



September 8, 2017

Dear Senators,

The undersigned associations representing California's counties and the critical services provided at the county level support efforts to preserve Cost Sharing Reduction (CSR) payments for the health insurance system under the Affordable Care Act (ACA). These payments are a critical part of the health insurance affordability puzzle and have helped California significantly reduce the number of uninsured residents.

California's counties stand ready to work with the Senate to improve the Affordable Care Act, including developing ways to reach the last of the uninsured, increasing participation in the state exchanges, continuing efforts to ensure affordability, and seeking improvements to patient care and accessibility. Preserving the CSRs will allow California's robust health insurance exchange, Covered California, to continue to offer choice and affordability to those seeking individual and family health coverage.

Our members see first-hand how access to health and mental health care improves lives, educational attainment, and employment. In California, Medicaid benefits are delivered through a solid federal, state, and county partnership. Counties care for residents through our public hospitals and health systems, provide rural medical coverage, offer behavioral health services including mental health and substance use disorder treatment, administer public health services, and are responsible for social and health services eligibility functions. In short, California's 58 counties strive to provide timely and quality Medicaid services under the state Medi-Cal program.

California and its counties, under the ACA, aggressively and successfully expanded Medicaid by enrolling 3.8 million new residents into Medi-Cal since 2013. Overall, Medi-Cal now offers coverage and long-term care to 13.5 million Californians. California has driven its uninsured rate from over 20 percent pre-ACA to less than 7 percent currently by leveraging the Medicaid expansion and creating unprecedented public-private and government-to-government partnerships. For the first time, many of the beneficiaries in the expansion population are now accessing health care, preventive care, prescription medication, and behavioral health care, including substance use disorder treatment services.

The ACA also allows our counties to implement innovative approaches for hard-to-reach populations, such as the homeless, incarcerated persons, and transitional-age foster youth. More than 15 California counties are ramping up Whole Person Care pilot projects to identify and offer wraparound services to frequent users of hospital emergency department services. In criminal justice, county Sheriffs are partnering with human services staff to ensure that all eligible inmates can access continued substance use disorder services as soon as they are released, which helps reduce recidivism. Youth advocates, counties, and the state are working together to offer medical and behavioral health care to foster youth who are between the ages

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of 18 and 26. All of these gains are possible due to the expansion of Medicaid coverage under the ACA, the success of Covered California, and our members' commitment to serving those in our communities.

In short, the ACA has made it possible to provide comprehensive health and behavioral health care coverage to millions of our residents.

We have written before in opposition to previous Senate and House measures that would gut the fiscal underpinnings of the 52-year-old Medicaid program. Today, we write to encourage the Senate to continue its work to preserve CSRs and examine improvements to the ACA in an inclusive, public, and bipartisan manner.

Our members have learned many important lessons about outreach, retention, access, and continuity of care since the ACA was implemented. We stand ready to assist the Senate in preserving the Act's promise of quality, efficiency, and access to health care for all.

We thank you for your careful consideration of this critical fiscal and policy matter.

Sincerely,



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Director Will Lightbourne, California Department of Social Services