

CPEHN 2021 Proposed Policy Priorities

The California Pan-Ethnic Health Network is a statewide health advocacy organization dedicated to addressing racial and ethnic disparities. As this pandemic demonstrates, California's communities of color continue to bear the brunt of the health, economic, and mental toll of the virus. With the advent of a new federal administration, we have the opportunity to once again lead the way in expanding health access and quality so that all may live and thrive in our diverse state. CPEHN's 2021 policy agenda which is informed by our community partners, allies, and Board of Directors, is detailed below.

Policy Priorities under Health Access & Quality:

CPEHN continues to advocate for expanded health access and quality for California's communities of color. Despite state and local efforts, California still sees high rates of uninsurance among communities of color and the pandemic has only worsened health care coverage rates.

Provide Health4All: The Governor's Proposed budget misses an important opportunity to expand Medi-Cal to all Californians including seniors over the age of 65 regardless of immigration status which is especially needed given the disproportionate impact of COVID on immigrant communities. CPEHN will continue to support state efforts to expand Medi-Cal to all Californians regardless of immigration status and provide Health4All.

Simplify Health Insurance Enrollment and Ensure Outreach is Culturally and Linguistically Appropriate: Despite record job losses, particularly for low-income Californians, we have not seen a comparable uptick in enrollment for Medi-Cal and Covered CA. This is particularly true for children and for Black and Latinx communities. CPEHN proposes to authorize the Employment Development Department (EDD) to share information on unemployment insurance claimants with Covered CA to facilitate enrollment in subsidized health insurance coverage. Additionally, CPEHN led the campaign for 2019-2020 state budget funds for Medi-Cal health navigators. In 2021, we will continue to work with DHCS to get funds out the door and to trusted community entities.

Strengthen Cultural and Linguistic Competency: Medi-Cal consumers receive confusing, inaccessible, poorly translated materials that impede their ability to access health care. CPEHN will continue to work to require DHCS to conduct community reviews/field testing of key beneficiary documents (translations) through the CHHS language access workgroup.

Strengthen Access to COVID-19 Testing, Treatment and Vaccinations: During COVID-19, many health plans have provided limited access to testing, foreclosing options that should have been available to their members and overburdening the public testing system. We support efforts to clarify health plan requirements to cover COVID-19 testing and vaccination for all Californians.

Ensure Equitable Access to Telehealth: Low-income people of color often have difficulty accessing health care due to long wait times at appointments, lack of transportation, and inaccessible operating hours of providers. We support efforts to expand access to telemedicine that account for barriers specific to low-income communities of color, including:

Payment parity



- Closing the digital divide
- Integrating team-based care
- Expanding health plan coverage of technology and medical equipment

Improve Health Care Quality: 85% of Medi-Cal members are enrolled in a health plan; yet, health plans have not successfully provided timely access to care, quality care, or basic preventive services exacerbating disparities in health outcomes. Despite individual actions and intentions, our health care system as designed often makes health outcomes worse, particularly for communities of color, by perpetuating the very inequities it seeks to address. We will continue our work to insert key changes in Medi-Cal and Covered California health plan contracts via procurement process and other processes:

- Pay for disparities reduction
- Consumer satisfaction and engagement measurement
- Timely access to interpreter services
- Minimum spend on prevention

Improve Data Collection, Reporting and Transparency: Limited, erroneous, and/or incomplete demographic data is collected and reported by state entities, health purchasers, plans and providers. Without accurate data, it is difficult to improve quality and reduce disparities, and to hold systems accountable. We support efforts to enforce existing data collection standards and improve collection and reporting of demographic data.

Policy Priorities under Public Health & COVID-19 Reponses:

CPEHN continues to advocate for more robust public health funding, as well as look for opportunities for the state and administrations to center equity in its COVID-19 response, from testing to contact tracing to vaccination and beyond.

Declare Racism as a Public Health Crisis: Systemic racisms pervades all of our institutions resulting in inequitable opportunities and outcomes for people of color. CPEHN will continue to lead the campaign to advocating for an executive declaration that racism is a public health crisis and commitment to action steps such as a racial equity analysis of policy.

Reinvest in Local Public Health Infrastructure: Local public health departments are chronically underfunded and the lack of infrastructure disproportionately harms communities of color. CPEHN will join our public health partners in advocating for additional investment in local public health departments and statewide public health infrastructure to tackle COVID-19 and address the social determinants of health.

Ensure Culturally and Linguistically Appropriate Contact Tracing: Contact tracing is an essential element of the containment of COVID-19 and other infectious diseases; yet, communities of color may mistrust government authorities and resist contact tracing efforts. CPEHN will continue to support efforts to prohibit counties from utilizing law enforcement for contact tracing and related activities (PPE delivery, etc.).



Ensure Equity in California's Pandemic Response: COVID-19 is devastating communities of color who are experiencing the highest rates of infection, death. CPEHN supports the "equity metric" and is working with the California Department of Public Health (CDPH) to support counties in its implementation and to facilitate community partnerships. CPEHN also sits on the newly formed Community Vaccine Advisory Committee tasked with advising the state on equitable vaccine distribution policies.

Policy Priorities under Oral & Mental Health:

CPEHN continues to advocate for whole person care, including underscoring the importance of oral and mental health to overall health. Communities of color face stark disparities when it comes to accessing and utilizing benefits that are not clear or well communicated.

Improve Behavioral Health Outcomes: Current behavioral health reporting cannot answer how effective current behavioral health interventions are at improving outcomes and across significant indicators of wellbeing in communities of color, including those that are community-defined and consumer-focused. Advocating to establish a process to develop appropriate outcomes and performance measures for the public behavioral health delivery system.

Expand Access to Oral Health: Low-income adults in Medi-Cal underuse dental care as a result of lack of access, changes in the dental benefit, and the cost of services that are not covered. CPEHN will continue to defend and expand access to Medi-Cal dental benefit for adults, including crowns.

Strengthen Medi-Cal Mental Health Utilization: Medi-Cal health plans are required to provide mental health care but utilization rates are very low, particularly for people of color. We will continue our advocacy to ensure DHCS produces plan-by-plan data. We will also work to ensure Medi-Cal health plan contracts include more robust requirements for informing enrollees about how to access mental health care including:

- Outreach and linkage via primary care
- Direct phone number on member card
- Culturally and linguistically appropriate outreach campaign

Improve Medi-Cal Dental: Medi-Cal dental is operated by an administrative services organization, currently Delta Dental, which is unaccountable and fails to provide basic access to oral health care services. We will work to insert key contract requirements and changes via the dental ASO procurement process.

Strengthen County Mental Health Cultural and Linguistic Competency: County mental health has requirements for cultural and linguistic competency. We will continue our work to update DHCS Cultural Competency Plan Requirements and work with the Department of Health Care Services (DHCS) and CDPH to implement the Community Mental Health Equity Program (funded in 2019-2020 budget).