



**Estela Casas, Executive Director**

My name is Alexandria Forester and I am the Managing Attorney at the Kern Health Consumer Center; we are part of Greater Bakersfield Legal Assistance (GBLA), which is the legal aid organization for Kern County. Thank you for the invitation to speak today about the impact of ACA repeal, and thank you for including the Central Valley in this ACA discussion.

The Kern Health Consumer Center helps low-income individuals and families in Kern County find the most affordable and appropriate health insurance coverage available. We work to overcome barriers to eligibility for insurance affordability programs like Medi-Cal programs, Covered California APTCs, and Cost-Sharing Reductions. We work to overcome barriers to health care services like surgeries and prescription medications. The majority of our clients are eligible for subsidized health coverage, through Medi-Cal, Medicare, and Covered California. Since implementation of the ACA, the Kern Health Consumer Center has helped thousands of people overcome barriers to health care. Based on the hundreds of cases we see per year at the Kern Health Consumer Center, we have a strong impression of the impact of ACA repeal on our client base. On one hand, we are proud to provide advocacy and legal services to hundreds of people in need. On the other hand, the fact that some individuals and families require legal assistance to navigate the world of health care and health insurance means of course our system is imperfect.

However, perspective on the level of imperfection is crucial as we discuss a post-ACA world. To be sure, there are improvements to be made. But do we want to move forward, or backward? Back before the ACA was implemented, hundreds of Kern County residents still experienced barriers to affordable, high-quality healthcare, and hundreds of Kern County residents still came to GBLA for assistance with health care issues. The major difference between that time and the present is simple: now the expanded Medi-Cal programs and Covered California plans are there to cover the majority of our low-income clients. Loss of federal funding through the ACA will take those options away.

I want to share a real story with you, to illustrate how coverage through ACA-funded programs can be a lifeline for our clients. Unfortunately, we don't have time today for me to tell you about the hundreds of clients we see who are impacted by the ACA, but the stories I'll share are also representative of common experiences within our client population.

The couple I'm going to tell you about will not have coverage options if the ACA is repealed. This couple is enrolled in a Covered California Gold plan with Kaiser Permanente, and the plan is not inexpensive, but it is affordable for the couple because they qualify for Advanced Premium Tax Credits. Wife has a history of thyroid issues and needs medication to regulate her thyroid condition. Husband was undergoing chemotherapy treatment for prostate cancer. Without subsidized coverage, insurance premiums would be out of reach for this couple. To be more specific, without subsidies applied in real time to adjust the amount of the monthly premium, this couple cannot afford the insurance premium payment after



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paying for the basic necessities: housing, food, transportation, utilities- plus- their share of the cost of health care services each month- the margin of error for this couple's budget is just razor-thin. In addition, without the ACA's protections for pre-existing conditions, coverage would have been impossible. Without treatment for the couple's conditions, they might not have been able to continue working; without coverage they might have racked up thousands in medical debt; most importantly their lives may have ended prematurely.

Federally funded subsidies are critical to making the Marketplace work, and critical to making Marketplace plans accessible to low and mid-income consumers. Loss of federal funding will either cause an eligible population group to be cut out from Medi-Cal coverage, or will cause certain services to be cut out of Medi-Cal coverage. Any of these scenarios would be devastating to low-income populations already struggling with disparate services and outcomes. Without coverage through Medi-Cal or Covered California, many low-income individuals will be uninsured, and will not have access to care unless they visit the Emergency Room.

Most of us have been to the Emergency Room at least once in our lives; a broken arm, maybe a few stitches. Maybe you've experienced that helpless feeling of sitting with a family member in the E.R. as they wait for care. Emergency Rooms are notoriously overcrowded, which means the wait time is often very long. And of course, treatment at the E.R. is extremely expensive. Now, imagine if going to the E.R. was your only option for health care. You would probably avoid seeking care until it was an absolute emergency. Of course, this scenario is not really a hypothetical- this is the exact problem we see with uninsured individuals. If we move backward instead of forward, into a reality where the E.R. one of very few sub-par options for thousands of people in Kern County, this issue will balloon once again. Chronic conditions will go uncared for with lack of access to primary care; and people's conditions will deteriorate to life-threatening levels, at which point the medical care required is more complex and exponentially more expensive.

The client in my next story could have deteriorated to a very serious extent, if not for her coverage through the ACA-funded Medi-Cal Adult Expansion Program. Maria from Arvin was a former field worker. Maria started experiencing severe, frequent, and debilitating migraines. As the headaches interfered with her daily life more and more, Maria worried about the impact of her health on the quality of care she could provide to her adult son, who is disabled. Maria's doctor told her she needed a CT scan. Maria was uninsured but had been seeing a doctor at a Federally Qualified Health Center that used a sliding fee scale for low-income patients. However, the specialist Maria had to see to get the CT scan did not offer a sliding scale fee, and the cost was over a thousand dollars- nowhere near within Maria's budget. Maria delayed the CT scan while she looked for other options, and found out she was eligible for Medi-Cal under the adult expansion program. Medi-Cal covered her CT scan and allowed Maria to access specialty care that would have been out-of-reach before ACA implementation.



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We have some unique challenges in Kern County: significant populations struggle with heart disease (9.4% 2014), high blood pressure (40.3% 2014), asthma (9.4% 2014), and diabetes (10.3% 2014). We have a large population of farm workers with fluctuating, seasonal income and lack of access to the traditional employer coverage model. At the Kern Health Consumer Center, many of our clients are high-need, high-service-utilizing individuals who are trying to manage and treat one or more chronic conditions. For example, we see a lot of clients experiencing kidney failure, which means they require multiple dialysis treatments per week to stay alive. Each treatment costs thousands of dollars. Without the protection for individuals with pre-existing conditions, high-need individuals with Marketplace or private coverage will be left uninsured, without options for coverage. If Medicaid funding is block granted to the states, those high-need clients with Medi-Cal coverage may lose access to services abruptly whenever funds run out, or may be eliminated from Medi-Cal coverage altogether. Again, these are not hypothetical scenarios; these are cause-and-effect realities and the effects are both life-threatening and prohibitively expensive for our clients.

To once more refocus our perspective on the amount of people impacted by these realities, 14,579 people with subsidized Covered California coverage live in the 23<sup>rd</sup> District (which includes most of Kern County); and approximately 67,000 people are covered under the Medi-Cal adult expansion program in the 23<sup>rd</sup> District. That's a total of 81,579 people in this district alone with coverage that is reliant on federal funding through the ACA.

One of the people with coverage reliant on federal funding through the ACA is our client, Jorge (George). Jorge is from Bakersfield, and he lost his job after suffering a back injury. Once Jorge lost his job, he was unable to pay for services out-of-pocket at his local Federally Qualified Health Center, but still needed diagnostics and treatment for his back injury. The Medi-Cal expansion program for adults was a safety net for Jorge, and once he was found eligible for Medi-Cal, he was able to get the MRI he needed. Now, Jorge is focused on healing and getting back to work. Without Medi-Cal coverage and without income, Jorge would never be able to bear the out-of-pocket cost to pay for an MRI outright.

The potential impact of ACA repeal on already vulnerable low-income populations in Kern County cannot be overstated. The loss of affordable coverage, and the loss of protections for individuals with pre-existing conditions; we will all feel these losses keenly, whether we are low-income or not. Again, I want to thank the Committee for the invitation to speak today and the opportunity to convey the health advocate perspective and the consumer perspective through the lens of our client stories. Thank you.