

medicaid
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State Case Study:

**Medicaid and the 2003-05 Budget Crisis—
A Look At How California Responded**

Prepared by

Stephen Zuckerman
The Urban Institute

August 2005

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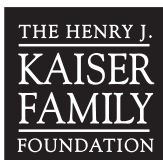
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Preface and Acknowledgments

This report is part of a Kaiser Commission on Medicaid and the Uninsured project that examined how eight states from around the nation responded to their budget crises during the 2003-05 time period, with a special focus on Medicaid and the State Children's Health Insurance Program. The state case studies review budget decisions made by state policymakers in Alabama, California, Colorado, Massachusetts, Michigan, New York, Texas, and Washington. An Overview that summarizes these eight states' experiences was published in *Health Affairs* as a web exclusive in August 2005.

This study would not have been possible without the many state officials and representatives of provider and consumer groups in the study state who gave so freely of their time and insights. We also wish to thank Erin Barringer who did a terrific job doing background research. Finally, we thank Barbara Lyons, Molly O'Malley, David Rousseau and Robin Rudowitz of the Kaiser Commission on Medicaid and the Uninsured for their help throughout the project.

Medicaid and the 2003-05 Budget Crisis: A Look at How California Responded

Abstract

California struggled through three years of fiscal problems but Medicaid remained largely intact. Although California struggled with large budget shortfalls, there was little support for tax increases or major spending reductions in education, health or social programs. Ultimately, some cuts occurred in most areas of the budget, but the state chose to rely heavily on short-term solutions and the imposition of greater users fees, especially in the area of higher education. The state sold \$15 billion in deficit financing bonds, seeming to violate the spirit of the requirement to balance the budget each year. California also made some administrative changes in Medicaid eligibility program outreach that was projected to reduce enrollment, whereas SCHIP funding steadily increased over the 2003-05 period.

Since late 2001, California state officials have confronted huge gaps between revenues and expenses in each of their annual budget deliberations. These budget gaps developed and persisted although state general fund expenditures remained fairly constant over the time period. The reason for the initial gap, cited by the Legislative Analyst's Office, was a "revenue plunge" that occurred in fiscal 2001-02.¹ The decline in income taxes was particularly serious, as they provide about half of the revenues needed to support general fund programs. California's dependence on the progressive income tax as a source of revenue had grown as capital gains and stock option income surged in the late 1990s and other fees and taxes were cut (*e.g.*, the vehicle license fee). Despite the link between the budget shortfalls and the drop in revenues, there was little interest in tax increases among Californians as a means of balancing the budget. In fact, the automatic restoration of a cut in the vehicle license fee that occurred at the start of fiscal 2003-04 was eliminated after a recall election led to Arnold Schwarzenegger replacing Gray Davis as governor.

In lieu of significant tax increases or new taxes, over the past few years California has been relying on limited cuts in program spending, borrowing against future expected revenues, fund shifts, spending deferrals, and time-limited taxes to produce a balanced budget each year.

The short-term nature of many of these approaches created a budget shortfall that needed to be addressed year after year. Moreover, some of the assumptions made about the amount of savings possible from various spending cuts were not always realized, requiring the state to incur unexpected General Fund costs as each fiscal year progressed. The limitations of the state's approach became particularly apparent during the fiscal 2003-04 budget cycle when then-Governor Davis and the legislature agreed to commit to the sale of almost \$11 billion dollars in deficit financing bonds as a way of closing the budget gap. The legality of these bonds was being challenged in the courts when newly elected Governor Schwarzenegger decided to seek public support, which he gained, through a March 2004 ballot initiative.

To understand the effects of the various budget agreements on health care programs in California, we start with a brief overview of the challenges the state faces with respect to its health policy choices. Only about two-thirds of non-elderly Californians have coverage through a private health plan, as compared to about three-quarters nationally. As a result, many more Californians are potentially in need of some form of assistance from the public sector to gain coverage than are residents of other states. In fact, between 2002 and 2003 survey estimates suggest that over one-half million Californians were covered through a public program.

The state's basic strategy for addressing the health care needs of its low-income population has been to maintain fairly broad eligibility for Medi-Cal (the name for Medicaid in California) and Healthy Families (California's State Children's Health Insurance Program or SCHIP), while providing support for a county-based system of indigent care for the uninsured who are not eligible for these programs. To keep such broad eligibility affordable, the state has a history of keeping payment rates low relative to national averages. Nevertheless, about 1 out of 5 non-elderly Californians lacked health insurance coverage in 2003.

Budget Debates and Decisions in Fiscal 2003 and 2004

As California prepared to start fiscal 2002-03, it faced a projected gap of \$24 billion. About \$5 billion of this shortfall resulted from the revenue declines that began in fiscal 2001-02. The size of the budget problem led to a significant delay in the adoption of the budget and the implementation of the fiscal solutions. This delay muted the effects of the budget agreement and left the state with a \$14 billion dollar gap for fiscal 2002-03 that had to be filled when it began consideration of the next budget. In addition to this shortfall, the state projected a budget gap for fiscal 2003-04 of \$24 billion.

In both fiscal 2002-03 and 2003-04, the differences between the initial and revised budget proposals put forward by Governor Davis varied substantially from the final budget agreements, especially with respect to the health programs. The governor put more cuts in health care on the table than the legislature was willing to adopt. Governor Davis's proposals represented somewhat of a reversal of the path he followed after taking office in 1999 where he oversaw the state increasing eligibility in both Medi-Cal and SCHIP, making enrolling and staying enrolled in the programs easier, and increasing provider payment rates. However, the ability to afford what many viewed as "improvements" in these public programs came into question as state revenues declined in the face of the current economic downturn.

Fiscal 2002-03. The budget that was adopted for fiscal 2002-03 relied on a variety of spending and revenue strategies to close the \$24 General Fund billion gap.² About one-third of the gap (\$7.5 billion) was closed through reductions in program spending. Borrowing against the state's future payments under the tobacco settlement closed about one-fifth of the gap (\$4.5 billion), and nearly one-half of the budget gap was closed through a large number of spending deferrals, loans, funding shifts and time-limited tax increases (\$10.5 billion).

Although no federal legislation had been adopted at the time, California's fiscal 2002-03 budget also assumed that \$1.1 billion in additional federal funds would be forthcoming, including a higher Medi-Cal matching rate, reduced child support penalties, and additional assistance to deal with the costs of incarcerating illegal immigrant felons and increasing homeland security. The expected increase in the Medi-Cal matching rate was assumed to yield an additional \$400 million in federal support. Although federal legislation did send some additional revenues to the states, it did not happen until California was well into its next fiscal year.

The Medi-Cal program received a great deal of scrutiny during the budget process and, in the end, accounted for almost \$800 million in state general fund savings. This represented about 11 percent of the overall reduction in general fund spending; Medi-Cal accounted for about 13 percent of the general fund budget. The relatively limited reductions in Medi-Cal spending did not mean that there was not significant budgetary pressure on the program as it competed for funds with education and childcare. This competition results from the state's Proposition 98 guaranteed level of state and local funding for K-12 education, community colleges and childcare that is based on projected enrollment and per capita personal income. Due to growth in estimates of both enrollment and per capita personal income between the January budget and the May revision, Proposition 98 spending was forced upward. This made it necessary for the governor and the legislature to look to other parts of the budget for savings and Medi-Cal is the biggest program outside of education. In addition, although there was a willingness to consider some significant tax increases among Democrats in both the Senate and the Assembly, the tax increases that were adopted for fiscal 2002-03 were small and of limited duration.

The legislature resisted making many cuts proposed by the governor that would have adversely affected Medi-Cal eligibility and benefits (especially for adults) and provider payments. One interviewee suggested that, from a political standpoint, the governor could propose major cuts for adults because he could argue that children were still well protected through Medi-Cal, Healthy Families and other state programs that would not be reduced. However, it appears that election year politics and strong support among Democratic legislators averted some of the most severe proposed cuts.

Funding for Healthy Families was not cut as part of the plan to close the budget gap. Spending on this program actually increased. Between fiscal 2001-02 and fiscal 2002-03, total spending on Healthy Families (state and federal combined) increased by 22 percent to \$672 million. However, the governor vetoed a proposed expansion of the program to parents with incomes up to 200 percent of poverty. Although the federal government approved the waiver required for this expansion in January 2002 and the legislature budgeted for enrollment of parents to start in October 2002, the governor felt that the state could not afford this \$52 million expenditure. To date, this expansion of Healthy Families to parents has not been implemented.

Fiscal 2003-04. California was faced with crafting a budget package that would have to close a cumulative two-year shortfall in the general fund budget estimated to be \$38 billion. This shortfall represented about one-third of the state's general fund budget from the preceding year. By the summer of 2003, the budget debate was complicated by the fact that a recall petition had put Governor Davis's job on the line. Although the recall election did not move into full swing during the budget debate, California voters removed Gray Davis from office and replaced him with Arnold Schwarzenegger in a little over two months after the fiscal 2003-04

budget was signed. Some of the issues in the recall election were directly related to elements of the budget package.

Rather than impose significant cuts in programs or increase taxes, the state decided to borrow \$10.7 billion by selling bonds to generate most of the money needed to close out the fiscal 2002-03 budget.³ These deficit financing bonds (whose approval by voters through a ballot initiative did not come until March 2004) and other loans and borrowing from state funds filled about 41 percent (\$16.3 billion) of the \$38 billion dollar budget gap. Another \$4.5 billion (about 11 percent) came from new or accelerated revenues, principally from further securitization of the tobacco settlement, increases in tribal gaming revenues and revision of prior revenue forecasts. Shifts from other state funds to the general fund and spending deferrals accounted for \$6.1 billion (about 15 percent of the gap). California also adopted a large number of program changes that led to \$9.2 billion in savings, closing about 23 percent of the gap.

The remainder of the gap (9 percent) was filled with \$3.4 billion in revenues from the restoration of previous reductions in the vehicle license fee (VLF). The VLF was allowed to increase under an automatic trigger mechanism that was included in the 1998 legislation that cut the fee by two-thirds. The new revenues were collected on all automobiles registered after October 1, 2003. The VLF increase emerged as a major issue in the recall campaign and Governor Schwarzenegger rolled it back immediately after he took office.

Although the state made a number of changes in Medi-Cal rules and payment rates that led to actual cuts in spending, many of the Medi-Cal cuts that Governor Davis proposed were either reduced or simply not enacted. The extent of these cuts may have been limited because of an additional \$890 million in federal payments that the state expected to receive for 2002-03 and 2003-04 as a result of the temporary increase in the federal matching rate that was provided by

Congress through the Job and Growth Tax Relief Reconciliation Act passed in May 2003. The greatest actual projected savings within Medi-Cal were associated with policies aimed at reducing enrollment, but these were still small relative to the overall Medi-Cal budget. By requiring that county workers complete annual eligibility redetermination in a more timely fashion, the state estimated that it would save \$194 million in 2003-04 and that average monthly enrollment would be reduced by about 300,000 people, or 5 percent. The budget also rolled back some provider rate increases that had been implemented in fiscal 2000-01 by cutting rates paid to physicians, pharmacies and managed care plans by 5 percent as of January 1, 2004. This produced \$115 million in projected savings for 2003-04. This was less than half as large as the cut proposed by Governor Davis, which would have cut rates by 15 percent and would have also applied to nursing homes.

The general fund budget for Medi-Cal in 2003-04 was set at \$10.5 billion (\$28.7 billion if all funds are included), about a 3.3 percent reduction over the previous year. The net decrease in Medi-Cal spending was due primarily to a shift in the way the state accounts for Medi-Cal program costs: Instead of making appropriations that allow for services to be paid for according to the date they are delivered (on an accrual basis), the state decided to time appropriations to be in line with when a bill was actually paid (on a cost basis). This meant that the state shifted some spending that would have been budgeted for 2003-04 into the next year, which produced an estimated one-time general fund savings of \$930 million in fiscal 2003-04. If this accounting change had not been implemented, Medi-Cal spending from the general fund would have grown by 5.2 percent, or about \$570 million.

The Healthy Families program did not experience any cutbacks as part of the budget agreement. In fact, total spending for this program (federal and state) was expected to increase

by about 37 percent in fiscal 2003-04 to a level of \$954 million. About \$294 million came out of the state general fund. This technically represented a \$268 million increase in general fund spending, because California was no longer able to use tobacco settlement revenues to fund the program, because the state's entire tobacco settlement was securitized and applied to the general fund in fiscal 2003-04. The overall level of funding for Healthy Families assumed continued growth in enrollment (from roughly 675,000 to 725,000).

Budget Debates and Decisions in Fiscal 2005

The combined budget gap that had to be closed for fiscal 2003-04 and 2004-05 was estimated to be \$16.1 billion dollars when the budget was signed on July 31, 2004. About \$3 billion of this gap was for the fiscal year that had just ended, with the remainder projected for the current fiscal year. State decision makers followed the template developed in recent budget agreements and kept actual reductions in program spending at modest levels, filling only about \$3.8 billion of the aggregate budget gap (roughly 24 percent) with cuts. Over 50 percent of these savings (\$2.3 billion) were the result of the legislature's decision to suspend the minimum guaranteed spending in K-12 education and community colleges.⁴ The remainder of the spending reductions came from the delays in implementing cost-of-living adjustments in payments under California Work Opportunity and Responsibility to Kids (CalWorks, the state's TANF program) and state SSI supplemental payments, less funding for higher education and a variety of other changes. General fund support for Medi-Cal and Healthy Families increased, although some Medi-Cal changes adopted were designed to produce savings (discussed below).

The bulk of the 2004-05 gap was filled with revenue generating measures. As a result of the passage of Proposition 57 in March 2004, which allowed the state to sell up to \$15 billion in

deficit financing bonds, California had another source of funding that could be used to close the budget gap. The state only needed to use \$8.6 billion in these bond proceeds to close the budget shortfall from previous years. Rather than use all of the remaining bond authority, the current budget agreement draws only \$2.7 billion for fiscal 2003-04 and 2004-05, leaving \$3.5 billion for future years. In addition, the plan for repaying the bonds was changed and the initial debt service for fiscal 2004-05 was reduced by \$1.2 billion. The combined impact of the bond proceeds and the debt-service savings accounted for \$3.9 billion, closing about the same 24 percent share of the budget gap as the spending reductions.

A collection of other loans, borrowing, fund shifts and fee increases closed \$5.3 billion, or 33 percent of the projected \$16 billion shortfall. A major part of this package was a \$929 million dollar bond issue, which allowed the state to offset payments to the Public Employees' Retirement System. However, this bond authority (that was not approved along with the deficit financing bonds in Proposition 57) is being challenged on the grounds that state cannot borrow to finance a budget deficit. The fee increases include a \$366 million increase in higher education fees that offset general fund outlays. This set of budget devices also includes a Medi-Cal Section 1115 waiver that was granted in August 2004 and allows the state to receive federal matching funds for individuals served by the In-Home Support Services program who are not federally eligible for Medi-Cal. The waiver resulted in \$216 million in additional federal funds coming to the state.

In addition, the state relied on several time-limited tax increases and revenue measures to generate \$1.8 billion in revenues to close 11 percent of the budget shortfall. Included in this group were the suspension on an income tax credit granted to teachers (\$210 million) and a tax

amnesty program to allow unreported and underreported tax liabilities related to individual income, corporate and sales taxes to be corrected (\$333 million).

The final major component of the budget agreement was a \$1.3 billion diversion of local property tax revenues (from cities, counties, special districts and redevelopment agencies) to school districts to cover expenditures for K-12 education and community colleges. This reduced the state's general fund contribution required under Proposition 98. The fiscal 2004-05 agreement calls for the local property tax diversion to occur in fiscal 2005-06 as well. In addition, the budget agreement included a proposed state constitutional amendment that would impede the state from undertaking future tax diversions of this type.⁵ The amendment was called Proposition 1A, appeared on the November 2004 ballot and passed overwhelmingly. This should prevent any future shifting of local revenues to the state as a way of closing state budget problems. In addition, Proposition 1A requires the state to reimburse localities for programs and services they are mandated to provide, or to suspend the mandate in years during which costs are not fully reimbursed. This amendment is being viewed as a critical transformation in the fiscal interaction between California and its localities.⁶

As the fiscal 2004-05 budget agreement evolved from the Governor's January proposal through the May revision and the final agreement, the projected size of the shortfall remained fairly stable - between \$16 and \$17 billion. Nevertheless, Democratic resistance to spending reductions led to an ongoing restructuring of the agreement. The January proposal called for \$7.3 billion in spending cuts.⁷ By May, this had been reduced to \$5.3 billion in spending cuts. The above discussion indicates that the final agreement contained only \$3.8 billion in spending cuts, largely in response to Democrats' reluctance to impose reductions that disproportionately affected low-income groups. To limit the size of the spending cuts, the budget ended up relying

on about \$1.0 billion more in deficit reduction bonds and debt service savings, as well as a roughly \$3.0 billion increase in other loans, borrowing, fund shifts and fee increases.

Republicans criticized Governor Schwarzenegger for agreeing to too many Democratic demands, overspending, irresponsible borrowing, and creating a budget that resembled those of former Governor Davis without any structural reform.⁸

Medi-Cal and Health Families. Due to some Medi-Cal accounting gimmicks used to balance the fiscal 2003-04 budget, and the end of the additional federal funds that had been given to states, Governor Schwarzenegger was forced to propose increasing general fund spending on Medi-Cal when he released his fiscal 2004-05 budget in January 2004. Out of \$11.9 billion in general fund spending allocated to Medi-Cal in the final agreement, \$1.6 billion was needed to deal with these two aspects of program funding. In addition, the final budget was forced to drop the assumption that a 5 percent cut in some provider rates in fiscal 2003-04 had taken place, leading to a need for an additional \$248 million in Medi-Cal appropriations.

To offset some of this spending increase, the budget proposal included the continuation of enrollment caps on nonemergency care for recent immigrants, some provider rate cuts and elimination of funding designed to increase wages paid to nursing home workers. Interestingly, as of the January budget proposal, none of these proposed changes to deal with fiscal 2003-04 mid-year shortfalls had been enacted. Other possible ways of saving money in fiscal 2004-05 included a one-week delay in paying providers, a “quality improvement fee” on managed care plans (*i.e.*, a provider tax on managed care plans that could be used to draw additional federal dollars to the state), and reduced payments to certain clinics and hospitals.⁹

Although the enrollment caps were vigorously opposed and dropped from the final agreement as were the most of the provider rate cuts, many of the other Medi-Cal proposals put

forward by the governor survived into the final legislation. The delay in paying providers resulted in \$288 million in projected savings and was the largest of the Medi-Cal spending offsets. Of the potential provider rates cuts that could have been adopted, pharmacy rates were reduced to save \$52 million and interim payments to certain hospitals were cut by 10 percent to save \$31 million. Another of the governor's proposals that was in the final package led to dropping the program to pay more to nursing homes so that they could increase wages, saving a projected \$46 million. This program had been established but was never implemented. On the caseload side of the cost equation, there was agreement to reconcile Medi-Cal eligibility records kept by the state against those kept in Los Angeles County with the expectation that about 58,000 people could be removed from the program. This would save \$33 million during fiscal 2004-05.

Healthy Families (California's SCHIP program) continued to grow as general fund spending increased by 9.7 percent, to about \$319 million. Program caseload is projected to be 774,000 by June of 2005. Proposals to cap enrollment or shift part of the program to a county block grant were rejected. The legislature also refused to redesign the program into two tiers, with different levels of benefits and premiums. However, the budget calls for increased premiums among higher-income families, saving about \$5.4 million.

Conclusions and Outlook for Fiscal 2006

During the three years covered in this review, California was struggling to cope with a budget shortfall that remained dramatically large. In the middle of this period, the state undertook a recall effort to remove Gray Davis and replaced him with Arnold Schwarzenegger in an October 2003 vote. Although the change in executive leadership changed the tone of the

debate over budget issues and the political dynamics because the new governor was a Republican, the nature of the state's budget agreements remained fairly consistent: There was very little support for tax increases to eliminate shortfalls over the long-term. There was also a reluctance to undertake major spending reductions in health or social programs that could create immediate hardships for low-income groups. Instead, the state chose to rely on a myriad of short-term solutions that involved borrowing, transfers from state funds, accounting changes, spending delays and the imposition of greater users fees, especially in the area of higher education.

Although California is required to balance its budget each year, it did come up with ways to maintain current spending through deficit financing. Initially, the state sold bonds that were secured by expected future payments from the tobacco settlement. This helped close the budget gap during the first two years of the study period, but ran out in fiscal 2003-04. By the end of that year, the state came up with the idea of issuing deficit financing bonds that were backed by a portion of local sales taxes. These bonds were subjected to a legal challenge and were not sold until voters approved a November 2004 ballot initiative authorizing up to \$15 billion in bonds. Proceeds from these bonds were used to balance budgets in state fiscal years going back to fiscal 2002-03 and there is still about \$3.5 billion in bond authority that can be used in fiscal 2005-06.

The state could combine this remaining bond authority with improving revenue projections and the continuation of some fiscal 2004-05 budget solutions into the next fiscal year and produce a fiscal 2005-06 budget that the Legislative Analysts' Office suggests may involve a "relatively modest amount of hard choices to reduce spending and/or augment revenues." However, LAO indicates that the projected budget shortfall is small relative to recent years only as a result of the continuation of short-term solutions that will not be there in the future. LAO

estimates that the shortfall will re-emerge in fiscal 2006-07 as a nearly \$10 billion problem. In the end, LAO recommends not using the remaining \$3.5 billion in deficit-financing bonds during fiscal 2005-06 and, instead, “adopt real and ongoing solutions to close the budget gap.” This would retain the bond authority for the next year, when the shortfall will pose a more significant problem.

The seeds of some of the future budget shortfalls were planted in the last few years’ budget agreements. California has taken on \$26 billion in budget debt by selling \$18 billion in bonds, borrowing \$4 billion from schools and localities, and shifting \$4 billion from state funds for transportation and other resources. In fiscal 2006-07, these arrangements will require \$4 billion in general fund outlays. In fact, until the deficit financing bonds are paid off, sometime between 2013 and 2018, the state will incur \$2 billion in costs annually just as a result of that single budget solution.

During the budget debates over the last couple of years, both governors proposed many cutbacks in Medi-Cal services, eligibility and payments but few have been adopted. The governor’s fiscal 2005-06 budget proposes to redesign portions of the Medi-Cal program to “increase efficiency and effectiveness for beneficiaries and providers, improve health care outcomes, and provide for the long-term financial viability of the program.” It proposes to achieve these goals without achieving much budgetary savings by expanding mandatory Medi-Cal managed care into more counties and requiring aged, blind and disabled beneficiaries to enroll, streamlining enrollment for children by integrating it with Healthy Families enrollment, restructuring hospital revenue streams, limiting payments for adult dental services, imposing premiums on near-poor beneficiaries, and monitoring county performance with respect to eligibility determination. There had been some concern that, in exchange for the flexibility to

redesign Medi-Cal, the state would propose giving up the open-ended federal matching rate approach to financing the program and accept either an aggregate or per-capita limit on federal contributions, but that was not proposed.

California is like other states in that it has yet to develop and implement policies to control the growth in Medicaid costs over the long run, which put pressure on the state budget at the same time that revenues turned down. Although the state is considering a waiver to restructure Medicaid, there appears to be no desire among California policymakers to address spending needs by general increases in taxes. Although revenues have rebounded to some extent, all indications are that California will be confronting annual budget shortfalls for at least the remainder this decade.

Endnotes

¹ Hill, Elizabeth G. “California Spending Plan, 2004-05: The Budget Act and Related Legislation,” Legislative Analysts’ Office, September 2004; California Budget Project, “The 2004-05 Budget Agreement and Beyond,” October 2004.

² Hill, Elizabeth G. “California Spending Plan 2002-03, The Budget Act and Related Legislation,” Legislative Analysts Office, September 2002.

³ California Budget Project, “The 2003-04 Budget and Beyond,” Sacramento, CA: September 2003; Hill, Elizabeth G. “California Spending Plan 2003-04, The Budget Act and Related Legislation,” Sacramento, CA: Legislative Analysts Office, October 2003.

⁴ Ibid.

⁵ Ibid.

⁶ California Budget Project, “What Would Proposition 1A Mean for State and Local Government Finance?” September 2004.

⁷ Hill, Elizabeth G. “Overview of the Governor’s Budget, 2004-05,” Legislative Analysts Office, January 2004.

⁸ Halper, Evan and Peter Nicholas, “Governor’s Allies Turn to Budget Foes,” *Los Angeles Times*, July 2004.

⁹ Legislative Analysts’ Office, “Quality Improvement Fees: Additional Federal Funds and State Savings Available Through Provider Fee Mechanism,” February 2004.

Appendix A

List of Study Respondents

California

David Carroll, California Budget Project
Daniel Carson, Legislative Analysts' Office
Michael Dimmitt, California Assembly Staff
Richard Figueroa, Health Staff to Governor Gray Davis
Scott Graves, California Budget Project
Lucy Streett, Medi-Cal Policy Institute
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