

STATE :

☎ 340B DRUG DISCOUNT PROGRAM

The FY 2018-2019 Budget seeks to eliminate 340B program participation for Medi-Cal (Medicare) Fee-For-Service (FFS) and Medi-Cal Managed Care. Such a shift could have a direct and immediate impact on Community Health Centers (CHC’s) that rely on 340B savings to enhance and expand access to all. Savings from 340B provide safety-net providers with additional resources they can invest into health care services and other vital unfunded programs.

SPONSORED BILLS :

☎ SENATE BILL 1125 (ATKINS) - BEHAVIORAL HEALTH ACCESS

SB 1125 would allow Federally Qualified Health Centers (FQHC’s) and Rural Health Centers (RHC’s) to bill Medi-Cal for two visits if a patient is provided mental health services on the same day they receive other medical services. CHC’s see many patients with co-occurring diseases especially patients with mental illness and substance use disorders (SUD). Allowing CHC’s to access the same-day billing statute which is already in place for other programs will ensure and support a “whole person care” approach for Medi-Cal beneficiaries.

☎ SENATE BILL 456 (PAN) - CARE COORDINATION

SB 456 would allow FQHC’s to be reimbursed for services that promote continuity of care and wellness that are not otherwise covered by the payment system. Services to promote continuity of care that are not-face-to-face activities are required to provide comprehensive, coordinated care management for high-needs Medi-Cal beneficiaries with complex conditions.

☎ ASSEMBLY BILL 2576 (AGUIAR-CURRY) - DECLARED EMERGENCIES

To help California’s communities better prepare and respond to future disasters, AB 2576 would ensure communities continue to receive timely access to care when disaster strikes. The bill would address payment for services during declared emergencies, including telephonic visits, telehealth visits and payment for care provided at alternative locations. This is important as our regional CHC’s/Clinics are located in disaster prone areas (earthquakes and fires).

☎ ASSEMBLY BILL 2428 (GONZALES FLETCHER) - CONSOLIDATED LICENSING

AB 2428 would amend the Welfare and Institutions code to allow a licensed health center, in good standing, to include additional physical locations within 1/2 mile of the licensed facility to a single license for the purposes of sharing administrative functions and redirecting resources back to patient care.

ADDITIONAL PRIORITIES :

☎ PROTECT MEDICAID - The Medicaid (Medi-Cal) program it is vital to the role that CHC’s play to deliver care to the safety net communities.

☎ INTERMITTENT CLINICS - AB 2204 - Would allow CHC’s to increase the hours of intermittent clinics from 30 to 40 hours a week which would increase access to care.

☎ WORKFORCE - FY 17-18 budget investment in primary care workforce. This includes commitment to Song Brown and Teaching Health Center Graduate Medical Education funding. SAC Health system located in the Inland Empire is one of the largest teaching health center in the nation. Funding increases access to care and services to the safety net.

☎ IMMIGRATION - Recent executive orders have increased fear and increased barrier for access to care in our region. Our CHC’s support and serve all.