

## Introduction to Part III: Health Care Services for the Remaining Uninsured and Underinsured

Despite the expansion of health care coverage that came with the Affordable Care Act, there are still many low-income Californians without access to health coverage. Some are ineligible for full-scope Medi-Cal or Covered California due to immigration status, while others still cannot afford the price of available insurance, whether through Covered California or an employer, or otherwise did not enroll during an open enrollment period.

This section of the guide covers two additional pieces of the safety net that are available for those left out of health reform: county indigent health programs and the Hospital Fair Pricing Act. Unlike Medi-Cal and Covered California, which are prime examples of federalism in action as they stem from federal law with an overlay of state authority, the county indigent health programs and the Hospital Fair Pricing Act are homegrown, with their roots in California state law. And while there are more localized health care programs for low to moderate income individuals in many counties and cities, as well as clinics offering sliding scale services, and public health programs that offer limited services such as cancer screenings, those options are beyond the scope of this guide given their local or limited nature.

**County Indigent Health Programs.** California state law requires each county be the provider of last resort health care services for individuals who have no other means to receive care. As an initial matter, these programs are not to be confused with the important but very different work of county public health departments, which typically focus on community health issues such as licensure and inspections of restaurants and housing, disaster preparedness, and tracking communicable diseases such as STD and tuberculosis.

County indigent health programs, on the other hand, provide safety net health care services to persons with no other means to get care. Commonly referred to as Section 17000 programs, based on the section of the Welfare & Institutions Code that requires them, each county may set its own eligibility criteria and any cost-sharing based on an analysis of the cost of living in their county and on a person's ability to pay for care. Counties do not have to provide a complete array of services, but

must provide at least “subsistence medical care,” and not just emergency services, so that individuals are not in pain or suffering. Some counties provide far more in their Section 17000 programs, including primary care and broad access to medical specialists.

*See Chapter 7: Counties’ Legal Obligation to Provide Care to Remaining Uninsured Residents*

**Hospital Fair Pricing Act.** California state law also requires that all hospitals have financial assistance policies for uninsured or underinsured persons earning less than 350% of the federal poverty level. Hospitals must notify patients of these policies at the time of billing and must make the policies and applications for financial assistance publicly available both at the hospital and on a state website containing all hospital policies and applications. While hospitals are only required to provide discounts charging no more than the highest government rate (generally the Medicare rate), many hospitals have far more generous policies and the majority offer free care to at least certain income levels.

*See Chapter 8: Options for Hospital Bills*

**Programs for the Remaining Uninsured**

	<b>County Indigent Health Programs</b>	<b>Hospital Fair Pricing Act</b>
<b>Income Eligibility</b>	Each county sets its own limits, but must be based on cost of basic needs to live in the county and actual ability to pay.	Must cover individuals with household income below 350% FPL.
<b>Other Eligibility Requirements</b>	May require lawful immigration status.	Must be uninsured or underinsured May have an assets test for free care only.
<b>Services Covered</b>	Subsistent medical care including emergency services and urgent dental services, though may require use of contracted facility for non-emergencies.	Only hospital bills and bills from ER doctors.
<b>When Coverage Starts</b>	Generally covers all services during the month of application and while enrolled.	Can request after services are received.