

# Application for an Award of Advocacy and Witness Fees

**Entity Name:** Health Access of California

**Date Submitted:** 8/28/2019 3:09:29 PM

**Submitted By:** Ron Coleman

**Application version:** Original App

## 1. For which proceeding are you seeking compensation?

Financial Solvency of Risk Bearing Organizations; Control Number 2017-5216

## 2. What is the amount requested?

\$6,698.00

## 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 California submits this request for reasonable advocacy fees for our contribution representing the consumers' interest to the final rulemaking regarding defining risk bearing organizations (RBOs) and the appropriate levels of tangible net equity (TNE) for such organizations. Health Access serves to remind the DMHC that fiscal solvency and network adequacy are among the most basic consumer protections offered by the Knox-Keene Act. Network adequacy is a fundamental consumer protection and is inextricably linked to an organization's financial solvency. Indeed, it was the lack of fiscal solvency, failure to contract with providers and lack of basic management by some Medi-Cal managed care that precipitated the enactment of the Knox-Keene Act in 1975. Similarly, the failure of delegated medical groups in the mid-1990's precipitated the enactment of SB 260 (Speier) of 1999. These failures resulted not only in bankruptcies for physicians but lack of access to medical records for consumers as well as disruptions of care. SB 260 created the current indirect regulatory structure in which contracting medical groups and other entities accepting delegation of risk are regulated through licensed health plans rather than directly by the Department. In our letter, Health Access California appreciates the DMHC's continued work in protecting consumers' health care rights and ensuring a stable health care delivery system. This includes assuring that Knox-Keene Act rules are appropriately amended related to financial solvency standards and reporting requirements of risk-bearing organizations.

**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).**

<b>Document Name</b>	<b>Date</b>	<b>Uploaded By</b>
Anthony Wright - Resume	8/28/2019 3:06:10 PM	Ron Coleman
MJ Diaz - Resume	8/28/2019 3:06:26 PM	Ron Coleman
Time and Billing Record	8/28/2019 3:07:27 PM	Ron Coleman

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

Health Access is the statewide health care consumer advocacy organization. Consumers should get the care they need when they need it: that is the promise of the Knox-Keene Act and these regulations further clarify steps needed to assure these protections are realized. Health Access offered comments to assure adequate consumer protections. Before the Financial Solvency Standards Board began its work, and the Department began to establish regulations for the delegated groups, very large enterprises--some managing care for hundreds of thousands of consumers-- lacked such basic management tools as audited financial reports and business plans that are necessary for the provision of timely access to care without inappropriate delays or denials. Any changes to the definition of RBOs or other delegated groups and TNE levels will impact consumers directly because care and services may be impacted. Therefore, our participation in this rulemaking is critical because of the potential impacts to consumers, which we hope would prevent any future wrong doing by delegated entities that lead to denials of care – such that of EHS/SynerMed.

**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 August 28, 2019.**

**Enter Name:** Ronald E Coleman

# Anthony E. Wright

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## Health Access California & Health Access Foundation, Sacramento, CA

*Executive Director*  
*Director of Organizing*

*August 2002-present*  
*January 2001-August 2002*

Served for 17 years as Executive Director for Health Access, the statewide health care consumer advocacy coalition, leading efforts at the state and national level to win consumer protections, fight budget cuts and invest in our safety-net, encourage prevention, and advance coverage expansions and comprehensive health reform. He successfully:

### 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 Congressmembers from California voted for the ACA, and to defend the law since, continuing its strong support from 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 1.5 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 into 2018 for those 14 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 much more.

## Secured Additional Coverage 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—Wright led Health Access efforts to continue to expand coverage to the remaining uninsured, such as to:
- **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, so many more don't have to pay more than a percent of their income.
- **Won Medi-Cal coverage for all income-eligible California children and young adults regardless of immigration status**, a victory from the ongoing #Health4All campaign that Wright co-chairs to ensure all Californians including undocumented immigrants have access to coverage. 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, 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 won 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 many 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 Patient's 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; Other Health Access-sponsored legislation recently put caps on specialty drug cost-sharing, and prevented double deductibles in family coverage.
- **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 and/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 sought affordable prescription drug prices through other legislative campaigns and **running a statewide ballot initiative campaign** that was defeated by Pharma's \$80 million opposition. Won passage of a prescription drug discount program (never implemented due to the budget crisis) that would have used the government's negotiating power to lower drug costs.

## **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 3 offices 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 \$2 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 with a rebuilt staff for well over a decade. (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 (some of which were successfully spun off into new projects).
- Fundraised millions 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.

**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 many 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 semi-daily 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 12,500 followers (and a personal Twitter account of 5,000 and personal Instagram of 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 at regular panels at Families USA, Community Catalyst, Consumers Union, and Altarum national conferences; statewide convening from Insure the Uninsured Project to State of Reform; panel briefing of foundations and fellow advocacy groups, state and national; the California Assembly and Senate Health Committees; etc.

**Outreach and coordinate with other policy and political leaders**, formally through California Dream Alliance 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 (Partial List):*

Current: **Yolo County Library Advisory Board** (former Chair)

**California Budget and Policy Center Board**

Health Access Foundation Board

Medi-Cal Stakeholder Advisory Committee

Past: 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 2015-2018, 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: "Kudos, too, to advocates such as Health Access California's Anthony Wright, who deserves a medal for the data he has mustered on behalf of vulnerable Californians."

*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

Born and bred in the Bronx, Wright lives in Davis, California with his wife Jessica and son Jefferson.

# MARY JUNE G. DIAZ (FLORES)

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## EDUCATION

- University of California, Berkeley** August 2013 – December 2015  
Master of Public Policy (MPP) | Goldman School of Public Policy  
Master of Public Health (MPH) | Concentration in Health Policy & Management | School of Public Health  
Relevant Coursework: Healthcare Finance, Health Law, Health Economics, Health Policy Decision Making, Healthcare Quality Improvement Methods, Non-Profit Financial Management, Leadership, and
- University of California, Berkeley** August 2006 – August 2010  
Bachelor of Arts in Asian American Studies and Ethnic Studies with High Honors

## PROFESSIONAL EXPERIENCE

- Health Access California – Senior Legislative & Policy Advocate** Sacramento, CA July 2016 – Present
- Represent all health care consumers and testify at public legislative committee hearings, departmental and agency meetings on health care legislation, bill implementation, and health plan mergers in the private commercial insurance markets.
  - Manage and lobby organizational and coalitional sponsored legislation on the topics of universal, affordable, cost-effective, quality, and equitable health care coverage.
  - Track and produce legislative language, amendments, fact sheets, policy memos, and analyses on health care proposals.
  - Regularly meet with state elected officials, Health, Budget Committee, and leadership legislative staff, department/agency senior staff, labor, health plan and insurer lobbyists to discuss bill support or opposition position.
- Alameda County Board of Supervisor Wilma Chan – Policy Aide** Oakland, CA June 2015 – July 2016
- Managed the agenda and coordinated bi-weekly Health Committee policy and oversight public hearings.
  - Monitored and analyzed Alameda Health System's financials and performance, and Health Care Services Agency's financial contracts and agreements with vendors and service providers.
  - Co-led a series of work sessions to review, evaluate, and propose changes to the governance of Alameda Health System's Board of Trustees and its by-laws.
  - Served as the healthcare liaison to local healthcare administrators, providers, medical associations, and organizations.
- Coalition of Kaiser Permanente Unions – Graduate Consultant** Oakland, CA January 2015 – June 2015
- Attended and observed 2015 National Bargaining between Kaiser Permanente labor and management partnership.
  - Analyzed 'work of the future' opportunities and healthcare workforce development related to social/non-medical care.
  - Identified initiatives' impacts, benefits, and costs directly relevant to union coalition members and employees.
  - Authored and presented a 40-page report with recommendations on how to attain a balanced healthcare workforce.
- UC Berkeley Labor Center – Graduate Student Researcher** Berkeley, CA August 2014 – June 2015
- Researched and conducted literature review on effective methods of consumer enrollment in state-based health exchanges.
  - Identified key informants and lead interviews with exchange staff, consumer advocates, and insurance representatives.
  - Principal co-author of a 10-page policy brief summarizing and analyzing California healthcare exchange's outreach and enrollment strategies, and recommendations for policy adoptions.
- Covered California | Health Exchange – Graduate Policy Intern** Sacramento, CA June 2014 – August 2014
- Redesigned the structure of advisory committees to ensure stakeholder inputs in the organization's decision-making.
  - Researched, analyzed rate percentage changes, and provided summary analysis of health insurance rate filings.
  - Conducted 15 interviews with key stakeholders to inform an operational assessment and report on organizational response to consumers experiencing health care coverage and eligibility changes.
  - Presented policy recommendations on stakeholder committee structure and Proposition 45 to the Executive Director and senior management through oral presentations and written policy memorandums that were implemented.
- California State Assembly – Legislative Aide** Sacramento, CA October 2010 – August 2013
- Managed 15 legislative bills, 10 of which were sent to the Governor's Office, and 8 of which were enacted into law.
  - Primary consultant that analyzed and recommended votes for over 250 health bills heard in the Health Committee.
  - Formulated legislative strategy with various stakeholders, lobbyists, and advocates on legislative proposals.
  - Advised the Assemblymember on 9 policy areas from Health, Higher Education, Human Services, Judiciary, Labor, Public Employee & Retirement, Public Safety, Revenue & Taxation, and Women's Issues.

BETH CAPELL, principal with Capell & Assoc., 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.

Ms. Capell has headed Capell & Assoc. and represented Health Access since 1996. During those years, Health Access fought for and won the HMO Patient Bill of Rights as well as expansions of health coverage, including the successful implementation of the Affordable Care Act in California. She has worked on a number of ballot measures related to health care. Ms. Capell has worked in and around the State Capitol since 1977, working on legislative staff, in the executive branch, and in campaign consulting. Since 1984, she has been a legislative advocate working on health care issues.

Ms. Capell has a Ph.D. in political science from the University of California, Berkeley and has also served as a Visiting Scholar, research associate and teaching assistant at that campus.

## Health Access California Time Records RBO Definition & TNE Changes Regulations

### Mary June Diaz, Senior Policy & Legislative Advocate

Date	Work Performed	Time Spent	Hourly Rate	Total
7/6/2018	Read and analyze 1st round of draft regulations for comment	2	\$220	\$440
7/7/2018	Research RBO past legislation and read 2002 CHCF study (85 pgs) on RBO and SB 260 (Speier)	4	\$220	\$880
7/7/2018	Meet internally to discuss goals and direction of comment letter	1	\$220	\$220
7/8/2018	Draft organization's comment letter	3	\$220	\$660
7/9/2018	Draft organization's comment letter	2	\$220	\$440
7/9/2018	Finalize and submit organization's comment letter	0.5	\$220	\$110
9/21/2018	Read and analyze 2nd round of draft regulations for comment	1.5	\$220	\$330
11/30/2018	Read and analyze 3rd round of draft regulations for comment	1.5	\$220	\$330
1/18/2019	Read and analyze 4th round of draft regulations for comment	1.5	\$220	\$330
<b>TOTAL</b>		<b>17</b>	<b>\$220</b>	<b>\$3,740</b>

### Anthony Wright, Executive Director

Date	Work Performed	Hours	Hourly Rate	Total
7/7/2018	Meet internally to discuss goals and direction of comment letter	1	\$455	\$455
7/9/2018	Review & edit comment letter	1.5	\$455	\$683
<b>TOTAL</b>		<b>2.5</b>	<b>\$455</b>	<b>\$1,138</b>

### Beth Capell, Policy Advocate

Date	Work Performed	Hours	Hourly Rate	Total
7/7/2018	Meet internally to discuss goals and direction of comment letter	1	\$455	\$455
7/8/2018	Review & edit comment letter	2	\$455	\$910
7/9/2018	Review & edit comment letter	2	\$455	\$910
<b>TOTAL</b>		<b>5</b>	<b>\$455</b>	<b>\$1,820</b>

**OVERALL TOTAL** **\$6,698**