



California Pan-Ethnic  
HEALTH NETWORK

## 2021 Budget Scorecard

### Health Priorities for Our Communities

Updated: July 1, 2021

Health Systems				
Policy Issue	Governors' January Budget Proposal	Governor's May Revision	Joint Legislative Budget Proposal	Final June Budget Agreement
<p><b>Health4All</b> Expansion of full-scope Medi-Cal to all low-income eligible adults, regardless of immigration status</p>	Expanded Medi-Cal to undocumented ages 65+	Expanded Medi-Cal to undocumented ages 60 and older	Expanded Medi-Cal to undocumented ages 50 and older	Joint Legislative Proposal Adopted: Expands Medi-Cal to over 250,000 undocumented individuals ages 50 and older, no sooner than May 1, 2022
<p><b>Field-testing of Health Care Forms and Materials</b> Require the Department of Health Care Services (DHCS) to provide resources to community-based organizations to conduct field-testing of translated Medi-Cal forms and documents</p>	Failed to be included despite ongoing administrative advocacy in response to the veto of CPEHN and WCLP co-sponsored bill, AB 318 (Chiu), 2019	Failed to include field-testing of translated Medi-Cal forms and materials	Legislative Proposal: Approves CPEHN/WCLP ask for \$1 million General Fund one-time and \$30,000 ongoing.	Joint Legislative Proposal Adopted: Approves CPEHN/WCLP ask for \$1 million General Fund (one-time) and \$30,000 (ongoing).
<p><b>Community Health Workers</b></p>		Proposed to add community health	Approved Governor's May Revise Proposal	Adds community health workers as a class of health

<p>Authorize community health workers to provide benefits and services in Medi-Cal</p>	N/A	<p>workers as a class of health workers who are able to provide benefits and services to Medi-Cal beneficiaries, effective January 1, 2022; (\$16M, increasing to \$201 million by 2026-27)</p>		<p>workers who are able to provide benefits and services to Medi-Cal beneficiaries, effective January 1, 2022</p>
<p><b><i>Doula Benefit</i></b>          Authorize Medi-Cal to allow doula benefits and services to be a covered benefit</p>	N/A	<p>Proposed to add community-based doula services as a preventive covered benefit in Medi-Cal (\$152,000 FY 2021-22, \$4.4 million ongoing)</p>	<p>Approved Governor's May Revise Proposal</p>	<p>Adds community-based doula services as a preventive covered benefit in Medi-Cal (\$152,000 FY 2021-22, \$4.4 million annually)</p>
<p><b><i>Demographic Data Collection of Allied Health Professionals</i></b>          Require all boards that oversee health arts licenses to collect demographic information from licensees CPEHN sponsored bill, AB 1236 (Ting) - 2021</p>	N/A	<p>Originally a CPEHN/SFJFS co-sponsored bill absorbed into the OSHPD reorganization in the Governor's May Revision proposal</p>	<p>Approved Governor's May Revise Proposal</p>	<p>Requires all boards that oversee healing arts licensees to collect demographic information including race, ethnicity, sex, gender identity, sexual orientation and disability status</p>
<p><b><i>Health Plan Quality and Equity Performance Reviews</i></b>          Establishment and enforcement of health equity and quality standards for all DMHC licensed full-</p>	N/A	<p>Requested funds for coordination between DMHC and DHCS on establishment and enforcement of health equity and</p>	<p>Approved as proposed with modified placeholder trailer bill to clarify 5 year regulatory implementation timeline and strengthen equity requirements.</p>	<p>Requires DMHC to convene a Health Equity and Quality Committee comprised of diverse individuals and entities to establish standard measures and annual benchmarks for equity and quality. Clarifies 5-</p>

<p>service behavioral health plans, County Organized Health Systems and other Medi-Cal managed care plans</p>		<p>quality standards for commercial, COHS and Medi-Cal managed care plans</p>		<p>year regulatory timeline. Requires DMHC to consider evolving equity measurements such as surveys assess consumer experience and satisfaction that take into account cultural competence, health literacy, exposure to discrimination, and social and cultural connectedness such as connection to community identity, traditions, and spirituality.</p>
<p><b>Telehealth</b> Extension of telehealth flexibilities to safety-net providers including payment parity</p>	<p>Included \$94.8 million (\$34 million General Fund) ongoing to expand and make permanent certain telehealth flexibilities authorized during COVID-19 for Medi-Cal providers, and to add remote patient monitoring as a new covered benefit, effective July 1, 2021.</p>	<p>Extended telehealth flexibilities for telephonic/audio-only, remote patient monitoring, and other virtual communication modalities. Established a rate for audio-only telehealth services at 65 percent of the fee-for-service rate, and a comparable alternative to the prospective payment system (PPS) rates</p>	<p>Rejected and Adopted Modified Placeholder Trailer Bill Language to align with the provisions of <a href="#">AB 32 (Aguiar-Curry)</a>, pending in the current legislative session</p>	<p>Extends telehealth flexibilities for telephone/audio-only modalities through December 31, 2022 and authorizes the use of remote patient monitoring. Convenes an advisory group to provide recommendations to the department in establishing and adopting billing and utilization management protocols for telehealth to increase access and equity and reduce disparities in the Medi-Cal program. The advisory group, consisting of providers, subject matter experts and other affected stakeholders, shall analyze the impact of telehealth in increased access</p>

				for patients, changes in health quality outcomes and utilization, best practices for the appropriate mix of in-person visits and telehealth, and the benefits or liabilities of any practice or care model changes that have resulted from telephonic visits.
<b><i>Navigators</i></b> Extension of funds for navigators to assist consumers with health insurance outreach, enrollment, retention and utilization	Not included	Not included	Legislative proposal: Approved \$12 million GF in 2021-22 and \$12 million GF in 2022-23 to expand the Medi-Medi project.	Joint Legislative Proposal adopted: Approves \$12 million GF in 2021-22 and \$12 million GF in 2022-23 to expand the Medi-Medi project, ensuring seniors have support and guidance when transitioning from Medi-Cal to Medicare.

## Mental Health/Oral Health

Policy Issue	Governor's January Budget Proposal	Governor's May Revision	Joint Legislative Budget Proposal	Final June Budget Agreement
<b><i>California Reducing Disparities Project</i></b>	Not included	Failed to include one-time funding for the extension of the California Reducing Disparities Project.	Invested \$63.1 million one-time for the California Reducing Disparities Project	\$63,00,000 shall be available to support Phase II of the California Reducing Disparities Project until June 30, 2026.

<p><b><i>Behavioral Health Children/Youth Initiative</i></b></p>	<p>Not included</p>	<p>\$4 billion investment in behavioral health services for children and youth age 25 and younger.</p>	<p>Approves the Children and Youth Behavioral Health Initiative with modifications.</p>	<p>Includes modifications to proposals, including requirements to delay funding for the virtual platform until certain requirements are met, requiring Medi-Cal managed care plan incentive program to enter into a three-party partnership, and reducing allocation to support behavioral health counselors and coaches by \$200 million. <b>(Still being finalized)</b></p>
<p><b><i>Behavioral Health Cultural Humility Plans</i></b></p>	<p>CalAIM Budget Change Proposal included funds to research federal/state cultural competence plan requirements to develop one integrated cultural humility plan.</p>	<p>Not included</p>	<p>Not included</p>	<p>The final budget includes \$21,750,000 million to implement Cal-AIM down from the original request of \$23,860,000 and while certain expenditures are elaborated on, there's no additional detail from the January detail on how they will spend the funds on the cultural humility plans.</p>
<p><b><i>Restoration of Dental Fee For Service in Sacramento and Los Angeles</i></b></p>	<p>Not included</p>	<p>Proposed an elimination of Dental Managed Care (DMC) and a transition to an entirely fee-for-service (FFS) system in Medi-Cal Dental. The</p>	<p>Rejected the proposal to eliminate DMC and instead proposed to adopt a placeholder</p>	<p>Extends Dental Managed Care (DMC) contracts to December 31, 2022, postponing the transition to an entirely fee-for-service (FFS) Medi-Cal Dental system indefinitely.</p>

		restoration of a FFS system would occur January 1, 2022.	trailer bill to require DHCS to, by January 1, 2022, develop a transition plan prior to proposing elimination of DMC in the future.	
<p><b><i>Elimination of Proposition 56 Suspension</i></b></p> <p>Prop. 56 raised the tax rate on cigarettes and other tobacco products to fund specific DHCS health care programs, including the Family Planning, Access, Care and Treatment program, women's health services, dental and physician services, developmental and trauma screenings, non-emergency medical transportation, other "optional" Medi-Cal benefits, and a loan assistance program for recently graduated physicians and dentists.</p>	Delayed the suspension of Proposition 56 programs by 12 months and included a total of \$3.2 billion (\$275.3 million General Fund, \$717.8 million Proposition 56 Fund, and \$2.2 billion federal for these programs in 2021-22.	Proposed to eliminate the Proposition 56 suspensions assumed in the 2020 Budget Act.	Approved May Revise proposal to eliminate suspensions.	Confirms elimination of Proposition 56 suspensions.

## Prevention

Policy Issue	Governor's January Budget Proposal	Governor's May Revision	Joint Legislative Budget Proposal	Final June Budget Agreement
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<p><b>California Health Equity and Racial Justice Fund</b></p>	<p>N/A</p>	<p>Failed to include one-time or ongoing funding to support community-based organizations to advance health equity and racial justice</p>	<p>Included \$100 million ongoing funding to support health equity and racial justice interventions, of which \$100 million was allocated for grants to community-based organizations to address health disparities</p>	<p>Failed to take immediate action in budget year 2021-22; however the Legislature and the Governor agreed to include a \$300 million package to address “public health and health equity infrastructure” annually beginning in 2022-23 as reflected in the “2021-22 State Budget June 28 Package”</p>
<p><b>Local Public Health Funding</b></p>	<p>Not included</p>	<p>Failed to include one-time or ongoing funding local health jurisdictions</p>	<p>In the budget bill from June 14 the legislature included \$200 million ongoing funding to support local health jurisdictions, including a three-year public health planning process beginning July 1, 2022</p>	<p>Failed to take immediate action in budget year 2021-22; however the Legislature and the Governor agreed to include a \$300 million package to address “public health and health equity infrastructure” annually beginning in 2022-23 as reflected in the “2021-22 State Budget June 28 Package”</p>

**Other Issues**

<b>Policy Issue</b>	<b>Governor’s January Budget Proposals</b>	<b>Governor’s May Revision</b>	<b>Joint Legislative Budget Proposal</b>	<b>Final June Budget Agreement</b>
<p><b><i>Expansion of Language Access Services for health and human services programs</i></b>                      Provide additional state resources to strengthen language assistance services including funds for field-testing of translated health and human services forms and materials.</p>	<p>The California Health and Human Services Agency requested \$307,000 for 2 staff positions to develop and implement an agency-wide language access policy and protocol framework as part of its Equity-Centered Programs budget request (see below).</p>	<p>Includes \$20 million in 2021-22 to allow CHHS to improve and deliver language access services across the spectrum of health and human services programs.</p>	<p>Approve as Budgeted.</p>	<p>Sets aside \$20 million available until June 30, 2024 for activities to improve and deliver language access services in health and human services programs contingent on completion of a language access framework and submission of an accompanying report to the Legislature detailing framework components and how these additional resources would be utilized in health and human services departments to support language access planning and implementation.</p>
<p><b><i>Equity Centered Programs</i></b></p>	<p>CHHS and DHCS joint request for \$8.6 million for two years, to implement:</p> <ul style="list-style-type: none"> <li>(1) retrospective analysis of COVID-19, health disparities and equity;</li> <li>(2) development of a language access policy;</li> </ul>			<p>Sets aside:</p> <ul style="list-style-type: none"> <li>1) COVID Analysis \$1.6 million, preliminary report due May 1, 2022. Final report with recommendations on how to address inequities due January 10, 2023.</li> <li>2) Language Access \$20 million for services including community reviews of translated Medi-Cal documents and development of a</li> </ul>



	<p>(3) establishment of an equity dashboard; and</p> <p>(4) expansion of race and equity training for health and human services state employees</p>			<p>framework for HHS programs (see above)</p> <p>3) Equity Dashboard \$3 million to establish an equity dashboard, which shall be informed by the annual State Department of Public Health reporting on health disparities adopted by the Legislature as part of public health infrastructure investments</p> <p>Other: \$2.5 million for health and social services information exchange</p>
<p><b>Covered California Affordability</b> Use funds designated for state affordability assistance subsidies to support the expansion of additional consumer affordability mechanisms in Covered California</p>	N/A	<p>Captures approximately \$730 million in General Fund spending on state subsidies to go into a new health care affordability reserve fund (\$333.4 million) and replaces that spending with new federal subsidies.</p>	<p>Approved the Administration's proposals and adopted placeholder trailer bill requiring Covered California to prepare a report by January 1, 2022, with options for utilizing the Health Care Affordability Reserve Fund to further improve affordability or cost-sharing requirements, including</p>	<p>Adopts Governor's proposal to create a health care affordability reserve fund to capture state subsidies and replace those subsidies with new federal subsidies. Requires Covered California to prepare a report by January 1, 2022, with options for utilizing the Health Care Affordability Reserve Fund to further improve affordability or cost-sharing requirements, including timelines and system requirements for implementation.</p>

			timelines and system requirements for implementation.	
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**Resources:**

- **CPEHN’s May Revise Analysis:** <https://cpehn.org/what-we-do-2/state-budget-update/>
- **Senate Budget Subcommittee 3 on Health and Human Services:** <https://sbud.senate.ca.gov/subcommittee3>
- **Assembly Budget Subcommittee 1 on Health and Human Services:** <https://abgt.assembly.ca.gov/>
- The 2021-22 State Budget June 28 Package:  
<https://sbud.senate.ca.gov/sites/sbud.senate.ca.gov/files/June%2028th%20Package%20Summary%20Final.pdf>
- **Final Budget Trailer Bills**
  - [AB 129 \(Committee on Budget\) Budget Act of 2021](#). On June 14, 2021, the Legislature passed [AB 128 \(Ting\)](#), which represented the Legislature’s budget agreement. This bill makes amendments based off of AB 128 and represents a budget bill agreement between the Legislature and the Administration.
  - [AB 133 \(Committee on Budget\) Health](#) and [SB 133 \(Committee on Budget and Fiscal Review\) Health](#) – these are identical companion bills. This bill includes the major of DHCS-related items, including CalAIM.
  - [AB 134 \(Committee on Budget\) Mental Health Services Act: county program and expenditure plans](#) and [SB 134 \(Committee on Budget and Fiscal Review\) Mental Health Services Act: county program and expenditure plans](#) – these are identical companion bills. This bill includes DHCS’ Mental Health Services Act COVID-19 Flexibilities Extension Proposal.