



Community Health Association
Inland Southern Region

“Strengthening health care in the safety net”

DAY AT THE CAPITOL 2022
Sacramento, CA

Workforce

Ask: Commit **\$51M in new funding** for educational debt relief, advanced practice clinician training program, and residency programs that are most essential to Community Health Center’s (CHC) recruiting and training their future workforce while maintaining the workforce of today.

Specifically:

- \$29.3M for Loan Repayment and Scholarship Programs
- \$16M for Advanced Clinicians Training Programs
- \$5.7M for Graduate Medical Education

This investment is vital to CHC’s as they train, recruit, and employ California’s workforce while maintaining the workforce of today. The investment has the potential to positively impact more than 3,500 health professionals.

Supplemental Payment Pool (SPP)/Medi-Cal Rx

We are pleased to see the administration’s ongoing commitment of \$105M to the SPP however more funding is critically needed to address the financial burden of the Medi-Cal Rx transition.

Ask: Additional **\$50M general fund commitment**, which would draw down an additional \$50M federal match, for a total of \$205M to strengthen the non-hospital clinic SPP to a larger pool of funds that better represents the true cost of the transition and will ensure patient services remain intact.

Telehealth

Grateful for the commitment from the Administration and DHCS to maintain all current telehealth flexibilities, including payment parity for audio-only modalities post the Public Health Emergency.

[SB 939](#) (Pan): Prescription Drug Pricing

Ask: Support [SB 939](#)

Prohibits discriminatory actions by pharmacy benefit managers (PBM’s) and drug manufacturers when providing 340B drugs to CHC’s and their patients.

[SB 966](#) (Limon): Increasing Behavioral Health Access

Ask: Support [966 - Consent](#)

- Ensures CHC’s can continue utilizing and billing for Associate Clinical Social Workers (ASW) and Associate Marriage and Family Therapists (AMFT) beyond the public health emergency. This temporary flexibility has increased access to behavioral health services and helped meet the increased patient demand during COVID-19.
- Removes the provision for a Change in Scope-of-Service Request (CSOSR) for both medical and behavioral services ensuring that CHC’s are not disadvantaged when trying to bring in critical behavioral health workforce.