

Application for an Award of Advocacy and Witness Fees

Entity Name: Health Access of California

Date Submitted: 3/3/2022 1:23:42 P.M.

Submitted By: Anthony Wright

Application version: Original App

1. For which proceeding are you seeking compensation?

Proposed Merger of Centene and Magellan

2. What is the amount requested?

\$10,473.00

3. Proceeding Contribution:

Provide a description of the ways in which your involvement made a substantial contribution to the proceeding as defined in California Code of Regulations, Title 28, Section 1010(b)(14), supported by specific citations to the record, your testimony, cross-examination, arguments, briefs, letters, motions, discovery, or any other appropriate evidence.

Health Access provided both significant written comment, and oral testimony during the public hearing. With our staff and consultants' significant background on health insurance regulation and reviewing merger proposals, we reviewed the independent health analysis, and provided comments on what other information was needed, and made recommendations on potential conditions and undertakings. The conditions requested included: limit rate increases in the future to no more than the market average; improve quality as measured by documented outcomes; reduce disparities, especially for behavioral health, specifically with respect to screening and treatment for clinical depression, one of the most common mental conditions that is co-morbid with other major chronic conditions; and require Centene to fund training and education for non-physician mental health professionals. The time tracker indicated the work provided by Anthony Wright, executive director; Diana Douglas, our Policy Advocacy Manager, and Beth Capell, PhD, our longtime policy consultant.

4. Please attach your time and billing record in the "Add Attachment" box below. In the time and billing record, include the hourly rate of compensation for each witness or advocate and a justification for each hourly rate, which may include copies of or citations to previously approved hourly rate; and each witness or advocate's resume or curriculum vitae. The time and billing record should show the date and exact amount of time spent on each specific task in thirty (30) minute increments, as defined in California Code of Regulations, Title 22, Section 1010(d)(3).

Document Name	Date	Uploaded By
Time and billing record	3/3/2022	Anthony Wright
Anthony Wright- Resume	03/17/22	Anthony Wright (by email)
Diana Douglas	03/17/22	Anthony Wright (by email)
Beth Capell	03/23/22	Prior application

5. Clear and concise statement of participants interest in the proceeding which explains why participation is needed to represent the interests of consumers

Centene, the parent company of HealthNet, applied for approval from the Department of Managed Health Care to acquire Magellan, which is a health plan, a major provider of behavioral health services, a pharmacy benefit manager (PBM) and a vendor of Employee Assistance Programs (EAP). As a result, the merger has an impact on millions of California consumers--on health coverage rates, the delivery of physical and behavioral health services, on prescription drug access, and much more. This was the first major transaction since the enactment

of AB595 (Wood) of 2018, the Health Access sponsored measure giving DMHC clear authority to approve, deny or approve with conditions any mergers, acquisitions or other transactions involving health plans licensed by DMHC. Since this is the first transaction, and the first independent analysis, resulting from AB595, it is an important precedent. Centene promised that coverage would be more affordable, quality would improve, and disparities would be reduced. We made a range of recommendations, and we believe we helped inform the director's decision with regard to the required undertakings that the Department imposed.

6. The information contained in the Petition to Participate remains true and correct to the best of the knowledge of the person verifying the information.

Yes

I am authorized to certify this document on behalf of the applicant. By entering my name below, I certify under penalty of perjury under the laws of the State of California that the foregoing statements within all documents filed electronically are true and correct and that this declaration was executed at Sacramento (City), CA (State), on March 3, 2022.

Name: Anthony Wright

Anthony E. Wright

Twitter: @AEWright, @HealthAccess

Instagram/Snapchat: @AWright2Care

Health Access California & Health Access Foundation, Sacramento, CA

*Executive Director
Director of Organizing*

*August 2002-present
January 2001-August 2002*

Won Health Reforms

- **Led California's grassroots and policy advocacy efforts to secure passage of the Affordable Care Act (ACA)**, the most significant overhaul of the U.S. healthcare system since the passage of Medicare and Medicaid in 1965. Led the state's Health Care for America Now campaign to ensure all Democratic members of California's congressional delegation voted for the ACA, and to defend the law since, which continues to have the support of a majority of Californians.
- **Implemented and improved upon the ACA in California**, leading a consumer coalition, working with the California State Legislature and state agencies, to pass several dozen laws to establish essential health benefits, rate review, broader oversight over health insurers, improved consumer assistance programs, and streamlined enrollment into health care programs.
- **Established Covered California and its groundbreaking pro-consumer policies.** Helped pass the first-in-the-nation legislation to establish California's health insurance marketplace, which now covers 1.8 million Californians. Fought to ensure Covered California could use its bargaining power to select qualified plans based on value, and then to urge the exchange to use this "active purchaser" power to negotiate for the best rates, standardize and design consumer-friendly benefits, and drive delivery reforms for cost, quality, value, and equity.
- **Pushed for early implementation of the ACA**, where California actively pursued opportunities to expand coverage for residents, conducted outreach and enrollment to bring people into new coverage options, and organized systems to deliver care. This includes early adoption of the maternity coverage mandate, access to coverage for children with pre-existing conditions, and early Medi-Cal expansion through county Low-Income Health Programs.
- **Ensured health reform included many of California's diverse communities**, by advocating for a Medi-Cal expansion that included "deferred action" immigrants, and resources to support enrollment assistance programs focused on LGBT communities, immigrant communities, and multilingual communities of color.
- **Defended the ACA** against repeal by organizing a #Fight4OurHealth coalition and campaign of 180 events in 2017 to highlight the catastrophic California impacts of federal proposals, and additional accountability in 2018 for those 14 CA Congressmembers who voted for ACA repeal.
- **Protected our progress** by advancing laws and administrative actions to prevent the Trump Administration's sabotage of the ACA, including: banning so-called "short-term" substandard plans and limiting other "junk insurance"; reinstating a state individual mandate; keeping a 12-week open enrollment in Covered California; preventing work reporting requirements or other eligibility barriers in Medi-Cal, maintained strong insurance oversight, and more.

Secured Additional Access and Affordability Expansions

- Even as CA's implementation of the ACA **reduced the uninsured rate in California by more than half**—the biggest reduction of the uninsured of all 50 states, led Health Access efforts to continue to expand coverage to the remaining uninsured.
- **Secured additional affordability assistance** for Covered California enrollees buying individual insurance, including first-in-the-nation state subsidies for middle-income families above the ACA's 400% of the poverty level cutoff, up to 600%, so many more don't have to pay more than a percent of their income; This effort became the pilot program for the American Rescue Plan taking this policy national, setting a global government guarantee that no one has to spend more than 8.5% of their income on coverage.
- **Won Medi-Cal coverage for all income-eligible Californians regardless of immigration status**, a victory from the **ongoing #Health4All campaign** that co-chairs to ensure all Californians including undocumented immigrants have access to coverage, won in succession for children, young adults, older adults 50+, and now proposed for all. Led the formulation, development and submission to the federal HHS of a "1332 waiver" (ultimately withdrawn) to open Covered California to all who wish to buy unsubsidized.
- **Partnered with local advocates to expand county-based care** for hundreds of thousands of Californians. Provided technical assistance, organizing support, and policy advocacy to help establish Healthy San Francisco and California's early expansion of Medi-Cal for over 500,000 Californians under the Low-Income Health Programs—as well as, more recently, several counties adopting more inclusive and smarter safety-net programs, including My Health LA, Contra Costa Cares, Sacramento Healthy Partners, and the County Medical Services Program's (CMSP) "Path To Health" Primary Care Benefit and "Connect to Care", which benefits uninsured Californians in 35 counties. Successfully advocated for a Medicaid waiver and Global Payment Program to encourage counties to take additional steps to cover the remaining uninsured.

Fought Budget Cuts and Won Investments and Improvements in Public Health:

- **Prevented budget cuts and win restorations and investments in Medi-Cal** and other public health programs. Co-led various budget coalitions (Budget Allies, HHS Network, etc) and specific campaigns to oppose budget cuts to health care programs proposed by various Governors that would have denied millions of Californians health care coverage, and caused millions more to suffer increased costs. In recent years, we have successfully advocated for the restoration of some of the specific cuts made to Medi-Cal, dental care and other benefits, and public health programs, and for additional revenues (such as Propositions 30 & 55 for upper-income taxes and 56 on tobacco taxes) and resources (from MCO and hospital fees to the Medicaid waivers with the federal government) to invest in critical health programs.
- **Supported several public health efforts**, from helping **craft Let's Get Healthy California metrics for a healthier and more equitable state**, to assisting in the effort to pass with **new tobacco control policies including raising the smoking age and regulating e-cigarettes**.

Won Patient Protections

- **Secure new Patients Bill of Rights oversight to help consumers get the care they need when they need it**. Health Access-sponsored legislation requires all health plans to give access to medically necessary prescription drugs, and timely access to care with appointment wait time standards, strengthened oversight over health plan networks, and new standards for accurate and updated provider directories.
- **Advanced language access to care** through supporting legislation and oversight with partner organizations, and pioneering video medical interpretation (VMI) in public hospitals to show the feasibility of fully serving California's multi-lingual patient population, including spinning off the Health Care Interpreter Network, and other projects in San Francisco and Alameda counties.

- **Strengthened oversight over consumer assistance programs**, by putting in place new transparency and oversight over state agencies who handle consumer calls and complaints by revamping the work of the Office of the Patient Advocate.

Saved Consumers Money and Kept the Health Industry Accountable

- **Prevented hospitals from overcharging the uninsured**, by passing a first-in-the-nation Hospital Fair Pricing Law so the uninsured are not price-gouged by hospitals collecting 3-4 times what an insurer pays for the same treatment; Passed a companion bill to limit what ER doctors charge the uninsured as well.
- **Protected consumers from unfair out-of-pocket costs, including surprise medical bills** when patients go to in-network hospitals and facilities but get seen by out-of-network doctors, with strong patient protection against balance billing and inflated provider charges. Passed strong model legislation in CA, and had leadership role in winning federal protections. Other Health Access-sponsored legislation put caps on specialty drug cost-sharing, prevented double deductibles in family coverage, and helped patient track out-of-pocket costs.
- **Exposed unjustified rates by health insurers** by requiring advance notice of rate changes, regulatory rate review, notification by health plans of unjustified rates to allow consumers to shop around, and prohibition of mid-year increases for premiums or cost-sharing.
- **Secured regulator opposition or key conditions to health industry mergers**, as we represented consumers in regulatory reviews of health insurer and nonprofit hospital mergers. Won conditions on hospital mergers to maintain community services and on health plan mergers to ensure insurers abide by consumer protections, improve quality ratings and customer service, and invest in needed health initiatives. Passed additional oversight over health plan mergers.
- **Won landmark prescription drug price transparency**, including a 60-day advance notice and requirement for filing justifications for drug prices hike of more than 18% over 2 years. Also won legislative efforts to have California directly contract to manufacture generic drugs, and to enhance Attorney General oversight against “pay-for-delay” practices, all to attain more affordable prescription drug prices. Also chaired and **ran a statewide ballot initiative campaign** that was defeated by Pharma’s \$80 million opposition. Won passage of a prescription drug discount program using the state’s bargaining power (not implemented due to budget crisis)
- **Developed and led efforts to create a new California Office of Health Care Affordability** (currently pending) to set enforceable cost targets for the health industry.

Ongoing Organizational Leadership Responsibilities

Lead the organizing, political, policy and public education, and other activities of the statewide umbrella health care consumer coalition, made up of nearly 100 member organizations representing seniors, children, people with disabilities, immigrants, labor, communities of color, people of faith, LGBTQ people, and working families.

Supervise a staff of 18 staff & consultants, including organizers and policy experts, in offices and remotely in Sacramento, Oakland & Los Angeles. Recruit an exceptional, committed and diverse staff. Provide direction to coordinate advocacy, communications, and grassroots actions together. Provide direction through weekly staff call and E-mail reports, one-on-one mentoring, and fostering team accountability of policy and organizing side. Perform annual staff evaluations. Provide coordination despite staff in different locations and with very different directives and experience.

Fundraise a budget of over \$3 million annually, from local, state, and national foundations, organizational memberships, *cy pres* and intervenor awards, individual contributions, occasional government contracts, and other sources.

- Inherited a \$700,000 deficit, but managed through a combination of emergency measures to reduce staff and spending, raise funds, and other means to bring the organization to sustainability and surplus for two decades. (Performed similar function as the new organizing/program director for NJCA, rebuilding a program budget and staff.)
- Developed/extended new programs and fundraising opportunities, from exploring and funding new issues from immigrant care to transparency to prescription drug costs, to new programs such as video medical interpretation, medical bill assistance, and enrollment (which were successfully spun off into new projects).
- Fundraised millions beyond Health Access for organizational partners and the broader health reform and consumer advocacy community, including on senior health (MeDIC coalition), budget advocacy (HHS Network), medical debt issues (Health IOU Initiative), LGBT health (CA LGBTQ HHS Network), immigrant health (#Health4All), and health reform (Faces of the Uninsured, It's Our Healthcare, Health Reform Collaborative, #Fight4OurHealth, and #Care4AllCA) in general.
- Host the operation, staffing and growth of the **CA LGBTQ Health & Human Services Network**, as a program of Health Access, even though it has its own brand, governance, and focus.

Manage one coalition 501(c)4 board of 24 representatives responsible for policy and political decisions on bills, budget advocacy, and ballot measures, **and another 501(c)3 board of 8 leaders** focused on funding and organizational capacity.

- Safeguard the mission of the organizations; manage several large personalities and competing organizations to a shared goal; coordinate two strategic planning processes and wrote new Strategic Plans; provided regular communication and consultation with board; maintain organizational rigor for financial integrity, administrative competence, staff development.

Conduct organizing and advocacy campaigns from Sacramento on health care issues, including for health reform and expansion of health coverage; funding for safety-net providers; patient protections; budget issues and the need for increased revenues to prevent health and human services cuts; insurance reform, delivery system reform, prevention and wellness, and federal issues including prescription drug costs, Medicaid, Medicare and the ACA.

Manage multiple issue coalitions, serving as a bridge between different kinds of groups and leaders—from grassroots and policy groups, unions and community organizations, Sacramento political players and more militant activist groups, etc; Work to build consensus to move despite turf issues, ideological differences, contrasting advocacy cultures, and political positioning. Run conference calls and meetings in an efficient but inclusive manner;

Write, edit and publish numerous research reports, fact sheets & issues briefs, E-mail updates & alerts, a blog, and more. Often write these materials myself; more often delegate to colleagues with direction, and with follow-up editing for style, substance, organizational voice, political context and consistency, and copyediting.

Actively promote a consumer advocacy voice in social media, including building an organizational Twitter account of over 13,000 followers (and a personal Twitter account of over 6,000 and personal Instagram of over 1,000), a Facebook page of 3,000 followers, and an online E-mail advocate list of over 30,000 Californians.

Serve as main spokesperson for press, for CA and national media; Pro-actively outreach to reporters to shape a media narrative and frame our issues, even when not quoted; Average 200+ newspaper clips/year. Includes regular quotes in The New York Times, National Public Radio, etc.

Write opinion pieces, including in the New Republic, Democracy Journal, American Prospect, etc, and many California papers serving as a thought leader in the health advocacy field, usually detailing California breakthrough policies as a potential model for other states and federal action.

Speak frequently at conferences, panels, press events and in legislative testimony as a health policy expert and critical consumer voice. This includes informational hearings of the California Assembly and Senate Health Committees; on regular panels at Families USA, Community Catalyst, Consumers Union, and Altarum national conferences; statewide convenings from Insure the Uninsured Project to State of Reform; briefings of foundations, unions, and advocacy groups, state and national.

Outreach and coordinate with other policy and political leaders, formally through California Dream Alliance, Commit to Equity, and other tables, and informally one-on-one, to ensure organization engages in not just health care but a broader progressive agenda for social justice.

Previous experience

New Jersey Citizen Action, Hackensack & Highland Park, NJ

Program Director

April 1997-January 2001

Main Organizer, Campaign for Patients' Rights

September 1996-January 2001

- Served as the director for policy, organizing, politics, and programs of state's largest consumer watchdog coalition, made up of 60,000 individual members and 90 affiliated organizations.
- Supervised and coordinated a program staff of over 10 people in five different offices across the state, including five organizers responsible for statewide issue campaigns, and five community educators and their manager, which gave 100 grassroots presentations a month.
- Oversaw campaigns for quality health care for all, lower utility & insurance rates, fair banking and housing, campaign finance reform, lead poisoning prevention, and consumer rights.
- Fundraised over \$400,000/year to support program work of \$1.8 million organizational budget.
- Coordinated "issue advocacy" and political activities to keep elected officials accountable.
- Reviewed and edited all organizational materials, including newsletters, flyers, and fact sheets.
- Planned organizational events, including conventions, dinners, rallies, and press conferences.
- Conducted aggressive press outreach plan that generated over 400 media citations a year.
- Worked directly on specific issues, such as defeating a telephone rate increase proposal.
- Organized the statewide health care consumer coalition, leading successful campaigns that:
 - passed a state HMO consumer protection legislative package;
 - defeated takeover of BlueCross BlueShield of NJ by out-of-state, for-profit Anthem and protected billions in nonprofit health care assets; and
 - won major expansions of child (up to 400% FPL) and parent (up to 200% FPL) FamilyCare coverage.

Center for Media Education, Washington, DC

Coordinator, Future of Media Project

January 1994-August 1996

- Managed all aspects of an advocacy, research, organizing, and public education initiative focusing on "information highway" policy issues, on behalf of consumers, children, nonprofits, and the public interest. Coordinated groundbreaking studies on "electronic redlining" and nonprofit programming. Facilitated Telecommunications Policy Roundtable of over 100 groups.

The Nation Magazine, New York, NY

Fall 1993

The White House, Office of the Vice President, Washington, DC

Summer-Fall 1993

New York City Government Scholars Programs, New York, NY

Summer 1992

Board Memberships (Current/Partial List):

Yolo County Library Advisory Board (previous Chair)
California Budget and Policy Center

Healthy California for All Commission (Commissioner appointed by CA Assembly Speaker Rendon)
Medi-Cal Stakeholder Advisory Committee
Health Payments Database Advisory Committee

Past (Partial List): Herndon Alliance Board
Health Care for America Now Education Fund Board

Honors (Partial List):

Families USA Health Advocate of the Year 2006
USAction Progressive Leadership Award 2010

Listed in top 50 of Capitol Weekly's Top 100 most influential in California policy and politics from 2015-2021, almost the only nonprofit/grassroots leader included of any issue area in entire state.

Cited by the Sacramento Bee as a 2019 "Influencer," and in a 2017 editorial, as a "hero" in the fight to defend the ACA: "

<https://www.fresnobee.com/opinion/editorials/article175359571.html>

Education: Amherst College, Amherst, MA, 1989-93

Bachelor of Arts *magna cum laude* in both English and Sociology.

Awarded Charles Hamilton Houston Fellowship; Donald S. Pitkin Prize in Sociology

Service Fitters IPF of NY Scholarship; NY Amherst Alumni Association Scholarship;

Founder & co-Chair, Financial Aid Coalition, running the successful campaign to reverse
a College decision to abandon need-blind admissions.

Managing Editor, Prism Magazine; Co-Chair, La Causa;

Riverdale Country School, 1989;

Prep for Prep, Contingent V



Diana Naomi Douglas

Experienced advocate representing consumer interests to address healthcare disparities in cost, quality, and access.

EDUCATION

- University of North Carolina at Charlotte, NC** **2012**
Master of Arts in Sociology, concentration in medical sociology and inequality
- Lake Forest College, IL** **2005**
Bachelor of Arts in Sociology
Recipient of Deerpath Writing and Phi Theta Kappa scholarships

WORK EXPERIENCE

- Health Access California • Sacramento, CA**
- Manager of Policy & Advocacy** **Oct. 2021 – Present**
Policy and Legislative Advocate **Dec. 2019 – Sep. 2021**
- Lead Health Access' advocacy team to advance a progressive, consumer-focused legislative, budgetary, and administrative advocacy agenda to achieve affordable, high-quality healthcare for all Californians
 - Act as primary liaison to Covered California, serving on their Plan Management Advisory Committee and participating in numerous workgroups to ensure quality and equity are centered in contracts and benefit design
 - Portfolio includes the following areas: Medi-Cal, large and small group insurance, Covered California, behavioral health, and public health
 - Engage with the Department of Managed Healthcare, the California Department of Insurance, and the Department of Health Care Services on administrative advocacy issues to ensure implementation of legislation reflects equitable, consumer-focused intent
- Lecturer • UNC Charlotte, Department of Sociology** **Jan. 2015 – Present**
- Remotely teach upper-level undergraduate political sociology course that I independently developed; topics include civic participation, political culture, and social movements
- Policy Analyst • California State Senate, Office of Sen. Pan • Sacramento, CA** **Sep. 2017 – Dec. 2019**
- Organized convenings to improve Sacramento County's Geographic Managed Care Medi-Cal model; coordinated agendas, materials, and invitations to dozens of local health policy leaders, executives, academics, and government officials in partnership with Sierra Health Foundation
 - Staffed Senate Health and Senate Human Services Committees, assisting consultants with legislative recommendations, meeting with stakeholders, and writing talking points for member's public appearances
 - Managed multiple bills, including SB 276 which will increase oversight over medical exemptions to immunizations; organized witness testimony for committee hearings; played lead role in negotiations with committee staff, administration, and opposition; worked with legislative counsel to develop language
 - Served as acting legislative director and acting staffer for Budget Subcommittee on Health and Human Services
- Policy Analyst • American Lung Association • Sacramento, CA** **Apr. 2016 – Sep. 2017**
- Acted as primary tobacco policy expert for the grant-funded Center for Tobacco Policy and Organizing
 - Tracked all state tobacco-related legislation and provided legislative updates to the tobacco control community

- Developed culturally-appropriate policy resources and conducted policy trainings for local tobacco control coalitions across the state
- Produced annual State of Tobacco Control report which graded tobacco policies across 500+ communities

Research Assistant • UNC Charlotte, Department of Sociology

Jan. 2011 – Jan. 2013

- Identified and added 200+ entries to Spivack Archive, a digital database of educational research on student outcomes and diversity
- Summarized findings and methodology of academic articles, legal documents and government policy briefings
- Contributed to analysis and writing of academic articles examining school composition and science achievement

Nutrition Data Analyst • UNC Chapel Hill, School of Public Health

Oct. 2009 – Jul. 2010

- Worked with diverse public health team to conduct nutritional interventions within indigenous Canadian communities
- Managed data, designed methodology, and conducted statistical analysis for multiple researchers and projects
- Contributed to academic articles examining effects of traditional diet on maternal health, diabetes, and obesity
- Synthesized findings and designed presentations of results for government officials and other stakeholders

VOLUNTEER & COMMUNITY WORK

Political Director • Fem Dems of Sacramento County

Mar. 2019 – Present

- Serve as elected board member of chartered Democratic club
- Manage all endorsements of elected officials and club political and campaign engagement activities
- Assist with club programming, general meetings, and fundraising

Conversation Partner & Office Assistant • CWS Durham County

Jan. 2013 – Aug. 2015

- Assisted local refugee family with English language and helped them navigate American cultural adjustment
- Processed refugee and citizenship legal documents and assisted with preparation for immigration interviews

PAPERS & PRESENTATIONS

Douglas, D. *“Health policy and theories of welfare development: an analysis of 18 OECD countries from 1980-2000.”* (2012). Presented at American Sociological Association Annual Meetings: Denver, CO.

Mickelson, R.; Bottia, M.; Douglas, D. and Valentino, L. *“Does school racial and SES composition affect science achievement?”* (2012). Presented at American Sociological Association Annual Meetings: Denver, CO.

Sheehy, T.; Kolahdooz, F.; Schaefer, S.; Douglas, D.; Corriveau, A.; and Sharma, S. *“Traditional food patterns are associated with better diet quality and improved dietary adequacy in Aboriginal peoples in the Northwest Territories, Canada.”* (2014). Journal of Human Nutrition and Dietetics.

Beth Capell- CV

Beth Capell, Ph.D., *Capell & Assoc.* has been the principal and owner of Capell & Assoc. since its founding in 1995. She has thirty-eight years of experience in Sacramento, working in the Legislature, various Administrations, and with various interest groups.

Beth Capell provides policy analysis, legislative advocacy, and other strategic input to Health Access and to other consumer, labor and public interest organizations on health care issues.

Health Access California sponsored the package of legislation known as the HMO Patient Bill of Rights from 1995 to its enactment in 1999. Health Access Foundation led a collaborative of consumer groups that monitored initial implementation of the more than 20 pieces of legislation enacted between 1995 and 2000 intended to protect consumers from HMOs. Health Access Foundation has continued to work on implementation and ongoing monitoring of the law with respect to consumer protections against HMOs. Beth Capell has been an architect and active advocate throughout the two decades of these efforts.

Beth Capell has worked on issues including prescription drugs, universal access, hospital overcharging, balance billing by physicians, nursing home regulations, hospital standards, health insurance regulation, and other health care issues.

Prior to establishing Capell & Assoc. Beth Capell represented the California Nurses Association from 1986 to 1995, first as the legislative advocate and later as the Director of Government Relations for the association. From 1983 to 1986, Ms. Capell worked at the California Manufacturers Association, working on job training and human resource issues, including health insurance. From 1977 to 1983, Ms. Capell worked in various positions in the Legislature, the Administration, and other efforts.

Ms. Capell has Ph.D. in political science from the University of California, Berkeley, and continues to publish articles and present papers on political science, specifically interest groups, legislatures, and the impact of legislative term limits.

Billing classification: Experts: 13+ years of experience. \$425/hour.

Health Access California Time Records Magellan-Centene Merger

Diana Douglas, Policy and Legislative Advocacy Manager

Date	Work Performed	Time Spent	Hourly Rate	Total
10/20/2021	Discuss merger issues internally	1	\$350	\$350
10/25/2021	Review comments on merger for submission to DMHC	1	\$350	\$350
10/26/2021	Draft talking points for DMHC public hearing	0.5	\$350	\$175
10/27/2021	Attend public meeting on Magellan-Centene merg	2	\$350	\$700
11/1/2021	Edits and discussion over draft comments	1	\$350	\$350
11/2/2021	Final discussion and submission of comments to I	0.5	\$350	\$175
	TOTAL	6	\$350	\$2,100

Anthony Wright, Executive Director

Date	Work Performed	Hours	Hourly Rate	Total
3/12/2021	Discuss merger issues with staff/partners	0.5	\$385	\$193
10/15/2021	Engage and discuss with other stakeholder regarding concerns over merger	0.5	\$385	\$193
10/18/2021	Review DMHC merger impact analysis	0.5	\$385	\$193
10/23/2021	Review comments on merger for submission to DMHC	1	\$385	\$385
10/26/2021	Review talking points for public hearing/Talk with stakeholders regarding concerns with merger.	1.5	\$385	\$578
10/27/2021	Attend public meeting on Magellan-Centene merg	2	\$385	\$770
10/29/2021	Review draft and edit comments for submission to DMHC	1	\$385	\$385
11/1/2021	Edits and discussion over draft comments	0.5	\$385	\$193
11/2/2021	Final discussion and submission of comments to I	1	\$385	\$385
	TOTAL	8.5	\$385	\$3,273

Beth Capell, Policy Advocate

Date	Work Performed	Hours	Hourly Rate	Total
10/18/2021	Review impact analysis/Draft comments	1.5	\$425	\$638
10/19/2021	Draft comments	1	\$425	\$425
10/21/2021	Draft comments	2	\$425	\$850
10/22/2021	Draft comments	2.5	\$425	\$1,063
10/23/2021	Draft comments	1.5	\$425	\$638
10/26/2022	Review talking points and prep for hearing	0.5	\$425	\$213
10/27/2021	Attend public meeting on Magellan-Centene merg	2	\$425	\$850
11/1/2021	Review & edit comment letter	0.5	\$425	\$213
11/2/2021	Review & edit comment letter	1	\$425	\$425

11/2/2021 Review & edit comment letter

	2	\$425	\$850
TOTAL	12	\$425	\$5,100

OVERALL TOTAL	\$10,473
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