

# Assembly Bill 2576: Declared Emergency Assemblywoman Cecilia Aguiar-Curry

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## OVERVIEW

Today, roughly 1,300 community health centers (CHCs) in California provide high-quality comprehensive care to 6.5 million people – that’s 1 in 6 Californians. For decades, community health centers have provided care to everyone, regardless of their ability to pay, their immigration status, or their individual circumstances. Community health centers provide the full spectrum of care, from primary care to dental to behavioral health care and a variety of enabling and wraparound services.

## 2017 FIRE EXPERIENCE AND IMPACT

The 2017 fire season was one of the worst in history and took a devastating toll on impacted communities, including community health centers. Over a three month period in late 2017, nearly two dozen health center corporations, serving a 10 county region, were impacted by fires. In addition to first responders and government officials who have worked together to coordinate relief efforts for fire-affected areas, community health centers have been on the front line, treating non-emergency patients, providing resources to victims of the fires, and serving communities as they rebuild.

## THE PROBLEM

We must learn from 2017 to make sure health centers are better prepared to continue delivering care during and after a declared emergency. Where and when it was safe to operate, health center staff rushed to provide primary care anyway they could – providers and staff went to shelters and got on the phones. They did this without the assurance that they would be able to seek reimbursement for these services. When their physical facilities were destroyed, they needed to quickly relocate their pharmacy resources, but were met with a permit process that took too long. These lessons learned come from the critical coordination between local health centers and the California Departments of Health Care Services and California Department of Public Health. As The Departments responded to the urgent needs, working with health centers to prioritize their requests by providing invaluable flexibility in getting health centers the assurances they need to resume and continue seeing patients throughout the affected area, we could see a clear policy path that still needed to be

carved. We need clarity in the law to guarantee that future leaders know exactly what to do to mitigate the unique care challenges a disaster may present.

## THE SOLUTION

AB 2576 is critical to ensure that communities continue to receive timely access to care when disaster strikes. This comprehensive bill aims to address the following challenges during a declared emergency:

- **TELEPHONIC VISITS:** This bill will clarify state law to ensure that providers can have telephonic appointments (“visits”) with patients. During an emergency, this is the most efficient way to provide care.
- **CARE AT SHELTERS:** While many health centers already have cooperative agreements with their county and local partners to provide services in shelters, greater clarity is needed to guarantee health centers can bill for these services.
- **CARE AT HOME:** Those with access and functional needs are hit especially hard during disasters. While health centers may use telephonic visits to care for these patients, the ability to provide, and be reimbursed for, home visits would create the necessary flexibility to keep patients healthy at home and avoid unnecessary strain on emergency services.
- **PHARMACY SERVICES:** A health center that has been destroyed or impacted cannot operate their pharmacy and dispense medication to patients. An accelerated Board of Pharmacy permitting process is needed for health centers to create temporary pharmacy sites.

## SPONSOR

CaliforniaHealth+ Advocates  
Redwood Community Health Coalition

## FOR MORE INFORMATION

Christy Bouma/Meagan Subers: (916) 227-2666  
Beth Malinowski: (916) 503-9112