Office of Senate Floor Analyses
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UNFINISHED BUSINESS

Bill No: SB 338
Author: Becker (D), et al.
Amended: 7/3/25
Vote: 21

SENATE HEALTH COMMITTEE: 11-0, 4/23/25
AYES: Menjivar, Valladares, Durazo, Gonzalez, Grove, Limón, Padilla, Richardson, Rubio, Weber Pierson, Wiener

SENATE APPROPRIATIONS COMMITTEE: 6-0, 5/23/25
AYES: Caballero, Seyarto, Cabaldon, Grayson, Richardson, Wahab
NO VOTE RECORDED: Dahle

SENATE FLOOR: 38-0, 5/29/25
AYES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, McGuire, McNerney, Menjivar, Niello, Ochoa Bogh, Padilla, Pérez, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener
NO VOTE RECORDED: Limón, Reyes

ASSEMBLY FLOOR: 62-0, 9/9/25 – Roll call vote not available.

SUBJECT: Virtual Health Hub for Rural Communities Pilot Program

SOURCE: Ayudando Latinos a Soñar
California Life Sciences
Life Science Cares Bay Area

DIGEST: This bill (1) requires the Department of Public Health to administer a Virtual Health Hub for Rural Communities Pilot Program to deploy mobile units in two rural communities based on farmworker population and access to health care.

(2) Creates the Virtual Health Hub Fund to fund the program using non-General Fund dollars.

Assembly Amendments rename the Farmworker Health Equity Fund the Virtual Health Hub Fund; require the fund to have at least $2 million dollars in order to implement the grant program; add criteria for CDPH to evaluate grant proposals; add reporting requirements for grant recipients; and add detail to the required report to the Legislature.

ANALYSIS:

Existing law:

1) Licenses and regulates clinics, including primary care clinics, specialty clinics, and mobile clinics, by the California Department of Public Health (CDPH). [Health and Safety Code (HSC) §1200, et seq.]

2) Defines a primary care clinic as either a "community clinic," which is required to be operated by a non-profit corporation and to use a sliding fee scale to charge patients based on their ability to pay, or a "free clinic," which is also required to be operated by a non-profit but is not allowed to directly charge patients for services rendered or for any drugs, medicines, or apparatuses furnished. [HSC §1204]

3) Exempts various types of clinics from licensure and regulation by CDPH, including clinics operated by the federal government and any primary care clinic operated by the state, counties, or cities. [HSC §1206]

4) Exempts from licensure an intermittent clinic that is operated by a licensed primary care community clinic on separate premises from the licensed clinic and is only open for limited services of no more than 40 hours each week. However, an intermittent clinic operated under this exemption is still required to meet all other requirements of law, including administrative regulations and requirements, pertaining to fire and life safety. [HSC §1206]

5) Enacts the Mobile Health Care Services Act, which permits a mobile unit to operate as an adjunct to a licensed health facility or to a licensed clinic, or as an independent-freestanding clinic, as specified. Prohibits any person, political subdivision of the state, or governmental agency from operating a mobile service unit without first obtaining a license or an addition to existing licensure unless exempt from licensure. [HSC §1765.101, et seq. and §1765.125]

6) Defines a "mobile unit" as a commercial coach that provides medical, diagnostic, and treatment services, in order to help ensure the availability of quality health care services for patients who receive care in remote or underserved areas and for patients who need specialized types of medical care provided in a cost-effective way. Requires the commercial coach to be approved to provide these services as a service of a licensed health facility or licensed clinic, or is separately licensed as a clinic, unless the parent facility is exempt from licensure. Prohibits DHCS from creating new health facility or license categories under this category absent a legislative mandate. [HSC §1765.105 and §1765.110]

7) Establishes the Medi-Cal program as California's Medicaid program, administered by the Department of Health Care Services (DHCS), which provides comprehensive health care coverage for low-income individuals. [WIC §14000, et seq.]

8) Requires specified health care providers seeking to be a Medi-Cal provider to submit a complete application package for enrollment, continuing enrollment, or enrollment at a new location or a change in location (referred to as Medi-Cal Provider Enrollment):

   a) A provider that currently is not enrolled in the Medi-Cal program;
   b) A provider applying for continued enrollment, upon written notification from DHCS that enrollment for continued participation of all providers in a specific provider of service category or subgroup of that category to which the provider belongs will occur; and,
   c) A provider not currently enrolled at a location where the provider intends to provide services, goods, supplies, or merchandise to a Medi-Cal beneficiary. [Welfare and Institutions Code (WIC) §14043.26]

9) Exempts an applicant or provider from needing to enroll in the Medi-Cal program as a separate provider if the applicant is an intermittent clinic that is exempt from licensure, or is an affiliated mobile health care unit that is licensed or approved by CDPH, as specified, and is operated by a licensed primary care clinic and for which the intermittent site or mobile health unit the licensed primary care clinic directly or indirectly provides all staff, protocols, equipment, supplies, and billing services. Requires the licensed primary care clinic operating the applicant to notify DHCS of its separate locations, premises, intermittent sites, or mobile health care units. [WIC §14043.15(e)]

This bill:

1) Requires CDPH to administer a Virtual Health Hub for Rural Communities Pilot Program 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 in underserved communities.

2) Requires CDPH to award grants partnerships of two separate community-based organizations to administer the pilot program described in 1).

3) Requires CDPH to evaluate grant proposals based on a public rubric or review process, giving priority to community-based organizations that can meet one or more of the following criteria:

    a) Provide farmworker communities with mental health support, cultural resources, educational tools, advocacy, immigration litigation support, food, or basic necessities;
    b) A history of serving communities that are medically underserved or face significant barriers to accessing health care, including, but not limited to, low-income populations, rural communities, immigrants, individuals with limited English proficiency, or communities of color;
    c) Provide a benefit to farmworker communities in underserved as specified, to medically underserved populations as specified, and vulnerable communities as specified;
    d) Are culturally and linguistically aligned with the populations served, including having multilingual staff, culturally competent service delivery models, or representation from the target community within leadership or governance structures;
    e) Have existing infrastructure, or a clearly defined plan to offer or facilitate virtual or telehealth services, including access to private consultation space, digital equipment, or partnerships with licensed providers;
    f) Have the capacity and willingness to collect and report deidentified, aggregate data as required by the department, including, but not limited to, age ranges, income brackets, race or ethnicity, language, and service type;
    g) 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; and,

h) Operate or have operated within a health professional shortage area, medically underserved area, or other area designated by CDPH as high need.

4) Requires grant recipients to deploy virtual health hubs in two rural communities based on farmworker population and access to health care and to make space available in or around the hubs that can be used for visits by professionals, including medical teams, educators, and volunteers who bring additional programming to rural farms.

5) Creates the Virtual Health Hub Fund in the State Treasury to be funded with funding other than General Fund moneys, including gifts, donations, bequests, or grants of funds from private sources and public agencies designated for the purposes of the pilot program and deposited in the fund. Prohibits the use of General Fund moneys for the pilot program and requires a fund balance of at least $2 million to implement this bill.

6) Requires organizations in receipt of a grant awarded under the pilot program to deploy virtual health hubs in two rural communities based on farmworker population and access to health care. Requires the organization to make space available in or around virtual health hubs that can be used for visits by professionals, including medical teams, educators, and volunteers who bring additional programming onsite to rural farms.

7) Requires CDPH to report the outcomes of the program to the Legislature and on its website two years after the program has sufficient funds to be implemented with the following deidentified information:

   a) Age ranges of the people served;
   b) Household income brackets of the people served;
   c) Self-reported race and ethnicity of the people served, when available;
   d) Primary language spoken at home of the people served;
   e) ZIP Code or general geographic area served;
   f) Insurance status of the people served, including whether they have private insurance, are uninsured, or are covered by the Medi-Cal program;
   g) Number of individuals served, not including repeat users;
   h) Type of health services accessed, including, but not limited to, preventative, behavioral, and maternal health; and.
   i) General barriers to care, as identified by participants.

8) Makes this bill inoperative if the fund balance requirement has not been met by December 31, 2030.

9) Makes legislative findings that it is the intent of the Legislature to model this program after the Farmworker Health Equity Express Bus program in and around the Half Moon Bay community as well as findings regarding the poorer health and economic status of farmworkers compared to the general population and health disparities faced by Latinos generally.

Comments

According to the author of this bill:

> 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. This bill addresses this healthcare access disparity by providing mobile health clinics 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.

Background

Farmworker Health Study. The 2022 Farmworker Health Study (FWHS) survey was funded by CDPH and conducted by researchers at UC Merced between July 2021 and April 2022. The FWHS sample consisted of 1,242 participants across five major California regions, with a profile very similar to that of the broader farmworker population. The FWHS sample was largely Latino (99%), foreign-born (91%), and low-income. Some relevant findings were cited in the legislative findings of this bill: 49% reported being without health insurance at some point in the last year; 43% reported visiting a doctor's clinic in the last year, and 35% had been seen by a dentist; 36% reported that their health was "fair" or "poor;" between 37% and 37% reported having at least one chronic condition, and the most common reported conditions were diabetes, hypertension, and anxiety; and, 40% respondents suspected or confirmed being infected with COVID-19 -- of those who tested positive, 41% said their health had not returned to normal. The FWHS report also noted that while farmworkers have lower self-reported rates of chronic conditions than the general Latino population in California, this may be due to

immigrants historically being healthier than native-born Latinos and in part, given the strenuous nature of farm work, those with poor health tend to drop out of the workforce.

Farmworker Health Equity Express bus. According to the sponsors, the Farmworker Equity Express bus program is a pilot organized by ALAS and funded by a number of life science companies and foundations that began at the end of 2022. 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.

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

According to the Assembly Appropriations Committee, this bill has one-time cost pressures in the low hundreds of thousands of dollars for CDPH to administer the pilot program with non-General Fund moneys.

SUPPORT: (Verified 9/9/25)

Ayudando Latinos a Soñar (co-source)
California Life Sciences (co-source)
Life Science Cares Bay Area (co-source)
Ray Mueller, Supervisor, Third District, County of San Mateo
California Behavioral Health Association
California Medical Association
California Primary Care Association Advocates
California Youth Empowerment Network
Church State Council
CleanEarth4Kids.org
Farmworker Caravan
Leadership Council San Mateo
LGBTQ+ Inclusivity, Visibility, and Empowerment
Mental Health America of California
United Farm Workers

OPPOSITION: (Verified 9/9/25)

None received

ARGUMENTS IN SUPPORT: Co-sponsor California Life Sciences write that farmworkers work long hours and are paid low wages with often inadequate access to medical care and transportation. A trip to the doctor's office is typically at least 20 miles away, and given the remote nature of many farms, public transportation is not always available. Additionally, many workers feel the pressure to not miss work for fear of losing employment resulting in many individuals delaying or never receiving care. Thus, preventable and treatable medical ailments like high blood pressure, diabetes, and respiratory illness, which already disproportionately impact this population result in more adverse long-term health outcomes. Meeting families where they are is key to closing the noted gaps in access to health care.

Prepared by: Jen Flory / HEALTH / (916) 651-4111
9/9/25 12:37:04

****** END ******