



# Legislative Committee

Tuesday ~ October 2, 2018  
2:00 pm - 3:30 pm

Kevin Mattson, Chair

## Agenda

ORDER OF BUSINESS	RELEVANT ATTACHMENTS	REPORTING	ACTION A = Approval D = Discussion I = Information
I. Call to Order		Kevin Mattson	A
II. Approval of Agenda	<ul style="list-style-type: none"> <li>Agenda</li> <li>Executive Summary</li> </ul>	Kevin Mattson	A
III. Approval of Minutes	<ul style="list-style-type: none"> <li>July 2018 Meeting Minutes</li> <li>August 2018 Meeting Minutes</li> </ul>	Kevin Mattson	A
IV. Federal Politics, Legislation & Advocacy	<b>Verbal Update –</b> Political Landscape in DC	Burt Margolin & Angie Melton	D
V. State Politics, Legislation & Advocacy	<b>Verbal Update –</b> State Political Landscape & 2018 Elections  <ul style="list-style-type: none"> <li>2018 Legislative Review (<i>Handout</i>)               <ul style="list-style-type: none"> <li><a href="#">Click here</a> to view CPCA's Final Bill Report for 2018</li> </ul> </li> </ul>	Burt Margolin  Beth Malinowski	D  D
VI. Policy Prioritization	<ul style="list-style-type: none"> <li>Policy Prioritization Process &amp; 2019 Policy Priorities Platform</li> <li>CPCA Public Policy Platform 2019</li> <li>Legislative Concepts for 2019</li> <li>New Administration Top Priorities</li> </ul>	Andie Patterson & Beth Malinowski	A  A A
VII. Ballot Initiatives	<ul style="list-style-type: none"> <li>Ballot Initiatives Update</li> </ul>	Victor Christy	Info only
VIII. Advocacy and Communications	<ul style="list-style-type: none"> <li>Advocacy Update</li> <li>Communications Update</li> </ul>	Jana Castillo Andrea Chavez	Info only Info only
IX. Adjourn		Kevin Mattson	A

Date: October 2018

To: Legislative Committee

LEGISLATIVE COMMITTEE / EXECUTIVE SUMMARY

## Federal Politics, Legislation & Advocacy – *Verbal Update*

### State Politics, Legislation & Advocacy

- Political Landscape – *Verbal Update*
- 2018 Legislative Review
  - The 2018 legislative session, the last of Governor Brown’s administration, ended on a high note for health centers, with multiple bills of interests signed into law. (*Handout*)

### Policy Prioritization

- The policy prioritization process illuminated current priorities for health centers with enumeration of top priorities.
- With the new 2019 Policy Platform as a guide, CPCA staff are recommending a variety of legislative concepts to be prioritized with electeds this fall for sponsorship and action when the 19-20 legislative session and next congress convene.
- With a new governor soon to be elected CPCA has the opportunity to identify its top priorities for consideration with the new administration.

### Ballot Initiatives

- For the November General Election, there are eleven initiatives which have been certified by the Secretary of State that will appear on the ballot.
- In August, the Legislative Committee took action to support Proposition 2: No Place Like Home (NPLH) Act of 2018.
- In addition to ballot initiatives for 2018, CPCA continues to track proposed initiatives that may appear on the ballot in 2020.

### Advocacy and Communications

- This quarter, CPCA members participated in federal advocacy activities for submitting public comments opposing proposed changes to the current Title X regulation and opposing the addition of the citizenship question to the Census 2020.
- The California Legislature wrapped up its 2018 session and three of our sponsored bills were passed by the legislature. As of September 19, all three bills are awaiting Governor Brown’s signature.
- CaliforniaHealth+ Advocates, in partnership with Nonprofit VOTE and CPG, launched a 2018 Voter Engagement Toolkit to provide additional guidance on permissible voter engagement activities for California’s community health centers.

- The California Primary Care Association (CPCA) and CaliforniaHealth+ Advocates (Advocates) continue to develop communications strategies, and the accompanying materials to address a myriad of issues at both the state and federal level that impact community health centers and the patients they serve.

**CALIFORNIA PRIMARY CARE ASSOCIATION**  
**Legislative Committee Meeting**

July 12, 2018  
2:00 – 3:30 PM

**Members:** Kevin Mattson - Chair, Robin Affrime, Dolores Alvarado, Doreen Bradshaw, Warren J. Bodine, Linda Costa, Phillip Curtis, Debra Farmer, Rachel Farrell, Rosa Vivien Fernandez, Ben Flores, Aaron Fox, Tim Fraser, Cathy Frey, Naomi Fuchs, Jane Garcia, Greg Garrett, Harold Carlson, Franklin Gonzalez, Chloe Guazzone-Rugebregt, Britta Guerrero, Nik Gupta, Sherry Hirota, Kerry Hydash, Cathryn Hyde, Constance Kirk, Deena Lahn, Karen Lauterbach, Becky Lee, Deborah Lerner, Marty, Burt Margolin, Sabra Matovsky, Louise McCarthy, Scott McFarland, Nicole Mosqueda, Anitha Mullangi, Danielle Myers, Rakesh Patel, Courtney Powers, Joanne Preece, Carol Press, John Price, Lucresha Renteria, Tim Rine, Gary Rotto, Corinne Sanchez, Laura Sheckler, Graciela Soto Perez, Deanna Stover, Terri Lee Stratton, Mary Szecsey, Sabine Talaugon, Vernita Todd, Henry Tuttle, Yamilet Valladolid, Chad Vargas, Christine Velasco, Terri Vise, David B. Vliet, Tony Webber, Anthony White, Paula Zandi

**Guests:** Christy Bouma, Meagan Subers, Doug Subers, Maximiliano Cuevas, Krista Kazhe, Melissa Eidman, Christine Noguera, Raphael Irving, Maria Paz, Meryl Schilingheyde, Amy Moy

**Staff:** Carmela Castellano-Garcia, Beth Malinowski, Kelley Aldrich, Victor Christy, Andie Patterson, Meaghan McCamman, Liz Oseguera, Michael Helmick, Andrea Chavez, Jana Castillo, Bao Xiong, Meghan Nousaine, Christina Hicks, Nataly Diaz

**Call to Order**

The meeting was called to order by the chair at 2:08 PM.

**Approval of Agenda**

A motion was made and seconded to approve the agenda as written. **The motion carried.**

**Approval of Minutes**

A motion was made and seconded to approve minutes as written. **The motion carried.**

**Federal Landscape**

**Federal Update**

Burt Margolin gave members an overview of the current political landscape at the federal level, covering appropriations, the lame duck session, Title X, the Kavanaugh supreme court nomination, the Texas v. Azar lawsuit that targets the ACA, 340B and big pharma.

### Federal Immigration Legislation

Liz Oseguera gave an update on the 2018 Discharge Petition and the status of the Public Charge rule and the treats to immigrants' health and welfare. Liz then gave overviews of the Uniting and Securing America Act of 2018 and the Dream Act, recommending that the association support both.

**Motion Summary:** A motion was made and seconded for CPCA to take a SUPPORT position on the Uniting and Securing America (USA) Act of 2018 and the Dream Act. (J. Garcia/L. McCarthy) The motion carried.

### State Landscape

Meagan Subers gave members an update on the legislature's schedule, upcoming legislative deadlines and an overview of the 2018 general election and the impact it could have in the building. Meagan also touched on a few of the hot topic bills.

Christy Bouma introduced Doug Subers the newest addition to the Capitol Connection staff.

### State Legislative Update

Beth Malinowski provided the current status of CPCA's sponsored legislation – AB 2576 (Aguiar-Curry), AB 2428 (Gonzalez Fletcher) and SB 1125 (Atkins) and updated members on recent DHCS meetings and any proposed amendments to the bills.

Beth summarized her memo on newly proposed legislation around FQHC/RHC and MCO incentive payments, noting that staff is recommending the association sponsor the bill upon introduction and work with the author's office to help develop language and provide technical assistance.

**Motion Summary:** A motion was made and seconded for CPCA staff to direct CaliforniaHealth+ Advocates to pursue sponsorship of proposed legislation on FQHC/RHC and MCO Incentive Payments upon bill introduction. (D. Bradshaw/N. Fuchs) The motion carried.

Beth reviewed her memo on AB 2029 (Garcia) and apprised members that this bill seeks to address parallel issues CPCA has a history of negotiating directly with DHCS. CPCA is actively engaging with the bill's author and its sponsors.

**Motion Summary:** A motion was made and seconded for CPCA to take a SUPPORT position on AB 2029 (Garcia). (K. Hydash/N. Gupta) The motion carried.

### Bill Summary:

Current law authorizes an FQHC or RHC to apply for an adjustment to its rate based on a change in the scope of services that it provides within 150 days following the beginning of the FQHC's or RHC's fiscal year. Current law provides that the department's implementation of FQHC and RHC services is subject to federal approval and the availability of federal financial participation. This bill would require the methodology of the adjusted per-visit rate to exclude, among other things, a per-visit payment limitation, and provider productivity standard. The bill would authorize an FQHC or RHC to

apply for a rate adjustment for the adoption, implementation, or upgrade of a certified electronic health record system as a change in the scope of services.

Beth reviewed staff recommendations on changes in position to four bills.

**Motion Summary:** A motion was made and seconded to approve all staff recommended bill positions changes as presented in the July 2 CPCA Bill Tracking Report. (B. Guerrero/D. Lerner) The motion carried.

Summary of Staff Recommended Changes in Bill Position:

Moving from SUPPORT to WATCH

- AB 1092
- AB 2022
- SB 30

Moving from WATCH to SUPPORT

- SB 275

**2018 Ballot Initiatives** – *Information only*

**FY18-19 State Budget**

Beth reminded members that on June 27, Governor Brown signed his final state budget of this term, and of his storied career in public service. The budget reflects a far different fiscal reality than that which he inherited seven and a half years ago. The Budget Act of 2018, while failing to further expand adult coverage, does still reflect California's commitment to creating a healthy California. In particular, CaliforniaHealth+ Advocates is proud to share that this budget reflects no changes to the 340B program.

**Advocacy and Communications Update** – *information only*

**Adjourn**

The meeting was adjourned at 3: 35 PM.

Submitted by Kelley Aldrich

**CALIFORNIA PRIMARY CARE ASSOCIATION**  
**Legislative Committee On-line Meeting**

August 30, 2018

2:00 – 3:00 PM

**Attendees:** Kevin Mattson - Chair, Roya Afghan, Antonio Alatorre, Deb Farmer, Tim Fraser, Greg Garrett, Alonso Garcia, Dean Germano, Nik Gupta, Jann Hamilton Lee, Virginia Hedrick, Rosie Jadidian, Dave Jones, Neil Kozuma, Deena Lahn, Karen Lauterbach, David Lavine, Marty Lynch, Jyl Marden, Brande Orr, Joanne Preece, John Price, Tim Rine Suzie Shupe, Angelina Speltz, Terri Stratton, Song Suh, Yamilet Valladolid, Chad Vargas, Christina Velasco, Anthony White, Paula Zandi, Lucinda Bazile, Becky Lee

**Staff:** Beth Malinowski, Kelley Aldrich, Victor Christy, Meaghan McCamman, Liz Oseguera

**Call to Order**

The meeting was called to order by the chair at 2:02 PM.

**Approval of Agenda**

A motion was made and seconded to approve the agenda with one proposed change, take up item II (Ballot Initiatives) first. **The motion carried.**

**Ballot Initiatives**

Beth Malinowski summarized Proposition 2, the “No Place Like Home Act of 2018” and recommended that the association take a support position.

**Motion Summary:** A motion was made and seconded for CPCA to go on record in SUPPORT of Proposition 2 “No Place Like Home Act 2018”.  
(M. Lynch/G. Garrett) The motion carried.

**State Legislative Update**

Beth provided updates on CPCA’s sponsored legislation – AB 2576 (Aguiar-Curry), AB 2428 (Gonzalez Fletcher) and SB 1125 (Atkins) and took questions.

Beth provided background from the July board meeting and then updated members on the newly proposed legislation by Assemblymember Jim Wood, AB 180 - FQHC/RHC and MCO incentive payments.

**Adjourn**

The meeting was adjourned at 2:46 PM.

Submitted by Kelley Aldrich

**Date:** September 24, 2018  
**To:** Legislative Committee  
**From:** Andie Patterson, Director Government Affairs  
**Re:** Policy Prioritization Process & 2019 Policy Platform

MEMORANDUM

**I. Overview**

As per the process over the past four years, CPCA and the consortia have worked to secure health center feedback on past and future policy priorities for the association. This year's process culminated in the attached draft 2019 Policy Priorities. This memo highlights where there were no changes from last year, additions this year, and which issues were raised as the most pressing for the association to focus on.

While consensus was reached on the priorities outlined below, it is important to acknowledge that there is some tension in the membership regarding whether CPCA is putting sufficient time into community health center industry and finance issues versus some of the broader social justice issues impacting our patient population.

**II. Summary of Changes**

**1. Coverage and Access for All**

For both goals in this category there was resounding support.

**2. Delivery of Culturally Competent Whole Person Health Care, Preventive Care, and Support Services**

There was support for this overall section, but some caveats.

For goal 2a, there was resounding support to continue the work on 340B as well as ensuring the additional services health centers provide do not get caught in PPS reconciliation.

Goal 2b, was re-written to be more encompassing of the larger goal of financial stability and independence, and the work on an alternative payment methodology a strategy. There was also a great deal of discussion on the matter of reliable data being imperative for any reforms in the future. This includes data from managed care plans so that health centers are more fully aware of what is occurring with their assigned beneficiaries as well as the matter of unseen patients that cloud the overall data and ultimate HEDIS/P4P reporting.

For goal 2c, there was support to continue the strategy and even double down on the P4P work to ensure this opportunity remains for health centers.



For the goal on behavioral health, very little feedback was provided. This is of no surprise to CPCA staff as the work in these areas has largely been consistent over the past few years (e.g. MFTs as billable providers, Same Day Billing, etc.), and that as the state approaches a new 1915b and 1115 Waiver, as well as larger health care industry wide recognition of the siloes and challenging behavioral health system, that deeper visioning is necessary. A day-long behavioral health visioning session will be taking place on November 8 which will further inform this area of policy priorities.

### ***3. Strong Workforce and Core Business Infrastructure***

There was overall agreement that workforce continues to be a major area of challenge. There was discussion about wanting long term strategies but first needing immediate fixes to the crisis, on top of what has already been done, which ultimately is more money that health centers can utilize to build up and sustain retention of providers.

For goal 3b, there was support to continue the strategy and work on the SPAs as well as finding resolution with A&I on rate setting issues.

### ***4. Building Healthy Communities***

There is growing support for CPCA to go further into the field of social determinants of health, specifically into the areas of food insecurity (e.g. improving enrollment in CalFRESH) and partnering to ameliorate the challenges of homelessness and housing insecurity.

## **III. Top Priorities**

During the policy prioritization meeting, the group was asked to rank the top issues on which they would like CPCA to focus. They were as follows:

- ❖ Licensing / OSHPD3
- ❖ 340B
- ❖ P4P/ data and managed care
- ❖ Workforce
- ❖ Health4All
- ❖ FQHC SPA

In close second were:

- 330 funding/ Medicaid/ ACA
- Housing/homelessness
- CalFRESH

## **IV. Action**

Adopt CPCA 2019 Policy Prioritization Platform as presented by staff.

## California Primary Care Association Public Policy Platform 2019

To promote healthy people and healthy communities, CPCA is committed to strengthening California's community clinics and health centers.

### I. Coverage and Access for All

- a) Protect Californians' right to comprehensive health care **coverage**.
  - *Top Priority: Advocate for federal and state protections to the ACA and Medicaid to ensure as broad and inclusive a benefit package as possible, including comprehensive primary, behavioral, and oral health care. [F/S][L][A]*
  - *Engage in the universal coverage/single payer efforts in a robust and thoughtful manner using member-informed, board approved principles. [S][L]*
  - *Advocate for an inclusive state and country that welcomes and protects all persons regardless of immigration status. [F/S][L][A]*
- b) Ensure Californians in rural and urban areas have **access** to vital health care services that meet the comprehensive healthcare needs of individual patients and communities.
  - *Top Priority: Streamline and improve the licensing processes for health centers, including licensing and building code rules that prevent the creation and operation of safe health centers. [S] [L][A]*
  - *Advocate for long-term 330 program funding stability. [F][L]*
  - *Advocate for a robust and comprehensive health care delivery system where patients have choice of providers and full access to services. [F/S][L][A]*

### II. Delivery of Culturally Competent Whole Person Health Care, Preventive Care, and Support Services

- a) Support patients by strengthening **culturally and linguistically competent care**, **case management**, **preventative care**, and **coordination of care with social services and community resources**.
  - *Top Priority: Work with the state to develop robust and appropriate 340B claims processes to ensure health centers and the state are protected from duplicate discounts. [S][A][L]*
  - *Defend 340B by developing an agreed upon model for calculating revenue and savings, and general guidance on how health centers are utilizing the resources.*
  - *Ensure that "services that follow the patient" are left out of reconciliation. [S][A]*
- b) Support strategies that promote **financial independence** and ensure **long term viability** of CHCs
  - *Top Priority: Ensure data provided to and required of health centers is timely, standardized, and reasonable. [S][A]*
  - *Mitigate the challenges posed by assigned but unseen Medi-Cal beneficiaries. [S][A][L]*
  - *Continue to refine and develop an innovative financial model for health center reimbursement that leverages the unique strengths of health centers and positions them to care for patients where they are. [S][L]*
- c) Improve the quality and delivery of care to patients by promoting healthcare innovation and quality improvement through systemic **Pay-for-Performance** and **shared savings** programs.
  - *Top Priority: Work with the state and partners to develop and adopt a set of standards for Medi-Cal P4P programs that enhances quality and a movement toward high-value care. [S][A][E]*

[F] = Federal    [S] = State    [F/S] = Federal and State

[L] = Potential Legislative  
Activity

[A] = Potential  
Administrative Activity

[E] = Potential  
Educational/training activity

- Further the efforts to standardize P4P measures in Medi-Cal [S][A]
- d) Help rural and urban communities strengthen the **behavioral health delivery system** through coordination of mental health and substance use disorder service in the primary care setting.
  - Develop the vision for a path and the elements of an integrated behavioral health care system in partnership with the state, counties, managed care plans, and other partners. [S][L][A][E]
  - Enhance health center capacity to meet the behavioral health need of patients by advocating for additional resources and ensuring any additional funding is not reconciled back to PPS. [S][L][A]
  - Ensure MFT inclusion as billable providers is as seamless and easy as possible. [S][A]
  - Ensure that MHA funding is available to support CCHC BH work. [S][A][E]

### III. Strong Workforce and Core Business Infrastructure

- a) Counter the nation's shortage of healthcare providers, especially in underserved communities, by maintaining funding for innovative **residency programs**, improving **loan repayment programs**, reforming **provider licensing**, and championing novel workforce development strategies.
  - Top Priority: Address primary care clinician shortage by promoting strategies that are most proximal to practice – policies from residency through retention that influence where a provider chooses to work.
    - Stabilize funding and identify solutions that strengthen the financial viability of Teaching Health Centers and health center-affiliated physician residency programs, including state commitment to Song-Brown Healthcare Workforce Training Programs, Proposition 56 investments, Medi-Cal billing for residents, reintroduction of state GME funding, and federal THCGME fund growth. [S][F][L][A]
    - Identify mechanisms to fund and support health center-based nurse practitioner (NP) and physician assistant (PA) residency and fellowship programs. [S][F][L][A]
    - Stabilize federal funding and HPSA scoring methodologies to ensure National Health Service Corp. is a greater resource to California Health Centers [F][L][A]
    - Protect and expand state funding for loan repayment, including Proposition 56 investments, to maximize state loan repayment options for health center clinicians.
    - Help to ensure timely licensure and credentialing for providers in rural and underserved communities. [S][A][L]
    - Identify and promote novel incentives (non-loan repayment) to incentivize rural and underserved clinical practice, including scholarships, tax credits, and salary supplements. [S][F][L][A]
  - Lead a statewide workforce coalition to influence graduate medical education reform, expand the primary care team, and grows the workforce pipeline. [S][A][L][E]
  - Support pipeline programs/ partnerships and other education policy that diversifies the state's health workforce. [S][A][L]
  - Ensure revenue from the Marijuana Legalization Initiative (Proposition 64) is allocated to help support services offered by health centers. [S][A][L]
  - Advance research that will support the workforce strategy. [F/S][A]
  - Identify solutions to better pay for and integrate community health workers (CHWs) and promotoras into care teams and the primary care workforce. [S][A][E]
- b) Advocate for **equitable and transparent reimbursement policies** and the application of those policies in a standardized and timely fashion.

[F] = Federal    [S] = State    [F/S] = Federal and State

[L] = Potential Legislative Activity

[A] = Potential Administrative Activity

[E] = Potential Educational/training activity

- *Top Priority: Work with DHCS and health centers on an FQHC SPA that protects and strengthens FQHC interests and ensures clear, transparent, and standardized rules. [S][A]*
- *Ensure that auditors at the state are working with health centers in a transparent and fair manner and that rules are understood and agreed upon by both health centers and state auditors. [S][A]*

#### IV. Building Healthy Communities

- a) Address the **social determinants of health** that affect families we serve. By looking at “upstream” non-clinical factors, we aim to disrupt the trajectory of poor health and instead, help people build a core foundation of health in their communities.
- *Top Priority: Support and influence the lack of affordable housing, and housing instability across the state. [S][L]*
  - *Support and influence eligibility systems and enrollment in CalFRESH [S][L]*
  - *Support and influence legislative and ballot solutions to address healthy communities (e.g. Sugar Sweetened Beverage Tax, Housing & Homelessness). [S][L]*

*[F] = Federal    [S] = State    [F/S] = Federal and State*

*[L] = Potential Legislative Activity*

*[A] = Potential Administrative Activity*

*[E] = Potential Educational/training activity*

**Date:** September 23, 2018  
**To:** Legislative Committee  
**From:** Beth Malinowski, Deputy Director of Government Affairs  
**Re:** Legislative Concepts 2019

MEMORANDUM

**I. Overview**

Throughout 2018, CPCA members and partners brought forward a variety of legislative concepts for staff consideration. With the 2019 Public Policy Platform as a framework, the below state legislative, state budget, and federal legislative concepts are prioritized to best reflect CPCA new 2019 platform. As in past years, these concepts will be utilized to launch initial legislative conversations with state and federal electeds, as well as partner organizations, prior to the convening of the 2019-2020 state legislature and 116th Congress.

While in some cases sponsorship and/or leadership on an effort may be appropriate, in other cases it may be best to defer to other advocates and content experts in these spaces. With this in mind, along with concept descriptions, staff have listed political considerations, and recommendations on whether or not a bill can be most effectively advanced as a bill lead by:

- (1) Health centers** – The issues can be best positioned for legislative success with health centers, through their association and c(4) affiliate, solely leading the effort. All of the technical knowledge and political capital needed is held within the health center community.
- (2) Coalition of health centers and allies** – The issue can best be positioned for legislative success, through their association and c(4) affiliate working in partnership with allies and experts. The technical knowledge and political capital needed is held across sectors and/or interest groups.
- (3) Other experts** – The issue can best be positioned for legislative success with experts outside of the health center movement in the lead role. While health centers, through their association and c(4) affiliate may choose and/or be asked to engage, may provide technical support or expert options, the issue, as a whole, for either political or technical reasons, is best led by another sector and/or interest group.

**II. Summary of Staff Recommendations: Priority Legislative Concepts**

With over a dozen federal and state proposals before us, staff recommend that initial 2019 attention be directed towards promoting a more limited set of eight concepts – 4 State Legislative Bill Concepts, 2 Federal Legislative Bill Concepts, and 2 State Budget Concepts. Staff believe this approach will allow the top priority issues to be at the forefront of legislative

requests, best utilize staff time and internal resource, and focus partner engagement. As noted in the Policy Prioritization Process memo, six issues ranked as top priorities – (1) Licensing/OSHPD3; (2) 340B Drug Discount Program (340B); (3) Pay-for-Performance (P4P)/Data and Managed Care; (4) Workforce; (5) Health4All; and (6) FQHC SPA. As outlined here, and described in detail in the below sections, these eight concepts fall within the six top priority issue areas:

- **State Legislative Bill Concepts**
  1. Nurse Practitioner Expedited Licensure (*Top Priority: Workforce*)
  2. Provisional License for Licensed Facility (*Top Priority: Licensing/OSHPD3*)
  3. P4P Incentive Payments and Reconciliation Challenges (*Top Priority: P4P/Data and Managed Care*)
  4. 340B Duplicate Discount Solution (*Top Priority: 340B*)
- **Federal Legislative Bill Concepts**
  1. Graduate Medical Education Reform (*Top Priority: Workforce*)
  2. 340B Drug Discount Program – Protecting the Safety Net (*Top Priority: 340B*)
- **State Budget Concepts**
  1. Primary Care Residency Funding (*Top Priority: Workforce*)
  2. State Incentives in Primary Care (*Top Priority: Workforce*)

### III. Priority State Legislative Bill Concepts

As noted under each item, these concepts directly relate to 2019 top priorities. Staff recommend that these items be of highest priority for sponsorship and leadership opportunities.

#### 1. Nurse Practitioner Expedited Licensure

- Public Policy Platform: *Strong Workforce and Core Business Infrastructure – Help to ensure timely licensure and credentialing for providers in rural and underserved communities.*
- Potential Internal Content/Staff Lead: Beth/Christina
- Concept to Date: In recent years, long delays in licensure processes at the Department of Consumer Affairs (DCA) Board of Nursing (BRN) have had a negative impact on the recruitment, hiring, and onboarding of nurse practitioners (NP). Building on legislative success to address a similar issue impacting physician workforce at the Medical Board, introduce parallel legislation to create an expedited licensure at the BRN.
- Political Awareness: CPCA staff have previously raised this issue directly with the BRN and has not been warmly received. We should expect DCA opposition. Changes in this space are unlikely without the support of the California Nurses Association (CNA) and California Association for Nurse Practitioners (CANP). Service Employees International Union (SEIU) also have much influence over the BRN and should also be engaged. Prior to running legislation, CPCA may want to speak with organizations.
- Most Effective Strategy: Coalition of health centers and allies (CNA and CANP)

## 2. Provisional License for Licensed Facilities

- Public Policy Platform: *Coverage and Access for All -- Eliminate unnecessary barriers to care, including licensing and building code rules that prevent the creation and operation of safe health centers.*
- Potential Internal Content/Staff Lead: Michael/Emily S.
- Concept to Date: Recognizing the ongoing licensing processing challenges facing health centers and hospitals, partner with California Hospital Association, to advance legislation to create a provisional license for all licensed health facilities. This license would be available to facilities if, and when, Department of Public Health (DPH) Licensing and Certification Program's Centralized Application Unit fails to meet licensing-related deadlines. This provisional license would benefit not just those transitioning from an affiliate licensure, but those making other licensure changes, such as change in administrator.
- Political Awareness: A similar bill concept (AB 2798), sponsored by CHA and solely addressing hospitals, is currently awaiting action by the Governor. If AB 2798 is vetoed, work will be needed to better understand if the political environment will be sufficiently different to run this bill concept again.
- Most Effective Strategy: Coalition of health centers and allies (CHA)

## 3. Pay for Performance (P4P) Incentive Payments and Reconciliation Challenges

- Public Policy Platform: *Delivery of Culturally Competent Whole Person Health Care, Preventive Care, and Support Services – Improve the quality of delivery of care to patients by promoting healthcare innovation and quality improvement through systemic pay-for-performance and shared saving programs.*
- Potential Internal Content/Staff Lead: Andie
- Concept to Date: While AB 180 is currently sitting on the Governor's desk – with an urgency clause and Department of Finance (DOF) opposition – the outcome is unknown. Should the bill not be signed this issue would be unresolved. AB 180 (Wood) aims to clarify state law regarding the exclusion of quality incentive payments from wraparound payment calculation when earned by federally qualified health centers (FQHCs) and rural health centers (RHC) under Medi-Cal managed care quality incentive programs. This bill will also establish a process by which Department of Health Care Services (DHCS) can work with stakeholders to best define incentive payments and establish greater guidance regarding future utilization. We may need to be prepared to run related legislation in 2019.
- Political Awareness: This summer, Assemblymember Wood quickly positioned himself as a champion on this issue, and any work done should be coordinated closely with his office. With DOF showing a clear misunderstanding of this issue, much work will be needed to educate DOF to avoid future opposition. Health plans will also be critical partners in this effort, as they too have much at stake.
- Most Effective Strategy: Health centers and allies



#### 4. 340B Duplicate Discount Solution

- Public Policy Platform: Delivery of Culturally Competent Whole Person Health Care, Preventive Care, and Support Services – *Maintain a 340B Drug Discount Program that maximizes health center participation and allows program flexibility to support local needs.*
- Potential Internal Content/Staff Lead: Liz/Andie
- Concept to Date: The resurfacing of a 340B budget conversation in the FY 18-19 State budget, was a clear reminder that CPCA, working with other 340B advocates, must work to find policy closure on this important matter. Though we were successful in defeating proposed changes in this area, we are yet to succeed at the ultimate goal of getting the state (DHCS) to work with stakeholders to resolve the duplicate discount concerns. While it is too soon to know if the FY 19-20 budget may continue the recent trend of demanding 340B policy shifts through the budget process, we must be prepared to proactively bring this issue back up when the legislature returns. One way to show proactive leadership on this issue, and a commitment to resolution, is to introduce legislation early in session.
- Political Awareness: While the legislature was with the advocate community for two years, and back-to-back battles, it is unclear as to whether or not we will be met with the same enthusiasm and support. Support may be harmed by the fact that we have failed to make significant progress on negotiating this issue directly with DHCS. Covered entities and the Medi-Cal managed care community will need to show unity to advance on this issue.
- Most Effective Strategy: Coalition of health centers and allies (CHA, CAPH, other covered entity affiliated associations, and health plans)

#### IV. Priority Federal Legislative Bill Concepts

As noted under each item, these concepts directly relate to 2019 top priorities. Staff recommend that these items be of highest priority for sponsorship and leadership opportunities.

##### 1. Graduate Medical Education Reform

- Public Policy Platform: *Strong Workforce and Core Business Infrastructure -- Counter the nation's shortage of healthcare providers, especially in underserved communities, by maintaining funding for innovative residency programs, improving loan repayment programs, reforming provider licensing, and championing novel workforce development strategies*
- Potential Internal Content/Staff Lead: Beth/Nataly
- Concept to Date: This year, a member of the California Congressional Delegation – Congressman Ruiz – expressed interest in exploring Graduate Medical Education-related legislation. We are grateful for the interest and, in the next congress, hope to be supportive of his efforts in this area.



- Political Awareness: With a potential political shift in congress, there may be greater appetite for meaningful and transformative dialog on the future of Graduate Medical Education and additional federal supports for new models of primary care clinician training. Any work at the federal level must be well-coordinated with NACHC and other national organizations leading in this area, including the American Association of Teaching Health Centers, American Academy of Family Physicians, and others.
- Most Effective Strategy: Coalition of health center and allies (CMA, CAFP, CAPH, and other associations committed to GME Medicaid)

## 2. 340B Drug Pricing Program – Protecting the Safety-Net

- Public Policy Platform: Delivery of Culturally Competent Whole Person Health Care, Preventive Care, and Support Services – Maintain a 340B Drug Discount Program that maximizes health center participation and allows program flexibility to support local needs.
- Potential Internal Content/Staff Lead: Liz/Andie
- Concept to Date: While focus continues on state advocacy to address 340B, we must also be more active in the federal 340B policy space. With over a dozen bills introduced in the current congress, and only one of those bills representing health center interests, much work is needed to foster greater appreciation for health center and safety-net covered entity needs. With a member of California's congressional delegation – Congresswoman Matsui - taking the lead on bringing health center interests forward, we are now better positioned than ever to be on the lead in this space.
- Political Awareness: With a potential political shift in congress, covered entities may be better positioned to address federal 340B policy concerns. Any work at the federal level must be well-coordinated with NACHC and other national organizations leading the 340B coalition.
- Most Effective Strategy: Coalition of health center and broader 340B Coalition

## V. Priority State Budget Concepts

As noted under each item, these concepts directly relate to 2019 top priorities. Staff recommend that these items be of highest priority for sponsorship and leadership opportunities.

### 1. Primary Care Residency Funding

- Public Policy Platform: *Strong Workforce and Core Business Infrastructure -- Counter the nation's shortage of healthcare providers, especially in underserved communities, by maintaining funding for innovative residency programs, improving loan repayment programs, reforming provider licensing, and championing novel workforce development strategies*
- Potential Internal Content/Staff Lead: Beth/Nataly
- Concept to Date: With FY 18-19 and FY 17-18 investments in Song-Brown, as part of the three year \$100 million commitment initially request in FY 16-17, we must again

make sure that this commitment is fulfilled. Of note, with this being the 3<sup>rd</sup> year, work will also be needed to determine if there is political interest in committing to an investment that is more long-term. We may want to speak with key capitol and budget staff, California Medical Association (CMA), and California Academy of Family Physicians (CAFP) to engage future work and visioning in this space. Proposition 56 implementation may impact future state investments in this space.

- Political Awareness: With us entering the 3<sup>rd</sup> year of previously committed funding, the legislature should be supportive of completing its commitment. With CMA and CAFP our established partners in this area, we will need to make sure this item is again among their priorities.
- Most Effective Strategy: Coalition of health centers and allies (CMA, CAFP, and other associations committed to primary care)

## 2. State Incentives in Primary Care

- Public Policy Platform: *Strong Workforce and Core Business Infrastructure -- Counter the nation's shortage of healthcare providers, especially in underserved communities, by maintaining funding for innovative residency programs, improving loan repayment programs, reforming provider licensing, and championing novel workforce development strategies*
- Potential Internal Content/Staff Lead: Beth/Christina
- Concept to Date: Create a new statewide fund, separate from Proposition 56 funding, Song-Brown, and other currently administered programs to provide incentives for clinical practice in underserved communities. This fund would be utilized for non-loan repayment incentive pilots that range from scholarships, tax credits, to salary supplements. Health centers, and/or regional consortia, will apply for the funds and receive the funds to be passed through to the clinician directly or indirectly.
- Political Awareness: The first year of a new governor is a unique opportunity. There will be political will to be bold, to show immediate tangible results. To position ourselves well with this new administration, we must show our expertise and leadership in workforce by bringing forward innovative ideas. With 19-20 being just the third year of Proposition funding, there may be tempering of enthusiasm for additional funding in this broader area.
- Most Effective Strategy: Coalition of health centers and allies (CMA, CAFP, CHA, and other associations committed to primary care)

## VI. Other State Legislative Bill Concepts

These concepts, and their respective underlying public policy issue, did not rise to the top priority in the recently held policy prioritization process. That said, they do reflect concepts and feedback CPCA staff have received from members, partners, or CPCA senior leadership. As appropriate, these concepts will be brought to electeds and /or partners for discussion. In some cases, these concepts may be best advanced with external partners in the lead.

## 1. Unseen Patients in Medi-Cal Managed Care

- Potential Internal Content/Staff Lead: Andie/Nenick
- Concept to Date: From dialog with Managed Care Taskforce members, including consortia partners, greater policy reform is needed to address issues with Medi-Cal managed care plan assigned, but unseen patients. From initial conversation with CCALAC and Western Center on Law and Poverty (WCLP), two policy approaches are currently being considered: (1) Ensure patients are assigned to the proper primary care provider (PCP) by automatically re-assigning patients to their desired community health center (CHC) site when they seek primary care services at a CHC that is not their assigned health center three or more times within a one year period, and have not visited their assigned PCP during that time. (2) Recognizing that PCP assignment often does not reflect the enrollees' PCP selection made during enrollment, create a requirement that Medi-Cal managed care plans offer a quick and easy process for same-day reassignment to the proper PCP during the initial visit for new enrollees. In cases where the enrollee must switch to a different medical group in order to be reassigned, the reassignment can be effective the first day of the following month, except in cases where the patient is in urgent need of specialty care or follow up services.
- Political Awareness: Consumer partners, such as WCLP and Health Access, should be notified prior to running such a bill. Ideally, such a bill will be run in partnership with a consumer group and bill language would be drafted in such a way to garner support and/or neutrality from other consumer groups. The Department of Managed Health Care (DMHC) should also be engaged early and may respond negatively to changes in this space, with DOF likely claiming additional costs.
- Most Effective Strategy: Coalition of health centers and allies (WCLP and Health Access)

## 2. Advancing Workforce Data

- Potential Internal Content/Staff Lead: Beth/Christina
- Concept to Date: From the 2017 Workforce Convening to the 2018 California Future Health Workforce Commission, much attention focuses on the lack of sufficient statewide workforce data. Many academics and research institutions, including those at UCSF HealthForce, have noted that California lags behind other states in this space. Lack of centralized data sources has stymied the ability of the state to make informed decisions on how to best direct limited workforce funding. Data limitations have also impacted decision making at the local level. With technical support of external partners, this bill would seek to expand the types, frequency of, workforce-related data collection by a state agency or department— either DCA (Medical Board or BRN), DHCS, OSHPD, or Labor & Workforce Development Agency (LWDA).
- Political Awareness: Depending on the state agency/department and/or segment of workforce targeted will impact potential partners and potential opposition.

- Most Effective Strategy: Coalition of health centers and broad cross-section of workforce allies (Workforce Convening)

### 3. Intersection of Education and Health Careers

- Potential Internal Content/Staff Lead: Unknown
- Concept to Date: From the Horizon 2030 report to CPCA's recent convening and the ongoing dialog of the California Future Health Workforce Commission, there is much agreement that California's public educational systems impact career pathways. That being said, there is not consensus on where in the educational pipeline interventions much be focused to drive student of diverse backgrounds to careers in health. Some have expressed interest in CPCA leading on policy in this space. While some policy prioritization participants noted this is an important area, and an area that relates to long term sustainability of the workforce, they felt CPCA was better positioned to monitor in this area rather than be the primary face of this work. It should be noted that in 2018 there was a staff effort to identify a clear and trusted external partner for policy work in this area, which did not end with a clear partnership.
- Political Awareness: The educational sector, like health care, is complex, with many players from powerful labor unions to industry associations. These interests will need to be considered, and these interests may not welcome a non-education "outsider" entity, such as CPCA, stepping in to lead.
- Most Effective Strategy: External expert led (education interests and ethnic disparity organizations)

### 4. Medi-Cal Visit Maximums

- Potential Internal Content/Staff Lead: Andie
- Concept to Date: In 2018, health centers began reporting that the current Medi-Cal visit maximums were creating a barrier to care. In particular, health centers noted that care plans for individuals with certain medical and behavioral conditions could not be adequately implemented within the current maximums. For example, the current chiropractic maximum (2 visits per month, 24 visits per year) eliminated the option of providing patients with more intensive weekly chiropractic visits that could improve outcomes over a shorter period of time. Legislation would aim to redefine maximums to best serve patient needs and current best practices.
- Political Awareness: Consumer partners, such as WCLP and Health Access, should be notified prior to running such a bill. Ideally, bill language would be drafted in such a way to garner their support and/or neutrality. We will also need to consult with the California Chiropractic Association and other provider associations that may be impacted by changes in maximum visits. DHCS may respond negatively to changes in this space, with DOF likely claiming additional costs. It should also be noted that recent positions by the California Chiropractic Association on other health-related matters has had a damping effect on political receptivity to the field.
- Most Effective Strategy: Coalition of health centers, consumer allies, and providers)

## 5. Improving MHSA for Diverse Communities

- Potential Internal Content/Staff Lead: Liz
- Concept to Date: The California Pan-Ethnic Health Network (CPHN) expressed interest in exploring co-sponsoring a bill with CPCA that would ensure Mental Health Service Act (MHSA) funds help to provide mental health services to culturally diverse populations, including health center patients. Depending on the political appetite, we may be able to advocate to have a portion of the reverted funds to go towards supporting services offered by health centers and other safety-net providers.
- Political Awareness: With the mishandling of MHSA funds at the county level, and lack of accountability and transparency at the state level, there appears to be increasing political will and interest in making changes to MHSA. This year we saw two bills, SB 1004 (Wiener) and SB 192 (Beal) that aimed to make changes to how MHSA funds are distributed. At time of writing, SB 192 was chaptered and SB 1104 was enrolled to the governor. Next year there may be additional opportunity to work with our behavioral health partners, like CPEHN and Steinberg Institute to improve the MHSA program and ensure funds are being allocated where the greatest needs are. With many mental health and consumer interest groups close to MHSA implementation, much work will be needed to gain partners, and neutralize those that are concerned with policy modifications in this space. The MHSA Oversight and Accountability Commission will also need to be engaged.
- Most Effective Strategy: Coalition of health centers and behavioral health allies (including CPEHN)

## 6. Declared Emergency – Building on Framework

- Potential Internal Content/Staff Lead: Beth/Ginger
- Concept to Date: In 2018, AB 2576 was introduced to authorize the Governor to direct the Department of Health Care Services (DHCS), or any other state agency, to seek all appropriate federal approvals to allow health centers to provide and be reimbursed for Medi-Cal or other services that are provided within the geographical boundaries of the emergency. To guarantee timely access to medications, this bill also authorizes a health center to furnish drugs to another clinic or wholesaler to alleviate a temporary shortage or to another clinic under common control, including a mobile clinic during a declared federal, state or local emergency. With the just signed version of AB 2576 containing amendments that removed bill language that explicitly defined telephonic, telehealth, and shelter-based care, bill author Assemblymember Aguiar-Curry has expressed interest in running additional legislation in the 19-20 session to address the definition removed from the 2018 legislation, including language regarding shelter and telephonic care. New legislation could also serve as an opportunity to make additional adjustments based on the Carr Fire and Mendocino Complex Fire experiences.

- Political Awareness: The language we would be seeking to introduce is the same language that DHCS rejected during the 2018 session. Depending on staff/leadership changes at DHCS, the department may again reject the language.
- Most Effective Strategy: Health Centers

## **VII. Other State Budget Concepts**

### **1. Same Day Billing**

- Potential Internal Content/Staff Lead: Liz/Beth
- Concept to Date: With same-day billing legislation (SB 1125) sitting on the Governor's desk, and with ongoing opposition from DHCS and DOF, it is unclear at this time whether or not this bill will be signed into law. If signed, current bill language will require a state appropriation be directed to bill implementation. This would require action during the FY19-20 Budget Cycle
- It will be important for any future work in this space to be coordinate with them. Similarly, the interests of the Senate Pro Temp should also be considered. While we do not expect DOF or DHCS long standing positions on this issue to change, we may be able to influence how the incoming Governor responds to these positions.
- Most Effective Strategy: Coalition of health centers and behavioral health allies (including Steinberg Institute)

## **VIII. Discussion**

1. Do the staff outlined priority state legislative bill concepts, federal legislative bill concepts, and state budget concepts resonate with the membership?
2. Are there other legislative or budget concepts that membership would like to see prioritized?

## **IX. Action**

- Adopt CPCA 2019 Legislative Concepts as presented by staff.

**Date:** September 24, 2018  
**To:** Legislative Committee  
**From:** Andie Patterson, Director Government Affairs  
**Re:** New Administration: Top Priorities

MEMORANDUM

**I. Overview**

California will soon have a new Governor, which affords CPCA and our constituency the opportunity to consider what major priorities we aim to advance. While we have discussed and set policy priorities for the next year, we also must consider, if asked by the new administration, what our top priorities would be. To be most effective, we should consider identifying our top one to three priorities for advancement.

In the event that Gavin Newsom is elected Governor, which current polling indicates is likely to happen, we should consider his priorities as we establish our priorities. He is a vocal proponent for universal health care or single payer but has also commented on how there is much work to be done in advance of such a bold move, the federal government needs to be brought in, and further research is necessary. It is unlikely that a single payer initiative will be brought forward in the first year, however elements of single payer and access for all are helpful to his campaign pledges and future aspirations.

**II. Questions for the Committee**

When considering what priorities to forward, staff recommend thinking through the following question:

- What issues are hindering health centers' ability to be most successful?
- What challenges do health centers face that would require a Governor's support?
- What solutions to our challenges would also help to forward his agenda?
- What can health centers offer that helps to advance universal health care or single payer?
- Where could new resources be devoted?

**III. Draft Ideas for Consideration**

To assist the committee in thinking through ideas, staff offer a few ideas for consideration.

***a. Drop the Four Walls SPA (Top Priority: FQHC SPA)***

The state initiated the Four Walls SPA conversation and health centers do not believe such a SPA is necessary. Rather than creating restrictions on what health center services can be delivered and paid for outside of the four walls, the SPA should be dropped from negotiations entirely and health centers should be free to deliver care with assurance of payment to their patients and the vulnerable

populations health centers were created to serve in the most efficient and appropriate manner as determined by the health center.

***b. Codify the Four Walls statute Health Center want (Top Priority: FQHC SPA)***

Through the feedback received on the Four walls SPA it is clear that there is confusion around what is and is not allowed regarding billing for services outside of the Four walls. It is also clear that many patients must be served outside of the Four walls if they are ever going to be served at all. CPCA is drafting the SPA we would want to see regarding Four walls that we could put forward as legislation in January. This would further expand the services health centers can deliver and be paid for.

***c. Drop the changes to the change in scope provisions in the SPA (Top Priority: FQHC SPA)***

CPCA and CAPH contend that the state's amendments in the pending SPA 18-003 effectively alter state law illegally. We could request that the changes to change in scope be dropped and the current rules with change in scope remain unchanged.

***d. Removing licensure from 1204a clinics (Top Priority: Licensing/OSHPD 3)***

Licensing for clinics in California was originally created to ensure health and safety standards, but over the past numerous decades many additional programs, regulations, and codes have been established making licensing redundant and now more of a barrier to access rather than the originally intended safeguard. Further licensing brings with it time and cost delays, regulatory barriers, and building standards not placed upon other Medi-Cal providers thereby disadvantaging clinics and ultimately hurting the most vulnerable patients and communities. Licensing for 1204a clinics should be eliminated. The study CPCA is conducting now will result in a solution in exchange for licensing that will ensure health and safety of the patients we serve.

***e. Removing the risk triggers from the original APM, and moving forward with a payment reform pilot through a SPA***

CPCA, at the bequest of the board, spent years developing an alternative payment methodology that was built on PPS and protected the necessary safeguards of the payment model, but that enabled the much needed flexibility in care delivery. The APM was signed into law as a pilot in 2015 however 3 years later we have still not implemented it because the DHCS staff under the Brown Administration was unwilling to remove the risk triggers, which CMS contended required an 1115 Waiver. The state and health centers can still test the APM without the risk triggers to advance health care access in California. The new administration should direct DHCS to drop the risk triggers, assist CPCA on amending the legislation, and move forward on the APM pilot with volunteer health centers.

***f. New Fund for Workforce for Health Centers (Top Priority: Workforce)***

Create a new statewide fund, separate from Proposition 56 funding, Song-Brown, and other currently administered programs to provide incentives for clinical practice in underserved communities. This fund would be utilized for non-loan repayment incentive pilots that range from including scholarships, tax credits, and salary supplements.

#### **IV. Action**

What 1-3 priorities does the Committee wish to advance with the new Governor's administration in 2019?



Date: September 19, 2018  
To: Legislative Committee  
From: Victor Christy, Assistant Director of Legislative Affairs  
Re: Proposed 2018/2020 Ballot Initiatives

## I. Overview

For the November General Election, there are eleven initiatives which have been certified by the Secretary of State that will appear on the ballot. The qualified propositions are as follows:

- **Proposition 1:** Veterans and Affordable Housing Bond Act of 2018, would issue \$4 billion in bonds for veterans housing.
  - **Proponent** – CA Legislature via Senate Bill 3
- **Proposition 2:** No Place Like Home Act of 2018, authorizes using a portion of Mental Health Services Act funds, a 1% tax on income over \$1 million, to be used for repaying \$2 billion in bonds for supportive housing for homeless individuals.
  - **Proponent** – CA Legislature via Assembly Bill 1827
- **Proposition 3:** Issues \$8.877 billion in bonds to fund infrastructure projects for water supply and quality, watershed, fish, wildlife, water conveyance, and groundwater sustainability and storage.
  - **Proponent** - Californians for Safe Drinking Water and a Clean Reliable Water Supply/ California Waterfowl Association
- **Proposition 4:** Authorizes \$1.5 billion in bonds to fund construction at hospitals providing children's health care.
  - **Proponents** – CA Children's Hospital Association/CA Teachers Association
  - **Opponents** – Howard Jarvis Taxpayers Association
- **Proposition 5:** Changes requirements for transferring property tax base to replacement residence for homeowners who are over 55 years old or severely disabled.
  - **Proponent:** The Homeownership for Families and Tax Savings for Seniors/ The California Realtors Association
  - **Opposition** – CA Teachers Association
- **Proposition 6:** Repeals SB 1 tax and fee provisions and requires legislature to submit any measure enacting specified taxes or fees on gas or diesel fuel or operation of a vehicle on public highways to the electorate for approval.
  - **Proponents** – Give Voters a Choice/Carl DeMaio (Former San Diego City Councilmember)
  - **Opposition** – Governor Jerry Brown, LA Mayor Eric Garcetti, CA Chamber of Commerce

- **Proposition 7:** Repeals California’s Daylight Savings Time Act passed by voters in 1949, makes Pacific Standard Time the standard time within the state, retains 1 hour advancement of PST between 2<sup>nd</sup> Sunday in March and first Sunday in November, authorizes legislature to change those provisions by a 2/3<sup>rd</sup> vote, provided that the proposed changes are consistent with federal law.
  - **Proponent** – CA Legislature via AB 807
- **Proposition 8:** Limits amounts outpatient kidney dialysis clinics may charge for patient care and imposes penalties for excessive charges.
  - **Proponent** – Californians for Kidney Dialysis Patient Protection/SEIU-UHW West
  - **Opposition** – Patients and Caregivers to Protect Dialysis Patients/California Medical Association/National Kidney Foundation
- **Proposition 10:** Expands local governments’ authority to enact rent control on residential property.
  - **Proponent** – The Coalition for Affordable Housing/AIDS Healthcare Foundation/Alliance of Californians for Community Empowerment/CA Teachers Association
  - **Opposition** – Californians for Responsible Housing/The CA Apt Association
- **Proposition 11:** Requires private-sector emergency ambulance employees to remain on call during work weeks.
  - **Proponent** – Californians for Emergency Preparedness and Safety/ American Medical Response
  - **Opposition** – California Teachers Association
- **Proposition 12:** Establishes new minimum space requirements for confining veal calves, breeding pigs and egg-laying hens, also requires egg-laying hens to be raised in a cage-free environment after December 31, 2021.
  - **Proponents** – Prevent Cruelty California/The Human Society of the United States
  - **Opposition** – Californians Against Cruelty, Cages and Fraud/Association of CA Egg Farmers, Humane Farming Association

As a reminder, in California, one needs to complete the following four steps in order to qualify an initiative for the ballot:

- STEP 1: Proponents of an initiative file their proposal with the attorney general's office, which prepares the language used on petitions for the initiative.
- STEP 2: The measure must receive the circulating title and summary, allowing proponents to begin collecting signatures. The Secretary of State assigns the initiative with a signature filing deadline.
- STEP 3: Proponents must notify the Secretary of State's office that at least 25 percent of the required signatures have been collected for the initiative.
- STEP 4: Proponents submit signatures for a ballot initiative or referendum and Secretary of State’s office verifies the unduplicated signatures.

## II. Ballot Initiatives of Interest in 2018

In August, the Legislative Committee took action to support the following initiative:

**Proposition 2: No Place Like Home (NPLH) Act of 2018.**

Validate the State's actions on NPLH to dedicate up to \$2 billion in bond proceeds to invest in the development of permanent supportive housing for people who are in need of mental health services and are experiencing homelessness or at-risk of homelessness. Summary points:

- Allows the state to use up to \$140 million per year of State administrative funds to repay up to \$2 billion in bonds. These bonds would fund housing for those with mental illness who are homeless.
- Ratifies existing law establishing the No Place Like Home Program, which finances permanent housing for individuals with mental illness who are homeless or at risk for chronic homelessness, as being consistent with the Mental Health Services Act approved by the electorate.
- Ratifies issuance of up to \$2 billion in previously authorized bonds to finance the No Place Like Home Program.
- Amends the Mental Health Services Act to authorize transfers of up to \$140 million annually from the existing Mental Health Services Fund to the No Place Like Home Program, with no increase in taxes.

Proponent:

- CA Legislature via Assembly Bill 1827

Support:

- Affordable Housing Now, a Coalition of Housing California, California Housing Consortium, State Building and Construction Trades Council of California and Silicon Valley Leadership Group
- Mental Health America of California
- California Police Chiefs Association
- National Advisory Mental Health Council of the National Institute of Mental Health

Opposition:

- National Alliance of Mental Illness- Contra Costa

### III. Ballot Initiatives of Interest in 2020

In addition to ballot initiatives for 2018, CPCA continues to track proposed initiatives that may appear on the ballot in 2020. Proposed 2020 Ballot Initiatives of Interest include:

#### **#18-0004: Establishes Public Health Fund By Enacting Dedicated Statewide Tax on Distribution Of Sugar-Sweetened Drinks.**

- SUMMARY:
  - Creates a fund for public health programs to prevent, treat and research obesity, diabetes, dental diseases, and other diseases linked to sugar-sweetened beverages, and to increase access to healthy food and drinks. Enacts a dedicated statewide tax on distributors of sugar-sweetened beverages (\$0.02 per fluid ounce). Exempts specified beverages from tax, including milk, juice, infant formula, medical beverages and low-sugar drinks. Requires audit of fund expenditures. Amends Constitution to allow new local taxes on sugar-sweetened drinks.

- Increased state revenues starting in 2021-22. Annual revenues would be roughly \$2 billion to \$3 billion by 2022-23.
- The measure designates these revenues for health care; disease prevention, disease research; and access to fruit, vegetables, and water.
- Proponents:
  - California Medical Association
  - California Dental Association
- Opposition:
  - American Beverage Association

### *Background*

Currently only the cities of Albany, Berkeley, Oakland and San Francisco impose a tax on non-alcoholic sugar-sweetened drinks. These taxes require businesses to pay one cent for every fluid ounce of sugar-sweetened drinks that they distribute to retailers within city limits. For these four cities, the taxes combined generate an estimated \$25 million per year.

This past summer, the legislature passed a law which was signed by the Governor prohibiting other local governments from enacting any new taxes on sugar-sweetened beverages. The law also prohibited taxes on many other types of food and drinks. This ban on local food and drink taxes would end on January 1, 2031. Advocates has also concurrently participated in the California Alliance for Prevention Funding (CAPF). CAPF's process and end-goal has been with an aim to create a State Wellness Trust to fund prevention services, however, CAPF had not, until recently, coalesced around one particular funding mechanism. Recently, CAPF has begun to prioritize a tax on sugar and sweetened beverages, similar to that of the Coalition. There will likely need to be a collaborative meetings between the two groups to work through these competing interests.

The law passed by the Legislature was a result of negotiations between Labor and the Beverage Industry which was codified in the Constitution. This new proposed initiative is in response to that law, seeking to overturn it via the ballot process.

### *CaliforniaHealth+ Advocates Involvement*

Over the past few years, CaliforniaHealth+ Advocates has been an executive member of the "Coalition for a Healthy California", which together aims to reduce the consumption of sugary drinks, increase water consumption and provide education and resources to move towards a healthier community.

The Coalition for a Healthy California is comprised of the following members:

- CaliforniaHealth+ Advocates
- Latino Coalition for a Healthy California
- California Black Health Network
- California Rural Indian Health Board
- Asian Pacific Partners for Empowerment, Advocacy and Leadership
- Roots of Change
- MVM Strategy
- The Praxis Project
- California Dental Association

- California School-Based Health Alliance
- American Heart Association
- Public Health Institute
- American Diabetes Association
- Public Health Advocates
- Social Justice Learning Institute

The Coalition has made strides in bringing awareness on the need to reduce the consumption of sugar sweetened beverages including efforts to impose a tax on soda and other sweetened drinks. It has worked with members of the legislature, including most recently in 2017 with Assembly Member Richard Bloom in supporting his AB 1003 which would have imposed a \$0.02 per fluid ounce tax on sugar sweetened beverages and require those funds to be collected and deposited in the California Community Health Fund to be used on diminishing the human and economic costs of diabetes, obesity, heart and dental disease. In addition to AB 1003, the coalition partnered with the Assembly Select Committee on Diabetes and Heart Disease prevention on a series of public hearings across the state to gather expert testimony on the harmful effects of sugar sweetened beverages and look at ways at combatting this epidemic.

The Coalition has met with the California Medical Association and California Dental Association to look at ways, in which together we can address our mutual objectives on a sugar sweetened beverage tax in a united front and be successful with the proposed 2020 ballot initiative.

**#17-0047: Increases Funding for Hospitals, Clinics, and Primary Care Providers Serving Low-Income Patients by Increasing Tax on Personal Income Over \$1 Million.**

- SUMMARY:
  - Increases funding for: (1) eligible hospitals, clinics, and primary healthcare providers that serve low-income patients and medically underserved communities; and (2) educating and training certain healthcare workers. Provides dedicated revenue for this funding and program administration by taxing personal income over \$1 million an additional 1%. Requires annual audit to verify funds are properly spent. Requires Attorney General or district attorneys to investigate misuse of funds.
  - Additional state revenues typically between \$1.5 billion and \$2 billion annually, depending on the economy and asset markets. This funding is allocated to safety net hospitals (70%), community health clinics (25%) and health care workforce development and training projects (5%) eligible for funding under the initiative.
- Proponents: SEIU- UHW
- Opposition: None on file

**IV. Resources**

1. Office of the Secretary of State: <https://www.sos.ca.gov/elections/ballot-measures/qualified-ballot-measures/>
2. Office of the Attorney General: <https://oag.ca.gov/initiatives/active-measures>
3. BALLOTEDIA: [https://ballotpedia.org/California\\_2018\\_ballot\\_propositions](https://ballotpedia.org/California_2018_ballot_propositions)



**INFORMATION ONLY**

Date: September 18, 2018  
To: Legislative Committee  
From: Janalynn Castillo, Advocacy Coordinator  
Re: Advocacy Update

**MEMORANDUM**

**I. Background**

Below is a comprehensive update on our state and federal advocacy that took place in the third quarter of the year. California's community health centers continue to strengthen their advocacy force through the enacted advocacy infrastructure. Thank you for your continued engagement, our success reflected in the updates below could not happen without you.

**II. Updates**

**Federal Advocacy**

In July and August CPCA's advocacy affiliate, CaliforniaHealth+ Advocates', collaborated with CPG and immigration partners to increase our advocacy efforts for membership submitting public comments opposing proposed changes to the current Title X regulation and opposing the addition of the citizenship question to the Census 2020.

**State Advocacy**

The California Legislature wrapped up its 2018 session on August 31 and we are excited to announce that AB 2428 (Gonzalez Fletcher), AB 2576 (Aguir-Curry), and SB 1125 (Atkins), were passed by the legislature. As of September 19, all three bills are awaiting Governor Brown's signature. Advocates' will continue to send weekly advocacy alert email communications requesting letters of support and additional ways to participate in state advocacy to support our 2018 sponsored legislation. Below are the total number of health centers we have on record supporting our current advocacy request.

- AB 2576 ( Aguir-Curry): 35
- AB 2428 ( Gonzalez Fletcher): 38
- SB 1125 ( Atkins): 45

**Civic Engagement**

Health centers have access to potential voters who are underrepresented in the electoral process. Our position in the community provides the opportunity to be the catalyst for a dramatic increase in civic engagement through legal, permissible, nonpartisan voter engagement activities such as voter registration, voter education, and get-out-the-vote (GOTV) campaigns. During election years, Advocates alongside the consortia, aims to engage health centers in coordinated voter engagement campaigns. Advocates has partnered with Nonprofit VOTE and the National Voter Registration Day Campaign to provide health centers with voter engagement resources membership identified as priority. Below are resources we have developed to assist health centers with voter registration efforts.

- **2018 Voter Engagement Tool Kit for Community Health Centers** – In September, CaliforniaHealth+ Advocates, in partnership with Nonprofit VOTE and CPCA’s Consortia members, launched a 2018 Voter Engagement Toolkit to provide additional guidance on permissible voter engagement activities for California’s community health centers. The tool kit is available to download on our website, [www.healthplusadvocates.org](http://www.healthplusadvocates.org).
- **September 24, 2018 : Conducting Voter Registration at Community Health Centers Webinar** – During this 60 minute webinar, featured speakers will provide tips and insights on how best to utilize 2018 Voter Engagement Toolkit for your health center’s capacity and civic engagement goals.

### **2018 National Health Center Week Summary**

Thank you to all the members who contributed to another year of incredible NHCW visibility and success in California!

In California, members held over 120 events ranging from pop-up health centers, to employee recognition to voter registration drives and much more. Members flexed their #CHCSuperPower on social media, highlighting staff like pediatrician Dr. Ramos- Smulevich, who showcased her #healthcare hero spirit by dressing up as a super hero, despite her busy schedule providing care to patients at QueensCare Health. Or staff at UMMA Clinic, who served lunch to the homeless in their community. The Street Medicine Team of Golden Valley Health Centers took to the streets in their custom #GVHC capes, delivering services such as wound care, blood pressure and glucose checks.

CaliforniaHealth+ Advocates and our partners across the state also joined in the #NHCW18 fun. On Monday, August 13th, Senator Anthony Portantino presented Senate Concurrent Resolution 164 on the floor of the Senate, commemorating National Health Center Week and spoke about the important role health centers play in the healthcare delivery system. Conference attendees at the California Primary Care Association’s Billing & CFO conference visited the “What’s your #CHCSuperPower?” photo booth to capture their super hero message on camera. In Northern California, Advocates staff attended regional events including open houses, legislative roundtables and more.

During National Health Center Week, HRSA announced that [176 Quality Improvement Awards from HRSA](#) will be awarded to California Health Centers in a variety of categories, totaling \$18,886,440 and representing 15% of the total funding nationwide. HRSA representatives made the announcement at two California health centers: Petaluma Health Center and the Indian Health Center of Santa Clara Valley. CPCA CEO, Carmela Castellano-Garcia, visited the Indian Health Center of Santa Clara Valley while the Director of Government Affairs, Andie Patterson, visited Petaluma Health Center for the announcement and to celebrate their achievement in providing high-quality, comprehensive care in their communities.

Date: September 17, 2018

To: Legislative Committee

From: Andrea Chavez, Senior Program Coordinator of Public Affairs & Kearsten Shepherd, Deputy  
Director of Communications & Marketing

Re: Communications Update

**MEMORANDUM**

**I. Federal**

This summer, Advocates has been involved in a variety of issues, most notably possible changes to Public Charge. Advocates routinely sent member emails informing members on Federal updates, some with advocacy asks.

While Advocates is still waiting for the Public Charge rule to be officially introduced, Advocates continues to work closely with the Protecting Immigrant Families (PIF) coalition, in particular their communications team, to garner media coverage across the state for our members.

Additionally, CPCA received a grant from PIF to host trainings in Northern and Southern California. In addition to presenting to various community-based organizations, CPCA communications staff also developed a media relations toolkit, which includes both earned media and social media tips, as well as an ethnic media list. The goal of this training is to help community-based-organizations feel comfortable interacting with the media and utilizing social media.

Both CPCA and Advocates will continue to work closely with our coalition partners and both of these issues in the coming months and will continue to keep members apprised of our work.

**II. State**

The past few months, state work has been heavily focused on moving Advocates sponsored legislation through the legislature. Advocates worked closely with coalition partners throughout the legislative session. President and CEO of CaliforniaHealth+ Advocates, Carmela Castellano-Garcia, released media statements in response to the Governor's action on our sponsored bills.

**III. The Value of Health Centers Campaign**

Both CPCA and RAC were awarded funding from the California Wellness Foundation to enhance the public understanding of the value of health centers. Together we worked with a communications firm, Imprinta, to build an issue campaign promoting the value of health centers. The campaign, which officially concluded at the end of August, included digital banner ads to a predetermined audience. The ads were then linked to a page on the CaliforniaHealthPlus.org website highlighting the value of health centers and prompting people to subscribe to the mailing list.



The ads started running two weeks before National Health Center Week (July 29/30) and ran for four weeks. Following the end of the campaign, CaliforniaHealth+ Advocates created a National Health Center Week 2018 recap mailer to send to the new subscribers. The mailer was sent on September 14 to the new subscribers, CPCA staff and the consortia policy group.

#### IV. Newsletters

- [The Advocate Summer Newsletter](#)
- [Access Summer Newsletter](#)

#### V. Media Statements/Press Releases

- CaliforniaHealth+ Advocates Statement on the 2018-19 State Budget Signed by the Governor (June 2018)
- Health Care Leaders Release Policy Brief on Emerging Health Needs of Immigrant Families in California (July 2018)
- Statement on SB 1125 (September 2018)
- Statement on AB 2428 (September 2018)
- Statement on AB 2576 (September 2018)

#### VI. CEO Speaking Engagements

CPCA's President and CEO has been active throughout the state speaking to a number of organizations on issues that impact CCHCs and their patients. Below, please find a listing of Carmela's speaking engagements from July-September of this year:

Business Leaders Roundtable (July)

CPCA CFO Conference (August)

HRSA Quality Funding Announcement NHCW Event (August)

NACHC CHI (August)

Northeast Valley Health Corporation 45th Anniversary Gala (September)

HealthManagement+ (September)

#### Resources

- Facebook: <https://www.facebook.com/Carmela-Castellano-Garcia-950620554956341/?fref=nf>
- Twitter: [www.twitter.com/CarmelaCGarcia](http://www.twitter.com/CarmelaCGarcia)
- Website: [www.CarmelaCastellano.com](http://www.CarmelaCastellano.com)

#### VII. Web and Social

- CaliforniaHealth+ Advocates – [www.healthplusadvocates.org](http://www.healthplusadvocates.org)
  - o Facebook – [www.facebook.com/healthplusadvocates](http://www.facebook.com/healthplusadvocates)
  - o Twitter – [www.twitter.com/healthplusadv](http://www.twitter.com/healthplusadv)
- California Primary Care Association – [www.cPCA.org](http://www.cPCA.org)
  - o Facebook – [www.facebook.com/californiaprimarycareassociation](http://www.facebook.com/californiaprimarycareassociation)
  - o Twitter – [www.twitter.com/CPCA](http://www.twitter.com/CPCA)

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