

Date of Hearing: August 20, 2025

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

SB 338 (Becker) – As Amended July 3, 2025

Policy Committee: Health

Vote: 15 - 0

Urgency: No

State Mandated Local Program: No

Reimbursable: No

SUMMARY:

This bill establishes the Virtual Health Hub for Rural Communities Pilot Program (pilot program) and authorizes the California Department of Public Health (CDPH) to administer the Pilot Program with non-General Fund (GF) monies to expand access to health services for farmworkers in rural communities.

Specifically, this bill:

- 1) Defines “virtual health hub” to mean a vehicle or portable facility that is equipped with, at a minimum, computers, Wi-Fi, cubicles for virtual visits, and exam rooms for telemedicine.
- 2) Creates the Virtual Health Hub Fund (Fund) in the State Treasury and authorizes CDPH to administer the Fund to expand access to health services for farmworkers in rural communities by providing virtual connections to health care providers, mental health services, and educational services to help improve health outcomes.
- 3) Authorizes CDPH to administer the implementation of this division with funding other than GF moneys, including gifts, donations, bequests, or grants of funds from private sources and public agencies, designated for any of the purposes of this bill and deposited in the Fund.
- 4) Requires the provisions of this bill be implemented only if no GF moneys are used for this program, the balance of the fund is at least \$2 million, and CDPH posts a notice to its internet website stating the minimum fund balance has been met.
- 5) Requires CDPH award grants to partnerships of two separate community-based organizations (CBOs) to establish and deploy virtual health hubs. Authorizes CDPH to award both components of a virtual health hub to a single CBO if it determines that doing so is necessary to ensure program effectiveness, administrative efficiency, or adequate service coverage in a particular community or region.
- 6) Requires the grant recipients deploy virtual health hubs in two rural communities based on farmworker population and access to health care.
- 7) Requires the grant recipients make space available in or around virtual health hubs that can be used for visits by professionals, including, but not limited to, medical teams, educators, and volunteers, who bring additional programming onsite to rural farms.

- 8) Requires the grant recipients report specified information about the people served, including demographic information, insurance status, type of services received, and barriers to care, to CDPH upon request and in the manner prescribed by CDPH.
- 9) Requires CDPH provide technical assistance to the grant recipients with regard to any licensing or reporting requirements.
- 10) Requires CDPH, in evaluating grant proposals for the pilot program, give priority to CBOs that meet one or more criteria, including, among others:
 - a) Provide farmworker communities with mental health support, cultural resources, educational tools, advocacy, immigration litigation support, food, or basic necessities.
 - b) Have a history of serving communities that are medically underserved or face significant barriers to accessing health care, including low-income populations, rural communities, immigrants, individuals with limited English proficiency, or communities of color.
 - c) Cultural and linguistic alignment with the populations served, including having multilingual staff, culturally competent service delivery models, or representation from the target community within leadership or governance structures.
 - d) Have existing infrastructure, or a clearly defined plan to offer or facilitate virtual or telehealth services.
 - e) Have demonstrated collaboration with local clinics, schools, hospitals, tribal health providers, or other public or private health entities to ensure effective referral systems and service integration.
- 11) Authorizes CDPH to assign a weighted scoring system to the criteria in item 10, above. Requires CDPH make public any application rubric or review process used to evaluate proposals.
- 12) Requires CDPH, two years after the date CDPH posts to its internet website that the minimum fund requirement for program operation has been met, post to its internet website and submit to the Legislature a final report regarding the pilot program.
- 13) Requires the report include specified information provided to CDPH by the grant recipients and only deidentified information in aggregate form to ensure compliance with applicable privacy laws, as specified.
- 14) Specifies that unless subsequent legislation supersedes or modifies this statute to extend the pilot program, provisions of this bill become inoperative if the fund balance has not been met by December 31, 2030.
- 15) Makes various findings and declarations.

FISCAL EFFECT:

One-time cost pressures in the low hundreds of thousands of dollars for CDPH to administer the pilot program with non-GF moneys.

COMMENTS:

- 1) **Purpose.** This bill is sponsored by California Life Sciences Association, ALAS (Ayudando Latinos a Sonar), and Life Science Cares. According to the author:

California's agricultural industry is the breadbasket of the world, encompassing a significant majority of the state's geography. Nearly half of all farmworkers in the United States reside in California, but unfortunately, these farmworkers work long hours and often have inadequate access to medical care and transportation because healthcare providers are often located nearer to urban centers. As a result, rural farm-working communities tend to be sicker and have lower life expectancies. SB 338 addresses this healthcare access disparity by providing mobile virtual health hubs equipped with virtual consultation capabilities like medical/preventative care, mental health services, health education, & wellness resources directly to the patients in rural areas who are in need of better access to care.

- 2) **Background.** Agriculture is among the most dangerous occupations in the U.S. Agricultural workers are exposed to multiple occupational hazards, including exposure to toxic chemicals, dangerous equipment, and hazardous conditions. Farmworkers in California experience disproportionately high rates of uninsurance and typically live in rural areas that lack sufficient health resources.

This bill is modeled after the Farmworker Equity Express bus program, which is a pilot organized by ALAS (one of the sponsors of this bill) that began at the end of 2022 with funding from a number of life science companies and foundations. The bus is a mobile resource center that provides virtual connections to healthcare providers, in-person culturally-centered mental health services, online tutoring, and facilitating online adult classes through local community colleges. While health-focused, it primarily offers internet connection for farmworkers to access health care and education. According to the sponsors, the bus was able to serve 120 people a week rotating among up to 12 farms in the afternoons and early evenings.

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