1111 W. 6th St., Fourth Floor Los Angeles, CA 90017-1800 Tel 213. 749.4261 Fax 213.745.1040 info@mchaccess.org

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Family PACT and Health Reform

Family PACT -- Planning, Access, Care, Treatment -- has provided family planning and reproductive health services at no cost to low-income women and men in California since 1997. It will continue to be necessary and cost-effective after the implementation of federal health care reform in 2014. The program should continue as is to meet the following needs:

- The uninsured: Many adults may not enroll in health coverage. For example:
 - They may calculate that the penalty for not complying with the individual mandate, especially during the transition years, is lower than premiums.
 - O Cost-sharing under the Exchange rules will not be affordable for adults with income from 139% to 200% of poverty (the new Medicaid expansion tops out at 133% + 5%). It is unclear whether CA will adopt the Basic Health Option (BHO) with lower cost-sharing than that of the Exchange.
 - o Some individuals may not enroll due to confusion about costs leading to inertia.
 - All of the above are most likely to be characteristic of "young invincible" men and women—the group least likely to have insurance and the most in need of reproductive health services.
- Coverage gaps: While coverage after 2014 will hopefully be "seamless", gaps for individuals transferring between programs as income or family size changes need to be anticipated, at least until adequate coordination among programs is demonstrated.
- Confidentiality: Even with affordable, well-coordinated coverage programs, adults as well as teens, especially women and girls, will continue to need a confidential way to access reproductive health services and not have an explanation of benefits from the insurer about the health services they use sent to their homes. Family PACT guarantees confidentiality in this context; health insurance coverage does not. As the recent national controversy over contraception and verbal attacks on women demonstrate, the need for confidentiality with these services remains as necessary as ever.
- Huge cost-benefits from Family PACT: Most services are reimbursable at 90%. For every dollar the state contributes to the program it saves \$9.35 by reducing health and welfare expenditures to age five. (See attached Executive Summary, for Cost-Benefit Analysis, of the California Family PACT Program for Calendar Year 2007, California Department of Public Health (2010): http://www.familypact.org/Files/Reports-and-Briefs/2007%20Cost%20Benefit%20Report%20Revision%204-8-10%20Final_ExecSum_508.pdf
- Connecting the uninsured to comprehensive coverage. Family PACT can also serve as an entry point for the enrollment process for the Medi-Cal, Healthy Families and the Exchange.

For all of these reasons, Family PACT should continue as is beyond 2014.