverage gains our state has made, while protecting individuals and families across the state from ongoing federal threats. To accomplish these aims, it is critical that your administration commits to reducing health disparities. Together, we must address the persistent socioeconomic and geographic inequities that plague health care access and health outcomes in California. We have identified three key areas where California can reduce disparities and strengthen our health care system.
First, we urge you to prioritize Medi-Cal coverage for all Californians regardless of immigration status. We have joined with the Health4All campaign and Care4AllCA campaigns to push to expand health coverage to all Californians. In California, one in two children has at least one immigrant parent and immigrants contribute substantially to California’s robust economy. Immigrants contribute approximately 32 percent of California’s Gross Domestic Product, which amounts to approximately $715 billion. Investing in immigrants is an investment in California’s future. Ensuring everyone gets access to preventive and primary care is also critical to public health and reducing health disparities. In addition to helping secure Medi-Cal coverage for all in California, we encourage the Administration to support efforts to streamline transitions between Insurance Affordability Programs, like Medi-Cal and Covered California, to ensure that enrollment translates to access to care.

Second, your administration can implement solutions to address health disparities in the context of reproductive health access, services, and outcomes. While California continues to be a national leader in the passage of reproductive and sexual health protections, implementation of these protections has at times lagged behind. There also remain areas where wide health disparities persist. We welcome your administration’s involvement in the advocacy we are doing with partners across the state for Medi-Cal coverage of doula care, which could help improve maternal health outcomes and reduce the impacts of racism on people of color by providing culturally appropriate, patient-centered care. Meanwhile, individuals and families in underserved areas, including but not limited to rural areas, often lack adequate access to the full range of reproductive health services – including family planning, pregnancy care, and abortion. We hope your administration can work with us on strategies to address these gaps, such as the provision of some types of reproductive and sexual health care through telehealth. We also are concerned about the negative impact on patients and providers when some religiously-affiliated hospitals refuse to provide needed services. We hope to work with you to ensure that patients at hospitals across the state can be confident they will be treated in accordance with the medical standard of care, and that care will be delivered with dignity and respect.

Third, your administration can provide oversight to ensure that Medi-Cal coverage is meaningful such that all beneficiaries can get the services they need. Today, over 80% of Medi-Cal beneficiaries receive the majority of their services from a Medi-Cal managed care plan. Over the last five years, California has made great improvements in how it monitors those plans to determine whether they are complying with their legal obligations. Yet access to covered services remains a challenge, with disproportionate impacts on Latinx enrollees. And despite strong federal mandates to
ensure that all children in Medi-Cal have full access to the services they need, California lags in routine primary care utilization by children in Medi-Cal, and those children with the most need for services too often go without. Further, children and adults who seek mental health services frequently experience delays, and even go without care. California must move from measuring and monitoring Medi-Cal managed care plans, including mental health plans, to providing robust oversight over them that ensures that Medi-Cal beneficiaries use covered services when they need them, and that when they access those services, they receive high-quality, culturally-competent care.

We welcome the opportunity to meet with your office in the new year to discuss these priorities in greater detail, and find ways that we can partner on these important objectives for California together. You can reach me at 310-736-1653 or lewis@healthlaw.org.

Sincerely,

Kim Lewis
Managing Attorney
National Health Law Program