

VIRTUAL DAY AT THE CAPITOL 2021

☐ **AB 32 – (AGUIAR-CURRY) TELEHEALTH (BUDGET ISSUE & LEGISLATIVE ISSUE)**

Ask: Adopt AB 32 language in the final state budget.

The Administrations Telehealth Proposal, if enacted will widen the gap in care and deepen health care inequities in California. The May Revise recognizes and addresses our concern of audio-only care however it creates different reimbursement tiers for various telehealth modalities. AB 32 would allow Medi-Cal providers, including Federally Qualified Health Centers (FQHC's)/Rural Health Centers (RHC's) to continue providing telehealth including audio only beyond the declared Public Health Emergency.

AB 32 includes:

- Maintaining PPS payment for all services for an extended bridge period (through Jan 2025)
- Indefinite extension (beyond bridge period) for mild & moderate behavioral health services via telephone with PPS payment.
- Post-bridge non-PPS payment for medical services provided via telephone.

☐ **340B SUPPLEMENTAL PAYMENT POOL/MEDI-CAL RX**

Ask: Support a budget augmentation from \$50M to \$100M in the Supplemental Payment Pool

Community health centers continue to be concerned with the pending launch of Medi-Cal Rx. Eliminating the 340B savings that in the past allowed them to expand patient services that are not otherwise covered by their PPS rates could be detrimental for patients. By strengthening and augmenting the supplemental payment pool the legislature would ensure that the Medi-Cal pharmacy benefits transition, causes no harm to community health centers, the broader safety net, or the patients they serve.

☐ **SB 316 (EGGMAN): SAME DAY VISIT**

Ask: Support SB 316

This bill seeks expand the integration of mental health and substance use disorder services into comprehensive primary care settings, like FQHC's by allowing the health center to bill Medi-Cal for two visits if a patient is provided mental health services on the same day they receive other medical services. Currently, in California if a patient receives treatment for both a medical provider and a mental health specialist on the same day, DHCS will only reimburse the health center for one "visit" meaning that both providers can't be adequately reimbursed for their services.

☐ **AB 650 (MURATSUCHI): HEALTH CARE WORKERS RECOGNITION AND RETENTION ACT**

Ask: Oppose unless amended; Support the establishment of a statewide fund to support health care employers in retaining their workforce.

CHC's recognize that their heroic staff are key to the COVID-19 response. Many of them have provided new bonuses, overtime, premium pay and wellness programs during this time. The bill would mandate that CHC's pay hazard retention bonuses to staff. The bill would duplicate and place financial burden on health centers who are recovering due to losses of the pandemic. In conversations with the authors and sponsors we have learned of promising amendments:

- Recognize health employers who have already provided hazard bonuses.
- Establish a new state fund to support health employers, like CHC's, in providing retention bonuses.