



County of Santa Cruz

BOARD OF SUPERVISORS

701 OCEAN STREET, SUITE 500, SANTA CRUZ, CA 95060-4069

(831) 454-2200 FAX: (831) 454-3262 TDD: (831) 454-2123

JANET K. BEAUTZ
FIRST DISTRICT

ELLEN PIRIE
SECOND DISTRICT

MARDI WORMHOUDT
THIRD DISTRICT

TONY CAMPOS
FOURTH DISTRICT

JEFF ALMQUIST
FIFTH DISTRICT

AGENDA: 5/1/01

April 19, 2001

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

RE: ASSEMBLY BILL 130 - THE COMPREHENSIVE
PREVENTIVE HEALTH SCREENING ACT

Dear Members of the Board:

I am attaching to this letter a request I received from Cynthia Mathews on behalf of the Reproductive Rights Network of Santa Cruz County asking the Board of Supervisors to take a position in support of Assembly Bill 130. Assembly Bill 130, authored by Assembly Member Cardenas, would expand the California Family PACT Program to provide preventive health care to all uninsured women under the age of 65, with incomes below 200% of the federal poverty level. Currently, low-income women who are no longer in need of family planning services, for example women who have selected sterilization or who have reached menopause, find themselves without affordable health care. Statewide, over two million women are uninsured and without a source of preventive care services. This bill would extend to them services such as Pap smears and mammograms.

Assembly Bill 130 will help our local Health Services Agency clinics, as well as the local community, to improve women's health by filling in some of the gaps that now exist in basic health services. Accordingly, I recommend that the Board of Supervisors take the following actions:

1. Adopt the attached resolution supporting Assembly Bill 130.

BOARD OF SUPERVISORS
April 19, 2001
Page 2

2. Direct the Clerk of the Board to distribute the resolution as indicated.
3. Direct the County Administrative Officer to place the Bill in our legislative tracking system.

Sincerely,

A handwritten signature in black ink that reads "Mardi Wormhoudt". The signature is written in a cursive, flowing style.

MARDI WORMHOUDT, Supervisor
Third District

MW:pmp
Attachments

cc: Reproductive Rights Network
Health Services Agency Administrator
Public Health Commission
Women's Commission
Women's Health Center

2853C3

BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA

RESOLUTION NO.

On the motion of Supervisor
duly seconded by Supervisor
the following resolution is adopted

RESOLUTION IN SUPPORT OF ASSEMBLY BILL 130
THE COMPREHENSIVE PREVENTIVE HEALTH SCREENING ACT

WHEREAS, Assembly Bill 130 would expand the California Family PACT Program to provide preventive health care to all uninsured women with incomes below 200% of the federal poverty level; and

WHEREAS, two million California women are uninsured and have no source of preventive services, such as Pap smears and mammograms; and

WHEREAS, 19% of women ages 40-54 and 20% of women ages 55-64 are uninsured and 80% of uninsured women are in working families; and

WHEREAS, among the 2.1 million uninsured California women 18-64, 33% are Latinas, 14% are White, 19% are African American, and 21% are Asian American; and

WHEREAS, lack of insurance delays women's entry into the health care system; and

WHEREAS, preventive care services save women's lives and without these services, women are at risk; and

WHEREAS, Pap tests have resulted in a 40% reduction in invasive cervical cancer during the past 40 years; and

WHEREAS, uninsured women ages 46-64 are more than twice as likely as women with coverage to have not had a Pap test, and 51% of uninsured women report their last Pap test was over three years ago; and

WHEREAS, early prevention services save women's lives and Assembly Bill 130 would make a big contribution in providing access to primary preventive health care services.

NOW, THEREFORE, BE IT RESOLVED that the Santa Cruz County Board of Supervisors hereby supports Assembly Bill 130 and urges its passage by the California Assembly and Senate.

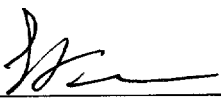
PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz, State of California, this _____ day of _____, 2001, by the following vote:

AYES: SUPERVISORS
NOES: SUPERVISORS
ABSENT: SUPERVISORS

TONY CAMPOS, Chairman
Board of Supervisors

ATTEST: _____
Clerk of said Board

Approved as to form:



County Counsel

DISTRIBUTION: Reproductive Rights Network
Health Services Agency Administrator
Public Health Commission
Women's Commission
Women's Health Center
County Counsel

INTRODUCED BY Assembly Member Cardenas

JANUARY 22, 2001

An act to amend Sections 24000, 24001, 24007, 24011, 24013, and 24021 of, to amend the heading of Division 24 (commencing with Section 24000) of, and to add Section 24028 to, the Welfare and Institutions Code, relating to health.

LEGISLATIVE COUNSEL'S DIGEST

AB 130, as introduced, Cardenas. Public social services: the Family Planning Access Care and Treatment Program.

Existing law establishes in the State Department of Health Services the State-Only Family Planning Program to provide comprehensive clinical family planning services to low-income men and women. Existing law authorizes the State Department of Health Services to adopt procedures necessary for the review of grievances or complaints by providers concerning the processing of claims or payment of moneys.

"his bill would rename the program the Family Planning Access Care and Treatment Program, also to be known as the Family PACT Program, and would expand the program to include the provision of specified preventive health services to low-income women under 65 years of age.

The bill would require the review of grievances or complaints by providers and hearings conducted by the department regarding a person's eligibility or receipt of services under the program to be consistent with the Medi-Cal program.

"his bill would require the department to develop a plan to identify and merge existing screening programs into a comprehensive preventive health screening program for uninsured individuals whose incomes do not exceed 200% of the federal poverty level.

'Tote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The heading of Division 24 (commencing with Section 24000) of the Welfare and Institutions Code is amended to read:

DIVISION 24. ~~STATE ONLY~~ FAMILY PLANNING
ACCESS CARE AND TREATMENT PROGRAM

SEC. 2. Section 24000 of the Welfare and Institutions Code is amended to read:

24000. There is established in the State Department of Health Services the ~~State-Only Family Planning~~ Access Care and Treatment Program to provide comprehensive clinical family planning services to low-income men and women , and to provide specified preventive health services to low-income women . This division shall be known and may be cited as the ~~State-Only Family Planning~~ PACT Program.

SEC. 3. Section 24001 of the Welfare and Institutions Code is amended to read:

24001. (a) (1) For purposes of this division, "family planning" means the process of establishing objectives for the number and spacing of children, and selecting the means by which those objectives may be achieved. These means include a broad range of acceptable and effective methods and services to limit or enhance fertility, including contraceptive methods, natural family planning,

abstinence methods and basic, limited fertility management. Family planning services include, but are not limited to, preconception counseling, maternal and fetal health counseling, general reproductive health care, including diagnosis and treatment of infections and conditions, including cancer, that threaten reproductive capability, medical family planning treatment and procedures, including supplies and followup, and informational, counseling, and educational services. Family planning shall not include abortion, pregnancy testing solely for the purposes of referral for abortion or services ancillary to abortions, not including contraceptives, or pregnancy care that is not incident to the diagnosis of pregnancy.

2) Family planning services for males shall be expanded to include laboratory tests for sexually transmitted infections and comprehensive physical examinations. Within 60 days of approval of the Family Planning, Access, Care, and Treatment (Family PACT) Waiver Program, provided for pursuant to subdivision (aa) of Section 14132, the department shall seek to amend the waiver to add this expansion.

The implementation of this paragraph shall be dependent upon federal approval and receipt of federal financial participation.

b) For purposes of this division, "preventive health services" means services designed to screen, diagnose, or prevent diseases or conditions that contribute to morbidity and mortality for women under 65 years of age. "Preventive health services" include, but are not limited to, history, physical examinations, laboratory tests, colposcopy, prevention, and treatment for sexually transmitted infections, and education and counseling.

(c) For purposes of this division, "department" means the State Department of Health Services.

SEC. 4. Section 24007 of the Welfare and Institutions Code is amended to read:

"4007. ~~(a)~~ The department shall determine the scope of benefits for the program, which shall include, but is not limited to, the following:

~~1)~~

(a) Family planning related services and male and female sterilization. Family planning services for men and women include emergency and complication services directly related to the contraceptive method and followup, consultation and referral services, as indicated, which may require treatment authorization requests.

~~2)~~

(b) All United States Department of Health and Human Services, Federal Drug Administration-approved birth control methods, devices, and supplies that are in keeping with current standards of practice and from which the individual may ~~choose~~.

~~3)~~ choose, and condoms for pregnancy prevention and prevention of sexually transmitted infections.

(c) Culturally and linguistically appropriate health education and counseling services, including informed consent; psychosocial and medical aspects of contraception, sexuality, fertility, pregnancy, and parenthood; infertility; reproductive health care; preconceptual and nutrition counseling; prevention and treatment of sexually transmitted infection; use of contraceptive methods, devices, and supplies; possible contraceptive consequences and followup; interpersonal communication and negotiation of relationships to assist individuals and couples in effective contraceptive method use and planning families.

~~4)~~

(d) A comprehensive health history, updated at the next periodic visit (between 11 and 24 months after initial examination) that includes all of the following:

(1) For females, a complete obstetrical history, gynecological history, contraceptive history, personal medical history, health risk factors, and family health history, including genetic or hereditary conditions.

~~5)~~

(2) For males, a male reproductive health assessment and personal medical history.

(e) A complete physical examination ~~on initial and~~

~~subsequent periodic visits~~

~~b) Benefits under this program shall be effective in 30 days after notice to providers, but not sooner than January 1, 1997~~

0075

'f) Preventive health services for women under 65 years of age. These services shall include services related to family planning, menopause, and osteoporosis; other related services: and the screening and diagnosis of breast, ovarian, endometrial, and cervical cancers.

SEC. 5. Section 24011 of the Welfare and Institutions Code is amended to read:

24011. (a) Providers shall submit claims for reimbursement for services provided on or after January 1, 1997, or receipt of notice from the department, whichever is later, and covered by this program, to the fiscal intermediary of the department for payment. Charges and individual information shall be submitted on the form or in the format specified by the department for the ~~state only family planning program~~ Family PACT Program, and providers shall be reimbursed at the rates established for those services by the department.

(b) The department shall use existing contractual claims processing services in order to promote efficiency and to maximize use of funds.

(c) Claims for ~~state only family planning~~ Family PACT Program services provided through prescription, including laboratory and pharmaceutical, shall be reimbursed in a manner determined by the department. Eligible individuals shall not be charged for any ~~state only family planning~~ Family PACT Program laboratory or pharmaceutical services.

(d) Claims for method-related complications requiring approved treatment authorization requests shall be reimbursed regardless of category of medical service.

(e) Providers shall submit claims for reimbursement for preventive health services provided on or after January 1, 2002, or receipt of notice from the department, whichever is later, and covered by the program, to the fiscal intermediary of the department for payment. Charges and individual information shall be submitted on the form or in the format specified by the department. Providers shall be reimbursed at the rates established for those services by the department and in a manner consistent with family planning services.

SEC. 6. Section 24013 of the Welfare and Institutions Code is amended to read:

24013. ~~(a) Notwithstanding any other provision of law, the department may adopt any procedures as are necessary for the~~

The review of a grievance or complaint concerning the processing of claims or payment of moneys alleged by a pro-rider of services to be payable by reason of any of the provisions of this division ~~—~~

~~(b) Any applicant for or recipient of services under the state only family planning program shall have a right to a hearing conducted by the department regarding the person's eligibility or receipt of services. A proposed decision from the administrative law judge shall be submitted to the State Director of Health Services for adoption, modification, or rehearing. The decision of the director shall be final. A person shall not have a right to contest changes made to the eligibility standards or benefits of the state only family planning shall be consistent with the Medi-Cal program.~~

SEC. 7. Section 24021 of the Welfare and Institutions Code is amended to read:

24021. The department shall conduct an evaluation of the effectiveness and efficiency of the program, including expanded access and reduction of unintended pregnancies, and shall report to the Legislature by no later than January 1, 2000. The department may use local assistance funds allocated to the ~~State Only~~

Family Planning PACT Program for the evaluation of the program.

SEC. 8. Section 24028 is added to the Welfare and Institutions Code, to read:

24028. The department shall develop a plan to identify and merge existing women's health screening programs into a comprehensive preventive health screening program for uninsured individuals whose incomes do not exceed 200 percent of the federal poverty level.

0076

Apr-17-01 01:00P ppmn SCZ Admin

18314250217

P.02

Reproductive Rights Network

0077

of Santa Cruz County
PO Box 8305, Santa Cruz, CA 95061
Phone 831/425-1551 Fax: 831/425-0217

April 17, 2001

Supervisor Mardi Wormhoudt
701 Ocean St.
Santa Cruz, CA 95060

Dear Mardi,

I'm writing on behalf of the Reproductive Rights Network of Santa Cruz County to ask that the Board of Supervisors take a position in support of AB 130, a bill currently before the California State Legislature that would dramatically improve access to basic health care services for low income women.

Specifically, this bill would expand the California Family PACT Program to provide preventive care to all uninsured women with incomes below 200% of the federal poverty level. Currently, Family PACT (Planning Access, Care and Treatment) provides comprehensive family planning services to low-income women. AB 130 would extend this program to provide preventive health services or an annual exam to women no longer in need of family planning, for example those who have selected sterilization or reached menopause.

As your Board is well aware from the recent HSA report on this subject, the challenge of ensuring adequate medical care for low-income, uninsured residents has reached staggering proportions. Statewide, two million women are uninsured and have no source of preventive care services such as pap smears and mammograms. Most of these women are from working families; roughly half of them have been without insurance for over 5 years, or have never had health insurance coverage. Latinas are disproportionately affected.

Local community clinics and HSA clinics do their best to meet the medical needs of this population, but it puts a strain on limited resources. Because of their below-cost fees for low-income clients, clinics take a loss on the services they provide, and clients may postpone or avoid care because of even the modest sliding scale fees.

Extension of Family PACT coverage as outlined in AB 130 would make a big contribution toward filling the gaps in basic healthcare for the uninsured. I have enclosed a fact sheet on this legislation, letters of support from both Planned Parenthood and the Santa Cruz Women's Health Center, and a membership list for the Reproductive Rights Network. Please feel free to contact me if you have any further questions about this bill.

Sincerely,


Cynthia Mathews

Apr-17-01 01:00P ppm SCZ Admin

18314250217

P.03

Reproductive Rights Network of Santa Cruz County

0078

2001 MEMBER ORGANIZATIONS

AAUW: American Assoc. of University Women, Santa Cruz

AAUW: American Assoc. of University Women, Watsonville

ACLU: American Civil Liberties Union, Santa Cruz County

BAYMEC

Central Coast Clinicians

Choice Medical Group

CPVAW: Commission for the Prevention of Violence Against Women, City of Santa Cruz

Community Action Board

Democratic Central Committee, Santa Cruz County

Democratic Women's Club

Education, Training, Research: ETR

Environmental Council

Family Health Education Center

Food and Nutrition Services

Health Care for All

International Health Programs

Kolaynu: Santa Cruz County New Jewish Agenda

League of Women Voters, Santa Cruz

Midwives of Santa Cruz County

Na'amat USA

Pajaro Valley Democratic Club

Pajaro Valley Community Health Trust

People's Democratic Club

Planned Parenthood Mar Monte

Population Services International

Republicans for Choice of Monterey Bay

Resource Center for Nonviolence

Salud Para la Gente

San Lorenzo Valley Democratic Club

SCAN: Santa Cruz Action Network

SCAP: Santa Cruz AIDS Project

Santa Cruz Community Credit Union

Santa Cruz County Family Planning

Santa Cruz County Human Services Commission

Santa Cruz County Women's Commission

Santa Cruz Women's Health Center

SEIU: Service Employees International Union, Local 415

Sierra Club, Santa Cruz Regional Group

Sutter Maternity and Surgical Center

United Nations Association of Santa Cruz County

UCSC Women's Center - Policy Board

Valley Women's Club

Walnut Avenue Women's Center

WeLISN: Welfare and Low Income Support Network

Women Lawyers of Santa Cruz

Women's Clinic Staff - UCSC Health Center

Women's Crisis Support

WILPF: Women's International League for Peace & Freedom

YWCA of Watsonville

ZPG: Zero Population Growth, Santa Cruz/Monterey

REPRODUCTIVE RIGHTS NETWORK,
PO BOX 8305, SANTA CRUZ, CA 95061
PHONE: 425-1551X29 OR 425-2356

0079



California Family Health Council, Inc.

AB 130 (Cardenas)

The Comprehensive Preventive Health Screening Act

This bill would:

Expand the California Family PACT Program to provide preventive health care to all uninsured women with incomes below 200% of the federal poverty level (FPL). Currently, Family PACT (Planning Access Care and Treatment) Program provides comprehensive family planning services to low-income women. AB 130 would continue to provide preventive health services or an annual exam to women no longer in need of family planning, for example, women that have selected sterilization or reach menopause. AB 130 expands eligibility to uninsured women up to age 65.

WHY California Family Health Council Supports AB 130:

Two million California women are uninsured and have no source of preventive care services, such as pap smears and mammograms.

An alarmingly high number of women in California are uninsured- 19% of women ages 40-54 and 20% of women ages 55-64 are uninsured. The vast majority (80%) of uninsured women are in working families.¹

In 1995, 2.1 million California women between the ages of 18-64 were uninsured. Among these women, the majority are Latinas (33%), 14% are White, 19% are African American, and 21% are Asian American.²

Even worse, these women remain uninsured for long periods. 45% of uninsured women ages 30-44 and 55% of women ages 45-64 have been uninsured for more than five years or have never been insured.³

¹ *The State of Health Insurance in California, 1998*. Helen Halpin Schauffler, PhD and E. Richard Brown, PhD. UCLA Center for Health Policy Research.

² *Ensuring Health Access for Latinas*. The Latina Health Policy Project: Latino Coalition for a Healthy California, January 1999.

³ *The State of Health Insurance in California, 1998*. Helen Halpin Schauffler, PhD and E. Richard Brown, PhD. UCLA Center for Health Policy Research.

0080

Lack of insurance delays women's entry into the health care system.

Uninsured women are disproportionately young, with 38% under the age of 30 and an additional 35% between the ages of 30 and 44. Lack of coverage limits their access to important preventive care, reproductive health care, and acute care needs -- the primary health care needs for women in this age group.

Uninsured women are more likely than their insured counterparts to delay seeking care because of cost. Nearly three out of 10 uninsured women (28%) reported a delay in care during the past year due to cost concerns.

Women make up three-fifths of all adults living in poverty: 13% of all women. The rate for white women was 9.8%, for African American women, 28.9%, for American Indian 29.2%, for Hispanic women 24.3%, and Asian American, 12.8%.⁴

Although over 8 in 10 African Americans are in working families, employer sponsored health insurance remains substantially lower than that of whites - 53% vs. 73%, even in a strong economy that had helped to improve access to job-based health benefits for some.⁵

Despite high levels of employment, nearly 60% of Latinos live in families with incomes below 200% of the poverty level compared to 23% of whites.⁵

Preventive care services save women's lives -without access to these services, women are at risk.

Pap tests have resulted in a 40% reduction in invasive cervical cancer during the past 40 years. However, 37% of black women, 43% of Hispanic women, 44% of white women, and 55% of Asian women reported no Pap smear in the past year.⁶

Uninsured women ages 46-64 are more than twice as likely as women with coverage to have *not* had a recent Pap test. 51% of uninsured women report their last Pap test was over three years ago.⁷

Even though Latinas experience rates of cervical cancer that are three times higher than those of White women, they are the least likely to be screened by accessing regular pap tests.⁸

⁴ Population Reference Bureau, Inc. *What the 1990 Census Tells Us About Women*. 1990.

⁵ *Racial and Ethnic Disparities in Access to Health Insurance and Health Care*. 2000. E. Richard Brown, Victoria D. Ojeda, Roberta Wynn, and Rebecca Levan. UCLA Center for Health Policy Research.

⁶ National Institutes of Health, *Women of Color Health Data Book*, Bethesda, Maryland: 1998.

⁷ *Women at Risk in California: A Charthbook on Health Insurance Coverage and Access to Care*

⁸ *Ensuring Health Access for Latinas* The Latina Health Policy Project: Latino Coalition for a Healthy California, January 1999.

Apr-17-01 01:01P ppmm SCZ Admin

18314250217

P-06



0081

1119 Pacific Avenue
Suite 210
Santa Cruz, CA 95060
831. 425. 1551
831. 425. 0217 fax

February 22, 2001

Assembly Member Tony Cardenas
State Capitol Building
Room 6026
Sacramento, CA 95814

RE: SUPPORT FOR AB 130 (Cardenas)

Dear Assembly Member Cardenas

On behalf of Planned Parenthood Mar Monte, the largest Planned Parenthood affiliate in the nation serving twenty-seven California counties, I am pleased to express our support for your bill, AB 130, and to thank you for authoring this important piece of legislation. As you know, this bill will expand the California Family PACT Program to provide preventive health care to all uninsured women under the age of 65, and with incomes below 200% of the federal poverty level.

As primary care givers for tens of thousands of low-income women annually, we are on the front line of seeing the impact of current gaps in the state's health care system. Low-income women seeking family planning and preventive health care now have excellent access to care, thanks to the state's Family PACT Program.

But low-income women who are no longer in need of family planning services, e.g. women who have selected sterilization or who have reached menopause, find themselves without affordable health care. Uninsured women ages 46 - 64 are more than twice as likely as women with coverage to not have had a recent Pap test. Women of color are disproportionately impacted, as 57% of African American and Hispanic women do not currently get preventive health services.

Early preventive services can save women's lives. AB130 is a critical step toward improving women's health in California by ensuring that working low-income women have access to primary preventive health care services.

Thank you again for authoring AB 130. We are pleased to be included as endorsers of this legislation, and urge the State Legislature to pass this bill as swiftly as possible.

Sincerely,

A handwritten signature in black ink, appearing to read 'Cynthia Mathews', written over a printed name and title.
Cynthia Mathews
Associate VP for Public Affairs

Apr-17-01 01:01P ppm SCZ Admin

18314250217

P.07

0082



March 13, 2001

Assembly Member Tony Cardenas
State Capitol, Room 6026
Sacramento, CA 95814

Dear Assembly Member Cardenas:

Re: Support for AB 130

On behalf of the Santa Cruz Women's Health Center, I am writing to express our support for **your bill**, At3 130, **and** to thank you for authoring this important piece of legislation. As you know, this **bill** will expand the **California** Family PACT program to provide preventative **health** care to all uninsured women under the age of 65 and with incomes below 200% of the federal **poverty level**.

The Family PACT program allows us to provide more than 600 patient visits each year to women who have very limited access to healthcare. It has meant the difference between going without reliable birth control and routine preventative care for many young women in our community. California's current health care system for low-income working women is insufficient. By taking this step of expanding Family PACT covered services to all uninsured low income women under the age of 65 the state will take a critical step forward in improving our system.

Thank you again for authoring AB 130. We urge the State Legislature to pass this bill as swiftly as possible.

Sincerely,

Dorian Seamster
Executive Director'

cc: Cynthia Mathews

16