



**Health Center Partners of Southern California proudly represents  
17 community health centers in San Diego, Riverside and Imperial Counties.**

April 2019 Day at the Capitol Talking Points

## 340B Drug Discount Pricing Program

### **Community Health Centers need continued, assured access to 340B to sustain their essential model of care.**

- The 340B Program provides CHCs access to outpatient drugs at reduced prices, ensuring low-income patients have ACCESS to AFFORDABLE prescription drugs.
- The 340B prescription drug program enables health centers to stretch scarce federal resources to underserved patients and provide comprehensive services to California's most vulnerable communities.
- It is a vital lifeline for safety-net providers across the state.
- **Changes to the 340B program could be extremely detrimental to community health centers that rely on 340B savings to enhance patient services, expand hours of operation, access to medications and other services or add additional providers.**

*Governor Newsom signed executive order N-01-19 to create a single-purchaser system for prescription drugs in California to leverage the state's purchasing power and drive down the increasing costs of pharmaceuticals.*

- Under the signed executive order (N-01-19), the Governor directs the DHCS to transition all pharmacy services for Medi-Cal managed care to Fee For Service by January 2021, this could essentially end the savings received by health centers and will ultimately limit access for California's low-income, vulnerable communities.
- We are supportive of the Administration's goals to lower prescription drug costs but are concerned that safety net providers, like community health centers, will suffer an unintended consequence and no longer have the means to provide critical care coordination services currently funded by 340B savings.
- We ask the Assembly and Senate to reject any changes to the 340B program that would unintentionally harm health centers without providing equal funding to replace the savings health centers will lose.

## Recruiting, Training and Retaining the Best Workforce

### **Support long-term and stable funding to grow and sustain the CHC workforce.**

- California does not have enough of the right types of health workers in the right places to meet the needs of its growing, aging, and increasingly diverse population.
- In just 10 years California is projected to face a shortfall of more than 4,100 primary care clinicians and 600,000 home care workers and will have only two-thirds of the psychiatrists it needs.
- **Support the California Future Health Workforce Commission** recommendations to grow, support, and sustain California's health workforce pipeline by reaching over 60,000 students, increase the number of health workers by over 47,000 and eliminate the shortage of primary care providers and nearly eliminate the shortage of psychiatrists.

## SB 66 (Atkins/McGuire): Same Day Visits

### Support SB 66 to allow same day visits, increasing access to care for patients.

- In California, if a patient receives treatment through Medi-Cal at CHC from both a medical provider and a mental health specialist on the same day, the State will only reimburse the CHC for one “visit,” meaning both providers can’t be adequately reimbursed for their time and expertise.
- Even in time of crisis, a patient must seek mental health treatment on a subsequent day in order for that treatment to be reimbursed as a second “visit.”
- This policy creates an unnecessary financial barrier for CHCs as well as an unnecessary barrier for the patients by denying them the ability to address their myriad physical, mental, and substance use issues in a timely, comprehensive manner.
- **SB 66 would allow FQHCs and RHCs to bill Medi-Cal for two visits if a patient is provided mental health services on the same day they receive other medical services.**

## AB 899 (Wood): Streamlining Expansion of Primary Care Facilities

### Support AB 899 to streamline the expansion process for CHCs.

- With the expansion of Medi-Cal in California, the number of health center patients covered under the program has more than doubled – growing from 1.8 million in 2012 to 4.1 million in 2017.
- CHCs are positioned to most appropriately serve the expansion populations, however, there are barriers that inhibit health centers’ ability to expand to meet this growing demand.
- **AB 899 will streamline the expansion process for a licensed health center seeking to expand by giving them the option to acquire an existing outpatient setting or previously licensed primary care clinic and adding them to an existing license allowing them to open immediately to meet the growing demand for services.**

## AB 1494 (Aguiar-Curry): Declared Emergency

### Support AB 1494 to ensure communities continue to receive access during disasters.

- The 2018 fire season was the worst in California history and took a devastating toll on impacted communities, including community health centers.
- CHCs directly impacted by the fires continued to go above and beyond to assist their community.
- In 2018, the Governor signed AB 2576 which was a necessary first step to ensure that communities continue to receive timely access to care when disaster strikes. Despite advances made, barriers to community health centers’ ability to provide health care during a declared emergency remain.
- **Building on existing law, AB 1494 is the critical next step to ensure communities continue to receive timely access to care when disaster strikes by allowing providers to have telephonic appointments, provide care for patients in-home and at shelters.**

