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## California Journal of Politics and Policy

**Title**

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**Permalink**

<https://escholarship.org/uc/item/3rt732mt>

**Journal**

California Journal of Politics and Policy, 3(4)

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**Publication Date**

2011-11-10

**DOI**

10.5070/P2688P

Peer reviewed

## Implementing Health Reform in California

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Nearly 18 months ago, Congress passed and President Barack Obama signed into law the most important piece of health care legislation this country has seen since the creation of Medicare and Medicaid. The Affordable Care Act is a wide-ranging law that seeks to improve our nation's health care system at every level—from the doctor's office to insurance company policies—and from small business tax credits to medical school incentives for future doctors. The law aims to expand access to health care, improve what works in our health delivery system, and refine the elements that are less effective and efficient.

Among the key features of the law are reforms to improve and enhance our medical workforce; provide incentives to medical professionals and patients alike to seek more preventive care to stay healthy; establish a marketplace in which consumers will not fear being denied insurance coverage; and provide the tools to foster and implement new and more efficient health delivery systems.

The law seeks to improve the health of our country both physically and fiscally. The challenges health reform faced at the national level and the challenges it faces in implementation at the state level are deeply intertwined. Accordingly, I am pleased that the intersection of the national health care law and the health needs of Californians are being thoroughly examined in the *California Journal of Politics and Policy's* special issue on health reform.

All one needs to do is turn on the television, pick up a newspaper, or look on the Internet to see that health care reform is a very hot topic across our country. And as every reader is aware, there has been a change of majorities in the House of Representatives after the 2010 election—and with it—a change in priorities.

This past January, at the outset of the 112th Congress, the new House Majority passed a repeal of the Affordable Care Act. I and the rest of my colleagues in the California Democratic delegation voted against the repeal efforts. The Senate also held a vote to repeal the health care law, but this effort was firmly rejected.

With Republican presidential candidates united in opposition, Congress is not the only body deliberating the Affordable Care Act. Federal judges continue to hear arguments and issue rulings on this topic. Despite the political and judicial threats to repeal the Affordable Care Act, the health care bill extensively debated and passed by the 111th Congress is now law. I believe that the energy and debates should now focus on the best way to implement the law for the benefit of the American

people, not on ideological dogmas that would short-circuit the meaningful reforms that most people believe are necessary.

Let me highlight some of the changes that have already been implemented.

Already, the Patient's Bill of Rights contained in the health care law is putting consumers in charge of their health care decisions and reining in the worst practices of insurance companies. That means people will not be denied coverage based on preexisting conditions, or be kicked off their insurance when they get sick and need it most. It means young adults up to age 26 can stay on their parent's insurance, so they can have peace of mind as they begin their careers. It means older Americans can receive free preventive care, and pay less for prescription drugs. It means that your health plan cannot put a lifetime limit on your coverage. Perhaps most importantly, it means we will refocus our health delivery system model from one of "sick-care," in which patients only seek medical care after becoming ill, to one that emphasizes primary care and wellness.

The Obama Administration is actively implementing the law and asking for feedback from stakeholders at every turn. I believe that both Democrats and Republicans, as well as health professionals of all stripes, must work to find common ground at this stage of the process, and I encourage all Californians to be active participants.

There is and will continue to be a great deal of work to be done to improve our nation's health care system, both through this law, and through future legislative and administrative means. But right now, ensuring that the Affordable Care Act continues to be implemented over the next several years should be of the utmost concern to all who care deeply about providing patients with high-quality care, while working to contain burgeoning medical costs.

With these improvements, a more efficient health care delivery system will emerge and the impact of this on people's lives should help garner the support of both the American public as well as the health care community that is essential for long-run success.

As a member of the House Committee on Energy and Commerce, one of the three committees with jurisdiction over the law, I will continue to be involved first-hand in the implementation process. I will continue to work with the U.S. Department of Health and Human Services, the National Coordinator's Office, the White House, the California Department of Health Care Services, as well as local government agencies and health care professionals on implementation. Input and buy-in at every level are critical to the law's effectiveness and, more importantly, to a healthier America.

My office and the health care providers in Sacramento have undertaken the following actions to improve the lives of local residents. For me, the willingness and desire to work with entities across the health care spectrum comes in the form of a

Health Care Working Group that my office has started. This group consists of the main health care systems in Sacramento, as well as several clinics and providers that serve my constituents in the greater Sacramento area. Our conversations have ranged from the adoption and meaningful use of health information technology systems, to supporting existing and creating new community-based health care centers, to how to handle the influx of millions of newly insured patients in the coming years.

The consensus that I have heard from my community is that in order to truly adapt to a post-Affordable Care Act environment, we need to strengthen the safety net in the region and foster cooperation among all health care providers. That is why I am currently working with many Sacramento-area providers and nonprofits to encourage such cooperation and expand the reach of community-based health centers. The initiative is focused on better coordination of care across health disciplines, sectors, and systems. This is not to say that competition cannot, and will not, still exist, as competition is healthy for any marketplace. But, this initiative looks to pool the considerable resources of the Sacramento-area health care community to develop a health delivery system that enshrines the tenets of the Affordable Care Act and establishes a model that best serves our community. I believe that this effort will result in improved care, expanded access, and create a healthier community, all while reducing costs.

The Affordable Care Act authorized \$11 billion in federal funding for the development of more community health centers. That funding, this initiative, and the hundreds of similar initiatives across the country, would be put in dire jeopardy if the Republican-led House limits funding of the Affordable Care Act or succeeds in overturning it.

Indeed, California has much to lose if this occurs.

There are nearly seven million uninsured California residents. That is over 20 percent of the state, and that number has been steadily increasing for the past two decades. This is clearly a trend that must be reversed, especially during this time of economic instability. It is projected that the Affordable Care Act will provide access to private and public coverage to 92 percent of California residents. However, access to *coverage* means nothing without adequate access to *care*.

There are over 100 Federally Qualified Community Health Centers (FQHC's) in California with over 1,000 delivery sites that serve an estimated four million patients annually—many of whom are currently without insurance. As stated earlier, the Affordable Care Act authorized an \$11 billion Community Health Center Fund. This pool of federal dollars could greatly enhance the reach of California's FQHCs, and look-alikes, as well as their level of services and their facilities.

The law also works to increase the health professional workforce pipeline through loan forgiveness programs and federal assistance to teaching hospitals and Teaching Health Centers. It is estimated that California will need to educate, train, and place over 200,000 new health care professionals to meet its health workforce capacity needs. As a result of the Affordable Care Act, California has received over \$2 million in federal aid through the National Health Service Corps to provide scholarships and loan forgiveness to medical students and professionals, as well as over \$600,000 to Teaching Health Centers to enhance and build the primary care workforce capacity in California.

This brief snapshot of the continuing federal assistance to California as a result of the Affordable Care Act demonstrates the seriousness with which the law takes into account building and enhancing the health professional workforce. Repeal would, of course, risk the loss of all these benefits.

The positive impact of it is already being felt by tens of thousands of families, seniors, and small businesses. In fact, the law is anticipated to make the following improvements in the district I represent:

- 50,000 more Sacramento residents will be able to get health insurance;
- 180,000 families and more than 12,000 small businesses are eligible for tax credits to help pay for health insurance;
- 12,600 Sacramentans with pre-existing conditions will be able to gain coverage;
- 85,000 Sacramento Medicare beneficiaries will have access to preventive care services and reduced drug costs.

These enormous impacts on the Sacramento region are being replicated in communities across the country. I am convinced by the evidence of change that the law gives us the tools to create and foster a more effective and efficient health care delivery system. States have been charged with the implementation of state-level exchanges, and I am pleased that California is leading the way. The details of implementation are deep and complex, but achieving the bill's aims is essential to the tens of millions of Californians.

The articles in this special issue are a critical resource for policy analysts, the medical community, and the public as we work to implement the health care law in California. For example, Donald Barr examines the issue of assuring access to care for the soon-to-be expanded MediCal population; Shana Lavarreda and her colleagues at the UCLA Center for Health Policy Research look at the effect of the recession on access to health insurance, and how we move forward; William Dow examines the new insurance exchange in California. And as political candidates make competing claims about what people "really think and want," Claudia Deanne and her colleagues at the Kaiser Family Foundation take a timely look at the complexity of public opinion on health care reform and the support for specific

features of ACA along with some fears. This research provides insight into the way public desires may impact efforts to further implement the law.

These are just a few of the insightful articles covered in this special edition of the *California Journal of Politics and Policy*. Each contributor has done an excellent job laying out the choices that face policymakers, patients, and all of us who call California home. I encourage every reader to take the issues raised seriously, to help answer the questions posed in this issue, and to ask the tough questions that will push us all to deliver the best possible outcomes for families across the state.

The ultimate test will be whether we did everything in our power to use the law as an opportunity, and not just as a mandate, to make California's health care delivery system the best in the country. I look forward to answering a resounding, "yes," and to continue to work towards that end.