

CPEHN'S 2019 POLICY PRIORITIES

- **Improve access to health care for communities of color, particularly immigrant and limited English proficient consumers:** California's adult undocumented immigrants remain locked out of health coverage and with limited options for accessing care. It is critical that California expand Medi-Cal for all, regardless of immigration status and support AB 4 (Arambula) and SB 29 (Durazo). However, coverage alone is not enough. Limited English proficient consumers continuously report poorer health outcomes. **AB 318 (Chu) would ensure that Medi-Cal consumer documents are readable and accurately translated.**
- **Increase access to mental health care:** Disparities in access to care and outcomes are particularly stark for mental health care. Consumers must navigate a complex delivery system that is often not responsive to cultural and linguistic needs. **AB 512 (Ting) will improve the cultural and linguistic competency of county mental health services. In addition, DHCS and the MHSOAC should issue guidance to counties making clear that MHSA funds and programs can serve non-Medi-Cal consumers, particularly those who are undocumented and uninsured.**
- **Improve access to oral health care:** Too few low-income Californians have adequate access to oral health care, resulting in overall poor health outcomes as well as negative socio-economic impacts. The Denti-Cal program has many challenges, including access, quality of care, and consumer education, particularly for limited English proficient consumers. **Language access in Denti-Cal must be strengthened through recruitment of bilingual providers, enforcing consumer rights to interpreter services, and providing correctly translated consumer materials.**
- **Provide consumer health care assistance:** Complex eligibility and enrollment processes, as well as a fractured delivery system, make it necessary to provide consumers with assistance to enroll in and navigate health coverage. Over 1 million Californians not enrolled in Medi-Cal despite being eligible for the program. And immigrant communities are disenrolling from coverage due to fear over immigration enforcement. **Community-based health navigators and enrollers must be funded and supported.**
- **Improve the quality of care for Medi-Cal and Covered California beneficiaries:** California has made great strides in providing health care coverage, particularly for communities of color. However, communities of color continue to experience vast disparities in health outcomes, particularly for asthma, diabetes, and maternal health. **AB 537 (Arambula) and AB 929 (Rivas) will require Medi-Cal and Covered California to hold health plans accountable for reducing disparities in health care outcomes.**
- **Address the social determinants of health through a statewide approach:** Where people live, work, and play has a dramatic impact on health outcomes and well-being. A statewide approach to integrating these factors into health care is imperative. **AB 887 (Arambula) codifies the position of the California Surgeon General and moves the Office of Health Equity to be under the direction of the Surgeon General. In addition, we are committed to the robust implementation of SB 1152 (Hernandez, 2018) and dignified hospital discharge for those Californians experiencing homelessness.**
- **Fund proven health prevention strategies:** California has an opportunity to increase access to preventive and community-based care and to prevent many chronic and costly health conditions. Proven strategies, such as community health workers, should be embraced and funded. **SB 207 (Hurtado) will allow community health workers to provide asthma education and prevention services through home visitation, and allow low-income consumers to have minor asthma remediation services, such as carpet cleaning, provided through this program. In addition, California has an opportunity to utilize Proposition 64 revenues to combat youth substance use through the full implementation of school-based Screening, Brief Intervention, and Referral to Treatment (SBIRT).**

Coverage

- Health4All: AB 4 (Arambula); SB 29 (Durazo)
- Affordability: AB 174 (Wood); SB 65 (Pan)

Social Determinants

- AB 887 (Arambula): California Surgeon General and the Office of Health Equity
- Implementation of SB 1152 (Hernandez, 2018): Dignified Hospital Discharge

Access

- AB 318 (Chu): Readability and Translation of Medi-Cal Documents
- Health Navigators

Health Equity

Prevention

- SB 207 (Hurtado): Asthma preventive services
- Screening, Brief Intervention, and Referral to Treatment for Youth Experiencing Substance Use Disorders

Quality

- AB 527 (Arambula): Quality Improvement in Medi-Cal
- AB 929 (Rivas): Quality Improvement in Covered California

Integration

- AB 512 (Ting): Cultural Competence in Mental Health
- Immigrant Access to Mental Health
- Language Access in Denti-Cal