

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 are protecting the state 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]*
 - *Further the efforts to standardize P4P measures in Medi-Cal [S][A]*

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

[L] = Potential Legislative
Activity

[A] = Potential
Administrative Activity

[E] = Potential
Educational/training activity

- 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 MHSA 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.
 - *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]*

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

[L] = Potential Legislative
Activity

[A] = Potential
Administrative Activity

[E] = Potential
Educational/training activity

- *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 eligibility systems and enrollment in CalFRESH [S][L]*
 - *Support and influence the lack of affordable housing, and housing instability across the state. [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*