

APRIL 24, 2019 | SACRAMENTO, CA
DAY AT THE CAPITOL

□ 340B – DRUG PRICING PROGRAM

Governor Newsom signed executive order (EO) N-01-19 to create a single-purchaser system for prescription drugs in CA. While we support the Governor's overall goal, we are concerned about the impact it could have on the 340B Drug Pricing Program, covered entities, and the patients that benefit from the program. This EO could end the savings Community Health Centers (CHCs) accrue through the program and ultimately limit access for our low-income, vulnerable communities. In the Inland Southern Region CHCs stand to lose over **\$9M in savings** which may compromise health care access and services. As conversations around 340B continue, we remain committed and willing partners to find a solution that protects health centers that currently operate 340B programs.

□ Prop 56 – Value Based Payments (VBP)

Ensure that CHCs are included in the VBP program proposed in the 2019-2020 State Budget. The VBP program aims to improve quality and lowers costs specifically targeted at behavioral health integration, chronic disease management, and prenatal and postpartum care and should be available to all Medi-Cal patients.

□ AB 899 (WOOD): STREAMLINING EXPANSION OF PRIMARY CARE FACILITIES

This bill would streamline the expansion process for a licensed health center seeking to expand by giving them the option to repurpose an existing outpatient setting or previously licensed primary care clinic and putting it under their license.

□ AB 1494 (AGUIAR-CURRY): DECLARED EMERGENCIES

This bill aims to address the following challenges during a declared emergency:

- *Care at shelters.* Although many health centers already have cooperative agreements with their county and local partners to provide services in shelters, greater clarity is needed to guarantee health centers can bill for services.
- *Telephonic visits.* This bill would clarify state law to ensure that providers can have telephonic appointments ("visits") with patients.
- *Care at home.* While health centers may use telephone visits to care for these patients, the ability to provide, and be reimbursed for, home visits would create the necessary flexibility to keep patients healthy at home and avoid unnecessary strain on emergency service. This would also allow for greater flexibility in the utilization of telehealth, and will support homebound patients and patients displaced by disasters and unable to otherwise access their medical home.

□ SB 66 (ATKINS & MCGUIRE): BEHAVIORAL HEALTH ACCESS

This bill would allow Federally Qualified Health Centers (FQHCs) and Rural Health Centers (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.