

POSITIVE RESOURCE CENTER  
**ANNUAL REPORT 2016-2017**  
EQUAL ACCESS TO  
HEALTHCARE PROGRAM

# EAHP



## Partners in Health

We are pleased to share with you the accomplishments of Positive Resource Center's Equal Access to Healthcare Program (EAHP). After three years serving San Francisco's HIV+ community, EAHP continues to pursue our mission to help clients overcome barriers to healthcare programs, medical treatments and medication access. The program is growing. In addition to providing direct service to San Francisco residents who are HIV+, we have partnered with over twenty community based partners to deliver thirty healthcare access trainings for providers and consumers.

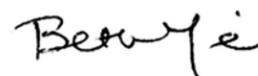
Over the past six months, there has been a great deal of speculation and uncertainty as to the future of healthcare. With the changes in the political landscape, our mission has become even more clear and our services more vital. EAHP remains committed to providing advocacy to clients regarding their individual healthcare access issues and supporting our local partners through consultations and trainings. In our third year, we have also taken on a more active role on policy issues that affect our clients. To this end, we have increased our participation in Getting to Zero (GTZ), San Francisco's initiative aimed at reducing HIV transmission and HIV-related deaths in San Francisco by 90% before 2020. We have also expanded our trainings for HIV+ individuals, case managers, social workers and other organizations that provide services to people living with HIV/AIDS.

The following pages contain updates on new programs and services available to the HIV+ community, as well as testimonials as to how the Affordable Care Act (ACA) has improved the lives of many of our clients, and the nation as a whole.

Only by coming together as a community and supporting each other will we be able to affect the impact we seek, to ensure that people receive the healthcare and services that they require.

We would like to thank our community partners and friends that have supported our mission. We want to expressly thank SF Department of Public Health, Gilead, Jeanene Robinson (Office on AIDS), AIDS Legal Referral Panel and the San Francisco Front Line Organizing Group for their commitment and support.

  
Chuan Teng, Esq.  
Managing Legal Director

  
Beth Mazie, Esq.  
Supervising Attorney

## MISSION STATEMENT:

The mission of Positive Resource Center is to assist people affected by or at risk for HIV/AIDS through culturally appropriate counseling, education, training, and advocacy. As a result, our clients can make more informed choices that maximize available benefits and employment opportunities.

## VALUES:

### WE ASPIRE TO PROVIDE SERVICE THAT:

- gives clients the knowledge needed to make their own choices.
- serves all clients in a culturally appropriate way.
- utilizes a harm reduction and client-centered model, emphasizing one-on-one relationships.
- is easy to access.

### WE ASPIRE TO BE AN ORGANIZATION THAT:

- is culturally competent and diverse at the volunteer, staff and Board levels.
- respects and seeks participation from all agency stakeholders, including people living with HIV, in all areas of the organization.
- operates at all levels with accountability, honesty and integrity.

### WE ASPIRE TO MEET THE NEEDS OF ALL PERSONS AFFECTED BY OR AT RISK FOR HIV.

## WHY ARE EAHP SERVICES CRITICAL?

The Equal Access to Healthcare Program (EAHP) aims to identify and overcome the myriad of healthcare access barriers faced by San Francisco residents living with HIV/AIDS. EAHP fills a crucial need within the community by providing client consultations, legal advocacy, enrollment services for AIDS Drug Assistance Program (ADAP) and Office of AIDS Health Insurance Premium Program (OA-HIPP), technical assistance to community partners and community trainings and outreach events. Our advocates use a harm reduction model to deliver culturally appropriate services in English, Spanish and Chinese. Translation services are available in other languages.

## Top Five Presenting Issues

- 1 ADAP and OA-HIPP
- 2 Lack of insurance
- 3 Medi-Cal issues
- 4 Lack of coordination of healthcare systems
- 5 Unable to afford health coverage / need to reduce healthcare costs

## Services and Accomplishments

**500+** total clients served | **366 clients** received consultation and advice

**171 clients** received legal advocacy and representation | **87% of clients** with closed cases obtained, preserved or increased healthcare access

**77 community providers** received consultation and advice

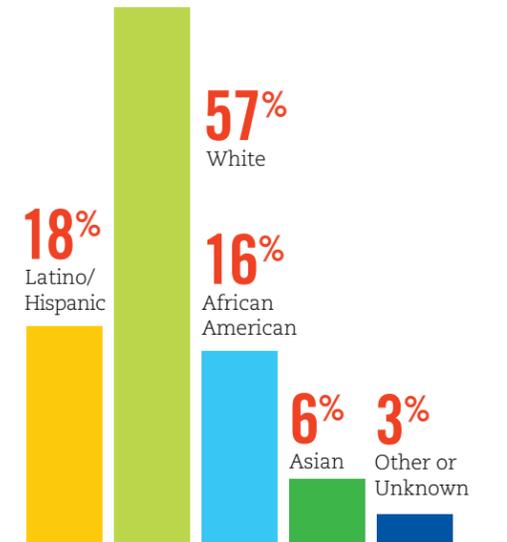
**30** outreach and training events were conducted

## Characteristics of EAHP Clients 2016-2017

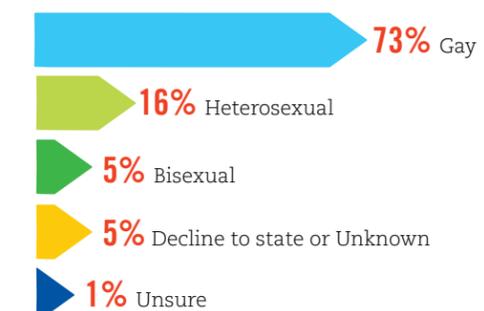
### GENDER



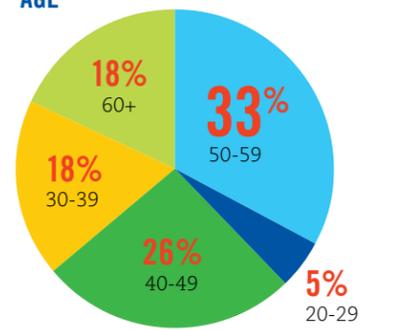
### RACE/ETHNICITY



### SEXUAL ORIENTATION



### AGE



## How important are EAHF and the ACA in our community?

**I WAS LAID OFF AFTER 47 YEARS DUE TO HIV-RELATED DEMEN- TIA. IF NOT FOR THE ACA, I DON'T KNOW HOW I WOULD HAVE SURVIVED. THERE WAS NO WAY THAT I COULD AFFORD HEALTH INSURANCE. PRC HAS BEEN INSTRUMENTAL IN HELPING ME RECEIVE THE SERVICES I REQUIRED TO MAINTAIN MY HEALTHCARE. I MUCH APPRECIATE THE STAFF AT PRC FOR THEIR RESOURCEFULNESS, KNOWLEDGE AND COMPASSION. - Marty**

Working with PRC has been essential for me to navigate the maze of resources for me as a homeless gay man. The ACA's expanded Medi-Cal program has been essential to my ability to be insured and access healthcare. - Ron

PRC professionals and volunteers are truly warriors and ambassadors of genuine kindness. They demonstrate compassion, humility and save lives. At age 62 I became too ill to work. PRC assisted me to access the ACA and obtain a Covered California plan, as well as other programs to assist me to pay my premiums. - Michael

I don't know what I would've done without Medi-Cal after I was diagnosed as HIV+. Now that I am married and no longer eligible for Medi-Cal, PRC helped me to sign up for a Covered California plan, stay in the healthcare system and continue receiving the vital care I need to thrive. - Steven

When I tested positive in 2011 I had no health insurance and had no place to get treatment. PRC got me on expanded Medi-Cal through the ACA. Now I have peace of mind that when I get sick I will be able to see a doctor without getting a huge bill that I can't pay. My life and health have greatly improved for the better. - Olivia

I went bankrupt and couldn't afford health- care. As my health challenges mounted, my income fell further and I was terrified. Luckily the ACA passed. PRC assisted me to understand my options and find a plan. Without it, I would not be able to access the healthcare I need to manage my chronic health conditions. - Terry

**I LOST MY JOB IN MARCH 2016 AND MY HEALTH INSURANCE COVERAGE BECAUSE THE MONTHLY PREMIUM WAS OUT OF MY REACH. I STARTED LOSING HOPE FOR THE FUTURE. IF NOT FOR THE AFFORDABLE CARE ACT I WOULD NOT HAVE BEEN ABLE TO GET HEALTH INSURANCE BECAUSE OF MY PRE-EXISTING CONDITION. WITH PRC'S ASSISTANCE I AM ABLE TO GET THE HEALTHCARE I NEED. IT HAS LITERALLY KEPT ME ALIVE. - Kevin**

I lost my business, home and conse- quently myself. Today I am sober, working full-time and have an undetectable HIV status. I attest this to PRC and to Med-Cal expansion. Without both, I would not have been able to get the healthcare I desperately need to stay healthy, work, and create a new life for myself. - Mike

I've been HIV+ since 2006 and my insurance was paid for by my spouse's employee plan. After divorce I lost my plan. Thanks to PRC and the ACA I got the coverage I need. If I had not been able to access healthcare, it would have been catastrophic to my health. - Dirk

**ACA FACTS:** The ACA has dramatically increased healthcare access for people living with HIV through Medicaid expansion, bans on pre-existing conditions, and bans on rate setting tied to an individual's health status.

**NATIONAL** Since implementation of the ACA, hospitals have seen a decline in uncompensated care due to expanded Medicaid.<sup>1</sup>

The ACA has had a significant impact on coverage for people with HIV in the U.S. due to Medicaid expansion. In Medicaid expansion states, Medicaid coverage of people with HIV increased from 39% in 2012 to 51% by 2014.<sup>2</sup>

Medicaid is the single largest source of healthcare for people living with HIV/AIDS and covers nearly half of all people getting regular treatment for HIV, many of whom are covered only due to ACA's Medicaid expansion.<sup>3</sup>

### **SAN FRANCISCO** ENROLLMENT IN ACA

By 2015, the uninsured rate dropped from prior to ACA implementation by 47%.<sup>9</sup>

In San Francisco in April 2016, 97.78% of newly diagnosed HIV+ people were on Medi-Cal at the time of diagnosis.<sup>10</sup>

As of June 2016, 29,720 San Fran- ciscans were enrolled in Covered California with federal subsidies.<sup>11</sup>

As of July 2016, 77,914 adults were enrolled in ACA Medi-Cal expansion.<sup>12</sup>

The number of HIV+ San Francisco residents with health insurance coverage has increased substan- tially following implementa- tion of the ACA.<sup>13</sup>



Only **25%** of PRC clients had health coverage prior to the ACA

After ACA enactment, **71%** of PRC clients had obtained health coverage

HIV+ PRC clients have seen a **36%** jump in insured status since enactment of the ACA.

**CALIFORNIA** Over the first two years of ACA implementation, California experienced the largest percentage point decline in the uninsured rate of any state, among all income and ethnic groups (US Census Bureau).<sup>4</sup>

In 2016, 1.4 million Californians bought insurance through Covered California.<sup>5</sup> 439,400 were new enrollees.<sup>6</sup>

In June 2016, nearly 3.7 million people received coverage through Medicaid ACA eligibility expansion.<sup>7</sup>

During the 2017 open enrollment period, Covered California signed up 327,000 new consumers and 1.3 million current consumers renewed their plans.<sup>8</sup>

## Partnerships and Announcements

In 2016, PRC announced mergers with Baker Places, Inc. and AIDS Emergency Fund (AEF), a long-standing HIV-services agency providing emergency financial aid to people living with HIV. The mergers allow EAHP to make faster and more streamlined referrals, particularly to AEF, which helps numerous clients pay for health insurance premiums, dental costs, rent, and many other emergency expenses. As a result of this merger, EAHP offers more holistic and comprehensive services.

## AEF Programs have Expanded

### AEF's disability status requirement has been removed:

A disabling HIV diagnosis is no longer required for any AEF grants.

### AEF's Emergency Assistance Program pays for:

- Housing and utility bills
- Medical expenses, including optical and dental
- Pre-arranged funeral costs
- Legal fees for immigration
- Income Limit: \$2,010 month

### AEF's Stabilization Fund pays for:

- Move-in costs (deposit and rent) or eviction prevention (back rent)
- Income Limit: \$4,020 month

### AEF Health Insurance Premium Payment

#### Program pays for:

- Emergency Assistance for medical insurance premiums and other medical expenses not covered by insurance
- Pays up to \$4,000 annually
- Income Limit: \$4,020 month

### Call AIDS Emergency Fund for more information:

415-558-6999

## Spotlight on Getting to Zero (GTZ) – GUIDE TO THRIVE FOR PEOPLE OVER 50 AND LIVING WITH HIV

This year, Positive Resource Center (PRC) was awarded GTZ funding to create a resource guide for San Francisco residents who are HIV+ and over age 50. The guide highlights San Francisco organizations that emphasize services to this population. It also brings attention to many other organizations that provide services to people who are either HIV+ or 50+.

With just under 70 programs and organizations featured, this extensive guide covers topics such as healthcare, housing, legal services, substance abuse treatment, social support, mental health, and much more.

## Frontline Organizing Group (FOG)/ SF HIV Frontline Workers

### FOG TRAININGS

Throughout the last fiscal year, PRC has been a leader on San Francisco's Frontline Organizing Group, which provides training to case managers, social workers, and many other frontline workers that help people with HIV/AIDS.

### TRAININGS CONDUCTED IN THE PAST YEAR:

**Medi-Cal Training:** Provided basic information regarding Medi-Cal eligibility focusing on programs most used by individuals who are HIV+.

**Kink Training:** Training aimed at harm reduction methods, BDSM safe sex practices and counter-transference.

**Open Enrollment Bootcamp:** Full-day training covering multiple healthcare topics including the Affordable Care Act and how to access Covered CA, Medi-Cal, Medicare, ADAP, and OA-HIPP programs.

**Holiday Gathering:** Networking event for frontline workers to encourage inter-agency collaboration.

**Transgender Care and Competency Training:** Training aimed at educating frontline workers about the many issues transgender people face while accessing healthcare — from being misgendered to being denied essential surgeries — and how to assist them to obtain necessary care.

**Behavioral Health Training:** Aimed at helping frontline workers incorporate mental health screening tools, conduct interventions and navigate clients to behavioral healthcare.

### UPCOMING TRAININGS:

**Sex Worker Training:** Training on culturally appropriate and competent ways to navigate sex workers into care.

**Guide to Thrive Training:** Training on how frontline workers can use PRC's Guide to Thrive for People who are HIV+ and over 50 years of age to connect clients to the services they need.

### Open Enrollment Bootcamp

#### For information about upcoming trainings, contact:

Rebecca Levin, Positive Resource Center  
415-972-0891, rebeccal@positiveresource.org

## HEALTHCARE ACCESS TERMS

**THE FOLLOWING TERMS MAY BE DEFINED IN MANY DIFFERENT WAYS. THEY ARE DEFINED HERE IN A WAY WE BELIEVE IS MOST HELPFUL FOR THE READER IN UNDERSTANDING PROGRAMS RELEVANT TO THEIR HEALTHCARE COVERAGE.**

### ADAP (AIDS Drug Assistance Program):

CA Office of AIDS program that pays out-of-pocket costs associated with HIV-related medications for uninsured or under-insured people living with HIV/AIDS.

**Aged Blind and Disabled Medi-Cal (ABD):** Program that provides free, full scope Medi-Cal for disabled individuals or those over age 65 whose income is below 100% of the federal poverty level.

**Aid Paid Pending (APP):** The suspension of an agency's proposed action until a decision is made on an issue being appealed. It allows an individual to continue the same level of benefits while pursuing an appeal through the administrative appeal process, such as an appeal of a Medi-Cal denial.

**Best Available Evidence Rule:** Federal rule that requires Medicare Part D plans to honor lower prescription drug prices for individuals who show proof that they are eligible for the Low Income Subsidy (LIS).

**Co-pay:** Payment obligation defined in an insurance policy and paid by an insured individual each time a medical service is accessed.

**Co-insurance:** Percentage of covered healthcare service costs an insured individual must pay even after the health insurance plan deductible has been met.

**Deductible:** Amount paid by an insured individual for covered healthcare services before the insurance plan starts to pay for any medical expenses.

**Low Income Subsidy/Extra Help (LIS):** Federal program that helps pay premium, deductible, and copay/coinsurance for Medicare Part D or Medicare Advantage plans. Individuals automatically receive LIS if they have Medicare and free, full-scope Medi-Cal or are enrolled in a Medicare Savings Program. Individuals not automatically enrolled may apply for LIS through the Social Security Administration.

**Medi-Cal:** California's version of Medicaid, a government program that provides healthcare for categorically eligible low-income individuals. Some Medi-Cal programs have a Share of Cost (SOC), while others are free.

**MAGI Medi-Cal:** Medi-Cal program offered under the ACA. It provides free, full scope Medi-Cal to low income adults between the ages of 19 and 64 who are not eligible for Medicare.

**Medi-Cal Fee-for-Service:** Medi-Cal services delivery system in which providers render services and submit claims directly to Medi-Cal for payment.

**Medi-Cal Health Insurance Premium Payment Program (Medi-Cal HIPP):** Medi-Cal program that pays private health insurance premiums for qualified beneficiaries with high-cost medical conditions.

ance coverage to its members through formalized networks of healthcare providers. Most Medi-Cal recipients are required to use a managed care plan. However, there are times when an exemption may be granted. In San Francisco, there are two managed care plans: San Francisco Health Plan and Anthem Blue Cross.

**Medi-Cal Redetermination:** Annual review conducted by the county to determine continued eligibility for Medi-Cal benefits. During the redetermination process, beneficiaries must provide information and documentation requested by the county to maintain benefits.

**Medicare:** Federal healthcare program that provides hospital care, outpatient treatment and prescription drug coverage for eligible individuals who are 65 years and older, under 65 and disabled, and people with certain other medical conditions.

**Medicare Advantage Plan:** Type of Medicare health plan offered by private companies contracted with Medicare to provide Part A and Part B benefits. Most Medicare Advantage Plans offer prescription drug coverage as well.

**Medicare Part A:** Medicare hospital insurance that covers most inpatient hospital care, certain inpatient skilled nursing facility care, certain home healthcare, and certain hospice care.

**Medicare Part B:** Medicare medical insurance that covers a portion of outpatient medical services such as doctor's visits, lab tests, ambulance services, and certain medical equipment and supplies. Most Part B recipients must pay a monthly premium.

**Medicare Part D:** Medicare prescription drug coverage benefit. Most Part D recipients must pay a monthly premium.

**Medicare Savings Programs:** Programs that help pay Medicare Part B premiums, deductibles, coinsurance, and copayments.

**OA-HIPP (Office of AIDS Health Insurance Premium Payment Program):** Program administered by the CA Office of AIDS that pays monthly health insurance premiums and out-of-pocket costs for eligible California residents diagnosed with HIV.

**Out-of-Pocket Costs:** Medical costs that must be paid for covered medical expenses in a plan year through co-pay, deductible, and coinsurance before the insurance plan begins to pay 100 percent of covered medical expenses.

**Premium:** Fixed amount that must be paid by an insured individual to stay enrolled in a health insurance plan.

**Share of Cost (SOC):** Amount of out-of-pocket expenses an individual must pay every month before Medi-Cal starts to pay for medical expenses.

**Working Disabled 250% Medi-Cal Program:** Medi-Cal program for disabled individuals who work and have countable income at or below 250% of the federal poverty level. Beneficiaries of this program must pay a modest monthly premium, but receive help paying for Medicare Part B and D premiums.

The Equal Access to Healthcare Program is made possible by the San Francisco Department of Public Health.

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## STAFF BIOS



**Adrianna Mee** is a legal assistant in the Equal Access to Health-care Program. She is committed to building a better world where all

people can access health services without fear of judgement or financial hardship. In 2013, with the rollout of Covered California, she co-hosted a college-wide educational panel on the new program where people could enroll in a plan on-site. Before working at PRC, she was an intern with Justice Now, where she worked to improve access to healthcare for people in women's prisons.

**Adrienne Mendle, Esq.** is a Staff



Attorney in the Equal Access to Healthcare Program. She enjoys acting as a healthcare detective for her clients, troubleshooting high

costs and other barriers to access. Adrienne earned her JD from Harvard Law School in 2015, where she worked for Planned Parenthood and Harvard's Public Health Law and Policy Clinic.

**Beth Mazie, Esq.** is the Supervising



Staff Attorney in the Equal Access to Health-care Program. Beth was previously a Staff Attorney at Rubicon Legal Services in the Social

Security disability advocacy program. She has worked as a supported living specialist for Golden Gate Regional Center, as an attorney at Disability Rights Education and Defense Fund, and as a volunteer at Community Alliance for Special Education. She is currently a volunteer mediator with Community Boards. She is committed to empowering people to learn about and access resources and benefits that enable them to stabilize and improve their lives.



**Chuan Teng, Esq.** is the Managing Legal Director of PRC's Benefits Counseling Program and was a supervising attorney in EAHP. She previously

worked at the National League of Cities on issues related to Medi-Cal and the Children's Health Insurance Program. Chuan was an health access attorney at Bay Area Legal Aid and got her start as a staff attorney in PRC's benefits counseling program.



**Karina Palomera** is a bilingual benefits advocate in the Equal Access to Healthcare Program. Karina most enjoys working on Medi-Cal related

cases and believes healthcare access is a basic human right, not a privilege. Karina graduated from UC Davis in 2011. Previously, she worked for a nonprofit that assisted disabled agriculture workers and as a case manager at a homeless shelter.



**Kendall Holbrook, Esq.** is a Staff Attorney in the Equal Access to Healthcare Program. She is dedicated to working with clients to advise

them about available resources and find solutions to healthcare access issues. Kendall graduated from the University Of San Diego School Of Law in 2013, concentrating her studies on public interest law. She previously worked as an attorney advocating on behalf of community and environmental justice groups.



**Tracy Fredley, Esq.** is a Staff Attorney in the Equal Access to Health-care Program. Prior to joining PRC, she was supervising attorney at

the University of Kansas School of Law - Medical Legal Partnership Clinic at KU Medical Center. There she worked with healthcare professionals to combat social determinants of health for low-income individuals and families. Tracy also worked in private practice for several years, representing the underserved population, and as counsel to the Kansas State Medical Board.

1 The Commonwealth Fund, May 3 2017, available at <http://www.commonwealthfund.org/publications/issue-briefs/2017/may/aca-medicaid-expansion-hospital-uncompensated-care>. Dranove, David, Garthwaite, Craig and Ody, Christopher. "The Impact of the ACA's Medicaid Expansion on Hospitals' Uncompensated Care Burden and the Potential Effects of Repeal." ACA Medicaid Expansion Hospital Uncompensated Care - The Commonwealth Fund.

2 Kates, Jennifer and Dawson, Lindsey. "Insurance Coverage Changes for People with HIV under the ACA." The Henry J. Kaiser Family Foundation. Kaiser Family Foundation, Feb. 14, 2017, available at <http://kff.org/health-reform/issue-brief/insurance-coverage-changes-for-people-with-hiv-under-the-aca>.

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5 Lee, Peter. "Executive Director's Report." Covered California, Mar. 5, 2015, available at [http://board.coveredca.com/meetings/2015/3-15/PPT%20-%20Executive%20Director's%20Report\\_March%205,%202015.pdf](http://board.coveredca.com/meetings/2015/3-15/PPT%20-%20Executive%20Director's%20Report_March%205,%202015.pdf).

6 "Covered California Report to the Governor and the Legislature, Fiscal Year 2015-2016." Covered California, Jan. 2017, p.13, available at [http://hbex.coveredca.com/data-research/library/CoveredCA\\_Leg\\_Report\\_2015-2016.pdf](http://hbex.coveredca.com/data-research/library/CoveredCA_Leg_Report_2015-2016.pdf).

7 Dietz, Miranda, Lucia, Laurel, Kominski, Gerald F., and Jacobs, Ken. "ACA Repeal in California: Who Stands to Lose?" UC Berkeley Center for Labor Research and Education & UCLA Center for Health Policy Research, Dec. 2016, available at <http://laborcenter.berkeley.edu/pdf/2016/ACA-Repeal-in-California.pdf>.

8 Lee, Peter. "Covered California Executive Director's Report." Covered California, Jan. 26, 2017, available at <http://board.coveredca.com/meetings/2017/01-26/PPT%20-%20Board%20ED%20Report2.pdf>.

9 Dietz, Miranda, Lucia, Laurel, Kominski, Gerald F., and Jacobs, Ken. "ACA Repeal in California: Who Stands to Lose?" UC Berkeley Center for Labor Research and Education & UCLA Center for Health Policy Research, Dec. 2016, available at <http://laborcenter.berkeley.edu/pdf/2016/ACA-Repeal-in-California.pdf>.

10 Department of Public Health, Population Health Division, HIV Epidemiology Section.

11 Dietz, Miranda, Lucia, Laurel, Kominski, Gerald F., and Jacobs, Ken. "ACA Repeal in California: Who Stands to Lose?" UC Berkeley Center for Labor Research and Education & UCLA Center for Health Policy Research, Dec. 2016, available at <http://laborcenter.berkeley.edu/pdf/2016/ACA-Repeal-in-California.pdf>.

12 Department of Public Health, Population Health Division, HIV Epidemiology Section.

13 Bill Blum, Director, HIV Health Services, SFDPH Presentation, dated Apr. 4, 2017.

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