



California Pan-Ethnic
HEALTH NETWORK

2022 Budget Scorecard

Health Priorities for Our Communities

Updated: August 4, 2022

| Health Systems | | | | |
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| Policy Issue | Governors' January Budget Proposal | Governor's May Revision | Joint Legislative Budget Proposal | Final June Budget Agreement |
| Health4All Expansion of full-scope Medi-Cal to all low-income eligible adults, regardless of immigration status | Expanded Medi-Cal to all undocumented adults by Jan 1, 2024 | Expanded Medi-Cal to undocumented adults | Expanded Medi-Cal to undocumented adults | Expands Medi-Cal to over 700,000 undocumented individuals no sooner than January 1, 2024 |
| Navigators Inclusion of funds to continue the Medi-Cal Health Navigators Program with Enhancements | Not Included | Included \$60 million (\$30 million GF) for 4 years, but did not include necessary program enhancements | Approved Governor's May Revise Proposal | \$60M (\$30M GF) included; No program enhancements |
| Data Collection Inclusion of funds for DMHC and CDI to establish and enforce standardized categories for demographic data collection and | Not included | Not Included | Not Included | Not Included |

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| reporting by commercial health plans | | | | |
| Community Health Workers Inclusion of funds to train and grow the CHW/P health care workforce and to establish a permanent CHW/P led governing body to provide input into state certification and HCAI CHW/P spending amounts. | Proposed \$350 million GF to recruit, train, and certify 25,000 new community health workers by 2025 in areas such as climate health, homelessness, and dementia by 2025. | <p>No Change</p> <p>Included additional TBL for the Department of Health Care Access and Innovation (HCAI) to develop statewide requirements for CHW certificate programs, by July 1, 2023, in consultation with stakeholders.</p> <p>TBL did not include language to establish a permanent CHWP-led governing body to provide input into state certification and HCAI CHW/P spending amounts.</p> | Approved Governor's May Revise Proposal and HCAI TBL | <p>Approved Governor's May Revise proposal but reduced total amount from \$350 million to \$281.4 million one-time GF over three years to recruit, train and certify 25,000 new community health workers by 2025, in areas such as climate health, homelessness, and dementia.</p> <p>Approved HCAI TBL</p> |
| Doula Benefit Funding for Medi-Cal to implement SB 65 (2021) doula benefits and services to be a covered benefit and to raise the average Medi-Cal rate paid for doula services | Not Included | Included implementation funds and increased average Medi-Cal rate paid for doula services from \$450 to \$1,094 per labor | Approved | Approved |

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| <p>Equity and Practice Transformation Grants Medi-Cal provider payments focused on advancing equity and improving health care quality</p> | <p>Included one-time \$400 million (\$200 million General Fund) for provider payments focused on advancing equity and improving quality in children’s preventive, maternity, and integrated behavioral health care.</p> | <p>Included \$400 million (\$200 million General Fund), plus an additional \$300 million (\$150 million General Fund), available over five years. \$100 million (\$50 million General Fund) to further support early childhood-focused efforts. \$200 million (\$100 million General Fund) for grants and technical assistance to allow small physician practices to upgrade their clinical infrastructure.</p> | <p>Rejected the Governor’s proposed equity and practice transformation payments.</p> | <p>Includes the Governor’s full \$700 million (\$350 million General Fund) proposal. Funds would be available through June 30, 2027, with \$140 million (\$70 million General Fund) in 2022-23, for payments to Medi-Cal managed care plans or providers to advance equity, reduce COVID-19-driven care disparities, improve quality measures in children’s preventive, maternity, and behavioral health care, and provide grants and technical assistance to allow small physician practices to upgrade their clinical infrastructure that allow the adoption of value-based and other payment models that improve health care quality while reducing costs.</p> |
| <p>Continuous Medi-Cal Enrollment for Children</p> | <p>Not included</p> | <p>Not included</p> | <p>\$10M one-time funds in 2022-23 and \$20M ongoing to support continuous Medi-Cal coverage for children ages 0 - 5</p> | <p>Approve May Revise Proposal</p> |

Mental Health/Oral Health

| Policy Issue | Governor's January Budget Proposal | Governor's May Revision | Joint Legislative Budget Proposal | Final June Budget Agreement |
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| <p>Mobile Crisis Response</p> <p>Local teams at the county level engaged in a “first responder” model to provide mental health services to community members experiencing a mental health crisis.</p> | <p>Governor Newsom proposes a multi-pronged approach to mobile crisis services by expanding a benefit to families and individuals enrolled in Medi-Cal.</p> <p>CPEHN proposed changes to TBL to ensure health and racial equity metrics are met as part of the implementation of a one-time \$15 million from the General Fund in FY 2022-2023 and \$12 million ongoing thereafter to augment the Department of Managed Health Care's (DMHC) capacity to support culturally and linguistically appropriate access to mild-to-moderate mental health care services within Medi-Cal in order to reduce race-based access disparities in mental health.</p> | <p>Approve as proposed</p> | <p>Approve as proposed</p> | <p>\$1.4B over 5 years to qualified community-based mobile crisis services no later than January 1, 2023. This investment will make mobile crisis intervention services a benefit through Medi-Cal.</p> <p>Despite CPEHN's efforts, we did not see the inclusion of racial equity metrics that can ensure successful implementation of this benefit particularly for communities of color. We hope to continue our advocacy on this important issue.</p> |
| <p>Reducing Race Based Disparities in Accessing Medi-Cal Mild-to-</p> | <p>A proposal by CPEHN for \$15M (one-time) from the General Fund in FY 2022-2023 and \$12 million ongoing thereafter to</p> | <p>Not Included</p> | <p>Not included</p> | <p>Not Included</p> |

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| <p>Moderate Mental Health Services</p> | <p>augment the Department of Managed Health Care's (DMHC) capacity to support culturally and linguistically appropriate access to mild-to-moderate mental health care services within Medi-Cal in order to reduce race-based access disparities in mental health.</p> | | | |
| <p>CARE COURT</p> | <p>A proposal by Governor Newsom to create a new, involuntary court process that seeks to target interventions for individuals with untreated schizophrenia or other psychotic disorders.</p> | <p>Not included</p> | <p>\$64M ongoing for the Dept. of Aging, DHCS, and the Judicial Branch</p> | <p>Adopted as proposed, subject to passage of accompanying statute</p> |
| <p>Dental Policy: Evidence Based Practices</p> | <p>The Dept. of Health Care Services proposes to update coverage requirements in Medi-Cal to include evidence-based dental practices. This will mean that instead of stainless-steel crowns, laboratory processed crowns for posterior teeth will be available for Medi-Cal beneficiaries</p> | <p>\$13M GF (\$37M Total)</p> | <p>Approve As Proposed</p> | <p>Adopted as proposed</p> |

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><i>California Health Equity and Racial Justice Fund</i></p> <p>A program proposed within the Department of Public Health's Office of Health Equity that would provide grants to community based organizations working on health equity projects to reduce impacts of social determinants of health and projects focused on racial justice innovations.</p> | Not Included | Failed to include one-time or ongoing funding to support community-based organizations to advance health equity and racial justice | Included \$75M ongoing funding to support health equity and racial justice interventions, of which \$75 million was allocated for grants to community-based organizations to address health disparities | Failed to take action in budget year 2021-22 and 2022-23 due to Governor Newsom's lack of support for this health equity and racial justice program. |
| <p><i>Local and State Public Health Funding</i></p> <p>Resources to fund our local and state public health workforce and infrastructure</p> | Includes \$300 million ongoing General Fund to strengthen governmental public health workforce, data system improvements, and other priorities | Included | Included | Included |

Other Issues

| Policy Issue | Governor's January Budget Proposals | Governor's May Revision | Joint Legislative Budget Proposal | Final June Budget Agreement |
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| <p>Reproductive Health</p> | <p>Increase flexibility for Medi-Cal providers to provide appropriate abortion services by updating existing billing code requirements to remove in-person follow-ups or ultrasounds, if they are not needed</p> <p>Clinical Infrastructure Investments of \$20M one-time funds to support scholarships and loan repayments for providers that commit to reproductive health services</p> <p>\$20M one-time General Fund to assist reproductive health care facilities in securing their physical and information infrastructure to enhance security and privacy</p> | <p>The May Revise invests an additional \$57M to proposals from January, including the expansion of access and workforce infrastructure support</p> <p>California Reproductive Justice and Freedom Fund \$15M one-time General Fund to provide grants to eligible community-based organizations and support with culturally competent reproductive healthcare outreach</p> <p>Reproductive Rights Website under CDPH with an investment of \$1M GF one time-time funds. The website will provide information on the rights to abortion care in the state, among other things.</p> | <p>Approve as proposed with the exception of programs that can support the workforce. The Legislature approved \$532.5M over four years to support a series of workforce development programs and clinics, including reproductive health care.</p> <p>California Reproductive Health Service Corps: Approve \$20M one-time funds for targeted recruitment and retention of health care providers.</p> <p>Approve \$20M one-time for Los Angeles County Abortion Access Safe</p> | <p>Approve as proposed, with additional investments.</p> <p>Equity and Infrastructure Payments for Clinical Abortion Services \$30M General Fund over two years to provide supplemental support to community clinics that offer abortion services</p> <p>Abortion Practical Support Fund \$20M General Fund one-time to provide grants to nonprofits that can support with improving access to reproductive health care</p> <p>Backfill Title X Funding \$10M General Fund one-time to support the continued delivery of planning services to low-income Californians</p> |
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| | | <p>\$1M one-time funds to CDPH to support research on unmet needs for access to reproductive health care services</p> <p>\$40M one-time General Fund investment over the next six years to award grants to reproductive health centers so they may offset the costs of providing care to low- and middle-income individuals</p> | Haven Pilot Program | |
| Office of Health Care Affordability | Reappropriated \$30 million General Fund for HCAI to create the Office of Health Care Affordability, which was originally included in the 2021 Budget Act. See the Health Care Affordability section above for more information. | No change | No change | \$13M General Fund in 2023-24, \$31.6M in 2024-25, and \$31.5M in 2025-26 and annually thereafter, was included in the Final Budget. The Office will work to curb rising health care costs and promote quality and equity. |
| Covered California Affordability Use funds designated for state affordability assistance subsidies to support the expansion of additional | | If ARPA is not extended, proposed \$304 million to reinstitute California’s premium subsidy program in | Approved the Governor’s proposed \$304 million restoration of the state premium subsidy | \$304M to restore state-supported Covered CA premium subsidies. Now, even If Congress fails to extend financial help to everyday families and individuals, California will backfill the financial help regardless |

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| <p>consumer affordability mechanisms in Covered California</p> | | <p>effect in 2020 and 2021 which provided premium support to lower-income Californians and would be modified to provide additional support to individuals with incomes between 400 and 600 percent of the federal poverty level compared to the 2021 program design.</p> | <p>program in Covered California and modified trailer bill language to further improve affordability for lower income enrollees.</p> | <p>of the availability of ARPA funds. Furthermore, \$20M from General Funds to support Covered CA's One-Dollar Premium Subsidy Program. This program subsidizes the cost-sharing for beneficiaries. This will also apply to Californians seeking abortion coverage.</p> |
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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.