

Prop 35 Frequently Asked Questions

What will Proposition 35 do for California?

Prop 35 will address California's most urgent health care priorities by securing dedicated, ongoing funding – without raising taxes – to protect and expand patient access to care at community health clinics, hospitals, emergency rooms, primary care, family planning, mental health providers, OB/GYNs and with specialty care providers like cancer and cardiology.

The measure secures ongoing revenue by extending an existing levy on health insurance companies that is set to expire in 2026, and dedicates these funds to protect and expand access to care for Medi-Cal patients and all Californians.

It includes strong accountability requirements to ensure health care dollars are spent treating patients, capping administrative costs at 1%, and ensuring the remaining 99% is spent directly on expanding access to health care.

Importantly, Prop 35 prevents the state from redirecting these funds for non-health care purposes.

Why is Prop 35 needed?

California's health care system is in crisis. Hospitals and health clinics are closing services in rural and urban communities across California. Emergency rooms are overcrowded. More than 40 California hospitals have stopped offering labor and delivery services. Patients wait months to see a doctor for important preventative care, and often cannot get an appointment for specialty care when needed. Care for the 15 million children, seniors, disabled and low-income families on Medi-Cal is significantly underfunded. The health care crisis is made worse because the state has redirected more than \$30 billion in health care funding over the last 15 years to other purposes.

How does Prop 35 work?

Prop 35 extends an existing levy on health insurance companies that has been in place for decades that is set to expire in 2026. Under Prop 35, California can bring more federal dollars back to our state to protect and expand access to a broad range of health care services.

Will Prop 35 help patients on Medi-Cal?

More than 15 million vulnerable Californians rely on Medi-Cal for health insurance coverage, including more than 50% of all children in the state as well as low-income families, seniors and persons with disabilities. Lack of adequate and ongoing funding means Medi-Cal patients must often wait months to see primary care doctors or cardiologists, cancer doctors, pediatric specialists or orthopedists.

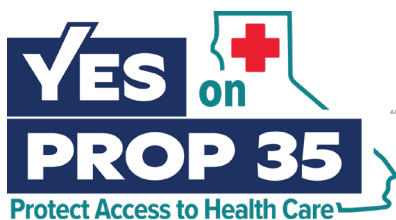
Prop 35 will secure dedicated, ongoing funding to expand access to care for low-income families, the elderly, and children on Medi-Cal who currently have a difficult time getting the care they need.

Are there accountability requirements in Prop 35?

Yes. Prop 35 has strong accountability requirements to ensure money is spent on patient care. Prop 35 prevents the state from redirecting these funds for non-health care purposes and requires that 99% of the revenues must go to patient care. It caps administrative expenses at 1%. Lastly, the measure requires ongoing independent financial audits to ensure funds are spent effectively and as intended.

Who supports Prop 35?

Prop 35 is supported by a large, bi-partisan coalition that includes, health care workers, first responders, physicians, dentists, hospitals, Planned Parenthood, community health centers, social justice organizations and both the CA Democratic and Republican Parties because it will improve access to health care for ALL California patients.



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