



March 11, 2022

The Honorable Richard Pan, M.D.
Chair, Senate Health Committee
1021 O Street, Room 3310
Sacramento, California 95814

Dear Dr. Pan and Committee Members,

Re: SUPPORT - SB 966 (Limón): Federally Qualified Health Centers and Rural Health Clinics: Visits

On behalf of [Health Center Partners of Southern California](#), representing 17 member organizations, including 12 Federally Qualified Health Centers, four Tribal Health Centers, and Planned Parenthood of the Pacific Southwest, **I respectfully request your “AYE” vote on SB 966 which will soon be heard by Senate Health Committee.** Members of this regional primary care association are the core of the regional health care delivery system, operating over 160 practice sites across five counties, serving 848,000 patients with 3.2 million patient visits annually, and generating \$2.5 billion in economic impact to the region and \$1.4 billion in savings to Medicaid.

Today, over 1,300 Community Health Centers (CHCs) in California provide high-quality, comprehensive care to 7.2 million people in California each year – or 1 in 5.

Historically, CHCs faced many challenges in terms of behavioral health workforce. The lack of multilingual and diverse candidates have left job vacancies unfilled for years. Additionally, barriers include prolonged onboarding of licensed providers and limitations to billable licensed providers.

In May 2020, DHCS (pursuant to SPA 20-0024) allowed temporarily ASWs and AMFTs as billable provider types for Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs), contingent on the declared COVID-19 Public Health Emergency (PHE). The ability to utilize Associate Clinical Social Workers (ASWs) and Associate Marriage and Family Therapists (AMFTs), under the declared PHE, has allowed timely and critical access to behavioral health services.

SB 966 will help ensure CHCs can continue to utilize ASWs and AMFTs beyond the PHE and continue to diversify their workforce to better meet the needs of their communities by providing culturally and linguistically competent care.



SB 966 also allows CHCs to better incorporate Licensed Marriage and Family Therapists (LMFTs), including those persons who transition from AMFTs to LMFTs. Since 2016, AB 1863 (Wood, Chaptered), has allowed LMFTs to be billable provider types for FQHCs and RHCs. However, the provision that FQHCs and RHCs must submit a Change in Scope-of-Service Request (CSOSR) after a full fiscal year before they can begin billing for services rendered by LMFTs has created barriers to expanding behavioral health care teams. This CSOSR is not sustainable for FQHCs and leaves them disadvantaged when trying to hire a critical behavioral health workforce. This bill seeks to eliminate this barrier and to guarantee LMFTs are treated similarly to LSWs and other licensed providers delivering care at FQHCs.

For these reasons, I support SB 966 and respectfully request your “AYE” vote when it comes before you in committee.

Sincerely,

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

Henry N. Tuttle
President and Chief Executive Officer
www.HCPSOCAL.org

cc: Senate Health Committee
HCP Board of Directors
CPCA