AB 2250 (Weber) Social Determinants of Health

This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, to include coverage for screenings for social determinants of health, as defined. The bill would require providers to use specified tools or protocols when documenting patient responses to questions asked in these screenings. This bill would make SDOH screenings a covered benefit for Medi-Cal beneficiaries and would require the State Department of Health Care Services or a Medi-Cal managed care plan to provide reimbursement for those screenings, as specified.

AB 2303 (J. Carrillo) Health and Care Facilities: Prospective Payment System Rate Increase

This bill would require the State Department of Health Care- Services to develop a minimum wage add-on as an alternative payment methodology to increase rates of payment for specified health care facilities to account for the costs of complying with the minimum wage schedules described above. The bill would require that the alternative methodology be applied retroactively to January 1, 2025, until those costs are included in the prospective payment system rate. The bill would require the department to seek all necessary federal approvals or amendments to the state Medi-Cal plan to implement these provisions and would require the department to make any state plan amendments or waiver requests public 45 days prior to submitting them to the federal Centers for Medicare and Medicaid Services.

AB 2703 (Aguiar-Curry) FQHCs / RHCs Associate Psychologists

Existing law requires the department to seek any necessary federal approvals and issue appropriate guidance to allow an FQHC or RHC to bill, under a supervising licensed behavioral health practitioner, for an encounter between an FQHC or RHC patient and an associate clinical social worker or associate marriage and family therapist when certain conditions are met, including, among others, that the FQHC or RHC is otherwise authorized to bill for services provided by the supervising practitioner as a separate visit. This bill would add a psychological associate to those provisions, requiring the department to seek any necessary federal approvals and issue appropriate guidance to allow an FQHC or RHC to bill for an encounter between a patient and a psychological associate under those conditions. The bill would make conforming changes with regard to supervision by a licensed psychologist as required by the Board of Psychology.

AB 2860 (Garcia) Licensed Physicians and Dentist from Mexico Programs

This legislation would extend the existing pilot program for fifteen years seeking to bring approximately 150 Mexican physicians to provide care at CHCs throughout the state. The current pilot program, established in AB 1045 (2002, Firebaugh), allows for the Medical Board of California and the Dental Board of California to provide a three-year license to these providers to provide culturally and linguistically competent care for California patients. Currently there are 29 physicians in the pilot program providing care at four CHCs.

AB 2864 (Garcia) Licensed Physicians and Dentists from Mexico Pilot Program: Extension of Licenses

This legislation seeks a one-time license extension for the existing 29 physicians from Mexico currently in the pilot program.

SB 1067 (Smallwood-Cuevas) Healing Arts: Expedited Licensure Process: Medically Underserved Area or Population

This legislation seeks to create an expedited licensure process at relevant healing arts boards for future providers that can demonstrate they intend to practice in a medically underserved area or serve a medically underserved population.

SB 1382 (Glazer) Community and Rural Health Clinics: Building Standards

This legislation is the re-introduction of AB 1612, which sought to increase health access by streamlining licensing and building standard requirements while continuing to provide necessary patient protection. These heightened standards result in barriers to access for patient care because CHCs are required to utilize their funds for unnecessary construction costs rather than using the funds for patient care by opening additional sites in underserved areas.