

County Medically Indigent Programs

MARCH 2019

PURPOSE OF THIS REPORT

This version of *ITUP Tracking* provides an update to the ITUP [2017 Review](#) of Medically Indigent Adult (MIA) programs administered by counties for low-income uninsured adults.

The history of how counties provide health care safety-net services follows a complex winding road intersecting with broad state policy initiatives, state and federal fiscal crises and the diverse nature of California's 58 counties.¹

This report includes basic background as context for the updated information on county MIA programs. For additional information and detail on the history, financing and current issues with county indigent care programs, imbedded links and endnotes for this report offer additional resources.

OVERVIEW

California's health care safety net for the remaining uninsured includes an array of public and private safety-net providers who by mission or legal obligation serve a higher number of Medi-Cal and uninsured patients than other providers.

Safety-net providers include public health systems, such as county clinics and hospitals, and private, nonprofit hospitals and clinics. (For an overview of the health care safety net in California, see the ITUP Health Policy *Essentials*, [California's Health Care Safety Net](#).)

California counties have a unique and central role in the state's health care safety net and diverse local approaches to serving low-income and uninsured safety-net populations.

Since the 1930s, California counties are by law the "providers of last resort" for lawfully present county residents with no other source of care.² In recognition of this broad responsibility, counties have historically administered a range of programs, including income support (often known as general assistance) as well as local health coverage programs (typically known as medically indigent (MI) programs) for low-income uninsured county residents.³

In addition to county MI programs, many counties operate health care facilities — hospitals and/or clinics — that generally offer health care services regardless of insurance status or ability to pay.

County-operated facilities rely on funding through state and federal safety-net programs, including Medi-Cal matching funds, Medicaid waiver funds and federal Disproportionate Share Hospital funds to cover the costs of care for the uninsured. County facilities are generally available to individuals regardless of immigration status.

In addition, some counties administer or support other health care programs and services that may also be available for low-income uninsured residents.

BRIEF HISTORY OF MIA PROGRAMS

The responsibility for providing health care services for specific low-income uninsured populations has shifted over time between the state and the counties.

For example, low-income children and adults were covered under the Medi-Cal program with state and county funds between 1971 and 1982. In 1982, the state shifted responsibility for "Medically Indigent Adults" (MIAs) ages 21-64 to counties, along with a portion of the revenues the state was spending.

Low-income uninsured children not eligible for Medi-Cal (primarily undocumented children) were served through county coverage programs until the state made all children eligible for Medi-Cal regardless of immigration status in 2016.

The 1991 State and Local Realignment, and subsequent revisions to Realignment, transferred program and fiscal responsibility for specific social services and health care programs with dedicated funding (sales tax and motor vehicle license fees) to counties. Realignment includes funds for counties to allocate toward health programs, including medical care and public health services, at county discretion. The most recent revision to Realignment occurred following the ACA Medicaid (Medi-Cal) expansion for adults discussed below. (For more on Realignment, see the recent [report](#) by the Legislative Analyst's Office.)⁴

Impact of the Affordable Care Act (ACA) on MIA Programs

MIA programs historically served low-income, uninsured populations ineligible for Medi-Cal. With the implementation of the ACA, California expanded Medi-Cal to cover low-income, lawfully residing and citizen adults under 138 percent of the federal poverty level (FPL) (\$16,753 for an individual in 2019). The expansion did not include undocumented adults who remain eligible for what is known as “restricted scope” Medi-Cal (primarily emergency and pregnancy-related services).

Of the nearly three million Californians who remain uninsured, more than half are undocumented.

COUNTY MIA PROGRAMS

Counties choosing to administer a specific health coverage program have wide discretion to define eligibility, benefits and services, including whether to serve undocumented county residents. Generally, county MIA programs serve lawfully residing and citizen adults. County MIA programs typically provide services on a sliding fee scale basis or impose a share of cost (SOC) individuals must meet before county coverage begins, similar to a deductible.

As of this writing, the primary funding sources for county MIA programs are Realignment funds (dedicated sales tax and motor vehicle license fees), and county general funds. Counties have flexibility in spending the funds in order to meet local needs.⁵

County Delivery Systems

Given the breadth of county discretion, county MIA programs vary widely. Historically, counties have been grouped into one of four models, for purposes of reviewing MIA programs, as follows:

- *Provider counties* deliver services to MIAs through county-owned and operated hospitals and clinics;

- *Payer counties* contract for services or reimburse private providers in the community;
- *Hybrid counties* operate public clinics, but not public hospitals, and contract with private hospitals in the county; and
- *County Medical Services Program (CMSP)* administers the MIA program for 35 mostly smaller, rural counties.

The Findings

There is no statewide database or reporting structure that captures the characteristics of county medically indigent care programs. The state does not currently collect or track, and counties are not required to provide, information about their MIA programs.

ITUP collected data from counties over several months by phone and email. The data is included as reported and confirmed by the counties unless otherwise noted.

Characteristics of county MIA programs include:

- Since implementation of the ACA Medi-Cal expansion, and the reduction in the number of low-income uninsured, counties are generally serving fewer individuals in MIA programs.
- Some counties expanded MIA program eligibility following ACA implementation to include undocumented individuals, or increased income eligibility levels, while others have not.
- The number of MIA programs that accept eligible individuals regardless of immigration status increased from 11 to 47 in the period from October 2017 to July 2018.
- MIA programs with eligibility at or below Medi-Cal income eligibility levels, that do not serve low-income undocumented individuals, have low to zero enrollment.
- MIA programs serving individuals at or above 300 percent FPL, as well as those serving low-income undocumented

Figure 1. County MIA Programs

The Data		
	Eligibility	Number of Counties
Income*	Under 200% FPL	13
	Up to 300% FPL	39
	300+ % FPL with at least one program	6
Time Frame	< 3 months	3
	4-6 months	38
	6-12 months	17
Immigration	Eligibility regardless of immigration status	47
Enrollment on July 1, 2018	< 1,000	46
	> 1,000	11
	> 10,000	4

*Cost sharing may apply to programs in each income category.

adults, have the largest enrollment in county MIA programs.

County	MIA Program(s)	Covered Benefits	Eligibility Guidelines ⁶	Copayments or Share of Cost (SOC)	Eligibility Period	Model ⁷	Delivery System for Program
Alameda	Health Program of Alameda County (HealthPAC)	Primary, preventative, specialty, and urgent care, hospital inpatient, emergency, mental health, dental, laboratory, and radiology services.	<200% of FPL Ages 19 +, regardless of immigration status	Copayments >138% of FPL	12 months	Provider	County health authority Alameda Health System and contracts with network of nine community clinics.
Contra Costa	Basic Health Care	Primary, specialty, and urgent care, laboratory, emergency, radiology, inpatient hospital, emergency dental, limited dental services for children ages 5-14, advice nurse, family planning, and limited pharmacy services. Does not include substance use disorder (SUD), mental health, and prenatal services.	<300% of FPL No age restriction Children under age 19, regardless of immigration status	SOC varies by age and income	6-12 months	Provider	County hospital Contra Costa Regional Medical Center and 12 affiliated clinics
	Charity Care Program		≤150% of FPL No age restriction, regardless of immigration status				County hospital Contra Costa Regional Medical Center and 12 affiliated clinics
	Discount Payment Program	Medical bills discounted 35% to the comparable amount paid by Medi-Cal, interest-free extended payment plans.	≤350% of FPL No age restriction, regardless of immigration status	Patient must pay difference between what insurance pays and the discounted Medi-Cal rate			County hospital Contra Costa Regional Medical Center and 12 affiliated clinics
	Contra Costa CARES	Primary and preventative care, laboratory, radiology, nurse advice line, health education and chronic disease management services.	≤138% of FPL, and not eligible for full scope Medi-Cal or Covered California. Ages 19+ First-come, first-serve up to 4,100 individuals, regardless of immigration status	No			Patients choose a medical home with a local nonprofit clinic; La Clinica de La Raza, LifeLong Medical Care, Brighter Beginnings, or Axis Health. Each health center operates multiple sites.
Fresno	Fresno County Medically Indigent Services Program (MISP)	Primary and specialty care, emergency, hospital inpatient, radiology, laboratory, and home health services. Does not cover SUD or mental health services or family planning services.	<225% of 2014 Federal Poverty Guideline (FPG) (\$11,670) Ages 19-64	SOC ≥139-224% 2014 FPG	One month or three months depending on individual circumstances	Hybrid	County contracts with private hospital Community Medical Center (CMC) and the affiliated University Faculty Associates
	Non-Resident Specialty Care (NRSC)	Specialty care, inpatient hospitalization, outpatient surgery, and radiology.	Residents with restricted scope Medi-Cal, regardless of immigration status. No age restriction	No	Eligibility is for a year at a time as long as restricted scope Medi-Cal is maintained.		Federally Qualified Health Centers refer for specialty care to Department of Social Services or through online application.

County	MIA Program(s)	Covered Benefits	Eligibility Guidelines ⁶	Copayments or Share of Cost (SOC)	Eligibility Period	Model ⁷	Delivery System for Program
Kern	Kern Medical Wellness Program	Primary and specialty care, emergency, radiology, pharmacy, and advice nurse services. Does not include SUD or mental health treatment, or hospital inpatient services.	< 300% of FPL, county residents, ineligible for full scope Medi-Cal or Medicare Ages 19-64, regardless of immigration status	Share of cost varies depending on the patient's assigned program	12 months	Provider	Kern Medical Hospital Authority Kern Medical hospital and clinics
Los Angeles	My Health LA (MHLA)	Primary, preventative, specialty, and urgent care, health information and advice, hospital inpatient, emergency, laboratory, SUD and mental health, and pharmacy services.	≤138% of FPL Ages 19+, regardless of immigration status	No	12 months	Provider	County contracts with community clinics, county hospitals and clinics for specialty, emergency and urgent care. Referrals to Departments of Mental and Public Health for behavioral health services.
	Ability-to-Pay Plan (ATP)	Clinic and outpatient hospital, pharmacy, laboratory, inpatient hospital, and emergency services.	Residents not eligible for full scope Medi-Cal or Medicare. Ages 19+, regardless of immigration status	SOC above >138% of FPL	12 months		County hospitals and clinics only
Merced	Merced County Medical Assistance Program (MAP)	Primary and specialty care, inpatient hospital, OB/GYN, laboratory, radiology, emergency, and pharmacy services.	≤100% of FPL Ages 21-64 if not pregnant, blind, or disabled	No	Ranging from 7 days to 6 months depending on individual circumstances	Payer	Mercy Medical Center Merced
Monterey	Esperanza Care	Primary and specialty care, diagnostic imaging, and laboratory services. Does not include emergency services.	<138% of FPL Ages 19+, regardless of immigration status	No	12 months unless income increases above FPL limit	Provider	County hospital and clinics, Natividad Medical Center
Orange	Orange County Medical Safety Net Program (MSN)	<ul style="list-style-type: none"> ▪ Immediate treatment of life or limb threatening and emergent conditions; ▪ Treatment of acute exacerbation of chronic conditions that are potentially life threatening; ▪ Limited monitoring of chronic conditions that are potentially life threatening; ▪ Medical conditions that, if left untreated, would result in permanent and significant impairment in health status. Excludes vaccinations, prenatal, SUD and mental health services. 	138-200% of FPL Ages 19-64	Co-payments for all services	Prorated 12-month period, terminating at end of calendar year	Payer	County contracts with community clinics and designated private hospitals

County	MIA Program(s)	Covered Benefits	Eligibility Guidelines ⁶	Copayments or Share of Cost (SOC)	Eligibility Period	Model ⁷	Delivery System for Program
Placer	Medical Care Services Program (MCSP)	Primary, maternity, specialty, and urgent care, addiction management, behavioral health, nutrition, case management, pharmacy, laboratory, dental, and emergency services.	<185% of FPL Ages 21-64	SOC >100% of FPL	2 months	Payer	County contracts with Western Sierra Medical Clinic, Chapa De Indian Health and local hospitals.
Riverside	Riverside County Medically Indigent Services Program (MISP)	Primary and preventative care, emergency dental, emergency, laboratory, radiology, inpatient hospital, and trauma/emergent services. Does not include behavioral health services or prescriptions.	139-200% of FPL Ages 21-64, regardless of immigration status	Copayments and SOC >138% of FPL	12 months	Provider	County hospital – Riverside University Health System Medical Center and contracted community clinics
Sacramento	County Medically Indigent Services Program (CMISP)	Primary, preventative, and specialty care, emergency, pharmacy, inpatient hospital, laboratory, and radiology services.	≤400% of FPL Ages 21-64 If not eligible for Medi-Cal, Medicare or other health insurance program	SOC begins at 138% of FPL	12 months	Hybrid	County clinics for primary care, pharmacy and laboratory Contracted specialty, emergency and hospital providers (Dignity Health and Sutter Health).
	Healthy Partners Program	Primary and preventative care, behavioral health, women’s health, laboratory, radiology, and limited pharmacy services. Emergency and inpatient services are provided through restricted scope Medi-Cal (pre-requisite of enrollment).	≤138% of FPL with restricted scope Medi-Cal, regardless of immigration status. Ages 19+	Limited formulary that county pharmacy covers, otherwise leverages low-cost retail options	12 months based on requirement to reapply for Medi-Cal every 12 months		County clinics for primary care, pharmacy and laboratory
San Bernardino	San Bernardino County Medical Services Plan (CMSP)	Primary care, authorized specialty care, acute inpatient care, emergency care at Arrowhead Regional Medical Center, authorized prescriptions, and authorized durable medical equipment.	≤100% of FPL, Ages 19-64	No	12 months	Provider	County hospital and clinics Arrowhead Regional Medical Center.
San Diego	San Diego County Medical Services (CMS)	Primary and specialty care, emergency, hospital inpatient, emergency dental, pharmacy, and some vision services. Does not include preventative, routine dental and vision, prenatal, family planning, and behavioral health services.	≤165% of FPL Ages 21-64	No	6-12 months	Payer	Network of community health centers; private physicians and hospitals.
	CMS Hardship Program	Primary and specialty care, emergency, hospital inpatient, emergency dental, pharmacy, and some vision services. Does not include preventative, routine dental and vision, prenatal, family planning, and behavioral health services.	166-350% of FPL Ages 21-64	Potential SOC above 165% of FPL	6-12 months		Network of community health centers; private physicians and hospitals

County	MIA Program(s)	Covered Benefits	Eligibility Guidelines ⁶	Copayments or Share of Cost (SOC)	Eligibility Period	Model ⁷	Delivery System for Program
San Francisco	Healthy San Francisco	Primary, preventative, urgent, and specialty care, emergency, hospital inpatient, pharmacy, SUD and mental health, laboratory, and family planning services.	≤500% of FPL, Ages 18+, regardless of immigration status	Participation fee for 100% of FPL and above. Copayment amount depending on clinic/hospital. For <100% of FPL most services \$0 copayments.	12 months	Provider	County hospitals and affiliated clinics San Francisco Community Clinic Consortium clinics; private community providers
San Joaquin	San Joaquin Medical Assistance Program (MFAP)	Primary care and specialty care, children’s health benefits, family practice, women’s health, Healthy Beginnings, emergency care, hospital inpatient, orthopedic, gastro-intestinal, infectious disease, rheumatology, oncology, and heart failure clinic.	≤200% of FPL Ages 19-64	Yes	6-12 months	Provider	County hospital and clinics – San Joaquin General Hospital
San Luis Obispo	San Luis Obispo Medically Indigent Services Program (SLO-MISP)	Primary care, pharmacy, laboratory, radiology, and emergency services only at SLO County hospitals. Does not include preventative care, health screenings, contraception, and pregnancy services.	139-250% of FPL Ages 19-64	SOC	3 or 6 months depending on the medical need	Payer	Community Health Centers of the Central Coast Limited local specialists All local hospitals accept SLO-MISP patients
San Mateo	San Mateo Access and Care for Everyone (ACE)	Primary and preventative care, pharmacy services, optometry services, emergency services only at the San Mateo Medical Center. Some services may be excluded if covered by other programs.	0-200% of FPL Ages 19-64, regardless of immigration status	Copayments may be waived depending on income; \$360 for application and annually	12 months	Provider	County hospital and clinics San Mateo Medical Center, Ravenswood Family Health Center, and North East Medical Services
Santa Barbara	Indigent Care Program (ICP)	Primary and specialty care, laboratory, radiology, and pharmacy services. Does not include emergency services without referral, prenatal care, SUD or mental health services.	138-200% of FPL Ages 21-64	SOC	1-3 months based on medical needs and financial circumstances	Hybrid	Santa Barbara County Public Health Department (PHD) Health Care Centers Services outside of PHD centers must be preauthorized. Many local providers accept ICP, including all hospitals in the county.
Santa Clara	Ability to Pay Determination Program	Hospital, emergency, ancillary, primary care, and specialty care.	0-350% of FPL (not eligible for full scope Medi-Cal) Ages 19+, regardless of immigration status	Copayments based on sliding scale	12 months	Provider	County hospital Santa Clara Valley Medical Center and affiliated clinics
	Primary Care Access Program	Primary care, specialty care and ancillary visits, emergency and inpatient services.	0-200% of FPL (not eligible for full scope Medi-Cal) Ages 19+, regardless of immigration status	Copayments based on sliding scale	12 months		Contracted community clinics

County	MIA Program(s)	Covered Benefits	Eligibility Guidelines ⁶	Copayments or Share of Cost (SOC)	Eligibility Period	Model ⁷	Delivery System for Program
Santa Clara (continued)	Healthy Kids Program	Primary care, specialty care, vision care, dental care, urgent care, hospital and emergency room care, prescription drugs, immunizations, pregnancy care, family planning, substance abuse programs, mental health services, and health education.	0-300% of FPL (not eligible for full scope Medi-Cal) Ages 0-19, regardless of immigration status if not eligible for full scope Medi-Cal	Monthly premium and low or no copayments	12 months		County hospital Santa Clara Valley Medical Center and affiliated clinics; contracted community clinics and providers
	Valley Kids Program	Primary care, specialty care, inpatient hospital services, urgent care, emergency services, lab, diagnostic services, immunizations, outpatient surgery, mental health and substance use disorder services, hospice, dental and vision services, pharmacy and durable medical equipment.	300-400% of FPL (not eligible for full scope Medi-Cal) Ages 0-19, regardless of immigration status	Copayments based on sliding scale	12 months		County hospital Santa Clara Valley Medical Center and affiliated clinics
Santa Cruz	MediCruz Program	Primary, urgent, and specialty care, laboratory, radiology, and limited pharmacy services. Does not include emergency services.	≤100% of FPL Ages 19+, regardless of immigration status	Copayments and SOC	6 months	Hybrid	County clinics for primary care Other specialty and non-emergency medical services outside of county clinics require pre-authorization
Stanislaus	Medically Indigent Adult Program	Mirrors Medi-Cal and Denti-Cal with some limitations.	Varies in increments by age <144% of FPL (21-29) to <175% of FPL (60-64)	SOC	3–12 months	Hybrid	County-based physicians and family practice residents at county clinics and Doctor's Medical Center of Modesto
	Expanded Access Programs for Indigents	Primary care, pharmacy and inpatient hospital services.	Varies in increments by age <144% of FPL (21-29) to <175% of FPL (60-64) No age restriction, Includes federally qualified immigrants	SOC	3–12 months		County-based physicians and family practice residents at county clinics Doctor's Medical Center of Modesto
	Disability Evaluation Determination	Primary care, pharmacy and inpatient hospital services.	Varies in increments by age <144% of FPL (21-29) to <175% of FPL (60-64) Includes federally qualified immigrants Must be physically unable to work for 12 months or more and must comply with all Medi-Cal and Social Security Administration requirements.	SOC	3-12 months		County-based physicians and family practice residents at county clinics; Doctor's Medical Center of Modesto.

County	MIA Program(s)	Covered Benefits	Eligibility Guidelines ⁶	Copayments or Share of Cost (SOC)	Eligibility Period	Model ⁷	Delivery System for Program
Tulare	Tulare County Medical Services (TCMS)	Primary and specialty care, emergency services, services in county clinics and emergency hospital care provided regardless of immigration status.	<275% of FPL No age restriction	\$5 copayments	Re-evaluated every three months with a periodic report and at 12 months with an annual redetermination	Hybrid	County-operated clinics Local hospital coverage/ some specialty coverage
	Sliding Fee	Primary and specialty care, emergency services, services in county clinics and emergency hospital care provided regardless of immigration status.	Full Coverage <100% of FPL, partial coverage <200% of FPL No age restriction	Copayments <100% of FPL: \$5 101%-150%: 25% 151% -175%: 50% 176%-200%: 75%	12 months with renewal every 12 months		County-operated clinics Local hospital coverage/ some specialty coverage
Ventura	Sliding Fee Discount Payment Program	Hospital and clinic-based services.	<200% of FPL No age restriction, regardless of immigration status	<100% of FPL; nominal charge 100-200% of FPL; SOC based on 3-tier sliding scale	12 months	Provider	County hospital – Ventura County Medical Center (VCMC) and affiliated clinics; some discounted services purchased from outside the county system Ventura also has a program for low income children run by the Public Health Dept
	Charity Care Program	Hospital and clinic-based services.	<100% of FPL and monetary assets of less than \$10,000 No age restriction, regardless of immigration status	No copayments or SOC; remaining charges reduced to \$0	12 months		VCMC and affiliated clinics Discounts some services purchased from outside the county system
	Self-Pay Discount Program	Sliding scale services include primary and specialty care visits, emergency, hospital, obstetrics, ancillary, gastrointestinal and same day surgery services.	<350% of FPL; >350% of FPL are also eligible with SOC differences No age restriction, regardless of immigration status	<350% of FPL; SOC on sliding income scale for specific services, other services are discounted on a case-by-case basis not to exceed 100% of Medi-Cal >350%; SOC not to exceed 50% of billed charges and not less than 150% of Medi-Cal reimbursement rate.	12 months		VCMC and affiliated clinics; Discounts for some services purchased from outside the county system

County	MIA Program(s)	Covered Benefits	Eligibility Guidelines ⁶	Copayments or Share of Cost (SOC)	Eligibility Period	Model ⁷	Delivery System for Program
CMSP Counties (35) ⁸	County Medical Services Program (CMSP) (multi county program)	Inpatient hospital, adult day health care, laboratory services, dental, emergency services, home health, outpatient services, primary care, pharmacy services, and specialty care. Does not cover pregnancy related services, long-term care facilities, or psychology services. Emergency and primary care services provided regardless of immigration status.	139-300% of FPL Ages 21-64	No SOC for in network primary care services; \$5 copayments and \$1,500 limit for specified Rx; Discounted SOC for other services and non-specified Rx or Rx over \$1,500 limit	6 months	CMSP	Contracts with local providers and retail pharmacies organized by contracted administrator
	Path2Health Pilot Project ⁹	Primary, preventative services, specialists, and pharmacy services.	<139% of FPL for up to 25,000 undocumented individuals who are enrolled in restricted scope Medi-Cal Ages 21-64, regardless of immigration status	\$5 copayments and \$1,500 limit for Rx	6 months		Path2Health Contracts with community health centers and retail pharmacies organized by contracted administrator Thirteen rural CMSP counties are partnering with eleven community health centers

Chart updated with permission. See Deborah Kelch, [Locally Sourced: The Crucial Role of Counties in the Health of Californians](#), California Health Care Foundation, October 2015.

NOTES

1. Deborah Kelch, [Caring for Medically Indigent Adults in California: A History](#). Prepared for the California Health Care Foundation, June 2005.
2. California Welfare and Institutions Code Section 17000 reads: "Every county and every city and county shall relieve and support all incompetent, poor, indigent persons, and those incapacitated by age, disease, or accident, lawfully resident therein, when such persons are not supported and relieved by their relatives or friends, by their own means, or by state hospitals or other state or private institutions." The nature and limits of the Section 17000 obligation has been defined and refined over time through multiple California court cases.
3. Kelch, Caring for Medically Indigent Adults in California.
4. Legislative Analyst's Office, [The 2019-20 Budget Assessing the Governor's 1991 Realignment Proposals](#), March 8, 2019.
5. The 1991 State and County Program Realignment includes health and social service program transfers from the state to the counties, changes state/county cost-sharing ratios, and increases state sales tax and vehicle license fees for supporting increased financial obligations of counties.
6. The 2019 Federal Poverty Level is \$12,140 annual income for a single person.
7. Counties that choose to provide services to medically indigent persons through county-owned and operated hospitals and clinics have come to be known as provider counties. Counties that contract for services or reimburse private providers in the community are known as payer counties. Counties that operate public clinics, but not public hospitals, and contract with private hospitals in the county, are known as hybrid counties.
8. CMSP counties are: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Modoc, Mono, Napa, Nevada, Plumas, San Benito, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba
9. Path2Health Pilot Project began February 2019.

About ITUP

Insure the Uninsured Project (ITUP) is a Sacramento-based nonprofit health policy institute that for more than two decades has provided expert analysis and facilitated convenings for California policymakers and decisionmakers focused on health reform.

The mission of ITUP is to promote innovative and workable policy solutions that expand health care access and improve the health of Californians, through policy-focused research and broad – based stakeholder engagement.

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