



July 29, 2021

The Honorable Lorena Gonzalez
Chairwoman, Assembly Appropriations Committee
State Capitol, Room 2114
Sacramento, CA 95814

Re: SB 316 (Eggman) Medi-Cal: federally qualified health centers and rural health clinics – Support

Dear Chairwoman Gonzalez,

On behalf of the California State Association of Psychiatrists, I write in support of SB 316 (Eggman).

Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) provide healthcare services to California's most diverse populations, with more than 70% of patients being people of color and nearly 40% identifying a language other than English as their primary language. By mission, these clinics focus on providing culturally and linguistically diverse services to low-income and non-English speaking communities regardless of their ability to pay and immigration status. They also have a long history of serving underserved and culturally diverse populations through integrated care models that provide patients with behavioral health care services as a part of the primary care health home.

Currently, Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) may bill for a behavioral health visit or a physical health visit in a 24-hour period but will not be reimbursed for both. This means that patients with a medically necessary behavioral health condition must wait 24 hours before they can be seen for a visit if they already obtained a physical health visit on that same day. This restriction creates significant access barriers because patients don't always have the time, transportation, or opportunity to leave work again for a second visit with a behaviorist. We also know that patients, especially those who are Black, Indigenous, or people of color, experience cultural norms and stigma that lead some to believe that behavioral health visits are less important and not needed, making it unlikely that the patient will return for their behavioral health visit. If you factor in COVID-19, this restriction makes it far more difficult for patients to access behavioral health care when they, like all Californians, are experiencing an array of traumas and stressors due to COVID-19, which takes a toll on their mental and physical health.

The same-day billing restriction also undermines a clinic's ability to provide or expand behavioral health services that are in even greater demand because of this pandemic. SB 316 would ensure that FQHCs and RHCs are adequately compensated for the care they provide and can continue to strengthen care coordination and integration for the millions of patients our systems serve.

1415 L Street, Suite 1000
Sacramento, CA 95814
(916) 446-4656

Additionally, multiple studies have underscored the benefits of integrated health care, particularly when it comes to mental health. According to the Department of Psychiatry and Behavioral Sciences at UC Davis, as many as 40% of patients seen in a primary care setting on any given day have an active psychiatric condition.¹ The ability to seamlessly coordinate care and create warm handoffs from a primary care provider to a mental health specialist has proven highly effective in ensuring a patient receives needed care and follows through with treatment regimens. SB 316 ensures that FQHCs and RHCs can provide patient-centered care and ensure that patients are receiving the right care at the right time and in the right setting.

Untreated behavioral health conditions are the leading cause of disability nationwide and result in poor health outcomes and higher overall costs. Many people left untreated or with insufficient care can see their mental illness worsen. The cost to communities goes well beyond the cost of health care. Children left untreated often become unable to learn or participate in a normal school environment. Adults lose their ability to work and be independent; many become homeless and are subject to frequent hospitalizations or emergency medical care. Ensuring that patients have access to behavioral health prevention and early intervention in the primary care setting is the right thing to do for patient wellbeing and saves Medi-Cal money in the long run.

For these reasons, the California State Association of Psychiatrists Supports SB 316. Thank you for your authorship of this measure.

Sincerely,



Paul J. Yoder
Legislative Advocate

CC: Members, Assembly Appropriations Committee
Senator Susan Eggman

¹ Dr. Robert M. McCarron & Deborah Anderluh. Meeting the Need: Why UC Davis is Training Primary Care Providers in Psychiatric Care. Published August 29, 2017. <https://steinberginstitute.org/featured/meeting-need-uc-davis-training-primary-care-providers-psychiatric-care/>.