

AMENDED IN SENATE AUGUST 15, 2011

AMENDED IN ASSEMBLY MAY 27, 2011

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 916

Introduced by Assembly Member V. Manuel Pérez
(Coauthors: Assembly Members Ammiano and Fuentes)
(Coauthor: Senator Leno)

February 18, 2011

~~An act relating to public health. An act to amend Section 1216 of, and to add and repeal Chapter 6 (commencing with Section 127645) of Part 2 of Division 107 of, the Health and Safety Code, relating to public health.~~

LEGISLATIVE COUNSEL'S DIGEST

AB 916, as amended, V. Manuel Pérez. ~~Promotes: medically underserved communities; federal grants; communities.~~

Under existing law, the California Health and Human Services Agency is required to establish an interdepartmental Task Force on Rural Health to coordinate rural health policy development and program operations and to develop a strategic plan for rural health.

This bill would state the intent of the Legislature to ensure that counties address the needs of underserved communities by maximizing the use of nonprofit health providers that are critical to the health of farmworkers and other individuals, as specified. This bill would establish the Task Force on the Health Care Needs of Farmworkers, composed as prescribed, to develop a comprehensive agenda of programs and public policy initiatives that are designed to address the health care needs of farmworkers in California, and provide a report

containing specified information to the office of the Governor and the State Department of Health Care Services by December 31, 2013. This bill would provide that the task force is to be funded by federal or private funds and that if, by January 1, 2013, the office of the Governor determines that the task force has insufficient funding to carry out its activities, the activities of the task force shall cease. This bill would repeal these provisions as of January 1, 2014.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. Existing law provides that federally qualified health center services, as defined, are covered benefits under the Medi-Cal program.

Existing law requires every clinic holding a license to file annually with the Office of Statewide Health Planning and Development a verified report showing prescribed information. Violation of these provisions is a crime.

This bill would require all federally qualified health centers operated by a county to file this report. By changing the definition of a crime, this bill would create a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Existing law establishes training and certification programs for various healing arts professionals including, among others, nurses, midwives, occupational therapists, dietitians, and social workers.

This bill would require the State Department of Public Health to assess the grants to promote positive health behaviors and outcomes available pursuant to the federal Patient Protection and Affordable Care Act for funding opportunities related to the use of promotores, as defined, in medically underserved communities, and to report on this assessment to the fiscal and health policy committees of the Legislature by April 1, 2012, with recommendations for attaining and maximizing federal funding.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: ~~no~~-yes.

The people of the State of California do enact as follows:

1 *SECTION 1. It is this intent of the Legislature to ensure that*
2 *counties address the needs of underserved communities by*
3 *maximizing the use of nonprofit health providers that are critical*
4 *to the health of farmworkers and other individuals if county*
5 *governments are given greater authority and control to operate*
6 *specific health programs through realignment by requiring that*
7 *the realignment includes all of the following:*

8 *(a) Minority communities being served shall be consulted and*
9 *involved in developing service delivery models and infrastructure.*

10 *(b) Nonprofit community-based organizations providing health*
11 *care, social services, and mental health services shall be included*
12 *in the delivery of these services to impacted and targeted*
13 *communities.*

14 *(c) No reduction in the current role and scope of nonprofit*
15 *organizations in the operation of health programs.*

16 *(d) Priority to establishing partnerships between county*
17 *government and nonprofit organizations to effectively deliver*
18 *coordinated services.*

19 *SEC. 2. Section 1216 of the Health and Safety Code is amended*
20 *to read:*

21 1216. (a) Every clinic holding a license shall, on or before the
22 15th day of February each year, file with the Office of Statewide
23 Health Planning and Development upon forms to be furnished by
24 the office, a verified report showing the following information
25 relating to the previous calendar year:

26 (1) Number of patients served and descriptive information,
27 including age, gender, race, and ethnic background of patients.

28 (2) Number of patient visits by type of service, including all of
29 the following:

30 (A) Child health and disability prevention ~~screens~~ *screenings*,
31 treatment, and followup services.

32 (B) Medical services.

33 (C) Dental services.

34 (D) Other health services.

35 (3) Total clinic operating expenses.

36 (4) Gross patient charges by payer category, including Medicare,
37 Medi-Cal, the Child Health Disability Prevention Program, county

1 indigent programs, other county programs, private insurance,
2 self-paying patients, nonpaying patients, and other payers.

3 (5) Deductions from revenue by payer category, bad debts, and
4 charity care charges.

5 (6) Additional information as may be required by the office or
6 the department.

7 (b) In the event a clinic fails to file a timely report, the
8 department may suspend the license of the clinic until the report
9 is completed and filed with the office.

10 (c) In order to promote efficient reporting of accurate data, the
11 office shall consider the unique operational characteristics of
12 different classifications of licensed clinics, including, but not
13 limited to, the limited scope of services provided by some specialty
14 clinics, in its design of forms for the collection of data required
15 by this section.

16 (d) For the purpose of administering funds appropriated from
17 the Cigarette and Tobacco Products Surtax Fund for support of
18 licensed clinics, clinics receiving those funds may be required to
19 report any additional data the office or the department may
20 determine necessary to ensure the equitable distribution and
21 appropriate expenditure of those funds. This shall include, but not
22 be limited to, information about the poverty level of patients served
23 and communicable diseases reported to local health departments.

24 (e) This section shall apply to all primary care clinics.

25 (f) This section shall apply to all specialty clinics, as defined in
26 paragraph (2) of subdivision (a) of Section 1204 of the Health and
27 Safety Code that receive tobacco tax funds pursuant to Article 2
28 (commencing with Section 30121) of Chapter 2 of Part 13 of
29 Division 2 of the Revenue and Taxation Code.

30 (g) Specialty clinics that are not required to report pursuant to
31 subdivision (f) shall report data as directed in Section 1216 as it
32 existed prior to the enactment of Chapter 1331 of the Statutes of
33 1989 and Chapter 51 of the Statutes of 1990.

34 (h) *Federally qualified health centers, as described in Section*
35 *1395x(aa)(4) or 1396d(l)(2)(B) of Title 42 of the United States*
36 *Code, operated by a county shall file the report described in*
37 *subdivision (a).*

38 *SEC. 3. Chapter 6 (commencing with Section 127645) is added*
39 *to Part 2 of Division 107 of the Health and Safety Code, to read:*

1 (e) A plan to coordinate a network of providers to ensure a
2 continuum of health care as farmworkers migrate within and
3 outside of the state.

4 (f) Long-term strategies for educating, training, and preparing
5 workers for other industries, including, but not limited to, green
6 technology.

7 (g) Viable strategies for enabling farmworkers to purchase
8 affordable housing.

9 127647. This chapter shall remain in effect only until January
10 1, 2014, and as of that date is repealed, unless a later enacted
11 statute, that is enacted before January 1, 2014, deletes or extends
12 that date.

13 SEC. 4. No reimbursement is required by this act pursuant to
14 Section 6 of Article XIII B of the California Constitution because
15 the only costs that may be incurred by a local agency or school
16 district will be incurred because this act creates a new crime or
17 infraction, eliminates a crime or infraction, or changes the penalty
18 for a crime or infraction, within the meaning of Section 17556 of
19 the Government Code, or changes the definition of a crime within
20 the meaning of Section 6 of Article XIII B of the California
21 Constitution.

22 SECTION 1. ~~(a) The State Department of Public Health shall~~
23 ~~assess the grants to promote positive health behaviors and outcomes~~
24 ~~available pursuant to Section 399V of the federal Patient Protection~~
25 ~~and Affordable Care Act (Public Law 111-148) for funding~~
26 ~~opportunities related to the use of promotores, also known as~~
27 ~~community health workers, in medically underserved communities.~~
28 ~~The department shall report on this assessment to the fiscal and~~
29 ~~health policy committees of the Legislature by April 1, 2012, with~~
30 ~~recommendations for attaining and maximizing federal funding.~~

31 ~~(b) The assessment made by the department pursuant to~~
32 ~~subdivision (a) shall rely upon past research about the efficacy of~~
33 ~~promotores and the department may not conduct new research.~~

34 ~~(c) For purposes of this section, "promotores" means promotores~~
35 ~~de salud, also known as community health workers, peer leaders,~~
36 ~~or health advocates, who serve as a bridge between the community~~
37 ~~and the public health care system by providing health education,~~
38 ~~health promotion, prevention, informational counseling and referral~~
39 ~~information, as well as resources, in a manner that is culturally~~
40 ~~and linguistically appropriate.~~

1 ~~(d) (1) The report to be submitted pursuant to subdivision (a)~~
2 ~~shall be submitted in compliance with Section 9795 of the~~
3 ~~Government Code.~~
4 ~~(2) Pursuant to Section 10231.5 of the Government Code, this~~
5 ~~section shall remain in effect only until April 1, 2015, and as of~~
6 ~~that date is repealed.~~

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