

Achieving a Policy Win During Challenging Times: Securing Increased Medi-Cal Funding for Family Planning Services

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SUMMARY

This case study describes the California Planned Parenthood Education Fund's (CPPEF) successful advocacy activities to increase Medi-Cal Reimbursement Rates for Family Planning Services in 2007. The provider reimbursement rate increase was California's first significant Medi-Cal provider rate increase in over 20 years. It allowed Planned Parenthood member clinics and other providers to continue offering reproductive health services to low-income and uninsured patients. Findings that emerge from the analysis of this initiative, include:

- CPPEF's multi-pronged state-wide budget campaign greatly contributed to the adoption of SB 94: Rate Increase For Comprehensive Clinic Family Planning Services;
- It was critical to educate decision makers, even those that have been very supportive in the past, on the importance of state funding for securing federal funding for family planning services and reducing medical costs; and
- CPPEF's advocacy training and mobilization of its affiliate resulted in a potent network of advocates that can be deployed in future advocacy efforts.

INTRODUCTION

In 2001, The California Endowment (The Endowment) provided funding to 15 local and regional community clinic associations and four statewide community clinic organizations (referred to as "consortia") through the Clinic Consortia Policy and Advocacy Program to strengthen the capacity of consortia to engage in advocacy on behalf of their member clinics. Clinic consortia are statewide, regional, and local associations of primary care clinics that undertake activities that individual clinics may not be able to do on their own. In 2004 and 2007, eighteen grantees were refunded for three years to undertake or continue a

similar set of activities. To achieve their goals, many consortia focus on policies and issues at the federal, state, and local levels to increase or maintain clinic financial stability and increase access to care for community clinic target populations. Additionally, many consortia engaged in multi-year initiatives during the grant period to

- Expand coverage (insurance and/or services) to low-income adults and/or children;
- Expand their expertise in new services and areas of activity; and
- Strengthen the local or regional health care delivery system.

The California Planned Parenthood Education Fund (CPPEF) was established in 1995 by Planned Parenthood Affiliates of California (PPAC) to provide educational information to the public at large, policy-makers, and to activists to increase public support for reproductive health care. PPAC includes nine independent organizations (affiliates) that manage over 100 health clinics across California offering both primary and reproductive health services. CPPEF is comprised of one representative from each of the affiliates and advocates on behalf of its member clinics to increase access to health care for low-income Californians at the local, state, and federal levels.

This initiative is an example of a successful statewide advocacy campaign that resulted in a large overall increase in funding for reproductive health services in 2007. This was particularly impressive given the large state budget deficit.

METHODS

To characterize this initiative, UCSF staff conducted open-ended interviews in 2010 with consortia staff as well as an advocacy partner organization and a member clinic that were involved with the effort. Informants were asked to describe

Grantees:

*Community
Clinic
Consortia*

A Program of:

 The
California
Endowment

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their involvement in the initiative, challenges encountered, and benefits to clinics and their target populations. (*Please note that lobbying activities were not funded under this program, and are assumed to be funded by other funding sources.*)

FINDINGS

ISSUE: LOW REIMBURSEMENT RATES AND INSUFFICIENT PROVIDER PARTICIPATION

California has the 7th highest teenage pregnancy rate of any state. The costs of teen births alone are more than \$1.5 billion each year, and when total societal costs are taken into account, costs associated with these teen births in this state are \$3.4 billion (1). In response, the Family Planning, Access, Care, and Treatment (Family PACT) was established by the California legislature to provide comprehensive family planning services to eligible low-income men and women. The program receives 90/10 federal matching funds and funds services to eligible individuals with incomes up to 200% of the federal poverty level. However, from 1987-2007, California's family planning providers did not receive a significant Medi-Cal rate augmentation from the state even though the cost of providing patient care increased by as much as 300%, leaving Medi-Cal family planning rates at 50% of what Medicare pays for similar services. Moreover, Medi-Cal fee-for-service payments to physicians were below average when compared to other states' programs, ranking 47th among the 50 Medicaid states in 2008. California's Medi-Cal payments to physicians were only 56% of the Medicare payments (a). As a result, family clinics throughout California turned away 10,000 patients a month in 2006 because they did not have the staffing capacity to serve them.

PROMISING SOLUTION: MEDI-CAL REIMBURSEMENT RATE INCREASE FOR FAMILY PLANNING

Starting in January 2007, CPPEF, PPAC and their partners decided to launch a statewide "budget" campaign (rather than a "ballot" campaign) to enact a Medi-Cal rate increase for eight specific office visits for family planning services. These include breast and cervical cancer screening, diagnosis and treatment for STI's (Sexually Transmitted Infections), as well as pregnancy prevention and other types of standard services offered by Planned Parenthood and other family planning providers. These particular codes receive a 90% federal match, a higher match than any other Medi-Cal service. The rate increase would impact both Medi-Cal and Family PACT providers.

MAJOR MILESTONES

During the summer of 2007, CPPEF used a multi-faceted approach including policymaker education, media advocacy, active grassroots advocacy, and grass tops coordination to advocate for this legislation.

Policymaker Education: CPPEF educated Assembly members and Senators both in Sacramento and in their district offices through a patient postcard campaign,

thousands of constituent phone calls, and rallies outside of the Governor and other state leader's offices. It strategically focused its efforts on those in positions of leadership and on elected officials that it knew it could count on to act as their champions in the budget process. Their central argument was that family planning services bring federal funding to the state through a 90/10 federal match. Moreover, family planning is one of the most cost-effective services offered by the California. For example, the total public sector cost-savings of the pregnancies averted attributable to Family PACT female clients in 2007 was \$1.88 billion from conception to age two, and over \$4 billion from conception to age five.

Media Advocacy: CPPEF worked with their affiliates to organize major "visibility events" such as town hall meetings, press events, and rallies. At some of these events clinic staff would wear balloons under the shirts pretending they were pregnant. These events were cost-effective and gained a lot of media attention. For example, the San Diego affiliate organized a rally showing people being turned away from clinics. They also staged events in front of the Governor's and other elected official's offices. Such events resulted in coverage in both English and Spanish print media such as *La Opinion* and *The Fresno Bee*, as well as on numerous radio outlets. In addition, editorials were written and submitted by various affiliate representatives and appeared in *The San Bernardino Sun*, *The San Jose Mercury News*, and the *California Progress Report*. At the state level, CPPEF placed a full-page print ad in "Variety" because Governor Schwarzenegger was known to read it.

Affiliate Training and Coordination: CPPEF has provided direct support to the affiliate Public Affairs staff through group trainings, staff exchange programs, and individual technical assistance. To help clinic staff understand the connection between advocacy and the work that they are doing in the clinic, each affiliate has one or more Public Affairs staff whose job includes policy advocacy, public relations, and grassroots organizing. CPPEF staff also facilitated grassroots organizing conference calls among these staff at the affiliate member sites. Each year CPPEF organizes a Capitol Day in Sacramento providing the affiliates with the opportunity to participate in a gigantic rally on the Capitol steps, make scores of lobby visits, and march to the Convention Center with activists from across the state.

Grassroots Advocacy: Planned Parenthood affiliate staff contributed tremendous grassroots advocacy energy by "surrounding" their policymakers through telephone calls, postcards, emails, as well as in-person visits both in Sacramento and in their district offices. Affiliates and activists also conducted E-activation campaigns related to the pursuit of adequate state reimbursement, participated in committee hearings and gave testimony, launched a massive post card campaign that generated over 35,000 postcards, and made constituent calls to key Assembly and Senate offices. For example, during the 2009 budget campaign, the Planned Parenthood Los Angeles affiliate generated nearly 5,000 calls from constituents into targeted offices over the course of just 8 weeks.

Grass-tops Coordination: Planned Parenthood also decided to focus on key decision makers that could influence the Governor and other leaders at the state level. They made a list of people including members of important Boards of Directors, influential CEOs, etc and asked them to contact policymakers that they knew to educate them on the issues. They felt that this kind of direct and more personal education would have more of an impact than broad appeals.

Although CPPEF's advocacy focused on the state budget process, their efforts ultimately led to legislation. The Governor officially signed SB 94: Rate Increase For Comprehensive Clinical Family Planning Services (Kuehl) - on October 13, 2007. Later the next year, California excluded Family PACT from proposed 10% Medi-Cal cuts thanks to CPPEF's policymaker education about the importance of maintaining this funding. Again in 2009, when California legislators proposed rolling back SB 94, CPPEF and their partners knew which arguments would work and were able to fight off this proposal.

Resources required to undertake this policy initiative include a full-time CPPEF staff member to spearhead the policy initiative and part-time assistance by other CPPEF staff and grass roots affiliates. CPPEF staff technical expertise in Medi-Cal provider rates was critical.

Partnerships and collaboration: In addition to Planned Parenthood Affiliates, CPPEF built on their longstanding partnerships with the California Medical Association, the California Academy of Family Physicians, and District IX of the American College of Obstetricians and Gynecologists. Each of these organizations expressed their strong support of this rate increase. In addition, together with CFHC and CPCA, CPPEF formed a coalition of health and social services providers to also advocate for the increase.

Partner Perspective: CPPEF led the effort, and continues to lead the way. They have significant staff power and can really devote a lot of energy. They are able to bring a large number of bodies to Sacramento to provide testimony about the number of patients being turned away. – **Advocacy Partner**

Overcoming challenges: The primary challenges to the rate increase was, and continues to be, that the state budget is in a severe budget deficit and programs across the service spectrum are being cut. Second, there was strong partisan opposition. Republicans argued against singling out rates for family planning services for an increase from the many services which Medi-Cal covers. Additionally, they disagreed with the process of proposing the rate increase at the "eleventh hour" of the legislative session. They argued that the proposed rate augmentation was more appropriately considered during the regular budget process." However, it was also necessary to focus efforts on Democrats either due in part to the state budget deficit and a lack of knowledge about the importance of state funding for securing federal funding. Ultimately, Democrats were able to secure enough

votes to overcome this legislation, primarily by arguing again about the cost savings from these services, and the federal match.

ACCOMPLISHMENTS AND BENEFITS

CPPEF was able to enact and maintain a Medi-Cal reimbursement rate increase for eight family planning office visit codes, allowing clinics to provide reproductive health services to the state's low-income and uninsured patients. Using the grant Logic Model, the short and long-term outcomes of planning and advocating for this rate increase include:

Expanded advocacy capacity: CPPEF adopted innovative training techniques to build the capacity of their affiliates to engage in advocacy, such as group trainings, staff exchange programs, organizing conference calls, and individual technical assistance. Affiliate staff have become more focused and have fine-tuned their skills to focus on tactics that illicit the most immediate and strongest response from elected officials. Second, the affiliates have become better coordinated with CPPEF staff through regular conference calls, email updates and occasional in-person meetings.

Member Clinic Perspective Our Planned Parenthood affiliate's advocacy capacity has grown significantly since 2007, and CPPEF's support has been critical to that growth. As a non-profit organization, we will never have unlimited resources for our advocacy efforts. CPPEF's guidance and support has helped all of the California affiliates to act strategically, maximize the resources that we do have, and coordinate our work in the most effective way possible. Our staff can now be counted on to generate over 1,000 constituent phone calls from targeted districts each week--and did so in the last budget campaign. We have a stronger network and a better understanding of organizing tactics that will yield the greatest results in the shortest period of time. CPPEF has been valuable in sharing these lessons learned so that affiliates across the state have the resources and support they need--whether it's training or prepaid cell phones--to replicate these results in their own community. *Planned Parenthood Affiliate*

Increased policymaker awareness of safety net and clinic policy issues: As a result of their intensive policymaker education efforts, CPPEF and its affiliates have been able to increase California policymaker awareness of the benefits of funding for family planning services. Given the severe budget deficit, data showing that family planning services are not only cost effective but they can reduce the number of abortions, coupled with the potential to draw down increased federal funding through the 90/10 match, impressed policymakers. As a result, even Republican policymakers are participating in productive meetings with Planned Parenthood advocates.

Increased policymaker support of safety net and clinic policy issues: The state legislature approved and Governor officially signed SB 94 on October 13, 2007 mandating a rate increase to at least 80% of the weighted average of the federal Medicare rates for eight specific office visits for family planning services on or after January 1, 2008.

Strengthened clinic operations: The rate increase allowed Planned Parenthood clinics to hire staff and extend their service hours to better meet the needs of their client population. As a result, clinic capacity has increased. They are no longer turning away about 10,000 clients per month, as had been the case before this legislation.

Member Clinic Perspective: The passage of SB 94 has allowed our affiliate to better serve women, men and teens in Los Angeles County that need access to affordable reproductive health care. Planned Parenthood in Los Angeles has seen the number of patients grow. In 2007—prior to the laws passage and implementation—we provided just over 176,000 patient visits at 14 health centers. In 2009, it provided over 208,000 patient visits at 17 health centers—reflecting that, not only has our patient base grown, but also our presence in the community. SB 94 has allowed us to open new health centers—including new "Planned Parenthood Basics" sites that provide a more limited scope of family planning services and require less overhead costs—in areas of the County that we had not previously not been able to serve. — *Planned Parenthood Affiliate*

Increased services for the underserved and uninsured: There has been an increase in 70,000 clients statewide since this legislation went into effect January 2008. As a result of increased unemployment and higher rates of uninsured, clinics experienced a 40-50% increase in patient volume. These clinics were prepared with increased staffing and services, e.g., reopening clinic facilities to accommodate this increase in patients.

Improved health outcomes for targeted communities and populations: This legislation enabled clinics to expand health care services to a growing group of underinsured and uninsured populations in California. Their ability to provide healthcare services will help these Californians improve contraceptive use and reduce STIs (Sexually Transmitted Infections) and unwanted pregnancies.

FACTORS FOR SUCCESS

CPPEF employed a multi-faceted approach that included advocacy savoir-faire, policymaker education, media advocacy, grassroots organization, and grass-tops mobilization. CPPEF's strategic use of each campaign components was critical to its success. The direct policymaker education was particularly effective thanks to the grassroots clinic involvement. For example, a key turning point was clinic testimony to policymakers about having to turn patients away. Another key factor in their success was their strategic use of media. With relatively little staff time or resources—and a bit of creativity—they found that such their public events typically gained coverage on radio and television states. Last, CPPEF has helped their affiliates make advocacy part of their clinic culture, from the top leadership to all levels of clinic staff. Clinic funding and staffing decisions now take into account the need to advocate for policies that support clinic operations.

THE FUTURE

The funding legislated through SB 94 continues to face threats. In early 2010, legislative analysts recommended that

it be cut from the next state budget. According to the Senate Budget Committee, rolling back the rate increase would "save" the state \$74,000 in General funds and \$268,000 in federal funds in 2009-2010. However, CPPEF and its affiliates are hopeful that their advocacy network and collaborations, strategic knowledge of advocacy strategies and messages, and the clinic advocacy infrastructure created through this grant will help them overcome this recent threat. It also intends to apply its advocacy infrastructure to other policy issues, such as health care reform implementation.

LESSONS LEARNED

Building capacity for successful advocacy on behalf of reproductive health care issues requires leadership and ongoing commitment in a policy arena that has political opposition at the federal and state level. CPPEF was successful because it was strategic about its use of advocacy tools. Additionally, investing in educating and mobilizing member clinic advocacy greatly contributes to policymaker education.

CONCLUSIONS

CPPEF was able to quickly and successfully mount a major statewide activation campaign during very challenging times. As a result, it secured a rate increase that is helping countless Californian's receive needed reproductive health services. Moreover, Planned Parenthood affiliates are now a grassroots network that is ready to mobilize for future health policy campaigns.

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