



Susan Wengraf
Councilmember District 6

CONSENT CALENDAR
May 2, 2017

To: Honorable Mayor and Members of the City Council
From: Councilmember Susan Wengraf Councilmember Ben Bartlett
Councilmember Sophie Hahn
Subject: Support AB 391 (Chiu & Gomez) – Medi-Cal: Asthma Preventive Service

RECOMMENDATION

Send a letter in support of AB 391 (Chiu & Gomez) urging our representatives to support this bill. Letter should be sent to Assembly members Chiu, Gomez, Thurmond, State Senator Nancy Skinner and Governor Brown.

FINANCIAL IMPLICATIONS

Minimal

BACKGROUND

AB 391 (Chiu & Gomez) authorizes the Department of Health Care Services (DHCS) to develop and submit a state plan amendment to permit Medi-Cal fee-for-service to cover and pay for certain asthma services carried out by a range of qualified professionals. AB 391 will increase access for Medi-Cal beneficiaries to asthma education and home environmental asthma trigger assessments by enabling DHCS to cover these services by qualified professionals that fall outside of the state’s clinical licensure system as long as the services have been initially recommended by a licensed practitioner.

Over 5 million Californians have been diagnosed with asthma. Asthma is of particular concern for low-income Californians enrolled in Medi-Cal. Low-income populations in California, who have been diagnosed with asthma at some point in their lives, have a higher asthma severity, poorer asthma control and higher rates of asthma emergency department visits and hospitalizations.

Increasing access to asthma education and home environmental asthma trigger assessments will help fulfill California’s Quadruple Aim of strengthening the quality of care, improving health outcomes, reducing health care cost and advancing health equity

ENVIRONMENTAL SUSTAINABILITY

NA

CONTACT PERSON

Councilmember Susan Wengraf Council District 6 510-981-7160

Attachments:

1: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB391

An act to add Article 1.6 (commencing with Section 14047) to Chapter 7 of Part 3 of Division 9 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 391, as amended, Chiu. Medi-Cal: asthma preventive services.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid ~~Program~~ *program* provisions. Existing federal law authorizes, at the option of the state, preventive services, as defined, to be provided by practitioners other than physicians or other licensed practitioners.

This bill, which would be known as the Asthma Preventive Services Program Act of 2017, would require the department to seek an amendment to its Medicaid state plan to include qualified asthma preventive services providers, as defined, as providers of asthma preventive services, as defined, under the Medi-Cal program. The bill would require the department to ~~approve, at a maximum, 3 governmental or~~ *approve at least 2 governmental or* nongovernmental accrediting bodies with expertise in asthma to review and approve training curricula for qualified asthma preventive services providers, as specified, and would require the curricula to be, at a minimum, 16 hours of ~~specified instruction on asthma education and home environmental asthma trigger assessment.~~ *instruction on specified topics.* The bill would require an individual to satisfy specified educational and experience requirements in order to become a qualified asthma preventive services provider and would require any entity or supervising licensed provider who employs or contracts with a qualified asthma preventive services provider to comply with specified requirements. The bill would authorize the department to seek any federal waivers or other state plan amendments as necessary to implement these provisions and would require these provisions to be implemented only if and to the extent that all necessary federal approvals are obtained.

DIGEST KEY

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

BILL TEXT

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS
FOLLOWS:

SECTION 1.

Article 1.6 (commencing with Section 14047) is added to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, to read:

Article 1.6. Asthma Preventive Services Program Act of 2017

14047.

This article shall be known, and may be cited as, the Asthma Preventive Services Program Act of 2017.

14047.1.

The Legislature finds and declares all of the following:

(a) Asthma is a significant public health problem with notable disparities by race, ethnicity, and income. ~~Over 5 million, nearly 1 in 7, Californians have been diagnosed with asthma.~~

(b) Asthma is of particular concern for low-income Californians enrolled in Medi-Cal. Low-income populations have higher asthma severity, poorer asthma control, and higher rates of asthma emergency department visits and hospitalizations. ~~Over 1.1 million Medi-Cal beneficiaries have been diagnosed with asthma at some point in their lives.~~ When uncontrolled, patients with asthma may seek care in more expensive settings.

(c) There are also significant asthma disparities by race, ethnicity, and age. ~~For example, African Americans have 40 percent higher asthma prevalence, four times higher asthma emergency department visit and hospitalization rates, and two times higher asthma death rates than Whites. Asthma prevalence among American Indian/Alaska Native adults is 1.5 to 2 times higher than among White adults. Hispanics have comparatively low asthma prevalence overall, but asthma hospitalization and emergency department visit rates are higher in Hispanics than Whites, especially among children.~~

(d) Patient asthma education and ~~home~~ environmental asthma trigger assessments reduce more costly emergency department visits and hospitalizations, improve asthma control, decrease the frequency of symptoms, decrease work and school absenteeism, and improve quality of life. These outcomes are consistent across a large body of research findings, from the federal Community Preventive Services Task Force to local programs throughout California.

(e) Increasing access to asthma education and ~~home~~ environmental asthma trigger assessments will help fulfill California's quadruple aim goal of providing strengthening health care quality, improving health outcomes, reducing health care costs, and advancing health equity.

14047.2.

For purposes of this article, the following definitions shall apply:

(a) "Asthma preventive services" means ~~provision of asthma education and home environmental trigger assessments.~~ *the provision of asthma education, environmental asthma trigger assessments, and other preventive services.*

(b) "Asthma education" means providing to a patient information about the basic facts of asthma, ~~including proper use of long-term controllers and quick-relief~~ *the use of* medications, self-management techniques and self-monitoring skills, and actions to mitigate or control environmental exposures that exacerbate asthma symptoms, consistent with the National Institutes of Health's 2007 Guidelines for the Diagnosis and Management of Asthma (EPR-3), and any future updates of those guidelines.

(c) ~~"Home—environmental—"~~ *"Environmental* asthma trigger assessment" means the identification of environmental asthma triggers commonly found in and around the ~~home,~~ *home and other locations,* including allergens and irritants. This assessment shall guide the self-management education about actions to mitigate or control environmental exposures.

(d) “Qualified asthma preventive services provider” means any individual who provides evidence-based asthma preventive services, including asthma education and ~~home~~ environmental asthma trigger assessments for individuals with asthma, and who meets all of the requirements described in Section 14047.4.

(e) “Supervision” or “supervising” means the supervision of a qualified asthma preventive services provider providing asthma preventive services, by any of the following Medi-Cal-rendering providers who is acting within the scope of his or her respective practices:

- (1) A licensed physician.
- (2) A licensed nurse practitioner.
- (3) A licensed physician assistant.

14047.3.

The department shall ~~approve, at a maximum, three~~ *approve at least two* governmental or nongovernmental accrediting bodies with expertise in asthma to review and approve training curricula for qualified asthma preventive services providers. ~~The department shall approve the accrediting bodies in consultation with~~ *In approving the accrediting bodies, the department shall consult with* external stakeholders. The accrediting bodies shall approve training curricula that align with the National Institutes of Health’s 2007 Guidelines for the Diagnosis and Management of Asthma (EPR-3), and any future updates of the guidelines. The curricula shall be, at a minimum, 16 hours, and shall include, but not be limited to, all of the following:

- (a) Basic facts about asthma, including, but not limited to, contrasts between airways of a person who has and a person who does not have asthma, airflow obstruction, and the role of inflammation.
- (b) Roles of medications, including the difference among long-term control medication, quick relief medications, *any other medications demonstrated to be effective in asthma management or control*, medication skills, and device usage.
- (c) Environmental control measures, including how to identify, avoid, and mitigate environmental exposures, such as allergens and irritants, that worsen the patient’s asthma.
- (d) Asthma self-monitoring to assess level of asthma control, monitor symptoms, and recognize the early signs and symptoms of worsening asthma.
- (e) Understanding the concepts of asthma severity and asthma control.
- (f) Educating patients on how to read an asthma action plan and reinforce the messages of the plan to the patient.
- (g) Effective communication strategies, including, at a minimum, cultural and linguistic competency and motivational interviewing.
- (h) The roles of various members of the care team and when and how to make referrals to other care providers and services, as appropriate.

14047.4.

In order to be a qualified asthma preventive services provider, an individual shall, at a minimum, satisfy all of the following requirements:

- (a) (1) Successful completion of a training program approved by an accrediting body appointed by the department pursuant to Section 14047.3.
- (2) An individual who has completed an approved training curricula program after 2007, the year of the most recent update of the National Institutes of Health’s Guidelines for the Diagnosis and Management of Asthma (EPR-3), shall be considered as satisfying this training requirement.
- (b) (1) Successful completion of, at a minimum, 16 hours of face-to-face client interaction training focused on asthma management and prevention within a six-month period. This training shall be observed and assessed by a licensed physician, nurse practitioner, or a physician assistant.

(2) An individual who has completed the minimum face-to-face client contact after 2007, the year of the most recent update of the National Institutes of Health's Guidelines for the Diagnosis and Management of Asthma (EPR-3), shall be considered as satisfying this face-to-face client contact requirement.

(c) Successful completion of four hours of continuing education annually.

(d) Provide asthma preventive services under the supervision of a licensed provider.

(e) Be employed by or under contract with an entity or a supervising licensed provider that meets the requirements described in Section 14047.5.

(f) Be 18 years of age or older and have a high school education or the equivalent.

14047.5.

Any entity or supervising licensed provider who employs or contracts with a qualified asthma preventive services provider shall:

(a) Maintain documentation that the qualified asthma preventive services provider has met all of the requirements described in Section 14047.4.

(b) Ensure that the qualified asthma preventive services provider is providing services consistent with Sections 14047.3 and 14047.6.

2: Letter

Re: SUPPORT for AB 391 (Chiu) -- Medi-Cal: Asthma Preventive Services

Dear State Representatives,

The Berkeley City Council is in support of AB 391 (Chiu & Gomez), which authorizes the Department of Health Care Services (DHCS) to develop and submit a state plan amendment to permit Medi-Cal fee-for-service to cover and pay for certain asthma services carried out by a range of qualified professionals.

Asthma is a significant public health problem and driver of health care costs. Over 5 million Californians have been diagnosed with asthmaⁱ -- about 1 in 7 state residents. Asthma is of particular concern for low-income Californians enrolled in Medi-Cal. Low-income populations, like the nearly two million Medi-Cal beneficiaries who have been diagnosed with asthma at some point in their lives,ⁱⁱ have higher asthma severity, poorer asthma control, and higher rates of asthma emergency department visits and hospitalizations.ⁱⁱⁱ In 2010, Medi-Cal beneficiaries represented 50% of asthma hospitalizations and 42% of asthma emergency department visits, even though they represented only 30% of Californians.^{iv}

AB 391 will increase access for Medi-Cal beneficiaries to asthma education and home environmental asthma trigger assessments by enabling DHCS to cover these services provided by qualified professionals that fall outside of the state's clinical licensure

system as long as the services have been initially recommended by a licensed practitioner.

Increasing access to asthma education and home environmental asthma trigger assessments will help fulfill California's Quadruple Aim of strengthening the quality of care, improving health outcomes, reducing health care costs and advancing health equity. For these reasons, the Berkeley City Council supports AB 391 (Chiu & Gomez) and respectfully requests your "aye" vote.

Sincerely,
Berkeley City Council

ⁱ Milet M. *Asthma Prevalence in California: A Surveillance Report*. Richmond, CA: California Department of Public Health, Environmental Health Investigations Branch, January 2017.

ⁱⁱ California Health Interview Survey data. 2015. UCLA Center for Health Policy Research. <http://ask.chis.ucla.edu/main/default.asp>. Accessed February 21, 2017.

ⁱⁱⁱ Milet M, Lutzker L, Flattery J. *Asthma in California: A Surveillance Report*. Richmond, CA: California Department of Public Health, Environmental Health Investigations Branch, May 2013.

ⁱⁱⁱ Calculated using data from Milet M, *ibid*, pp. 109, 121, 143.