AB 1612 – Removing Licensing Barriers for Providing Access to Care

BACKGROUND

Today, over 1,300 Community Health Centers (CHCs) in California provide high-quality comprehensive care to 7.2 million people – that is more than 1 in 5 Californians. CHCs provide the full spectrum of care, from primary care to dental to behavioral health, to everyone who walks through their doors, regardless of their ability to pay, their immigration status, or their individual circumstances.

In California, CHCs must be licensed as Primary Care Clinics (PCCs) by the California Department of Public Health (CDPH) to operate. As part of the PCC licensing requirements, CHCs must also comply with OSHPD 3 building standards as set by The Department of Health Care Access and Information (HCAI), and the California Building Standards Commission (CBSC). HCAI was formerly known as the Office of Statewide Health Planning and Development. (OSHPD)

PROBLEM

These building standards apply to ***both*** primary care clinics, (which include CHCs), ***and*** clinical services of a general acute care hospital. Existing statute links the requirements for hospital clinics, with those for PCCs. This is problematic <u>because in the PCC setting only outpatient services are provided, while hospital clinics are allowed to provide up to 25% of their care as inpatient services.</u>

This statutory language is stopping HCAI from modifying PCC standards to the appropriate acuity level for a primary care outpatient clinic setting. Since PCCs only provide outpatient care, their facilities should not be held to hospital clinic construction requirements, which are tailored to address the higher acuity needs of inpatient services allowed for hospital-based clinics. In fact, private physician offices and county clinics currently operate outside of the hospital-based construction requirements without any documented risk to public health and safety or environmental protections.

As a critical component to California's healthcare delivery system, community health centers provide quality healthcare services to low-income individuals and families that are often uninsured or underinsured or living in healthcare deserts and underserved communities. Meeting the requirements outlined in these current standards often creates an undue financial burden for PCCs, creating a deterrence and /or an additional obstacle for them to overcome to expand vital healthcare services and establishing new clinic sites to meet the ever-growing healthcare needs California's most vulnerable populations in rural and urban regions throughout the state.

SOLUTION

The current heightened standards result in barriers to access patient care because CHCs are required to utilize their funds for unnecessary construction costs rather than expanding services or opening additional sites in underserved areas. This proposal seeks to streamline licensing and building standard requirements while continuing to provide necessary patient protection. Specifically, this

bill will update the construction and building standards for outpatient clinics and would provide that a PCC in good standing would be able to acquire and operate an existing outpatient setting or build a new outpatient clinic without being linked to the heightened requirement of a hospital clinic with the ability to provide inpatient services as in the PCC setting only outpatient services are provided.

SUPPORT

- California Partnership for Health (sponsor)
- CaliforniaHealth+ Advocates (sponsor)

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SB 282 – Improving Access to Mental Health Services in Primary Care

SUMMARY

SB 282 addresses barriers that patients in California face when attempting to access comprehensive health services by allowing their local community health center to bill Medi-Cal for mental health services and other medical services in the same day.

BACKGROUND

Today, there are over 1,300 community health centers in California providing an array of primary care, podiatry, optometry, dental care, and mental health services to 7.2 million patients – one in every five Californians. 73% of all patients served live at or below the poverty line, 79% are racial/ethnic minorities, and 32% are under the age of 18. In addition to providing comprehensive medical care, FQHCs also provide programs that target the unique health needs of migrant seasonal farmworkers, people experiencing homelessness, individuals living in public housing, and children and adolescents receiving school-based healthcare.

Multiple studies have underscored the benefits of integrated health care, particularly when it comes to mental health. According to the Department of Psychiatry and Behavioral Sciences at UC Davis, as many as 40% of patients seen in a primary care setting on any given day have an active psychiatric condition. For BIPOC communities, mental health needs are even greater. According to the California Health Care Foundation, roughly 4 in 10 Black, Latino, or mixed-race individuals report symptoms of anxiety or depression at above-average rates. The ability to seamlessly transition a patient from primary care to an on-site mental health specialist on the same day has proven highly effective in ensuring a patient receives needed care and follows through with treatment plans. This is especially true in disadvantaged communities, where taking time off work and arranging transportation to and from a health center can become an insurmountable challenge. Policies that restrict access to services for historically marginalized populations is unjust and inequitable.

In California, if a patient receives treatment through Medi-Cal at a community health center from both a medical provider and a mental health specialist on the same day, the State Department of Health Care Services will only reimburse the center for one "visit," meaning it cannot be adequately reimbursed for its services. A patient must seek mental health treatment on a subsequent day for that treatment to be reimbursed as a second visit.

This statute creates an undue financial barrier for community centers, known as Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), preventing them from treating their patients in a comprehensive manner in the same day.

Notably, this barrier does not exist for other similar health services. The federal Medicare program allows for same-day billing of behavioral health and medical services and California allows FQHC and RHCs to bill for two separate Medi-Cal visits if a patient sees both a primary care provider and a dental provider on the same day. In addition, the federal government encourages states to allow FQHCs and RHCs to bill for care provided by a primary care specialist and mental health specialist in the same day as two separate visits in recognition of the value comprehensive care generates.

Unfortunately, California has refused to change its Medi-Cal billing statute to align with federal policy and its own state policy regarding dental care. Emergency rooms are too often a costly point of entry for mental health services, and we see the fallout of untreated mental illness on our streets, our jails, and our communities.

THIS BILL

SB 282 would require the state to allow FQHCs and RHCs to bill Medi-Cal for two visits if a patient is provided mental health services on the same day they receive other medical services. Allowing health centers to access the same-day billing statute already in place in other public programs

will ensure more early intervention in mental illness and guarantee that we are using the integrated health services available to our communities at their full potential.

SUPPORT

CaliforniaHealth+ Advocates (Cosponsor)
CA Association of Public Hospitals (Cosponsor)
Alameda Health Consortium
CA Association of Social Rehabilitation Agencies
CA State Association of Counties
CA State Association of Psychiatrist
California Access Coalition
Camino Health Center
Community Clinic Association of LA County
Community Health Systems
Commune Care Health Centers
Hill Country Community Clinic
Innercare
Lifelong Medical Care
Mendocino Community Health Clinic
Native American Health Center
Peach Tree Health Care
Marin Community Clinics
Ritter Center
San Ysidro Health
Santa Cruz Community Health
St. Johns Well Child & Family Health Center
Tarzana Treatment Centers
TCC Family Health
Tiburcio Vasquez Health Center
Venice Family Clinic
West County Health Centers

FOR MORE INFORMATION

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AB 85 Social Determinants of Health Screenings

Assemblymember Akilah Weber, M.D.

Summary

In order to achieve health equity and optimal health outcomes it is critical to identify, and address social determinants of health (SDOH) for individuals and families. AB 85 would ensure health teams have the resources to conduct social determinants of health screenings, referrals, and community navigation services.

Background

Research has connected unmet social needs with poor health status. Social determinants of health mean the conditions under which people are born, grow, live, work, and age, and includes housing, employment opportunities, environmental conditions, food, transportation, and personal safety. Studies have shown that food insecurity, unemployment, inadequate housing are all directly attributed to higher risk of chronic diseases, infectious diseases, injuries, childhood development, and poor mental health. For example, food-insecure individuals are 20 percent more likely to report that they have hypertension and 30 percent more likely to report that they have hyperlipidemia than their food-secure counterparts. Inadequate housing conditions such as poor ventilation, pest infestation, and water leaks are directly associated with respiratory diseases such as asthma. One of the barriers to helping individuals and families experiencing unmet social needs is that health providers do not know how to address the needs of patients outside the clinic walls. One survey conducted by the American Academy of Family Physicians, found that family physicians want to help address their patients' needs but face many barriers in offering the support they need. A similar report recently published by the Social Interventions Research and Evaluation Network (SIREN), evaluated the gaps in social screening practices in health care, and revealed that providers that were surveyed expressed experiencing discomfort with not being able to address patient social determinants of health needs.

Specifically, This Bill

AB 85 will require health plans and insurers to include coverage for social determinants of health screenings and access to community health workers. The bill would also make these screenings a covered benefit for Medi-Cal beneficiaries, since the referral to community health workers is already a covered benefit. It will ensure healthcare teams have the resources to conduct social determinants of health screenings and the ability to refer patients to accredited centralized community providers with supportive resources closest to them.

This bill will also require the Department of Health Care Access and Information to establish a working group to create a standardized model and procedures for connecting patients with community resources, to assess the need for a centralized list of accredited community providers, and to determine gaps in research and data to inform policies on system changes to address social determinants of health.

Support

California Association of Family Physicians (sponsor)

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