



## SEPTEMBER LEGISLATIVE UPDATE

This month's legislative landscape brings several critical updates impacting Urban Indian Organizations (UIOs) and healthcare services for AI/AN communities. At the state level, DHCS is advancing key State Plan Amendments, including changes to reimbursement models and expanded roles for Community Health Workers, signaling shifts in Medi-Cal services that could affect care delivery. On the federal front, Congress is working to pass a short-term Continuing Resolution to prevent a government shutdown, temporarily securing funding but leaving long-term budget stability uncertain. This highlights the importance of continued advocacy to protect UIO funding and ensure culturally appropriate services remain a priority. With election season approaching, CCUIH is preparing resources to help navigate key 2024 propositions, providing valuable insights on their potential impact. As leaders, staying engaged and proactive in these evolving discussions is essential to maintaining the support and growth of our community-focused initiatives.

### STATE UPDATES

#### Department of Health Care Services (DHCS)

- **State Plan Amendments (SPAs):**

- **Summary of Proposed Changes:** DHCS is seeking approval for SPA 24-0039 from the Centers for Medicare and Medicaid Services (CMS) to eliminate the APM reimbursement for COVID-19 vaccine-only administration visits for FQHCs, RHCs, and THPs, effective October 1, 2024. [Comments Due September 13](#) - CCUIH SUBMITTED COMMENT
- **Summary of Proposed Changes:** This SPA proposes adding Enhanced Community Health Worker (CHW, or Community Health Representative, CHR) Services as a preventive service for Medi-Cal members with significant behavioral health needs. [Comments Due September 22](#) - CCUIH SUBMITTED COMMENT
- **Summary of Proposed Changes:** DHCS seeks to expand the list of providers supervising CHW/Rs to include pharmacies. Currently, the State Plan lists CBOs, LHJs, licensed providers, hospitals, and clinics as defined in Title 42 of the Code of Federal Regulations section 440.90 to supervise CHW/Rs. The expanded list of providers who can supervise CHW/Rs would include providers in both the fee-for-service (FFS) and managed care delivery systems. The proposed effective date for State Plan Amendment (SPA) 24-0037 is October 1, 2024. [Comments Due September 22](#) - CCUIH SUBMITTED COMMENT

**The California State Legislature** All bills needed to pass out of the Assembly and Senate by Saturday, August 31st. Any legislation that did not advance from the floor by this deadline is dead. Bills that successfully passed were sent to the Governor for review. The Governor has until September 30th to sign or veto these bills; here is what we know as of September 25. Below is the status of some select bills. You can also see the Governor's Legislative Update with a more thorough listing of bills signed and vetoed [here](#).

**The Governor signed:**

- [AB 2435 \(Maienschein\) California Health Benefit Exchange.](#)
- [AB 2860 \(Garcia\) Licensed Physicians and Dentists from Mexico](#)
- [AB 2864 \(Garcia\) Licensed Physicians and Dentists from Mexico Pilot Program: extension of licenses](#)

**The Governor vetoed:**

- [AB 2428 \(Calderon\) Medi-Cal: Community-Based Adult Services.](#)
  - The governor stated that codifying the requirement for them to receive an FFS rate is unnecessary because the budget included \$16 million in annual payment increases to CBAS providers.
  - [AB 2428 Veto Message](#)
- [AB 2250 Social determinants of health: screening and outreach](#)
  - The Governor cited the bill's overlap with existing state and federal efforts, such as CalAIM and new federal billing codes. He highlighted concerns about the bill's lack of clarity on "adequate access" to community health workers, making implementing it challenging.

**Held Under Submission:**

- AB 1965: Public health. Office of Tribal Affairs.

**Joint Rule 62 (a) Suspended:**

- AB 1799: Child abuse: Reporting

**Enrolled and Presented to the Governor:**

- AB 2108: Foster care: missing children and nonminor dependents.
- AB 2138: Peace officers: tribal police pilot project.
- AB 2711 Suspensions and expulsions: voluntary disclosures.
- AB 2795: CalWORKs Indian Health Clinic Program.
- SB 1067: Healing arts: expedited licensure process: medically underserved area or population
- SB 1382: Community and rural health clinics: building standards.
- AB 1863 California Emergency Services Act: notification systems: Feather Alert.

**[Voting on Propositions: A Sneak Peek at What's on the 2024 Ballot, CCUIH's take.](#)**

As election season approaches, California voters will decide on several propositions—proposed laws and amendments that can impact our communities. This preview highlights key 2024 propositions and their potential effects on American Indian and Alaska Native (AI/AN) communities. Stay tuned for CCUIH's upcoming blog, featuring an easy-to-navigate version with images and graphics to help make these propositions clearer and more engaging.

**FEDERAL UPDATES**

**[\\*This is the last week Congress will meet until November 12<sup>th</sup>.](#)**  
**[Appropriations Status](#) and Impact on UIOs**

- Congress is currently working to pass a short-term Continuing Resolution (CR) to avoid a government shutdown as the fiscal year ends on September 30, 2024. This CR would temporarily fund the government through December 20, 2024, providing additional time to negotiate full-year appropriations bills for FY2025.
- None of the 12 full-year appropriations bills have been enacted, which raises concerns about the stability of funding for programs impacting Urban Indian Organizations (UIOs) and healthcare services for American Indian and Alaska Native communities.
- The CR maintains existing funding levels but does not address new funding needs, limiting program growth and responsiveness to increasing demands. This could impact healthcare delivery, particularly in underserved urban areas where UIOs play a critical role.
  - **Key Considerations for UIOs**
    - **Funding Stability:** UIOs must closely monitor federal budget negotiations to ensure continued funding and advocate for equitable allocations in the final appropriations.
    - **Advocacy Needs:** It remains critical to engage with federal representatives to highlight the importance of sustained and enhanced funding for UIOs, ensuring culturally appropriate healthcare services for AI/AN populations remain a priority.

### [SAMHSA Unified Client-Level Performance Reporting Tool \(SUPRT\) – Tribal Consultation Opportunity](#)

A Dear Tribal Leader Letter was released regarding the proposed SUPRT tool (OMB No. 0930-NEW), with a 60-day Federal Register Notice (FRN) now open for comments. The FRN invites stakeholders to provide input on the SUPRT and its associated burden estimates.

**Comments are due by October 15, 2024**, and can be sent to the SAMHSA Reports Clearance Officer at the address or email provided in the letter. This is an opportunity to engage with SAMHSA's efforts to improve Tribal behavioral health through enhanced data reporting.

### **AI/AN Healthcare Workforce Development Summit - Salt Lake City: Key Takeaways and Opportunities**

- The AI/AN Healthcare Workforce Development Summit in Salt Lake City brought together healthcare leaders, educators, and policymakers to address workforce challenges and develop strategies for strengthening healthcare services for American Indian and Alaska Native communities. IHEART has announced the selection of Regional Hub Champions who will lead initiatives and foster collaboration across five regions, providing critical support and guidance. Additionally, IHEART is offering Seed Project Funding of up to \$20,000 per region to catalyze innovative, scalable interventions, including mentorship programs, strategic planning, and regional needs assessments.
  - **Focus Areas:**
    - **Policy Advocacy:** Engage state assembly members to support AI/AN healthcare workforce growth.
    - **Workforce Development:** Promote educational opportunities, advance CRIHB's initiatives, and foster new healthcare career pathways.
    - **Next Steps:** Utilize Seed funding, participate in upcoming events like the NIEA Conference, and deepen regional collaborations.

## **POLICY ENGAGEMENTS IN SEPTEMBER**

- CalWellness Board Meeting
- American Indian Physicians Association Conference
- CCUIH Annual Conference
- CA Surgeon General
- CPEHN Board Meeting
- CPCA Biweekly Member
- RAC Monthly Directors
- NCUIH Policy Workgroup
- OUIHP Urban Program Executive Directors
- Health Career Connection Intern and Workforce
- iHEART Regional Meeting
- AI/AN Healthcare Workforce Development Summit - Utah
- County Behavioral Health Directors
- Indian Health Cal-AIM Collaborative
- Racial Equity Commission
- CPCA Peer Networking/Legislative and Regulatory
- California Racial Equity Coalition
- DHCS: Tribes and Indian Health Program Representative Meeting
- HCC Regional Health Workforce Advisory
- CNVP Board
- Workforce Steering Committee International Medical Corps
- CDSS Annual Tribal Consultation Summit

Legislative Report prepared by CCUIH Director of Policy & Planning Nanette Star [nanette@ccuih.org](mailto:nanette@ccuih.org) and CCUIH Executive Director Virginia Hedrick [virginia@ccuih.org](mailto:virginia@ccuih.org)