

CaliforniaHealth+ Advocates Sponsored Legislation

March 28, 2018



AB 2428 by Assemblymember Lorena Gonzalez Fletcher

Consolidated Licensing

This bill would build upon the prior legislation from 2016 (AB 2053, Gonzalez Fletcher) to ensure that the consolidated license process is being utilized by health centers in the most effective way. More specifically, AB 2428 amends the Welfare and Institutions code to allow for a health center that chooses to utilize the consolidated license process to have the option to share all administrative functions of the licensed facility, including Medi-Cal enrollment and PPS rate. Additionally, this bill works to ensure that all health centers have the ability to employ the consolidated license process, regardless of any previous consolidated-license arrangement the health center had prior to the passage of AB 2053.

AB 2576 by Assemblymember Cecilia Aguiar-Curry

Declared Emergencies

In partnership with Redwood Community Health Coalition (RCHC), Advocates is co-sponsoring AB 2576, which is comprehensive legislation that builds on the lessons learned from the 2017 fire season. AB 2576 is critical to ensure that communities continue to receive timely access to care when disaster strikes. In particular, this bill aims to address payment for services during declared emergencies, including telephonic visits, telehealth visits, and payment for care provided at alternative locations. This bill also addresses the need for timely pharmacy access by allowing for health centers to create temporary pharmacy sites.

SB 1125 by Senator Toni Atkins

Same Day Billing

The integration of mental health and SUD services into comprehensive primary care settings, like FQHCs and RHCs, makes services more accessible, improves coordination of care, and supports a “whole person care” approach to serving Medi-Cal beneficiaries, Advocates is excited to be partnering with the Steinberg Institute to advance same day billing legislation. SB 1125 will allow community health centers, Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC), to bill Medi-Cal for two visits if a patient is provided mental health services on the same day they receive other medical services. With a raging opioid epidemic, a greater appreciation for the intersection of primary care and mental health services, and the need to increase access to preventive and diagnostic mental health services, Advocates is excited to be working with the Steinburg Institute on this important effort.

SB 456 by Senator Richard Pan

Care Coordination

SB 456 will improve the health of California’s most vulnerable people by allowing Federally Qualified Health Centers (FQHC) to be reimbursed for services that promote care coordination and wellness in ways not covered by the Prospective Payment System, including services associated with innovative projects like the Whole Person Care pilots. Without this bill, FQHCs and Rural Health Centers (RHC) will be dis-incentivized and potentially prohibited from participating in innovative pilot and demonstration projects that are designed to improve health by addressing social determinants of health, continuity of care, and wellness.

*For more information, please contact CaliforniaHealth+ Advocates Deputy Director of Government Affairs,
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CaliforniaHealth+ Advocates Partner Legislation

March 27, 2018



SB 974 by Senator Ricardo Lara

Health4All

SB 974, the Health4All Act, removes an eligibility barrier to full-scope Medi-Cal for low-income undocumented adults. SB 974 builds on the gains California has made and takes the Golden State one step closer to universal coverage. Ensuring that everyone has access to health care, regardless of their immigration status, is a key part of any strategy to reach this goal. California is stronger when everyone has access to health care and we're all healthier when all are covered.

AB 2204 by Assemblymember Adam Gray

Intermittent Clinics

AB 2204 seeks to improve the ability of CCHCs to provide access to high-quality healthcare to California's safety-net population by increasing the hours of operation for intermittent clinics from 30 to 40 hours a week. Intermittent clinics have been effective tools in increasing services for hard to reach populations, and frequently have been used to provide care for homeless, rural and agricultural communities, and school-age children. Intermittent clinics have been undoubtedly effective, however there remains a need for continued growth to serve the needs of these vulnerable populations.

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