

## Monterey County Board of Supervisors Referral Submittal Form

**Referral No. 2026.11**  
**Assignment Date: 6/09/26**  
(Completed by CAO's Office)

**SUBMITTAL - Completed by referring Board office and returned to CAO no later than noon on Wednesday prior to Board meeting:**

<b>Date:</b> 6/02/2026	<b>Submitted By:</b> Supervisor Wendy Root Askew	<b>District #:</b> 4
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**Referral Title:** CALPERS and Covered California Presentation

**Referral Purpose:** Request an open-session presentation to the Board of Supervisors from CALPERS and Covered California regarding the impact of state and federal legislation on the commercial health insurance market, and the strategies being considered to manage the cost of commercial health insurance in Monterey County.

**Brief Referral Description** (attach additional sheet as required):  
 This referral requests an open-session presentation to the Board of Supervisors from CALPERS and Covered California regarding the impact of state and federal legislation on the commercial health insurance market, and the strategies being considered to manage the cost of commercial health insurance in Monterey County.

Health care costs are [among the top list of economic worries for Americans](#), and that increasing health insurance premiums poses a serious financial concern for employers who offer health benefits and the individuals who rely on commercial health insurance.

CalPERS administers health benefits to more than 1.5 million public employees, retirees, and their dependents across the state - including thousands of public sector workers here in Monterey County. Covered California covers over 30,000 individuals in the tri-county region. CalPERS and Covered California rate-setting is based on geographic regions to reflect the varying costs of healthcare across the state.

This presentation from CALPERS and Covered California will provide important context to the Board of Supervisors and the public about the current and anticipated future status of the commercial health insurance market.

We recognize that there are differing perspectives about the cause of high healthcare rates in Monterey County. To be clear, this is not a request for a discussion about the OCHA study "[An Investigative Study of Hospital Market Competition in Monterey County](#)" or the [California Hospital Association response](#), but rather an informational presentation about rate-setting realities that will impact commercially insured individuals in our region.

Classification - Implication	Mode of Response	
<input type="checkbox"/> Ministerial / Minor <input type="checkbox"/> Land Use Policy <input type="checkbox"/> Social Policy <input checked="" type="checkbox"/> Budget Policy <input type="checkbox"/> Other: Facilities Use Policy	<input type="checkbox"/> Memo <input type="checkbox"/> Board Report <input checked="" type="checkbox"/> Presentation	
	<b>Requested Response Timeline</b>	
	<input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> Status reports until completed <input type="checkbox"/> Other: <input type="checkbox"/> Specific Date:	

**ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s) Completed by CAO's Office:**

Department(s): <b>Human Resources/Social Services</b>	Referral Lead: <b>Andreas Pyper/Roderick Franks</b>	Board Date: <b>06/09/26</b>
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**REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO’s Office:**

Department(s):	Referral Lead:	Date:
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**ANALYSIS - Completed by Department and copied to Board Offices and CAO:**

Department analysis of resources required/impact on existing department priorities to complete referral:

Analysis Completed By:  Date: _____	<b>Department’s Recommended Response Timeline</b>
	<input type="checkbox"/> By requested date <input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other/Specific Date: _____

**REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:**

Referral Response Date:	Board Item No.:	Referrals List Deletion:
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**Note:** Please cc Claudia Escalante and Karina Bokanovich on all CAO correspondence relating to referrals.