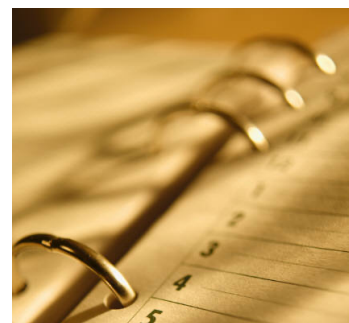


Though still early into the new year, the month of January already brought many surprises going into the new year. Earlier this month, advocates and many others working on healthcare issues saw the debate of health care reform dealt a disappointing hand when it failed to pass a final vote in the state Senate. Some pointed to fiscal cost while others voiced concerns related to policy issues, one thing quickly became clear -- AB x 1 1, the bill that would have ushered in a new way to do healthcare in California, was not going to be passing the state Senate through its Senate Health Committee, leaving many to wonder where we go from here, having come so close to accomplishing real reform.

On the heels of the losing AB x1 1 through its special legislative session that started last year, came the sinking realization that the state is, in fact, in a terrible financial state, to the tune of approximately \$14.5 billion dollars. Although some forewarning had started as early as last November, the state's poor fiscal situation became much clearer when it became clear that not only was the next fiscal year, which starts in July, in a terrible state, some cuts would need to be made now in order to avoid a cash flow problem for California. This paved the way for the yet another special session, this one to deal with the state's budget problem. Over the month of January, with debate having continued on health care reform, bills that have been marked two-year bills needing to clear a legislative deadline of January 31<sup>st</sup> (for an update of those bills, please see the last page) and the Governor's call for a 'Third Extraordinary Special Session' to deal with the state's budget (please stay tuned for a full LCHC analysis), one thing was clear -- 2008 was definitely off to a running start.



## Issue Update on Prescription Medications – *Helping California's Latinos*

On October 11, 2007, Governor Arnold Schwarzenegger signed into law SB 472 (Corbett), first in the nation legislation that convenes the California State Board of Pharmacy to develop a standardized, easily readable and patient-friendly prescription drug label for use in pharmacies throughout the state. The Board of Pharmacy will also consider how to better serve Limited English Proficient patients. This bill is a major victory for the millions of Californians with poor vision, low medical literacy, and limited English proficiency. The Latino Coalition for a Healthy California, along with Gray Panthers California and the Senior Action Network worked long and hard as co-sponsors of this bill and are committed to seeing the intent of this bill manifested onto our prescriptions in a timely and consumer-driven way. A link to the bill is available at: [http://www.leginfo.ca.gov/pub/07-08/bill/sen/sb\\_0451-0500/sb\\_472\\_bill\\_20071011\\_chaptered.pdf](http://www.leginfo.ca.gov/pub/07-08/bill/sen/sb_0451-0500/sb_472_bill_20071011_chaptered.pdf)

### Spotlight On:

### Latinos & Prescription Drug Medications

- ◆ Latinos have higher prevalence rates for chronic conditions, such as diabetes and cardiovascular disease.
- ◆ Latinos are twice as likely to suffer from diabetes as non-Latino whites and face increasing rates of Type 2 diabetes in adolescents.
- ◆ Latinos are 50% more likely than whites to not purchase or skip medication due to their inability to afford prescription drugs.
- ◆ Latinos are less likely to receive or use needed medications, including drugs for asthma; cardiovascular disease; HIV/AIDS; mental illness; or pain due to fractures, surgery, and cancer.

### How will California create a standardized prescription drug label?

The Board of Pharmacy is organizing a series of meetings throughout the state in 2008 to incorporate the input of consumers and stakeholders into the labeling process, and is ensuring LCHC that community advocates are thoroughly involved. The Board has appointed 5 of its members to a subcommittee to investigate prescription drug labeling, and they will hold 5 to 6 meetings to hear from the public, professionals, and advocates. The first meeting will be held on Saturday, April 12 in the Fremont/Bay Area region, as time to hear from attendees about their problems with their prescription drug labels and the consequences of those issues. The Board must take into account all public testimony, as well as written testimony sent to the Board as their final recommendations for implementing administrative law to improve drug labels.

### How you can get involved:

The rest of the nation is looking to California as leaders in serving non-English speakers, and the only way to make this work is if all stakeholders are involved. LCHC is working with the Board of Pharmacy to engage the Latino community in this important process. Help California's Latinos get better prescription drug labels and attend meetings, provide testimony, send in written comment, and engage your communities in this effort. If you have any questions or concerns, please contact Vanessa Cajina, LCHC's Regional Networks Coordinator, at [vcajina@lchc.org](mailto:vcajina@lchc.org) or at (916) 448-3234.

# 2008 Legislative Issues

## Improving Access through California's School Health Centers:

Despite the continued focus on health and healthcare reform both nationally and at the state level, the facts remain the same – California continues to lead the nation in the number of uninsured. For a state as geographically large as California, the number of uninsured translates into millions that go without access to quality or affordable healthcare. It is estimated that nearly 5 million Californians are uninsured at any given time with some estimates as high as 6.6 million Californians.

Unfortunately, Latinos continue to compromise the majority, representing 57% of the uninsured despite high work participation rates. While employer-provided health care coverage has been generally decreasing, Latinos often face lower rates of employer-provided health care coverage. Unfortunately, the uninsured are not only adults. In fact, 20% of California's uninsured are children. Seventy-one percent of California's uninsured children are in families where the head of household works full-time, all year.

### What are school health centers?

California's safety net – comprised of public hospitals and community clinics – has proved critical in reaching and treating many of the millions of uninsured in California. Like traditional community clinics, school health centers today provide primary and mental health care, health education, and dental care at no-or low-cost to the patient. Over the years, California's safety net has, in fact, become a trusted venue for Californians to access health care services.

Today, there are 146 existing school health centers that are based on or near schools. These centers are often capable of providing patients with a medical home where preventive and other critical services can be provided. With a natural target of school-aged children, the link between school and health may become an increasingly important one, particular on the issue of prevention. LCHC supports efforts, such as the expansion of school health centers, which increase options for Medi-Cal enrollees as well as others who are uninsured or underinsured.

### Update on SB 564 (Ridley-Thomas)

Throughout the last year, LCHC has kept you updated on Senate Bill 564 authored by Senator Mark Ridley-Thomas that would expand the number of school health centers in the state through providing start up and planning grants. School health centers would increase access for many of the most vulnerable, particularly children. As this issue continues moving forward in the next legislative year, LCHC will continued to keep you posted on this and other efforts related to increasing access to care for California's uninsured children and adults.

## Preparing for California's Healthcare Workforce – Setting a Master Plan

According to the last census, Latinos represent a third of California's population, totaling over 11 million Californians, with one out of every two children born being Latino. According to more recent estimations, Latinos are projected to become the majority of the state's population in the next forty years. In fact, the California Department of Finance recently released findings that shows that Latinos are expected to become 52% of the state's population by 2042. Not surprisingly, Latinos will also become the majority of those that California will have to educate in the next generation, becoming the majority of those California's K-12 educational system. In fact, Latino children will become the state's majority at much a earlier age, representing nearly half of all school-aged children (ages 5-19) by 2020.

California's healthcare workforce is among the fastest growing industries both nationally and statewide, particularly in Allied Health. In fact, Allied Health – all those health professions other than doctors, dentists and nurses – is expected to remain as one of the top 30 fastest growing jobs in the U.S. through 2010 and already represents 60% of the nation's healthcare workforce. Unfortunately, many healthcare professions currently are, or are projected to experience shortages in their professions. Despite an increasing demand in many professions, California lacks a sufficiently trained workforce to meet this demand.

### What is HWDAC?

In early 2007, California's Office of Statewide Health Planning and Development (OSHPD), charged with promoting a diverse and competent healthcare workforce, convened the Healthcare Workforce Diversity Advisory Council (HWDAC), made up of healthcare professionals, healthcare organization, education and training leaders and consumers, that would develop policy strategies for implementation at the state level that were developed through regional hearings that invited feedback from community members through regional hearing that were conducted throughout the state.

### What are the next steps?

The Advisory Council has completed the regional hearings and is in process of releasing its policy findings. One issue that has become apparent is the lack of an overall long-term master plan for developing the state's healthcare workforce, including the need to identify areas for projected shortages in the healthcare workforce, including allied health professionals. Over the next month, LCHC will continue to work developing California's healthcare workforce, including a further review of the recommendations to be released through HWDAC. LCHC will keep you posted.

## Update on 2-Year Bills:

Bill No. & Author	Description	Status
SB 564 (Ridley-Thomas)	<i>CA School Health Centers</i> Expands the number of school health centers through creation of a statewide grant process.	Passed Assembly Appropriations
SB 840 (Kuehl)	<i>California Universal Healthcare Act (Single-Payer Healthcare Coverage)</i> Expands Medi-Cal & Healthy Families Program to cover all children below 300% FPL.	Held in Assembly Appropriations
AB 1 (Laird)	<i>Healthy Families Buy-In Program</i> Creates the CA Healthcare System with all CA residents eligible for benefits.	Held in the Senate
SB 32 (Steinberg)	<i>Healthy Families Buy-In Program</i> Senate version of AB 1, SB 32 would extend eligibility to all children below 300% of FPL.	Held in the Assembly
AB 898 (Saldaña)	<i>Obesity Prevention and Nutrition Education</i> Would provide obesity prevention grants for <i>Promotores</i> program in school health centers.	Failed Jan. 31 <sup>st</sup> deadline
AB 17 (Emmerson)	<i>Dental Underserved Account, CA Dental Corp Loan Repayment</i> Establishes the Dental Underserved Account in order to fund dentist loan repayments.	Held in Senate Business & Prof Committee
SB 325 (Scott)	<i>Educational and Economic Goals for CA Higher Education</i> Establishes an accountability framework to assess state's postsecondary education.	Held in Assembly Higher Ed Committee

Unlike a traditional calendar year, California's legislative calendar actually runs in two-year cycles, meaning that one full formal legislative session actually extends two years, usually beginning on an odd year and ending on an even year.

For these bills that undergo the legislative process and become 2-year bills, many can be "held over", meaning that they can be placed on hold by request of the author of that legislation. This essentially suspends that bill wherever it is at during. Bills that are held over into the second year face one additional obstacle in January of the following year, where they must be successfully passed out of the house (either Senate or Assembly) from which they originate in and face a statutory deadline of the end of January. For bills that do not successfully pass the January 31<sup>st</sup> deadline are often deemed dead and cannot continue in the legislative process.

Here is a list of those bills that were held over from 2007 that will continue through the legislative process. These bills will join all other bills introduced in the normal 2008 legislative process and must still successfully meet all other relevant deadlines.

### Next Deadline:

#### **February 22<sup>nd</sup> –**

Last day to introduce legislative bills

All ideas must be converted into bills by having individual Senators or Assemblymembers who are deemed "authors" of the legislation submit legislative language, otherwise referred to as "crossing the desk", based on the physical act of turning in the language. Once submitted, the idea officially becomes a bill and it begins the legislative process.

You are receiving this Policy Update via LCHC's Rapid Response Network. If you would like to become an LCHC member, please visit our website at [www.LCHC.org](http://www.LCHC.org).

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## JOIN THE LATINO COALITION FOR A HEALTHY CALIFORNIA

*The Latino Coalition for a Healthy California, a non-profit, public policy and advocacy organization dedicated to improving the health of Latinos, invites you to become a member. As a member, you will become part of a larger movement of professionals, medical providers, legislative staff and others interested in advancing the health of Latinos.*

RRN – Jan 08

### LCHC Membership

Benefits of dues-paying members of the Latino Coalition include the following:

- Subscription to monthly LCHC newsletter
- Discounts on registration fees to all LCHC events, including the biennial conference
- Invitations to all LCHC events, including legislative and community briefings
- Monthly electronic updates on legislative and budget issues
- Inclusion in the Rapid Response Network, LCHC's email listserv regarding pressing legislative issues
- Advanced release of select LCHC policy briefs
- Technical assistance with questions regarding legislative and budget issues
- Opportunity to participate in local health forums, such as the LCHC Regional Networks
- Inclusion in a Latino professional's online directory (Community Rolodex)
- Building a long-term relationship with companies and organizations that support Latino health
- Sharing information and collaborating in projects with other health professionals.

### Affiliate Membership – Rapid Response Network

Affiliate members of LCHC do not pay dues and are included in the Rapid Response Network, LCHC's email list serve that provides up-to-date information regarding pressing health legislation and events. Affiliate members do not receive the other benefits of dues-paying members.

☒ Check the following

☐ I would like to become a dues-paying member of LCHC.

☐ I would like to become an affiliate member and be added to the Rapid Response Network (free).

### Membership Fees

☐ \$35 Student

☐ \$50 Individual

☐ \$150 Non-Profit

☐ \$1,500 Corporate

If you would like to become an LCHC member or an affiliate member, please email, fax or call with the following information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Security Code (3-4 digits on back of card): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**OR SIGN-UP ONLINE AT [WWW.LCHC.ORG](http://WWW.LCHC.ORG)**

**Please make all checks payable to the Tides Center/LCHC.** The Latino Coalition for a Healthy California does not share its lists.

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