

On January 7, Governor Jerry Brown released his proposed 2016-17 budget, a \$171 billion plan (\$122 General Fund).

- In this budget, Medi-Cal is projected to cost \$85.1 billion (\$19.1 billion General Fund) and cover 13.5 million Californians, one-third of the state population.
- The health budget is more or less status quo—a continuation of California’s commitments to health reform and to covering all children, but also a continuation of recession-era cuts to health and human services.
- With a \$3.6 billion projected surplus, an opportunity was lost to restore cuts from the past, such as those made to Medi-Cal provider rates and benefits and services for beneficiaries. This would have been the year to build on the state’s success under the Affordable Care Act through targeted investments in coverage for the remaining uninsured.
- The budget does include the renewal and revamping of a managed care organization (MCO) tax, maintaining a critical federal funding stream while preventing an additional \$1 billion in cuts.

NEEDED INVESTMENTS & RESTORATIONS FOR HEALTH CARE CONSUMERS	ASSEMBLY	SENATE
<p>#Health4All Expansion of Health Care Coverage to Californians Regardless of Immigration Status. Last year’s budget committed to, starting in May 2016, expand full-scope Medi-Cal to an estimated 170,000 undocumented low-income children, at a cost of \$182 million/year (\$145 million general fund) in 2016-17. Health advocates seek additional steps, such as a capped pilot program, to cover income-eligible adults regardless of immigration status. Also pending in SB 10 (Lara).</p>		
<p>Full Restoration of Medi-Cal Dental Benefits for Adults. Denti-Cal was eliminated for adults with Medi-Cal coverage in 2009 and partially restored in the 2013-14 budget. Still left uncovered are gum treatments, rear root canals, and partial dentures—services that should be restored.</p>		
<p>Restoration of Critical Medi-Cal Benefits. Nine Medi-Cal benefits were eliminated in 2009, including acupuncture, audiology, chiropractic, incontinence creams & washes, optician/optical labs, podiatry, vision, and speech therapy.</p>		
<p>Restoration of Medi-Cal Provider Rates. Health advocates seek to rescind the 10% provider rate cut adopted in 2011. Many Medi-Cal patients face access challenges to providers and specialists that are likely related to low reimbursement rates--some of the lowest in the nation.</p>		
<p>Restoration and Investments in Public Health Programs: Many public health programs were cut or eliminated during the recession; In the last few years, only a few programs were restored, like the Black Infant Health Program, HIV Prevention Programs, Syringe Exchange, Hepatitis C (HCV) Linkage to Care Projects; and Pre-Exposure Prophylaxis (PrEP) Access and Outreach Program. Health advocates seek further investments in public health and prevention.</p>		
<p>Limiting Medi-Cal Estate Recovery to the federally required minimum of long-term care services and eliminate recovery from the estate of the deceased beneficiary’s surviving spouse—to align with 40 other states. Existing policy penalizes personal responsibility, deters enrollment, and threatens families with the loss of their home. Also pending as SB 33 (Hernandez).</p>		