



## Legislative Committee On-line Meeting

Tuesday – January 15, 2019

1:00 pm - 2:30 pm

Paulo Soares, Chair

Click on the link below to register & join the meeting

<https://attendee.gototraining.com/r/3078425144993430529>

## Agenda

ORDER OF BUSINESS	RELEVANT ATTACHMENTS	REPORTING	ACTION A = Approval D = Discussion I = Information
I. Call to Order		Paulo Soares	A
II. Approval of Agenda	<ul style="list-style-type: none"> <li>Executive Summary</li> </ul>	Paulo Soares	A
III. Approval of Minutes	<ul style="list-style-type: none"> <li>October 2018 Minutes</li> </ul>	Paulo Soares	A
IV. Year in Review	<ul style="list-style-type: none"> <li>2018 Year in Review</li> </ul>		I
V. Federal Politics, Legislation & Advocacy	<p><i>Verbal Update –</i> Political Landscape in DC</p>	Burt Margolin & Angie Melton	D
VI. State Politics, Legislation & Advocacy	<p><i>Verbal Update –</i> State Political Landscape &amp; 2018 Election Update</p> <ul style="list-style-type: none"> <li>CPCA Legislative Concepts Update</li> <li>New Workforce Budget Concept Update</li> <li>SSB Dynamics Memo</li> <li>Care4All Coalition Memo</li> <li>CPCA Bills of Interest with Staff Recommended Positions</li> <li>Governor’s State Budget -<i>Handout</i></li> </ul>	<p>Christy Bouma &amp; Meagan Subers</p> <p>Andie Patterson Christina Hicks</p> <p>Victor Christy Andie Patterson Victor Christy</p> <p>Andie Patterson</p>	<p>D</p> <p>D D D A A D</p>
VII. NACHCs Policy & Issues Forum	<ul style="list-style-type: none"> <li>P&amp;I 2019</li> </ul>	Angie Melton	D
VIII. Communications and Advocacy	<ul style="list-style-type: none"> <li>Communications Update</li> <li>Advocacy Update</li> </ul>	Andrea Chavez Jana Castillo	I I
IX. Adjourn		Paulo Soares	A

Date: January 2019

To: Legislative Committee

Federal Politics, Legislation & Advocacy – *Verbal Update*

State Politics, Legislation & Advocacy

- State Political Landscape & 2018 Elections – *Verbal Update*
- CPCA Legislative Concepts Update
  - CPCA staff spent the fall researching a number of potential legislative ideas discussed at the October board meeting.
  - Five bill ideas and two budget concepts have emerged as top priorities for 2019.
  - Legislation:
    - 340B Duplicate Discount Solution (Top Priority: 340B)
    - Declared Emergency – Building on Framework
    - Dental Services and Oral Health Prevention in Schools
    - Provisional License (or Temporary Intermittent) for Licensed Facility (Top Priority: Licensing/OSHPD3)
    - Same Day Billing (Top Priority: Behavioral Health Integration)
  - Budget:
    - NEW: Primary Care Workforce Incentive Fund (Top Priority: Workforce)
    - Primary Care Residency Funding Continuation (Top Priority: Workforce)
- New Workforce Budget Concept
  - Advocates, with CPCA direction, is pursuing a new \$50 million workforce ask that is focused on incentivizing primary care professions in underserved communities.
  - This budget ask would establish a new statewide fund that would grant resources specific for novel, local workforce incentive pilots (examples of pilots being explored include providing salary supplements, addressing housing challenges, provider burnout solutions, etc.) that would help health centers recruit and retain providers and other critical care team members.
  - CPCA is looking for member input to guide proposal development.
- SSB Bill Dynamics
  - CPCA has been engaged in three different efforts to address the statewide effort to impose a statewide tax on sugar sweetened beverages. They include engaging with CMA/CDA on a ballot initiative, legislation by Assemblymember Richard Bloom and legislation with SEIU. These conversations are ongoing and CPCA will maintain communication with all entities interested in the statewide tax.

- **Care4all Coalition Memo**
  - Care4All California is a coalition of consumer, community, labor, progressive, and health care organizations working to advance the goal of quality affordable health care for all Californians.
  - CPCA staff recommends that the CPCA board direct CaliforniaHealth+ Advocates sign onto the Care4All Coalition in 2019.
  - In joining the Care4All California coalition we are signing onto the larger concepts of coverage and access, but are not obligated to support the full package.

#### **CPCA Bills of Interest**

- A number of bills were introduced in early December, and a few CPCA staff propose positions of support.

#### **Governor's State Budget - *Handout***

- The Governor is set to release the budget the second week of January.
- CPCA staff will provide an overview of the budget, threats and opportunities.

#### **NACHC's Policy & Issues Forum 2019**

- March 27 – 30 / Committee Meetings March 30 & 31
- Attend this year to help Congress understand the importance of providing funds for health centers.
- Come with hard numbers and examples of how a 50-70% cut in grants would impact your health center.

#### **Communications and Advocacy Updates**

- The California Primary Care Association (CPCA) and CaliforniaHealth+ Advocates (Advocates) will develop communications strategies, and the accompanying materials, to aid in the upcoming legislative session and to address arising issues at both the state and federal level that impact community health centers and the patients they serve.
- This quarter, CPCA's advocacy affiliate California Health+ Advocates partnered alongside the Regional Associations of California to engage health centers in coordinated voter engagement campaigns.
- With the start of the Newsom administration, as well as newly elected members of the state assembly and senate, there are many opportunities to advance the mission of community health centers.
- With funding up in September 2019, NACHC, and Advocates, will need to advocate for new Health Center funding, as well as new funding for key workforce programs.

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

October 2, 2018

2:00 – 3:30 PM

**Members:**                   **Kevin Mattson, Chair** – Robin Affrime, Antonio Alatorre, Doreen Bradshaw, Isabel Becerra, Deb Farmer, Ben Flores, Cathy Frey, Naomi Fuchs, Alvaro Fuentes, Greg Garrett, Franklin Gonzalez, Britta Guerrero, Nik Gupta, Virginia Hedrick, Sherry Hirota, Kerry Hydash, Deena Lahn, Karen Lauterbach, David Lavine, Becky Lee, Deborah Lerner, Marty Lynch, Jyl Marden, Alicia Mardini Sabra Matovsky, Louise McCarthy, Nichole Mosqueda, Anitha Mullangi, Danielle Myers, Rakesh Patel, Joanne Preece, John Price, Tim Pusateri, Tim Rine, Gary Rotto, Esen Sainz, Andrea San Miguel, Laura Sheckler, Susie Shupe, Paulo Soares, Brenda Storey, Deanna Stover, Terri Stratton, Mary Szecsey, Teresa Tillman, Vernita Todd, Chad Vargas, Christina Velasco, David B. Vliet, Paula Zandi, Dave Jones, Ellen Piernot, Yamilet Valladolid, Ana Valdes, Christine Noguera, Ryan Yamamoto

**Guests:**                   Angie Melton, Burt Margolin

**Staff:**                    Carmela Castellano-Garcia, Beth Malinowski, Kelley Aldrich, Victor Christy, Andie Patterson, Michael Helmick, Liz Oseguera, Andrea Chavez, Ginger Smith, Mike Witte, Bao Xiong, Amanda Willard, Lindsey Ono

**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 on July 12 and August 30, 2018. **The motion carried.**

**Federal Politics, Legislation & Advocacy**

Burt Margolin gave members an overview of the current Federal landscape, which included election implications and possible scenarios if control of the either or both Housed should change.

Angie Melton followed up with an update of Federal issues including:

- Health Center Funding – budget caps could come into play in next year
- Immigration Fight over DACA
- Omnibus Bill – ACA stabilization legislation fell apart, there’s a lot going on but nothing has been finalized
- Title X Fight – lots of uncertainty
- 340B – hearings, legislation and talk about additional oversight

## State Politics, Legislation & Advocacy

Burt Margolin gave members an overview of State landscape and his thoughts on the up-coming election including the following:

- 2/3 Majority if Democrats retain the House, could be an issue
- Governor's Race – Newsom should not be beaten,
  - First Governor in 40 to 50 year to prioritize health policy
  - He'll be willing to spend money, but may not be on what we want
  - Will be facing a hostile Trump administration
  - He's likes the "big picture" concept
  - CPCA should be strategizing on top priorities (ASKS) for the new administration
    - We need to present good ideas and clear asks
    - Four Walls, Same Day
    - Influence appointments
    - State programs – Medicaid, SNAP, WIC

Beth Malinowski gave members a summary the 2018 legislative cycle highlighting that all three of the associations sponsored bills made it to the Governor's desk and two bills, AB 2576 (Aguiar-Curry) Declared Emergency and AB 2428 (Gonzalez Fletcher) Consolidated Licensing were signed by the Governor. Beth also noted key partner legislation signed into law – AB 2204 (Gray) Intermittent Clinics and SB 1004 (Wiener) MHSA.

Additionally Beth discuss the package of bills that cement our State's commitment to pushing back on aggressive Federal action that could alter and/or trim coverage and access in California. Of particular note, the Governor signed the following pieces of legislation that protect the ACA gains and improve access. SB 910 and SB 1375 (Hernandez) – Health Insurance, SB 1108 (Hernandez) – Medi-Cal Work Requirements, SB 2472 (Wood) – Medi-Cal Conditions of Eligibility and Coverage, AB 2499 (Arambula) – Health Care Coverage Medical Loss Ratios.

## Policy Priorities

Andie Patterson reviewed her memo on the policy prioritization process, noting that the process illuminated current priorities for health centers with enumeration of the top priorities listed. And, with the new 2019 Policy Platform as a guide, CPCA staff recommended a variety of legislative concepts to be prioritized with electeds this fall for sponsorship and action when the new legislative session begins and the next congress convenes. Additionally CPCA staff took this opportunity to identify top priorities to consider for the incoming governor and his administration. After member discussion and input the following motions were made:

### **#1 - Policy Priorities Platform**

**Motion Summary:** A motion was made and seconded to adopt CPCA's 2019 Policy Prioritization Platform as presented by staff.  
(D. Farmer/L. McCarthy) The motion carried.

## **#2 - CPCA Legislative Concepts for 2019**

**Motion Summary:** A motion was made and seconded to adopt CPCA's 2019 Legislative Concepts as presented by staff, with the addition of a state legislative concept on interest rate flexibility for community health centers.  
(L. McCarthy/D. Bradshaw) The motion carried.

## **#3 - CPCA's Top Priorities for the New Administration**

**Motion Summary:** A motion was made and seconded to advance the following priorities with the Governor's administration in 2019:

1. Remove community health center barriers.
2. Promote community health center innovation.
3. Guarantee access to care.

(J. Price/N. Fuchs) The motion carried.

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

**Advocacy and Communications Updates** – *Information only*

## **Adjourn**

The meeting was adjourned at 3: 34 PM.

Submitted by Kelley Aldrich

Date: January 2, 2019

To: Legislative Committee

### **2018: What we projected**

In 2018, to promote healthy people and healthy communities, CPCA committed to strengthening California's community clinics and health centers through the following priorities (1) Coverage and Access for All; (2) Delivery of Culturally Competent Whole Person Health Care, Preventive Care, and Support Services; and (3) Building Healthy Communities.

- **State Affairs**

- Like 2017, we anticipated the FY 18-19 proposed budget would likely bring new challenges to state support of health and human services programs our patients rely on. Advocates expected to put up a strong fight to continue the \$100 million primary care residency support.
- Sponsored bill SB 456 (Pan) introduced in 2017 was expected to move through the legislative process in 2018. With greater DHCS dialog, we were hopeful we would be able to move an amended SB 456 (Pan).
- Advocates also looked to introduce additional legislation to support behavioral health access (same day billing), primary care workforce (educational equity), and guarantee access to care during declared emergencies.
- Advocates, on CPCA's behalf, again aimed to work closely with immigrant partners to advance legislation to protect health center patients.
- With the 2018 elections on the horizon, Advocates committed to track ballot initiatives closely, including initiatives that could have financial impacts on the health care delivery system.

- **Federal Affairs**

- While we scrapped through 2017 without a full repeal of the Affordable Care Act, the individual mandate was repealed. Entering into 2018, we committed to stay alert and ready to act as more direct attacks threaten the ACA, Medicaid, and Medicare.
- Advocates, working with immigrant advocate partners, prepared for another year of federal attacks. We aimed to stand united with our diverse communities to support DACA recipients and the broader immigrant community.

- **Grassroots Advocacy**

- At the start of 2018, with health center funding still in a state of limbo, we anticipated federal advocacy efforts to remain a top priority.
- CaliforniaHealth+ Advocates invested in new digital advocacy platforms to increase our statewide grassroots network.
- With the November 2018 elections on the horizon, voter education and registration were also projected areas of great engagement.

- **Communications**

- CPCA and CaliforniaHealth+ Advocates (Advocates) have proactively and reactively developed communications strategies and the accompanying materials to address emerging issues at both the state and Federal level, including changes to public charge and Title X funding.
- This year's state work was heavily focused on the 2018-19 Budget, in particular saving the 340B Program, which the Governor proposed to eliminate in the May Revise. Advocates worked closely with coalition partners to host a press conference on May 23, followed by a 340B lobby day.
- CaliforniaHealth+ Advocates, working closely with coalition partners throughout the legislative session including the Steinberg Institute and the Redwood Community Health Coalition (RCHC), also executed a comprehensive communications plan supporting Advocates' sponsored legislation: Senate Bill 1125 (Atkins), Assembly Bill 2576 (Aguiar-Curry), Assembly Bill 2428 (Gonzalez Fletcher).

## **2018: What happened**

### **• State Affairs**

- In 2018, at CPCA's bequest, CaliforniaHealth+ Advocates sponsored and cosponsored, three bills – AB 2576 (Aguiar-Curry): Declared Emergencies, SB 1125 (Atkins): Same Day Billing and AB 2428 (Gonzalez Fletcher): Consolidated Licensing. AB 2576 (Aguiar-Curry) and AB 2428 (Gonzalez Fletcher) were signed into law by the Governor.
- Advocates also continued to move SB 456 (Pan) and, working with Senator Pan, was successful at getting written commitment from DHCS on reimbursement for services linked to a variety of care coordination programs.
- Additionally, Advocates tracked over 300 bills of interest, submitted letters of support on over 40 measures, and provided oral testimony on dozens of bills. Advocates prioritized engagement on AB 2204 (Gray): Intermittent Clinics (Signed) and AB 180 (Wood): Pay for Performance (Vetoed).
- The Budget Act of 2018, while failing to further expand adult coverage, does still reflect strong support for health centers. Of note, for a second year, we were successful in working with a coalition to preserve the 340B Drug Discount Program. The enacted budget also reaffirms the administration's commitment to primary care workforce by moving forward with the 2nd of 3 installments to increase funding to the Song-Brown Program that invests in primary care residency in underserved communities. The budget act appropriates \$31.3 million for the 18-19 portion of those funds.
- In regards to Propositions, Advocates voted to support Proposition 2, The "No Place Like Home Act of 2018" which appeared on the November General Election Ballot. This Proposition, which ultimately passed, would allow the state to use up to \$140 million per year of county mental health funds to repay up to \$2 billion in bonds. These bonds would fund housing for those with mental illness who are homeless.

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### **• Federal Affairs**

- Working in close partnership with the National Association of Community Health Centers (NACHC), we were successful at receiving Health Center Funding reauthorization. Funding was also reauthorized for National Health Service Corp, Teaching Health Center Graduate Medical Education (THCGME) program programs.



- The Trump Administration continued to use administrative actions, including promulgating rule changes, to disrupt longstanding policy. California, working in close coordination with NACHC and other state/national partners, took action to defend family planning services and the Title X program. Additionally, Advocates led PCAs across the country in mobilizing against the proposed changes to public charge.
- Advocates also continued to be seen as a leader on workforce and 340B, with members of California's congressional delegation seeking Advocates perspective on these important areas.
- **Grassroots Advocacy**
  - Advocacy was a central driving factor to the results of 2018. Health center advocates participated in 30 actions, from letter of support campaigns to social media and public comment campaign.
  - Our statewide advocacy supporter program continues to grow its advocacy base. Approximately 600 new individuals signed up to be health center advocates in 2018, bringing our statewide supporter database to 10,352 individuals.
  - We worked in close coordination with RAC/CPG in order to achieve active participation on state and legislative engagement from health centers.
  - During National Health Center Week, California health centers held over 120 events ranging from pop-up health centers, to employee recognition to voter registration drives and much more.
  - To increase voter engagement during an election year, 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.
  - In 2018, proposed rule changes to Census 2020, TitleX program, and Public Charge, prompted health center advocates to actively engage in public comment campaign to oppose changes aimed to increase barriers for vulnerable populations health centers serve.
- **Communications**
  - Drafted and placed opinion editorials for Advocates CEO and health center CEOs on priority policy issues.
  - Developed materials and coordinated state-wide media activities for National Health Center Week.
  - Advocates worked closely with coalition partners to host a press conference on May 23, followed by a 340B lobby day.
  - Created and implemented communications around priority issues, changes to Public Charge and Title X funding.
  - Advocates sent regular member communications with summaries on legislation, talking points and social media posts.
  - Advocates coordinated media interviews with CEO Carmela Castellano-Garcia and members.
  - Working with Imprenta Public Relations Firm and the RAC, 2018 saw the execution of a new state-wide campaign that educates the public on the value of community health centers.

## **2019: What we predict**

In October 2018, the 2019 CPCA Policy Priorities, which guide CPCA's legislative program, were approved. In 2019, similar to 2018, to promote healthy people and healthy communities, CPCA is committed to strengthening California's community clinics and health centers through the following priorities (1) Coverage and Access for All; (2) Delivery of Culturally Competent Whole Person Health Care, Preventive Care, and Support Services; and (3) Building Healthy Communities.

### **• State Affairs**

- 2019 marks the first year of a two year session, and the start of a new administration. These factors, combined with an evolving federal landscape, will make 2019 a unique year for our state affairs work.
- Consistent with these priorities, and bill concepts discussed in October 2019, Advocates will seek to tackle same-day billing in this new environment, introduce additional legislation to address new lessons from declared emergencies, improve licensing, and improve dental access and oral health prevention in schools.
- As we enter 2019, while we do not expect another 340B budget battle, depending on the direction of a currently drafted DHCS All Plan Letter (APL) takes, Advocates may need to introduce legislation on 340B with covered entities partners.
- The first budget of a new administration, Advocates will seek to use this budget to continue prior commitments – like Song-Brown funding – while bringing to the table new innovative funding requests to support California's health centers.
- Advocates, on CPCA's behalf, will again aim to work closely with immigrant partners to advance legislation to protect health center patients.
- With the 2018 elections in the rear view window, Advocates will be prioritizing relationship building with the Newsom administration, as well as newly elected members of the state assembly and senate.
- While 2020 may seem a long time off, Advocates will continue tracking ballot initiatives that are already planned for that election.
- Similarly, Advocates will continue to engage with the SSB Coalition, CMA, CDA, SEIU, and other interest parties on approaches to achieving a sugar-sweetened beverage tax.

### **• Federal Affairs**

- The impacts of the short-term funding approach of the prior congress will be felt. With funding up in September 2019, NACHC, and Advocates, will need to advocate for new Health Center funding, as well as new funding for key workforce programs. With the democratic takeover of the House, there is hope that longer term funding security can be achieved.
- 2019 will again be uncharted territory as we see how the new congress engages with the Trump Administration, and vice versa.
- We should expect that the Administration will continue to use administrative actions to move levers of change without engaging Congress. This could again be seen in attacks on immigration and family planning policy. Building on the coalitions we engaged with in 2018, we are well prepared to continue to support our diverse communities through these attacks.
- Advocates should also prepare for congressional dialog on 340B to continue. We are hopeful that this dialog will shift to be friendlier towards the covered entity community.

### **• Grassroots Advocacy**

- As we launch into 2019, our state and federal agenda will only be successful through our continued partnership with RAC, CPG, health centers, and external partners.
- With the start of a new state administration, there are many opportunities to advance the mission of community health centers. Beginning in January, CaliforniaHealth+ Advocates will provide materials to assist members with developing relationships with newly elected officials.
- State advocacy will be a top priority to move our sponsored legislation through the 2019 legislative cycle.
- Federal advocacy will also be a top priority in order to increase attention around the September 30, 2019 deadline to extend funding to the Community Health Center Fund, National Health Service Corps (NHSC), and Teaching Health Centers Graduate Medical Education (THCGME). Beginning in January and leading up to September, it is imperative membership answers advocacy calls to action from Advocates' and NACHC.
- **Communications**
  - Staff will prepare for the upcoming legislative session by developing materials including talking points, fact sheets and updates on legislative priorities.
  - The second half of the year, the Health Center funding cliff will once again be a top priority for health centers in California – and around the nation. Advocates will focus media relations on telling the health center story and the importance of Federal funding.
  - Additionally, staff recommends focusing external communications on policy priorities that members identified as high priority during the policy prioritization process and will continue to work to identify media opportunities aligning with these areas.

**Date:** December 26, 2018  
**To:** Legislative Committee  
**From:** Andie Patterson, Director of Government Affairs  
**Re:** 2019 Legislative Concepts Update

MEMORANDUM

## I. Overview

With the 2019 Public Policy Platform as a framework, in October 2018, CPCA staff received approval to work with CaliforniaHealth+ Advocates on exploring a variety of bill and budget concepts for the 2019-2020 state legislative session. Approval was also received on priority federal advocacy items to pursue with the 116<sup>th</sup> Congress. The below memo reflects staff updates on the state legislative efforts solely, including which concepts are best positioned for bill introduction. Notes are also made regarding concepts brought forward by staff, members, and/or partners since October.

## II. Summary of Staff Forecasting on Bill Introductions

Over the past three months, staff teamlets worked with capitol strategists on intensive research on over a dozen topics. A combination of internal member engagement, external stakeholder engagement, legal counsel review, and initial capitol conversations were pursued, as appropriate, for each concept. With this research as a backdrop, staff currently forecast that the following bill concepts are best positioned for 2019 introduction:

1. **340B Duplicate Discount Solution** (*Top Priority: 340B*)
2. **Declared Emergency – Building on Framework**
3. **Dental Services and Oral Health Prevention in Schools**
4. **Provisional License (or Temporary Intermittent) for Licensed Facility** (*Top Priority: Licensing/OSHDP3*)
5. **Same Day Billing** (*Top Priority: Behavioral health integration*)

While, at time of writing, these are the bills believed to be best positioned for introduction, staff continue to dialog with the capitol community and other partners on these and other matters. We cannot guarantee authorship of all of these concepts at this time.

## III. Summary of Staff Forecasting on Budget Proposals

Similar to our approach on the bill concepts, staff have also been working diligently on understanding the budget landscape for 2019. With the January budget is likely to better reflect the outgoing administration than the incoming one, we believe the February through April window will be critical for advancing Advocates budget proposal through the budget subcommittee process with the intent of influencing Governor Newsom's May Revise, a budget document that will better reflect his initial

priorities and fiscal approach. Staff currently forecast that the following budget concepts will be our priority items:

1. ***NEW: Primary Care Workforce Incentive Fund (Top Priority: Workforce)***
2. ***Primary Care Residency Funding Continuation (Top Priority: Workforce)***

In the paragraphs below we further detail the research and updates on the above mentioned state legislative concepts as well as concepts not being recommended for bill introduction and/or budget prioritization.

#### **IV. Concepts Forecasted for Bill Introduction**

##### **1. 340B Duplicate Discount Solution**

- Public Policy Platform Priority: 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.*
- Internal Content/Staff Lead: Liz/Andie
- Concept to Date: In November, DHCS released a draft All Plan Letter 18-XXX and draft 340B Provider Bulletin. As outlined in the Government Programs Committee 340B memo, in December, a coalition of covered entity associations and health plans provided feedback to DHCS, including an outline of concerns and clarifications. It appears that the structure we have long advocated for is going to be allowed by the state (where plans are required to help covered entities supply the necessary data to the state) however what is not clear is how the plans will comply. We know that covered entities need sufficient time to appropriately code claims and per the current APL a plan could deny this opportunity to covered entities. There is also nothing in the APL limiting what a plan could charge a covered entity to comply with the APL. If we are to introduce legislation it would likely be to require plans to afford covered entities sufficient time to code the claims appropriately and to require plans charge no more than covering their cost to comply to ensure the 340B savings stay with the covered entities.
- Political Awareness: California Health+ Advocates, hospitals and plans, continue to update key legislative staff on this developing issue to be best prepared for legislative engagement. 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. 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)

##### **2. Declared Emergency – Building on Framework**

- Internal Content/Staff Lead: Bao/Amanda
- 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. New legislation could also serve as an opportunity to make additional adjustments based on the Camp Fire, Carr Fire, and Mendocino Complex Fire experiences. In November and December, conversations were held with the Emergency Preparedness Peer Network as well as health center leaders impacted by the above mentioned fires. We uncovered that additional concerns exist relating to definition disaster beyond those declared, cash flow in the immediate aftermath and need for emergency cash grants, expedited mobile clinic licensing, state liaisons for health entities, business interruption insurances, and special population needs. Research will continue into 2019 on concepts raised by members.

- Political Awareness: As the language we would be seeking to introduce will, at a minimum, include 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

### 3. Dental Services and Oral Health Prevention in Schools

- Internal Content/Staff Lead: Andie/Ginger
- Concept to Date: As outlined in the 330 Committee SPA update memo, SPA negotiations concluded with resolution on many issues. However an issue we did not positively resolve was dental and oral health preventative services provided to children in schools that are not designated as an intermittent health center site. To create greater access and stability in services that students deserve, with legislation we aim to ensure that health centers can bill Medi-Cal at their PPS rate for any Medi-Cal beneficiary that receives care by health center billable staff at a school site, regardless of intermittent status or the child being assigned to the health center.
- Political Awareness: For many months, Advocates has been updating key capitol staff on the SPA process. At least two Assembly offices have expressed strong interest in supporting health centers on this issue, and we are hopeful one will step forward to author. During the SPA negotiations, DHCS provided clear feedback that they disagree with the health center perspective on this issue. For this reason, it is likely that the department, if under the current leadership, will oppose.
- Most Effective Strategy: Coalition of health center and allies (School Based Health Alliance, and other educational/student/children advocates)

### 4. Provisional (or Temporary Intermittent) License for Licensed Facilities

- Public Policy Platform Priority: *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.*
- Internal Content/Staff Lead: Michael/Emily S.
- Concept to Date: Recognizing the ongoing licensing processing challenges facing health centers, we aim to advance legislation that will create operational security while licenses, or

licensing changes, are being processed. CPCA staff have explored the concept of creating a “provisional” licensing process to help address delays in processing licensing applications as well as a concept related to removing barriers for clinics to use intermittent sites as a stepping stone to full licensure. Both concepts were presented to the Licensing & OSHPD 3 Workgroup on 12/19 and the LOWG instructed staff to move forward with focusing on the second concept, related to intermittent sites. The goal of this bill will be to remove barriers that make it challenging to first establish a clinic as an intermittent site in the case that a full licensure application will be submitted. Staff are looking to address and potentially remove requirements related to intermittent sites needing to separately enroll in FPACT as well as the required notice to the Centralized Applications Branch (CAB) that has begun to affect Medicare enrollment and other important steps in establishing a new site. Bill language to this effect is currently being drafted.

- Political Awareness: A related bill concept (AB 2798), sponsored by CHA and solely addressing hospitals, was signed by Governor Brown. While the incoming administration is untested in this policy arena, the recent track record of AB 2798 as well as health center-related licensure can be used to make the case to the new administration that licensure is an important area of policy where incremental progress must be made.
- Most Effective Strategy: Dependent on bill approach, this bill may benefit from a coalition of health centers and allies (CHA)

## 5. Same Day Billing

- Internal Content/Staff Lead: Liz
- Concept to Date: In October, staff shared that in 2019 this item may be pursued through the budget process. Since that time, dialog with the Steinberg Institute (SB 1125 cosponsors) and Senator Pro Temp Atkins (SB 1125 author) have commenced. The Senator expressed a strong desire to reintroduce same day billing rather than move the item through the budget process. We look forward to working with our SB 1125 partners again.
- Political Awareness: In the initial meeting with the incoming Administration, CaliforniaHealth+ Advocates raised this item as a top priority and a priority that is well aligned with Governor Newsom’s focus on behavioral health. Administration representative did not make any initial policy commitments, but asked important questions regarding the Department of Finance’s (DOF) position that we will need to be prepared to respond to as a new bill moves through the legislative process. With historical opposition from DHCS and DOF, we must still aim to influence how the incoming Governor responds to these positions.
- Most Effective Strategy: Coalition of health centers and behavioral health allies (including Steinberg Institute, and possibly the California Association of Public Hospitals, and the Local Health Plans of California).

## V. Concepts Forecasted for Budget Proposals

### 1. Primary Care Workforce Incentive Fund

- Public Policy Platform Priority: *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*

- Internal Content/Staff Lead: Christina
- Concept to Date: In the initial meeting with the incoming Administration, CaliforniaHealth+ Advocates raised workforce as a core priority for health centers and made clear the critical linkage between workforce and Governor Newsom's coverage and access priority. Initial groundwork was laid for future dialog on the need for a new \$50 million statewide fund to support primary care workforce recruitment and retention to health centers. We argued that to counter the shortage of primary care providers in health centers, and incentivize those providing care to stay, a new statewide fund must be established for grants to support novel, local incentive pilots that range from providing salary supplements to addressing housing needs and to mitigate provider burnout. This fund concept, outlined in greater detail in the Workforce Committee packet, will be discussed with Workforce Committee to determine how best to move from initial concept to full budget proposal. While details are determined, staff and lobbyists are beginning to engage capitol staff and key stakeholders to gauge initial response and interest. While we aim to launch conversations with a health center focus, to be successful in moving a budget ask we may need to broaden the fund to support the larger safety-net, as this will likely assist in garnering political support.
- 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. To be successful, we will need to clearly separate this fund from recent investments in residency, loan repayment, and Medi-Cal incentives.
- Most Effective Strategy: Coalition of health centers and allies (CMA, CAFP, CHA, and other associations committed to primary care)

## 2. Primary Care Residency Funding

- Public Policy Platform Priority: *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*
- Internal Content/Staff Lead: 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 make sure that final year of this commitment is fulfilled. Of note, this year ground work will also be needed to determine if there is political interest in committing to an investment that is more long-term. The FY 19-20 January Proposes Budget will give us clear indication on whether or not we will have a fight in 2019. From initial conversations with capitol budget staff, we are hopeful this item will be included in the proposed OSHPD budget. We will be readied to engage California Medical Association (CMA) and California Academy of Family Physicians (CAFP) on any immediate advocacy or 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).

## VI. Other State Legislative Bill Concepts (not likely to be pursued in 2019)

Unlike the above mentioned concepts that staff forecast being best positioned for 2019 bill introduction and budget advocacy, the below referenced concepts need additional work and/or vetting prior to introduction. These bills are unlikely to be pursued in 2019, but may be revisited in 2020. As documented within each summary, political, policy, and/or stakeholder conversations and feedback have led staff to this recommendation.

### 1. Advancing Workforce Data

- Internal Content/Staff Lead: Christina
- Initial Concept: 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).
- Initial Political Awareness: Depending on the state agency/department and/or segment of workforce targeted will impact potential partners and potential opposition.
- Research Completed and New Insights: Staff held additional conversations with UCSF HealthForce to better understand the complexity of the issue and specific actions they believe the state needs to take. As part of this dialog, we learned that HealthForce is preparing a comprehensive recommendation on this very topic. It is unclear whether or not this recommendation will be included in the final recommendations of the California Future Health Workforce Commission or if HealthForce will seek to advance this concept outside of that process. We've shared with our HealthForce partners that we would welcome ongoing dialog on this topic. We also raised this topic at the recent December meeting of the Primary Care Workforce Coalition, while no other groups stepped forward to state this as a priority, we believe dialog should continue with this group.
- Revised Strategy: Advocates should wait to pursue until clearer policy recommendations are available. As stated previously, this item will take a broad coalition and cross-section of workforce allies to be successful.

### 2. Improving MHSA for Diverse Communities

- Internal Content/Staff Lead: Liz
- Initial Concept: 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.
- Initial 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. In 2018, we saw two bills, SB 1004 (Wiener) and SB 192 (Beall), both chaptered, aim to make changes to how MHSA funds, including reversion funds, are handled and distributed. 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.
- Research Completed and New Insights: A variety of stakeholder conversations have occurred over the past two months, including meetings with the Steinberg Institute, SEIU, and CA Council of Community Behavioral Health Agencies. In particular, we sought to get stakeholder reaction to creating new parameters around future spending of reversion funds. Through these conversations we learned many important factors. First, counties and county-affiliated associations (like CSAC) will still expect that reverted funds go back to counties, not community partners. Much work is still needed with county-affiliated associations to make a case that health centers should be better integrated into MHSA funding. There is also not agreement in the advocate community that reversion fund policy should be revisited in 2019.
- Revised Strategy: With this new information, staff and strategist no longer believe this is an effort Advocates should pursue in 2019. Staff will continue to actively engage in a variety of behavioral health coalitions and build relationships with county-affiliated associations to make sure we are at the table on reversion fund discussions.

### 3. Interest Rates

- Internal Content/Staff Lead: Michael
- Initial Concept: At member request, this concept was added to the initial package of bill concepts adopted in October for further analysis. Members were specifically interested in policy levers that could be utilized with regards to interest rates that health centers are held to when a Medi-Cal overpayment occurs.
- Initial Political Awareness: Going into the research phase, staff were unaware of the history and/or politics surrounding the setting of interest rates or how these interest rates compare to interest rates utilized in other segments of state government.
- Research Completed and New Insights: We learned how the state decides the rates - either the rate currently defined in the Surplus Money Investment Fund or 7%, whichever is higher. The Investment Fund has not been above 7% since 1991. We further engaged

legal counsel and other experts to see if the State has been consistently holding health centers to that 7%, or if they have been flexible depending on situations. We did not learn of any exceptions to the interest rate charged by the overpayment unit, or of any exception policy in other areas of state governance that legislation could be built around. Conversations were also had regarding the ability to create parity – parity between the interest rate the State pays when it owes and rate charged to health centers.

- Revised Strategy: We need to continue to research this area before recommending a preferred solution.

#### **4. Intersection of Education and Health Careers**

- Internal Content/Staff Lead: Christina
- Initial Concept: 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.
- Initial 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.
- Research Completed and New Insights: From dialog with the California Future Health Workforce Commission we expect their final recommendations will include much in the education and pipeline space.
- Revised Strategy: We look forward to reviewing the final recommendations of the Commission, expected in late January 2019. We will be reviewing these recommendations and hosting a meeting of the Primary Care Workforce Coalition in February to discuss appetite for pursuing Commission recommendations, including recommendations in this space.

#### **5. Medi-Cal Visit Maximums**

- Internal Content/Staff Lead: Allie
- Initial Concept: 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 – two visits per month allowances to acupuncture, podiatry, chiropractic, physical therapy, speech, and audiology services. Legislation would aim to redefine maximums to best serve patient needs and current best practices.

- Initial 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 must 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 dampening effect on political receptivity to the field.
- Research Completed and New Insights: Staff took time to research the history of this issue – speaking with CapitolConnection, Burt Margolin, Assembly health committee staff, and legal counsel – and learning that this issue dates back to the 1980s and fraud concerns. Additionally, we outreached to CPCA’s Clinicians Committee to better understand clinical experience. We also pursued external partner conversations, specifically targeting the provider associations that directly represent the impacted professions – CMA, California Podiatric Medical Association, etc. From a policy lens, external partners were open to us tackling this issue, and agreed on clinical value. That being said, no one immediately jumped to offer to be co-sponsors either AND they raised political red flags. Two of the three specialties that we’ve discussed as being at the center of the bill – chiropractic and acupuncture services – are very poorly positioned in the capitol. There is still much anger with how the two associations engaged on the vaccine issue in the last session. Any bill that could be seen as supporting these services might be dead on arrival in its first committee. As we looked into this further, the feelings are strong both on the Assembly and Senate side. With these politics in mind, introducing/leading on a bill like this, could be seen as politically naïve and not position Health+ Advocates well for its other asks this year.
- Revised Strategy: Unless new information arises or we learn of any shifts in the political dynamics, staff are not recommending bill introduction at this time. We will continue to educate our external partners on health center concerns in this space.

## 6. 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.*
- Internal Content/Staff Lead: Isa
- Initial Concept: 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.
- Initial 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 these organizations.

- Research Completed and New Insights: Internally, the CPCA Fall Policy Intern also took time to analyze this issue with regards to recent BRN sunset reviews and other BRN audits. Staff met with SEIU and CANP. At time of writing, a meeting has been scheduled with CNA. While SEIU and CANP were both open to us engaging in this space, and the specific policy recommendation, they did not express strong interest in playing a leadership role in moving such an effort forward.
- Revised Strategy: With a critical conversation with CNA yet to occur, and other health center priorities rising to a higher level, this concept may need to wait for another year.

## 7. 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.*
- Internal Content/Staff Lead: Andie
- Initial Concept: Building on the vetoed AB 180 (Wood), aim 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. Establish a process by which DHCS can work with stakeholders to best define incentive payments and establish greater guidance regarding future utilization.
- Initial Political Awareness: In summer 2018, Assemblymember Wood quickly positioned himself as a champion on this issue, and any future 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.
- Research Completed and New Insights: While still a priority of the association, staff are hopeful that this policy area can still be directly resolved through direct stakeholder engagement with DHCS.
- Revised Strategy: CPCA staff will continue to track closely dialog and progress with DHCS, while Advocates lobbyist will update the Assemblymember. Legislation may still be pursued, if deemed necessary for resolution.

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

- Internal Content/Staff Lead: Andie/Nenick
- Initial Concept: 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. Prior to the October board meetings, initial conversation with CCALAC and Western Center on Law and Poverty (WCLP) to surfaced two policy approaches: (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.

- Initial Political Awareness: Consumer partners, such as WCLP and Health Access, should be notified prior to running such a bill. Ideally, such a bill would 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.
- Research Completed and New Insights: Since October, staff have continued dialog with members and consultants to better understand the complexity of this space. Of particular note, consultants close to the managed care community share that while there is general agreement on the problem, there is not general agreement on a solution. This is true of the consumer advocate community too.
- Revised Strategy: With this in mind, staff do not recommend pursuing until additional research can be completed. When the time is right, staff continue to believe a coalition approach of health centers, consumer allies, and health plans are needed to make significant change in this space.

## VII. Additional Partner Concepts and Requests

### 9. Budget Request: Expanding Health Center Vision Services

- Internal Content/Staff Lead: Andie
- Requesting Partner: California Health Policy Strategies, on behalf of the California Optometric Association
- Initial Concept: To expand eye care in underserved communities, the California Optometric Association (COA) is considering seeking a general fund allocation, through the FY19-20 budget process, to provide startup funding to health centers seeking expand eye care services, funding to support staff and infrastructure. The COA approached Advocates to be the lead advocate on this proposal
- Recommended Strategy: Before committing resources to this effort, staff and advocates must better understand health center interest in expanding vision services.

## VIII. Discussion

1. *As staff move forward with the five bill concepts identified and budget priorities, what resonates most with the membership?*
2. *How can we maximize your engagement on these efforts?*

**Date:** January 8, 2019  
**To:** Legislative Committee  
**From:** Beth Malinowski, Deputy Director of Government Affairs  
**Re:** FY19-20 Budget Concept: NEW Primary Care Workforce Incentive Fund

MEMORANDUM

## I. Overview

Similar to our approach on the bill concepts, staff have also been working diligently on understanding the budget landscape for 2019. While the January budget is likely to better reflect the outgoing administration than the incoming one, we believe the February through April window will be critical for advancing health center interests through the budget subcommittee process with the intent of influencing Governor Newsom's May Revise, a budget document that will better reflect his initial priorities and fiscal approach.

The first year of a new governor is a unique opportunity. There will be a political drive to be bold; to show immediate tangible results. To position ourselves well with this new administration, workforce will be a top priority for our budget efforts. We must show our expertise and leadership in workforce by bringing forward innovative ideas.

To that end, with CPCA direction and with partner support from CAPH, CAFP and PPAC; Advocates is pursuing a brand new \$50 million workforce ask that is focused on incentivizing primary care in underserved communities by dedicated funding to advance recruitment and retention efforts in the safety net. **While we initially sought to launch conversations around a budget concept with a health center focus, to be successful in moving a budget ask forward, we believe we need to broaden the fund to support the larger safety-net, as this will likely assist in garnering political support.** In the paragraphs below we further detail this new concept.

## II. Concept

Safety-net health care organizations, especially CHCs, struggle with recruiting and retaining the health care workforce required to adequately address need. Though health centers are the primary delivery system for underserved communities, including the Medi-Cal population, it is alarming that only 9% of primary care physicians in California practice in FQHCs (UCSF HealthForce Report, 2017) and 39% of family medicine physicians choose a group practice over a health center (CHCF 2018). A National Association of Community Health Center report (2016) highlighted that it takes nearly a year to fill health center physician vacancies, with some health centers experiencing critical vacancies for up to two years. In California, if estimated health center clinical vacancies were filled, health centers could serve roughly 300,000 more patients.

To counter the shortage of primary care providers in underserved communities, and incentivize those providing care to work in health centers, a new statewide fund must be established for novel, local incentive programs that could range from providing salary supplements to addressing housing challenges to addressing provider burnout.

This proposal would establish a new \$50 million grant fund, available to health centers and other safety net providers, which would allow them to develop unique and innovative recruitment and retention strategies for providers, nurse practitioners, physician assistants, and other critical care team members. This fund will boost the health center primary care workforce by leveling out the playing field in the *David versus Goliath* fight to recruit and retrain primary care providers. While we know that loan repayment is a popular way of tackling this problem, it is not the only way.

For the continued success of the Medi-Cal Program, and to meaningfully expand coverage, there must be a concurrent commitment to incentivize practice in the institutions at the center of underserved care.

### **III. External Engagement and Initial Reception**

In the initial meeting with the incoming Administration, CaliforniaHealth+ Advocates raised workforce as a core priority for health centers and made clear the critical linkage between workforce and Governor Newsom's coverage and access priority. Initial groundwork was laid for future dialog on the need for a new \$50 million statewide fund to support primary care workforce recruitment and retention within health centers.

While details are determined, staff and lobbyists are beginning to engage capitol staff and key stakeholders to gauge initial response and interest. To date, no external partner has reacted negatively to the concept, and some have expressed openness to supporting. Initial conversations with capitol staff familiar with the budget process did highlight ways to strengthen our case for this strategy. In particular, we will need to:

- Disclose average salaries/benefits of providers and other positions we are looking to use this fund to support. Specifically, how health center salaries/benefits compare to those in similar health systems settings.
- Share strong data on current recruitment and retention trends in California's health centers, including details on reasons providers/staff give in their exit interview on why they leave health centers.
- Explain why funding should go to specific recruitment and/or retention incentives. While we want the fund to be as flexible as possible to allow for the unique needs of each health center, we may be asked to narrow the scope of the fund during the budget negotiations (for example, focusing on a bonus structure rather than funding for housing or childcare). This would include an explanation of how this fund would differ from existing resources, such as Song Brown funds.



To be successful, we will need to clearly separate this fund from recent general fund and Proposition 56 investments around residency, loan repayment, and Medi-Cal incentives.

#### IV. Discussion

In order to fully develop a budget proposal, staff are requesting important feedback from the membership on core elements of this proposal, and will be discussing the following questions with the Workforce Committee on Thursday, January 17.

1. **Applicants/Eligible Entities Qualifications:** Which entities should be eligible to apply and receive these grant funds?
2. **Funds Utilization:** How flexible or prescriptive should the fund be with regards to how funds can be utilized by recipient entities? Which members of the care team must these funds be directed to support – clinician only, all licensed care team members, all care team members regardless of licensure?
3. **Grant Administrator:** Who should administer this new fund? Do you agree the fund should be administered at the statewide level? State Treasurer’s Office, OSHPD, or other state agency? Is there a current grant program or fund structure that this could be written into?
4. **Accountability/Compliance:** How should resource allocations be monitored to ensure monies are being used appropriately? Would compliance checks be conducted through the grant administrator, or a third party?
5. **Committee Subgroup:** Is there an interest or recommendation to launch a temporary committee subgroup – that would primarily meet between now and April 2019 – to act as a think tank and advisory body for this proposal?

**At this time, we seek the Legislative Committee’s feedback on moving this concept forward, specifically on the recommendation to expand fund access to all primary care safety net organizations.** Similar to our \$100M Song Brown advocacy win; we believe leveraging our CMA, CAFP and PPAC relationships will make this ask a reality, which means expanding eligible safety net providers. CPCA staff, along with member support and guidance from Capitol Connection, will continue to dialog about these questions, along with other questions such as how to differentiate this budget ask from current state investments; what might constitute an appropriate and effective grant allocation; what criteria might be considered to score applications; and other such questions that would support a strong budget proposal.



**DISCUSSION**

Date: January 7, 2019  
To: Legislative Committee  
From: Victor Christy, Assistant Director of Legislative Affairs  
Re: Sugar Sweetened Beverage Tax Dynamics



**I. Dynamics**

Over the past several years, CPCA has been a member of the Coalition for a Healthy California. This coalition comprised of organizations dedicated to public health and access to care has been doing research and been involved legislatively on efforts to enact a statewide tax on sugar sweetened beverages.

Most recently, during the 2017-2018 Legislative session, Assembly Member Richard Bloom introduced Assembly Bill 1003 to begin the conversation in the Legislature about enacting a tax. Concurrently, Mr. Bloom was named Chair of the Assembly Select Committee on Diabetes and Heart Disease Prevention which allowed him to hold hearings across the state on the harmful effects of soda and look at the root causes of diabetes and heart disease.

However, due to the lobbying strength of the Beverage Industry, AB 1003 was unable to advance out of policy committee, as consistent with efforts in years past, which meant the bill ultimately died.

As AB 1003 was unable to advance through the process, in June during budget negotiations, we saw the introduction of a budget trailer bill in the form of Senate Bill 872. SB 872, ultimately signed by the Governor, banned cities and counties from creating taxes on soda and other sugar drinks through the end of 2030. This bill was part of a deal between organized labor and business groups, including the American Beverage Association, to remove from the November 2018 ballot a proposed measure that would make it more difficult to raise state and local taxes.

The Beverage Industry, with money in tow, wanted to pass the more stringent initiative that would have raised the threshold for passing any new tax or tax increase to two-thirds of voters or an elected body. Under California law, local taxes that contribute to general funding can pass with a simple majority vote.

Organized labor would have been opposed to that initiative as it would have limited the ability of local governments to find new sources of revenue that ultimately goes towards their budget.

Due to the deal between both powerful entities in the capitol, an agreement was made that organized labor would support the Budget Bill and would later introduce legislation with the support of the Beverage Industry to impose some sort of tax on sugar sweetened beverages. Of note, any

new tax imposed would not generate the dollars that could have potentially been gained through a more equitable tax such as those seen in Berkeley and San Francisco.

Within a few days of the Governor signing the Budget, of which SB 872 was part of, we saw that the California Medical Association and California Dental Association joined together to submit language for a proposed 2020 ballot initiative that would enact a statewide tax on sugar sweetened beverages. Funds from that proposed initiative would go to healthcare, of which the details however were still vague.

Because of the Legislature having put a moratorium on any new tax on groceries and specifically sugar sweetened beverages by local governments, via SB 872, the only way to impose a tax was to appeal directly to the voters and codify it into the constitution through once again, a ballot initiative.

## II. What We Have Done

CPCA, in concert with the Coalition for a Healthy California, were contacted by the CMA and CDA to update us on their rationale and thoughts on how to move forward with the initiative.

As part of CMA and CDA's request, they asked the Coalition to provide feedback and information on existing programs of which we would like funded to be outlined and included in their initiative.

The Coalition for a Healthy California subsequently met and had discussion on what to offer CMA and CDA in relation to their request. From the health center perspective, we got feedback from our members, consultants and internal team and ultimately came up with the following existing programs of which we included in the final list presented to CMA and CDA for their review and consideration.

The programs are as followed:

1. *Expanded Access to Primary Care (EAPC)*: The EAPC Program was created to ensure that safety net providers have resources to cover the delivery of uncompensated care. The EAPC program provides access to primary care services for individuals that are uninsured and that do not qualify for Medi-Cal or other health care programs.
2. *Rural Health Services Development (RHSD)*: The objective of the RHSD Program is to improve and increase accessibility to comprehensive primary and preventative health care for geographically isolated rural and frontier populations.
3. *Seasonal Agricultural Migratory Worker Program (SAMW)*: The objective of the SAMW Program is to improve and increase accessibility to comprehensive primary and preventative health care for the farmworker population.
4. *Diabetes Prevention Program (DPP)* :DPP is an evidence based, lifestyle change program designed to assist Medi-Cal beneficiaries diagnosed with pre-diabetes in preventing or delaying the onset of type 2 diabetes
5. *The Dental Transformation Initiative (DTI)*: a component of the Medi-Cal 2020 wavier that aims to improve dental health for eligible Medi-Cal Children. DTI focuses on increasing high-value care, improved access, and continuity of care.

In addition to conversations and progress we have had with CMA and CDA, the Coalition for a Healthy California, has also begun dialogue with SEIU to hear their thoughts on next steps from their perspective on a tax on Sugar Sweetened Beverages.

Specifically, The Coalition learned that SEIU's legislative plans include the potential funding of new and unique programs that could go to health centers. SEIU's leg team will be meeting with the Coalition's Executive Committee to discuss their legislation idea and the Coalition's funding concepts.

Some of the items that have been brainstormed by Advocates staff to date are as follows:

1. *Direct Dollars to Health Centers*- Either through the Expanding Access to Primary Care or a new health center specific Program. In these cases, CHCs received direct funds to allow for an expansion of care to the most in need communities.
2. *Promotoras/Community Health Workers (CHWs)* - Potential SSB tax could be used to subsidize the employment and activities of promotoras/CHW.
3. *Training resources*- CHCs providers and employees could benefit from training resources to help understand how to best treat and serve patients who are dealing with chronic conditions related to SSB consumption.
4. *Apprenticeships*- Apprenticeships and Earn & Learn Programs are effective ways to upskill individuals and connect them to health center employers to increase and improve access to care. Current health center payment and reimbursement structures create challenges in identifying resources needed to build apprenticeship programs.
5. *Dental Access*- CHCs could benefit from resources to ensure that access to dental services can be made available to patients wherever it is most practical. For example, funding to purchase and upgrade vans that can travel to their patients at churches, schools, farmers markets, homeless encampments, etc.
6. *Scholarships*- Scholarships made available to students who plan on entering the healthcare workforce, particularly the safety-net provider network. Upfront assistance could be beneficial to incentivizing the healthcare field.
7. *Coverage expansion*- Access to the primary care services that are provided by CHCs has proven to have a drastic effect of the overall health and wellbeing of their patients. By ensuring that coverage is expanded to more Californians will ensure that these populations have access to the services needed to regulate their existing conditions and prevent the onset of other life altering conditions.
8. *IT software*- Telemedicine is an increasingly effective model of health care, however the upfront costs to update a CHC's IT software and infrastructure are incredibly prohibitive. SSB funds could be provided to CHCs to make appropriate IT upgrades with the goal of increasing patient access to telemedicine.
9. *School-based health centers (SBHC)* - Rates of SSB consumption are higher in younger generation, and SBHCs are a proven model who have direct access to students. Additional SBHCs will allow for additional access to primary, behavioral, and dental healthcare to these high-risk SSB users.

Lastly, we saw during the first two weeks of the new legislative session that Assembly Member Richard Bloom has introduced Assembly Bill 138 which would establish the California Community Health Fund which would require that fund be used to diminish the human and economic costs of

diabetes, obesity, heart and dental disease in California. This bill is similar to the way he has approached past legislation relating to a tax on Sugar Sweetened Beverages.

### III. Discussion

- Are the above ideas, either to CMA/ CDA or for the SEIU potential effort, aligned with what health centers want to see?
- Which ideas would the Committee prioritize?
- Are there any ideas missing?



**ACTION**

Date: January 3, 2019  
To: Legislative Committee  
From: Andie Patterson, Director of Government Affairs  
Re: Care4All



**I. Recommendation**

CPCA staff recommends that the CPCA board direct CaliforniaHealth+ Advocates to sign onto the Care4All Coalition in 2019.

**II. Rationale**

In joining the Care4All California coalition we are signing onto the larger concepts of coverage and access, but are not obligated to support the full package. This coalition will have a prominent seat with the new administration and is likely to be deeply influential in the future of the health care delivery system reform. Health centers should be a central voice in influencing any major redesign efforts as local, primary care should be a foundational element.

**III. Background**

The Care4All California campaign is committed to ensuring that California has 100% health coverage, as well as improving quality, affordability, and equity in our health system. We are moving California forward to attain:

- Universal Coverage: Regardless of immigration status, age, disability, income, or other factors.
- Affordable coverage: With increased financial assistance in Covered California to reduce premiums and cost-sharing, so no Californian pays more than a percentage of their income for their premium, on a sliding scale, and lower co-pays and deductibles too.
- Cost-effective coverage that improves health outcomes and reduces disparities: Care is focused on value, quality and equity for patients, rather than profits.
- Public coverage options: Determined by public policy and accountability rather than the whims of private insurers.

Care4All California is a coalition of consumer, community, labor, progressive, and health care organizations working to advance the goal of quality affordable health care for all Californians. This campaign includes many organizations that support single-payer and Medicare for all, and we see these efforts to be complementary, not competing with those goals. The Care4All California policy agenda leverages what is achievable in California without significant federal approval to make measurable progress toward universal coverage.

Specifically the coalition includes:

- APLA Health
- CA Black Health Network
- CA Immigrant Policy Center
- CA Labor Federation
- CA Pan-Ethnic Health Network
- Health Access
- Latino Coalition for a Healthy CA
- La Maestra Community Health Centers
- LA LGBT Center
- Planned Parenthood
- SEIU
- St. John's Well Child and Family Center
- The Coalition of OC Community Health Centers
- Greenlining Institute

#### IV. **Care4All 2018 Bill Package**

In 2018 CPCA supported a few of the bills in the package and watched the rest. We were not opposed to any of the bills in the package. The bills we decided to watch principally were watched because they were bills regarding elements of the health care system that we do not typically weigh in on.

1. *SB 1108 (Hernandez)* Prohibit the state from pursuing waivers that make it harder for low-income people to enroll in Medi-Cal.
  - SIGNED by Governor Brown (CPCA Support)
  - The bill would require a waiver proposed by the department of health care services, which offers non-medical benefits to Medi-Cal beneficiaries, to offer these benefits on a voluntary basis, and not as a condition of receiving medical assistance.
2. *SB 974 (Lara); AB 2965 (Arambula) #Health4All*: Medi-Cal should cover all income-eligible adults regardless of their immigration status.
  - Not enacted (CPCA Support)
  - Providing Medi-Cal to the undocumented adult population
3. *AB 2275 (Arambula)* Ensure the Medi-Cal managed care plans that cover nearly one-third of Californians are accountable for improving health care quality and reducing disparities.
  - VETOED by Governor Brown (CPCA Support)
  - This bill would require DHCS to establish a quality assessment and performance improvement program for all Medi-Cal managed care plans, through which the plans would be required to meet a minimum performance level that improves quality of care and reduces health disparities for beneficiaries.
4. *AB 595 (Wood)* Increase Oversight of Health Plan Mergers
  - SIGNED by Governor Brown (CPCA Support)
  - This bill would require a health care service plan that intends to merge or consolidate with or enter into an agreement resulting in its purchase to give notice to and secure approval from the Director of the Department of Managed Health Care.

5. *(AB 2430, Arambula)* Undo the “Senior Penalty” in Medi-Cal, aligning income-eligibility for the Medi-Cal Aged and Disabled Program with income eligibility for those under age 65.
  - Not enacted (CPCA Support)
  - This bill would require, upon federal approval, all income over 100% of the FPL, up to 138% of the FPL, to be disregarded (after taking all other disregards, deductions, and exclusions into account) for those persons eligible under the Medi-Cal program for aged and disabled persons.
6. *SB 910 (Hernandez)* Banning substandard so-called “short term” coverage
  - SIGNED by Governor Brown (CPCA Watch List)
  - This bill, beginning January 1, 2019, would prohibit a health insurer from issuing, selling, renewing, or offering a short term limited duration health insurance policy, as defined, for health care coverage in the state.
7. *SB 1375 (Hernandez)* Limiting the sale of substandard “association health plans”
  - SIGNED by Governor Brown (CPCA Watch List)
  - This bill would delete sole proprietors, partners of a partnership, and the spouses of sole proprietors and partners from the definition of an “eligible employee” for purposes of those provisions. This relates to the health care service plan contract or health benefit plan of a small employer.
8. *AB 2499, (Arambula)* Require health plans spend 80% of our premium dollars on health care, limiting administrative costs and profits—even as the Trump Administration encourages states to lower the “medical loss ratio” to 70%
  - SIGNED by Governor Brown (CPCA Watch List)
  - This bill would exempt only specialized health care service plan contracts and specialized health insurance policies that provide only dental or vision services from the annual rebate requirement.
9. *SB 1255 (Hernandez); AB 2459 (Friedman); AB 2565 (Chiu)* For those who have a subsidy but who still can’t afford premiums, deductibles, or co-pays and those who earn too much to qualify for a subsidy, increasing affordability assistance will help more Californians get covered and reduce their costs for premiums and cost-sharing.
  - Not enacted (CPCA Watch List)
  - SB 1255: This bill would require Covered CA to administer financial assistance to help low and middle income Californians access to affordable coverage, if the Legislature appropriates funds for that purpose
  - AB 2459: This bill would allow a credit under the Personal Income Tax Law in an amount equal to the cost of health insurance premiums of the lowest cost bronze plan for that individual.
  - AB 2565: This bill would require Covered CA to subsidize the premium payments of individuals who enroll in health care coverage through the exchange.
10. *AB 2579 (Burke)* Streamline and Encourage Enrollment by instituting express lane enrollment for those in the WIC program.
  - Not enacted. (CPCA Watch List)
  - This bill requires operation of the automated enrollment system by the Medi-Cal and Medi-Cal Access Program to occur within a timely and appropriate period as determined by DHCS, but no later than January 1, 2019.



11. *AB 3087 (Kalra)* Contain Costs: Establish an independent Health Care Cost, Quality and Equity Commission to set reasonable base amounts hospitals, doctors, and other providers of health care can collect from payers.
  - Not enacted (CPCA Watch List)
  - This bill would create the Health Care Cost, Quality, and Equity Commission to control in state health care costs and set the amounts accepted as payment by health plans, hospitals, physicians, physician groups and other health care providers.
12. *AB 2472 (Wood)* The bill would have the new Council on Health Care Delivery Systems to investigate explore the notion of a public health insurance option, especially so that no region of California is left with only one or zero plans, at the whim of private insurers.
  - SIGNED by Governor Brown (CPCA Watch List)
  - This bill would require the Council on Health Care Delivery Systems to prepare an analysis and evaluation to determine the feasibility of a public health insurance plan option to increase competition and choice for health care consumers.
13. *SB 538 (Monning)* Prohibit anticompetitive contract clauses by hospital oligopolies.
  - Not enacted (CPCA Watch List)
  - This bill would prohibit contracts between hospitals, health care service plans or health insurers from setting payment rates or other terms for non-participating affiliates of the hospital and requiring the contracting agent, plan or insurer to keep the contracts payments rates confidential from the payor.
14. *AB 315 (Wood)* Regulate Pharmacy Benefit Managers (PBMs).
  - SIGNED by Governor Brown (CPCA Watch List)
  - This bill would require a pharmacy to inform a customer at the point of sale for a covered prescription drug whether the retail price is lower than the applicable cost-sharing amount for the drug, unless the pharmacy automatically charges the customer the lower price.
15. *SB 1021 (Wiener)* Extend the Prescription Co-Pay Cap of \$250, and other consumer protections.
  - SIGNED by Governor Brown (CPCA Watch List)
  - This bill will continue a copay cap for prescription drugs and extend the sunset on that provision and will ensure that all Californians are able to afford life-saving prescription drugs by keeping co-pays affordable for consumers and maintaining standards for formulary tiers.

# CPCA's 2019 Bill Tracking Report 1/8/2019

## 02-Recommend Support

**[AB 4](#)**

**(Arambula D) Medi-Cal: eligibility.**

**Current Text:** Introduced: 12/3/2018 [html](#) [pdf](#)

**Introduced:** 12/3/2018

**Status:** 12/4/2018-From printer. May be heard in committee January 3.

**Is Fiscal:** Y

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

**Summary:** Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Federal law prohibits payment to a state for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. This bill would additionally extend eligibility for full-scope Medi-Cal benefits to individuals of all ages, if otherwise eligible for those benefits, but for their immigration status. The bill would delete provisions delaying eligibility and enrollment until the director makes the determination described above. The bill would require the department to provide, indefinitely, the above-described monthly updates to the legislative committees. Because counties are required to make Medi-Cal eligibility determinations and this bill would expand Medi-Cal eligibility, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position	Priority	Assigned	Subject	Group
02-Recommend Support	S-2	Andie Patterson, Ginger Smith	Coverage, Medi-Cal	

**[AB 31](#)**

**(Garcia, Cristina D) Sales and use taxes: exemption: sanitary napkins: tampons: menstrual sponges and menstrual cups.**

**Current Text:** Introduced: 12/3/2018 [html](#) [pdf](#)

**Introduced:** 12/3/2018

**Status:** 12/4/2018-From printer. May be heard in committee January 3.

**Is Fiscal:** Y

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

**Summary:** Existing sales and use tax laws impose a tax on retailers measured by the gross receipts from the sale of tangible personal property sold at retail in this state, or on the storage, use, or other consumption in this state of tangible personal property purchased from a retailer for storage, use, or other consumption in this state. Those laws provide various exemptions from those taxes. This bill, on and after January 1, 2020, would exempt from those taxes the gross receipts from the sale in this state of, and the storage, use, or other consumption in this state of, tampons, sanitary napkins, menstrual sponges, and menstrual cups. This bill contains other related provisions and other existing laws.

Position	Priority	Assigned	Subject	Group
02-Recommend Support	S-2	Meghan Nousaine, Michael Helmick	SDoH	

**[AB 66](#)**

**(Gonzalez D) Sales and use taxes: exemption: diapers.**

**Current Text:** Introduced: 12/3/2018 [html](#) [pdf](#)

**Introduced:** 12/3/2018

**Status:** 12/4/2018-From printer. May be heard in committee January 3.

**Is Fiscal:** Y

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

**Summary:** Existing sales and use tax laws impose a tax on retailers measured by the gross receipts from the sale of tangible personal property sold at retail in this state, or on the storage, use, or other consumption in this state of tangible personal property purchased from a retailer for storage, use, or other consumption in this state. That law provides various exemptions from those taxes. This bill would exempt from those taxes the gross receipts from the sale in this state of, and the storage, use, or other consumption in this state of, diapers for infants and toddlers, designated size 3 or under. This bill

contains other related provisions and other existing laws.

Position	Priority	Assigned	Subject	Group
02-Recommend Support	S-2	Meghan Nousaine, Michael Helmick	SDoH	

**ACR 1**

**(Bonta D) Immigration: public charges.**

**Current Text:** Introduced: 12/3/2018 [html](#) [pdf](#)

**Introduced:** 12/3/2018

**Status:** 12/4/2018-From printer.

**Is Fiscal:** N

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

**Summary:** This measure would condemn regulations proposed by the Department of Homeland Security to prescribe how a determination of an alien’s inadmissability is made based on the likelihood that the alien will become a public charge. This measure would also urge the federal government to reconsider and roll back the proposed regulations.

Position	Priority	Assigned	Subject	Group
02-Recommend Support	S-1	Liz Oseguera	Immigration	

**SB 10**

**(Beall D) Mental health services: peer, parent, transition-age, and family support specialist certification.**

**Current Text:** Introduced: 12/3/2018 [html](#) [pdf](#)

**Introduced:** 12/3/2018

**Status:** 12/4/2018-From printer. May be acted upon on or after January 3.

**Is Fiscal:** Y

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

**Summary:** Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. Existing law provides for a schedule of benefits under the Medi-Cal program and provides for various services, including various behavioral and mental health services. This bill would require the State Department of Health Care Services to establish, no later than July 1, 2020, a statewide peer, parent, transition-age, and family support specialist certification program, as a part of the state’s comprehensive mental health and substance use disorder delivery system and the Medi-Cal program. The bill would include 4 certification categories: adult peer support specialist, transition-age youth peer support specialist, family peer support specialist, and parent peer support specialist. The certification program’s components would include, among others, defining responsibilities and practice guidelines, determining curriculum and core competencies, specifying training and continuing education requirements, establishing a code of ethics, and determining a certification revocation process. The bill would require an applicant for the certification as a peer, parent, transition-age, or family support specialist to meet specified requirements, including successful completion of the curriculum and training requirements. This bill contains other related provisions and other existing laws.

Position	Priority	Assigned	Subject	Group
02-Recommend Support	S-3	Michael Helmick, Peter Dy	Mental Health	

**SB 29**

**(Lara D) Medi-Cal: eligibility.**

**Current Text:** Introduced: 12/3/2018 [html](#) [pdf](#)

**Introduced:** 12/3/2018

**Status:** 12/4/2018-From printer. May be acted upon on or after January 3.

**Is Fiscal:** Y

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

**Summary:** Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. The federal Medicaid program provisions prohibit payment to a state for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. This bill would extend eligibility for full-scope Medi-Cal benefits to individuals of all ages who are otherwise eligible for those benefits but for their immigration status. The bill would also delete provisions delaying implementation until the director makes the determination described above. Because counties are required to make Medi-Cal eligibility

determinations and this bill would expand Medi-Cal eligibility, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position	Priority	Assigned	Subject	Group
02-Recommend Support	S-2	Andie Patterson, Ginger Smith	Coverage, Medi-Cal	

### 03- Recommend Watch

**AB 8**

**(Chu D) Pupil health: mental health professionals.**

**Current Text:** Introduced: 12/3/2018 [html](#) [pdf](#)

**Introduced:** 12/3/2018

**Status:** 12/4/2018-From printer. May be heard in committee January 3.

**Is Fiscal:** Y

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

**Summary:** Existing law requires the governing board of any school district to give diligent care to the health and physical development of pupils and authorizes the governing board of a school district to employ properly certified persons for the work. Existing law, effective January 1, 2019, requires a school of a school district or county office of education and a charter school to notify pupils and parents or guardians of pupils no less than twice during the school year on how to initiate access to available pupil mental health services on campus or in the community, or both, as provided. Existing law, effective January 1, 2019, requires, subject to sufficient funds being provided, the State Department of Education, in consultation with the State Department of Health Care Services and appropriate stakeholders, to, on or before July 1, 2020, develop guidelines for the use of telehealth technology in public schools, including charter schools, to provide mental health and behavioral health services to pupils on school campuses. This bill would require, on or before December 31, 2022, a school of a school district or county office of education and a charter school to have at least one mental health professional, as defined, for every 600 pupils generally accessible to pupils on campus during school hours. The bill would require, on or before December 31, 2022, a school of a school district or county office of education and a charter school with fewer than 600 pupils to have at least one mental health professional generally accessible to pupils on campus during school hours, to employ at least one mental health professional to serve multiple schools, or to enter into a memorandum of understanding with a county agency or community-based organization for at least one mental health professional employed by the agency or organization to provide services to pupils. The bill would require a school subject to the bill's provisions with pupils who are eligible to receive Medi-Cal benefits to seek reimbursement for costs of implementing the bill's provisions through the Local Educational Agency Medi-Cal Billing Option and the School-Based Medi-Cal Administrative Activities program, as specified. By imposing additional requirements on local educational agencies, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position	Priority	Assigned	Subject	Group
03- Recommend Watch		Emily Shipman, Michael Helmick	Mental Health	

**AB 23**

**(Burke D) Workforce training programs.**

**Current Text:** Introduced: 12/3/2018 [html](#) [pdf](#)

**Introduced:** 12/3/2018

**Status:** 12/4/2018-From printer. May be heard in committee January 3.

**Is Fiscal:** N

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

**Summary:** The California Workforce Innovation and Opportunity Act establishes the California Workforce Development Board as the body responsible for assisting the Governor in the development, oversight, and continuous improvement of California's workforce investment system and the alignment of the education and workforce investment systems to the needs of the 21st century economy and workforce. This bill would state the intent of the Legislature to enact legislation to incentivize systems that better facilitate communication and partnerships between businesses, labor advocates, and educational institutions for the purpose of creating tailored workforce training programs that both increase worker participation and further the attainment of increased skills. The bill would make related legislative findings and declarations.

Position	Priority	Assigned	Subject	Group
03- Recommend Watch		Christina Hicks	Workforce	

**AB 24**

**(Burke D) Targeted Child Tax Credit.**

**Current Text:** Introduced: 12/3/2018 [html](#) [pdf](#)

**Introduced:** 12/3/2018

**Status:** 12/4/2018-From printer. May be heard in committee January 3.

**Is Fiscal:** N

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

**Summary:** Existing law establishes various programs that provide cash assistance and other benefits relating to health care, food, and housing, among other things, to qualified low-income families and individuals, including, among others, the California Work Opportunity and Responsibility to Kids Act (CalWORKs program), the California Earned Income Tax Credit, Medi-Cal, CalFresh, the California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program), and the Emergency Housing and Assistance Program. This bill would declare the Legislature's intent to enact legislation that would establish a Targeted Child Tax Credit as recommended by the task force. This bill contains other existing laws.

Position	Priority	Assigned	Subject	Group
03- Recommend Watch		Meghan Nousaine, Michael Helmick	SDoH	

**AB 38**

**(Wood D) Fire safety.**

**Current Text:** Introduced: 12/3/2018 [html](#) [pdf](#)

**Introduced:** 12/3/2018

**Status:** 12/4/2018-From printer. May be heard in committee January 3.

**Is Fiscal:** Y

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

**Summary:** (1) Existing law, California Building Standards Law, requires the State Fire Marshall to develop, and the California Building Standards Commission to review, building standards to implement the state's fire and life safety policy. This bill would require, no later than July 1, 2020, the State Fire Marshall to develop, and the California Building Standards Commission to review, building standards for buildings in very high fire hazard severity zones. The bill would require, beginning on July 1, 2020, all newly constructed buildings and all transferred buildings in very high fire hazard severity zones to comply with the building standards. By requiring new building standards for buildings in very high fire hazard severity zones, this bill would expand the definition of a crime and impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position	Priority	Assigned	Subject	Group
03- Recommend Watch		Amanda Willard, Beth Malinowski	Fire Response	

**AB 41**

**(Gallagher R) Disaster relief: Camp Fire.**

**Current Text:** Introduced: 12/3/2018 [html](#) [pdf](#)

**Introduced:** 12/3/2018

**Status:** 12/4/2018-From printer. May be heard in committee January 3.

**Is Fiscal:** Y

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

**Summary:** The California Disaster Assistance Act provides that the state share for disaster project allocations to local agencies is no more than 75% of total state eligible costs, except for specified events for which the state share is up to 100% of state eligible costs. This bill would provide that the state share is up to 100% of total state eligible costs connected with the Camp Fire that started on November 8, 2018, in the County of Butte. This bill contains other related provisions.

Position	Priority	Assigned	Subject	Group
03- Recommend Watch		Amanda Willard, Beth Malinowski	Fire Response	

**AB 42**

**(Gallagher R) Disaster relief: County of Butte: Camp Fire.**

**Current Text:** Introduced: 12/3/2018 [html](#) [pdf](#)

**Introduced:** 12/3/2018

**Status:** 12/4/2018-From printer. May be heard in committee January 3.

**Is Fiscal:** N

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

**Summary:** Existing law authorizes a county board of supervisors to provide by ordinance for the reassessment of property that is damaged or destroyed, without fault on the part of the assessee, by

a major misfortune or calamity, upon the application of the assessee or upon the action of the county assessor with the board's approval. With respect to certain counties that have adopted reassessment ordinances and have been declared by the Governor to be in a state of emergency as a result of certain events, existing law provides for state allocations of the estimated amounts of the reductions in property tax revenues resulting in certain fiscal years from reassessments under those ordinances. Existing law also continuously appropriates, without regard to fiscal years, moneys in the Special Fund for Economic Uncertainties for purposes of funding these state allocations. This bill would state the intent of the Legislature to enact legislation that would provide for state allocations with respect to property tax revenue reductions resulting from reassessments for damages incurred within the County of Butte due to the 2018 Camp Fire.

Position	Priority	Assigned	Subject	Group
03- Recommend Watch		Amanda Willard, Beth Malinowski	Fire Response	

**AB 43**

**(Gloria D) Mental health.**

**Current Text:** Introduced: 12/3/2018 [html](#) [pdf](#)

**Introduced:** 12/3/2018

**Status:** 12/4/2018-From printer. May be heard in committee January 3.

**Is Fiscal:** N

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

**Summary:** Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs. This bill would state the intent of the Legislature to enact legislation to ensure that Mental Health Services Act funds are used in accordance with the provisions of the act and that there is adequate oversight of excess unspent funds. This bill contains other existing laws.

Position	Priority	Assigned	Subject	Group
03- Recommend Watch		Liz Oseguera, Peter Dy	MHSA	

**AB 50**

**(Kalra D) Medi-Cal: Assisted Living Waiver program.**

**Current Text:** Introduced: 12/3/2018 [html](#) [pdf](#)

**Introduced:** 12/3/2018

**Status:** 12/4/2018-From printer. May be heard in committee January 3.

**Is Fiscal:** Y

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

**Summary:** Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would require the department to submit, in 2019, to the federal Centers for Medicare and Medicaid Services a request for renewal of the Assisted Living Waiver program with specified amendments. The bill would require, as part of the amendments, the department to increase the number of participants in the program, as specified, in the 15 existing waiver counties, expansion of the program beyond those counties on a regional basis, and modification to the provider reimbursement tiers while also maintaining the program's budget-neutral provisions. The bill would require the department, before the submission of the waiver renewal request, to notify specified legislative committees about certain information relating to the increase in the participant population and the regional expansion, to conduct open in-person meetings with stakeholders, and to release a draft of the proposed waiver renewal for stakeholder comment, as specified. This bill contains other related provisions and other existing laws.

Position	Priority	Assigned	Subject	Group
03- Recommend Watch		Andie Patterson, Ginger Smith	Medi-Cal	

**AB 70**

**(Berman D) Mental health in schools.**

**Current Text:** Introduced: 12/3/2018 [html](#) [pdf](#)

**Introduced:** 12/3/2018

**Status:** 12/4/2018-From printer. May be heard in committee January 3.

**Is Fiscal:** N

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

**Summary:** Existing law requires the State Department of Health Care Services to develop systems of care that target seriously emotionally and behaviorally disturbed children and requires counties to

provide mental health services to those children. Existing law, the School-based Early Mental Health Intervention and Prevention Services for Children Act of 1991, provides for matching grants to local educational agencies to pay the state share of the costs of providing programs that provide school-based early mental health intervention and prevention services to eligible pupils in schools. This bill would state the intent of the Legislature to enact legislation that would support youth mental health in schools.

Position	Priority	Assigned	Subject	Group
03- Recommend Watch		Emily Shipman, Peter Dy	Mental Health, School Based HC	

**[AB 134](#) (Bloom D) Safe, clean, affordable, and accessible drinking water.**

**Current Text:** Introduced: 12/5/2018 [html](#) [pdf](#)

**Introduced:** 12/5/2018

**Status:** 1/7/2019-Read first time.

**Is Fiscal:** N

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

**Summary:** Existing law, the California Safe Drinking Water Act, requires the State Water Resources Control Board to administer provisions relating to the regulation of drinking water to protect public health. Existing law declares it to be the established policy of the state that every human being has the right to safe, clean, affordable, and accessible water adequate for human consumption, cooking, and sanitary purposes. This bill would state findings and declarations relating to the intent of the Legislature to adopt policies to ensure that every Californian has the right to safe, clean, affordable, and accessible drinking water.

Position	Priority	Assigned	Subject	Group
03- Recommend Watch		Meghan Nousaine, Michael Helmick	SDoH	

**[AB 138](#) (Bloom D) California Community Health Fund.**

**Current Text:** Introduced: 12/7/2018 [html](#) [pdf](#)

**Introduced:** 12/7/2018

**Status:** 1/7/2019-Read first time.

**Is Fiscal:** N

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

**Summary:** Existing law establishes the State Department of Public Health, which administers, among other things, various programs that prevent disease and promote health. This bill would express the intent of the Legislature to establish the California Community Health Fund in the State Treasury, and would require moneys in the fund to be used to diminish the human and economic costs of diabetes, obesity, and heart and dental disease in California.

Position	Priority	Assigned	Subject	Group
03- Recommend Watch		Meghan Nousaine, Victor Christy	SDoH	

**[AB 140](#) (Cervantes D) California Kickstart My Future Loan Forgiveness Program.**

**Current Text:** Introduced: 12/11/2018 [html](#) [pdf](#)

**Introduced:** 12/11/2018

**Status:** 1/7/2019-Read first time.

**Is Fiscal:** Y

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

**Summary:** Existing law establishes the Student Aid Commission as the primary state agency for the administration of state-authorized student financial aid programs available to students attending all segments of postsecondary education. Under existing law, the commission, among other things, administers the Cal Grant Program, the Student Opportunity and Access Program, the Assumption Program of Loans for Education, the Graduate Assumption Program of Loans for Education, the Public Interest Attorney Loan Repayment Program, and the California State Work-Study Program. This bill would establish the California Kickstart My Future Loan Forgiveness Program, under the administration of the commission, to provide student loan forgiveness awards for the purpose of alleviating the burden of federal student loan debt for recent graduates meeting specified requirements. The bill would, subject to an available and sufficient appropriation, authorize an eligible applicant to receive a student loan forgiveness award equal to 100% of his or her monthly federal income-driven repayment

plan payments for 24 months of repayment under the federal program. The bill would require a recipient who no longer meets the program requirements at the time any payment is made under this program to refund that payment to the state, and would authorize the Franchise Tax Board to recover the payments owed.

Position	Priority	Assigned	Subject	Group
03- Recommend Watch		Beth Malinowski, Christina Hicks	Workforce	

**SB 11**

**(Beall D) Health care coverage: mental health parity.**

**Current Text:** Introduced: 12/3/2018 [html](#) [pdf](#)

**Introduced:** 12/3/2018

**Status:** 12/4/2018-From printer. May be acted upon on or after January 3.

**Is Fiscal:** Y

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts or health insurance policies issued, amended, or renewed on or after July 1, 2000, to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses, as defined, and of serious emotional disturbances of a child, as specified, under the same terms and conditions applied to other medical conditions. This bill would require a health care service plan and a health insurer to submit an annual report to the Department of Managed Health Care or the Department of Insurance, as appropriate, certifying compliance with state and federal mental health parity laws, as specified. The bill would require the departments to review the reports submitted by health care service plans to ensure compliance with state and federal mental health parity laws, and would require the departments to make the reports and the results of the reviews available upon request and to post the reports and the results of the reviews on the departments' Internet Web site. The bill would also require the departments to report to the Legislature the information obtained through the reports and the results of the review of the reports and on all other activities taken to enforce state and federal mental health parity laws. This bill contains other related provisions and other existing laws.

Position	Priority	Assigned	Subject	Group
03- Recommend Watch		Andie Patterson, Michael Helmick, Nenick Vu, Peter Dy	Managed Care, Mental Health	

**SB 12**

**(Beall D) Mental health services: youth.**

**Current Text:** Introduced: 12/3/2018 [html](#) [pdf](#)

**Introduced:** 12/3/2018

**Status:** 12/4/2018-From printer. May be acted upon on or after January 3.

**Is Fiscal:** N

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

**Summary:** Existing law, the Children's Mental Health Services Act, establishes an interagency system of care for the delivery of mental health services to seriously emotionally and behaviorally disturbed children and their families. This bill would declare the intent of the Legislature to enact legislation that would authorize the state and local governments to establish a series of at least 100 centers statewide to address the mental health needs of California youth. The bill would declare the intent of the Legislature to enact legislation to allocate or encourage the allocation of funding for that purpose, as specified. The bill would make related findings and declarations. This bill contains other existing laws.

Position	Priority	Assigned	Subject	Group
03- Recommend Watch		Michael Helmick, Peter Dy	Mental Health	

**Total Measures: 20**  
**Total Tracking Forms: 20**



Date: December 20, 2018  
To: Legislative Committee  
From: Kelley Aldrich, Senior Administrative Coordinator  
Re: NACHC's 2019 Policy & Issues Forum – Planning and Expectations

Marriott Wardman Park Hotel  
Washington, DC  
March 27 - 30  
Committee Meetings: March 30 - 31

### **Why you should attend this year**

To help members of Congress understand the importance of providing additional funds for community health centers, we urge every health center to send a delegation to NACHC's Policy & Issues Forum (P&I) on March 27, 2019. Health Centers should also start analyzing their operations in order to provide good examples to their congressional delegation of the impact of a 50-70% cut in their grants.

### **January 2019**

NACHC opens up their conference registration and CaliforniaHealth+ Advocates sends out an RSVP request for members attending our delegation meeting on Wednesday, March 27 at 7:00 pm.

*\*\*\* In order to prepare the accurate number of materials and reserve the right size space for our delegation meeting, we strongly encourage each person attending to RSVP to CaliforniaHealth+ Advocates in addition to NACHC and/your individual consortia. Those who RSVP to CaliforniaHealth+ Advocates will also receive an invite to our P&I Prep webinar along with meeting materials.*

### **Meetings with Members of Congress**

Each consortia will take the lead in scheduling meetings with members of congress. *"Taking the lead"* means scheduling the meeting, coordinating with the overlapping consortia on attendees, and notifying CaliforniaHealth+ Advocates of all confirmed meetings so they can be included in the master grid. *CaliforniaHealth+ Advocates maintains a master grid for three reasons; 1.) NACHC requests a copy each and every year, 2.) We must have accurate numbers for grant reporting and 3.) Every year we have members come to us the night of the delegation meeting and throughout Thursday, the Hill Visit Day, asking when and where their meetings are.*

**By Thursday, March 20 (one week prior to our hill visits)** all congressional meetings should be confirmed so we can print and ship materials to DC and finalize the master grid for both our members and NACHC.

*\*\*\* We do recognize that some schedulers do not calendar meetings until a week or two out, but if you're a week out and still having issues scheduling visits, please contact Kelley Aldrich or Angie Buckingham Melton for assistance.*

*\*\*\*Any health centers who are not members of a regional consortia, should contact Kelley Aldrich or Victor Christy to discuss meeting scheduling and materials.*

### **Meetings with California Senators**

Angie Buckingham Melton, CaliforniaHealth+ Advocates DC lobbyist, will take the lead on scheduling the Senate meetings on behalf of the California delegation. Carmela sends out an invitation to attend these meetings. If we do not hit our capacity, a sign-up sheet will then be made available at our delegation meeting on Wednesday, March 27.

### **Materials**

Those who RSVP to CaliforniaHealth+ Advocates will receive the following materials prior to P&I:

- California State Profile
- California Specific Policy Papers
- NACHC Policy Papers
- Policy Fact Sheets
- Member Talking Points
- Congressional District Profiles – *upon request*

CaliforniaHealth+ Advocates will host a webinar prior to P&I where we'll discuss the materials listed above, logistics and answer any questions. The date and time of the webinar will be e-mailed to those who have RSVP'd and advertised in the Advocates weekly update.

### **California Delegation Meeting**

We encourage everyone to join us on Wednesday, March 27 (time & room TBD) to pick up meeting materials and hear from both CaliforniaHealth+ Advocates staff and NACHC representatives. As always, CaliforniaHealth+ Advocates will provide light appetizers and refreshments. Participants are encouraged to make dinner plans after the delegation meeting.

*\*\*\*If you have meetings scheduled with members of congress prior to the designated hill visit date of March 28, please make arrangements with Kelley Aldrich to pick up your meeting materials on Tuesday evening or Wednesday morning at the Marriott Wardman Park.*

Date: December 17, 2018

To: Legislative Committee

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

Re: Communications Year in Review

**MEMORANDUM**

**I. Overview**

This past year, there have been a myriad of issues to arise at both the state and federal level that impact community health centers and the patients they serve. As such, CPCA and CaliforniaHealth+ Advocates (Advocates) have proactively and reactively developed communications strategies and the accompanying materials to address these issues. The organization and voice used in our communications depends on the issue. If the topic relates to policy and advocacy then Advocates will lead the communications efforts. If the topic is member-focused, or educational then CPCA will be the voice.

**II. Federal**

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

Since the Administration proposed changes to Title X, Advocates has been working closely with partners, including NACHC and Essential Access Health, to develop communications and advocacy strategies to stop these changes from going into effect.

While changes to the Public Charge rule have yet to be officially introduced, Advocates has been working closely with the Protecting Immigrant Families (PIF) coalition, in particular their communications team, to garner media coverage across the state for our members. As of this writing, four interviews have been completed and we are currently waiting on the published articles.

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.

**III. State**

This year's state work was heavily focused on the 2018-19 Budget, in particular saving the 340B Program, which the Governor proposed to eliminate in the May Revise. Advocates worked closely with coalition partners to host a press conference on May 23, followed by a 340B lobby day. Additionally, Advocates coordinated multiple interviews between CPCA members and news outlets

reporting on the subject. Advocates also worked with members to place a 340B op-ed before the lobby day.

Advocates, working closely with coalition partners throughout the legislative session including the Steinberg Institute and the Redwood Community Health Coalition (RCHC), also executed a comprehensive communications plan supporting Advocates' sponsored legislation: Senate Bill 1125 (Atkins), Assembly Bill 2576 (Aguiar-Curry), Assembly Bill 2428 (Gonzalez Fletcher). Advocates communications included updates on the bills in Advocates' weekly updates, member talking points, facts sheets and social media posts. Additionally, President and CEO of CaliforniaHealth+ Advocates, Carmela Castellano-Garcia, released media statements in response to the Governor's action on our sponsored bills.

#### **IV. 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. On behalf of CPCA, CaliforniaHealth+ Advocates worked with RAC and a communications firm, Imprenta, 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.

The digital ads ran on the following sites: Los Angeles Times, Sacramento Bee, San Francisco Chronicle, San Diego Union-Tribune, Fresno Bee, The Bakersfield Californian, San Bernardino Sun, Riverside Press Enterprise, Redding Record Searchlight, Univision, La Opinion, AOL Español, CNN Español, as well as programmatic sites statewide.

#### **V. Newsletters**

- [The Advocate Newsletter – Spring, Summer, Fall Editions](#)
- [Access Spring Newsletter – Spring, Summer, Fall Editions](#)

#### **VI. Press Conferences**

- *May 23, 2018 – 340B Press Conference*

#### **VII. Media Statements/Press Releases**

- CaliforniaHealth+ Advocates Statement on the passage of the 2018-19 State Budget (June 2018)
- New Report Works to Address Health Workforce Shortage in California (June 2018)

- CaliforniaHealth+ Advocates' Statement in Response to Congressional Farm Bill (May 2018)
- May Revise release (coalition) (May 2018)
- 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)
- CaliforniaHealth+ Advocates' Statement on Proposed Changes to Public Charge (September 2018)
- Joint Statement of America's Health Centers Opposing Public Charge Proposal (October 2018)
- CaliforniaHealth+ Advocates' Statement on Close of Public Charge Comment Period (December 2018)
- Joint Statement on Texas ACA Ruling (December 2018)

#### **VIII. Articles**

- Opinion: Don't leave community health centers in limbo, Sacramento Bee
- Community Health Centers Caught In 'Washington's Political Dysfunction', Kaiser Health News
- Facing the gap: Regional health care grapples with workforce shortages, Sacramento Business Journal
- Doctors And Dentists Welcome Pay Hike For Treating Low-Income Patients, California Healthline
- Homeland Security Kicks the Ladder from Under Immigrants Seeking Green Cards, Capital & Main
- Trump administration plan could deter legal immigrants from health care, other services, CALMatters
- In His Final California Budget, Gov. Brown Boosts Education, Rainy Day Funds Capitol Public Radio
- Bill to provide emergency health services signed by Gov. Brown, The Daily Democrat
- Opinion: Drug discount program isn't disposable, Sacramento Bee
- Legislation would allow health centers to bill mental and medical services on the same day, The Press Democrat
- Bill aims to make it easier for community clinics to help disaster victims, Southern California Public Radio

#### **IX. 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 January-June of this year:

- Charles R. Drew University of Medicine & Science's President's Breakfast Reactionary Keynote (February)
- CPCA's Quality Care Conference Welcome and Opening Remarks (February)

- CLI Cohort 10 Luncheon Keynote (March)
- HealthManagement+ Morning Keynote (March)
- NACHC P&I California Delegation Welcome (March)
- California Wellness Foundation Board of Directors Meeting Health Panelist (March)
- Yale Law School Health Law Panelist (April)
- Mosaic Achievement Award Recipient (April)
- Greenlining 25<sup>th</sup> Annual Economic Summit Panelist (May)
- Mexican American Bar Association Foundation Community Impact Award Recipient (June)
- Health Initiatives of the Americas Mario Gutierrez Award Recipient (June)
- HIA Summer Institute on Migration Health Panelist (June)
- HealthManagement+ Cohort 10 Welcome (June)
- CLI Cohort 10 Commencement Speaker (June)
- CLI View of the Future Health Panelist (June)

### **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)

### **X. 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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Date: January 3, 2019  
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 last quarter of the 2018 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 our continued partnership with the Regional Associations of California, Consortia Policy Group, and health centers.

**II. Updates**

▪ **Public Charge Comment Advocacy**

In an effort to submit as many unique comments as possible during the 90 day Public Charge comment period, CPCA partnered with the California Protecting Immigrant Families Coalition to develop multiple templates letters that health centers, organizations and individuals were able to personalize and submit. Together, CPCA members and partners collected over 6,000 comments, helping the National PIF campaign to surpass its 100,000 comment goal and double it by obtaining over 200,000 comments.

▪ **Voter Engagement**

This year, CPCA's advocacy affiliate California Health+ Advocates partnered alongside the Regional Associations of California to engage health centers in coordinated voter engagement campaigns. We teamed up with Nonprofit VOTE and the National Voter Registration Day Campaign to provide health centers with voter engagement resources in every California community.

Our collective work involved launching a 2018 Voter Engagement Toolkit to provide additional guidance on permissible voter engagement activities for community health centers. The objective of this toolkit was to give health center staff the tools needed to empower their patients to participate in civic engagement. Some health centers became official polling places to strengthen their presence in the community and many health centers organized daily voter registration drives, phone banks to inform voters of the upcoming election, and targeted outreach to low propensity voters. Collectively, all of these efforts helped to drive high turn out on Election Day.

**III. Preparing for 2019 Advocacy Campaigns**

▪ **State Advocacy**

With the start of the Newsom administration, as well as newly elected members of the state assembly and senate, there are many opportunities to advance the mission of community health centers. Beginning in late January, CPCA's advocacy affiliate, CaliforniaHealth+ Advocates will provide materials to assist members with developing relationships with newly elected officials.

In October 2018, the 2019 CPCA Policy Priorities, which guide CPCA's legislative program, were approved. CaliforniaHealth+ Advocates will seek to tackle same-day billing in this new environment, introduce additional legislation to address new lessons from declared emergencies, improve licensing, and improve dental access and oral health prevention in schools. We will continue to send weekly advocacy alert email communications requesting letters of support for sponsored legislation and additional ways to participate in state advocacy to support our 2019 policy priorities.

▪ **Health Center Funding Cliff**

With funding up in September 2019, NACHC, and Advocates, will need to advocate for new Health Center funding, as well as new funding for key workforce programs. With the democratic takeover of the House, there is hope that longer term funding security can be achieved. Beginning in January and leading up to September, it is imperative membership answers advocacy calls to action from Advocates' and NACHC. In the next two to three months we encourage everyone to participate in the following opportunities:

- **Be in touch with new Members of Congress.** NACHC released a new member toolkit that includes talking points, a template introductory email you can send, and more to support your efforts. Visit [www.hcadvocacy.org](http://www.hcadvocacy.org) for more information.
- **Identify health center key contact for new members.** Health center key contacts are advocates who have direct, working relationships (whether personal or professional) with Members of Congress, and in some cases, key Congressional staff. If you are interested in becoming a key contact, please email Elizabeth Kwasnik at [ekwasnik@nachc.org](mailto:ekwasnik@nachc.org).
- **Prepare for the 2019 Policy and Issues Forum.** In the coming months, CPCA and NACHC will provide more information on possible advocacy requests leading up to P&I and Hill Day.
- **National Call-In Day on 3/28/2019.** California will participate in NACHC's day of action and once again, CPCA will provide health centers materials and advocacy activities to ensure everyone can participate.
- **Identifying consumer board members who would make appropriate health center "ambassadors" or spokespeople for media.** NACHC is offering to prep these members to respond to media queries regarding the value of health centers and the importance of secure funding. They're also offering a media training for consumer board members who are attending the 2018 NACHC Policy and Issues Forum. For more information, please contact Marisol Murphy-Ballantyne at [mmballantyne@nachc.com](mailto:mmballantyne@nachc.com).

**IV. Important Dates / Events**

Below are upcoming opportunities to strengthen our federal and statewide advocacy efforts:

- **NACHC Policy & Issues Forum:** March 27-30 2019 Washington, DC
- **CaliforniaHealth+ Advocates Day at the Capitol :** April 24, 2019 Sacramento, CA