



May 12, 2021

The Honorable Anthony Portantino
Chair, Senate Appropriations Committee
State Capitol Building, Room 5050
Sacramento, CA 95814

Re: **REQUEST TO MOVE HIGH PRIORITY HEALTH CARE BILL OFF SUSPENSE: SB 316 (Eggman)**

Dear Senator Portantino:

On behalf of [Health Center Partners of Southern California](#), representing 17 member organizations, including 12 Federally Qualified Health Centers, 4 Indian Health Centers, and Planned Parenthood of the Pacific Southwest, which operate over 160 practice sites across five counties, and serve 917,000 patients with 3.9 million patient visits annually, **I respectfully request your assistance in releasing this high priority health care bill from the Senate Suspense File.**

Long before COVID-19, the prevalence of behavioral health issues among adults was steadily increasing. The COVID-19 pandemic profoundly exacerbated this trend among adults and children alike. According to the Kaiser Family Foundation, during the pandemic, about [4 in 10](#) adults in the U.S. have reported symptoms of anxiety or depressive disorder. By comparison, [one in ten](#) adults reported these symptoms from January to June 2019.¹ **Now is the time to improve access to behavioral health services - SB 316 helps to do this.**

Currently, if a Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) provide a behavioral health visit and a physical health visit within a 24-hour period, **they will not be reimbursed by Medi-Cal for both visits.** As a result, patients with a medically necessary behavioral health condition must wait 24 hours before they can be seen again by a provider. This unnecessary restriction creates significant access barriers. Patients do not always have the time, transportation, childcare or opportunity to leave work again for a second visit. Additionally, patients, especially those who are Black, Indigenous or people of color (BIPOC) often feel stigma around accessing behavioral health services, making it highly unlikely they will return for their behavioral health visit the next day. **SB 316 will help fix this issue by requiring the state to allow FQHCs and RHCs to bill Medi-Cal for two visits if a patient is provided behavioral health services on the same day they receive other medical services.**

The current same-day billing restriction undermines a community health center's ability to provide or expand behavioral health services, which are in even greater demand because of this pandemic. Additionally, the COVID pandemic has financially impacted many CHCs making it less feasible for them to provide same day visits without compensation. Allowing health centers to access the same day billing statute (which is already in place in other public programs) will ensure more critical early interventions and help to ensure successful and proven integrated health services are used at the full capacity.

¹ Nirmita Panchal, Rabah Kamal, Cynthia Cox, and Rachel Garfield. The Implications of COVID-19 for Mental Health and Substance Use. Published February 10, 2021. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.



Allowing same day access to behavioral health services will help reduce high medical costs in the future.

Untreated mental illness is the leading cause of disability and suicide and imposes high costs on state and local government. The cost to our communities goes well beyond just the cost of health care. Children left untreated often become unable to learn or participate in school. Adults lose their ability to work and be independent, many become homeless and are subject to frequent hospitalizations or jail. As a result of undiagnosed and untreated mental illness, state and county governments provide costly emergency medical care services and long-term nursing home care, which can be prevented with early interventions.²

Inexplicably, California has refused to change its Medi-Cal billing statute to align with federal policy and its own state policy regarding dental care. For years now, California has lagged other states – and ignored federal recommendations – when it comes to reimbursing FQHCs and RHCs for services provided on the same day to patients who need both physical and behavioral health care. California leads the nation in progressive health care programs yet, it is well behind other states in this area. SB 316 will help to fix this and greatly benefit Californians.

I respectfully request your assistance in releasing SB 316 (Eggman) off the Senate Appropriations Committee Suspense File.

Sincerely,

A handwritten signature in blue ink that reads "Henry N. Tuttle".

Henry N. Tuttle
President and Chief Executive Officer

cc: Members of the Senate Appropriations Committee
Senator Talamantes Eggman
Health Center Partners Board of Directors

[Health Center Partners of Southern California](#), a family of companies, includes a 17-membership organization of federally qualified health centers, Indian Health Services Organizations, both urban and sovereign, and Planned Parenthood of the Pacific Southwest, collectively serving 917,000 patients each year, for 3.9 million patient visits each year, at 160 practice sites across San Diego, Riverside and Imperial counties, and is the seventh largest provider group in the region. [Read our latest Impact Report.](#)

² http://mhsoac.ca.gov/sites/default/files/documents/2017-01/MHSA_as_of_Sept2016ONLY.pdf