

## ADVANCING HEALTH:

ITUP Policymaker Workshop



# Welcome & Thank You for Joining ITUP!



Crispin Delgado, MPP ITUP's Executive Director

#### This Event is Generously Sponsored by





## Who We Are

- Independent 501(c)(3) nonprofit health policy institute
- Nearly 30 years of expert analyses and facilitated convenings of California health leaders around the state
- ITUP focuses on workable solutions to expand access and improve health care in California – Our goal is to tell the story in accessible and easy to understand formats.



# Unique ITUP Assets



Annual Policy Conference



Health Policy Publications



Regional Health Equity Collaboratives



**Learning Forums** 



Multi-stakeholder Convener



## California's Health System Explained



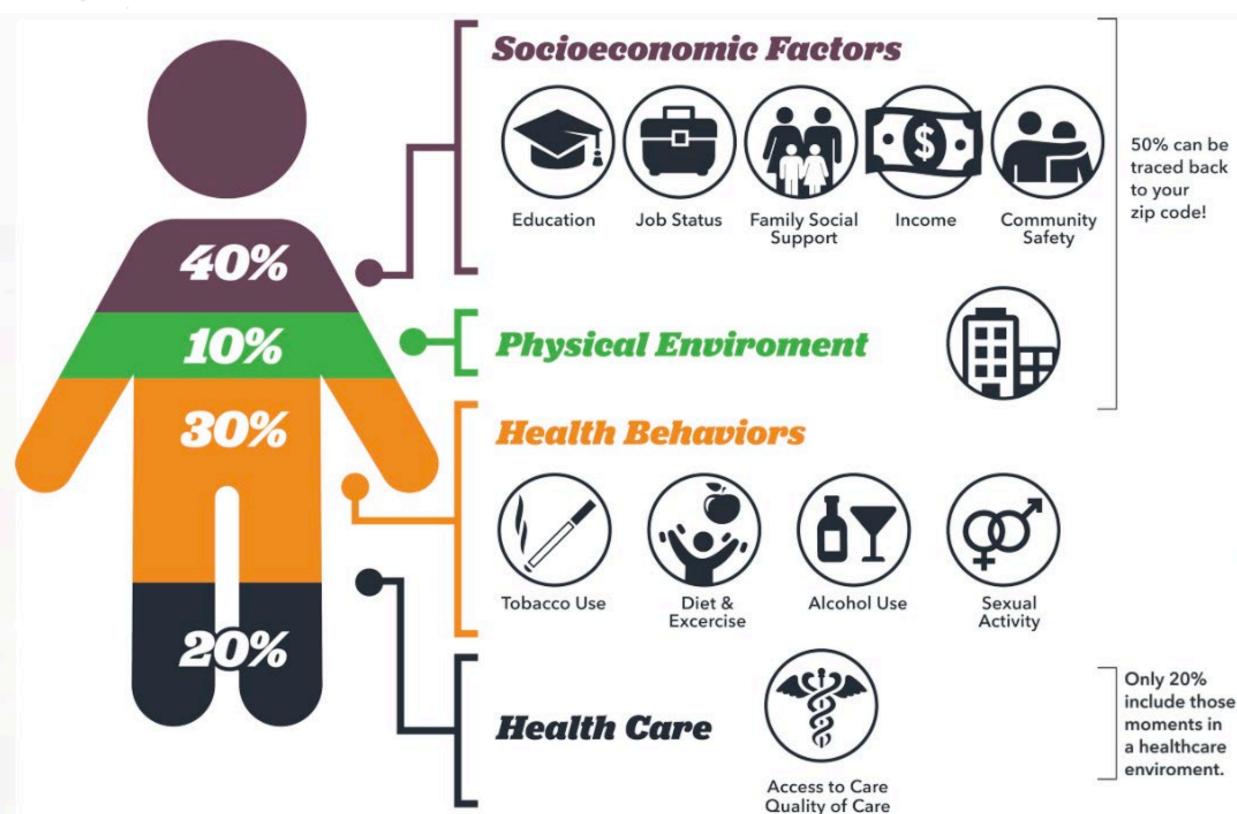








# What Makes up Health?



environient.

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)





#### Medi-Cal

(California's Medicaid Program)

- Nearly 15 million
   Californians depend on
   Medi-Cal for free or low-cost
   health care services
- Medi-Cal population:
  - 1 in 2 children
  - 1 in 4 seniors and people with disabilities
- Eligibility based on income
- Managed care system and FFS

### Public Coverage

#### FIGURE 7. Medi-Cal Enrollment, June 2024



#### FIGURE 13. Medicare Enrollment and Percent of California Population, 2022<sup>4,10</sup>

Total Medicare	5,922,937 (15.0%)
Medicare Advantage	3,188,104 (53.8%)
FFS Medicare	2,734,833 (46.2%)
Dual Eligible**	1,673,938 (28.3%)

<sup>\*\*</sup>Dual Eligibles are those eligible for Medicare and Medi-Cal, also referred to as Medi Medis.

#### Medicare

- Federal program with state support for Californians aged 65 and older and certain younger individuals with disabilities.
- Coverage parts:
  - Part A hospital insurance
  - Part B medical insurance
  - Part C Medicare
     Advantage (offered by private insurers)
  - Part D prescription drug coverage
- Dual eligibles: Individuals who qualify for both Medicare and Medi-Cal; also known as Medi Medis.



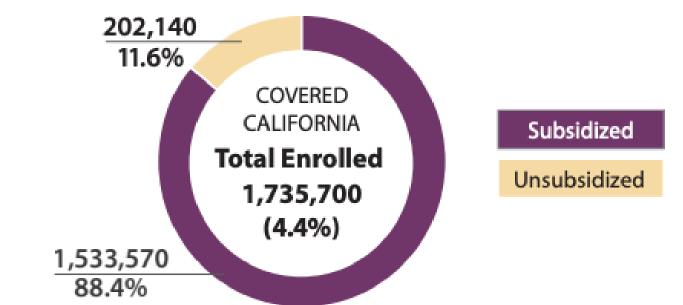
### Private Coverage

#### **Covered California**

(State Health Exchange)\*

- State-run health insurance marketplace created ACA
- Allows individuals and families to compare, choose, and purchase health insurance plans
- Offers subsidies and tax credits to make insurance more affordable
- Open enrollment period and special enrollment for life events such as job loss, marriage, or birth of child.
- \*Marketplace with both public and private options





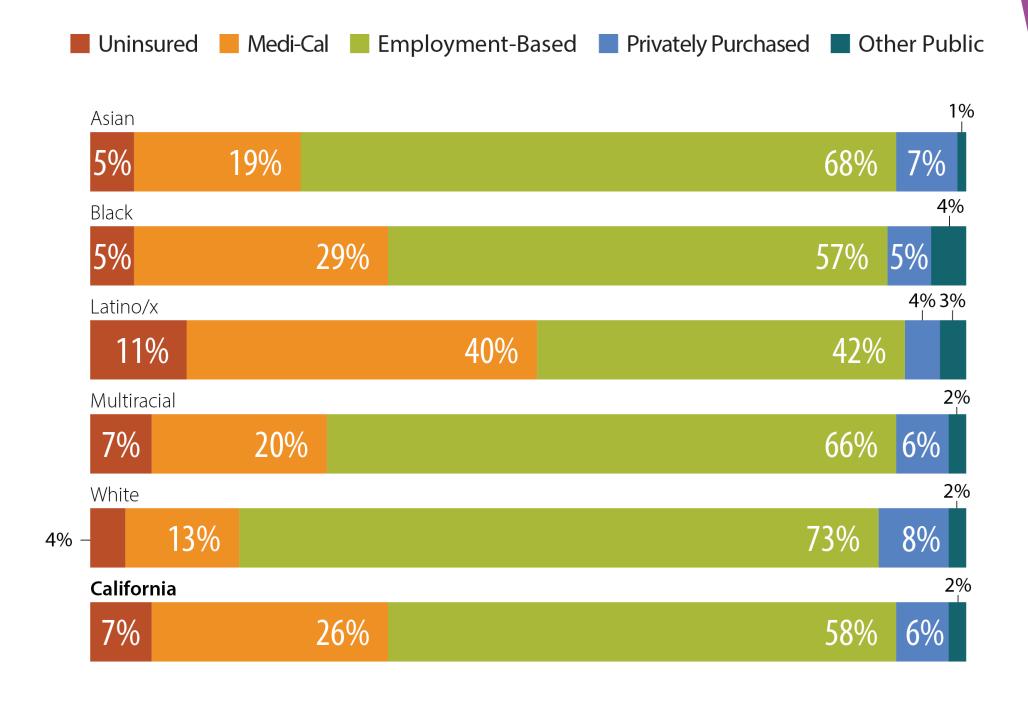
# Employer-Sponsored Coverage 118.8 N1 149.3%

#### Private & Employer-Sponsored Insurance

- Plan options include HMOs,
   PPOs, and EPOs
- Employer covers a portion of premiums.
- Regulated by State and Federal Laws including ACA requirements for essential health benefits, mental health parity, and protections for pre-existing conditions.
- 2022: employer-sponsored coverage accounted for 18.8M Californians

#### Health Insurance, by Race/Ethnicity

California, 2021



Notes: Includes age 0 to 64. Insurance status is self-reported. Medi-Cal may include those with restricted-scope benefits. Other public includes Medicare only, Medicare & Medicaid, Medicare & Others, and Other Public. Source uses Black or African American, Latino, and Two or more races. American Indian and Alaska Native and Native Hawaiian and Pacific Islander are not shown because the results were statistically unstable or not available due to small sample size. Figures may not sum due to rounding.

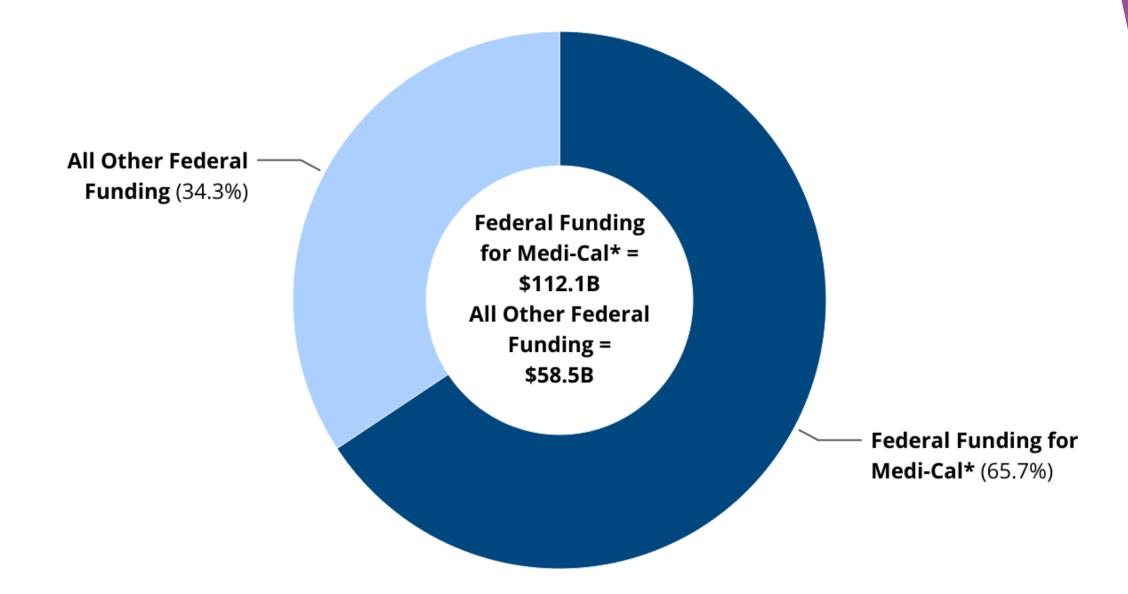
Source: "AskCHIS," UCLA Center for Health Policy Research, accessed August 21, 2023.

## California's Insured



### Medi-Cal Receives Nearly Two-Thirds of All Federal Funds That Flow Through California's State Budget

Governor's Estimate of Federal Funds That Will Flow Through the State Budget in 2025-26 = \$170.6 Billion



<sup>\*</sup> Reflects federal funding for Medi-Cal benefits that is estimated to flow through the state Department of Health Care Services.

Source: Budget Center analysis of Department of Finance data



# Federal & State State Funding for Health Care



## Key Stakeholders in CA Health Care System





**CALIFORNIA** 





























# CA Health Workforce Challenges

#### Fast Facts »



Approximately 2.7 million Californians are impacted by maternity care deserts.<sup>2</sup>

2.53 million Californian women lack access to a birthing hospital within a 30-minute drive.<sup>2</sup>





Nearly **9.2%** of pregnant Californians receive insufficient prenatal care.<sup>2</sup>

California faces a shortage of **5,000** mental health practitioners by 2026.<sup>3</sup>





Approximately 40% of births in California are funded by Medi-Cal and could benefit from doula support.4

In California, there are approximately 114,600 medical assistant vacancies annually.<sup>5</sup>





California faces an estimated shortage of **36,000** licensed nurses.<sup>6</sup>

By 2036, California is projected to have **26%** reduction in the number of registered nurses.<sup>7</sup>





In 2023, the median age of nurse practitioners in California was **52**, with over **22%** nearing retirement age.8

23 of the state's 58 counties have fewer than one psychiatrist per 10,000 residents.9



**Physician Shortages:** California is projected to face a shortage of approximately 2,580 physicians by 2028.

Nursing Workforce: While some projections suggest a national surplus of registered nurses by 2028, California may still experience shortages in specific regions and specialties, particularly among nurse assistants.

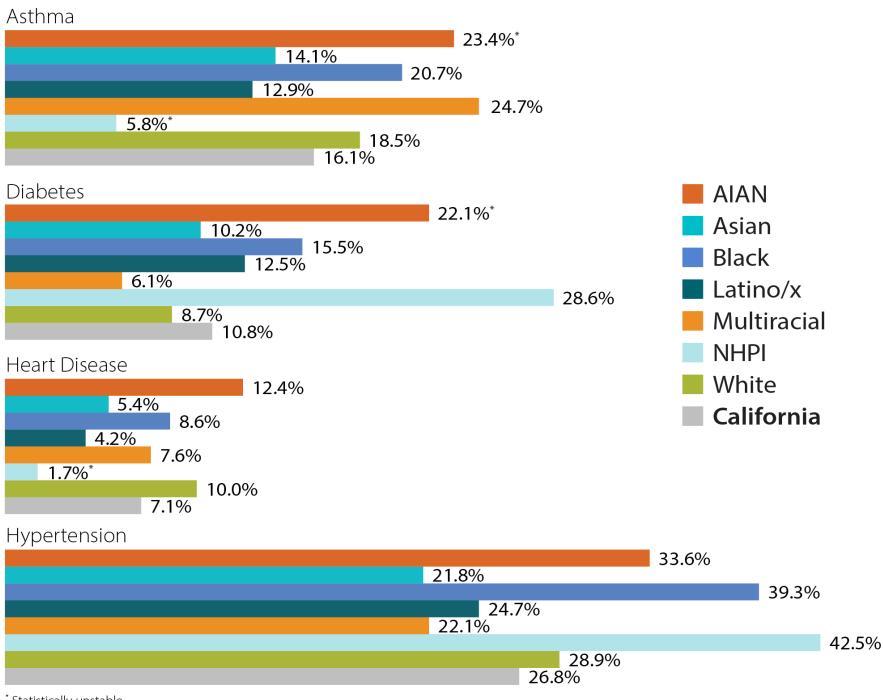
Aging Workforce: The care workforce in California is getting older. About two-thirds of direct care workers are over 40, and approximately 37% are over 55, indicating potential future shortages as these workers retire.



# CA Health Disparities

### Adults with Chronic Conditions, by Race/Ethnicity California, 2021

PERCENTAGE OF THOSE EVER DIAGNOSED



<sup>\*</sup> Statistically unstable

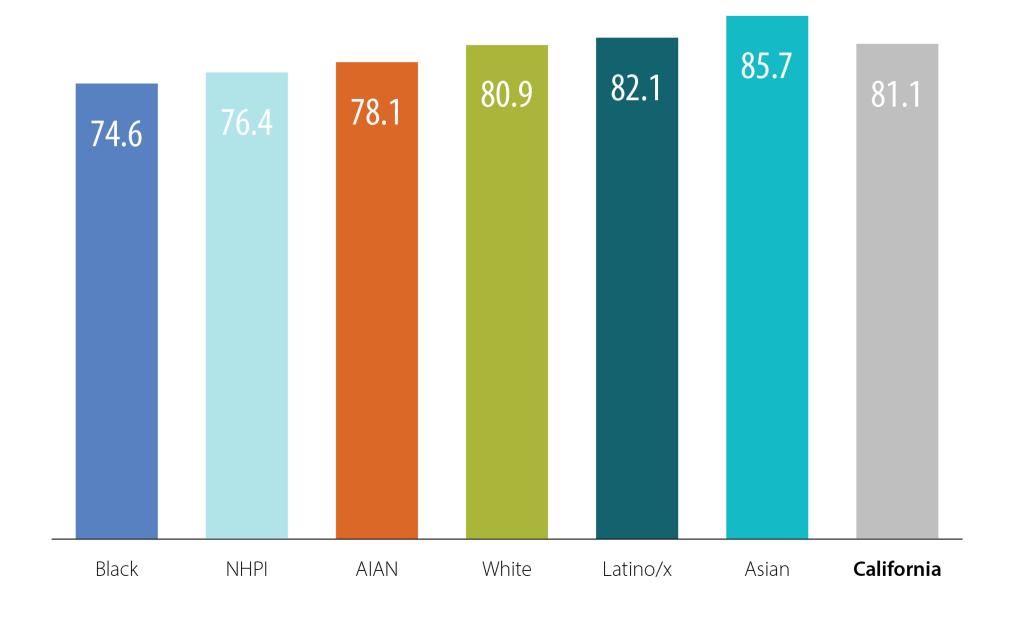
Notes: Source uses high blood pressure. AIAN is American Indian and Alaska Native; NHPI is Native Hawaiian and Pacific Islander. Source uses African American, Latino, and Two or more races.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed July 20, 2023.



# CA Health Disparities

### Life Expectancy, by Race/Ethnicity California, 2022



Notes: *AlAN* is American Indian and Alaska Native; *NHPI* is Native Hawaiian and Pacific Islander. *Multiracial* is not shown because the result was unreliable. Source uses *Latino*. Source: "California Community Burden of Disease Engine: Trend in Life Expectancy, California, 2000-2022," California Dept. of Public Health, accessed July 21, 2023.



## Questions?

You may also email us at info@itup.org



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