



Comments on the Covered California 1332 State Innovation Waiver

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Phone (916) 441-3973

1910 West Sunset Blvd. Suite 500
Los Angeles, CA 90026
Phone (213) 989-1300

August 16, 2016

Diana S. Dooley
Chair, Board of Directors
Covered California
1601 Exposition Boulevard
Sacramento, CA 95815

**RE: Section 1332 State Innovation Waiver proposal for undocumented immigrants
REQUEST FOR APPROVAL**

Dear Chair Dooley:

Advancement Project thanks you for your leadership in increasing health care coverage for all Californians, and respectfully requests your approval of State Innovation Waiver under Section 1332 of the Affordable Care Act to allow individuals to purchase health plans from Covered California who are otherwise ineligible because of their immigration status.

This proposed 1332 State Innovation Waiver seeks to offer new health insurance options called California Qualified Health Plans (CQHPs) for undocumented individuals ineligible to purchase Qualified Health Plans (QHPs). These new health plans are comparable to QHPs and are not subsidized. The proposed waiver meets all of the Section 1332 State Innovation Parameters as well, which include: equivalent or greater scope of coverage, equivalent or greater affordability of coverage, equivalent comprehensiveness of coverage, deficit neutrality, no impact on federal administrative functions, and meaningful public input.

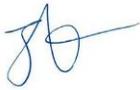
The proposed waiver intends to expand the health care market in California for undocumented residents, families in particular. Undocumented residents often live with children or other family members who are citizens or legal residents. Approximately 13 percent of school-aged children in California have an undocumented parent.¹ These families, known as mixed-status families, have members who are excluded from purchasing health insurance programs in California. Research has shown that when insured children have insured parents, the entire family's likelihood of appropriately using health care increases, especially with check-ups and other preventive care.² Also, to maximize the benefits of last year's investment and legislation, SB 4 (Lara – Chapter 709, Statutes of 2015), to expand health care coverage for undocumented children, there needs to be comparable expansions in coverage for undocumented adults as well.

Approximately 1.7 million people living in California are uninsured and ineligible for benefits from the Affordable Care Act due to their immigration status. While affordability is still a large factor in addressing the needs of the uninsured population, an estimated 17,000 Californians would gain coverage as a result of the waiver because they have the means and are willing to purchase coverage but are denied simply because of the citizenship requirement.³

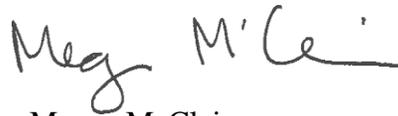
Advancement Project believes that health care is a basic human right to which everyone should have access, regardless of one's race, ethnicity, income, or immigration status. Families should not be further punished for their immigration status through lack of proper health care coverage. This waiver is a smart and economical approach to a public health problem, which would keep families healthier through accessible, preventive, and timely care. Though only a small fraction of undocumented residents will have the means to purchase insurance through Covered California, this is a meaningful and symbolic step toward California caring for ALL residents that contribute to the fabric of our state.

Advancement Project strongly supports this practical and reasonable waiver and respectfully requests your approval to send it to the feds. We acknowledge and appreciate the work of the Covered California staff and community partners with creating this waiver, and thank you for making California a trailblazer in offering an attainable solution for covering undocumented immigrants.

Sincerely,



John Kim
Executive Director



Megan McClaire
Director of Health Equity

cc: Members, Covered California Board of Directors

¹ Public Policy Institute of California. (June 2015). *Just the Facts: Undocumented Immigrants*. Available online at: <http://www.ppic.org>

² Center on Budget and Policy Priorities and the Georgetown University Center for Children and Families. 2013.

“Expanding Coverage for Parents Helps Children” <http://www.cbpp.org/sites/default/files/atoms/files/expanding-coverage-for-parents-helps-children7-13.pdf>

³ UCLA Center for Health Policy Research, and UC Berkeley Center for Labor Research and Education (2014). *California Simulation of Insurance Markets Statewide Data Book 2015-19*. Version 1.91. Data Book.

<http://healthpolicy.ucla.edu/publications/Documents/PDF/2014/calsimdatabook-may2014.pdf>



August 17, 2016

The Honorable Diana Dooley, Chair, Board of Directors
 Peter Lee, Executive Director
 Covered California
 1601 Exposition Blvd.
 Sacramento, CA
 Via-email to: boardcomments@covered.ca.gov

Re: Draft Application for Section 1332 Waiver - Support

Dear Ms. Dooley and Mr. Lee,

Our organizations write in support of the draft application of Covered California for a Section 1332 waiver of the Affordable Care Act to permit undocumented Californians to purchase California Qualified Health Plans from Covered California. This waiver of the requirement that Covered California sell only Qualified Health Plans by allowing Covered California to sell mirrored products called “California Qualified Health Plans” will allow undocumented Californians and those eligible for Deferred Action for Childhood Arrivals (DACA) the opportunity to walk in the front door of Covered California and buy coverage in the same way as every other Californian.

California has been a national leader in not only implementing the Affordable Care Act but also improving on it. This state has implemented the active purchaser role of Covered California, expanded Medi-Cal to undocumented children and childless adult Newly Qualified Immigrants and made innumerable changes in insurance market rules beyond what was required by the Affordable Care Act. This waiver application, to waive a specific provision of the Affordable Care Act, if approved, can be another example of California's effort to improve on the provisions of federal law.

The legislation that authorized this waiver, SB 10 (Lara), was approved by bipartisan, two-thirds majorities of both houses of the California Legislature. Approval of the waiver would allow immigrant families and families with mixed immigration status to obtain coverage by purchasing it from Covered California.

Public Process

Prior to the development of the current waiver application, Covered California heard public testimony at numerous public board meetings about the importance of Section 1332 waivers and specifically about the importance of a waiver to allow those who are undocumented and those granted relief under the Deferred Action for Childhood Arrivals (DACA) to obtain coverage through the exchange.

Covered California also held several additional public meetings, including one that involved both the California Medicaid agency, the Department of Health Care Services, and the California Health and Human Services Agency, to hear from experts as well as public comment about a Section 1332 waiver.

We offer this letter as part of the public record for the August 18, 2016 Covered California public board meeting.

Deficit Neutrality, Affordability, Comprehensiveness and Scope of Coverage

Policy and legal experts among our organizations have reviewed the waiver application, including the appendices on deficit neutrality, affordability, comprehensiveness and scope of coverage. We concur with the conclusions of these experts that this waiver meets the criteria for a Section 1332 waiver.

Covered California, and the health policy community in California, has relied on the CalSIM model to provide California-specific modeling that meets national standards to project the possible impacts of health reform proposals as well as the projected impacts of the implementation of the Affordable Care Act. The application is further strengthened by consultation with academic experts on immigration impacts which are particularly germane to this application.

No Federal Funds: Californians Using Their Own Money

This waiver application requires no federal funds. Individual Californians who are ineligible for federal subsidies by reason of immigration status will be expected to use their own funds to purchase coverage, without advanced premium tax credits or cost sharing reduction assistance. We note that the waiver application reflects the reality that some undocumented Californians and DACA recipients already purchase individual coverage in the outside market using their own funds.

This waiver application does not seek federal funds but simply gives another group of Californians the opportunity to purchase coverage, using their own dollars. This is the same opportunity that other Californians over 400% Federal Poverty Level have today.

Marketing and Outreach to Diverse Communities

From its inception, Covered California has engaged in marketing and outreach to the diverse communities of California, which include immigrant families and families with mixed immigration status as well as targeted efforts to Latino, African American, Asian American, Native Hawaiian and Pacific Islander populations. Since 2013, Covered California has invested hundreds of millions of dollars communicating to Californians the importance of having health coverage and the availability of new coverage options. Many of our organizations have joined in these outreach and education efforts.

Covered California's efforts were further amplified by additional outreach to those who were potentially Medicaid eligible, which included mixed immigration status families.

California's Record of Immigrant Inclusiveness

This waiver application continues California's longstanding record of inclusiveness for our immigrant communities, in both health care and other policy areas.

In health care, California has:

- Provided full-scope Medicaid coverage to newly qualified immigrants, present in this country for less than five years and who meet other Medicaid eligibility requirements such as income and categorical eligibility;
- Provided full-scope Medicaid coverage for pregnancy to undocumented women who are income eligible; and
- Recently expanded full-scope Medicaid coverage to undocumented children who are income-eligible.

In other policy areas, California has:

- Since 2002, allowed undocumented students to pay in-state tuition at public institutions of higher learning;
- Provided state financial aid and scholarship opportunities to undocumented students since 2012;

- Restored access to driver’s licenses to all Californians, regardless of immigration status; and
- Provided state funding to support education, outreach and application programs for immigrants eligible for naturalization and deferred action (One California: Immigrant Integration Services).

This waiver builds on the long record of immigrant inclusion in California and within that tradition is a modest step forward.

Conclusion

Our organizations strongly support the application by Covered California for a Section 1332 waiver of the ACA provision requiring Covered California to sell only Qualified Health Plans. This will allow Covered California to sell California Qualified Health Plans so that all Californians, regardless of immigration status, are able to obtain health coverage through our state marketplace, Covered California. California has been a national leader in implementing, and improving on, the Affordable Care Act: this waiver application is another step forward.

Sincerely,

Alliance for Boys and Men of Color
 American Academy of Pediatrics
 Asian Americans Advancing Justice - Los Angeles
 Asian Law Alliance
 ASPIRE
 CaliforniaHealth+ Advocates
 California Black Health Network
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 Californians for Disability Rights, Inc.
 California Health Professional Student Alliance
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 Community Health Councils
 Community Health Initiative of Orange County

Community Health Partnership
Congress of California Seniors
Fathers & Families of San Joaquin
Filipino Youth Coalition
Fresno Center for New Americans
Having Our Say!
Health Access California
Healthier Kids Foundation
KRC Korean Resource Center
Latino Coalition for a Health California
Law Foundation of Silicon Valley
Long Beach Immigrant Rights Coalition
Los Angeles Immigrant Youth Coalition
Maternal and Child Health Access
Multi-faith ACTION Coalition
National Council of La Raza
National Health Law Program
National Immigration Law Center
NICO Chinese Health Coalition
One LA IAF
PICO CA
Pre-Health Dreamers
Public Citizen
Public Law Center
Redwood Community Health Coalition
Santa Clara Valley Health & Hospital System
Services, Immigrant Rights, and Education Network
SEIU
SEIU 521
SEIU-UHW
Silicon Valley Council of Nonprofits
Somos Mayfair
South Asian Network
Southeast Asia Resource Action Center
The Children's Partnership
The Wall Las Memorias
Tongan Community Service Center
United Farm Workers Foundation
United Ways of California
UPLIFT
Vision y Compromiso
Western Center on Law and Poverty
Working Partnerships USA
Young Invincibles



September 2, 2016

The Honorable Diana Dooley, Chair, Board of Directors
 Peter Lee, Executive Director
 Covered California
 1601 Exposition Blvd.
 Sacramento, CA
 Via-email to: boardcomments@covered.ca.gov

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The legislation that authorized this waiver, SB 10 (Lara), was approved by bipartisan, two-thirds majorities of both houses of the California Legislature. Approval of the waiver would allow immigrant families and families with mixed immigration status to obtain coverage by purchasing it from Covered California.

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Sincerely,

Access Women's Health Justice
 Alliance for Boys and Men of Color
 American Academy of Pediatrics – California
 Asian & Pacific Islander American Health Forum
 Asian Americans Advancing Justice - Los Angeles
 Asian Law Alliance
 Asian Pacific Policy & Planning Council (A3PCON)
 ASPIRE
 Association of Asian Pacific Community Health Organizations
 California Black Health Network
 California Coverage and Health Initiatives
 California Health Professional Student Alliance
 California Immigrant Policy Center
 California Latinas for Reproductive Justice
 California National Organization for Women
 California Pan-Ethnic Health Network
 California Partnership
 California Physicians Alliance (CaPA)
 California Rural Legal Assistance Foundation
 CaliforniaHealth+ Advocates

Californians for Disability Rights, Inc.
Campaign for a Healthy California (CHC)
Centro Binacional Para El Desarrollo Indígena Oaxaqueño
Children Now
Children's Defense Fund-California
Clergy and Laity United for Economic Justice: Creating a Just and Sacred Society (CLUE)
Clinica Romero
Coalition for Humane Immigrant Rights of Los Angeles
Community Health Councils
Community Health Initiative of Orange County
Community Health Partnership
Congress of California Seniors
Consumer Federation of California (CFC)
Consumers Union
Doctors for America – California
Dolores Huerta Foundation
Dream Team Los Angeles
Ensuring Opportunity Campaign to End Poverty in Contra Costa
Esperanza Community Housing Corporation
Fathers & Families of San Joaquin
Filipino Youth Coalition
Fresno Center for New Americans
Having Our Say!
Health Access California
Healthier Kids Foundation
Healthy Richmond
Inland Empire Immigrant Youth Coalition (IEIYC)
Kheir Clinic
Korean Community Center of the East Bay
Korean Community Services
KRC Korean Resource Center
La Clinica de La Raza
Latino Coalition for a Health California
Latino Health Access
Law Foundation of Silicon Valley
Little Tokyo Service Center Sent a Logo, but unable to view/download it
Long Beach Immigrant Rights Coalition
Los Angeles Immigrant Youth Coalition
LULAC
Maternal and Child Health Access
Merced Lao Family Community, Inc.
Multi-faith ACTION Coalition
National Council of La Raza
National Health Law Program
National Immigration Law Center

NICOS Chinese Health Coalition
One LA IAF
PICO CA
Pre-Health Dreamers
Public Citizen
Public Law Center
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Somos Mayfair
South Asian Network
Southeast Asia Resource Action Center
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The Cambodian Family Community Center
The Children's Partnership
The Council Of Mexican Federations
The Greenlining Institute
The New You Center, Inc.
The Wall Las Memorias
Tongan Community Service Center
United Farm Workers Foundation
United Ways of California
UPLIFT
USW Local 675
Vision y Compromiso
Western Center on Law and Poverty
Women's Health Specialists of California
Working Partnerships USA
YNOT Community Services
Young Invincibles



August 17, 2016

The Honorable Diana S. Dooley, Chair
Covered California Board of Directors

Peter V. Lee, Executive Director
Covered California
1601 Exposition Blvd.
Sacramento, CA 95815

Re: Support: Draft Application for Section 1332 Waiver

Dear Chair Dooley and Mr. Lee,

On behalf of Fresno Building Healthy Communities (Fresno BHC) we express our strong support of the draft application of Covered California for a Section 1332 waiver of the Affordable Care Act to permit undocumented Californians to purchase California Qualified Health Plans from Covered California. This waiver of the requirement that Covered California sell only Qualified Health Plans by allowing Covered California to sell mirrored products called "California Qualified Health Plans" will allow undocumented Californians and those eligible for Deferred Action for Childhood Arrivals (DACA) the opportunity to walk in the front door of Covered California and buy coverage like all California residents.

Fresno Building Healthy Communities is a coalition of residents, young people community- and faith-based leaders working to create "One Healthy Fresno", where all children and families can live healthy, safe, and productive lives. Together with our partners, we are working collaboratively to improve health access and to address other health related issues impacting undocumented families and children.

We strongly believe the waiver application to allow undocumented Californians from areas like Fresno and the Central Valley the opportunity to buy coverage is a chance that we need to take full advantage of to allow more options for families to make appropriate decisions as it relates to their health and well-being. We need more solutions, not less, to improve our health care system. Allowing undocumented residents and DACA recipients to access Covered California ensures that every family member can have a health plan that works the best for their needs.

California has been a national leader in not only implementing the Affordable Care Act but also improving on it, from the active purchaser role of Covered California to the expansion of Medi-Cal to undocumented children and childless adult Newly Qualified Immigrants to innumerable changes in insurance market rules beyond what was required by the Affordable Care Act. This waiver



application, to waive a specific provision of the Affordable Care Act, if approved, can be another example of California's effort to improve on the provisions of federal law.

The legislation that authorized this waiver, SB10 Lara, was approved by bipartisan, two-thirds majorities of both houses of the California Legislature. Approval of the waiver would allow immigrant families and families with mixed immigration status to obtain coverage by purchasing it from Covered California.

First, the public process that Covered California has taken leading up to the waiver application has been open and transparent. Testimony from experts and the public has been submitted as public board meetings on how important it is allowing undocumented and DACA recipients the opportunity to buy coverage through the exchange.

Secondly, according to policy and legal experts with various organizations, the waiver application meets the criteria for a 1332 waiver. Moreover, Covered California and the health policy community includes studies that provides strong foundation for the waiver application.

Thirdly, this waiver application requires no federal funds. Individual Californians who are ineligible for federal subsidies by reason of immigration status will be expected to use their own funds to purchase coverage, without advanced premium tax credits or cost sharing reduction assistance. Also noted, is that the waiver application reflects the reality that some undocumented Californians and DACA recipients already purchase individual coverage in the outside market using their own funds.

This waiver application does not seek federal funds but simply gives another group of Californians the opportunity to purchase coverage, using their own dollars. This is the same opportunity that other Californians over 400% Federal Poverty Level have today.

Finally, Covered California has engaged in marketing and outreach to the diverse communities of California, which include immigrant families and families with mixed immigration status as well as targeted efforts to Latino, African American, Asian American, Native Hawaiian and Pacific Islander populations. Since 2013, Covered California has invested hundreds of millions of dollars communicating to Californians the importance of having health coverage and the availability of new coverage options. Many organizations in Fresno and the Central Valley have conducted outreach and education to increase coverage.

Covered California's efforts were further amplified by additional outreach to those who were potentially Medicaid eligible, which included mixed immigration status families.



We stand together on California's record of immigrant inclusiveness in health care and other policy areas. This waiver builds upon immigrant inclusion in California including the Health for all Kids Act and funding for immigrant application services.

On behalf of the Fresno Building Healthy Communities, we strongly support the application by Covered California for a Section 1332 waiver of the ACA provision requiring Covered California to sell only Qualified Health Plans. This will allow Covered California to sell California Qualified Health Plans so that all Californians, regardless of immigration status, are able to obtain health coverage through our state marketplace, Covered California. California has been a national leader in implementing and improving on the Affordable Care Act. This waiver application is another step forward.

We respectfully submit this letter as part of the public record for the August 18, 2016 Covered California Board of Directors meeting.

Sincerely,

A handwritten signature in blue ink, appearing to read "S. Castro".

Sandra F. Celedon-Castro
Hub Manager
Fresno Building Healthy Communities

Additional Signatories:
(partial list of Fresno BHC Partners)

Socorro Santillan
Executive Director



Noe Paramo
SRCP Co-Director



Margarita Rocha
Executive Director



Lue N. Yang
Executive Director



Reyna Villalobos, MPH
Director of Community
Programs



Leoncio Vásquez Santos
Executive Director



Support health care access for all.

As my representative, I ask you to help create #Health4All by expanding access to all Californians.

Undocumented Californians play an integral role to the state's economy and contribute more than \$3.1 billion in taxes annually.

California's health depends on everyone.

Let's create a state where all children and families can live healthy, safe, and productive lives - with quality health care.



We need #Health4All!

Name: YADIRA ZAIBORA

Address: 2046 SWILLOW APT 2
FRESNO, CAL
City, State, Zip: 93727

Phone: _____

Email: _____

Assembly District: _____ Senate District: _____

Dear _____

I support health care access for all.

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We need #Health4All!

Name: Rosalba Lopez

Address: _____

City, State, Zip: _____

Phone: 519-04-09

Email: _____

Assembly District: _____ Senate District: _____

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We need #Health4All!

Name: Rupita Gonzalez

Address: 5140 E KINGS CANYON

City, State, Zip: 93727

Phone: (559) 970-4537

Email: _____

Assembly District: _____ Senate District: _____

Dear _____

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We need #Health4All!

Name: Shirley Edley

Address: _____

City, State, Zip: _____

Phone: 360-64-10

Email: _____

Assembly District: _____ Senate District: _____

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We need #Health4All!

Name: Berenice Regino G

Address: 510 Swinley #208

City, State, Zip: Fresno CA 93727

Phone: 559 519 9852

Email: _____

Assembly District: _____ Senate District: _____

Dear _____

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We need #Health4All!

Name: LUCIA HERRERA

Address: 5245 winery 204

City, State, Zip: 93727

Phone: 721 8233

Email: _____

Assembly District: _____ Senate District: _____

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We need #Health4All!

Name: Maria Gomez

Address: 5132 E. Floradora

City, State, Zip: Fresno CA 93727

Phone: _____

Email: _____

Assembly District: _____ Senate District: _____

Dear _____

I support health care access for all.

As my representative, I ask you to help create #Health4All by expanding access to all Californians.

Undocumented Californians play an integral role to the state's economy and contribute more than \$3.1 billion in taxes annually.

California's health depends on everyone.

Let's create a state where all children and families can live healthy, safe, and productive lives - with quality health care.



We need #Health4All!

Name: Jeff H. Ximo

Address: 5739 E. R.H. Ave

City, State, Zip: Fresno, CA 93727

Phone: 559.691.1523

Email: _____

Assembly District: _____ Senate District: _____

Dear _____

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We need #Health4All!

Name: Danna Espinoza

Address: 4912 E. Lane 101

City, State, Zip: Fresno

Phone: 444-8002

Email: _____

Assembly District: _____

Senate District: _____

¹ National Health and Economic Policy Association, 2009

Dear _____

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We need #Health4All!

Name: Wahin Diceda

Address: 3321 E 14th

City, State, Zip: CA 93702

Phone: (559) 652-4351

Email: _____

Assembly District: _____

Senate District: _____

¹ National Health and Economic Policy Association, 2009

Dear _____

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We need #Health4All!

Name: Ariane Maldra

Address: 2454 S. Powell

City, State, Zip: Fresno CA 93727

Phone: _____

Email: _____

Assembly District: _____

Senate District: _____

¹ National Health and Economic Policy Association, 2009

Dear _____

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We need #Health4All!

Name: Herlinda Reynoso

Address: 5358 E. Harvey Ave

City, State, Zip: Fresno CA 93727

Phone: _____

Email: _____

Assembly District: _____

Senate District: _____

¹ National Health and Economic Policy Association, 2009

Dear _____

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We need #Health4All!

Name: Nu Vang
Address: 4430 N. Tully Ave
City, State, Zip: Fresno, CA 93725
Phone: 555-513-9340
Email: NuVang31@gmail.com
Assembly District: _____
Senate District: _____

Dear _____

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We need #Health4All!

Name: Andrew King
Address: 5905 E. ALDRICH ST
City, State, Zip: Fresno, CA 93727
Phone: (859) 860-9062
Email: andrewking@bluewin.com
Assembly District: _____
Senate District: _____

Dear _____

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We need #Health4All!

Name: Melvin Lee
Address: 5876 E. Parker Ave
City, State, Zip: Fresno, CA 93711
Phone: (574) 289-6466
Email: _____
Assembly District: _____
Senate District: _____

Dear _____

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We need #Health4All!

Name: GHIA XIONG
Address: 5770 E. FLORENCE AVE
City, State, Zip: Fresno, CA 93727
Phone: (574) 255-8395
Email: ghia.xiong@fresnocenter.com
Assembly District: _____
Senate District: _____

Dear _____

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We need #Health4All!

Name: Sheng Lee

Address: 5623 E. Grove

City, State, Zip: Fresno 93727

Phone: 559-301-8082

Email: shenglee17@gmail.com

Assembly District: _____ Senate District: _____

Dear _____

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We need #Health4All!

Name: Sumanth An

Address: 4879 E Kings Canyon Rd

City, State, Zip: Fresno, Ca 93727

Phone: (559) 255-8395

Email: _____

Assembly District: _____ Senate District: _____

Dear _____

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We need #Health4All!

Name: SAMNANG HENG

Address: 4736 E Floradora Ave

City, State, Zip: Fresno, CA 93703

Phone: 579-5911

Email: _____

Assembly District: _____ Senate District: _____

Dear _____

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We need #Health4All!

Name: Lysing Prathumavong

Address: 9539 N. Boyd Ave

City, State, Zip: Fresno CA

Phone: (559) 937300

Email: _____

Assembly District: _____ Senate District: _____

Dear _____

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We need #Health4All!

Name: Sid Vixay

Address: 5127 E. Pitt Ave

City, State, Zip: Fresno CA

Phone: 559-213-8932/93727

Email: SidVixay16@gmail.com

Assembly District: _____ Senate District: _____

Dear _____

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We need #Health4All!

Name: HLA Vana

Address: 4882 E. Princeton Ave

City, State, Zip: Fresno, CA 93703

Phone: (559) 410-5887

Email: LenaVana@gmail.com

Assembly District: _____ Senate District: _____

Dear _____:

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We need #Health4All!

Name: Kou Xiong

Address: 482 N. REUN Ave

City, State, Zip: Fresno, CA 93721

Phone: _____

Email: _____

Assembly District: _____ Senate District: _____

Dear _____:

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We need #Health4All!

Name: Pa Houa Yang

Address: 6158 N. Fresno #102

City, State, Zip: Fresno CA 93710

Phone: 540-5089

Email: _____

Assembly District: _____ Senate District: _____

Dear _____:

I support health care access for all.

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We need #Health4All!

Name: Lang Vee

Address: 4874 E. Kings Canyon

City, State, Zip: Fresno Ca 93727

Phone: (559) 579-7059

Email: panville@fresno.ca.gov

Assembly District: _____ Senate District: _____

Congress of the United States
Washington, DC 20515

September 12, 2016

The Honorable Jacob Lew
Secretary of the Treasury
U.S. Department of the Treasury
1500 Pennsylvania Avenue, NW
Washington, D.C. 20220

The Honorable Sylvia Burwell
Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Secretary Lew and Secretary Burwell:

We write to you in strong support of California's request for an Innovation Waiver under Section 1332 of the Affordable Care Act, to allow undocumented Californians to purchase unsubsidized health insurance with their own money through California's health benefits exchange, Covered California.

Implementation of federal health care reform in California has been a huge success, enrolling millions of patients in quality health plans through the state exchange, and expanding Medi-Cal, the state's Medicaid program, to provide health care coverage to millions more low-income Californians.

In fact, California has fully committed to the vision of the Affordable Care Act to ensure that everyone has access to quality, affordable health care. The state recently expanded Medi-Cal coverage to include all children who meet the income eligibility threshold, regardless of immigration status.

California's request for a State Innovation Waiver will further this commitment, expanding access to coverage by allowing undocumented immigrants to buy insurance through the state exchange. According to analysis by Covered California, this waiver could extend health coverage to an estimated 17,000 people, which would significantly reduce the remaining uninsured population in California.

This waiver request was initiated by legislation (Senate Bill 10 - Lara) that was approved by a bi-partisan, two-thirds majority in both houses of the state Legislature, and signed into law by Governor Jerry Brown.

This request is consistent with the requirements stipulated for Section 1332 Innovation Waivers - it will expand access to comprehensive, affordable health care and it will not impact the federal budget deficit. Plans sold under this program will be identical in every way to plans currently sold through the exchange, and will not be subsidized with federal premium assistance or cost sharing subsidies.

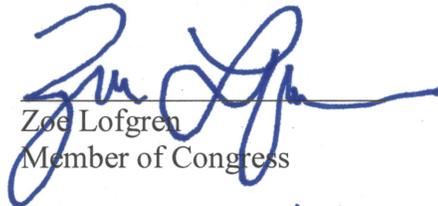
Our entire community benefits when we ensure that everyone in California has access to comprehensive health coverage benefits. Billions of dollars are spent every year on uncompensated care, providing health care services to the uninsured. Enrolling people in comprehensive coverage is not only a more humanitarian approach, it's also more cost effective to ensure people have access to preventive care and wellness programs and receive treatment before their condition becomes more damaging and more costly.

For all these reasons, we strongly urge you to approve this waiver request.

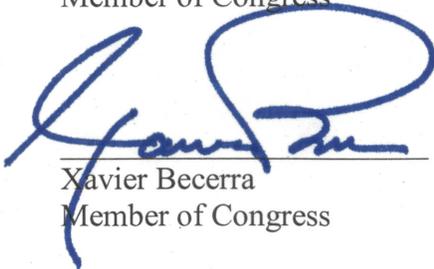
Sincerely,



Nancy Pelosi
Member of Congress



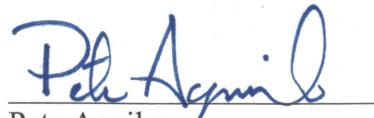
Zoe Lofgren
Member of Congress



Xavier Becerra
Member of Congress



Mike Honda
Member of Congress



Pete Aguilar
Member of Congress



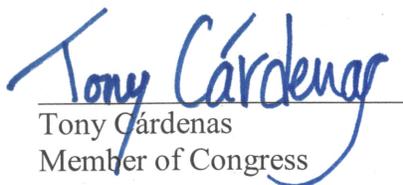
Karen Bass
Member of Congress



Julia Brownley
Member of Congress



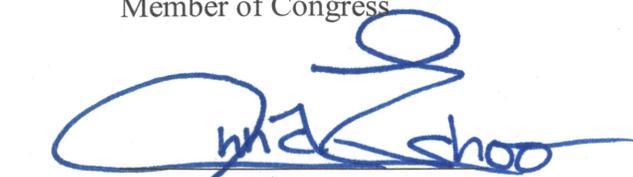
Lois Capps
Member of Congress

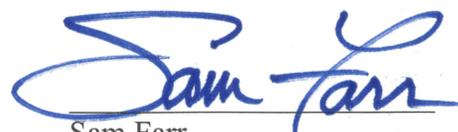

Tony Cárdenas
Member of Congress

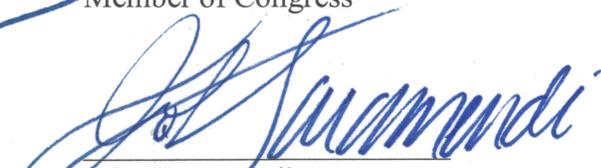

Judy Chu
Member of Congress


Susan Davis
Member of Congress


Mark DeSaulnier
Member of Congress


Anna G. Eshoo
Member of Congress


Sam Farr
Member of Congress

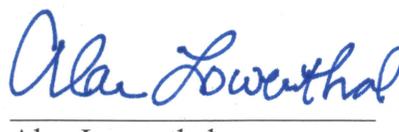

John Garamendi
Member of Congress


Janice Hahn
Member of Congress

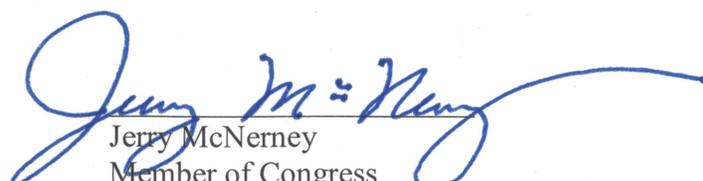

Jared Huffman
Member of Congress

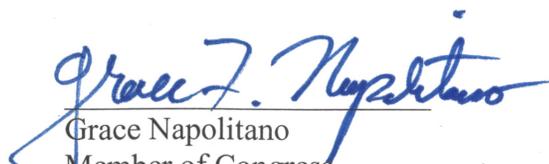

Barbara Lee
Member of Congress


Ted Lieu
Member of Congress


Alan Lowenthal
Member of Congress


Doris Matsui
Member of Congress


Jerry McNerney
Member of Congress


Grace Napolitano
Member of Congress


Scott Peters
Member of Congress

Lucille Roybal-Allard

Lucille Roybal-Allard
Member of Congress

Raul Ruiz
Raul Ruiz, M.D.
Member of Congress

Linda T. Sanchez
Linda T. Sanchez
Member of Congress

Loretta Sanchez
Loretta Sanchez
Member of Congress

Adam B. Schiff
Adam Schiff
Member of Congress

Brad Sherman
Brad Sherman
Member of Congress

Jackie Speier
Jackie Speier
Member of Congress

Eric Swalwell
Eric Swalwell
Member of Congress

Mark Takano
Mark Takano
Member of Congress

Mike Thompson
Mike Thompson
Member of Congress

Norma Torres
Norma Torres
Member of Congress

Juan Vargas
Juan Vargas
Member of Congress

Maxine Waters
Maxine Waters
Member of Congress





CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

September 2, 2016

Board of Directors
c/o Peter Lee, Executive Director
Covered California Health Benefit Exchange
1601 Exposition Boulevard
Sacramento, California 95815

Re: Consultation on Intent to Apply for a State Innovation Waiver under Section 1332 of the Affordable Care Act

Dear Mr. Lee:

I write today on behalf of the California Rural Indian Health Board (CRIHB), a network of 17 Tribal Health Programs that provide health care services to members of 27 Tribes throughout California and serving more than 19,000 patients who are eligible for Indian Health Services. Since 1969, CRIHB has been an ally in comprehensive health reform and a steadfast voice advocating for better access to health care and equitable delivery of health services to the American Indian/Alaska Native (AIAN), both in rural California and among the large urban Indian population.

CRIHB welcomes the opportunity to provide public comment on this major waiver proposal, required under legislation signed by Governor Jerry Brown: SB 10 (Lara), Chapter 22, Statutes of 2016. Therefore we respectfully submit the written comments below for your consideration.

Firstly, we applaud Senator Ricardo Lara's dedication and major policy accomplishment in winning legislative approval to offer health coverage for undocumented residents, a significant portion of the total population in California that remains uninsured under ACA rules, including individuals granted Deferred Action for Childhood Arrivals (DACA recipients).

Our primary concern is with the distribution of marketing resources and pent-up demand for health insurance. Although as described in the introduction to the Innovation Waiver application (page 2), adding the new qualified health plan offerings (California QHPs) through the State-based exchange will not become effective until January 1, 2018, for coverage beginning January 1, 2019: a few valid questions remain. Notwithstanding the time lag before full implementation, the plan for future expenditures leading up to the Open Enrollment period in 2018—as outlined in your Tribal Consultation webinar conducted August 8th—calls for retooling of marketing materials and a revamped media campaign to reach this newly eligible population and mixed-immigration status families, in order to encourage them to enroll in Covered California. At a time when California has finally recovered from state budget deficits, the time is also overdue for a new infusion of outreach and education dollars for other vulnerable groups. The AIAN population in the state represents the lowest percentage of monthly active enrollment in Covered California, standing at around 3,000 to 4,000 individuals and hardly budging since 2015.

As the Covered California staff and its External Affairs Division is well aware, barriers to enrollment among AIAN enrolled members of federally recognized tribes remain formidable, further compounded by confusion as a result of the unequal treatment of benefits and lack of cost sharing protections for the non-enrolled Indian population eligible for Indian Health Services.

Given the very low number of AIANs enrolled through Covered California, there is an urgent need for augmentation of outreach and education funds to increasingly target the AIAN population in the state. When assisting remote or hard-to-reach Tribal communities, there are significant expenditures of resources at the local level, such as the budgeting of designated staff, training time for benefit coordinators and outreach workers, enrollment activities, and community events at the Tribal health clinic or surrounding areas.

Against that backdrop of acute challenges, the restoration and full funding of a Tribal Community Mobilization program would assist Covered California in effectively interfacing with tribes. Part of that program used to include the lending of technical assistance to Covered California staff to remedy problems and troubleshoot procedures affecting AIAN enrollees.

Currently, in carrying out Senate Bill 75 (Chapter 18, Statutes of 2015) the state began reaching out to families with undocumented children to provide them full-scope Medi-Cal benefits (185,000 children). The State Budget also includes costs of \$820 million General Fund in 2016-17 to cover a decline in the federal share for the optional Medi-Cal expansion population. All laudable goals that we agree with; nonetheless, there continues to exist an imbalance in resources and desired results that need to be addressed if we are to successfully enroll AIANs in either Medi-Cal or Covered California plans. Hence, during the next two years CRIHB will call for the state's investment in the outreach and education budget of Covered California to be increased for the general AIAN population, which is suffering from the greatest disparities in health outcomes.

Conclusion

While CRIHB supports the State Innovation Waiver application under Section 1332 of the Affordable Care Act, and the expansion of coverage to new populations, we caution about the ongoing pressing need for outreach and enrollment activities within the AIAN community. We entreat the Board of Covered California to support an augmentation of funds that target our population, and to consider innovative ways to increase the enrollment and retention of AIAN and IHS-eligible persons. Please contact me at (916) 929-9761 or mark.lebeau@crihb.org if you have any questions in this regard.

Sincerely,



Mark LeBeau, PhD, MS
Chief Executive Officer

cc: Tribes and Tribal health programs affiliated with CRIHB



CHILDREN NOW



PICO California



August 16, 2016

Diana Dooley, Chair, Board of Directors
Peter Lee, Executive Director
Covered California
1601 Exposition Boulevard
Sacramento, CA 95815

Re: Draft Application for Section 1332 Waiver—SUPPORT

Dear Ms. Dooley and Mr. Lee:

Our organizations write in support of the draft application of Covered California for a Section 1332 waiver to permit undocumented Californians to purchase California Qualified Health Plans from Covered California. Put simply—this waiver proposal will help California kids.

As noted in the University of California Berkeley Labor Center’s analysis attached to the application, about 1,200 children will gain coverage through the proposed Covered California’s “California Qualified Health Plans” (or 6% of the estimated 17,000 individuals who will enroll in coverage as a result of this 1332 proposal). Furthermore, as also noted in the application, children already enrolled in coverage are more likely to get the preventive care they need once their parents also have coverage, contributing to a healthier population of California children.

This waiver proposal builds on the foundation of California’s ongoing commitment to cover the remaining uninsured. Just this year, California implemented a historic expansion of Medi-Cal coverage (SB 75). This expansion, coined Health4All Kids by community members and advocates, ensures that all low-income children in California, regardless of immigration status, qualify for comprehensive Medi-Cal coverage. After only three months into implementation, 133,000 children have already been enrolled into full coverage. This early success includes many of the children who would be newly eligible for coverage under this 1332 waiver opportunity.

Our organizations strongly support the application by Covered California for a Section 1332 waiver as another important step in creating a culture of inclusion and coverage for all California families. If we can be of any assistance to you in pursuing this federal waiver, please do not hesitate to ask.

Sincerely,

Ted Lempert
President
Children Now

Corey Timpson
Director
PICO California

Mark Diel
Executive Director
California Coverage & Health Initiatives

Mayra Alvarez
President
The Children’s Partnership

Peter Manzo
President & CEO
United Ways of California

Alex Johnson
Executive Director
Children’s Defense Fund–California

General Comment Received via E-mail

Comment

I am opposed to taxpayer money being used to assist illegal aliens in receiving healthcare. Those who are here illegally are not entitled to receive monies collected from citizen taxpayers that should be used for the needs of citizens.

As you know, Covered California faces large and getting larger premium increases each year, and the deductibles are now rising to the level of the OOP maximums. Clearly any monies available should be used to reduce the out of pocket costs for those who nominally have insurance but still can't afford to actually visit a doctor or have an expensive diagnostic test performed! Emphasis on expanding the narrow networks is also important.

Until and unless illegal aliens are decreed legal by federal standards, they should not be given citizen benefits. Beyond the direct cost, such an action will be a huge magnet for more illegals to stream into California from other countries as well as many already living in other states. This will crush the remaining jobs available at decent wages for the flagging middle class in California.

The same California government that wants to collect taxes to fund its programs should have an investment in protecting the wages of tax-paying citizens rather than contributing to a race to the bottom in wages paid to Californians and on an inversely progressive scale the taxes paid to the government to fund those programs. Expanding coverage to aliens and simultaneously destroying the tax base is nothing but a downward death spiral to economic failure and state bankruptcy.

Sincerely,

Curtis Philips



1764 San Diego Avenue, Suite 200 San Diego, CA 92110

Phone 619-471-2637 Statewide Toll Free 888-804-3536 HealthConsumer.org

September 2, 2016

Ms. Diana Dooley, Chair

Paul Fearer

Genoveva Islas

Marty Morgenstern

Art Torres

Covered California Board

Via email to 1332@covered.ca.gov

Dear Covered California Board Members:

We write to you in support of Covered California's State Innovation Waiver under Section 1332 of the Affordable Care Act. We are the Health Consumer Alliance, the designated statewide independent consumer assistance program for Covered California since its beginnings. For almost 20 years, the HCA has provided individual and policy advocacy to promote and protect the health care access rights of low- and moderate-income Californians.

The Covered California 1332 Waiver, seeking permission to offer mirror health plans, the California Qualified Health Plans (CQHP), on the state marketplace, fills a crucial void the health coverage landscape and we support its federal approval. This waiver only promotes and enhances health coverage, comprehensiveness, and affordability, and does not increase the federal deficit.

Specifically, we believe that California's proposal to waive Section 1311(d)(2)(B)(i) of the Affordable Care Act, which allows a health benefit exchange to offer only qualified health plans to qualified individuals, is an important innovation and is a model to other exchanges. *See* 42 U.S.C. § 18031(d)(2)(B)(i). Because the ACA definition of qualified individuals excludes persons who are not considered lawfully present, Covered California has previously been unable to allow certain immigrants the opportunity to buy insurance on the marketplace. This is particularly onerous for families who want to get health coverage for lawfully present family members but are excluded from applying for themselves, and for recipients of a work permit through the Deferred Action for Childhood Arrivals (DACA) program who are eligible for full-scope Medi-Cal but who have been excluded from purchasing Covered California health insurance if their income is above the Medi-Cal limit.

We do have one small technical change that we would make to the draft waiver application. On page 13 regarding the anticipated burden to insurers, the draft application states, "Health insurance issuers will also be required to prepare 1095-B forms for these [CQHP-enrolled] individuals." This is not an additional burden. Unless the type of coverage is subject to a 1095-A form (as in regular Covered California coverage) or another agency is responsible for filling out the 1095-B form (as in Medi-Cal),

insurance companies regularly have to fill this form out for their enrollees. IRS forms 1095 have become just another cost of doing business, not something particular to this population.

We commend and enthusiastically support Covered California's intention to offer new health insurance options to individuals who have been previously excluded from purchasing marketplace coverage because of their immigration status. This waiver is an important step in making sure in advancing the goals and ideals of health care access for all Californians.

If you would like to discuss our comments please contact Cori Racela at (310) 736-1646 or racela@healthlaw.org or Jen Flory at (916) 282-5141 or jflory@wclp.org.

Sincerely,

The Health Consumer Alliance

General Comment Received via E-mail

Kheir center in Los Angeles support 1332 waiver

Jongran Kim

Community Development Manager

Kheir Clinic-Patient Resources Department

Dear Covered California,

Thank you for your work and commitment to move the 1332 Waiver application forward. California continues to spearhead health rights for all, regardless of immigration status, through your support and leadership. Below are suggested edits for the application. Feel free to reach out for any questions or comments you may have.

Imelda S. Plascencia
Consultant, Health Policy Outreach Manager
Latino Coalition for a Healthy California



Suggested Edits for 1332 Waiver Application

PAGE 2

- **Comment:**
 - **Description of the Proposed Waiver Program**
 - Great comment to level the playing field and have access to the same process.

PAGE 3

- **Comment:**
 - **Impacted Populations and Demographics**
 - Great points about simplifying the shopping experience, how parent enrollment supports child utilization of services, the unfair barrier and the annual \$3 billion contribution in state and local taxes. This sentiment of support can be expanded into other areas of the application.

PAGE 5/6

- **Suggested Edit**
 - **Coverage Estimates under the Waiver Program:**
 - Using their assumptions that result in their best estimate, referred to as “preferred” in Appendix B, the CalSIM team estimates that approximately 17,000 Californians would gain coverage as a result of the waiver. ~~These people are expected to be uninsured in the absence of the waiver.~~ An increase of 17,000 individuals represents 0.7% of the current (2015) 2.3 million person individual market in California. 17,000 is a significant number of individuals that are otherwise expected to be uninsured in the absence of the waiver.
- **Reason and Logic:**
 - To bring the reader back to the main argument and humanize the experience of people without coverage.

- **Suggested Edit:**

- **Affordability for the Waiver Population**

This waiver program will allow undocumented Californians to purchase coverage through Covered California in CQHPs, which will be identical to QHPs.

Undocumented immigrants would have the benefit of purchasing coverage through a health insurance company with which Covered California has selectively contracted. The health insurers contracted with Covered California go beyond just offering the essential health benefits outlined by the Affordable Care Act. Covered California health insurance companies must also meet high standards of quality, affordability, and accountability as they compete in the marketplace. Because all Covered California health insurance companies are required to adhere to Covered California's patient-centered benefit plan designs for each metal tier, they must compete with one another based on premium, network, quality, consumer tools, and service.

In the absence of the waiver program, undocumented Californians are able to purchase health insurance coverage in the individual market outside the Exchange, but will not have the opportunity to shop under Covered California's patient-centered benefit plan and competitive metal tier. California state law requires that all QHP issuers offer mirrored plans that are identical to their QHPs outside the Exchange, and the Affordable Care Act requires that the same plan must be offered at the same rate outside the Exchange. As a result of these requirements, it is likely that most undocumented Californians who purchase coverage outside the Exchange are enrolling in products with similar premiums and cost sharing to those offered through Covered California. Affordability may be comparable, but buying out of the exchange complicates the shopping experience by not allowing an entire family to purchase coverage under the same plan. Additionally, federal subsidies are not available outside the Exchange and will also not be available to undocumented individuals through Covered California under the waiver program. Therefore, there is no expected change in affordability for this population.

- **Reason and Logic:**

- As it currently reads, the first paragraph highlights the great benefits of shopping under Covered California and then minimizes the market place by stating that the same offers are provided outside of the exchange.
 - The added sentences reiterate the benefit to purchase coverage under Covered California's patient centered benefit plan and emphasizes arguments for the waiver.



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identification purposes only*

EXECUTIVE DIRECTOR
Marielena Hincapié

August 23, 2016

Peter Lee, Executive Director
Covered California
1601 Exposition Blvd.
Sacramento, CA
Via-email to: 1332@covered.ca.gov

Re: Draft Application for Section 1332 Waiver

Dear Mr. Lee,

The National Immigration Law Center (NILC) works nationally to defend and advance the rights of low-income immigrants and their family members. NILC is headquartered in Los Angeles and is actively engaged in efforts to extend health coverage to all Californians.

NILC is among the signatories to the letter of support dated August 17, 2016. We are writing now with more detailed comments on the waiver application.

The waiver application should note the widespread public support for the proposal, and specifically the support of the California Association of Health Plans, California Association of Underwriters and California Medical Association, as expressed at the August 18th meeting of the Board of Directors.

Page 2: the penultimate paragraph talks about providing mixed status families 'a single door for plan shopping and selection.' It would be helpful to amplify this point by including a brief description of the Shop and Compare function.

Page 5: Parent 1 in scenario 5 is described as "lawfully present, resident 5+ years." The reference to length of residency should be deleted because it is irrelevant and a potential source of confusion.

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Page 11: The discussion in the first paragraph cites language and assimilation barriers as the reason average spending risk of undocumented immigrants is likely to be lower. This argument seems inconsistent with the purpose of the waiver application – people who purchase health care coverage should be able to use it to obtain culturally competent care. We recommend attributing the lower spending risk to the well-documented fact that first generation immigrants are healthier than the population as a whole. One source is: <http://www.nap.edu/catalog/21746/the-integration-of-immigrants-into-american-society>

Under Impact on Other Federal Programs, add immigrants to the list of communities targeted for outreach.

Page 13: The discussion of the anticipated burden on issuers states that they will be required to prepare Forms 1095 B for the beneficiaries of the waiver. Since these individuals will be obtaining coverage through an exchange, wouldn't they receive a 1095 A from Covered California?

Page 14: Under public input, change reference to California Immigrant Policy Collaborative to California Immigrant Policy Center. Also consider adding the Center on Budget and Policy Priorities and National Immigration Law Center, who were involved in development of the waiver concept.

Appendices: Appendix F is mislabeled.

Thank you, and the whole Covered California team, for your efforts toward making the waiver a reality.

Respectfully,
/s

Gabrielle Lessard
Senior Policy Attorney

Comment Received via E-mail

Public Comment re 1332 Waiver

This is to encourage the Covered California Board to support the 1332 waiver on the agenda for August 18, Item V-A. Immigrants deserve health care!

Peggy Elwell
Low-Income Self-Help Center



August 2016

Covered California

Via email to 1332@covered.ca.gov

Re: Public Comments in Support of Proposal to Waive ACA Requirements to Expand Access to Undocumented Individuals

Raising Women's Voices for the Health Care We Need is a national initiative working to ensure that the health care needs of women and our families are addressed as the Affordable Care Act is implemented. We have a special mission of engaging women who are not often invited into health policy discussions: women of color, low-income women, immigrant women, young women, women with disabilities, and members of the LGBTQ community.

RWV believes that healthy communities are the foundation of a safe and productive society. Healthy communities can only exist if we provide pathways for the meaningful involvement of all members. The ACA has provided millions of Americans with quality, affordable health insurance coverage. But without an ability to participate nationwide in ACA, Medicaid, and CHIP programs, immigrant women—who already face numerous barriers to both insurance and care—face severely restricted access to vital health care services. Moreover, excluding immigrant women and families from these programs will have lasting consequences by further restricting their access to important preventive care.

We believe the exclusion of immigrant women and families lacks policy justification and undermines the spirit and primary goal of the ACA, namely, expanding access to affordable health coverage for uninsured individuals. That is why we write in strong support of this first commonsense step in the long-term goal of universal access to coverage.

As noted in the waiver proposal, mixed-status families are common, yet current law requires them to break up their insurance shopping into multiple separate and often confusing processes, adding unnecessary complications and delays. We therefore strongly agree with the proposal's view that "providing a single door for plan shopping and selection would give mixed-status families a level playing field and access to the same streamlined process for accessing health coverage available to other families." We also note the long-established connection between insuring parents and insuring children.¹ The easier it is for parents to purchase insurance, the more likely children are to get covered.

¹ "Expanding Coverage for Parents Helps Children," Center on Budget and Policy Priorities and the Georgetown University Health Policy Institute Center for Children and Families, July 2013.

As California law already requires insurers to provide plans off the exchange that ‘mirror’ marketplace plans and as the proposed waiver would not change eligibility for premium tax credits, the impact of this waiver is likely to be minimal to the overall system. But for those affected, it will significantly reduce their burden in finding, applying for, and gaining coverage.

Sincerely,

Raising Women’s Voices for the Health Care We Need