



March 3, 2020

The Honorable Richard Pan, M.D.  
Chair, Senate Health Committee  
State Capitol Building, Room 2191  
Sacramento, CA 95814

**Re: SB 316 (Eggman) – SUPPORT**

Dear Senator Pan:

On behalf of the proud co-sponsors of SB 316, CaliforniaHealth+ Advocates, the California Association of Public Hospitals and Health Systems, and the School Based Health Alliance, we respectfully request your support for SB 316 (Eggman), which will be heard in health committee on March 10.

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 24hour 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 leads 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.

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.<sup>1</sup> The ability to seamlessly coordinate care and create warm hand offs 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 I 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 our 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 could 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, we strongly support SB 316 (Eggman), and respectfully request your aye vote when it comes before you in committee.**

If you have any questions, please feel free to contact Christy Bouma at (916) 227-2666, Beth Malinowski at (916) 503-9112 or Kelly Brooks at (916)977-3586.

Sincerely,

The Co-Sponsors of SB 316, CaliforniaHealth+ Advocates, the California Association of Public Hospitals and Health Systems, and the School Based Health Alliance



Carmela Castellano-Garcia  
President and CEO of CaliforniaHealth+ Advocates



Sarah Hesketh  
Senior Vice President, External Affairs California Association of Public Hospitals and Health Systems

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<sup>1</sup> 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/>.



Tracy Macdonald Mendez, MPH, MPP  
Executive Director of California School-Based Health Alliance

cc: The Honorable Members of the Senate Health Committee  
The Honorable Susan Eggman  
Kimberly Chen, Principal Consultant -Senate Health Committee  
Joe Parra, Policy Consultant – Senate Health Committee