



CHWA/CHPC Joint Policy and Advocacy Committee

Member identified themes,
a review of CA legislation,
and a path forward for 2013

Presented at CHWA/CHPC Joint Quarterly Meeting
June 24, 2013



CPAC 2013 Engagement

- TCWF core funding enabled CHWA engagement of Samantha Pellon – Graduate Intern
- Outreach and telephone interviews with current CPAC membership between January and May. Ten committee members were interviewed with focus on:
 - Interest in renewed engagement
 - Emerging priorities
 - CA legislation of interest
 - General input / suggestions
- Set process moving forward



CPAC Member Themes

- Training and certification for less skilled workers, such as CHWs
 - With attention to full range of skills/contributions to improve community health
- Work with CA higher education to offer industry-focused curricula such as health information technology workforce training.
- Investigate scope of practice and licensing pathways seek potential opportunities to alleviate shortages and increase access.



Other Issues Identified

- Establish consistent dialogue with California Workforce Investment Board (CalWIB) to help shape allocations.
- Local and regional community groups need resources to accomplish state-level policies; Is there an opportunity to advocate for more state-level mandates for implementation at the local level?
- Integration of foreign trained health care professionals into the US workforce is time-intensive and are many obstacles throughout the process (e.g., comparability of training). Is there an opportunity to advocate for an easier, more streamlined process?
- The laboratory workforce is aging and in competition with private biotech firms; need to review possible expansion of the laboratory workforce scope of practice and training.

AB 1176

- **AB 1176 (Bocanegra and Bonta): Medical Residency Training Program Grants** (Supported by CAFP, CMA, and CPCA). This bill would have created the Medical Residency Training Program to fund graduate medical education (GME) residency programs in California by requiring every health plan and insurer that provides health care coverage in California to pay an annual GME assessment of \$5.00 per covered life.
 - **Update:** This bill was held in the Assembly Appropriations Committee on 05/24 as it imposed a fiscal cost to the State.

SB 20

- **SB 20 (Hernandez): Health Care: Workforce Training** (Supported by CAPG, CHA). This bill requires, beginning on the date that the California Major Risk Medical Insurance Program becomes inoperative, that all the funds in the Managed Care Administrative Fines and Penalties Fund be transferred each year to the Medically Underserved Account for Physicians in the Health Professions Education Fund, for use by the Steven M. Thompson Physician Corps Loan Repayment Program. Funds eligible for transfer are variable and have ranged from a low of \$454,000 (2012-2013) to a high of approximately \$13 million (2008-2009).
 - **Update:** This bill is before the Assembly and has been referred to the Committee on Health. The hearing date has been set for July 2, 2013 at 1:30 p.m.
 - **Recommendation:** This bill does not have any opposition, and has a strong chance of making its way to the Governor's desk. This could be a good opportunity for JPAC to voice its priorities.

SB 491

- **SB 491 (Hernandez): Nurse Practitioners** (Supported by CHA, UC, amongst others. Opposed by CAFP, CMA, amongst others). This bill would delete the requirement that nurse practitioners (NP) perform certain tasks pursuant to standardized procedures and/or consultation with a physician or surgeon and instead, authorizes an NP to perform those tasks independently. After July 1, 2016, NPs are required to possess a certificate from a national certifying body in order to practice.
- **Update:** This bill passed the Senate and is now before the Assembly, being referred to the Committee on Business, Professions and Consumer Protection. No hearing date set.
- **Recommendation:** The bill will likely run into opposition as it travels through the Assembly. This may be a more politically risky bill to take a position upon; however, the goals of the bill align with the objectives of JPAC.
 - Arguments in support of this bill indicate that by permitting NP's to work independently of physicians, it would address the anticipated health care workforce shortages, especially in MUAs. Currently, 17 other states allow NP's to practice to the full extent of their training and education, and the Institute of Medicine and National Council of State Boards have recommended full practice for NPs.
 - Arguments in opposition state there is little evidence that expansion of scope of practice leads to improved access to care. However, a recent policy analysis by the non-partisan, non-profit group National Institute for Health Care Reform indicate that scope of practice reform can provide immediate gains in primary care access. Another argument in opposition asserts that current requirements for standardized procedures with physician oversight are in place because physicians are more qualified and experienced, and removing that requirement could compromise patient safety and care.

SB 492

- **SB 492 (Hernandez): Optometrists** (Supported by California Hospital Association, amongst others. Opposed by California Association of Family Physicians, California Medical Association, amongst others). This bill permits an optometrist to diagnose, treat, and manage additional conditions with ocular manifestations. It directs the California Board of Optometry to establish educational and examination requirements and permits optometrists to perform vaccinations and surgical and non-surgical primary care procedures.
 - **Update:** This bill passed the Senate and is now before the Assembly, being referred to the Committee on Business, Professions and Consumer Protection. At this point, there is no due date or hearing date set for this bill yet.
 - **Recommendation:** Similar to SB 491, this bill may run into obstacles as it makes its way through the Assembly. The arguments in support and opposition mimic those found in SB 491, primarily, that this bill would address the anticipated access to care issues raised by the Affordable Care Act. Unlike SB 491, however, this bill explicitly expands the conditions that an optometrist may treat and diagnose, including tasks that are predominantly delivered via primary care (e.g., vaccinations, prescribing and medication management, disease management) without any additional training and physician oversight. While the bill's objective purports to align with JPAC's goals, additional consideration may want to be paid to the scope of practice expansion and whether optometrists are qualified to deliver and manage essentially primary care to patients.

SB 493

- **SB 493 (Hernandez): Pharmacy Practice** (Supported by CHA, Medical Board of California, amongst others. Opposed by CAFP and CMA, amongst others). This bill would permit pharmacists to perform certain functions, such as independently initiate and administer vaccines, according to specific requirements and establishes the advanced practice pharmacist (APP) recognition. Permits the Board of Pharmacy to set a fee for the issuance and renewal of APP recognition.
 - **Update:** This bill passed the Senate and is now before the Assembly, being referred to the Committee on Business, Professions and Consumer Protection. At this point, there is no due date or hearing date set for this bill yet.
 - **Recommendation:** The author notes that this bill would increase access and align California law more consistently with federal programs such as the Department of Defense, the Veterans Administration, and Indian Health Service, where pharmacists have been practicing in a team-based collaborative model for over 40 years.
 - **Supporters** emphasize that the concept of team-based care is currently being utilized in hospital and other health care settings and should be expanded to community settings in order to meet demand.
 - **Opponents** state that that expanded authority to administer vaccinations may compromise patient safety as safe administration requires extensive education, experience, and training. Further, permitting APPs to adjust or discontinue drug therapy may allow pharmacists to interfere with the physician-patient relationship.

SB 494

- **SB 494 (Monning): Health Care Providers** (Supported by CAPG, amongst others. No opposition). This bill would permit a primary care physician, if he/she supervises one or more non-physician medical practitioners, to be assigned an average of an additional 1,750 enrollees for each full-time equivalent non-physician medical practitioner supervised by that physician.
 - **Update:** SB 494 has been referred to the Assembly Committee on Health and has a hearing date set for August 13, 2013.
 - **Recommendation:** According to the author, this bill would address the shortage of primary care providers and maldistribution of specialists throughout the state by conforming to ACA definitions and expanding the workforce to more effectively use physician assistants (PA) and nurse practitioners (NP) as primary care providers. This bill does not make changes to clinical skills or alter existing relationships between the supervising physician and the employer PA or NP.

SB 594

- **SB 594 (Steinberg): California Career Pathways Investment** (Supported by California Chamber of Commerce, California School Board Association, amongst others. This bill has no opposition). SB 594 would establish the California Career Pathways State Revolving Fund for the purpose of providing financial assistance to local educational agencies and community college districts that have entered into agreements to implement and operate career pathways programs. This bill authorizes the California Career Pathways State Investment Committee to enter into pay-for-performance contracts with local educational agencies and community college districts for establishment of a pilot project to fund career pathways programs. The measure would appropriate \$250 million from the General Fund to the Career Pathways State Revolving Fund and redirect \$100 million from a current tax credit to the Career Pathways Investment Credit.
 - **Update:** This bill has been assigned to the Committee on Education and Committee on Revenue and Taxation. At this point, there is no due date or hearing date set for this bill yet.
 - **Recommendation:** This bill would provide tax credits and three financing tools (i.e., Workforce Development Bonds, Career Pathways Investment Tax Credits, and Linked Learning Trust Funds) for the development of career pathway programs between businesses and schools.



JPAC Moving Forward

- More systematic documentation of member input/positions on key issues
- Regular schedule (quarterly?) of calls/meetings
- Frequent updates on website
- Reach out to other CHWA/CHPC members for input/participation
- Clarify protocol for LOS for bills and/or proactive public education

Input on Protocol

- **Proposed legislation**

- **If no opposition**

- Determine if general letter or poll JPAC members to determine support for listing and/or shared signatures
 - Blast to members to inform and secure input for letter

- **If CHWA or CHPC member opposition**

- Reach out, assess level and options for JPAC
 - Poll JPAC members
 - Blast to members to inform and secure input on issue

- **Public education**

- Select priority issues in quarterly calls

- Set strategy for actions

- Consider public hearings, regional advocacy, letters to the editor, position pieces
 - Blasts to members to inform and secure input on issue