City Clerk <city.clerk@sanjoseca.gov>

Sun 11/28/2021 10:33 PM

To: Agendadesk < Agendadesk@sanjoseca.gov>

From: Sam Saiu

Sent: Sunday, November 28, 2021 12:51:57 PM

To: District1 <district1@sanjoseca.gov>; District2 <District2@sanjoseca.gov>; District3 <district3@sanjoseca.gov>; District4 <District4@sanjoseca.gov>; District5 <District5@sanjoseca.gov>; District6 <district6@sanjoseca.gov>; District7 <District7@sanjoseca.gov>; District8 <district8@sanjoseca.gov>; District9 <district9@sanjoseca.gov>; District 10 <District10@sanjoseca.gov>; The Office of Mayor Sam Liccardo

<TheOfficeofMayorSamLiccardo@sanjoseca.gov>

Cc: City Clerk <city.clerk@sanjoseca.gov>; singlepayer:

Subject: Support AB 1400 Health Care For All Memorandum

[External Email]

Honorable San Jose Councilmembers,

On Tuesday, November 30, 2021, we urge you to vote for Councilmember Carrasco's memorandum in support of AB 1400, the California Guaranteed Health Care for All Act (CalCare).

Thank you,

[sign]

[city, zip code]

Sent from my iPhone

City Clerk <city.clerk@sanjoseca.gov> Sun 11/28/2021 10:33 PM

To: Agendadesk <Agendadesk@sanjoseca.gov>

From: Bert Greenberg

Sent: Sunday, November 28, 2021 11:53:51 AM

To: District1 <district1@sanjoseca.gov>; District2 <District2@sanjoseca.gov>; District3 <district3@sanjoseca.gov>; District4 <District4@sanjoseca.gov>; District5 <District5@sanjoseca.gov>; District6@sanjoseca.gov>; District7 <District7@sanjoseca.gov>; District8 <district8@sanjoseca.gov>; District9 <district9@sanjoseca.gov>; District 10 <District10@sanjoseca.gov>; The Office of Mayor Sam Liccardo

<TheOfficeofMayorSamLiccardo@sanjoseca.gov>

Cc: City Clerk <city.clerk@sanjoseca.gov>; singlepayerSCC

Subject: Support AB 1400 Health Care For All Memorandum

[External Email]

Honorable San Jose Councilmembers,

On Tuesday, November 30, 2021, we urge you to vote for Councilmember Carrasco's memorandum in support of AB 1400, the California Guaranteed Health Care for All Act (CalCare).

Thank you,

[sign]Bert Greenberg

[San Jose, 95135city, zip code]

City Clerk <city.clerk@sanjoseca.gov> Sun 11/28/2021 10:33 PM To: Agendadesk <Agendadesk@sanjoseca.gov>

From: Maria Aguilar Sent: Sunday, November 28, 2021 11:33:59 AM To: City Clerk <city.clerk@sanjoseca.gov> Subject: Support AB 1400 Health Care For All Memorandum

[External Email]

Honorable San Jose Councilmembers,

On Tuesday, November 30, 2021, we urge you to vote for Councilmember Carrasco%2 ***** s memorandum in support of AB 1400, the California Guaranteed Health Care for All Act (CalCare).

Thank you,

Maria Aguilar Gilroy 95020

Sent from Yahoo Mail on Android

City Clerk <city.clerk@sanjoseca.gov> Sun 11/28/2021 10:34 PM

To: Agendadesk < Agendadesk@sanjoseca.gov>

From: Alexa Kaskowitz <

Sent: Sunday, November 28, 2021 10:32:34 AM

To: District1 <district1@sanjoseca.gov>; District2 <District2@sanjoseca.gov>; District3 <district3@sanjoseca.gov>; District4 <District4@sanjoseca.gov>; District5 <District5@sanjoseca.gov>; District6 <district6@sanjoseca.gov>; District7 <District7@sanjoseca.gov>; District8 <district8@sanjoseca.gov>; District9 <district9@sanjoseca.gov>; District 10 <District10@sanjoseca.gov>; The Office of Mayor Sam Liccardo

<TheOfficeofMayorSamLiccardo@sanjoseca.gov>

Cc: City Clerk <city.clerk@sanjoseca.gov>; singlepayerSCC

Subject: Support AB 1400 Health Care For All Memorandum

[External Email]

Honorable San Jose Councilmembers,

On Tuesday, November 30, 2021, we urge you to vote for Councilmember Carrasco's memorandum in support of AB 1400, the California Guaranteed Health Care for All Act (CalCare).

Thank you,

Alexa Kaskowitz, MD, MPH San José, 95112

City Clerk <city.clerk@sanjoseca.gov> Sun 11/28/2021 10:34 PM

To: Agendadesk < Agendadesk@sanjoseca.gov>

From: Jeffrey Levin

Sent: Sunday, November 28, 2021 10:29:24 AM

To: District1 <district1@sanjoseca.gov>; District2 <District2@sanjoseca.gov>; District3 <district3@sanjoseca.gov>; District4 <District4@sanjoseca.gov>; District5 <District5@sanjoseca.gov>; District6 <district6@sanjoseca.gov>; District7 <District7@sanjoseca.gov>; District8 <district8@sanjoseca.gov>; District9 <district9@sanjoseca.gov>; District 10 <District10@sanjoseca.gov>; The Office of Mayor Sam Liccardo

<TheOfficeofMayorSamLiccardo@sanjoseca.gov>

Cc: City Clerk <city.clerk@sanjoseca.gov>; singlepayerSCC **Subject:** Support AB 1400 Health Care For All Memorandum

[External Email]

Honorable San Jose Councilmembers,

On Tuesday, November 30, 2021, we urge you to vote for Councilmember Carrasco's memorandum in support of AB 1400, the California Guaranteed Health Care for All Act (CalCare).

Thank you,

Jeffrey Levin District 3 San Jose, CA

Ash Kalra

Fwd: Support AB 1400 Health Care For All Memorandum

City Clerk <city.clerk@sanjoseca.gov> Sun 11/28/2021 10:34 PM

To: Agendadesk < Agendadesk@sanjoseca.gov>

From: Elizabeth Sarmiento

Sent: Sunday, November 28, 2021 9:54:44 AM

To: District1 <district1@sanjoseca.gov>; District2 <District2@sanjoseca.gov>; District3 <district3@sanjoseca.gov>; District4 <District4@sanjoseca.gov>; District5 <District5@sanjoseca.gov>; District6@sanjoseca.gov>; District7 <District7@sanjoseca.gov>; District8 <district8@sanjoseca.gov>; District9 <district9@sanjoseca.gov>; District 10 <District10@sanjoseca.gov>; The Office of Mayor Sam Liccardo

<TheOfficeofMayorSamLiccardo@sanjoseca.gov>

Cc: City Clerk <city.clerk@sanjoseca.gov>; singlepayerSCC

Subject: Support AB 1400 Health Care For All Memorandum

[External Email]

Honorable San Jose Councilmembers,

On Tuesday, November 30, 2021, we urge you to vote for Councilmember Carrasco's memorandum in support of AB 1400, the California Guaranteed Health Care for All Act (CalCare).

Thank you, Elizabeth Sarmiento

Sent from Elizabeth's mobile device

City Clerk <city.clerk@sanjoseca.gov>

Sun 11/28/2021 10:34 PM

To: Agendadesk < Agendadesk@sanjoseca.gov>

From: Patricia Schramm <

Sent: Thursday, November 25, 2021 12:56:04 PM

To: District1 <district1@sanjoseca.gov>; District2 <District2@sanjoseca.gov>; District3 <district3@sanjoseca.gov>; District4 <District4@sanjoseca.gov>; District5 <District5@sanjoseca.gov>; District6 <district6@sanjoseca.gov>; District7 <District7@sanjoseca.gov>; District8 <district8@sanjoseca.gov>; District9 <district9@sanjoseca.gov>; District 10 <District10@sanjoseca.gov>; The Office of Mayor Sam Liccardo

<TheOfficeofMayorSamLiccardo@sanjoseca.gov>

Cc: City Clerk <city.clerk@sanjoseca.gov>; singlepayerSCC

Subject: Support AB 1400 Health Care For All Memorandum

[External Email]

Honorable San Jose Councilmembers,

On Tuesday, November 30, 2021, we urge you to vote for Councilmember Carrasco's memorandum in support of AB 1400, the California Guaranteed Health Care for All Act (CalCare).

Thank you,

[Patricia Schramm [city, zip code]

San Jose 95124 Sent from my iPad

City Clerk <city.clerk@sanjoseca.gov>

Mon 11/29/2021 8:23 AM

To: Agendadesk < Agendadesk@sanjoseca.gov>

From: Jzp Lion <

Sent: Monday, November 29, 2021 12:41:35 AM

To: District1 <district1@sanjoseca.gov>; District2 <District2@sanjoseca.gov>; District3 <district3@sanjoseca.gov>; District4 <District4@sanjoseca.gov>; District5 <District5@sanjoseca.gov>; District6 <district6@sanjoseca.gov>; District7 <District7@sanjoseca.gov>; District8 <district8@sanjoseca.gov>; District9 <district9@sanjoseca.gov>; District 10 <District10@sanjoseca.gov>; The Office of Mayor Sam Liccardo

<TheOfficeofMayorSamLiccardo@sanjoseca.gov>

Cc: City Clerk <city.clerk@sanjoseca.gov>; singlepayerSCC

Subject: Support AB 1400 Health Care For All Memorandum

[External Email]

Honorable San Jose Councilmembers, On Tuesday, November 30, 2021, we urge you to vote for Councilmember Carrasco's memorandum in support of AB 1400, the California Guaranteed Health Care for All Act (CalCare). Thank you, Mary de Leon of San Jose 95138

City Clerk <city.clerk@sanjoseca.gov> Mon 11/29/2021 8:23 AM

To: Agendadesk <Agendadesk@sanjoseca.gov>

From: Yusra Hussain

Sent: Saturday, November 27, 2021 12:34:55 AM

To: District1 <district1@sanjoseca.gov>; District2 <District2@sanjoseca.gov>; District3 <district3@sanjoseca.gov>; District4 <District4@sanjoseca.gov>; District5 <District5@sanjoseca.gov>; District6@sanjoseca.gov>; District7 <District7@sanjoseca.gov>; District8 <district8@sanjoseca.gov>; District9 <district9@sanjoseca.gov>; District 10 <District10@sanjoseca.gov>; The Office of Mayor Sam Liccardo

<TheOfficeofMayorSamLiccardo@sanjoseca.gov>

Cc: City Clerk <city.clerk@sanjoseca.gov>; singlepayerSCC

Subject: Support AB 1400 Health Care For All Memorandum

[External Email]

Honorable San Jose Councilmembers,

On Tuesday, November 30, 2021, we urge you to vote for Councilmember Carrasco's memorandum in support of AB 1400, the California Guaranteed Health Care for All Act (CalCare).

Thank you,

Yusra Hussain, MD

San Jose, CA 95127

City Clerk <city.clerk@sanjoseca.gov> Mon 11/29/2021 10:13 AM

To: Agendadesk < Agendadesk@sanjoseca.gov>

From: whatever <

Sent: Monday, November 29, 2021 10:04:29 AM

To: District1 <district1@sanjoseca.gov>; District2 <District2@sanjoseca.gov>; District3 <district3@sanjoseca.gov>; District4 <District4@sanjoseca.gov>; District5 <District5@sanjoseca.gov>; District6 <district6@sanjoseca.gov>; District7 <District7@sanjoseca.gov>; District8 <district8@sanjoseca.gov>; District9 <district9@sanjoseca.gov>; District 10 <District10@sanjoseca.gov>; The Office of Mayor Sam Liccardo

<TheOfficeofMayorSamLiccardo@sanjoseca.gov>

Cc: City Clerk <city.clerk@sanjoseca.gov>; singlepayerSCC

Subject: Support AB 1400 Health Care For All Memorandum

[External Email]

Honorable San Jose Councilmembers,

On Tuesday, November 30, 2021, we urge you to vote for Councilmember Carrasco's memorandum in support of AB 1400, the California Guaranteed Health Care for All Act (CalCare).

Thank you,

Andrew Phelps, instructor

Berkeley, CA 94705

City Clerk <city.clerk@sanjoseca.gov>

Mon 11/29/2021 12:29 PM

To: Agendadesk < Agendadesk@sanjoseca.gov>

From: Salazar, Victor, MD, FAAFP

Sent: Monday, November 29, 2021 10:34 AM

To: District1 <district1@sanjoseca.gov>; District2 <District2@sanjoseca.gov>; District3 <district3@sanjoseca.gov>; District4 <District4@sanjoseca.gov>; District5 <District5@sanjoseca.gov>; District 6 <district6@sanjoseca.gov>; District7 <District7@sanjoseca.gov>; District8 <district8@sanjoseca.gov>; District9 <district9@sanjoseca.gov>; District 10 <District10@sanjoseca.gov>; The Office of Mayor Sam Liccardo <TheOfficeofMayorSamLiccardo@sanjoseca.gov>

Cc: City Clerk <city.clerk@sanjoseca.gov>; singlepayerSCC

Subject: Support AB 1400 Health Care For All Memorandum

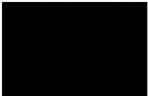
[External Email]

Honorable San Jose Councilmembers,

On Tuesday, November 30, 2021, we urge you to vote for Councilmember Carrasco's memorandum in support of AB 1400, the California Guaranteed Health Care for All Act (CalCare).

Thank you,

Victor Salazar Medical Director BACH S







Please think of the environment before printing this email.

As of 12/31/2020 @tri-cityhealth.org and @sjffcc.org will no longer be valid, please update your address book.

This message contains confidential information and is intended only for the individual named. Opinions, conclusions and other information in this message that do not relate to the official business of Bay Area Community Health shall be understood as neither given nor endorsed by it. If you are not the named addressee you should not disseminate, distribute or copy this email. Please notify the sender immediately if you have received this email by mistake. Please note that any views or opinions presented in this email are solely those of the author and do not necessarily represent those of Bay Area Community Health. Bay Area Community Health accepts no liability for any damage caused by any transmitted data by this email.

City Clerk <city.clerk@sanjoseca.gov>

Mon 11/29/2021 5:01 PM

To: Agendadesk < Agendadesk@sanjoseca.gov>

-----Original Message-----

From: Nadia Nouri

Sent: Monday, November 29, 2021 4:37 PM

To: District1 <district1@sanjoseca.gov>; District2 <District2@sanjoseca.gov>; District3

<district3@sanjoseca.gov>; District4 <District4@sanjoseca.gov>; District5 <District5@sanjoseca.gov>;

District 6 <district6@sanjoseca.gov>; District7 <District7@sanjoseca.gov>; District8

<district8@sanjoseca.gov>; District9 <district9@sanjoseca.gov>; District 10

<District10@sanjoseca.gov>; The Office of Mayor Sam Liccardo

<TheOfficeofMayorSamLiccardo@sanjoseca.gov>

Cc: City Clerk <city.clerk@sanjoseca.gov>; singlepayerSCC

Subject: Support AB 1400 Health Care For All Memorandum

[External Email]

Honorable San Jose Councilmembers,

On Tuesday, November 30, 2021, we urge you to vote for Councilmember Carrasco's memorandum in support of AB 1400, the California Guaranteed Health Care for All Act (CalCare).

Thank you,

Nadia Nouri

San Jose 95134

Item 3.5 Public Comment re Carrasco Memo on AB 1400 (Kalra)

Serena Alvarez

Mon 11/29/2021 5:15 PM To: City Clerk <city.clerk@sanjoseca.gov>

Cc: The Office of Mayor Sam Liccardo <TheOfficeofMayorSamLiccardo@sanjoseca.gov>; Liccardo, Sam <sam.liccardo@sanjoseca.gov>; Jones, Chappie <Chappie.Jones@sanjoseca.gov>; Davis, Dev <dev.davis@sanjoseca.gov>; Foley, Pam <Pam.Foley@sanjoseca.gov>; Mahan, Matt <Matt.Mahan@sanjoseca.gov>; Cohen, David <David.Cohen@sanjoseca.gov>; Peralez, Raul <Raul.Peralez@sanjoseca.gov>; Jimenez, Sergio <sergio.jimenez@sanjoseca.gov>; Carrasco, Magdalena <Magdalena.Carrasco@sanjoseca.gov>; Esparza, Maya <Maya.Esparza@sanjoseca.gov>; Arenas, Sylvia <sylvia.arenas@sanjoseca.gov>

[External Email]

[External Email]

Dear City Clerk,

Please kindly enter this email communication into the public record for Item 3.5 (Nov 30, 2021).

With thanks + Serena Alvarez

----- Forwarded Messag From: Serena Alvarez <

To: chappie.jones@sanjoseca.gov <chappie.jones@sanjoseca.gov>; Raul Peralez <raul.peralez@sanjoseca.gov>; dev.davis@sanjoseca.gov <dev.davis@sanjoseca.gov>; sylvia.arenas@sanjoseca.gov>; david.cohen@sanjoseca.gov <david.cohen@sanjoseca.gov>; city.clerk@sanjoseca.gov <city.clerk@sanjoseca.gov> Sent: Tuesday, October 12, 2021, 09:43:51 PM PDT

Subject: Public Comment re Carrasco Memo on AB 1400 (Kalra)

Dear Chair Jones, Vice Chair Peralez, and Members of the Rules and Open Government Committee,

Assemblymember Kalra egregiously betrayed Latino families on healthcare during the 2021 legislative session. Not only did he pull AB 1400 and fail to champion healthcare reform, he turned a blind eye to Medi-Cal litigation and state failures on healthcare and disregarded Latino civil rights and Disability rights organizations who stood before him in committee chambers and testified on healthcare crises across the state. His own letter to this committee blames for-profit systems, when AB 1400's organizational sponsor litigated against and opposed efforts to keep local hospitals non-profit under the purchase by the County. State leadership, as demonstrated by Assemblymember Kalra, continues to ignore leading Latino civil rights organizations, as he surely did not report in his letter to you the August 2021 information from MALDEF below.

Cesar Chavez taught my father, Rev. Deacon Sal Alvarez, M.S.W. (1940-2015) to report the problems: Specious leadership and political exploitation of grave issues impacting Latino communities -- that is the problem before you now.

For Vulnerable Families + Serena Alvarez Daughter of Rev. Deacon Sal and Sylvia Alvarez

LAWSUIT ALLEGES COVID-19'S DISPARATE IMPACT ON LATINOS IN CALIFORNIA PARTIALLY DRIVEN BY DISINVESTMENT IN MEDI-CAL

Aug 18, 2021 | Immigrants' Rights, News Releases

ALAMEDA, Calif. — Long-term disinvestment and mismanagement of Medi-Cal helped set the stage for COVID-19's devastating impact on Latinos, according to a supplemental complaint the Superior Court of California in Alameda County granted plaintiffs leave to file on August 16, 2021.

This is the latest development in a lawsuit originally brought against state officials in 2017 alleging that the Department of Health Care Services (DHCS)—which is responsible for administering Medi-Cal, the Medicaid health insurance program for low-income Californians—has discriminated against Medi-Cal's disproportionately Latino participants by disinvesting from the program over the last 40 years as the Latino share of enrollment surged.

The supplemental complaint describes how poor access to medical care resulting from this disinvestment has left people with risk factors for COVID-19, including people with untreated and undertreated diabetes, asthma, and heart disease, at increased risk of negative outcomes. In addition, the disinvestment has hollowed out medical resources in low-income neighborhoods, leaving them ill-equipped for the surge of COVID-19 patients, as well as more dependent for routine care on hospitals, which were frequent sources of COVID-19 transmission early in the pandemic. Because Latinos make up a disproportionately large percentage of the Medi-Cal population, this increased risk has disproportionately impacted Latinos and their healthcare providers.

"The enduring, long-term harm to California Latinos from disinvestment in Medi-Cal is substantial; the pandemic and its devastating effects on the Latino community are just one troubling illustration of those effects," said Thomas A. Saenz, president and general counsel of MALDEF (Mexican American Legal Defense and Educational Fund). "We run the risk of creating an entire cohort of Medi-Cal recipients and their children who have a deep distrust of government and of the healthcare system because of their experiences with an under-resourced program."

Among those who struggled to receive adequate healthcare access during the pandemic is Maria Leon of Los Angeles. Maria, a Medi-Cal patient who has type 1 diabetes, high cholesterol, and high blood pressure, contracted COVID-19 in January but was unable to see or speak with her doctor for advice about taking her medications. She had COVID-19 symptoms for about three months and, likely as a result of her uncontrolled blood sugar, she started experiencing blurry vision and weakness in one of her legs.

"I felt so scared when I tested positive for COVID-19 but it was even more frightening when I couldn't talk to a doctor about my medications," said Maria Leon. "I eventually ran out of my blood sugar medication and my vision was so impaired that I was unable to work."

The supplemental complaint also claims that the effects of long-term disinvestment from Medi-Cal have been compounded by contemporary policy decisions, resulting in increased vulnerability to COVID-19 for the state's Latino population and the highest infection and death rates for any large demographic group in the state.

Counsel on the lawsuit includes MALDEF, CREEC (the Civil Rights Education and Enforcement Center) and the law firm of Feinberg, Jackson, Worthman & Wasow LLP. They filed it on behalf of St. John's Well Child & Family Center, the Healthcare Justice Division of SEIU-United Healthcare Workers West (SEIU-UHW), the National Day Laborer Organizing Network (NDLON), and several individual Medi-Cal participants.

Read the order HERE.

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Agenda Item 3.5

Jean Cohen <jean@southbaylabor.org>

Mon 11/29/2021 4:02 PM

To: Jean Cohen <jean@southbaylabor.org>

[External Email]

You don't often get email from jean@southbaylabor.org. Learn why this is important

[External Email]

Dear Mayor and City Council:

Please see the attached letter in support of AB 1400.

Sincerely, Jean Cohen

Jean F. Cohen Executive Officer South Bay Labor Council

This message is from outside the City email system. Do not open links or attachments from untrusted sources.



EXECUTIVE BOARD

Jean Cohen, EXECUTIVE OFFICER

Paul Fong, PRESIDENT AFT Local 6157

Riko Mendez, 1ST VICE PRESIDENT SEIU Local 521

Maria Noel Fernandez, 2ND VICE PRESIDENT IAM & AW Local Lodge 93

Dolores Morales, SERGEANT-AT-ARMS CEMA

Enrique Fernandez, TREASURER UNITE HEREI Local 19

> Enrique Arguello Laborers Local 270

Sergio Arrañaga Teamsters Local 350

David Bini Building Trades Council

Sheillena Brunston ATU Local 265

> Steve Flores UA Local 393

Charlie Hernandez Ironworkers Local 377

> Troy Jones UFCW Local 5

Malinda Markowitz CNA/NNOC

> Jocelyn Merz AREA

Mark Murray AFSCME Local 1587

Patty Picard CSEA Chapter 350

Terry Sandoval SEIU UHW

Will Smith IBEW Local 332

Rick Solis UBC Carpenters Local 405

> Matt Tuttle IAFF Local 230

Bill Wallace IBEW Local 1245

Stanley Young IFPTE Local 21 November 28, 2021

Mayor Sam Liccardo and City Council San Jose City Hall 200 East Santa Clara Street San Jose, CA 95113

Subject: Support for Agenda Item 3.5

Dear Mayor Liccardo and City Council:

On behalf of the South Bay Labor Council, I want to express our support for AB 1400 (Kalra), the Guaranteed Health Care for All Act. We appreciate Councilmember Carrasco's leadership on this landmark legislation and urge the City of San Jose to join a growing coalition of supporters. This bill would provide Californians with comprehensive universal single-payer health care coverage. Adopting a support position demonstrates our collective commitment to the health and well-being for San Jose's diverse communities.

The current profit-oriented health insurance system is unsustainable and becomes exponentially more costly, especially for local government and social safety net providers. Despite the gains made under the Affordable Care Act, nearly 3 million Californians have no health insurance, while millions more have insurance that they can't afford to use due to expensive copays and deductibles.

Rising health care costs are not sustainable and a new system is required to attain comprehensive, uniform, equitable coverage. AB 1400 will allow California to achieve affordable and accessible health care for all. For these reasons, we request that you support the Guaranteed Health Care for All Act and approve item 3.5 on the agenda.

Sincerely,



Jean Cohen Executive Officer



Item 3.5 Public Comment by LULAC District 14 | AB 1400 (Carrasco Memo)

Serena Alvarez <

Mon 11/29/2021 5:13 PM

To: City Clerk <city.clerk@sanjoseca.gov>; The Office of Mayor Sam Liccardo <TheOfficeofMayorSamLiccardo@sanjoseca.gov>; Liccardo, Sam <sam.liccardo@sanjoseca.gov>; Jones, Chappie <Chappie.Jones@sanjoseca.gov>; Davis, Dev <dev.davis@sanjoseca.gov>; Foley, Pam <Pam.Foley@sanjoseca.gov>; Mahan, Matt <Matt.Mahan@sanjoseca.gov>; Carrasco, Magdalena <Magdalena.Carrasco@sanjoseca.gov>; Jimenez, Sergio <sergio.jimenez@sanjoseca.gov>; Peralez, Raul <Raul.Peralez@sanjoseca.gov>; Esparza, Maya <Maya.Esparza@sanjoseca.gov>; Arenas, Sylvia <sylvia.arenas@sanjoseca.gov>; Cohen, David <David.Cohen@sanjoseca.gov>

Cc: Maguire, Jennifer < jennifer.maguire@sanjoseca.gov>; Wilcox, Leland <Leland.Wilcox@sanjoseca.gov>; Sylvia Alvarez

Jose Barrera <	; Kimberly Fuentes	; Danny
Garza ; Angel	Kelly < ; Salu	d Barragan <>;
Salina Esparza C	indy Pelayo <	Maciel, Zulma
<zulma.maciel@sanjoseca.gov>; Rios, Angel <angel.rios@sanjoseca.gov>; Hughey, Rosalynn</angel.rios@sanjoseca.gov></zulma.maciel@sanjoseca.gov>		

<Rosalynn.Hughey@sanjoseca.gov>; Zarate, Sarah <Sarah.Zarate@sanjoseca.gov>

[External Email]

[External Email]

Dear Mayor Liccardo, Vice Mayor Jones and Members of San Jose City Council,

Earlier this year, LULAC District 14 actively mobilized support of Councilmember Carrasco's April 2021 Memorandum regarding AB 1400. Scores of comments were submitted at our urging and we were heartened that Councilmember Arenas expressed appreciation for learning about MALDEF's lawsuit against the State of California's Medi-Cal program during committee deliberations. It was hoped that educating policy makers on the MALDEF Medi-Cal litigation, locally as well as throughout the California legislature, would engage and advance reform efforts. Instead, California's legislature and executive responded by lauding Medi-Cal and gaslighting LULAC, along with its disability and senior advocate partners as we testified before many committees, held delegation briefings, has articles and opinions published, among other concerted educational actions to shed light on healthcare crises across the state.

LULAC District 14 remains the stalwart local, state and national champion for access to greater and better healthcare for Latino families and for all. Our founding leader, Rev. Deacon Sal Alvarez, M.S.W. served as Chair of the LULAC National Health Commission and has been rightly credited as instrumental to passage of the Affordable Care Act in partnership with U.S. Representative John Conyers, and to establishment of the California health exchange in partnership with California Senator Elaine Alquist. LULAC championed the preservation of O'Connor and St. Louise Hospitals in service of low-income Latino families. We championed purchase of the hospitals by the County of Santa Clara, even as the California Nurses Association stridently litigated its opposition to the County purchase, which has preserved non-profit, community-based medical care to our East and South County Latino communities. Our founders lived, taught and we modeled in our support of AB 1400 in April, that LULAC works with others whenever possible to lift up suffering families.

11/29/21, 5:14 PM

Mail - Agendadesk - Outlook

So, particularly as the pandemic has acutely harmed Latino families, we began this year and legislative session with hope that state policy makers would listen to the cries of the poor and respond with urgency, respect and strong healthcare reforms. That was not the case.

When Thomas Saenz of MALDEF was sharply critical of California state governance in *The New York Times* this September - he was being truthful and he was accurate. California is first in hospice fraud and bad actors in end of life care due to absent state oversight, is near last in Medicaid reimbursement resulting in Latinos being hastened to end of life, and of all the healthcare policies to prioritize in the context of COVID-19, the California legislature (including all three Assemblymembers from Santa Clara County) chose to remove safeguards and ease access to **assisted suicide** (very, very quietly signed by the Governor last week on the same day hearings on rampant hospice fraud were held). And rather than maintain pressure for a federal path to citizenship for essential workers, the California legislature openly anticipated federal inaction and celebrated its grant of Medi-Cal eligibility for elder undocumented residents, exacerbating an already grossly underfunded, failing system of medical care for Latino Californians.

As such, trust in California legislators to formulate, implement and oversee quality healthcare policy and systems is presently lost. Like Mr. Saenz, we are compelled to report truthfully so that systems and governing leaders are held accountable.

Attached are materials for your consideration, **published subsequent** to your last consideration of AB 1400 in April 2021.

What LULAC District 14 knows is this: In MALDEF we trust. In the judicial branch we hope.

Sincerely, Sylvia Alvarez, J.D. CA LULAC State Executive Board Member, District 14 Director (Council #3270) Resident, District 8

Serena Alvarez, Esq. CA LULAC Council #3090 (Santa Clara), President Resident, District 6

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LAWSUIT ALLEGES COVID-19'S DISPARATE IMPACT ON LATINOS IN CALIFORNIA PARTIALLY DRIVEN BY DISINVESTMENT IN MEDI-CAL

Aug 18, 2021 | Immigrants' Rights, News Releases

ALAMEDA, Calif. — Long-term disinvestment and mismanagement of Medi-Cal helped set the stage for COVID-19's devastating impact on Latinos, according to a supplemental complaint the Superior Court of California in Alameda County granted plaintiffs leave to file on August 16, 2021.

This is the latest development in a lawsuit originally brought against state officials in 2017 alleging that the Department of Health Care Services (DHCS)—which is responsible for administering Medi-Cal, the Medicaid health insurance program for low-income Californians—has discriminated against Medi-Cal's disproportionately Latino participants by disinvesting from the program over the last 40 years as the Latino share of enrollment surged.

The supplemental complaint describes how poor access to medical care resulting from this disinvestment has left people with risk factors for COVID-19, including people with untreated and undertreated diabetes, asthma, and heart disease, at increased risk of negative outcomes. In addition, the disinvestment has hollowed out medical resources in low-income neighborhoods, leaving them ill-equipped for the surge of COVID-19 patients, as well as more dependent for routine care on hospitals, which were frequent sources of COVID-19 transmission early in the pandemic. Because Latinos make up a disproportionately large percentage of the Medi-Cal population, this increased risk has disproportionately impacted Latinos and their healthcare providers.

"The enduring, long-term harm to California Latinos from disinvestment in Medi-Cal is substantial; the pandemic and its devastating effects on the Latino community are just one troubling illustration of those effects," said Thomas A. Saenz, president and general counsel of MALDEF (Mexican American Legal Defense and Educational Fund). "We run the risk of creating an entire cohort of Medi-Cal recipients and their children who have a deep distrust of government and of the healthcare system because of their experiences with an under-resourced program."

Among those who struggled to receive adequate healthcare access during the pandemic is Maria Leon of Los Angeles. Maria, a Medi-Cal patient who has type 1 diabetes, high cholesterol, and high blood pressure, contracted COVID-19 in January but was unable to see or speak with her doctor for advice about taking her medications. She had COVID-19 symptoms for about three months and, likely as a result of her uncontrolled blood sugar, she started experiencing blurry vision and weakness in one of her legs.

"I felt so scared when I tested positive for COVID-19 but it was even more frightening when I couldn't talk to a doctor about my medications," said Maria Leon. "I eventually ran out of my blood sugar medication and my vision was so impaired that I was unable to work."

The supplemental complaint also claims that the effects of long-term disinvestment from Medi-Cal have been compounded by contemporary policy decisions, resulting in increased vulnerability to COVID-19 for the state's Latino population and the highest infection and death rates for any large demographic group in the state.

Counsel on the lawsuit includes MALDEF, CREEC (the Civil Rights Education and Enforcement Center) and the law firm of Feinberg, Jackson, Worthman & Wasow LLP. They filed it on behalf of St. John's Well Child & Family Center, the Healthcare Justice Division of SEIU-United Healthcare Workers West (SEIU-UHW), the National Day Laborer Organizing Network (NDLON), and several individual Medi-Cal participants.

Read the order HERE.

RECENT POSTS

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1 2 3 4 5 6 7 8 9 10 10 11 12	 Thomas A. Saenz (SBN 159430) Deylin Thrift-Viveros (SBN 306873) MEXICAN AMERICAN LEGAL DEFENSE ANI EDUCATIONAL FUND 634 S. Spring St., 11th Fl. Los Angeles, CA 90815 Telephone: (213) 629-2512 Facsimile: (213) 629-0266 Email: tsaenz@maldef.org dthrift-viveros@maldef.org Attorneys for Plaintiffs and the Putative Class [Additional counsel appear after caption page] ROB BONTA Attorney General of California JENNIFER G. PERKELL Supervising Deputy Attorney General JOSHUA SONDHEIMER (SBN 152000) HADARA STANTON (SBN 227040) DANE BARCA (SBN 294278) Deputy Attorneys General 455 Golden Gate Ave., Suite 11000 San Francisco, CA 94102-7004 	ALAMEDA COUNTY AUG 1 6 2021 CLERK OF THE SUPERIOR COUR By Deputy
13 14 15	Telephone: (415) 510-4420 Facsimile: (415) 703-5480 Email: Joshua.Sondheimer@doj.ca.gov Attorneys for Defendants SUPERIOR COURT OF TH	E STATE OF CALIFORNIA
16 17 18	COUNTY OF ALAMEDA	
19	ANALILIA JIMENEZ PEREA, et al.,	Case No. RG17867262
20 21	Plaintiffs, v.	ASSIGNED FOR ALL PURPOSES TO JUDGE Winifred Y. Smith DEPARTMENT 21
22 23	CALIFORNIA DEPARTMENT OF	STIPULATION AND [P ROPOSED] ORDER GRANTING PLAINTIFFS LEAVE TO FILE SUPPLEMENT TO THIRD AMENDED VERIFIED
24	Defendants.	PETITION FOR WRIT OF MANDATE AND COMPLAINT FOR
25		DECLARATORY AND INJUNCTIVE RELIEF
26		
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1	The parties to this action, through their undersigned counsel, stipulate and request an order		
2	2 as follows:	as follows:	
3	WHEREAS, Plaintiffs seek leave to file the Supp	lement to Third Amended Verified	
4	Petition for Writ of Mandate and Complaint for Declara	atory and Injunctive Relief ("Proposed	
5	5 Supplement"), attached hereto as Exhibit A, based on a	lleged factual developments since	
6	5 Plaintiffs filed their TAC; and		
7	7 WHEREAS, Defendants, without waiving any rig	ght to respond by answer, dispositive	
8	motion, or otherwise to Plaintiffs' Proposed Supplement	nt, do not oppose Plaintiffs' request;	
9	THEREFORE, the parties STIPULATE to the filing of the Proposed Supplement.		
10) the Proposed drupplement is	not clearce of a const	
11	1 Dated: August 12, 2021 Resp	pectfully submitted,	
12		VBERG, JACKSON, RTHMAN & WASOW LLP	
13		P-22	
14		Catha Worthman (SBN 230399) Darin Ranahan (SBN 273532)	
15 16		Andrea Obando (SBN 312640) Attorneys for Petitioners and the Putative Class	
10	-		
17		pectfully Submitted,	
10		BONTA	
20	Atto	orney General of California NIFER G. PERKELL	
21	Sup	ervising Deputy Attorney General TUA N. SONDHEIMER	
22	Dep	uty Attorneys General	
23	<u>/s/1</u>	<u>Dane C. Barca</u> DARA R. STANTON	
24	11	ve C. BARCA outy Attorneys General	
25		rneys for Defendants	
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1	[PROPOSED] ORDER	
2	Pursuant to the parties' stipulation, the Court hereby ORDERS that Plaintiffs may file the	
3	proposed Supplement to Third Amended Verified Petition for Writ of Mandate and Complaint for	
4	Declaratory and Injunctive Relief, a copy of which is attached to the stipulation as Exhibit A.	
5	SO ORDERED.	
6		
7	Dated: August 16, 2021 Minifred 4 Aneth	
8	The Honorable Winiffed Y. Smith	
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EXHIBIT A

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	SUPPLEMENT TO THIRD AMENDED COMPLAINT
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1	I. <u>INTRODUCTION</u>
2	1. In the over two years since Plaintiffs filed their Third Amended Complaint, the
3	global COVID-19 pandemic has resulted in a healthcare crisis that has further exacerbated
4	already significant inequalities in health and economic outcomes between marginalized
5	communities of color and the wealthy. Developments in California have underscored the
6	devastating consequences of the State's long-term disinvestment from Medi-Cal as Latinos-who
7	have borne the brunt of the COVID-19 pandemic in California-have come to comprise an
8	increasing share of its participants. The effects of long-term disinvestment from Medi-Cal have
9	been compounded by contemporary policy decisions, resulting in increased vulnerability to
10	COVID-19 for the Latino population, and the highest infection and death rates for any large
11	demographic group in the state.
12	II. FACTUAL ALLEGATIONS
13	A. Disinvestment from Medi-Cal Drove COVID-19's Disparate Impact on Latinos in
14	California.
15	2. The long-term disinvestment and mismanagement of Medi-Cal detailed in the
16	Third Amended Complaint set the stage for COVID-19's devastating impact on Latinos in
17	California. Disinvestment from Medi-Cal has contributed to its participants disproportionately
18	bearing untreated or improperly treated health conditions that have left them vulnerable to severe
19	cases of COVID-19. The substandard medical care resulting from Defendants' historic
20	disinvestment from Medi-Cal has left people with risk factors for COVID-19including, for
21	example, people with diabetes, asthma, and heart disease-at increased risk of negative outcomes
22	from COVID-19. For example, from 2011 to 2018, adult Medi-Cal beneficiaries with diabetes
23	were about twice as likely as adult diabetics with Medicare or employer-sponsored insurance to
24	report they were "not too/not at all confident" they could control and manage their diabetes.
25	Because Latinos make up a disproportionately large percentage of the Medi-Cal population, this
26	increased risk has disproportionately impacted members of Latino communities and their
27	healthcare providers.
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	1 SUPPLEMENT TO THIRD AMENDED COMPLAINT

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Disinvestment from Medi-Cal has hollowed out the medical resources that provide 3. 1 surge capacity in the event of a pandemic. "Safety net" hospitals, which rely heavily on 2 reimbursements from Medi-Cal, were devastated by the pandemic. These hospitals were overrun 3 with COVID-19 patients, affecting their ability to provide care for all of their patients. Some 4 overwhelmed hospitals were unable to transfer patients to hospitals with open beds because the 5 receiving hospitals-who have lost confidence in Medi-Cal due to the Defendants' decades-long 6 disinvestment from, and mismanagement of, the program as detailed in the Third Amended 7 Complaint--were averse to accepting Medi-Cal patients. Because of this inability to transfer 8 patients, hospitals serving the Latino community were overwhelmed by COVID-19 patients and 9 subsequently unable to properly care for their patients. Meanwhile, hospitals that typically serve a 10 higher proportion of privately insured patients-a whiter population-had a surplus of ICU beds 11 available. Similarly, community clinics serving Medi-Cal participants were overwhelmed with 12 COVID-19 patients, who were unable to access other care due to Defendants' disinvestment from 13 Medi-Cal and the administrative burdens set forth in the Third Amended Complaint. 14

The access problems created by disinvestment have led to disproportionate 15 4. reliance on hospitals by Medi-Cal participants. As a result, Medi-Cal participants, the majority of 16 whom are Latino, have faced increased exposure to COVID-19 infection given the high rate of 17 hospital-acquired COVID-19 infection, particularly during the early phase of the pandemic. For 18 example, Medi-Cal participants have experienced substantially higher rates of preventable 19 hospitalizations for diabetes and other chronic conditions when compared to those with private 20 insurance. In addition, Medi-Cal participants are disproportionately likely to rely on emergency 21 rooms as their primary source of care due to inability to access regular outpatient care. 22

- 5. The same problems in access to care faced by Medi-Cal participants for other
 treatments, detailed at length in the Third Amended Complaint, have applied to their attempts to
 receive care for COVID-19. For example, physicians and clinicians that might otherwise treat
 Medi-Cal participants with COVID-19 have refused to accept Medi-Cal for such treatment due to
 the corresponding reimbursement rates.
 - 2 SUPPLEMENT TO THIRD AMENDED COMPLAINT

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To the extent that access to care for both COVID-19 and other conditions was 1 6. delayed for everyone due to the closure of medical offices and surging demand, such delays were 2 significantly worse for Medi-Cal participants than the general insured population. Moreover, the 3 consequences of postponed health care during the pandemic are falling and will continue to fall 4 disproportionately on Medi-Cal participants. Medi-Cal participants, to a greater degree than the 5 general insured population, faced delayed and cancelled health care appointments, and postponed 6 treatments during the pandemic, including routine health care appointments, management of 7 chronic conditions, and treatment for serious health issues. Pent-up demand is overwhelming the 8 health care system, and Medi-Cal participants are facing worse access problems than the general 9 insured population as a result of Defendants' long-term disinvestment from the program. 10 The State's Response to the COVID-19 Pandemic Furthered the Disparities 11 **B**. **Resulting from Its Prior Disinvestment.** 12 The State's response to COVID-19 exacerbated disparities that had resulted from 7. 13 its long-term policy of disinvestment from Medi-Cal. For example, the State's emphasis on 14 telehealth and remote access to care left out Medi-Cal participants, who are disproportionately 15 likely to face difficulties accessing telehealth, such as lacking adequate access to the internet. 16 Going into the pandemic, Medi-Cal participants were the least likely of any insured group to 17 access care via video or telephone, leaving them ill equipped to take advantage of the shift to 18 19 telehealth. In addition, the State only distributed doses of monoclonal antibody infusion 20 8. therapy for COVID-19 treatment to hospitals rather than to community clinics that 21 disproportionately serve the Latino community and Medi-Cal participants, such as Plaintiff St. 22 John's Well Child & Family Center. St. John's eventually received doses from the federal 23 government and provided the treatment to over 100 high-risk patients. . 24 Once COVID-19 vaccines were developed and produced, the California 25 9. Department of Public Health, which falls under Defendant California Health and Human Services 26 Agency, failed to prioritize immunization of the uniquely vulnerable California Latino 27 population. Throughout the vaccine distribution period, Latinos in California have been 28 SUPPLEMENT TO THIRD AMENDED COMPLAINT

hospitalized and have died due to COVID-19 at a higher rate than other ethnic groups. Latinos 1 were the most vulnerable large ethnic group in California during the pandemic. Yet, the State 2 failed to prioritize this high-risk population for vaccinations and other medical care. For example, 3 rather than prioritizing vaccinations based on high-risk medical conditions, the State instead 4 prioritized vaccinations primarily by age. This decision further increased the risk to the Latino 5 population, which has the lowest proportion of people age 65 and over of any racial or ethnic 6 category in the state (6.9%). By contrast, a quarter of White people are age 65 or older (24.5%). 7 Over 60% of all Californians aged 65 and over are White; only 18% are Latino. By way of 8 contrast, several other states prioritized high-risk conditions, people of color, and underserved 9 communities in their 1b and 1c phases of vaccine distribution. Latinos in California have received 10 a smaller share of vaccinations compared to their share of cases and share of the total population. 11 In California, White people were 1.4 times as likely as Latinos to have received the vaccine. 12

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С.

The Pandemic Has Devastated Medi-Cal Participants and Latinos in California.

10. Compared to White people, Latinos have been more than twice as likely to suffer
infection, hospitalization, and death because of COVID-19. In California, the death rate for
Latinos ages 18 to 34 has consistently been five times higher than the White death rate for the
same age group; for Latinos ages 20 to 54, the rate was eight and a half times higher than the
White death rate for the same age group.

Medi-Cal participants suffered disproportionately during the pandemic both in
 terms of access to physician care and in terms of COVID-19 hospitalizations compared to people
 with other forms of insurance. Medi-Cal participants struggled to find providers to treat COVID 19 who accepted Medi-Cal. They also faced long delays trying to access non-COVID health care
 services they needed. Additionally, utilization of children's preventive services in Medi-Cal have
 declined significantly during COVID-19, which could result in negative long-term health
 consequences for affected children.

26 12. The odds of a COVID-19-related hospitalization and greater illness severity for
27 patients with diabetes are three- to four-fold higher than patients without diabetes. This disparity
28 is exacerbated by insurance type.

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SUPPLEMENT TO THIRD AMENDED COMPLAINT

1	13. Since May 2020, the CDC has been tracking Multisystem Inflammatory Syndrome
2	in Children (MIS-C), a rare but serious condition associated with COVID-19. Nationwide, a
3	plurality (approximately 33%) of reported patients with MIS-C are Latino, with the highest
4	concentration in California. While only 57% of children in Los Angeles County are Latino,
5	Latinos represented about 74% of MIS-C cases in the county as of June 4, 2021.
6	14. The COVID-19 crisis and its disparate impact on Latinos is ongoing: California is
7	currently experiencing a pandemic of unvaccinated people. The rise of the Delta variant of the
8	coronavirus is focusing new attention on the dangers still posed for people who have not been
9	fully vaccinated against COVID-19. For example, of 123 people recently confirmed to have been
10	infected with the Delta variant in Los Angeles County, 110 were unvaccinated and three were
11	partially vaccinated. Meanwhile, the White population in Los Angeles County is 50% more likely
12	to be fully vaccinated than the Latino population, making the Latino community more susceptible
13	to the Delta variant surge, and potentially other variants in the future.
14	* * *
15	15. The California Latino community's experience during this pandemic will continue
16	to affect their interactions with health care in the future, in the immediate sense as they face
17	continued delays and denials of needed health care treatment, and also over the long term. These
18	harms trace directly to Defendants' historic disinvestment from and mismanagement of the Medi-
19	Cal program as its participant population has become predominantly Latino, coupled with
20	prioritization of pandemic responses that disproportionately served the state's White population.
21	Defendants' disinvestments in Medi-Cal and the devastation caused to Latinos by COVID-19,
22	//
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	5 SUPPLEMENT TO THIRD AMENDED COMPLAINT

1	and the delays and disparities in the state's	COVID-19 response, have eroded trust in the state and
2	its healthcare systems, and will further exac	erbate disparities in chronic conditions and future
3	health crises.	
4		Respectfully submitted,
5		MEXICAN AMERICAN LEGAL DEFENSE
6		AND EDUCATIONAL FUND
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8		CIVIL RIGHTS EDUCATION AND ENFORCEMENT CENTER
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15	Dated: August, 2021 By:	Catha Worthman
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	SUPPLEMENT TO THIRD AMENDED COMPLAINT	

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Policymakers Must Hold Medi-Cal Accountable for Improving Care for CA Kids

Dear Director Lightbourne and Chief Deputy Director Cooper:

Our organizations are writing to urge the Department to hold Medi-Cal plans accountable for improving care for California's kids. Medi-Cal is the cornerstone of health care for California's children – half of the state's children rely on Medi-Cal to meet their health care needs, three-quarters of whom are children of color. Medi-Cal managed care plans' poor performance in delivering preventive and other care for children is well-documented. The deficiencies in the Medi-Cal managed care program contribute to health disparities for children across the state that can last a lifetime.

In 2019, in response to a scathing state audit report showing how few Medi-Cal children received preventive care, the Newsom Administration announced major changes to the way Medi-Cal health plans would be held accountable for caring for children. This May, the Governor asserted that the new state contracts with Medi-Cal managed care plans would be "big and bold." Even with the 2019 changes, the newly proposed draft contract is not bold or strong enough to ensure accountability for children's health. The State should favor and award contracts to health plans with a proven track record of exceptional performance and commitment to children's health and quality improvement.

These draft contracts represent a once-in-a childhood opportunity for the Department of Health Care Services (DHCS) to prioritize kids. The Medi-Cal contracts should establish accountability and payment mechanisms across the range of children's health care services that are: centered on equity; rooted in youth and parent/caregiver voice; and firmly held to high standards that drive improvement in child health outcomes.

Unfortunately, the draft documents released for public comment fall far short of what is needed to make improvements for children's health. The drafts fail to directly address the issue of low preventive care utilization for children, which has fallen even lower since the public health emergency. While we appreciate the greater focus on health equity and population health, these draft contract documents do not match the Administration's rhetoric around children's health care.

The State should establish contracts that hold managed care plans accountable for kids receiving critical, cost-effective preventive services, getting better care coordination, and ultimately realizing better health outcomes. For a generation of children growing up with Medi-Cal, these contracts as drafted would lock in low health plan performance expectations, do little to incentivize improvements in the quality of care, and waste valuable state resources by paying plans even when children cannot get their most basic health care needs met. Instead, the State should lay out a robust vision and set a north star for improving quality of care for kids, reducing health disparities for children and youth, and responsible fiscal stewardship of valuable health care dollars.

Specifically, we share the following feedback and remedies on the draft documents, as requested by DHCS. We suggest that the State should:

• Establish requirements that all children have a pediatric medical home that provides and coordinates access to high-quality health care. Medi-Cal contracts with health plans are worth roughly \$5 billion annually for children's health care, and they will be worth even more as new requirements and incentives are implemented. Therefore, the contracts need to do a better job defining the expectations for coordinating children's health care and how plans will be held accountable. For example, the contract language in Exhibit A, Attachment III should more clearly reflect the Administration's stated intention to hold health plans accountable to benchmarks on the Children's Preventive Services Report measures. The contract also needs to better define the requirement that health plans maintain a Medical Home for children (Section 4.3.2), explain how health plans will prove they are providing Basic Care Management (including all wellness and preventive services and screenings) to all children (Section 4.3.5), coordinating care for all services for children under 21 (Section 5.3.4), and meeting the requirement that a Dental Liaison help facilitate children's dental care (Section 4.3.14).



- Establish a Quality Improvement Program with financial accountability when health plan performance is among the worst in the country. These drafts envision that payment rates would be developed the same way they always have been, untethered to plan performance and kids' health outcomes. But this procurement needs new strategies to improve the stubbornly low performance among Medi-Cal managed care plans. We strongly recommend that the State rewrite Section 1.5 of Exhibit B to make the rate development process a central driver of quality improvement and impose financial withholds for plans that perform in the bottom half of health plans nationwide for children's preventive services. In Section 2.2.9.A. of Exhibit A, Attachment III, the draft contract should be updated to reflect the current policy that all plans are expected to perform at least at the upper half (or 50th percentile) of plans nationwide and that anything less will have consequences and sanctions. In addition, DHCS could reward health plans for improved performance by explicitly naming children's services as an area for additional payments/incentives in Section 1.8 of Exhibit B.
- Better address child health equity through greater community engagement. The state's data has shown that Black, American Indian or Alaskan Native, Native Hawaiian or other Pacific Islander, and children living in households that speak a language other than English are even less likely to receive crucial preventive services to which they are entitled. Much more needs to be done to address disparities among LGBTQ+ Medi-Cal members. Communities can and should help guide health equity goals and activities, so there should be greater opportunities to bring in Medi-Cal members and other community stakeholders. For example, "youth" themselves as Medi-Cal members should be represented in plan advisory committees and other areas with member representation (in Section 1.1.10). Community engagement should further be strengthened through more representation of child and youth populations in the membership of Community Advisory Committees (in Section 5.2.11.C), and the addition of consumer participation and transparency for the new Quality Improvement and Health Equity Committee (QIHEC) requirement (in Section 2.2) of Exhibit A, Attachment III.
- Issue new drafts for public review that incorporate policy proposals that will have positive impacts on the health of pregnant individuals, babies, and children, such as reimbursement for community health workers, expanded access to dyadic care, and a new doula care benefit to promote birth equity. Along those lines, the State should require health plans to describe how they will better provide comprehensive, wraparound health care and coordinate services for these populations, including leveraging voluntary evidence-based home visiting programs to serve pregnant and parenting foster youth, pregnant and parenting families participating in both Medi-Cal and CalWORKS, and other families who could benefit. The contracts must also describe how care management will be coordinated and enhanced for children with classic California Children's Services (CCS) coverage as well as those CCS-eligible children receiving services through a Whole Child Model (WCM) program that the state pays plans separate rates for according to Section 1.3 of Exhibit B.

The Medi-Cal managed care program must be held accountable for truly ensuring that every enrolled child receives appropriate physical, behavioral, and oral health care at the right time in the right place. California's increasing investment in Medi-Cal managed care must work for kids and families covered by Medi-Cal, not just health plans.

We respectfully urge you to adopt our recommendations in the next iteration of these draft contracts and seize the opportunity to improve the managed care program for children.

Sincerely, The Undersigned Organizations





211 Tulare County

[Nonprofit] Communications

18 Reasons





826LA



A Better Way, Inc.



A Greater Hope



A World Fit For Kids!



AbilityPath



Access California Services





Acterra

Advokids

*ALDER GRADUATE

Agape Villages Foster Family Agency

Alder Graduate School of Education

Alex Rorabaugh Recreation Center

All Peoples Community Center



Alliance for A Better Community

Alliance for Children's Rights

for CHILDREN'S RIGHTS

ALLIANCE



Alliance Medical Center

Almaden Valley Counseling Service



Alum Rock Counseling Center

Almaden Valley Rotary Club

Alum Rock Counseling Center

Alyssum Maguire Consulting

Amador Youth Basketball



Amah Mutsun Tribal Band



American Academy of Pediatrics, California



American Academy of Pediatrics, California, Chapter 2 American Sports Institute

Helping People

Build Better Communities

Applied Survey Research



Amigos de Guadalupe Center for Justice & Empowerment

Amigos De Guadalupe Center For Justice And Empowerment

AMPL Art Consulting

Amundson Consulting



ASIAN HEALTH SERVICES Asian Health Services



Asian Pacific Policy & Planning Council (A3PCON) Aspiranet



Arcata Playhouse

Autism Deserves Equal Coverage Foundation



BANANAS, Inc.



Barbara Stroud Training and Consultation



Bay Area Clinical Associates



Bay Area Community Services

Bay Area Creative

Bay Area Furniture Bank

Benevolence Health Centers

Berkeley Food Network

Berkeley Youth Alternatives

Beyond Emancipation

Blind Babies Foundation



Blue Bear School of Music

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BOYS & GIRLS CLUB

EL DORADO COUNTY WESTERN SLOPE



Boys & Girls Club of Laguna Beach

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Boys & Girls Clubs of La Habra



BRIDGES, Inc.



Brooke Frost and Associates

Bundle of Joy Nature Preschool Childcare

CA Alliance of Child and Family Services

Cake4Kids

Cake & Kids





California AfterSchool Network

California Alliance of Caregivers

California Association for Supervision and Curriculum Development



California Association of Marriage and Family Therapists



California Black Health Network

California Breastfeeding Coalition

California CASA

California Coalition for Youth

T Coalition for Youth

alifornia Family **Resource** Association Strong Families. Strong Commun

California Education Partners

California Family Resource Association

California Fitness Fun INC

California Health Collaborative



California Rural Legal Assistance Foundation



California School-Based Health Alliance



California STEM Network



California Immunization

Coalition



Capital Stage



CASA of Butte and Glenn Counties

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Catalyst Family Inc.



Caulder Lamm Alliance for Children, Inc.



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Center for Engineering, Science, and Mathematics Education; Cal Poly

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Center for Human Rights and Constitutional Law CENTER for JUDICIAL EXCELLENCE

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Center for Leadership, Equity,

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Center for Reaching & Teaching the Whole Child



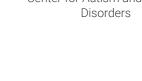
Central Coast Early Childhood Advocacy Network Centro La Familia Advocacy Services Inc.



Child Abuse Prevention Center

Child Abuse Prevention Council of Sacramento









Child Abuse Prevention Council of San Joaquin County





Child and Family Policy Institute of California



Child Care Coordinating Council of Nevada County



Child Care Coordinating Council of San Mateo County



Child Care Resource Center, Inc.



Child Development Resources of Ventura County, Inc.

Child Guidance Center of OC



Child Parent Institute



Children Now



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Children's Cause Orange County



Children's Defense Fund CALIFORNIA

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Children's Legal Services of San Diego

Children's Regional Integrated Service System





Chinatown Service Center

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CocoKids" Childhood Champions



CommuniCare Health Centers

Community Asian Theatre of the Sierra

Rights of Los Angeles



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Community Health Councils



Congregations Organized for



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SCHOOLS

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campus sites)



Disability Rights California

Disability Rights California



Dorris Dann Kids Campus



Dovetail Learning

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EnCorps STEM Teachers



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Koinonia Family Services

KFS School



Krause Center for Innovation



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Options for Learning

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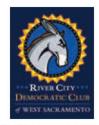
Regional Asthma Management and Prevention

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River City Democratic Club West Sacramento Robyn & Italo's Dance Events (RIDE)



Rocketship Public Schools



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Sententia Vera, LLC

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SHIELDS for families believing, building, becoming

SHIELDS for Families



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The Los Angeles Trust for Children's Health

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The Scott Foundation



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the PARENT Notebook

The Parent Notebook

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Women's Wisdom Art

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Youth Leadership Institute (representing 7 program sites)

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18 Reasons	Pediatrics, California, C
2020 Mom	American Sports Instit
211 Tulare County	Amigos De Guadalupe For Justice And Empov
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A Greater Hope	Applied Survey Resear
A World Fit For Kids!	Arcata Playhouse
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Access California Services	Asian Pacific Policy & I Council (A3PCON)
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	Berkeley Youth Alterna
Almaden Valley Rotary Club	Beyond Emancipation
Alum Rock Counseling Center	Blind Babies Foundatio
Alyssum Maguire Consulting	Blue Bear School of Mu
Amador Youth Basketball	Boys & Girls Club of El County Western Slope
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Boys & Girls Clubs of Manteca and Lathrop

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First 5 Sonoma County

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Fremont Family Resource Center

Fresh Approach

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Fresno Fire Chief's Foundation

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Women's Empowerment

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Worksite Wellness LA

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Young Actors Project

Young Storytellers

Young Visionaries Youth Leadership Academy

Youth Leadership Institute (representing 7 program sites)

Yuba City Education Foundation

New bills target abuses in state's hospice industry

Times inquiry spurs calls for a halt to new licenses and action on recruiting schemes.

BY KIM CHRISTENSEN

Widespread fraud, kickbacks and other abuses in an industry meant to provide comforting care for the dying are the focus of reform proposals that call for a temporary halt to new licenses and a crackdown on patient-recruiting schemes in California's booming hospice business.

A bill working its way through the state Senate would impose a one-year moratorium on new hospice licenses. A related measure in the Assembly would prohibit hospices from paying recruiters or other "referral sources" for new patients, an area that has been ripe for fraud.

Sen. Ben Allen (D-Santa Monica) said his <u>Senate Bill 664</u> is aimed at "the proliferation of shysters who are making tons of money off both public and private sources" at the expense of vulnerable patients.

The bill, which he said was largely spurred by a <u>Los Angeles Times investigation</u> published in December, is contingent on the state auditor taking up his request to examine the industry and report its findings.

"We support and want to see high-quality, good hospice care in our state and want to see it continue to grow," Allen told the Senate Health Committee this week. "We also want to shut down bad actors."

The Times' investigation found that an exponential boom in hospice providers has transformed end-of-life care that was once the realm of charities and religious groups into a multibillion-dollar business dominated by profit-driven operators.

Over the last 20 years, the number of U.S. providers has roughly doubled, while Medicare spending on hospice has grown by a factor of six, to \$19.2 billion a year. More than 1.5 million Medicare beneficiaries now receive care from some 5,000 hospices, the vast majority of them for-profit operators.

Los Angeles County's hospices have multiplied sixfold in the last decade and now account for more than half of the state's roughly 1,200 Medicare-certified providers, The Times' analysis of federal healthcare data showed.

Scores of hospices have sprung up along a corridor stretching west from the San Gabriel Valley through the San Fernando Valley, which now has the highest concentration of providers in the nation.

The Times found that Glendale had 60 hospices, while Burbank had 61 and Van Nuys 63.

By comparison, New York state and Florida each had fewer than 50.

Many California hospices are small operations, some purchased as investments by people with little or no healthcare experience. There are few qualifications for starting or operating a hospice beyond having a clean felony record, getting licensed by the state and being certified by Medicare, a process that costs only a few thousand dollars.

Allen's bill has been endorsed by California Advocates for Nursing Home Reform, which cited The Times' reporting <u>in a letter</u> to <u>lawmakers</u> that said "it is time to hit the pause button on hospice expansion" in California.

"SB 664's moratorium will prevent more bad actors from entering the hospice business while giving the state time to create a system that screens operators to ensure they are qualified and that their services are needed," wrote Executive Director Patricia McGinnis.

"Californians who are dying deserve far better than to be exploited by corrupt hospice providers," she said.

The bill so far has faced no formal opposition. Peter Kellison, speaking for the California Hospice and Palliative Care Assn., told Allen's committee that his organization has concerns about the effectiveness of a moratorium but is neutral on the legislation.

"Inarguably," he said, there has been "an appalling abuse of the public by those unscrupulous hospice providers that have been highlighted in media stories, coverage and government reports."

7/3/2021

Los Angeles Times - eNewspaper

A second bill in the works addresses another of The Times' key findings, namely that heated competition for new patients has spawned a cottage industry of kickbacks to crooked doctors and recruiters who zero in on prospective patients at retirement homes and other venues.

To qualify for hospice, patients must be certified as terminally ill by their attending physicians, if they have them, and by a hospice doctor.

But many of those signed up by recruiters with promises of medical care, equipment or housekeeping services were not dying, The Times found. Some later learned they had signed away their rights to lifesaving emergency medical treatment.

Sponsored by Assemblywoman Jacqui Irwin (D-Thousand Oaks), <u>Assembly Bill 1280</u> would prohibit hospice providers or their agents from paying recruiters or others for patient referrals. It also prohibits hospice employees, salespeople or others who receive any form of compensation for referrals from providing consultation on eligibility or services.

"Preying upon the sick and dying is despicable, and it's unacceptable that California leads the nation in hospice fraud," Irwin said, calling her bill "a first step" toward addressing monetary incentives that can lead to fraud.

"We need checks and balances to help people and caretakers, who are often under duress when making these difficult decisions," she said. "We have a responsibility to ensure that patients who are at the end of life receive the right care that addresses the patients' and family needs."

Fw: Today's Council Meeting & our Creeks

Gregory, Barbara <Barbara.Gregory@sanjoseca.gov>

Tue 11/30/2021 11:58 AM

To: Agendadesk < Agendadesk@sanjoseca.gov>

Thank You,

Barb Gregory



Analyst II Office of the City Clerk 200 E Santa Clara St FL T-14 San Jose, C-A 95112 408-535-1272 Fax: 408-292-6207 e-mail: barbara.gregory@sanjoseca.gov

How is our service? Please take our short survey.

From: Steve Holmes

Sent: Tuesday, November 30, 2021 10:04 AM

To: The Office of Mayor Sam Liccardo <TheOfficeofMayorSamLiccardo@sanjoseca.gov>; Mossing, Mackenzie <Mackenzie.Mossing@sanjoseca.gov>; District1 <district1@sanjoseca.gov>; District2 <District2@sanjoseca.gov>; District3 <district3@sanjoseca.gov>; District4 <District4@sanjoseca.gov>; District5 <District5@sanjoseca.gov>; District 6 <district6@sanjoseca.gov>; District7 <District7@sanjoseca.gov>; District8 <district8@sanjoseca.gov>; District9 <district9@sanjoseca.gov>; District 10 <District10@sanjoseca.gov>; City Clerk <city.clerk@sanjoseca.gov>

Subject: Today's Council Meeting & our Creeks

[External Email]

11/30/21, 1:03 PM

To: Council Members and Mayor

From: South Bay Clean Creeks Coalition

Subject: Proposed Spending to be discussed at today's Council Meeting

Trash in and around our local Waterways has reached levels not seen in a decade. Our group has continued to lead the reclamation work as City Staff have been relegated to other trash impacted areas like streets, parks. Council has shown forward thinking with many measures related to green initiatives but have over looked the dire conditions along our local Waterways. We are currently monitoring the annual return of Chinook salmon into the Guadalupe River. This run represents the furthest point south on the North American Continent where Chinook return to spawn.

We agree with Councilmember Mahan's recommendation to increase funding that addresses blight with some of these monies directed at our Waterways. We also believe that it is time for Council to act on measures that would protect our Waterways with the implementation of "buffers" that restrict camping in the riparian corridors.

What will be our legacy?

Sincerely,



South Bay Clean Creeks Coalition



This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Fw: License Plate Reading Cameras

Gregory, Barbara < Barbara.Gregory@sanjoseca.gov>

Tue 11/30/2021 11:59 AM

To: Agendadesk < Agendadesk@sanjoseca.gov>

Thank You,



Barb Gregory Analyst II Office of the City Clerk 200 E Santa Clara St FL T-14 San Jose, C-A 95112 408-535-1272 Fax: 408-292-6207 e-mail: barbara.gregory@sanjoseca.gov

How is our service? Please take our short survey.

From: Maria Guttenbeil Sent: Tuesday, November 30, 2021 9:19 AM To: City Clerk <city.clerk@sanjoseca.gov> Subject: License Plate Reading Cameras

[External Email]

Hello,

I would also like to comment on the License Plate reading cameras. I do not agree with spending \$250k for leasing license plate reading cameras to assist with these "smash-mob" burglaries. Why can SJPD try to be proactive and have their detectives actually figure out out how to prevent the smash-mobs instead of waiting for it to happen...

Best regards, Maria

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Fw: San José Bridge Program

Gregory, Barbara < Barbara.Gregory@sanjoseca.gov>

Tue 11/30/2021 12:01 PM

To: Agendadesk < Agendadesk@sanjoseca.gov>

Thank You,

Barb Gregory



Analyst II Office of the City Clerk 200 E Santa Clara St FL T-14 San Jose, C-A 95112 408-535-1272 Fax: 408-292-6207 e-mail: barbara.gregory@sanjoseca.gov

How is our service? Please take our short survey.

From: Maria Guttenbeil Sent: Tuesday, November 30, 2021 9:16 AM To: City Clerk <city.clerk@sanjoseca.gov> Subject: San José Bridge Program

[External Email]

Hello,

I am concerned about the council members voting to pause or end this needed program. I believe expanding the program will allow for more of our unhoused neighbors to gain employment and eventually become productive members of our society again. It makes no sense to continue to have unhoused members on our streets and not provide programs to get them assistance.

Our streets, open fields, freeway exits/entrances are riddled with trash from our unhoused guests, the city does nothing to clean it up and so why not have them clean up the mess in exchange for a skillset and some money in their pockets.

San Jose is home to so many unhoused people and we must do better at addressing this issue and not take away the programs that can assist not only the housed citizens of San Jose but the unhoused.

Best regards, Maria

Agenda Item 3.5 (Memorandum of Support for AB1400)

Salem Ajluni 🧃

Tue 11/30/2021 12:52 PM

To: District1 <district1@sanjoseca.gov>; District2 <District2@sanjoseca.gov>; District3 <district3@sanjoseca.gov>; District4 <District4@sanjoseca.gov>; District5 <District5@sanjoseca.gov>; District6 <district6@sanjoseca.gov>; District7 <District7@sanjoseca.gov>; District8 <district8@sanjoseca.gov>; District9 <district9@sanjoseca.gov>; District 10 <District10@sanjoseca.gov>

Cc: City Clerk <city.clerk@sanjoseca.gov>

[External Email]

[External Email]

I urge you to vote for Councilmember Carrasco's memorandum in support of AB 1400, the California Guaranteed Healthcare for All Act (CalCare).

This bill will guarantee all California residents will be fully covered for health care without co-payments, deductibles or other out-of-pocket costs, regardless of employment status, immigration status or any other criteria.

In other words, AB1400 will make healthcare access for everyone as easy as current access to COVID-19 testing and COVID-19 vaccinations. All people will be able to visit providers and receive care with no monetary or bureaucratic obstacles with all expenses ultimately paid via the tax system, exactly like COVID-19 care up to now.

Thank you,

Salem Ajluni

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Re: Agenda Item 3.5 (Memorandum of Support for AB1400)

Erika Feresten <

Tue 11/30/2021 1:30 PM

To: Salem Ajluni <

Cc: District1 <district1@sanjoseca.gov>; District2 <District2@sanjoseca.gov>; District3 <district3@sanjoseca.gov>; District4@sanjoseca.gov>; District5 <District5@sanjoseca.gov>; District6 <district6@sanjoseca.gov>; District7<<District7@sanjoseca.gov>; District8 <district8@sanjoseca.gov>; District9 <district9@sanjoseca.gov>; District 10<District10@sanjoseca.gov>; City Clerk <city.clerk@sanjoseca.gov>

[External Email]

[External Email]

Go Salem! Your champion,

Erika Feresten, MA, PCC

Director, Health Care for All - Los Angeles **SINGLE PAYER IS THE SOLUTION...** Join the health care revolution! hcala.org

https://www.facebook.com/HealthCareForAllLosAngeles https://twitter.com/hca_losangeles

hc

On Tue, Nov 30, 2021 at 12:52 PM Salem Ajluni <<u>sajluni@yahoo.com</u>> wrote: I urge you to vote for Councilmember Carrasco's memorandum in support of AB 1400, the California Guaranteed Healthcare for All Act (CalCare). This bill will guarantee all California residents will be fully covered for health care without co-payments, deductibles or other out-of-pocket costs, regardless of employment status, immigration status or any other criteria.

In other words, AB1400 will make healthcare access for everyone as easy as current access to COVID-19 testing and COVID-19 vaccinations. All people will be able to visit providers and receive care with no monetary or bureaucratic obstacles with all expenses ultimately paid via the tax system, exactly like COVID-19 care up to now.

Thank you,

Salem Ajluni

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Agenda Item 3.5

Vickie Mueller Olvera

Tue 11/30/2021 1:39 PM

To: City Clerk <city.clerk@sanjoseca.gov>

[External Email]

[External Email]

City Clerk's Office,

I support Councilmember Carrasco's memorandum in support of AB 1400, the California Guaranteed Healthcare for All Act (CalCare).

This bill will guarantee all California residents will be fully covered for health care without copayments, deductibles or other out-of-pocket costs, regardless of employment status, immigration status or any other criteria.

respectfully,

Vickie Mueller Olvera San Jose 95136

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Agenda Item 3.5

Vickie Mueller Olvera

Tue 11/30/2021 1:50 PM

To: District1 <district1@sanjoseca.gov>; District2 <District2@sanjoseca.gov>; District3 <district3@sanjoseca.gov>; District4 <District4@sanjoseca.gov>; District5 <District5@sanjoseca.gov>; District6 <district6@sanjoseca.gov>; District7 <District7@sanjoseca.gov>; District8 <district8@sanjoseca.gov>; District9 <district9@sanjoseca.gov>; District 10 <District10@sanjoseca.gov>; The Office of Mayor Sam Liccardo <TheOfficeofMayorSamLiccardo@sanjoseca.gov> Cc: City Clerk <city.clerk@sanjoseca.gov>; SCC Single Payer <

[External Email]

[External Email]

Honorable San Jose Councilmembers,

I urge each of you to vote in favor of Councilmember Carrasco's memorandum in support of AB 1400, the California Guaranteed Healthcare for All Act.

This bill will guarantee all California residents will be fully covered for health care without copayments, deductibles or other out-of-pocket costs, regardless of employment status, immigration status or any other criteria.

In other words, AB1400 will make healthcare access for everyone as easy as current access to COVID-19 testing and COVID-19 vaccinations. All people will be able to visit providers and receive care with no monetary or bureaucratic obstacles with all expenses ultimately paid via the tax system, exactly like COVID-19 care up to now.

Healthcare is a human right.

Respectfully,

Vickie Mueller Olvera San Jose 95136

City Clerk <city.clerk@sanjoseca.gov> Wed 12/8/2021 12:25 PM To: Agendadesk <Agendadesk@sanjoseca.gov>

-----Original Message-----From: Gregg Johnson > Sent: Monday, November 29, 2021 9:40 AM To: City Clerk <city.clerk@sanjoseca.gov> Subject: Support Agenda Item 3.5, CalCare (AB 1400)

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[External Email]

Dear San Jose City Council,

I urge you to support the resolution in support of CalCare (AB 1400), when the Council votes on Agenda Item 3.5 on November 30.

CalCare would save patients money, ensure that no one is without health care coverage, and even include mental health, reproductive health, and long-term care.

In short, CalCare would be a transformational move to help the 3.2 million Californians without health insurance, the 12 million who don't use their insurance because of the cost, and everyone who needs care in our state.

I know CalCare is the right thing for the state of California — please support it at the next Council meeting.

Thank you for your time.

Sincerely, Gregg Johnson

City Clerk <city.clerk@sanjoseca.gov> Wed 12/8/2021 12:26 PM To: Agendadesk <Agendadesk@sanjoseca.gov>

-----Original Message-----From: Susan Trivisonno Sent: Monday, November 29, 2021 10:10 AM To: City Clerk <city.clerk@sanjoseca.gov> Subject: Support Agenda Item 3.5, CalCare (AB 1400)

[External Email]

Dear San Jose City Council,

I urge you to support the resolution in support of CalCare (AB 1400), when the Council votes on Agenda Item 3.5 on November 30.

CalCare would save patients money, ensure that no one is without health care coverage, and even include mental health, reproductive health, and long-term care.

In short, CalCare would be a transformational move to help the 3.2 million Californians without health insurance, the 12 million who don't use their insurance because of the cost, and everyone who needs care in our state.

I know CalCare is the right thing for the state of California — please support it at the next Council meeting.

Thank you for your time.

Sincerely, Susan Trivisonno

City Clerk <city.clerk@sanjoseca.gov> Wed 12/8/2021 12:26 PM To: Agendadesk <Agendadesk@sanjoseca.gov>

-----Original Message-----From: Tony Loeb < Sent: Monday, November 29, 2021 10:52 AM To: City Clerk <city.clerk@sanjoseca.gov> Subject: Support Agenda Item 3.5, CalCare (AB 1400)

[External Email]

Dear San Jose City Council,

I urge you to support the resolution in support of CalCare (AB 1400), when the Council votes on Agenda Item 3.5 on November 30.

CalCare would save patients money, ensure that no one is without health care coverage, and even include mental health, reproductive health, and long-term care.

In short, CalCare would be a transformational move to help the 3.2 million Californians without health insurance, the 12 million who don't use their insurance because of the cost, and everyone who needs care in our state.

I know CalCare is the right thing for the state of California — please support it at the next Council meeting.

Thank you for your time.

Sincerely, Tony Loeb

Sincerely,

Tony Loeb

City Clerk <city.clerk@sanjoseca.gov> Wed 12/8/2021 12:26 PM To: Agendadesk <Agendadesk@sanjoseca.gov>

-----Original Message-----From: Allen Leinwand Sent: Monday, November 29, 2021 12:27 PM To: City Clerk <city.clerk@sanjoseca.gov> Subject: Support Agenda Item 3.5, CalCare (AB 1400)

[External Email]

Dear San Jose City Council,

I urge you to support the resolution in support of CalCare (AB 1400), when the Council votes on Agenda Item 3.5 on November 30.

CalCare would save patients money, ensure that no one is without health care coverage, and even include mental health, reproductive health, and long-term care.

In short, CalCare would be a transformational move to help the 3.2 million Californians without health insurance, the 12 million who don't use their insurance because of the cost, and everyone who needs care in our state.

I know CalCare is the right thing for the state of California — please support it at the next Council meeting.

Thank you for your time.

Sincerely, Allen Leinwand