
THIRD READING

Bill No: AB 2680
Author: Arambula (D), et al.
Amended: 8/11/22 in Senate
Vote: 21

SENATE HEALTH COMMITTEE: 7-0, 6/30/22
AYES: Pan, Eggman, Leyva, Limón, Roth, Rubio, Wiener
NO VOTE RECORDED: Melendez, Gonzalez, Grove, Hurtado

SENATE APPROPRIATIONS COMMITTEE: 5-0, 8/11/22
AYES: Portantino, Bradford, Laird, Wieckowski
NO VOTE RECORDED: Bates, Jones, McGuire

ASSEMBLY FLOOR: 59-0, 5/25/22 - See last page for vote

SUBJECT: Medi-Cal: Community Health Navigator Program

SOURCE: California Pan-Ethnic Health Network

DIGEST: This bill requires the Department of Health Care Services (DHCS) to create the Community Health Navigator Program to make direct grants to community-based organizations to conduct targeted outreach, enrollment, retention, and access activities for Medi-Cal-eligible individuals and families. This bill requires DHCS to contract with a private foundation to administer the grant application and allocation process. This bill requires DHCS to contract with specified providers to furnish training and technical assistance to grant recipients. This bill requires DHCS to coordinate and partner with Covered California for marketing to eligible individuals, developing a joint application tracker system to allow specified persons and entities to track application and referrals between commercial and Medi-Cal enrollment, and to facilitate quarterly meetings on enrollment and access barriers and solutions.

ANALYSIS: Existing federal law authorizes federal financial participation (FFP) in the Medicaid program for diagnostic, screening, preventive, and rehabilitative services, including any clinical preventive services that are assigned a grade A or B by the United States Preventive Services Task Force and any medical or remedial services (provided in a facility, a home, or other setting) recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under state law. [42 U.S.C. §1396d]

Existing state law:

- 1) Establishes the Medi-Cal program, administered by DHCS, under which low-income individuals are eligible for medical coverage. [WIC §14000, et seq.]
- 2) Establishes a schedule of benefits under the Medi-Cal program, which includes benefits required under federal law and benefits provided at state option but for which FFP through Medicaid is available. [WIC §14132]

This bill:

- 1) Requires DHCS to create the Community Health Navigator (CHN) Program to make direct grants to qualified tax-exempt community-based organizations (CBOs) to conduct targeted outreach, enrollment, retention, utilization, and access activities for individuals and families eligible for Medi-Cal and the Medi-Cal Access Program.
- 2) Requires CHN Program grants to be made based on estimates for both of the following factors in the grant applicant's service area or areas:
 - a) The number of persons who are any of the following: eligible for but not enrolled in Medi-Cal; Black, Indigenous or people of color; immigrants and mixed-status families; limited-English-proficient individuals; individuals experiencing homelessness; seniors, individuals with a disability; pending release from incarceration or formerly incarcerated, or lesbian, gay, bisexual, transgender, or gender nonspecific (LGBTQ+); individuals with mental health or substance use disorders; and,
 - b) The general need for assistance with health care utilization or access among Medi-Cal eligible persons not identified in a).
- 3) Allows grants to include one or more statewide coalitions with the capacity to reach smaller, geographically dispersed, racially and ethnically diverse populations, including, but not limited to, Asian American and Pacific Islander populations, LGBTQ+ individuals, rural residents, and persons with disabilities.

- 4) Allows DHCS to contract with one or more private foundations to assist DHCS in administering the grant application and allocation process for the CHN Program, including identification of community-based organizations, establishment of contract deliverables, reporting, and evaluation metrics.
- 5) Requires DHCS to do all of the following:
 - a) Publish annually the list of grantees and amounts granted to each and publish quarterly progress reports on reaching state and regional outreach and enrollment goals, and related deliverables on its website;
 - b) Contract with an independent entity to conduct an evaluation of the CHN Program every three years; and,
 - c) Contract with tax-exempt CBOs or nonprofit legal services providers to furnish training and technical assistance to grant recipients of the CHN Program on changes in Medi-Cal eligibility, enrollment, retention, utilization, and access requirements, and the coverage, application, and renewal processes.
- 6) Requires DHCS to coordinate and partner with Covered California and counties that elect to participate on a seamless approach to application assistance outreach, enrollment, retention, utilization, and access activities, and for marketing targeted to individuals eligible for health coverage in Medi-Cal and Covered California, including:
 - a) Investment in a coordinated marketing, communications, and messaging strategy for Covered California and Medi-Cal;
 - b) Facilitation of quarterly meetings with CHNs, counties, and Covered California to provide program updates, identify outreach, enrollment, retention, utilization, and access barriers, and identify and implement necessary solutions; and,
 - c) A report on the feasibility of establishing a single, streamlined CHN grant program to assist vulnerable Californians to enroll in both public and commercial coverage by July 1, 2023.
- 7) Requires DHCS to seek any necessary federal approval for implementation of this bill. Requires the CHN Program to commence January 1, 2023.
- 8) States that this bill does not change the role or authority of a county in Medi-Cal administration under this chapter, nor impede any county from providing technical assistance, training or other support to CHN Program grantees.

- 9) Conditions implementation of this bill upon an appropriation by the Legislature in the annual Budget Act or other statute.

Comments

- 1) *Author's statement.* According to the author, California is leading the way in expanding access to health care. However, obstacles to health care still remain for many low-income communities of color, immigrants, and other Limited English Proficient groups. With the expected influx of people eligible for Medi-Cal, either due to the COVID-19 pandemic or efforts to expand benefits to undocumented Californians, it is critical now more than ever to make certain the State has the infrastructure to readily serve the needs of linguistically and culturally diverse communities. This bill will establish the CHN Program to ensure that we can continue to provide life-saving services to enroll, retain, and encourage utilization of Medi-Cal benefits. This grant program will empower CBOs that are uniquely positioned, trained, and experienced in the community to address the needs of low-income Californians by conducting targeted outreach, enrollment, retention, utilization, and access activities for individuals and families eligible for Medi-Cal.
- 2) *CHNs.* CHNs predate the Affordable Care Act, but they rose to industry recognition following the Affordable Care Act's healthcare coverage expansion, which included funding for navigators to help people enroll in Exchange-based coverage. More patients were able to afford healthcare coverage, but many of them had never applied for or purchased insurance before. Healthcare navigators were funded to assist these individuals. California's Exchange, Covered California, has had a CHN program since enrollment began. And although CBOs have long had CHNs to help people enroll into Medi-Cal or other public programs, a CHN program is not built into the funding of these programs as it is with Covered California. Many of the communities that need Medi-Cal services have the very barriers that CHN programs were designed to assist – limited English proficiency, limited health care services in their communities, low health care literacy, lower rates of health care coverage, and sometimes distrust of the health care system. CHNs help individuals understand what health care program they are eligible for, enroll in those programs, work through barriers that may have caused a disruption in coverage, help with renewing coverage, and help with finding providers or accessing services once they have health care coverage. Because CHNs are usually based in CBOs, they often have close connections to the communities they serve and can assist individuals in a culturally and linguistically appropriate manner.

3) *Current navigator program.* Although not a permanent part of the Medi-Cal program, DHCS currently has a CHN program. AB 74 (Ting, Chapter 23, Statutes of 2019) appropriated approximately \$60 million over three state fiscal years (ending June 30, 2022) to provide funding to counties and CBOs to serve hard-to-reach potentially eligible Medi-Cal populations through the Medi-Cal Health Enrollment Navigators Project (Project). These county and CBO groups perform the following activities to reach these populations: outreach, application assistance, enrollment, assistance with accessing and utilizing health care services, assistance with troubleshooting, retention, and assistance with redeterminations. DHCS has identified 11 priority populations to focus health navigation efforts:

- a) Persons with mental health disorder needs;
- b) Persons with substance use disorder needs;
- c) Persons with other disabilities;
- d) Aged persons;
- e) Persons who are homeless;
- f) Young people of color;
- g) Immigrants and families of mixed immigration status;
- h) Persons with limited English proficiency;
- i) Low-wage workers and their families or dependents;
- j) Uninsured children and youth formerly enrolled in Medi-Cal; and,
- k) Persons who are in county jail or state prison, on state parole, on county probation, or under post release community supervision.

DHCS is responsible for the Project's implementation including program design, funding allocations, data collection, and reporting requirements. The Administration has proposed extending this program through fiscal year 2025-2026 and the Legislature has approved it in its proposed budget.

This bill aims to codify the Project. It also includes more detailed implementation criteria, and many of the same priority populations. It also limits grantees to CBOs, rather than CBOs or county entities and has a number of contracting requirements for funding distribution and evaluation. It adds requirements that DHCS contract with other CBOs or legal services for technical training for CHNs, and contracts with an outside entity to evaluate the CHN program. It also requires DHCS and Covered California to work together on marketing, a quarterly CHN meeting, and to report on the feasibility of merging the Covered California navigator program and this CHN program.

Support if amended. California Agents & Health Insurance Professionals (CAHIP) and Collective:Choice write that they would be pleased to support this bill were it amended to include agents as grant recipients. Their members help millions of individual Californians, families and businesses evaluate, select, purchase, and use their health care coverage plans - including Medi-Cal. While consumers are not charged fees to work with agents there is a commission that is available to agents on the backend of group and individual health plans. That is not the case for Medi-Cal enrollments; every time an agent services an individual or family with enrollment or utilization assistance for Medi-Cal it is with no commission or compensation and is a direct financial loss to the agent or agency that is paying staff, building overhead, their own health insurance premiums and other operational costs. California Coverage and Health Initiatives writes that they will support this bill if it is amended to specify that the private foundation the DHCS contracts with to implement the grants must work closely with all counties across California.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

According to the Senate Appropriations Committee:

- Unknown ongoing cost pressures, likely tens of millions of dollars (General Fund and federal funds), to provide grant funding.
- Unknown ongoing General Fund cost pressures for DHCS, likely hundreds of thousands of dollars, to administer the program.

SUPPORT: (Verified 8/11/22)

California Pan-Ethnic Health Network (source)

AAPI Equity Alliance

Abrazar

Access Reproductive Justice

Altamed Health Services

American Diabetes Association

API Equality-LA

Asian Pacific Health Care Venture, Inc.

Asian Pacific Islander Forward Movement

Asian Resources, Inc.

Association of Regional Center Agencies

Be Smooth

California Black Health Network

California Commission on Asian and Pacific Islander American Affairs

California Council of Community Behavioral Health Agencies
California Coverage and Health Initiatives
California Food and Farming Network
California Immigrant Policy Center
California Medical Association
California Rural Legal Assistance Foundation
California School-Based Health Alliance
Central Valley Immigrant Integration Collaborative
Centro Binacional Para El Desarrollo Indígena Oaxaqueno
Centro La Familia Advocacy Services
Child and Family Guidance Center
Children Now
City of Long Beach
Clinica Monseñor Oscar A. Romero
Coalition for Humane Immigrant Rights
Community Action to Fight Asthma
Community Clinic Association of Los Angeles County
Community Health Councils
Community Health Partnership
Crystal Stairs
Cultiva La Salud
Dignity Community Care
Dignity Health St. Mary Medical Center
East Los Angeles Women's Center
Emanate Health
Empowering Pacific Islander Communities
Esperanza Community Housing Corporation
Fresno Barrios Unidos
Give For a Smile
Having Our Say Coalition
Health Access California
Healthy San Gabriel Valley
Herald Christian Health Centers
Human Services Association
Jovenes, Inc.
Justice in Aging
Korean American Coalition - Los Angeles
Korean Community Center of the East Bay
LAC+USC Medical Center Foundation
Latino Coalition for a Healthy California

Law Foundation of Silicon Valley
LeadingAge California
Little Tokyo Service Center
Maternal and Child Health Access
Mi Familia Vota
Mixteco Indigena Community Organizing Project
Multi-Ethnic Collaborative of Community Agencies
National Association of Social Workers, California Chapter
National Health Law Program
Northeast Valley Health Corporation
Pacific Asian Counseling Services
Para Los Niños
Prime Healthcare Services - St. Francis LLC dba St. Francis Medical Center
Racial and Ethnic Mental Health Disparities Coalition
Regional Asthma Management and Prevention
Regional Pacific Islander Taskforce
San Diegans for Healthcare Coverage
Services, Immigrant Rights and Education Network
South Asian Network
Southeast Asia Resource Action Center
Strategic Concepts in Organizing and Policy Education
Tarzana Treatment Center
Thai Community Development Center
The Cambodian Family
The Children's Partnership
The Fresno Center
Valley Community Healthcare
Venice Family Clinic
Vision Y Compromiso
Western Center on Law & Poverty
Women's Foundation California
Worksite Wellness LA
Yolo County Children's Alliance

OPPOSITION: (Verified 8/11/22)

None received

ARGUMENTS IN SUPPORT: This bill is supported by a broad range of CBOs, legal services organizations, providers, and other health care advocacy organizations. Sponsor California Pan-Ethnic Health Network (CPEHN) writes

that this bill will require DHCS to create a permanent program that provides grants to CBOs who can then provide outreach, enrollment, retention, and utilization services to Californians who are eligible for benefits under Medi-Cal and provide general navigation assistance to communities in need. Additionally, this bill will make programmatic enhancements to the CHN program by requesting recurring program evaluations, increased communication between Covered California and DHCS as it related to their navigation services, and a report on the feasibility of a future, single, streamlined program that includes DHCS and Covered California CHN services. According to research by the University of Southern California in the Journal of the American Board of Family Medicine, individuals assisted by local CHNs funded by the Los Angeles Children's Health Insurance Outreach program (now the Community Health Outreach Initiative) in 2018 and 2019 were three times more likely to report having a primary care clinic and over two and half times more likely to report having a primary care provider compared to the comparison group. Individuals assisted by CHNs were also significantly less likely to experience several barriers to care: not having insurance, not being able to pay for a visit, not having a usual place of care, not knowing how or where to get care and not having transportation to care.

ASSEMBLY FLOOR: 59-0, 5/25/22

AYES: Aguiar-Curry, Arambula, Bauer-Kahan, Bennett, Bloom, Boerner Horvath, Mia Bonta, Bryan, Calderon, Carrillo, Cervantes, Cooley, Cooper, Daly, Mike Fong, Friedman, Gabriel, Cristina Garcia, Eduardo Garcia, Gipson, Gray, Grayson, Haney, Holden, Irwin, Jones-Sawyer, Kalra, Lee, Levine, Low, Maienschein, Mathis, Mayes, McCarty, Medina, Mullin, Muratsuchi, Nazarian, Petrie-Norris, Quirk, Quirk-Silva, Ramos, Reyes, Luz Rivas, Robert Rivas, Rodriguez, Blanca Rubio, Salas, Santiago, Stone, Ting, Villapudua, Waldron, Ward, Akilah Weber, Wicks, Wilson, Wood, Rendon

NO VOTE RECORDED: Berman, Bigelow, Chen, Choi, Cunningham, Megan Dahle, Davies, Flora, Fong, Gallagher, Kiley, Lackey, Nguyen, O'Donnell, Patterson, Seyarto, Smith, Valladares, Voepel

Prepared by: Jen Flory / HEALTH / (916) 651-4111
8/15/22 12:54:39

**** END ****