CONCURRENCE IN SENATE AMENDMENTS
AB 543 (Mark González)
As Amended September 5, 2025
Majority vote

SUMMARY

Authorizes a Medi-Cal managed care (MCMC) plan to elect to offer Medi-Cal covered services through an in-network, contracted field medicine provider. Requires a MCMC plan that elects to offer Medi-Cal covered services through a field medicine provider to allow a Medi-Cal beneficiary who is a person experiencing homelessness (PEH) to receive those services directly from a field medicine provider, regardless of the beneficiary's network assignment. Requires a MCMC plan to allow a field medicine provider enrolled in the Medi-Cal program to directly refer a Medi-Cal beneficiary who is a PEH for covered services, including specialist, diagnostic services, medications, durable medical equipment, transportation, or other medically necessary covered services, within the appropriate network of the MCMC plan or independent practice association (IPA). Requires the Department of Health Care Services (DHCS) to include in the application for insurance affordability programs an optional question to allow the applicant to indicate if they are experiencing homelessness at the time of application by January 1, 2027.

Major Provisions

1) *Requires DHCS to reimburse a field medicine provider for providing Medi-Cal covered services in the case of a Medi-Cal beneficiary who is a PEH and who receives services within the fee-for-service (FFS) delivery system.*

2) *Defines a "PEH" to mean a person who lacks a fixed, regular, and adequate nighttime residence, which may include living in shelters, transitional housing, or places not meant for habitation, like cars or outdoors.*

3) *Defines a "field medicine provider" to mean a licensed medical provider, including, but not limited to, a physician and surgeon, osteopathic physician and surgeon, physician assistant, nurse practitioner, or certified nurse-midwife, who conducts patient visits outside of the four walls of health facilities, clinics, or other locations, and instead directly on the street, in environments where PEH might be, such as living in a car, recreational vehicle, encampment, abandoned building, or other outdoor areas.*

4) *Requires DHCS to seek any federal approvals necessary to implement this bill, implements this bill only to the extent that any necessary federal approvals are obtained and that federal financial participation is available and is not otherwise jeopardized, and permits DHCS to implement, interpret, or make specific this bill by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions without the adoption of regulations until any necessary regulations are adopted.*

Senate Amendments

1) Replace references in the Assembly-approved version of this bill to "street medicine" and "street medicine provider" with "field medicine" and "field medicine provider," and revise the definition of a PEH.

2) Require MCMC plans contracting with field medicine providers to have appropriate mechanisms, procedures, or protocols to ensure timely communication between the in-

network, contracted field medicine provider, the Medi-Cal member's plan or IPA, and the member's assigned primary care provider for purposes of care coordination and to prevent the duplication of services.

3) Delete the requirement in the Assembly-approved version of this bill authorizing a MCMC plan to establish reasonable requirements governing participation in plan network, and instead requires a MCMC plan electing to offer field medicine services to do so through an in-network contracted field medicine provider.

4) Delete the requirement in the Assembly-approved version of this bill requiring DHCS to ensure that the Medi-Cal program and the California Statewide Automated Welfare System (CalSAWS) mutually share data on the status of Medi-Cal applicants and recipients who are PEH, including through codes related to unsheltered status.

5) Delete the requirement in the Assembly-approved version of this bill that DHCS implement a Medi-Cal presumptive eligibility program for PEH.

COMMENTS

In January 2024 (the most recently available data), 187,000 people were counted as homeless in California—an all-time high, and 36,000 (24%) more than were counted in January 2019. Two-thirds of those counted were unsheltered (such as people living on the street or in a park). The other one-third were identified as "sheltered homeless," meaning they were spending the night in an emergency shelter or other temporary housing. California has 12% of the total population in the U.S. but accounts for about one-quarter of the country's homelessness count.

Existing DHCS policy for street medicine is published in guidance. DHCS All-Plan Letter (APL) 24-001 is the most recent guidance to date for MCMC plans on opportunities to utilize street medicine providers to address clinical and non-clinical needs of their Medi-Cal members experiencing unsheltered homelessness. APL 24-001, the utilization of street medicine providers is voluntary for MCMC plans, but if a plan offers street medicine, it must meet the requirements of the APL.

Under the guidance, street medicine providers are required to verify the Medi-Cal eligibility of individual they encounter in the provision of health care services. Street medicine providers rendering services to Medi-Cal eligible individuals are to bill Medi-Cal FFS or the MCMC plan if the provider is contracted, based on the eligibility of the individual. If a street medicine provider is a federally qualified health center (FQHC), the APL indicates the FQHC can be reimbursed at their applicable Prospective Payment System rate when such services are provided outside the four walls of the clinic and where the beneficiary is located.

According to the Author
Every person in our community deserves compassionate, comprehensive care—this includes the 187,000 people living on the streets in California. PEH face severe health risks and a mortality rate ten times higher than the general population—largely due to barriers in accessing health care. Evidence-based models such as street medicine have proven to significantly improve access to health care, reduce hospitalizations, enhance chronic disease management, and increase housing placements. To address the ongoing homelessness crisis, we must respond with innovation and solution rooted in humane solutions that work, such as street medicine. The author concludes that these are not just programs; they are lifelines.

Arguments in Support
This bill is jointly sponsored by the California Street Medicine Collaborative and the University of Southern California (USC), which write that this bill takes essential steps to ensure that Medi-Cal-eligible individuals who are unhoused can receive life-saving medical care without unnecessary administrative delays. The sponsors note that the mortality rate among people experiencing homelessness is ten times higher than that of housed individuals and continues to rise at an alarming rate. The sponsors state that, despite the scale of this crisis, existing health care systems fail to provide adequate access to primary and specialty care for unhoused individuals. Although over 70% of people experiencing homelessness are enrolled in Medi-Cal, only 8% have access to a primary care provider, compared to 82% of the general population. The sponsors state this is not due to a lack of insurance, but rather systemic barriers, including lack of identification, network-based restrictions on referrals to care, and prolonged Medi-Cal eligibility redeterminations that prevent PEH from receiving the care they need. Without access to primary care, people experiencing homelessness are forced to rely on emergency departments and crisis services at much higher rates.

The sponsors point to studies that show that unhoused individuals have twice the length of hospital stays compared to housed patients and spend 740% more days in the hospital, at 170% higher costs per day. In addition, the sponsors note that studies have shown that street medicine inpatient consult services have reduced hospital stays from eleven days to eight days among homeless patients and decreased 30-day readmission rates from 37% to 10%, and that providing medical care outside of traditional facilities significantly improves housing placements.

The sponsors state this bill tackles the barriers preventing unhoused individuals from receiving timely, appropriate care by ensuring access to medically necessary services when a field medicine provider determines that a patient needs specialty care, diagnostics, or DME. The sponsor states MCMC plans frequently deny these referrals solely due to network assignment restrictions. This bill prohibits MCMC plans from denying necessary care based only on network assignment, ensuring that unhoused individuals are not left without critical medical interventions simply because they receive care outside of a traditional clinic.

Arguments in Opposition
None.

FISCAL COMMENTS

According to the Senate Appropriations Committee:

1) *Unknown potential costs (General Fund and federal funds) related to the delivery of street medicine services and data sharing, including state administration for DHCS, county administration, increased utilization of Medi-Cal services, and automation system changes.*

2) *Cost to counties would be potentially reimbursable by the state, subject to a determination by the Commission on State Mandates.*

VOTES:

ASM HEALTH: 16-0-0
YES: Bonta, Chen, Addis, Aguiar-Curry, Rogers, Carrillo, Flora, Mark González, Krell, Patel, Patterson, Celeste Rodriguez, Sanchez, Schiavo, Sharp-Collins, Stefani

ASM APPROPRIATIONS: 13-0-2
YES: Wicks, Arambula, Calderon, Caloza, Dixon, Elhawary, Fong, Mark González, Hart, Pacheco, Pellerin, Solache, Ta
ABS, ABST OR NV: Sanchez, Tangipa

ASSEMBLY FLOOR: 78-0-1
YES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
ABS, ABST OR NV: Tangipa

UPDATED

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