

Date: September 28, 2017

To: Legislative Committee

LEGISLATIVE COMMITTEE / EXECUTIVE SUMMARY

Federal Politics, Budget & Advocacy

- Funding Cliff: For the first time, on September 30, 2017, S-CHIP, Community Health Center, National Health Service Corps, and Teaching Health Center GME program funding has expired. As a result of aggressive advocacy, at time of writing, Senate and House bills are being marked-up, and partners are hopeful that meaningful action will occur in October.
- ACA Repeal: The Graham-Cassidy-Heller-Johnson ACA repeal bill, the third attempted ACA repeal this year, is not currently moving. Future ACA repeal and destabilization attempts are expected, with FY 2019 Budget reconciliation a likely target for this next effort. With the recent resignation of HHS Secretary Tom Price, much attention on his replacement will focus on what this selection signals for ACA repeal and Medicaid stability.
- Tax Reform: Between now and December, we expect much Congressional attention to be focused on Tax Reform
- Immigration Policy: As CPCA's immigration work advances, staff recommend members take action today to formalize positions on a number of pieces of federal legislation, including the Dream Act.

State Politics, Legislation & Advocacy

- This year, at CPCA's bequest, CaliforniaHealth+Advocates sponsored or cosponsored, three bills – SB 323 (Mitchell); SB 456 (Pan); and AB 1003 (Bloom).
- CPCA, through CaliforniaHealth+ Advocates, broadened its legislative work in 2017 to include support of many pieces of state legislation that were in response to federal policy shifts and threats; including legislation and resolutions that address immigration, Planned Parenthood and family planning services, and coverage stabilization.
- CPCA, through CaliforniaHealth+ Advocates, in partnership with regional associations and health centers, participated in a robust AB 1250 (Jones-Sawyer) opposition campaign.

Enacted FY17-18 State Budget Summary

- The Song-Brown Healthcare Workforce Training Program received a \$33M installment of new funds. Awards will be determined during the November 29-30, 2017 Song Brown Commission meeting in Southern California.
- California Health Facilities Financing Authority (CHFFA) staff have begun work on the Lifeline Grant Program design, including regulations, selection criteria and application process.
- DHCS has outlined payment methodologies and begun submitting the State Plan Amendment (SPA) for the use of California Healthcare, Research and Prevention Tobacco Tax Act (Prop. 56) funds for supplemental payments.

- CPCA continues to work with DHCS on State Plan Amendments, one of which is the MFT implementation to become billable providers by July 2018.

Policy Prioritization

- This year's policy prioritization process started in August with a call for members to provide feedback on what CPCA's policy priorities should be in 2018.
- The Consortia gathered feedback directly then CPCA along with the consortia synthesized it all in a mid-September meeting.
- This year's policy priorities echo last years, but there are fewer so that CPCA and its affiliate, CaliforniaHealth+ Advocates can be more targeted, and hopefully more successful on very challenging issues.

Advocacy and Communications

Communications Strategy

- CaliforniaHealth+ Advocates staff recommends a focused external communications strategy for 2018.
- Advocates will work closely with the consortia and health centers to proactively engage media and stakeholders on priority issues.

Advocacy Strategy

- Member-focused grassroots advocacy efforts preserved CA's \$100 million for primary care workforce, successfully pushed CPCA's sponsored legislation to the governor's desk, and helped defeat three ACA repeal attacks.
- CaliforniaHealth+ Advocates is committed to providing CPCA membership new ways to improve advocacy infrastructure at all levels of an organization.
- At this year's CPCA annual conference, CaliforniaHealth+ Advocates will provide members with advocacy opportunities to partake in.

CALIFORNIA PRIMARY CARE ASSOCIATION

Legislative Committee

July 13, 2017

10:10 am – 12:00 pm

Members: **David B. Vliet – Chair**, Antonio Alatorre, Tanir Ami, Dolores Alvarado, Lucinda Bazile, Doreen Bradshaw, Cynthia Carmona, Lynn Dorroh-Watson, Rachel Farrell, Ben Flores, Cathy Frey, Jane Garcia, Larry Garcia Greg Garrett, Franklin, Britta Guerrero, Alicia Hardy, Steve Health, Sherry Hirota, Cathryn Hyde, Erica Jacquez, Deena Lahn, David Lavine, Becky Lee, Deborah Lerner, Marty Lynch, Kevin Mattson, Louise McCarthy, Scott McFarland, Leslie McGowan, Danielle Myers, Joanne Preece, Tim Pusateri, David Quackenbush, Mary-Michal Rawling, Tracy Ream, Lucresha Renteria, Tim Rine, Jacqueline Ritacco, Melinda Rivera, Gary Rotto, Sendy Sanchez, Laura Sheckler, Suzie Shupe, Paulo Soares, Graciela Soto-Perez, Terri Lee Stratton, Mary Szecsey, Sabine Talaugon, Vernita Todd, Henry Tuttle, Jason Vega, Christina Velasco, Tony Weber, Paula Wilson

Guests: Christy Bouma, Meagan Subers, Tiffany Robertson, Irma Cota, Anitha Mullangi, Michael Schaub, Wunna Mine

Staff: Carmela Castellano-Garcia, Beth Malinowski, Kelley Aldrich, Victor Christy, Andie Patterson, Meaghan McCamman, Liz Oseguera, Andrea Chavez, Mike Witte, Allie Budenz, Meghan Nousaine

Call to Order

The meeting was called to order by the chair at 10:16 am.

Approval of Agenda

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

Federal Politics, Budget & Advocacy

Andie Patterson summarized the memo written by Angie Melton of the Margolin Group, noting the following; the year continues to be active and unpredictable on the federal front.

- It was anticipated that a budget reconciliation bill that included ACA Repeal would be signed into law in January. Now it is July and the Republican Congress is still trying to find a path forward on their “repeal and replace” strategy. Congress would like to complete action on the ACA Repeal bill one way or the other before the August recess, which now starts on August 14 for the Senate and July 28 for the House.
- A package of health care financing programs, including CHIP, the Health Center fund, the National Health Service Corps, and Teaching Health Centers, must be completed by September 30 when the current fiscal year ends, and in addition the annual discretionary appropriations process that provides a portion of the Health Center fund has gotten off to a

slow start. While there is bi-partisan support for this legislation, it is in no way guaranteed to pass.

- Advocacy works! Keep up the amazing work, participate in coalition events, continue to collect patient stories, call, and tweet and e-mail your Members of Congress. Use NHCW to thank supportive Members of Congress and make sure they continue advocating for health center funding.

Beth Malinowski gave members an update from her meetings with NACHC, which echo, advocacy is working, but we need to make sure we continue to push for health center funding.

Andie urged members to participate in the survey coming out from the AG's office in regards to reproductive health. What will happen if the ACA is taken away, think about services provided, especially for women, timely access to prenatal and cervical cancer screenings? It's a loose, loose situation.

State Politics, Legislation & Advocacy

Meagan Subers (Capitol Connection) highlighted what's currently going on in the Capitol; noting the upcoming deadlines for both fiscal and non-fiscal bills including our sponsored bills SB 323 and SB 456. The legislature will be out on recess 7/21 – 8/21, then they'll have two weeks to wrap things up for the 2 year bill process.

SB 562 – Arambula held the bill for both policy and political reasons which drew extremely unruly protests. Capitol staff is very unhappy.

Christy Bouma (Capitol Connection) gave an update of the other issues sucking the life out of the dome, mainly the Cap and Trade program. There's lots of negotiating going on, the new deadline is now Monday.

Beth informed members that with the Budget Act of 2017 signed, the legislature is now focused on moving policy bills through the legislative process. Sept. 15th is the last day for each house to pass bills. At this time our sponsored legislation – SB 323 (Mitchell) and SB 456 (Pan) are moving nicely through the process.

Beth discussed staff recommended positions on the following bills and the chair called for a motion:

- **AB 1250** (Jones-Sawyer D) - Counties: contracts for personal services – ***Recommend OPPOSE, UNLESS AMENDED***
- **AB 1340** (Maienschein R) - Continuing medical education: mental and physical health care integration – ***Recommend moving from WATCH to SUPPORT***

Motion Summary:

A motion was made and seconded to take an OPPOSE UNLESS AMENDED position on AB 1250 (Jones-Sawyer D) - Counties: contracts for personal services. (Rine/McCarthy) The motion carried.

Motion Summary:

A motion was made and seconded to take the staff's recommendation of moving from WATCH to SUPPORT on AB 1340 (Maienschein R) - Continuing medical education: mental and physical health care integration. (Rine/McFarland) The motion carried.

Beth continued with updates on SB 387 and SB 562:

- SB 387 (Thurmond), a bill of considerable interest to the membership, which, if passed, would create minimum wage requirements for trainees has been held by the author – this bill will no longer be moving in 2017.
- SB 562 (Lara/Atkins), The Healthy California Act, has been held in the Assembly. It is uncertain as to whether or not the authors and sponsors, working with leadership, will decide to move the bill next year. In conversation going forward, we want to make sure we're in a good place and we want to be the people that inform the authors on the bill.

Enacted FY17-18 State Budget Summary

Beth was proud to announce that the recently signed FY17-18 budget reflects strong support for health centers and the patients we serve. Through successful lobbying and advocacy, we are excited to note the following:

- \$100 Million Workforce Funding Reinstated: The signed budget includes \$100 million to support primary care residency, including teaching health center, and loan repayment.
- 340B Drug Discount Program Untouched: The passed budget includes no changes to contract pharmacies or other provisions relating to the 340B Program...though it's still a battle.
- New \$20 Million Lifeline Grant Program: Establishes the Community Clinic Lifeline Grant Program for small and rural health clinics suffering financial losses, and appropriates \$20 million from the Health Expansion Loan Program (HELP II) fund one-time for this purpose.

Advocacy and Communications

Andie explained that CaliforniaHealth+ Advocates has prioritized advocacy efforts on the Federal attempts to repeal and replace the Affordable Care Act and since November 2016, Advocates has sent 27 advocacy alerts to members that include Federal updates and advocacy asks. Advocates has also provided members with analyses, talking points and summaries on the all ACA repeal and replace policies.

CALIFORNIA PRIMARY CARE ASSOCIATION
Legislative Committee On-line Meeting

August 8, 2017
10:0 am – 11:00 pm

Attendee Report: **David B. Vliet – Chair**, Javier Alvarado, Doreen Bradshaw, Merrill Buice, Gregory Cramer, Nick Cutler, Lisa Eisenberg, Gilbert Fimbres, Timothy Fraser, Naomi Fuchs, Claudio Galvez, Greg Garrett, Dean Germano, Nik Gupta, Haleh, Hatami, Steve Heath, Tina Jagtiani, Barbara Kidder Garcia, Neil Kozuma, David Lavine, Sandra Lopez, Alejandro Medina, Amy Moy, Luella Penserga, Joanne Preece, Craig Pulsipher, David Quackenbush, Tim Rine, Melinda Rivera, Sendy Sanchez, Steve Schilling, Suzie Shupe, Matthew Stevens, Deanna Stover, Terri Stratton, Dong Suh, Mary Szecsey, Sabine Talaugon, Vernita Todd, Marcela Vargas, David Vliet, Becky Lee

Staff: Beth Malinowski, Kelley Aldrich, Victor Christy, Andrea Chavez, Michael Helmick, Andie Patterson, Liz Oseguera, Daisy Po’oi, Vaughn Villaverde

Call to Order

The meeting was called to order by the chair at 10:02 am.

Approval of Agenda

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

Beth Malinowski gave members an update on CPCA’s two sponsored bills, SB 323 and SB 456.

Beth updated members on AB 1250 and explained the recommended change in position. **AB 1250** (Jones-Sawyer D) - Counties: contracts for personal services – staff recommends moving from OPPOSE UNLESS AMENDED to an OPPOSE position. The chair called for a motion.

Motion Summary:

A motion was made and seconded to move to an OPPOSE position on AB 1250 (Jones-Sawyer D) - Counties: contracts for personal services. (Schilling/Fraser) The motion carried.

Beth went to discuss next steps, including the joint coalition letter being headed up by CalNonprofits and the template letter of support that CaliforniaHealth+ Advocates will be creating and sending out.

The meeting was adjourned at 10:47 am

Submitted by Kelley Aldrich

Date: September 25, 2017

To: Legislative Committee

From: Beth Malinowski, Deputy Director of Government Affairs

Re: 2017 Legislative Review: CPCA Sponsored Legislation and Bills of Interest

MEMORANDUM

I. Overview

This year, building on our success from the 2015-2016 session, at CPCA's bequest, CaliforniaHealth+ Advocates sponsored or cosponsored, three bills. At time of writing one of these bills, **SB 323 (Mitchell)** is awaiting action by the Governor. With two additional bills, **SB 456 (Pan)** and **AB 1003 (Bloom)** well positioned for debate in the second year of this session. These bills, and our broader legislative review, must also be considered in the context of a very robust, and successful, FY 17-18 state budget strategy (see [Enacted Budget memo](#), presented July 2017).

In addition to these sponsored bill and budget efforts, CaliforniaHealth+ Advocates influenced dozens of bills and participated in robust partnerships to achieve legislative success to forward CPCA's policy priorities. This year, Advocates, also had the challenging task of maneuvering difficult political and policy waters as it participated in an oppose campaign (AB 1250) and expressed strong concerns on a number of bills early in session. For both legislative and budget success, partnerships continued to be key to our capitol strategy.

Advocate's tracked over 200 bills of interest, submitted letters of support on over 50 measures, and provided oral testimony on dozens of bills. We also educated and informed legislators and committee staff on bill impacts to health centers and, when needed, advocated for amendments to reflect health center interests. Through CaliforniaHealth+ Advocates, our work on the budget, sponsored bills and other bills of interest, California health centers and community clinics continue to increase their presence in the building. Our increased strength in the capitol, was evidenced by increased opportunities for Advocate's, and its members, to not only inject the health center perspective, but be a key witness in a variety of legislative hearing and briefings held since November 2016 to defend the ACA and protect California's diverse communities from federal policy threats.

With a few exceptions (for bills substantially amended late in session), this year also highlighted the value of increased contact with the Legislative Committee when the state legislature is in session. By holding monthly calls, CPCA was able to be more nimble and responsive to changing policy debates, legislative amendments, and political dynamics thereby enabling the advocacy affiliate, CaliforniaHealth+ Advocates to be more nimble and responsive.

II. 2017 Sponsored Legislation

SB 323 by Senator Holly Mitchell (D-Los Angeles) seeks to improve Californians' access to behavioral health services by eliminating a barrier which prevents community health centers from participating in the Drug Medi-Cal and Specialty Mental Health programs. Due to a veto-threat by Governor Brown, in 2016, an earlier version of this bill (SB 1335) was held in the Senate. This year, the bills co-sponsor, the Community Clinic Association of Los Angeles County (CCALAC), and Advocates worked closely with DHCS to bring to the legislature and Governor a bill that better reflects advocates' interests and DHCS needs. At time of writing, this bill is awaiting action by the Governor.

SB 456 by Senator Richard Pan (D-Sacramento) will improve the health of California's most vulnerable people by allowing FQHCs to be directly reimbursed for services that promote continuity of care and wellness in ways not covered by PPS, including services associated with innovative projects like the Whole Person Care pilots. While we expect that this bill will reduce overall costs to the health care system through better care coordination, addressing social determinants of health, and incentivizing wellness services that keep patients healthy and out of the emergency room, DHCS has significant concerns about this bill. With this in mind, and working closely with the author, it was determined that this bill would become a two-year bill effort to allow for greater discussion with DHCS and other partners.

AB 1003 by Senator Richard Bloom (D-Santa Monica) sought to address Type 2 diabetes, dental disease, heart disease, stroke – debilitating epidemics in California - by creating a dedicated revenue source for prevention and care. Due to continued opposition by the soda industry, as well as the introduction of competing legislation to create a snack tax (**AB 274**), there was much debate as to whether or not this bill should be introduced in the first year. The author, strongly committed to introduction, worked with Assembly leadership to commit this bill for assignment to the proper committee for study. The Coalition for a Healthy California, to which CaliforniaHealth+ Advocates was a leading member, is working on intersession strategies to support this effort.

III. Bills of Interest

Our work on bills of interest highlights well how community clinic and health center perspectives are being heard in the legislature. As we consider the impact of this work on our overall strength as an association, two elements are particularly important to note. First, other associations are increasingly coming to us for partnership and content expertise. Secondly, legislative staffers and committee staff are also increasingly seeking our perspective on legislation too.

In the wake of the November 2016 election, and the swearing in of the U.S. president and cabinet hostile to many of California's core values, this year also highlighted how state legislation can be used to counter these efforts. CPCA, through CaliforniaHealth+ Advocates, broadened its legislative work in 2017 to include support of many pieces of this legislative response. This can be seen in the introduction of legislation and resolutions that address immigration, Planned Parenthood and family planning services, and coverage stabilization.

Immigration: Advocates stood with California Immigrant Policy Center (CIPC) and other members of the Latino Health Alliance in support a wide variety of bills that protect immigrant patients and communities and guarantee them access to important services and opportunities. Element of this immigration bill package that Advocates supported included **AB 21 (Kalra)**, **SB 29 (Lara)**, **SB 30 (Lara)**, **SB 31 (Lara)**, **SB 54 (De Leon)**. Collectively, these bills range from access to higher education (**AB 21**) to city, county and state engagement and disclosures of information to federal immigration agents (**SB 29; SB 31; SB 54**)

Stabilizing Coverage and Family Planning Services: With leadership from the Assembly and Senate Health Committee Chairs – Assemblymember Wood and Senator Hernandez, a number of bills were introduced to directly counter federal ACA destabilization efforts and support a strong state exchange. Two bills of particular note, and that targeted Covered California, were **AB 156 (Wood)** – a bill to maintain current annual open enrollment periods – and **SB 133 (Hernandez)** – a bill to address rising continuity of care concerns as plans leave the marketplace. In support of family planning service, **SB 743 (Hernandez)** prohibits a Medi-Cal managed care plan from restricting choice in family planning service providers.

Restarting Universal Coverage Conversations: Senator Lara, with a track record of expanding coverage, and buoyed by activists committed to finding a California solution to federal coverage challenges, introduced **SB 562**. While some controversy and debate surround the timing of this bill's introduction, and many health industry experts felt the initial language was unworkable, many organizations, including Advocates, stood up to welcome conversation. While Advocates continues to have no formal position on this bill, staff have participated in stakeholder meetings and anticipate continuing to be part of dialog related to this effort in the coming months.

Like 2016, legislative efforts on workforce, oral health, behavioral health, and other clinical matters continue to highlight well the significant expansion seen in how the legislature engages CaliforniaHealth+ Advocates as subject matter experts. Regardless if a bill moves through the process, if a bill gets signed or vetoed, our ability to be an accessible expert to legislators and their staff will bring long-term positive impacts to our relationships in the Capitol. Of note, in some cases, Advocates, on behalf of CPCA, found meaningful ways to share concerns without taking a formal position that could have been oppositional to a key legislative partner. Here are some examples of our impact:

Workforce: Our work on the FY16-17 budget continued to secure our place as an expert on primary care workforce. Even before the 2017 session had begun, the Republican Caucus leadership were engaging Advocates as content matter experts on primary care training. Our expertise could be seen in the inclusion of health care workforce in **AB 316 (Waldron)**. Advocates, on behalf of Advocates, also met with Assemblymember Friedman and California Association of Nurse Practitioners on **AB 1560**, a bill to modify the ratio of advance practice

clinicians to physicians to discuss health center impact. While staying neutral on two workforce bills – **AB 148 (Mathis)** - a loan repayment bill and **AB 387 (Thurmond)** – minimum wage for trainees, we were able to effectively share our concerns with the bills’ respective authors early in the legislative process. Both bills, for different reasons, failed to move through the legislative process in 2017 (**AB 148** was held on Senate suspense and **AB 387** failed deadline in the 1st house). Important to note, **AB 387** can resurface in 2018.

While not legislation, in 2017, Advocates, was successful in advocating for health center candidates for two Governor appointed openings on the California Healthcare Workforce Policy Commission (Song-Brown Commission). We are excited to share that the two commissioners have just started their new terms – Jasmeet K. Bains, MD (representing family medicine residents) and Deanna Stover, PhD., RN (representing practicing registered nurses).

Behavioral Health: With behavior health sponsored bills in back to back legislative sessions, and CPCA and CaliforniaHealth+ Advocates’ staff continuing to use regulatory, policy, and programmatic spaces to raise the profile of health center behavioral health expertise, this year Advocates was well positioned to influence behavioral health legislation. This year, the California Association of Licensed Professional Clinical Counselors (CALPCC), used CPCA’s 2016 Marriage and Family Therapist legislation (AB 1863) as a guide to replicate similar success for the Licensed Professional Clinical Counselors (LPCC). On multiple occasions, staff of the legislature came to Advocates to seek expertise on behavioral health workforce, the AB 1863 model, and how it could be used to advance **AB 1591 (Berman)** – the LPCC as FQHC as billable providers bill. In addition to our work on the bill, staff also prioritized work on **AB 1315 (Mullin)**. Signed on 10/2, the chaptered bill establishes a new advisory committee to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for the purposes of creating an early psychosis and mood disorder detection and intervention competitive selection process that will expand the provision of high-quality, evidence-based services in this state by providing funding to counties for this purpose. While this does not change the Proposition 63 (MHSA) structures that drive funding to counties, this is a significant step in the right direction. The new advisory committee will be required to have a health center representative. The inclusion of this in the chaptered bill is a result of Advocate’s work with the Steinberg Institute (the bill’s sponsor) and recognizes the critical role of health centers in the delivery of behavioral health services.

Oral Health: Impact of the Little Hoover Commission’s scathing report on Denti-Cal could still be felt in the capitol this year. Additionally, the death of a young dental patient in Alameda, set off quick legislative action. In particular, Assemblymember Thurmond introduced **AB 224 – Dentistry anesthesia and sedation**. This bill, specifically related to pediatric anesthesia, would create new standards for the administration of minimal and moderate sedation included new staffing requirements and other changes that were of significant concern to members of CPCA’s Dental Directors Peer Network. At the request of these members, meeting were held with the bill’s author, sponsors, and other advocates close to the effort.

The bill, in its amended form, did alleviate member concerns. This bill failed deadline and could resurface in 2018.

Clinical Affairs: Coordinating closely with CPCA's CMO, clinical expertise was provided on numerous occasions. In addition to some of the bills referenced above, and similar to last session, Advocates, continued to educate Senator Hill on antimicrobial stewardship in the health center setting. This year, the Senator introduced a far trimmer antimicrobial stewardship bill that would solely impact laboratory settings (**SB 43**). The amended bill no longer targets a certain setting and, instead, aims to require the Antimicrobial Stewardship and Resistance Subcommittee of the Healthcare Associated Infections Advisory Committee of the department, on or before January 1, 2019. This bill failed deadline and could resurface in 2018. Early in session, we also consulted sponsors of **SB 528 (Stone)**, a bill regarding utilization of automated drug delivery system, on pharmacy infrastructure at health center.

Cannabis: With the passage of Proposition 64, The Adult Use of Marijuana Act of 2016, the California legislature went to work creating laws to guide the budding industry. Advocates is tracking this industries development and paying particularly close attention to bills that may impact how new revenues generated by this industry are spent. For example, Advocates met with Assemblymember Wood's staff on **AB 1135**, a bill that would require the State Department of Public Health and the State Department of Education to establish an inclusive public stakeholder process to seek input from stakeholders to determine a disbursement formula for the funds provided to the State Department of Health Care Services from the California Marijuana Tax Fund.

Lastly, in 2017, for the first time in some years, health centers were at the center of an opposition campaign (**AB 1250**) – Counties and Contracts for Personal Services. **AB 1250** was held in the Senate Rules Committee and was not brought to the floor. In the final weeks of session, health center advocates had a strong presence in the capitol and in local conversations regarding this bill. This is a significant short-term victory that could not have happened without the close coordination of health centers, consortia and partners across the state. Additionally, this effort provided an important opportunity to educate the legislature on the role of county and health center contracts in providing for the needs of our underserved communities. As this bill could move again in 2018, we cannot drop our guard and will be strategizing on how to proceed next session.

This fall, as the Capitol's staff prepare for the second year of session, the impact of our 2017 work can already be seen. In particular, other associations and interests are already coming to CaliforniaHealth+ Advocates with legislative concepts for 2018 and coalition partners are already meeting with Advocates staff to continue momentum on bill work that will continue into the second year.

IV. Resources

- 9/13/17_Important Updates from the State Capitol: Changes, Fights & Opportunities in the Home Stretch –

https://d3n8a8pro7vhmx.cloudfront.net/capca/pages/2108/attachments/original/1507153884/2017.10.04_Resource_Email_Update.pdf?1507153884

- 2017-18 Enacted Budget Summary -
https://d3n8a8pro7vhmx.cloudfront.net/capca/pages/60/attachments/original/1498609423/Enacted_Budget_Summary_06.27.17.pdf?1498609423

Date: October 3, 2017
To: Legislative Committee
From: Beth Malinowski, Deputy Director of Government Affairs
Re: California 2017-18 Budget Implementation

MEMORANDUM

Since the enactment of the Budget Act of 2017, state agencies have moved forward with swift action to implement elements of the budget that are critical to advancing the health care delivery system. In the paragraphs below please find brief updates on some of these key efforts:

- **Primary Care Residency Funding Reinstated**

The Song-Brown Healthcare Workforce Training Program received a \$33M installment of new funds. In August, OSHPD moved forward with launching the new Song Brown Family Medicine and Primary Care Residency application, the revised application now utilized to access these new funds. The application period for existing and new programs opened mid-August and closed mid-September. Seventy-seven applications were received, which included ten applications for new programs. With 48 family medicine and 29 PCR (Internal Medicine, OB/GYN, and Pediatric) applications received this year, OSHPD staff have confirmed that this is the largest number of applications the program has ever received. Awards will be determined during the November 29-30, 2017 Song Brown meeting in Southern California. Staff monitored the application process, providing technical assistance as needed, and will be tracking application decisions closely.

- **Community Clinic Lifeline Grant Program**

California Health Facilities Financing Authority (CHFFA) staff have begun work on the Lifeline Grant Program design, including regulations, selection criteria and application. In August CHFFA began outreach to key stakeholders. CHFFA has also hosted two stakeholder webinars.

CPCA is working with CHFFA staff, and monitoring the implementation closely. This includes meeting with CHFFA staff regularly, including Ron Washington, Interim Director of CHFFA. CPCA intends to help CHFFA staff gather feedback and create a program that is most responsive to the needs of community clinics and health centers. In that spirit, CPCA is hosting a Lifeline Grant Program Webinar on Tuesday, October 17 at 11:00 a.m. Please [click here](#) to register. Feedback gathered on the 10/17 webinar will be turned into formal comments and submitted to CHFFA in advance of their October 26 board meeting. *Please see Government Programs Committee for an additional memo.*

If you have additional questions or feedback on program implementation, please email Michael Helmick - mhelmick@cpc.org.

- **Proposition 56 Supplemental Payments**

As part of the spending plan agreement, DHCS had until July 31, 2017 to determine the rules for allocating these supplemental payments. Honoring this deadline, DHCS has outlined payment methodologies and begun submitting state plan amendments for the use of California Healthcare, Research and Prevention Tobacco Tax Act funds for supplemental payments. Pending SPA approval (SPA 17-029), FQHCs will be eligible for supplemental payments for FPACT services, but will not be eligible for any other Prop. 56 supplemental payments. These payments will be retroactive to July 1, 2017. *Please see 330 Committee for an additional memo.*

- **AB 1863**

CPCA continues to work with DHCS on the state plan amendments, one of which will be MFT implementation to be billable providers by July 2018. This element of the SPA has not yet commenced but DHCS intends to include it in the SPA that will be submitted to CMS in December.

CPCA will continue to update members on implementation of these and other budget items as the fiscal year progresses.

California Primary Care Association

Public Policy Platform 2018

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

Coverage and Access for All

- Protect Californians' right to comprehensive health care **coverage**.
- 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.

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

- 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 meet patients where the patient is at.
- Empower patients to access and utilize healthcare services appropriately by advancing policy which allows and incentivizes the seamless **integration of primary, oral, and behavioral health care** services.
- 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.
- Support patients by strengthening **culturally competent care, case management, preventative care**, and **coordination of care with social services and community resources**.
- 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.

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.
- Advocate for **equitable and transparent reimbursement policies** and the application of those policies in a standardized and timely fashion.

Building Healthy Communities

- 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.

California Primary Care Association - Policy Platform 2018

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

Objective	ACTION - IMPLEMENTATION		
	Legislative	Administrative	Educational
<u>Coverage and Access for All</u>			
Protect Californians' right to comprehensive health care coverage.	<ul style="list-style-type: none"> -Working with NACHC, continue aggressive federal advocacy for solutions that promote long-term 330 program funding stability. - Advocate for federal and state protections to the ACA and Medicaid to ensure as broad and inclusive a benefit package as possible, including primary/behavioral/oral health care. - Engage in the universal coverage/single payer efforts in a robust and thoughtful manner using member-informed, board approved principles. - Continue to fight for an inclusive country that welcomes and protects all persons regardless of immigration status. 		
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.	<ul style="list-style-type: none"> - Continue to advocate for a robust and comprehensive health care delivery system where patients have choice of providers, including Planned Parenthood. - Continue to fight for an inclusive country that welcomes and protects all persons regardless of immigration status. - Continue to lay the necessary ground work that will lead to the elimination of unnecessary barriers to care, including licensing and building code rules that prevent the creation and operation of safe new health centers. - Add the necessary provisions to AB 2053 - the consolidated licensing bill- to allow an intermittent site that moves to full time to continue to use the parent site's PPS rate 	<ul style="list-style-type: none"> - Work with DHCS to develop educational tools for dental providers to help ensure that when audits are done the rules and expectations are understood well in advance. - Build strong working relationships with OSHPD and DPH to further our licensing and building code interests. - Engage with OSHPD to build a better process for flex requests and reform OSHPD 3 regulations. 	<ul style="list-style-type: none"> -Educate policy makers on the challenges with OSHPD3 -Provide training opportunities related to licensing and OSHPD 3 standards.
<u>Delivery of Culturally Competent Whole Person Health Care, Preventive Care, and Support Services</u>			
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 meet patients where the patient is at.		<ul style="list-style-type: none"> - Work to ensure a value based APM is implemented in CA in a manner that is supportive of FQHCs 	<ul style="list-style-type: none"> - Continue to position health centers for the APM through the CP3 (Capitation Payment Preparedness Program) - Disseminate best practices to non APM sites - Work towards risk stratification for SDOH. Build data gathering into APM pilot and work with NACHC on a national strategy.
Empower patients to access and utilize healthcare services appropriately by advancing policy which allows and incentivizes the seamless integration of primary, oral, and behavioral health care services.	<ul style="list-style-type: none"> - Determine whether or not there are legislative approaches to enhance health center capacity to meet the behavioral health need of patients. Could include same day billing legislation. 	<ul style="list-style-type: none"> - Implement AB1863 MFT to ensure billing for MFTs is as easy as doing a scope change - Ensure that CCHCs are recognized for the important role that they play in the BH delivery system, and ensure that MHSA funding is available to support their BH work. 	<ul style="list-style-type: none"> - Engage with county BH directors and others to showcase the ways in which CCHCs can partner with county-based BH delivery systems - Support clinic and health center participation in the Dental Transformation Initiative.
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.		Implement SB 323- Drug Medi-Cal and Specialty Mental Health contract services and FQHCs	<ul style="list-style-type: none"> - Provide technical assistance on behavioral health contracting and billing processes to ensure that CCHCs are fully able to participate in the BH delivery system

California Primary Care Association - Policy Platform 2018

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

Objective	ACTION - IMPLEMENTATION		
	Legislative	Administrative	Educational
Support patients by strengthening culturally competent care, case management, preventative care, and coordination of care with social services and community resources.	- Ensure that "services that follow the patient" are left out of reconciliation	- Work with the state to develop robust and appropriate 340B claims processes to ensure health centers are protecting the state from duplicate discounts.	- Help health centers better understand the rules of 340B and how to best track the savings to ensure program integrity. - Working with the health plans, facilitate a coordinated implementation of the Health Home Program with the goal of ensuring the plans and providers implementing the benefit save the state money and the benefit remains in perpetuity
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.	- explore opportunities to mitigate the challenges posed by assigned but unseen Medi-Cal beneficiaries		- Rebrand and enhance the CP3 program to focus and tailor to the P4P programs and to be for all health centers regardless of APM interest

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.	<p>- At the Federal Level, work with NACHC, AATHC, and Clinicians for the Underserved to stabilize Federal funding solutions and HRSA policies that strengthen investments in Teaching Health Centers and National Health Service Corp.</p> <p>- At the state level, work to develop a comprehensive workforce policy platform through a policy convening to centralize our work into one coalition, to create and foster the ability to influence graduate medical education reform, expansion of the primary care team, and continue to support policy that grows the workforce pipeline.</p> <p>- State advocacy to ensure the the Brown Administration remains committed to the \$100 M workforce investment.</p>	<p>- Working with NACHC and OSHPD inform conversations on HPSA rescoring and methodology</p> <p>-- Participate in stakeholder groups at multiple state agencies, aim to inform and influence a statewide health workforce agenda that centers on the needs of health center patients. Included, but not limited to, expanded funding of loan repayment, reintroduction of state GME funding, and supporting pipeline and educational programs/partnerships that diversify our provider workforce</p> <p>- Work with OSHPD, on implementation of provisionf of AB 2048 (Gray) - State Loan Repayment Program.</p> <p>- Work with OSHPD and partners on implementation of \$100 million investment in primary care residency and loan repayment.</p> <p>- Develop stronger relationships with Kaiser, ACU, AHEC, and other organizations to influence provider recruitment and retention.</p> <p>-Work with academic and foundation partners (including UCSF, Kasier, CHCF) to advance research that will support our workforce strategy.</p> <p>- Strengthen relationships with licensing boards to guarantee timely licesnure for providers in rural and underserved communities</p>	<p>- Work with health centers to maximize their utilization of state and federal opportunities related to healthcare workforce (this includes increasing use of OSHPD programs like SLRP).</p> <p>- Provide statewide learning opportunities around innovative workforce models, and partner with higher learning institutions to influence positive change in primary care degree/certificate programs.</p> <p>- Support teaching health center and hosptial/health center residency partnerships by connecting health center to training and experts on residency development.</p> <p>-Educate health centers on how to expedite processsing of provider licenses.</p>
Advocate for equitable and transparent reimbursement policies and the application of those policies in a standardized and timely fashion.		<p>- Work with A&I to ensure that auditors 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</p> <p>- Continue working with A&I and health centers on an FQHC SPA that protects and strengthens FQHC interests and ensures clear, transparent, and standardized rules.</p>	Legislative Committee / Page 18 of 25

California Primary Care Association - Policy Platform 2018

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

Objective	ACTION - IMPLEMENTATION		
	Legislative	Administrative	Educational
<u>Building Healthy Communities</u>			
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.	<ul style="list-style-type: none"> - Continue to support legislative solutions to address healthy communities (for example, Sugar Sweetened Beverage Tax, Housing, Medi-Cal rates for electric breast pumps). - Support critical partners in the social safety net like WIC, CalFresh 		<ul style="list-style-type: none"> - Help spread use of a tool to capture SDOH

Date: September 19, 2017

To: Legislative Committee

From: Andrea Chavez, Senior Program Coordinator of Public Affairs

Re: External Communication Priorities

MEMORANDUM

Recommendation for Proactive External Communications Strategy

Over the past year, CaliforniaHealth+ Advocates has strived to have a more robust external communication strategy. We have created timelines and processes to ensure the health center perspective is a part of all major health policy debates taking place. We have externally communicated to the media and stakeholders on a variety of different issues including: ACA repeal, workforce, Planned Parenthood, immigration, and protecting Medicaid. While all of the issues are central to CPCA's legislative and policy priorities, we have primarily been reactive to the policy debates of the day and the issues have not been framed around a common theme, thus diluting the potential for our external communications efforts to be a tool that advances our policy objectives.

To deliver greater impact on key priorities, and to build and deepen CaliforniaHealth+ Advocates brand recognition, staff recommend for 2018 that we focus external communications to a core message and a few select policy objectives. Working deliberately with the consortia and health centers, Advocates' will have a yearlong plan that proactively engages media and stakeholders.

The recommended approach has the advantages of resonance (one unified health center voice), brand recognition (clarity and trust), and impact (policy victories). The consequence, however, is that Advocates will not engage in every issue. We must first have brand recognition and trust before we can begin to weigh in on any and all issues related to health.

2018 Recommended Policy Priorities

Staff has created a core message framework for Advocates:

Overarching Message

CaliforniaHealth+ Advocates aims to advance policies that ensure all Californians, regardless of race, gender, sexual orientation, or immigration status have affordable health care coverage, and access to comprehensive and culturally-appropriate services so that health and prosperity can be realized by all.

The three themes in the core message are Coverage/ Access/ Social Justice

Staff recommends focusing external communications on the following three policy priorities that members identified as high priority during the policy prioritization process as viewed through the core message lens:

- Access: Workforce
- Coverage: Protecting Medicaid

- Social Justice: Immigration – health for all

All three issues meet one, or all, of the below factors that constitute “newsworthiness,” some of course better than others:

- **Timely:** The issue is current and relevant.
- **Significant:** The number of people affected.
- **Local Impact (Proximity):** local significance and resonance.
- **Prominent:** High profile issues or well-known players receive more coverage.
- **Human Interest:** Pulls at the heart.

Issue Analysis : Newsworthy					
Issue	Timely	Significant	Local Impact	Prominent	Human Interest
Coverage: Protecting Medicaid	Currently under attack by President and GOP	If ACA is repealed, millions of people will lose coverage	Impacts local economies and California as a state	President Trump & well-known GOP representatives are prominent voices in these discussions	There are people with stories of how Medicaid has helped them or how repealing ACA would impact them
Access: Workforce	There is a real and documented health workforce shortfall	California is short thousands of primary care providers	Impacts towns/cities throughout CA		Find stories about how a workforce shortage is impacting peoples’ ability to access care
Social Justice: Immigration (Example: DACA)	Currently under attack by President and Administration	Impacts nearly 800,000 young people across the nation	California is home to nearly 223,000 DACA recipients - the highest in the nation.	President Trump and his Administration are prominent voices in these discussions	Dreamers have come forward with personal stories about how scared they are about being deported to a country they’ve never known

Media Relations Components

Advocates would like to work with members and consortia to proactively engage media and stakeholders on these three priority policy issues, to help establish health centers as a prominent voice and as an expert resource for media. The following strategies are recommended:

1. Earned Media

- **Editorial Board Meetings:** Schedule editorial board meetings with targeted publications to discuss policy priorities. These meetings will include representatives from Advocates, as well as selected members in the region.

- **Develop & Place Op-eds/LTEs:** Identify and place Letter-to-the-Editors (LTE) on behalf of members or op-eds on behalf of Advocates' CEO in key regional and local media (i.e. The Sacramento Bee, San Francisco Chronicle). Op-eds give us the opportunity to provide a more in-depth point of view on subjects and LTE's help give the community health clinics a voice in their region.
- **Develop WTAS:** Develop "What they are saying" documents twice a month to send to reporters and legislators. Sending WTAS helps highlight the opinion of health leaders who support Advocates' mission, including health center leaders.
- **Develop ICYMI:** Format "In Case You Missed It" for all relevant news hits to send to target media list and legislators, subsequently helping to keep health centers at the top of mind.
- **Develop Health Center Contact List:** This will be a master spreadsheet that has contact name numbers for health center leaders throughout the state that have already agreed to speak to reporters on each of these issues. This will help Advocates' facilitate last-minute media requests, ensuring we take advantage of all media opportunities.
- **Media Training:** Hire a firm to conduct a media training for media key to help them successfully convey key messages
- **Statements/Press releases:** Develop statements or press releases to send statewide.
- **Reporter Outreach:** Continue to follow up with reporters who expressed interest to provide additional information and determine coverage opportunities.
- **Media Monitoring:** Monitor media and personally follow up with reporters writing about relevant topics letting them know that Carmela is available for future interviews.

2. Proactive Digital/Social Media

- **Social Media Content Calendars:** Develop social media content that further communicates key messages and objectives and advocacy priorities.
- **Paid Digital:** Recommend only utilizing paid digital for high profile campaigns on hot button topics.
- **Develop Infographics & Videos:** Utilize infographics and videos to tell the California Community Health Center Story as it relates to each of the issues.

Sample: 2018 First Quarter Timeline*	
Month	Activities
January (Preparation)	<ul style="list-style-type: none"> • Develop Editorial Calendar • Schedule editorial board meetings with target publications & with members for February & March • Develop materials for editorial board meetings on priority issues • Develop Health Center Media Contact List • Hold media training for media contacts • Develop social calendars, infographics and videos
February (Execution)	<ul style="list-style-type: none"> • Attend editorial board meetings • Identify pitch opportunities for priority communications • Reporter outreach • Develop WTAS and ICYMI following media hits and send to target

	reporters and legislators <ul style="list-style-type: none"> • Develop and place at least one op-ed per issue • Media monitoring • Execute social calendars
March (Execution)	<ul style="list-style-type: none"> • Attend editorial board meetings • Identify pitch opportunities for priority communications • Reporter outreach • Develop WTAS and ICYMI following media hits and send to target reporters and legislators • Develop and place at least one op-ed per issue • Media monitoring • Execute social calendars

**The execution will largely depend on the media cycle and unexpected events that happen at the Federal and State level. While our messaging will be the same, Advocates' will closely monitor media coverage to find opportunities to capitalize on media trends.*

###

Date: September 27, 2017
To: Legislative Committee
From: Janalynn Castillo, Advocacy Coordinator
Re: Grassroots Advocacy

MEMORANDUM

I. Background

Insights from 3rd Quarter Advocacy: July - September 2017

Last November, we knew that the effort to repeal and replace the Affordable Care Act (ACA) was a top priority for President Trump and the GOP. Eleven months later, we continue to fight for access and coverage for our patients. In this quarter alone, we activated our grassroots network to fight three ACA repeal legislation attacks. But we didn't stop there. Even with all of these threats, our collective advocacy preserved California's \$100 million for primary care workforce and successfully pushed CPCA's sponsored state legislation through the legislative process. This quarter, members asked CaliforniaHealth+ Advocates (Advocates) to provide more CA-specific messaging and advocacy activities, and we listened by launching a #ProtectMedicaid advocacy tool kit for ACA repeal attacks and innovative National Health Center Week (NHCW) engagement activities such as, a statewide health center photo contest and a two-week NHCW health center recognition banner displayed at the entrance of the Governor's office. ACA repeal efforts will continue, Medicaid attacks will arise in new ways, and we are no closer to fixing the health center funding cliff. Work will need to continue into the fourth quarter -we must continue to fight back.

Our member's strength and commitment to enact an advocacy infrastructure at all levels of the organization is more important than ever. CPCA's state legislative agenda and federal advocacy will only be successful through our continued partnership with the RAC, CPG and all of you. This is an opportunity for membership to revisit and identify areas of improvement to CPCA's advocacy infrastructure.

Please review the opportunities listed below and commit to at least one by signing our advocacy pledge card by October 18. Your participation is needed to help strengthen our unified advocacy infrastructure and presence throughout the state. In January, Advocates will report on what opportunities worked well and areas we can revisit in the fourth quarter.

II. Advocacy Opportunities

Opt-in Advocacy: 10k Campaign

At CPCA's Annual Conference in October, Advocates will launch a 10k in 100 days campaign to increase the current statewide grassroots network count from 8,500 to 10,000 by the end of January. With recent feedback from a member-wide advocacy survey, we created an online California-specific action center for people to sign up and become a health center advocate. Our goal is 1,500 new sign-

ups in 100 days. In September, we launched a mini version of the 10k campaign and 200 new advocates opted in to participate in local, state, and federal advocacy campaigns within a 7 day period. Imagine the impact to our statewide grassroots network with a 100 day sign-up period! Please join the 10k Campaign webinar in mid-October for member participation details and resources to continue the growth and effectiveness of the advocacy network as a whole.

State Advocacy: Letters of Support for the 2018 Legislative Cycle

CPCA's sponsored legislation successfully made it to the Governor's desk for signature. We would like to thank you for your engagement and response to submit letters of support (LOS). CPCA's advocacy approach for the final stage included outreach to all members and targeted outreach to partner organizations. LOS continue to be an effective tool in our advocacy because they establish an official record and show our statewide strength. It is important to recognize that LOS must be updated as the bills move through the legislative process. In the third quarter, the return rate on LOS declined during the legislative process and up until the Governor's desk. As we prepare for the 2018 legislative cycle, we would like your help to identify ways to maintain a high rate of LOS during the legislative process. Please provide your feedback to jana@healthplusadvocates.org.

Public Affairs Peer Network

CPCA's Public Affairs Peer Network (PAPN), which convenes a monthly call, provides a forum for health center and consortia staff who engage in public affairs work (government, community, media, advocacy, etc.) to share best practices and learn from one another. Going forward, it is the intent of the PAPN to continue dialogue on ways to strengthen advocacy and in turn provide feedback to Advocates' staff on how to best support health centers in state and federal legislative engagement. If you would like to be included in future PAPN calls, please contact Kelley Aldrich at kaldrich@cpca.org

NACHC - Advocacy Centers of Excellence (ACE)

An Advocacy Center of Excellence, or ACE, is a Health Center that has achieved certain measures of advocacy success and demonstrated ongoing commitment to advocacy by making it an organizational priority. ACEs are actively engaged and involved with NACHC and federal policy issues, as well as their state Primary Care Association. Today there are three California health centers currently participating in ACE. With the influx of federal policy issues, Advocates will host a call in mid-November to revisit California's ACE participation and interest amongst members.

III. Discussion

- What else can we be doing to support your organization's advocacy infrastructure?
- How can we help increase your social media and/or online presence?