



AB 1612 – Removing Licensing Barriers for Providing Access to Care

BACKGROUND

Today, over 1,300 Community Health Centers (CHCs) in California provide high-quality comprehensive care to 7.2 million people – that is more than 1 in 5 Californians. CHCs provide the full spectrum of care, from primary care to dental to behavioral health, to everyone who walks through their doors, regardless of their ability to pay, their immigration status, or their individual circumstances.

In California, CHCs must be licensed as Primary Care Clinics (PCCs) by the California Department of Public Health (CDPH) to operate. As part of the PCC licensing requirements, CHCs must also comply with OSHPD 3 building standards as set by The Department of Health Care Access and Information (HCAI), and the California Building Standards Commission (CBSC). HCAI was formerly known as the Office of Statewide Health Planning and Development. (OSHPD)

PROBLEM

These building standards apply to **both** primary care clinics, (which include CHCs), **and** clinical services of a general acute care hospital. Existing statute links the requirements for hospital clinics, with those for PCCs. This is problematic because in the PCC setting only outpatient services are provided, while hospital clinics are allowed to provide up to 25% of their care as inpatient services.

This statutory language is stopping HCAI from modifying PCC standards to the appropriate acuity level for a primary care outpatient clinic

setting. Since PCCs only provide outpatient care, their facilities should not be held to hospital clinic construction requirements, which are tailored to address the higher acuity needs of inpatient services allowed for hospital-based clinics. In fact, private physician offices and county clinics currently operate outside of the hospital-based construction requirements without any documented risk to public health and safety or environmental protections.

As a critical component to California's healthcare delivery system, community health centers provide quality healthcare services to low-income individuals and families that are often uninsured or underinsured or living in healthcare deserts and underserved communities. Meeting the requirements outlined in these current standards often creates an undue financial burden for PCCs, creating a deterrence and /or an additional obstacle for them to overcome to expand vital healthcare services and establishing new clinic sites to meet the ever-growing healthcare needs California's most vulnerable populations in rural and urban regions throughout the state.

SOLUTION

The current heightened standards result in barriers to access patient care because CHCs are required to utilize their funds for unnecessary construction costs rather than expanding services or opening additional sites in underserved areas. This proposal seeks to streamline licensing and building standard requirements while continuing to provide necessary patient protection. Specifically, this

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bill will update the construction and building standards for outpatient clinics and would provide that a PCC in good standing would be able to acquire and operate an existing outpatient setting or build a new outpatient clinic without being linked to the heightened requirement of a hospital clinic with the ability to provide inpatient services as in the PCC setting only outpatient services are provided.

SUPPORT

- California Partnership for Health (sponsor)
- CaliforniaHealth+ Advocates (sponsor)

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