Law Reform Litigation Summary, 1983 – February 2015

Rivera, et al. v. Douglas and Calif. Dept. of Health Care Services (Alameda County Superior Court, No. CPF-09-509847, filed 2014). Massive flaws in the new computer system California adopted in October 2013 for enrolling people in the Medi-Cal program under health reform led to applicants having to wait much longer than the 45-day limit for the state to make eligibility decisions. By March 2014, 900,000 individuals were stuck in the Medi-Cal application backlog, nearly all of whom the state had already identified as likely to be eligible. Plaintiffs-- uninsured, low-income people with urgent, even life-threatening medical conditions in backlog limbo-- had been waiting months to access desperately needed medical care. After plaintiffs filed their motion for a preliminary injunction, the state began granting temporary benefit to likely eligible applicants waiting more than 45 days and, after the injunction was granted in January 2015, also issuing notice of hearing rights to others. Final judgment for plaintiffs was entered in December 2015. The state has appealed.

Marquez v. Dept. of Health Care Services, 240 Cal.App.4th 87 (2015). This case, filed in 2009 in S.F. County Superior Court, challenged the state's failure to consider whether the private health insurance that a Medi-Cal consumer may have-- for example, in the case of a child, from a non-custodial parent under a medical support order-- along with his or her Medi-Cal actually includes the benefits needed before the individual's access to Medi-Cal services is blocked. The case also challenged the state's failure to notify consumers that their Medi-Cal benefits would be blocked and about their appeal rights so that consumers can seek timely corrections to the frequent mistakes made by the state's computer data-matching between Medi-Cal and private insurance files. By the time the Court of Appeal ruled for the state in August 2015, many of the access barriers plaintiffs had challenged had been administratively addressed.

Maternal and Child Health Access (MCHA) v. Dept. of Health Care Services, et al. (S.F. County Superior Court, No. CPF-09-509769, filed 2009). Hundreds of thousands of children in low-income families each year submit their Medi-Calapplications by mail or over the Internet to a "single point of entry" (SPE) in Sacramento instead ofgoing to the local county welfare office to apply. Yet a key Medi-Cal program has been left out of the eligibility screening done by the SPE's private contractor. As a result, eligible poor children miss out on no-cost Medi-Cal and may be enrolled in a different program instead, Healthy Families, whichcharges premiums and co-pays but covers fewer services. In December 2010, the Court ruled for theplaintiff. On July 10, 2012, the Court issued further orders to ensure full compliance with its earlier writ.

MCHA v. Managed Risk Medical Insurance Board (S.F. CountySuperior Court, No. CPF-08-508296 (2008)). This case successfully challenged a California statute that excluded from its Access for Mothers and Infants (AIM) health insurance program pregnant women inworking poor families who had not been California residents for at least six continuous monthsimmediately prior to applying. The Court struck the statute down under the U.S. Constitution'sguarantees of equal protection and the right to travel and freely establish a residence in any state.

* *Armando Doe. v. State Dept. of Health Services (Bontá)* (2004) 124 Cal.App.4th 13.[1] The trial court enjoined the Department of Health Services from illegally terminating Medi-Cal health insurance benefits to thousands of low-income infants under the age of one year enrolling through an Internet-based enrollment system at clinics and pediatricians' offices. By the time this ruling was reversed on

[1] An asterisk indicates a published decision of the California Court of Appeal. All published decisions cited in this summary are available on line at the California Courts website, www.lexisnexis.com/clients/CAcourts/. To search for a decision, click on "By Citation" at the top left, then enter Volume (e.g., 124), Reporter (e.g., Cal. App. 4th), and page number (e.g., 13).

appeal, the state had already modified its computer systems and decided to voluntarily continue the improvements mandated by the injunction, benefiting over 69,000 infants a year.

Plata v. California Dept. of Corrections (N.D. Cal. C-01-1351-THE; (2001)). None of the named plaintiffs in this statewide class action challenging health care services in all 33 of California's state prisons was a woman. After women class members objected to the proposed settlement agreement in May 2002,pregnancy-related and other essential women's health services were added included.

La Frenz v. Bontá (S.F. County Superior Court, No. 311 196 (2000)). This action enforced the state's obligation to "redetermine" Medi-Cal eligibility on all possible bases before terminating coverage, to the benefit of the millions of low-income Californians who rely on Medi-Cal for their health insurance.

Milagro Doe v. Belshé (L.A. County Superior Court, No. B 181779 (1998)). After federal welfare reform in 1996, the state sought to eliminate Medi-Cal's pregnancy-related care program for undocumented women. This statewide class action was brought on behalf of the estimated 70,000 women who rely on the program each year to protect their health and that of their newborns. The trial court enjoined the state from making the cuts and was upheld by the Court of Appeal. The California Supreme Court denied review.

Crespin v. Davis (Alameda County Superior Court (1988)) and **Crespin v. Shewry* (2004) 125 Cal.App.4th
259. In 1999, the trial court ruled that the 1996 federal welfare reform law did not undermine an injunction issued nearly 10 years earlier prohibiting the state from withholding life-saving Medi-Cal kidney dialysis and nursing home care to undocumented immigrants.

**Crespin v. Kizer* (1990) 226 Cal.App.3d 498 *(Crespin I)*. The original *Crespin* action also challenged the state's authority to ask women applying for Medi-Cal about their immigration status when determining eligibility for pregnancy-related care. The trial court granted plaintiffs' motion for a preliminaryinjunction, and the Court of Appeal upheld. Based on a statute enacted later, the Court of Appealreversed. **Crespin v. Coye* (1994) 27 Cal.App.4th 700 (*Crespin II)*. However, in 1998, plaintiffs succeeded in the administrative arena in achieving the original *Crespin* privacy protections for immigrant women.

Bowden v. Davis (S.F. County Superior Court (1992)). During the California state budget impasse of 1992, plaintiffs brought this action on behalf of themselves and thousands of other severely disabled low-income beneficiaries of the In-Home Supportive Services (IHSS) program and their minimum wage care providers to prevent disruption in IHSS payments to the providers. Without these payments, many of the providers could not afford to continue their work, and the IHSS beneficiaries would have been left without life-sustaining care. The state was enjoined from suspending IHSS payments during the lengthy state budget stalemate.

Dowling v. Davis (E.D. Cal, CIV-S-90-866-RAR-EM (1990)). Medi-Cal beneficiaries and IHSS providers and beneficiaries intervened in this class action to prevent the state from failing to pay the providers during the budget impasse of 1990. A preliminary injunction was issued, and the state's emergency motions to the Ninth Circuit for a stay were denied. As a result, over $600 million in Medi-Cal and IHSS services that would have otherwise been suspended during the budget impasse continued without interruption, to the benefit of thousands of severely disabled individuals.

**In re Stephen W.* (1990) 221 Cal.App.3d 629. An indigent Butte county woman seeking drug treatment services during her pregnancy found that none were available in Butte or any of the surrounding counties. Her quest for treatment coincided with the local District Attorney's plan to incarcerate women using drugs during pregnancy. Although the woman avoided jail, Child Protective Services removed her newborn from the hospital almost immediately after birth. Although her writ petition to

be reunited with her son was denied by the Court of Appeal, drug treatment services for pregnant women became available in Butte County for the first time as a result of this case.

**Board of Supervisors, County of Butte v. McMahon* (1990) 219 Cal.App.3d 286. The state sued Butte County over a referendum measure that would have prohibited the county from using local funds to make welfare payments. In a suit of its own, the county challenged the constitutionality of state welfare mandates on local government. The two suits were consolidated, and a group of welfare recipients intervened. The Court of Appeal vindicated interveners' position that state welfare laws constitutionally impose a duty on county government to aid and assist the poor, despite Butte County's claim of fiscal impossibility.

**Cooke v. Superior Court* (1989) 213 Cal.App.3d 401. The Court of Appeal held that a county's failure to provide basic dental care to medically indigent adults violates its obligation under Welfare and Institutions Code Section 17000. The case confirms that the counties' duty extends beyond emergency care, and *Cooke* remains a watershed in defense of the uninsured.

Sumpter v. County of Butte (Butte County Superior Court (1984)). This class action involved a challenge, one of the first in California, to a local requirement that applicants for General Assistance welfare payments, including the homeless, supply a "fixed address" as a condition of eligibility. In a stipulated settlement, the fixed address rule was dropped.

C.H.I.P. v. City of Gridley (E.D. Cal. CIV-S-83-1325 MLS (1983)). Plaintiffs brought this class action in federal court under the Federal Fair Housing Act to enjoin the city from imposing discriminatory zoning conditions on a project to build houses for farmworkers and other low-income families. On the eve of trial, the city agreed to a consent decree. Two separate collateral attacks by other local governmental entities were then brought in state court; these were removed to federal court where they were both ordered dismissed.