



January 29, 2021

Governor Gavin Newsom
1303 10th Street, Suite 1173
Sacramento, CA 95814

Re: Community Health Centers are the Equity Solution to End the COVID-19 Pandemic

Dear Governor Newsom,

I write today on behalf of the California Primary Care Association (CPCA), who advocates on behalf of California's 1,370 community health centers (CHCs) serving on the frontlines of the COVID-19 response to the state's most diverse communities. Currently providing care to more than 7.4 million Californians, many of whom are essential workers, CHCs play a pivotal role in ensuring those impacted most by the COVID-19 pandemic have access to needed care and are prioritized in receiving vaccinations. CPCA and community health centers appreciate your leadership and that of your diligent staff as we work together to quickly administer COVID-19 vaccines to the hardest to reach patients, and seize opportunities to align federal resources with state vaccine plans.

California cannot achieve an equitable end to this pandemic without all CHCs, and today we write to articulate the pathways by which CHCs can and must be at the center of the state's COVID response strategy. **CPCA respectfully asks the Administration to prioritize and include all CHCs as part of the Blue Shield TPA and authorize the necessary resources – adequate vaccine supplies, financial support, and regulatory flexibilities – to administer vaccinations equitably and sustainably to patients and communities.** A detailed set of recommendations is forthcoming.

Leverage and Bridge State and Federal Vaccine Visions

Your announcement on January 26, 2020, to improve the state's mass vaccination plan and uphold equitable vaccine distribution is an important step in further controlling the pandemic. It is evident that the state is focused on effective delivery systems and vaccinating hard to reach, vulnerable populations—both of which CHCs excel at. In his National Strategy for COVID-19 Response and Pandemic Preparedness, President Biden recognizes the power of CHCs to close the gaps in health disparities and their commitment to fair vaccine access. **As part of the national strategy, President Biden plans to launch a nationwide vaccination partnership with CHCs and give CHCs direct access to vaccine supplies.** This is a prime opportunity for California to align and leverage the President's vision and prioritize CHCs as central to the statewide plan.

CHCs are the Equity Provider

CHCs are the most qualified and trusted providers to overcome COVID-19's public health and race equity crises. Many communities they care for are disproportionately impacted by the pandemic, systemic racism, and poverty. **Of the 7.4 million patients CHCs care for, more than half identify as Hispanic (or Latinx), nearly 10 percent identify as Asian and/or Pacific Islander, and six (6) percent identify as Black. CHCs proudly serve Medi-Cal recipients, agricultural workers (more than 860,000), persons experiencing homelessness (more than 360,000), and prioritize fair vaccine access for all patients, regardless of their ability to pay.** The racial/ethnic diversity, cultural and linguistic sensitivity, and empathy of CHCs' workforce are the critical elements for administering vaccines to the hardest to reach patients. Numerous CHC staff come from the communities they care for, including rural areas highly impacted by the state's provider shortage, and medically underserved areas. CHCs have the trust of their patients to administer vaccines and provide educational information and support to patients' vaccine hesitancy.

All CHCs Need Direct COVID-19 Vaccine Supply, Resources, and Flexibility

Utilizing the state's new TPA via Blue Shield, California should quickly contract with any willing CHC, no matter their volume capabilities. We understand that the state desires speed and is interested in large capacity providers but no CHC should be excluded because they are too small to achieve volume metrics. Ideally, every CHC will have automatic entry to the TPA and supply to vaccinate their patients. If aggregation assures a contract then, when viewed as a system, CHCs collectively serve 7.4 million patients. During a recent survey informing vaccine capacity, CHCs across the state indicate having the capability to administer 3.5M vaccines in the next 6 months - and this is on top of vaccines that would be provided during a typical primary care, behavioral, or dental visit. This system is comprised of nearly 200 organizations that operate nearly 1,400 sites including mobile units. Further, there are over a dozen regional clinic associations that can serve as local hubs and help to ensure county and regional targets for equity.

Additionally, the TPA should leverage the opportunity laid out in the Biden plan that proposes direct allocation of vaccine to CHCs. We understand that there is currently insufficient supply, but we have a sufficient supply of providers in BIPOC and disadvantaged communities to meet the moment. Equity must not be forsaken for volume or expediency. We know the Multi-County Entities (MCEs) have large, sophisticated delivery systems that can quickly mobilize, but California must not lose sight of the communities most in need. Fortunately, CHCs are located in those areas and are ready and able to lean in.

The TPA should provide upfront incentive payments to stand up vaccine efforts, and one of the incentive categories should be for safety net community providers including CHCs. CHCs need up-front resources for marketing, staff/providers/vaccinators, staff to enter data, community health workers to do outreach and education, PPE, refrigerators, and generators.

Lastly, CHCs as equity providers in the state's solution can be most effective if afforded the latitude to administer vaccines to those most in need including all Medi-Cal recipients and uninsured, elderly, essential workers, farmworkers, homeless, and BIPOC. Working together, CHCs can support California in vaccinating millions of those most in need in these next critical months.

Vaccine Centralization and Data

The state's efforts to centralize the distribution of vaccine through the Blue Shield TPA provides an opportunity to ensure that the vaccine administration is done right; however, the state must be

cognizant of the risks of such a plan. The private entities brought in to solve the pandemic to date have not been resoundingly successful as experienced by health centers on the ground. OptumServ and Verily, and now Color, have had deep challenges in operations and their ability to meet the specific needs of our low-income, non-English speaking, and immigrant communities. That is not to say that having 60+ strategies in California's underfunded city and county public health departments is optimal, but rather that the state must build from the systems in place rather than sidestep and supplant with private industry. **We encourage the state to leverage and partner with the systems in place, including community health centers, to optimize what private industry can deliver.** CHCs are the heart of the communities and know how to get the work done, they just need more support.

We support the Administration's focus on securing real-time and transparent data on vaccine administration but **the state needs to provide resources to CHCs to ensure vaccine data is quickly uploaded and integrated.** Currently, CHCs lament hours and hours of time intensive manual data entry - both wasting limited resources and delaying the information the state needs to assure equitable vaccine distribution. Timely data on what entities have vaccines and who is receiving the vaccine in local communities can be more effective in targeting vaccines where they are most needed and, further, that vaccine is less likely to be wasted. Transparent and synchronized data maintains accountability and confirms to the nation that California's leaders are committed to vaccine excellence and equity.

CHCs Need Financial Backing to Sustainably Vaccinate

CHCs want to lead this work and immunize their communities, and they want to lean in despite the financial losses they have incurred from the pandemic. Health centers have 15% fewer weekly visits and one (1) in three (3) health centers temporarily closed one (1) or more sites because of COVID-19. Vaccination efforts divert CHC operations away from billable preventative, primary care, behavioral health, and dental visits. Many CHCs are already incurring additional financial loss to vaccinate their patients and communities. But the State of California cannot end the pandemic on the backs of the safety net. The Administration has communicated they are willing to invest resources in private partnerships, as evidenced by the recent Blue Shield TPA partnership and partnership with Kaiser. **By including all CHCs in the TPA and assuring resources to CHCs to administer vaccines, the Administration can communicate its commitment to equity - a commitment we would argue has not yet been made.**

Community health centers cannot sustainably administer mass vaccinations without financial investments. The Governor's FY 21-22 state budget mentions \$350 million to support vaccine distribution and outreach. President Biden proposes \$20 billion for a nationwide immunization program. We know additional federal resources are coming to California. Leveraging these federal resources, as well as acknowledging the state's current financial health, resources do exist to support CHCs with spearheading the state's vaccine plan and reaching patients living in communities most impacted by COVID-19.

CPCA has put forward financial sustainability concepts to the Administration. CHCs know the financial and operational models for vaccinations – they just need the resources and the supply. CHCs are the answer to the equity element of the equation and they need to be included in the state's plan as expeditiously as possible.

CHCs Need AFL 20-30 Extension & AB 1494 Implementation for the Duration of Declared Public Health Emergency

Health centers cannot quickly administer vaccines with the current burdens of licensing and provider enrollment applications or with the limited authorized space to administer and bill for medical services. Executive Order N-35-20 and corresponding [All Facilities Letter \(AFL\) 20-30](#) grants health centers critical flexibility to extend their hours, convert adjacent space (such as parking lots) to be used for vaccinations, and to set up temporary sites without the potential delays associated with a full application process. The AFL is set to expire on March 31, 2021, and **CPCA respectfully requests the Administration extend AFL 20-30 until the end of the current Public Health Emergency ensures CHCs utilize all available spaces to sustainably administer vaccines.**

Another opportunity to remove regulatory barriers is [AB 1494 from 2019](#), which reduces additional CHC challenges with space and reimbursement for mass vaccinations, but has yet to be triggered. AB 1494, once implemented, allows health centers to provide and bill for covered services that “are provided somewhere off the premises, including, but not limited to, at a temporary shelter, a Medi-Cal beneficiary’s home, or any location other than the premises, but within the boundaries of the proclamation declaring the state of emergency.” **Immediate implementation of this provision enables health centers to quickly stand-up vaccine clinics in and around their area to meet vaccination needs.** This could be critical for CHC mass vaccination partnerships with school districts, community centers, parks and recreation districts, and other entities.

With proper resources, CHCs can quickly adapt and expand services to meet the moment and lead the state vaccine plan. **CPCA respectfully asks the Administration to prioritize and include all CHCs as part of the Blue Shield TPA and authorize the necessary resources – adequate vaccine supplies, financial support, and regulatory flexibilities – to administer vaccinations equitably and sustainably to patients and communities.**

We know vaccine distribution decisions are evolving daily and we thank you in advance for considering this urgent request. Please feel free to contact Andie Martinez Patterson, VP of Government Affairs, at apatterson@cpc.org with any questions.

Sincerely,



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President and CEO
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CC:

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