City of Berkeley, Public Health Division; Email Received March 16, 2023

Thanks DHCS for all your hard work!

I'm advocating for school-based services which are important and I'm advocating for expanding FPACT funding to include more services e.g., PrEP – so that minors can access this vital service.

Thanks,
Laurel Malea Raffetseder, MS, RN, FNP-BC
Pronouns: she/her/hers
Health Center Clinician
Berkeley High School Health Center
City of Berkeley, Public Health Division
Office: [redacted]
Fax [redacted]

Lore Bertuch; Email Received March 19, 2023

Regarding the changes to reproductive health, I would like to comment that I hope lawmakers are making reasonable changes and not over swinging the law to include abortions on full term babies. My request would be that babies that can live outside the womb should not be aborted and essentially terminated. I am not clear at what age the fetus would be, but based on NICUs saving babies that are 6 months in utero, it should be close to that time frame. I would expect that the medical community would have some morals and ethics when determining the life of a baby should be considered verses the convenience of the mother.

Lore Bertuch
[redacted]

Access Bridge; Email Received March 24, 2023

Greetings,

Access Bridge is a new program working to improve access to sexual and reproductive health services by integrating them into emergency departments (EDs) in abortion-restricted states and regions. We are based at the Public Health Institute and are building on the success of the CA Bridge model for addiction care in EDs.

Despite well-intentioned efforts to reduce the utilization of the ED, the reality is that for many people, the ED is their only source of health care. Many patients go to the ED for pregnancy testing, sexually transmitted infections, or sexual assault. Yet most ED providers are not well trained in these areas and depend on OB-GYNs. This system creates care gaps because OB-GYNs are in increasingly short supply in states such as Oklahoma.

The ED is uniquely positioned to be a safety net for sexual and reproductive health services. It is open 24/7, available in most communities, and staffed by clinicians trained to manage multiple specialties. Fortunately, many sexual and reproductive health needs can be met quickly and easily in EDs. Common medications and treatments can be easily integrated into the ED and would require minimal training and tools.

Thus, Access Bridge would like to encourage DHCS to make grants intended to bolster the reproductive health provider safety net available for emergency departments in California. These grants will enable emergency medicine providers to build their capacity to treat pregnancy emergencies that present to the emergency department.

Thank you!

Elizabeth Keating
Clinical Program Director
(she/her)
CA BRIDGE
[redacted]

San Diego State University (Sophia Bowen); Email Received March 27, 2023

Comment on Legislation

California emphasizes reproductive and sexual health, including contraception, pregnancy tests, and sterilization. Additionally, California stresses protecting bodily autonomy and reproductive choice and protecting people seeking legal abortions. California has seen a significant influx of patients from other states seeking reproductive and sexual health services no longer provided in their home states, such as abortions. For 2023, California continues to seek to ensure that everyone in the state has access to information, services, and treatment needed to promote reproductive and sexual health.

Under California's Reproductive Health Access Demonstration (CalRHAD) Section 1115, California is requesting two hundred million dollars over a three-year span that will build on California's 2022 Budget Act. This budget will allow grant programs for providers to enhance access and capacity for reproductive and sexual health services and family planning for individuals enrolled in Med-Cal. California also proposes to use these grants for individuals who may also need assistance accessing such services.

Comments on CalRHAD Section 1115 are addressed to the Department of Health Care Services Chief Deputy Director Jacey Cooper and Deputy Director René Mollow, MSN, RN.

Position on the Legislation

The addition to the Act will help strengthen California's reproductive healthcare. The addition will help provide providers with the necessities to ensure greater access to sexual and reproductive health services and decrease provider burden.

Services Provided

CalRHAD's two hundred million dollar request will allow the California Department of Health Care Services (DHCS) to issue grants to reproductive and sexual health providers to increase access to these services. The grants will focus on non-service expenditures such as equipment, technology, and investments to increase accessibility and capacity. Some examples of how these funds will be used are staff recruitment, training, expanding appointment availability, and expanding the range of services being offered. These funds may also be used for patient access support, such as assistance with transportation, arranging travel, and childcare needs. It is clearly stated that the CalRHAD funding cannot be used for services such as abortions.

Reproductive and Sexual Health Access Benefits

The achievement of education, career opportunities, and financial stability depends on improving reproductive and sexual health to eliminate possibilities of health disparities, decrease the rates of infectious diseases, and reduce rates of infertility. Sexual and reproductive health services are beneficial to all genders. These health services include but are not limited to the testing, prevention, and treatment of sexually transmitted diseases, as well as cancer, education on pre-pregnancy lifestyle in order to improve health during the pregnancy, and one of the most important to many, education on contraceptives and how the use of contraceptives if done correctly, can provide patients with the choice of when and how often to have children if they want any. A person's life options are increased when they can control their reproductive health. As a result, their chances of attending and staying in school increase, as well as their employment opportunities and participation in social and political activities

(Sexual and Reproductive health, 2023). Increasing equity and reducing health disparities are the benefits of sexual and reproductive health services.

Physician's Financial Burden

California has seen more patients seeking reproductive and sexual health from individuals from other states who no longer provide specific services. One of these services patients seek from other states is abortions (The Press Enterprise, 2022). This influx of patients coming from other states is a challenge for California since this increase in patient volume lack coverage (Medi-Cal) or lack personal funds to pay for the services they are receiving. Medi-Cal is California's largest payer for reproductive health services and family planning. In 2016, the Medi-Cal program covered almost half, approximately forty-nine percent, of all patients of childbearing age in California (Early et al., 2018). However, Medi-Cal, the largest payer for these services, financially disturbs physicians. According to a report by The American Hospital Association, hospitals received only a payment of eighty-eight cents for every dollar spent on Medicaid/Medical patients in 2020 (Baackes, 2022). This reimbursement rate totaled an underpayment of nearly twenty-five billion dollars. These current reimbursement rates put tremendous pressure on providers, and many are unwilling to provide their services at this low rate.

Summary

Passing this addition would allow many goals to be achieved. Some of these goals include supporting access to reproductive and sexual health services for people that have Medi-Cal, as well as for the people that face difficulties when reaching out for family planning services and services provided by reproductive health providers. In addition, it is another positive effect to support the magnitude of California's sexual and reproductive health safety net, as well as healthy relationships with community-based organizations to address community health-related needs, build capacity, and sustain access to services.

Recommendation

DHCS should prioritize grant awards to providers in areas with documented reproductive health provider shortages and access challenges, primarily rural and medically underserved areas, and providers providing care to male patients. For example, disparities in proximity to critical obstetric care exist in rural areas of the United States (Kroelinger, 2021). Additionally, while sexual and reproductive health services have traditionally been offered to women, the United States Centers for Disease Control and Prevention (CDC) recommend that healthcare providers also offer services for the male patient because less than nineteen percent of men receive the services they need (Nguyen, 2021).

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Comment on Legislation

Sophia Bowen, BSN, RN

Melanie Ortiz, BSN, RN

Issac Villarreal BSN, RN

San Diego State University

NURS 608: Issues and Policies in Healthcare

Denise Foster

March 26, 2023

Comment on Legislation

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San Diego State University (Melanie Ortiz); Email Received March 27, 2023

Attachment: Comment on Legislation

Comment on Legislation

Sophia Bowen, BSN, RN

Melanie Ortiz, BSN, RN

Issac Villarreal BSN, RN

San Diego State University

NURS 608: Issues and Policies in Healthcare

Denise Foster

March 26, 2023

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Andrew Dobson; Email Received April 3, 2023

I just wanted to express my whole-hearted support for the CalRHAD Section 1115 proposal. This is the kind of proposal that will help ensure California pulls ahead in health and safety nationally and globally. This no-nonsense expansion would increase access to vital reproductive care which is not only the moral and human-centered health initiative we need, but also makes economic sense to prevent life-destroying expenses to individuals who would otherwise not have access to this care.

Thank you for putting this proposal forward,
--
Andrew Dobson, Ph.D

Cedars Sinai; Email Received April 16, 2023

Will the evaluation of this grant project be done by the state or put out for RFA (pg. 11 evaluation hypothesis draft application for public comment)?

Viiv Healthcare; Email Received April 16, 2023

Greetings!

Please see the attached comments from ViiV Healthcare on the CalRHAD 1115 Waiver Application. Let me know if you have any questions.

Thank you!
Kristen

Kristen Tjaden
Government Relations Director, West

ViiV Healthcare
[redacted]
M: [redacted]
viivhealthcare.com | Twitter | Facebook

April 17, 2023

Submitted via: 1115Waiver@dhcs.ca.gov

Department of Health Care Services
Director's Office
Attn: René Mollow and Jacey Cooper
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Re: CalRHAD Section 1115 Application

Dear Directors Morrow and Cooper:

ViiV Healthcare Company (ViiV) appreciates the opportunity to provide comments on California's Reproductive Health Access Demonstration (CalRHAD) Section 1115 Application."[1]

ViiV, a global specialist HIV company established in 2009, is the only company 100 percent dedicated to combating, preventing, and hopefully curing HIV and AIDS. ViiV specializes in the development of HIV medicines and is devoted exclusively to advancing science into HIV treatment, prevention, and care. From its inception, ViiV has had a singular focus to improve the health and quality of life of people impacted by this disease and has worked to address significant gaps and unmet needs in HIV care. ViiV is proud to be part of the scientific advances in the treatment and prevention of this disease, transforming HIV from a terminal illness to a manageable chronic condition. In collaboration with the HIV community, ViiV remains committed to developing meaningful scientific advances in HIV, improving access, and supporting the HIV community to facilitate enhanced care, prevention, and treatment. ViiV is committed to the nation's success in reducing the number of new HIV cases and increasing viral suppression rates.[2,3]

ViiV recognizes Department of Health Care Services' (DHCS) work in creating this CalRHAD waiver and applauds the State's request for public comment. Medi-Cal is the largest payer for reproductive health services and covers nearly half of all individuals of childbearing age in California.[4,5] However,

[1] State of California Department of Health Care Services. Medicaid Section 1115 Demonstration Request California's Reproductive Health Access Demonstration (CalRHAD). https://www.dhcs.ca.gov/provgovpart/Documents/CalRHAD-Draft-Application-for-Public-Comment.pdf. Accessed April 7, 2023.
[2] AIDS Vu: United States. https://aidsvu.org/local-data/united-states/. Accessed April 7, 2023.
[3] America's HIV Epidemic Analysis Dashboard (AHEAD). Ending the HIV Epidemic in the US. https://ahead.hiv.gov/. Accessed January 10, 2023.
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disparities in access to sexual and reproductive health services persist, including disparities based on geography, income, and race.[6]

ViiV offers the following recommendations to support access to whole-person sexual and reproductive health services:

1. Improve Education and Access to Pre-Exposure Prophylaxis (PrEP)

In 2020, 134,381 people were living with HIV in California, and almost 4,000 people were newly diagnosed with HIV.[7] Pre-exposure prophylaxis, or PrEP, is an intervention in the form of a daily pill or an every-two-month injection to reduce the likelihood of HIV acquisition. In 2021, 49,517 people were receiving PrEP in the State, with the highest uptake in white population (59.5 percent).[8] Despite California having one of the highest rates of PrEP coverage in the nation (26 percent),[9] these important services have not been equally accessed by specific communities impacted by HIV. Unfortunately, the disparity in PrEP coverage is inversely proportional to those newly diagnosed with HIV. Compared to the rates of new HIV diagnosis in Black and Hispanic Californians, both populations have disproportionately low rates of PrEP use – only 4.5 percent of Black individuals and 26.4 percent of Hispanic individuals in California utilize PrEP.[10]

This data points to persistent and structural forms of health inequities as important drivers of disparate health outcomes. Therefore, continued broad access to the full array of available PrEP options should be available for providers that are recipients of this new CalRHAD grant program. ViiV urges the State to include a requirement for CalRHAD grant recipients to provide all sexually active adult and adolescent individuals with information about PrEP, in accordance with CDC's updated clinical practice guideline.[11]

2. Facilitate Access to HIV Testing and Treatment

In California, 21.4 percent of individuals diagnosed with HIV in 2020 were diagnosed late,[12] characterized as having an AIDS diagnosis within three months of initial HIV diagnosis. This indicates a need for increased HIV testing to ensure that individuals are made aware of their HIV status as early as possible.

In this waiver, DHCS has prioritized the goal of providing access to comprehensive sexual and reproductive health services, including sexually transmitted infection treatment, and prevention.[13] ViiV would like to suggest that the State specifically include requirements for routine HIV screening

[6] State of California Department of Health Care Services. Medicaid Section 1115 Demonstration Request California's Reproductive Health Access Demonstration (CalRHAD). https://www.dhcs.ca.gov/provgovpart/Documents/CalRHAD-Draft-Application-for-Public-Comment.pdf. Accessed April 7, 2023.
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[10] AIDS Vu: United States. https://aidsvu.org/local-data/united-states/west/california. Accessed April 7, 2023.
[11] CDC. Preexposure Prophylaxis for the Prevention of HIV Infection in the United States. 2021 Update Clinical Practice Guideline. https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf. Accessed April 11, 2023.
[12] AIDS Vu: United States. https://aidsvu.org/local-data/united-states/west/california. Accessed April 7, 2023.
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consistent with the CDC's recommendations,[14] which advises routine HIV screening of adults, adolescents, and pregnant women in health care settings in the United States. ViiV urges the State to follow the CDC's call for reducing barriers to HIV testing, and to also include a requirement for CalRHAD grant recipients to provide all sexually active adult and adolescent individuals with information about PrEP, in accordance with CDC's updated clinical practice guideline.[15]

3. Health Equity & Disparities

ViiV applauds the State's focus on addressing disparities in reproductive care through this waiver. Although HIV can affect anyone, some racial/ethnic groups have higher rates of HIV in their communities, raising the risk of new infections with each sexual or injection drug use encounter.[16] In particular, Black/African American, and Hispanic/Latino communities are disproportionately affected by HIV compared to other racial/ethnic groups. For example, in 2019, the rate of new HIV diagnoses per 100,000 for Black people (45.0) was about 8 times that of white people (5.3); Latino people (21.5) had a rate 4 times that of white people.[17] And compared to all people diagnosed with HIV, African Americans have lower viral suppression rates which is critical to reducing transmission of HIV.

ViiV applauds the language in the demonstration request:

> DHCS seeks to continue California's progress toward equitable access to comprehensive sexual and reproductive health services, for individuals enrolled in Medi-Cal and other individuals who need access to quality, affordable sexual and reproductive health care. The grant funding outlined in this proposed demonstration will build on California's 2022 Budget Act investments for reproductive health services and complements other State efforts to promote equitable access to comprehensive sexual and reproductive health care, such as California's Family Planning, Access, Care, and Treatment (Family PACT) Program.[18]

In addition to these efforts, ViiV encourages DHCS to require providers that are recipients of this new CalRHAD grant program to participate in HIV educational programming, as well as cultural competency training. Important resources should also be shared with providers to help grow their understanding of how to best serve individuals who may benefit from PrEP, specifically those communities disproportionately affected by HIV. ViiV asks DHCS to continue to apply careful consideration to people living with HIV and take steps to ensure they will have access to adequate and expert HIV care through this CalRHAD grant program.

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[14] CDC. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR Recommendations and Reports. September 22, 2006. https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm. Accessed April 7, 2023.
[15] Centers for Disease Control and Prevention (CDC). Preexposure Prophylaxis for the Prevention of HIV Infection in the United States. 2021 Update Clinical Practice Guideline. https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf. Accessed April 11, 2023.
[16] Centers for Disease Control and Prevention (CDC). HIV by Group. April 14, 2022. https://www.cdc.gov/hiv/group/racialethnic/index.html. Accessed April 7, 2023.
[17] Kaiser Family Foundation (KFF). The HIV/AIDS Epidemic in the United States: The Basics. June 7, 2021. https://www.kff.org/hivaids/fact-sheet/the-hivaids-epidemic-in-the-united-states-the-basics/#footnote-525108-42. Accessed April 7, 2023.
[18] State of California Department of Health Care Services. Medicaid Section 1115 Demonstration Request California's Reproductive Health Access Demonstration (CalRHAD). https://www.dhcs.ca.gov/provgovpart/Documents/CalRHAD-Draft-Application-for-Public-Comment.pdf. Accessed April 7, 2023.

Conclusion

Thank you for your consideration of our comments. We trust DHCS will continue to develop and adopt innovative programs to ensure all Californians have access to high-quality health care. Please feel free to contact me at [redacted] with any questions.

Sincerely,

[redacted]

Kristen Tjaden
Government Relations Director
ViiV Healthcare

Vermont Urgent Care & Multi Specialty Center; Email Received April 17, 2023

To whom it may concern,

We are enrolled with Family Pact Program but we did receive an email in regards to the CA Reproductive Health access program/ Grant. We wanted to know more information regarding this. We were not able to get a hold of someone to speak to us in regards to this.

We wanted more information and try to enroll in the program for our Urgent Care facility. Can someone please let us know who we can speak to in regards to this program.

Here is the link for the program/ Grant we are interested in:

https://www.dhcs.ca.gov/provgovpart/Pages/CalRHAD.aspx

https://www.dhcs.ca.gov/provgovpart/Documents/CalRHAD-Draft-Application-for-Public-Comment.pdf

Thank you,

Polin Azaradibi
Office Assistant

Vermont Urgent Care & MultiSpecialty Center
1435 S. Vermont Ave. Suite #100
Los Angeles, CA, 90006
T : [redacted]
T : [redacted]
F : [redacted]
vermonturgentcare.org

Vermont Urgent Care & Multi Specialty Center; Email Received April 17, 2023

This is for "CalRHAD Section 1115 Application."

Pejman Samouha, M.D.
Medical Director
Vermont Urgent Care & Multi Specialty Center
1435 S. Vermont Ave, Suite 100
Los Angeles, Ca 90006
T: [redacted]
T: [redacted]
F: [redacted]

Training in Early Abortion for Comprehensive Healthcare (TEACH); Email Received April 15, 2023

Hi all,

Here's TEACH's support letter for the CalRHAD demonstration comment!

Best,

Alena Chavez
she/her/ella
Program Manager, TEACH

335 S. Van Ness Ave. | SF, CA 94103
[redacted]
www.teachtraining.org

TEACH

Training in Early Abortion for Comprehensive Healthcare

April 17, 2023

Ms. Rene Mollow
Deputy Director, Health Care Benefits and Eligibility
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, California 95899-74173

Re: Medicaid Section 1115 Demonstration Request: California Reproductive Health Access Demonstration

Dear Deputy Director Mallow,

On behalf of TEACH (Training in Early Abortion for Comprehensive Healthcare) we applaud California's strong commitment to achieving Reproductive Freedom. California has a long-standing history of leading the nation in protecting and expanding access to sexual and reproductive health care. The landmark legislation enacted and investments made over the last year in the wake of the U.S. Supreme Court's dismantling of *Roe v. Wade*, have positioned California as a safe haven for anyone who needs timely access to essential abortion and contraceptive services. In addition, California took swift action to backfill a 40% loss in federal Title X funding to support the delivery of family planning services for patients with low-incomes statewide. To continue reducing persistent barriers and ensure access to equitable, affordable, high quality, and inclusive sexual and reproductive health care for all, further investments are needed to maintain and strengthen California's sexual and reproductive health care safety-net. Access to these services is critical in supporting health outcomes, and individual and families achieve greater economic security and educational attainment. We also must prepare for the possibility of more hostile anti-reproductive health actions at the federal level – including attacks on contraception – from the federal court system and Congress, and possible shift at the executive branch level.

The proposed project outlined in the "Medicaid Section 1115 Demonstration Request to Establish the California Reproductive Health Access Demonstration" (herein after referred to as "CalRHAD", "Demonstration Project" or "application") will help California achieve these goals. TEACH strongly supports the intent and goals of the CalRHAD project and urges the Department of Health Care Services (DHCS) to continue moving forward with the application.

TEACH

Training in Early Abortion for Comprehensive Healthcare

We strongly agree with the intent of the Demonstration Project to support sexual and reproductive health access for Medi-Cal beneficiaries as well as other individuals who may face barriers to access. This is in line with the reproductive health policies enacted and investments made over the past year to ensure access to care for all, regardless of an individual's income, insurance status, or home state. We understand that CalRHAD funding may not be used for provision of any services, including abortions, in part as a result of the racist and draconian federal Hyde amendment remaining in place.

To create more equitable access to family planning services and support the overall health and well-being of Californians with lower incomes – as well as those seeking care in our state - TEACH provides the following comments to the CalRHAD demonstration application and we strongly urge DHCS to adopt the recommendations made below.

CalRHAD grants must support a wide range of activities to enhance provider capacity.

TEACH strongly supports the Demonstration Project's provision that CalRHAD grants be used for investments in provider capacity.

In addition to the important components already listed in the draft CalRHAD request that we strongly support, we urge DHCS to explicitly include the following as permissible uses for CalRHAD grants:

- Quality-improvement activities to enhance sexual and reproductive health care delivery. Family planning safety net providers who participate in the Title X federal family planning program have the flexibility to leverage Title X funding to conduct activities that improve the overall quality of care that is provided, and align service delivery with federal Quality Family Planning (QFP) recommendations. QFP updates are expected to be released during the CalRHAD project period. In a similar fashion, quality improvement activities to enhance clinic efficiency and measure patient satisfaction and experience should be able to be supported with CalRHAD grants.

- Adolescent-friendly services. There is ample evidence showing that adolescent-friendly services, when well designed and well implemented, can help increase access to and use of contraception. Ensuring that services are adolescent-friendly requires a systems approach including policies, procedures, and programs across the entire health system to respond to the diverse and unique needs and preferences of adolescents. Examples of teen-friendly services include engaging and uplifting youth voices and expertise in program design, prioritizing confidentiality, offering peer counseling, and operating teen-only clinic hours. We urge the department to clearly state that the enhancement of providing and enhancing adolescent-friendly services

is a permissible use of CalRHAD grant funding.

- Community outreach and education and linkages to care. Outreach and education activities are a key strategy for increasing awareness about the importance of sexual and reproductive health care to a person's overall well-being, inform community members of services available at their local health centers of provider's office, and link community members to care. Examples of outreach and education activities include establishing family planning health educator /promotor programs and adolescent peer health groups, conducting sexual health education workshops with local schools and CBOs, and participating in community health fairs. These activities are currently supported through Title X federal family planning funding for Title X-funded health care organizations across the state. We urge the department to add community education and outreach activities is a permissible use of CalRHAD grant funding.

Integrating high quality well-care, behavioral health, primary care, and sexual and reproductive health care is essential.

Nearly half of cis-women in the U.S. identify their reproductive health provider or gynecologist as their sole medical provider. Given the regularity with which behavioral health conditions are presented and treated in primary care settings, it follows that patients also frequently present behavioral health concerns during a sexual and reproductive health care visit. In addition, studies have shown that reproductive health care patients commonly present with chronic pain, substance use, significant trauma histories, and concerns about intimate partner violence.

Integrated services extend the reach of behavioral health to those populations who might otherwise go undetected or unserved in traditional mental health setting. Guidelines from the U.S. Preventive Services Task Force dictate best practices in primary care settings for effective screening and treatment of behavioral health concerns that are also commonly presented during a sexual and reproductive health visit. Successful integration of behavioral health providers, including well-defined infrastructure and leadership, standardized screening, assessment, and interventions, clearly defined patient flow, and adequate staffing in sexual and reproductive health and primary care settings is essential.

We strongly support the inclusion of integrating well-care and behavioral health services and peer supports for individuals struggling with issues related to gender identity or sexual orientation in reproductive health care settings in the department's CalRHAD application. Some family planning safety net providers are already engaging in these

projects and not receiving adequate reimbursements to cover the cost of providing this critical care.

Additional resources are needed to ensure that integration and enhanced behavioral health are sustainable and accessible to patients in reproductive health settings. In addition, we urge the department to allow peer counseling grant activities to be expanded under the program to include a broader range of peer supports to help improve adolescent sexual and reproductive and mental health well-being.

Use of CalRHAD grants for practical support is necessary to make clinical access a reality.

We applaud the Demonstration Project's proposal to use CalRHAD grants for the provision of practical and logistical support, and patient navigation services for Medi-Cal beneficiaries and others who need to access sexual and reproductive health care services. Despite the progress made in California to protect and expand access to family planning and related care, access barriers remain that perpetuate long-standing health inequities. Many Californians still cannot access abortion care because they face obstacles, like lack of information, transportation needs, travel and lodging costs, and lack of childcare. These barriers to time-sensitive care disproportionately impact young people and foster youth, people with disabilities, unhoused people, immigrants, low-income communities, and people of color. Permitting the use of CalRHAD grants to help patients overcome these barriers is necessary to improve equitable reproductive and overall health outcomes, and supplement investments the state has already made to fund practical supports that make access to clinical care possible.

The demonstration project period should be extended to five-years to provide program sustainability and allow for appropriate data collection to show impact.

Medicaid 1115 waiver demonstration projects are typically approved and often renewed for periods of five years. The department is requesting $200 million in federal Medicaid dollars to establish and operate the CalRHAD grant program as a three-year demonstration project. By the time the CalRHAD program is approved and infrastructure and parameters are established and funding is dispersed by the department – or its third party administrator - program grantees will have significantly less than three years to use the funds. The main goal of the demonstration project is to support the sustainability of California's sexual and reproductive health provider safety net, and more time is necessary to ensure and measure the effectiveness of the Demonstration Project. A longer time period will also help support program sustainability if the political, health care, and economic landscape shifts significantly over the next three years. We strongly urge DHCS to extend the project period to five years.

TEACH

Training in Early Abortion for Comprehensive Healthcare

Grant eligibility criteria should be strengthened to ensure program funding is maximized and aligned with the program intent and purpose.

We agree with the CalRHAD grant eligibility criteria and program parameters described in the Demonstration Project application. However, we strongly urge DHCS to strengthen the eligibility criteria to clearly state that Medi-Cal providers who do not provide the full range of contraceptives or appropriate referrals to other nearby providers and do not serve a minimum volume of sexual and reproductive health patients enrolled in Medi-Cal are NOT eligible to apply for CalRHAD grants.

The program parameters should also make it clear that grantees cannot use CalRHAD funding to support partnerships with organizations that have missions and conduct activities that counter the intent and purpose of the program.

The CalRHAD Demonstration Project is a significant opportunity to advance California's health equity, inclusion, and justice goals, and serving as a safe haven for anyone seeking sexual and reproductive health services in a post-Roe environment. We appreciate your consideration of our recommendations and any further opportunity for partnership and collaboration. If there are any questions or further clarification needed, please reach feel free to [redacted].

Sincerely,

[redacted]

Flor Hunt, MPA

Executive Director

Santa Barbara Neighborhood Clinics; Email Received April 17, 2023

Good afternoon,

Please see the attached document on behalf of Dr. Mahdi Ashrafian, MBA, CEO of Santa Barbara Neighborhood Clinics. Please feel free to reach out with any questions or concerns.

Best regards,
Luanna Gutierrez | Executive Assistant
Santa Barbara Neighborhood Clinics
414 E. Cota St. Floor 1 | Santa Barbara, CA 93101
Fax: [redacted]
E-mail: [redacted] | https://sbclinics.org/

essential access health

April 17, 2023

Ms. Rene Mollow
Deputy Director, Health Care Benefits and Eligibility
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, California 95899-74173

Re: Medicaid Section 1115 Demonstration Request: California Reproductive Health Access Demonstration

Dear Deputy Director Mallow,

On behalf of Santa Barbara Neighborhood Clinics we applaud California's strong commitment to achieving Reproductive Freedom. California has a long-standing history of leading the nation in protecting and expanding access to sexual and reproductive health care. The landmark legislation enacted and investments made over the last year in the wake of the U.S. Supreme Court's dismantling of *Roe v. Wade*, have positioned California as a safe haven for anyone who needs timely access to essential abortion and contraceptive services. In addition, California took swift action to backfill a 40% loss in federal Title X funding to support the delivery of family planning services for patients with low-incomes statewide. To continue reducing persistent barriers and ensure access to equitable, affordable, high quality, and inclusive sexual and reproductive health care for all, further investments are needed to maintain and strengthen California's sexual and reproductive health care safety-net. Access to these services is critical in supporting health outcomes, and individual and families achieve greater economic security and educational attainment. We also must prepare for the possibility of more hostile anti-reproductive health actions at the federal level – including attacks on contraception – from the federal court system and Congress, and possible shift at the executive branch level.
The proposed project outlined in the "Medicaid Section 1115 Demonstration Request to Establish the California Reproductive Health Access Demonstration" (herein after referred to as "CalRHAD", "Demonstration Project" or "application") will help California achieve these goals.

The mission of Santa Barbara Neighborhood Clinics is to provide high quality, comprehensive, affordable healthcare to all people, regardless of their ability to pay, in an environment that fosters respect, compassion, and dignity.

Santa Barbara Neighborhood Clinics strongly supports the intent and goals of the CalRHAD project and urges the Department of Health Care Services (DHCS) to continue moving forward with the application.
We strongly agree with the intent of the Demonstration Project to support sexual and reproductive health access for Medi-Cal beneficiaries as well as other individuals who may face barriers to access. This is in line with the reproductive health policies enacted and investments made over the past year to ensure access to care for all, regardless of an individual's income, insurance status, or home state. We understand that CalRHAD funding may not be used for provision of any services, including abortions, in part as a result of the racist and draconian federal Hyde amendment remaining in place.

To create more equitable access to family planning services and support the overall health and well-being of Californians with lower incomes – as well as those seeking care in our state – Santa Barbara Neighborhood Clinics provides the following comments to the CalRHAD demonstration application and we strongly urge DHCS to adopt the recommendations made below.

CalRHAD grants must support a wide range of activities to enhance provider capacity.

Santa Barbara Neighborhood Clinics strongly supports the Demonstration Project's provision that CalRHAD grants be used for investments in provider capacity.

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We strongly support the inclusion of integrating well-care and behavioral health services and peer supports for individuals struggling with issues related to gender identity or sexual orientation in reproductive health care settings in the department's CalRHAD application. Some family planning safety net providers are already engaging in these projects and not receiving adequate reimbursements to cover the cost of providing this critical care.

Additional resources are needed to ensure that integration and enhanced behavioral health are sustainable and accessible to patients in reproductive health settings. In addition, we urge the department to allow peer counseling grant activities to be expanded under the program to include a broader range of peer supports to help improve adolescent sexual and reproductive and mental health well-being.

Use of CalRHAD grants for practical support is necessary to make clinical access a reality.

We applaud the Demonstration Project's proposal to use CalRHAD grants for the provision of practical and logistical support, and patient navigation services for Medi-Cal beneficiaries and others who need to access sexual and reproductive health care services. Despite the progress made in California to protect and expand access to family planning and related care, access barriers remain that perpetuate long-standing health inequities. Many Californians still cannot access abortion care because they face obstacles, like lack of information, transportation needs, travel and lodging costs, and lack of childcare. These barriers to time-sensitive care disproportionately impact young people and foster youth, people with disabilities, unhoused people, immigrants, low-income communities, and people of color. Permitting the use of CalRHAD grants to help patients overcome these barriers is necessary to improve equitable reproductive and overall health outcomes, and supplement investments the state has already made to fund practical supports that make access to clinical care possible.

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Grant eligibility criteria should be strengthened to ensure program funding is maximized and aligned with the program intent and purpose.

We agree with the CalRHAD grant eligibility criteria and program parameters described in the Demonstration Project application. However, we strongly urge DHCS to strengthen the eligibility criteria to clearly state that Medi-Cal providers who do not provide the full range of contraceptives or appropriate referrals to other nearby providers and do not serve a minimum volume of sexual and reproductive health patients enrolled in Medi-Cal are NOT eligible to apply for CalRHAD grants. The program parameters should also make it clear that grantees cannot use CalRHAD funding to support partnerships with organizations that have missions and conduct activities that counter the intent and purpose of the program.

The CalRHAD Demonstration Project is a significant opportunity to advance California's health equity, inclusion, and justice goals, and serving as a safe haven for anyone seeking sexual and reproductive health services in a post-Roe environment. We appreciate your consideration of our recommendations and any further opportunity for partnership and collaboration. If there are any questions or further clarification needed, please feel free to reach Dr. Mahdi Ashrafian at [redacted].

[redacted]

Dr. Mahdi Ashrafian, MD, MBA
Chief Executive Officer
Santa Barbara Neighborhood Clinics

Planned Parenthood Affiliates of California (PPAC); Email Received April 17, 2023

Good afternoon,

On behalf of Planned Parenthood Affiliates of California, please find attached our comment letter on the proposed CalRHAD Section 1115 Demonstration.

We appreciate the opportunity to review and provide feedback on this proposal. Please let me know if you have questions or need additional information about any of these comments.

Sincerely,
Kelby Lind

Kelby Lind, Vice President of Regulatory Affairs
Planned Parenthood Affiliates of California
1201 K Street, Sacramento, CA | ppactionca.org
Work: [redacted] | Cell: [redacted]
he/him or they/them

Planned Parenthood®
Act. No matter what.

Planned Parenthood Affiliates of California

April 17, 2023

VIA ELECTRONIC SUBMISSION to 1115waiver@dhcs.ca.gov

Department of Health Care Services
Director's Office
Attn: Jacey Cooper and René Mollow
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

RE: Request for Comments for California's Proposed Section 1115 Demonstration Application to Enhance Capacity and Access to Reproductive Health Providers

Dear Director Baass,

On behalf of Planned Parenthood Affiliates of California (PPAC), which represents the seven Planned Parenthood Affiliates operating more than 100 community health centers across California and providing more than 1 million annual visits, we are pleased to submit these comments in support of California Department of Health Care Services' (DHCS) draft proposal to establish California's Reproductive Health Access Demonstration (CalRHAD). This program is aimed at strengthening California's reproductive health provider safety net, with an emphasis on ensuring access to sexual and reproductive health (SRH) services as well as the services and supports to access these services by addressing health-related social needs (HRSNs).

The California Planned Parenthood health centers are safety net providers for the populations in California most in need of health care services. These services include the full range of reproductive health care known to contribute to better health outcomes, including lifesaving cancer screenings, birth control, and testing and treatment for sexually transmitted infections (STIs), and abortion. Approximately 85% of Planned Parenthood's patients have incomes below 150% of the Federal Poverty Level (FPL) and are therefore likely to be impacted by California's proposed CalRHAD program.

As one of California's leading providers and advocates for SRH care, Planned Parenthood understands the importance of protecting and expanding access to health care and ensuring every individual has quality care throughout their lifespan. In addition, Planned Parenthood knows how important it is that people have access to health-related social services that deeply impact their health and wellbeing.

PPAC's comments focus on the proposed CalRHAD grants that would invest in SRH provider capacity and increase patient access supports. PPAC submits comments in support of these proposals, which increase access to essential services, advance health equity, and contribute to creating a system that cares for the whole person.

I. PPAC supports investments into SRH provider capacity that would increase access to SRH care, including for people of color.

The COVID-19 pandemic, followed by the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* that overturned the federal right to abortion, has led to increased needs for SRH care and unprecedented level of demand for the providers supplying this care. Indeed, the pandemic caused intense levels of provider burnout, contributing to clinician shortages across the country[1] and in California.[2] This trend holds true in the SRH space, where providers contend with the additional pressures of a rapidly changing legal landscape and continued attacks in hostile states on SRH care access, including to birth control and gender-affirming care. Specifically after the *Dobbs* decision, Planned Parenthood health centers across the country saw an enormous increase in scheduling various SRH appointments: (1) a more than 150% increase in the number of birth control appointments; (2) a 48% increase in the number of emergency contraception appointments; and (3) a more than 375% increase for intrauterine devices (IUDs) appointments.[3]

The CalRHAD program aims to help California's SRH providers meet this increased need by allowing providers to receive grants that would support key workforce, equipment, and technology investments. Grants could be used for staff recruitment, retention, or training; expanding available appointment times; expanding the range of services offered such as family planning and related services, behavioral health care, and other services to promote whole-person care; and supporting necessary investments into non-service expenditures like telehealth.

PPAC supports these investments into strengthening California's reproductive health care provider safety net. It has been almost a year since the *Dobbs* decision and more than three years since the emergency response for the COVID-19 pandemic started, and California reproductive health care providers continue to see increased demand for birth control, STI testing and treatment, cancer screening, and gender-affirming care services. In particular, California Planned Parenthood health centers disproportionately serve historically underrepresented or underserved communities, including Black, Latinx, Indigenous and people of color, those with low incomes, and people in rural areas. These investments could help Planned Parenthood health centers to sustainably continue serving these communities, who often turn to SRH providers as their first and only source of care.[4]

PPAC notes that safety net and community-based providers like Planned Parenthood health centers have expertise in serving individuals with Medicaid coverage and maintain strong relationships with the communities they serve. We appreciate DHCS's continued drive to reduce health disparities among individuals with Medicaid coverage and other underserved communities. By investing in California's reproductive health care safety net in the proposed CalRHAD program, DHCS is further advancing its goal to reduce health disparities that Californians experience among race, ethnicity, geography, education, and income levels.

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[1] "New Surgeon General Advisory Sounds Alarm on Health Worker Burnout and Resignation," Department of Health and Human Services (May 23, 2022), available at https://www.hhs.gov/about/news/2022/05/23/new-surgeon-general-advisory-sounds-alarm-on-health-worker-burnout-and-resignation.html.

[2] Avram Goldstein, "COVID-19 Is Reshaping California's Health Workforce," California Health Care Foundation (Feb. 1, 2022), available at https://www.chcf.org/blog/covid-19-is-reshaping-californias-health-workforce/.

[3] "By the Numbers: One Month in a Post-Roe America," Planned Parenthood Federation of America, available at https://www.plannedparenthood.org/uploads/filer_public/d0/87/d087f64c-f1a7-4a2d-b5b8-08089a4c7346/by_the_numbers__one_month_in_to_a_post_roe_america.pdf.

[4] "Women + OB/GYN Providers," PerryUndem Research/Communications for Planned Parenthood Federation of America (Nov. 2013), available at https://www.plannedparenthood.org/files/4914/0656/5723/PPFA_OBGYN_Report.FINAL.pdf (finding that one-third of women ages 18-44 view their OB/GYN as their main healthcare provider).

II. PPAC supports grants that would increase patient access supports and help address barriers related to the social determinates of health.

The social determinants of health, defined by the World Health Organization (WHO) as the "conditions in which people are born, grow, live, work, and age, and the wider set of forces and systems shaping the conditions of daily life" have become a frequently discussed concept in the areas of health and social services.[5] Accounting for up to 90 percent of a person's health status, SDOH are far-reaching, and include factors such as safe and affordable housing, access to education, public safety, the availability of healthy foods, local emergency/health services, and environments free of harmful toxins.[6] PPAC emphasizes that while sometimes SDOH are discussed, researched, and pursued independently from racism, discrimination, and inequality, they are, in fact, intertwined. Indeed, SDOH are mostly responsible for health inequities and they are "shaped by the distribution of money, power and resources at global, national and local levels."[7]

SDOH, including the availability and affordability of transportation and childcare, are major logistical factors when scheduling and receiving time-sensitive appointments for the essential services that SRH providers offer. As DHCS recognizes, many people with low incomes do not have access to affordable transportation to get to and from medical appointments.[8] For them, transportation issues can be a major barrier to needed SRH care. Indeed, one study found that the major consequences of experiencing these barriers resulted in delays in care and negative mental health impacts.[9] In California, these issues persist despite the provision of the Medi-Cal nonemergency medical transportation (NEMT) and nonmedical transportation (NMT) benefits.[10] In addition, the worsening of the U.S. child care crisis and lack of affordable child care is another significant factor increasing barriers to accessing SRH services.[11] Notably, one study shows that lack of child care is the most common reason for women of reproductive age to miss or delay their appointments.[12]

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[5] "Social determinants of health," World Health Organization, available at https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1.

[6] "Social Determinants of Health," Healthy People 2030, Office of Disease Prevention and Health Promotion, Department of Health and Human Services, available at https://health.gov/healthypeople/objectives-and-data/social-determinants-health.

[7] *Id.* at "Social Determinants of Health," World Health Organization.

[8] Imran Cronk, "The Transportation Barrier," The Atlantic (Aug. 9, 2015), available at https://www.theatlantic.com/health/archive/2015/08/the-transportation-barrier/399728/

[9] Jenna Jerman, et al., "Barriers to Abortion Care and Their Consequences For Patients Traveling for Services: Qualitative Findings from Two States," Perspectives on Sexual and Reproductive Health (Jun. 2017), available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5953191/ and doi: 10.1363/psrh.12024.

[10] "Transportation: A Barrier to Good Health in Los Angeles," Center for Care Innovations (Mar. 4, 2020), available at https://www.careinnovations.org/resources/transportation-a-barrier-to-good-health-in-los-angeles/ (finding that a variety of factors cause patients to lack access to reliable transportation to get to and from appointments in Los Angeles); Edrington, Suzie, et al., "State-by-State Profiles for Examining the Effects of Non-Emergency Medical Transportation Brokerages on Transportation Coordination," Report for the Transportation Research Board of the National Academies of Sciences, Engineering, and Medicine (April 2018), available at http://onlinepubs.trb.org/onlinepubs/tcrp/tcrp_rpt_202_companion.pdf (finding that in 2013, California provided nearly 5 million NEMT trips to Medicaid enrollees).

[11] Aliza Adler, et al., "Changes in the Frequency and Type of Barriers to Reproductive Health Care Between 2017 and 2021," JAMA Network Open (Apr. 10, 2023), available at https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2803644?utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=041023 and doi:10.1001/jamanetworkopen.2023.7461.

[12] Kristin Alvarez, et al., "Addressing childcare as a barrier to healthcare access through community partnerships in a large public health system," BMJ Open Quality (Oct. 19, 2022), available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9582322/ and doi: 10.1136/bmjoq-2022-001964.

The proposed CalRHAD program aims to address these ongoing SDOH-related barriers experienced by people seeking SRH services by allowing providers to receive grants to increase patient access supports. This would include establishing or expanding partnerships with community-based organizations (CBOs) who can assist with transportation, childcare and similar needs; assisting patients in identifying an appropriate and available provider; arranging travel; and connecting patients with other social and health care services.

PPAC supports the availability of these grants to SRH providers, who have long recognized the reality of the barriers patients face when seeking SRH care. We appreciate DHCS recognizing this longstanding need and further bolstering SRH providers' ability to provide these supports to their patients. Finally, PPAC emphasizes that patients from historically marginalized groups, including communities of color, disproportionately experience SDOH-related barriers to accessing reproductive health care services.[13] The availability of these grants could help Planned Parenthood health centers and other SRH providers to further advance health equity and deliver care to these and other medically underserved communities.

***

PPAC supports the proposals discussed in this comment letter and appreciates the opportunity to provide feedback as DHCS continues forward with the proposed CalRHAD program. If approved by CMS, the CalRHAD program could enable more providers to meet the SRH needs of patients seeking services from them, thereby increasing access to necessary SRH care. In addition, the program could also make significant gains towards improving the health outcomes of people in need of SRH services, including people of color and people with low incomes, as well as toward advancing health equity among underserved communities in California.

Thank you for your consideration of our comments.

Sincerely,

Kelby Lind
Vice President of Regulatory Affairs
Planned Parenthood Affiliates of California

[13] *Id.* at "Changes in the Frequency and Type of Barriers to Reproductive Health Care Between 2017 and 2021"; Emiko Atherton, et al., "Transportation: A Community Driver of Health," American Public Health Association, AcademyHealth, and Kaiser Permanente (2021), available at https://www.apha.org/-/media/Files/PDF/pubs/Transportation_Health_Community_Driver.ashx.

UCLA/UCSF ACEs Aware Family Resilience Network (UCAAN); Email Received April 17, 2023

Dear Ms. Mollow and Ms. Cooper:

My colleague, Dr. Eddy Machtinger, and I appreciate the opportunity to submit the attached public comment on the CalRHAD Section 1115 proposal to create a new CalRHAD grant program for providers to enhance capacity and access for sexual and reproductive health services for individuals enrolled in Medi-Cal and other individuals who may need assistance to access such services.

We are submitting our comments in our capacity as co-Principal Investigators of the UCLA-UCSF ACEs Aware Family Resilience Network (UCAAN), the entity charged with implementing California's ACEs Aware initiative on behalf of DHCS and the Office of the Surgeon General (OSG).

Should you have any questions, please don't hesitate to contact us.

Sincerely,

Shannon M. Thyne, M.D.
Vice Chair, Department of Pediatrics, UCLA David Geffen School of Medicine
Director, Pediatrics Department, Los Angeles County Department of Health
Co-PI, UCAAN
acesaware.org

UCLA | UCSF

ACEs Aware Family Resilience Network

April 17, 2023

Department of Health Care Services
Director's Office
Attn: René Mollow and Jacey Cooper
P.O Box 997413, MS 0000
Sacramento, CA 95899-7413

Re: CalRHAD Section 1115 Application

Dear Ms. Mollow and Ms. Cooper:

As the leaders of the UCLA-UCSF ACEs Aware Family Resilience Network (UCAAN), the entity charged with implementing California's ACEs Aware initiative on behalf of DHCS and the Office of the Surgeon General (OSG), we appreciate the opportunity to submit public comments regarding the proposed DHCS California Reproductive Health Access Demonstration (CalRHAD) to further its mission to expand reproductive health access to individuals enrolled in Medi-Cal and others who face disparate barriers to access.

Engaging with sexual and reproductive healthcare can be challenging for individuals who have experienced past trauma such as intimate partner violence, sexual abuse, military sexual trauma, family separation, and other traumatic experiences. Interactions with the healthcare system during the perinatal period can lead to re-traumatization, which is defined as "a conscious or unconscious reminder of past trauma that results in a re-experiencing of the initial trauma event [1]." CalRHAD offers a unique opportunity to prevent and address the effects of trauma and toxic stress and to support wellness in the reproductive health setting.

UCAAN applauds the Department for innovations in addressing health-related social needs through partnerships with CBOs, increased social supports, enhanced primary care, and integrated behavioral health initiatives in the reproductive health setting. **Incorporating trauma-informed practices to identify and mitigate the adverse health outcomes of toxic stress can reduce barriers to care, minimize stigmatization, promote resilience, and ensure safe and supportive physical and emotional environments within the healthcare system**.

Most health disparities can be attributed to disparities in exposure to increased levels of harm accompanied by disparities in access to protective factors that can mitigate harm and promote resilience. Reducing disparities in health and healthcare requires a systemwide approach to trauma and toxic stress.

The American College of Obstetrics and Gynecology (ACOG) released a committee opinion in 2021, “Caring for Patients Who Have Experienced Trauma,” which advocates for universal implementation of trauma-informed approaches across all levels of practice [2]. CalRHAD represents an opportunity to implement evidence-based trauma-informed care models; we recommend the following be considered for inclusion within the 1115 waiver application.

1. Support ongoing trauma-informed education for all workforce members: CalRHAD is a multidisciplinary approach, bringing together healthcare providers, behavioral health providers, community-based organizations (CBOs), and other stakeholders. Across the continuum of care, supporting patient-facing workforce members with trauma-informed training and resources will enable them to more effectively address patient health and social needs. Trauma-informed training is fundamental to ensuring person-centered care delivery and reducing disparities in access to health and health care.

2. UCAAN recommends that funding priority be given to CalRHAD grant applicants that incorporate trauma-informed care training into their practice. Specifically, CalRHAD funding could support the following:

- ACEs Aware training (which includes modules specific to sexual and reproductive health) for clinical and non-clinical staff. (Learn more at training.acesaware.org)
- ACEs and trauma-informed care webinars targeting staff engaged in sexual and reproductive healthcare
- Learning collaboratives related to trauma-informed care and reproductive health
- Modest, non-service expenditures, such as investments in creating a safe, welcoming clinical settings
- Patient participation in development of programs/collaborations/partnerships

3. Allow funding for ACE screening implementation: To the extent that CalRHAD aims to create a more integrated system of care for sexual and reproductive health, implementing a multidisciplinary approach to ACE and trauma screening will be important to the success of the demonstration. Sexual and reproductive healthcare providers need additional resources to identify trauma and diagnose and treat ACE-Associated Health Conditions, including diabetes, asthma and behavioral health issues.

UCAAN recommends that CalRHAD fund implementation of ACE screening and response activities in the sexual and reproductive healthcare setting. Specifically, we suggest the following addition to the Permissible Uses of CalRHAD grants listed on Page 7 of the proposal:

> **Investments in provider capacity:** Grants to providers would be used to support key workforce, equipment, and technology investments, including costs associated with:
>
> - Staff recruitment, retention, or training;

- Expanding available appointment times (e.g., evenings and weekends);
- Expanding the range of services offered (e.g., family planning and related services; integrated primary care, behavioral health, implementation of best practices in trauma-informed care, including ACE screening and response, or other services to promote whole-person care); and
- Supporting necessary investments in non-service expenditures (e.g., autoclaves to sterilize medical equipment and other equipment, telehealth investments).

4. UCAAN recommends that CalRHAD fund the development of referral pathways for patients following ACE screens and/or identified at elevated risk for toxic stress. Specifically, we suggest the following addition to the Permissible Uses of CalRHAD grants listed on Page 7 of the proposal:

> **Patient access supports:** To address barriers related to the social drivers of health, to the extent not otherwise covered by Medi-Cal or other payers, grants to providers would be used to:
>
> - Establish or expand partnerships with CBOs that can assist with transportation, childcare and similar needs, as documented in their grant request applications; or
> - Assist patients in identifying an appropriate and available provider, arranging travel, and facilitating connections with other social and healthcare services.
> - Establish or expand partnerships with CBOs, behavioral health providers, school health centers and others that can assist with responding to trauma and toxic stress and supporting healing and wellness.

CalRHAD offers an exciting opportunity to transform the sexual and reproductive healthcare system into wellness-oriented settings that are centered on the whole person. UCAAN is eager to partner with the Department to support this visionary demonstration. Thank you for the opportunity to submit these comments.

Sincerely,

Shannon Thyne

Shannon Thyne, MD
Co-Principal Investigator

Eddy Machtinger

Edward Machtinger, MD
Co-Principal Investigator

References:
1. https://www.socialworker.com/feature-articles/practice/preventing-retraumatization-a-macro-social-work-approach-to-trauma-informed-practices-policies/

2. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/04/caring-for-patients-who-have-experienced-trauma

California Rural Indian Health Board; Email Received April 17, 2023

Dear DHCS:

Attached are the comments on the CalRHAD Section 1115 Application submitted by CRIHB.

Thank you for your consideration and your leadership to provide needed resources for the Tribal communities in California.

Thank you,
Rosario

Rosario Arreola Pro, MPH
Chief Operations Officer
California Rural Indian Health Board
1020 Sundown Way
Roseville, CA 95661
[redacted]

CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

Submitted via email at 1115waiver@dhcs.ca.gov

April 17, 2023

Department of Health Care Services
Director's Office Attn: Jacey Cooper and René Mollow
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Re: California Reproductive Health Access Demonstration (CalRHAD) Section 1115 Application

Greetings Director Cooper and Deputy Director Mollow:

On behalf of the California Rural Indian Health Board, Inc. (CRIHB), a network of 19 Tribal Health Programs (THP), controlled and sanctioned by 59 federally recognized Tribes, serving American Indian and Alaska Native (AIAN) people residing in California, please accept this response to the letter issued by the Department of Health Care Services (DHCS) on March 16, 2023, regarding DHCS' submission of a Section 1115 Demonstration Application, titled California's Reproductive Health Access Demonstration (CalRHAD).

CRIHB applauds DHCS' effort to provide meaningful sexual and reproductive health resources to rural Tribal, and other medically underserved communities. We look forward to THPs having the ability to access these funds and commend your efforts to include both Tribal FQHCs and Tribal health clinics. However, the proposed CalRHAD Section 1115 Application includes a set of provisions under the parameters section (page 8) that may potentially exclude Tribal FQHC and THPs from fully participating:

1.) ***Located in California and licensed under applicable California law***
As DHCS is aware, and according to California Health and Safety Code (HSC) 1206 (c) (1) and (2), "clinics conducted, maintained, or operated by a federally recognized Indian Tribe or Tribal organization," are not subject to state licensing requirements. Including these criteria as a requirement for participation in CalRHAD would exclude over 75% of THPs from funding eligibility.

2.) ***Provide a broad spectrum of sexual and reproductive health care services***
Would you please clarify what the threshold is for the "broad spectrum of sexual and reproductive health care services?" CRIHB has concerns that rural Tribal communities may inadvertently be excluded from participation due to THP's limited access to obstetrics and gynecology providers, including gender-affirming care and behavioral health services. We request state funding to increase access to these provider types.

1020 Sundown Way, Roseville, CA 95661
Phone: 916-929-9761 · Fax: 916-771-9470 · www.crihb.org

3.) ***Serve a minimum volume of individuals enrolled in Medi-Cal***
Would you please clarify what is the proposed minimum volume threshold for the number of individuals enrolled in Medi-Cal? There is great variation in the size of rural THPs which range in size from 100 patients to 15,000 patients. We strongly encourage DHCS to consider allowing participation by all Tribal Health Programs regardless of size and percentage of individuals enrolled in Medi-Cal.

Thank you for your consideration and your leadership to provide needed resources for the Tribal communities in California.

If you have any questions, I can be reached at [redacted] or [redacted].

Respectfully,

[redacted]

Mark LeBeau, PhD, MS
Chief Executive Officer
California Rural Indian Health Board, Inc.

Radiant Health Centers; Email Received April 17, 2023

To whom it may concern:

Please find attached Radiant Health Centers' public comments in support of the Waiver Application.

Thank you,

Joe

Joe Alfano
Director of Individual Giving
[redacted] | www.radianthealthcenters.org
Fax: [redacted]
17982 Sky Park Circle, Suite J, Irvine, CA 92614

April 17, 2023

Ms. Rene Mollow
Deputy Director, Health Care Benefits and Eligibility
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, California 95899-74173

Re: Medicaid Section 1115 Demonstration Request: California Reproductive Health Access Demonstration

Dear Deputy Director Mallow,

On behalf of Radiant Health Centers, we applaud California's strong commitment to achieving Reproductive Freedom. California has a long-standing history of leading the nation in protecting and expanding access to sexual and reproductive health care. The landmark legislation enacted and investments made over the last year in the wake of the U.S. Supreme Court's dismantling of Roe v. Wade, have positioned California as a safe haven for anyone who needs timely access to essential abortion and contraceptive services.

In addition, California took swift action to backfill a 40% loss in federal Title X funding to support the delivery of family planning services for low-income patients statewide. To continue reducing persistent barriers and ensure access to equitable, affordable, high-quality, and inclusive sexual and reproductive health care for all, further investments are needed to maintain and strengthen California's sexual and reproductive health care safety net.

Access to these services is critical in supporting health outcomes, and individuals and families achieve greater economic security and educational attainment. We also must prepare for the possibility of more hostile anti-reproductive health actions at the federal level – including attacks on contraception – from the federal court system and Congress and possible shift at the executive branch level.

The proposed project outlined in the "Medicaid Section 1115 Demonstration Request to Establish the California Reproductive Health Access Demonstration" (hereinafter referred to as "CalRHAD," "Demonstration Project," or "application") will help California achieve these goals.

Radiant Health Centers provides compassionate and comprehensive health services to all underserved individuals in Orange County, with a special focus on the LGBTQ+ community and those living with and affected by HIV. We are expanding our services to ensure everyone in Orange County can access stigma-free, compassionate care.

Radiant Health Centers strongly supports the intent and goals of the CalRHAD project and urges the Department of Health Care Services (DHCS) to continue moving forward with the application.
We strongly agree with the intent of the Demonstration Project to support sexual and reproductive health access for Medi-Cal beneficiaries and other individuals who may face barriers to access. This aligns with the reproductive health policies enacted and investments made over the past year to ensure access to care for all, regardless of an individual's income, insurance status, or home state. We understand that CalRHAD funding may not be used for the provision of any services, including abortions, in part as a result of the racist and draconian federal Hyde Amendment that remains in place.

(over, please…)

To create more equitable access to family planning services and support the overall health and well-being of Californians with lower incomes – as well as those seeking care in our state – Radiant Health Centers provides the following comments to the CalRHAD demonstration application, and we strongly urge DHCS to adopt the recommendations made below.

CalRHAD grants must support a wide range of activities to enhance provider capacity.

Radiant Health Centers strongly supports the Demonstration Project's provision that CalRHAD grants be used for investments in provider capacity.

In addition to the important components already listed in the draft CalRHAD request that we strongly support, we urge DHCS to include the following as permissible uses for CalRHAD grants explicitly:

- Quality-improvement activities to enhance sexual and reproductive health care delivery. Family planning safety net providers participating in the Title X federal family planning program can leverage Title X funding to conduct activities that improve the overall quality of care provided and align service delivery with federal Quality Family Planning (QFP) recommendations. QFP updates are expected to be released during the CalRHAD project period. In a similar fashion, quality improvement activities to enhance clinic efficiency and measure patient satisfaction and experience should be able to be supported with CalRHAD grants.

- Adolescent-friendly services. There is ample evidence showing that when well-designed and well-implemented, adolescent-friendly services can help increase access to and use of contraception. Ensuring that services are adolescent-friendly requires a systems approach, including policies, procedures, and programs across the entire health system to respond to adolescents' diverse and unique needs and preferences. Examples of teen-friendly services include engaging and uplifting youth voices and expertise in program design, prioritizing confidentiality, offering peer counseling, and operating teen-only clinic hours. We urge the department to clearly state that the enhancement of providing and enhancing adolescent-friendly services is a permissible use of CalRHAD grant funding.

- Community outreach and education and linkages to care. Outreach and education activities are a key strategies for increasing awareness about the importance of sexual and reproductive health care to a person's overall well-being, informing community members of services available at their local health centers or provider's office, and linking community members to care. Examples of outreach and education activities include establishing family planning health educator /promotor programs and adolescent peer health groups, conducting sexual health education workshops with local schools and CBOs, and participating in community health fairs. These activities are supported through Title X federal family planning funding for Title X-funded healthcare organizations across the state. We urge the department to add community education and outreach activities as a permissible use of CalRHAD grant funding.

Integrating high-quality well-care, behavioral health, primary care, and sexual and reproductive health care is essential.

Nearly half of the cis women in the U.S. identify their reproductive health provider or gynecologist as their sole medical provider. Given the regularity with which behavioral health conditions are presented and treated in primary care settings, patients frequently present behavioral health concerns during a sexual and reproductive health care visit. In addition, studies have shown that reproductive health care patients commonly present with chronic pain, substance use, significant trauma histories, and concerns about intimate partner violence.

Integrated services extend the reach of behavioral health to those populations who might otherwise go undetected or unserved in traditional mental health settings. Guidelines from the U.S. Preventive Services Task Force dictate best practices in primary care settings for effective screening and treatment of behavioral health

concerns commonly presented during a sexual and reproductive health visit. Successful integration of behavioral health providers, including well-defined infrastructure and leadership, standardized screening, assessment, and interventions, clearly defined patient flow, and adequate staffing in sexual and reproductive health and primary care settings.

We strongly support the inclusion of integrating well-care and behavioral health services and peer support for individuals struggling with issues related to gender identity or sexual orientation in reproductive health care settings in the department's CalRHAD application. Some family planning safety net providers are already engaging in these projects and not receiving adequate reimbursements to cover the cost of providing this critical care.

Additional resources are needed to ensure that integration and enhanced behavioral health are sustainable and accessible to patients in reproductive health settings. In addition, we urge the department to allow peer counseling grant activities to be expanded under the program to include a broader range of peer support to help improve adolescent sexual and reproductive, and mental health well-being.

CalRHAD grants are necessary for practical support to make clinical access a reality.

We applaud the Demonstration Project's proposal to use CalRHAD grants to provide practical and logistical support and patient navigation services for Medi-Cal beneficiaries and others who need to access sexual and reproductive health care services. Despite the progress made in California to protect and expand access to family planning and related care, access barriers perpetuate long-standing health inequities. Many Californians still cannot access abortion care because they face obstacles like lack of information, transportation needs, travel and lodging costs, and lack of childcare. These barriers to time-sensitive care disproportionately impact young people and foster youth, people with disabilities, unhoused people, immigrants, low-income communities, and people of color. Permitting the use of CalRHAD grants to help patients overcome these barriers is necessary to improve equitable reproductive and overall health outcomes, and supplement investments the state has already made to fund practical supports that make access to clinical care possible.

The demonstration project period should be extended to five years to provide program sustainability and allow for appropriate data collection to show impact.

Medicaid 1115 waiver demonstration projects are typically approved and often renewed for five years. The department requests $200 million in federal Medicaid dollars to establish and operate the CalRHAD grant program as a three-year demonstration project. When the CalRHAD program is approved, infrastructure and parameters are established, and the department disperses funding – or its third-party administrator - program grantees will have significantly less than three years to use the funds. The main goal of the demonstration project is to support the sustainability of California's sexual and reproductive health provider safety net, and more time is necessary to ensure and measure the effectiveness of the Demonstration Project. A longer time period will also help support program sustainability if the political, health care, and economic landscape shifts significantly over the next three years. We strongly urge DHCS to extend the project period to five years.

Grant eligibility criteria should be strengthened to maximize program funding and align with the program's intent and purpose.

We agree with the CalRHAD grant eligibility criteria and program parameters described in the Demonstration Project application. However, we strongly urge DHCS to strengthen the eligibility criteria to clearly state that Medi-Cal providers who do not provide the full range of contraceptives or appropriate referrals to other nearby providers and do not serve a minimum volume of sexual and reproductive health patients enrolled in Medi-Cal are NOT eligible to apply for CalRHAD grants. The program parameters should also make it clear that grantees cannot use CalRHAD funding to support partnerships with organizations with missions and conduct activities that counter the intent and purpose of the program.

The CalRHAD Demonstration Project is a significant opportunity to advance California's health equity, inclusion, and justice goals and serve as a haven for anyone seeking sexual and reproductive health services in a post-Roe environment. We appreciate your consideration of our recommendations and any further partnership and collaboration opportunities. If any questions or further clarification are needed, please feel free to contact Joe Alfano at [redacted]
.

Sincerely,

[redacted]

Philip Yeager
CEO
Radiant Health Centers

California Primary Care Association

Hello,

Thank you for the opportunity to provide comments the CalRHAD Section 1115 request for a grant program. Attached, you will find a comment letter on behalf of the California Primary Care Association (CPCA).

Kind regards,
Mahnoor

Mahnoor Khan
Associate Director of Legal & Regulatory Affairs
California Primary Care Association

t. [redacted]
e. [redacted]
w. www.cpca.org
a. 1231 I Street, Suite 400, Sacramento, CA 95814

April 17, 2023

Ms. René Mollow, Deputy Director
Health Care Benefits and Eligibility
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Re: Medicaid Section 1115 Demonstration Request: California Reproductive Health Access Demonstration

Dear Ms. Mollow:

On behalf of California's approximately 1,300 community health centers (CHCs) that provide high-quality, comprehensive care to 7.2 million patients in California each year, the California Primary Care Association (CPCA) applauds California's commitment to achieving Reproductive Freedom.

California has a long-standing history of leading the nation in protecting and expanding access to sexual and reproductive health care. The landmark legislation enacted, and investments made over the last year in the wake of the U.S. Supreme Court's dismantling of *Roe v. Wade*, positioned California as a safe haven for those seeking access to essential abortion and contraceptive services. In addition, we applaud California for taking swift action to backfill the 40% loss in federal Title X funding to support the delivery of family planning services for patients with low incomes statewide. Further investments are key to continue reducing barriers and ensure access to high quality, and inclusive sexual and reproductive health care for all. We must continue to prepare for the possibility of more hostile anti-reproductive health actions at the federal level – including attacks on contraception – from the federal court system and Congress, and possible shift at the executive branch level. We are certain that the proposed project outlined in the "Medicaid Section 1115 Demonstration Request to Establish the California Reproductive Health Access Demonstration" (herein after referred to as "CalRHAD", "Demonstration Project" or "application") will continue to help California achieve these goals.

The California Primary Care Association strongly supports the intent and goals of the CalRHAD project and urges the Department of Health Care Services (DHCS) to continue moving forward with the application. We strongly agree with the intent of the Demonstration Project to support sexual and reproductive health access for Medi-Cal beneficiaries as well as other individuals who may face barriers to access. This is in alignment with the reproductive health policies enacted and investments made over the past year to ensure access to care for all, regardless of an individual's income, insurance status, or home state. We understand that CalRHAD funding may not be used for provision of any services, including abortions, due to the federal Hyde amendment.

To create more equitable access to family planning services and support the overall health and well-being of Californians with lower incomes – as well as those seeking care in our state – the

California Primary Care Association provides the following comments to the CalRHAD demonstration application.

CalRHAD grants must support a wide range of activities to enhance provider capacity.

CPCA strongly supports the Demonstration Project's provision that CalRHAD grants be used for investments in provider capacity. In addition to the important components already listed in the draft CalRHAD request that we strongly support, we urge DHCS to explicitly include the following as permissible uses for CalRHAD grants:

- Quality-improvement activities to enhance sexual and reproductive health care delivery. Family planning safety net providers who participate in the Title X federal family planning program have the flexibility to leverage Title X funding to conduct activities that improve the overall quality of care that is provided, and align service delivery with federal Quality Family Planning (QFP) recommendations. QFP updates are expected to be released during the CalRHAD project period. In a similar fashion, quality improvement activities to enhance clinic efficiency and measure patient satisfaction and experience should be able to be supported with CalRHAD grants.

- Adolescent-friendly services. There is ample evidence showing that adolescent-friendly services, when well designed and well implemented, can help increase access to and use of contraception. Ensuring that services are adolescent-friendly requires a systems approach including policies, procedures, and programs across the entire health system to respond to the diverse and unique needs and preferences of adolescents. Examples of teen-friendly services include engaging and uplifting youth voices and expertise in program design, prioritizing confidentiality, offering peer counseling, and operating teen-only clinic hours. We urge the department to clearly state that the enhancement of providing and enhancing adolescent-friendly services is a permissible use of CalRHAD grant funding.

- Community outreach and education and linkages to care. Outreach and education activities are a key strategy for increasing awareness about the importance of sexual and reproductive health care to a person's overall well-being, inform community members of services available at their local health centers of provider's office, and link community members to care. Examples of outreach and education activities include establishing family planning health educator /promotor programs and adolescent peer health groups, conducting sexual health education workshops with local schools and CBOs, and participating in community health fairs. These activities are currently supported through Title X federal family planning funding for Title X-funded health care organizations across the state. We urge the department to add community education and outreach activities is a permissible use of CalRHAD grant funding.

Integrating high quality well-care, behavioral health, primary care, and sexual and reproductive health care is essential.

Nearly half of cis-women in the U.S. identify their reproductive health provider or gynecologist as their sole medical provider. Studies have shown that reproductive health care patients commonly deal with chronic pain, substance use, significant trauma histories, and concerns about intimate partner violence.

Integrated services extend the reach of behavioral health to those populations who might otherwise go undetected or unserved in traditional mental health setting. Guidelines from the U.S. Preventive Services Task Force dictate best practices in primary care settings for effective screening and treatment of behavioral health concerns that are also commonly presented during a sexual and reproductive health visit. Successful integration of behavioral health providers, including well-defined infrastructure and leadership, standardized screening, assessment, and interventions, clearly defined patient flow, and adequate staffing in sexual and reproductive health and primary care settings is essential.

We strongly support the inclusion of integrating well-care and behavioral health services and peer supports for individuals struggling with issues related to gender identity or sexual orientation in reproductive health care settings in the department's CalRHAD application. Some family planning safety net providers are already engaging in these projects and not receiving adequate reimbursements to cover the cost of providing this critical care.

Additional resources are needed to ensure that integration and enhanced behavioral health are sustainable and accessible to patients in reproductive health settings. In addition, we urge the department to allow peer counseling grant activities to be expanded under the program to include a broader range of peer supports to help improve adolescent sexual and reproductive and mental health well-being.

Use of CalRHAD grants for practical support is necessary to make clinical access a reality.

We applaud the Demonstration Project's proposal to use CalRHAD grants for the provision of practical and logistical support, and patient navigation services for Medi-Cal beneficiaries and others who need to access sexual and reproductive health care services. Despite the progress made in California to protect and expand access to family planning and related care, access barriers remain that perpetuate long-standing health inequities. Many Californians still cannot access abortion care because they face obstacles, like lack of information, transportation needs, travel and lodging costs, and lack of childcare. These barriers to time-sensitive care disproportionately impact young people and foster youth, people with disabilities, unhoused people, immigrants, low-income communities, and people of color. Permitting the use of CalRHAD grants to help patients overcome these barriers is necessary to improve equitable reproductive and overall health outcomes, and supplement investments the state has already made to fund practical supports that make access to clinical care possible.

The demonstration project period should be extended to five-years to provide program sustainability and allow for appropriate data collection to show impact.

Medicaid 1115 waiver demonstration projects are typically approved and often renewed for periods of five years. The department is requesting $200 million in federal Medicaid dollars to establish and operate the CalRHAD grant program as a three-year demonstration project. By the time the CalRHAD program is approved, and infrastructure and parameters are established, and funding is dispersed by the department – or its third-party administrator - program grantees will have significantly less than three years to use the funds. The main goal of the demonstration project is to support the sustainability of California's sexual and reproductive health provider safety net, and more time is necessary to ensure and measure the effectiveness of the Demonstration Project. A longer period will also help support program sustainability if the political, health care, and economic landscape shifts significantly over the next three years. We strongly urge DHCS to extend the project period to five years.

The CalRHAD Demonstration Project is a significant opportunity to advance California's health equity, inclusion, and justice goals, and serving as a safe haven for anyone seeking sexual and reproductive health services in a post-Roe environment. CPCA appreciates your consideration of our recommendations and any further opportunity for partnership and collaboration. If there are any further questions, please contact Mahnoor Khan at [redacted].

Sincerely,

[redacted]

Joey Cachuela
General Counsel
California Primary Care Association
1231 I Street, Suite 400
Sacramento, CA 95814
Phone: [redacted]

Eisner Health; Email Received April 17, 2023

Dear Department of Health Care Services,

Attached you will find Eisner Health's support for establishment of California Reproductive Health Access Demonstration (CalRHAD). Eisner Health, a FQHC in Los Angeles County, strongly supports the intent and goals of the CalRHAD project and urges DHCS to continue moving forward with the application. We strongly agree with the intent of the Demonstration Project to support sexual and reproductive health access for Medi-Cal beneficiaries as well as other individuals who may face barriers to access.

Thank you for the forum and ability for us to add our support to this important project.

Kind Regards,
Leigh

Leigh Stenberg, MPA
(pronouns: she/her)
Eisner Health | Vice President, Development + External Affairs
1500 S. Olive Street, Los Angeles, CA 90015
Office [redacted] | **Mobile** [redacted]
Email [redacted] | **Website** eisnerhealth.org

April 17, 2023

Ms. Rene Mollow
Deputy Director, Health Care Benefits and Eligibility
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, California 95899-74173

Re: Medicaid Section 1115 Demonstration Request: California Reproductive Health Access Demonstration

Dear Deputy Director Mallow,

On behalf of Eisner Health, we applaud California's strong commitment to achieving Reproductive Freedom. California has a long-standing history of leading the nation in protecting and expanding access to sexual and reproductive health care. The landmark legislation enacted and investments made over the last year in the wake of the U.S. Supreme Court's dismantling of *Roe v. Wade*, have positioned California as a safe haven for anyone who needs timely access to essential abortion and contraceptive services. In addition, California took swift action to backfill a 40% loss in federal Title X funding to support the delivery of family planning services for patients with low-incomes statewide. To continue reducing persistent barriers and ensure access to equitable, affordable, high quality, and inclusive sexual and reproductive health care for all, further investments are needed to maintain and strengthen California's sexual and reproductive health care safety-net. Access to these services is critical in supporting health outcomes, and individual and families achieve greater economic security and educational attainment. We also must prepare for the possibility of more hostile anti-reproductive health actions at the federal level – including attacks on contraception – from the federal court system and Congress, and possible shift at the executive branch level. The proposed project outlined in the "Medicaid Section 1115 Demonstration Request to Establish the California Reproductive Health Access Demonstration" (herein after referred to as "CalRHAD", "Demonstration Project" or "application") will help California achieve these goals.

As a federally qualified nonprofit community health center and one of the largest providers of accessible, low-cost health care and related supportive services in Los Angeles County, Eisner Health's mission is to improve the health and well-being of the people and communities we serve. Founded in 1920 as a small pediatric practice, it provides quality health care and supportive services to address the needs of the whole person. In 2022, we served over 40,000 unique individuals, accounting for 182,00 total visits, across 16 locations. Eisner Health provides culturally competent, full life cycle medical care, OB/Gyn and women's health services, dental care for the entire family, behavioral health care, optometry, dermatology, case management and care coordination, and supplemental services such as patient benefits and enrollment, outreach, and an on-site pharmacy and lab. Programs include labor and delivery care at California Hospital; the Eisner Health Family Medicine Center at California Hospital; a mobile clinic, high school-based community health centers; and a school-based portable dental program.

Eisner Health strongly supports the intent and goals of the CalRHAD project and urges the Department of Health Care Services (DHCS) to continue moving forward with the application. We strongly agree with the intent of the Demonstration Project to support sexual and reproductive health access for Medi-Cal beneficiaries as well as other individuals who may face barriers to access. This is in line with the reproductive health policies enacted and investments made over the past year

to ensure access to care for all, regardless of an individual's income, insurance status, or home state. We understand that CalRHAD funding may not be used for provision of any services, including abortions, in part as a result of the racist and draconian federal Hyde amendment remaining in place.

To create more equitable access to family planning services and support the overall health and well-being of Californians with lower incomes – as well as those seeking care in our state –Eisner Health provides the following comments to the CalRHAD demonstration application and we strongly urge DHCS to adopt the recommendations made below.

CalRHAD grants must support a wide range of activities to enhance provider capacity.

Eisner Health strongly supports the Demonstration Project's provision that CalRHAD grants be used for investments in provider capacity.

In addition to the important components already listed in the draft CalRHAD request that we strongly support, we urge DHCS to explicitly include the following as permissible uses for CalRHAD grants:

- Quality-improvement activities to enhance sexual and reproductive health care delivery. Family planning safety net providers who participate in the Title X federal family planning program have the flexibility to leverage Title X funding to conduct activities that improve the overall quality of care that is provided, and align service delivery with federal Quality Family Planning (QFP) recommendations. QFP updates are expected to be released during the CalRHAD project period. In a similar fashion, quality improvement activities to enhance clinic efficiency and measure patient satisfaction and experience should be able to be supported with CalRHAD grants.

- Adolescent-friendly services. There is ample evidence showing that adolescent-friendly services, when well designed and well implemented, can help increase access to and use of contraception. Ensuring that services are adolescent-friendly requires a systems approach including policies, procedures, and programs across the entire health system to respond to the diverse and unique needs and preferences of adolescents. Examples of teen-friendly services include engaging and uplifting youth voices and expertise in program design, prioritizing confidentiality, offering peer counseling, and operating teen-only clinic hours. We urge the department to clearly state that the enhancement of providing and enhancing adolescent-friendly services is a permissible use of CalRHAD grant funding.

- Community outreach and education and linkages to care. Outreach and education activities are a key strategy for increasing awareness about the importance of sexual and reproductive health care to a person's overall well-being, inform community members of services available at their local health centers of provider's office, and link community members to care. Examples of outreach and education activities include establishing family planning health educator /promotor programs and adolescent peer health groups, conducting sexual health education workshops with local schools and CBOs, and participating in community health fairs. These activities are currently supported through Title X federal family planning funding for Title X-funded health care organizations across the state. We urge the department to add community education and outreach activities is a permissible use of CalRHAD grant funding.

Integrating high quality well-care, behavioral health, primary care, and sexual and reproductive health care is essential.

Nearly half of cis-women in the U.S. identify their reproductive health provider or gynecologist as their sole medical provider. Given the regularity with which behavioral health conditions are presented and

treated in primary care settings, it follows that patients also frequently present behavioral health concerns during a sexual and reproductive health care visit. In addition, studies have shown that reproductive health care patients commonly present with chronic pain, substance use, significant trauma histories, and concerns about intimate partner violence.

Integrated services extend the reach of behavioral health to those populations who might otherwise go undetected or unserved in traditional mental health setting. Guidelines from the U.S. Preventive Services Task Force dictate best practices in primary care settings for effective screening and treatment of behavioral health concerns that are also commonly presented during a sexual and reproductive health visit. Successful integration of behavioral health providers, including well-defined infrastructure and leadership, standardized screening, assessment, and interventions, clearly defined patient flow, and adequate staffing in sexual and reproductive health and primary care settings is essential.

We strongly support the inclusion of integrating well-care and behavioral health services and peer supports for individuals struggling with issues related to gender identity or sexual orientation in reproductive health care settings in the department's CalRHAD application. Some family planning safety net providers are already engaging in these projects and not receiving adequate reimbursements to cover the cost of providing this critical care.

Additional resources are needed to ensure that integration and enhanced behavioral health are sustainable and accessible to patients in reproductive health settings. In addition, we urge the department to allow peer counseling grant activities to be expanded under the program to include a broader range of peer supports to help improve adolescent sexual and reproductive and mental health well-being.

Use of CalRHAD grants for practical support is necessary to make clinical access a reality.

We applaud the Demonstration Project's proposal to use CalRHAD grants for the provision of practical and logistical support, and patient navigation services for Medi-Cal beneficiaries and others who need to access sexual and reproductive health care services. Despite the progress made in California to protect and expand access to family planning and related care, access barriers remain that perpetuate long-standing health inequities. Many Californians still cannot access abortion care because they face obstacles, like lack of information, transportation needs, travel and lodging costs, and lack of childcare. These barriers to time-sensitive care disproportionately impact young people and foster youth, people with disabilities, unhoused people, immigrants, low-income communities, and people of color. Permitting the use of CalRHAD grants to help patients overcome these barriers is necessary to improve equitable reproductive and overall health outcomes, and supplement investments the state has already made to fund practical supports that make access to clinical care possible.

The demonstration project period should be extended to five-years to provide program sustainability and allow for appropriate data collection to show impact.

Medicaid 1115 waiver demonstration projects are typically approved and often renewed for periods of five years. The department is requesting $200 million in federal Medicaid dollars to establish and operate the CalRHAD grant program as a three-year demonstration project. By the time the CalRHAD program is approved and infrastructure and parameters are established and funding is dispersed by the department – or its third party administrator - program grantees will have significantly less than three years to use the funds. The main goal of the demonstration project is to support the sustainability of California's sexual and reproductive health provider safety net, and more time is necessary to ensure and measure the effectiveness of the Demonstration Project. A longer time period will also help support program sustainability if the political, health care, and economic

landscape shifts significantly over the next three years. We strongly urge DHCS to extend the project period to five years.

Grant eligibility criteria should be strengthened to ensure program funding is maximized and aligned with the program intent and purpose.

We agree with the CalRHAD grant eligibility criteria and program parameters described in the Demonstration Project application. However, we strongly urge DHCS to strengthen the eligibility criteria to clearly state that Medi-Cal providers who do not provide the full range of contraceptives or appropriate referrals to other nearby providers and do not serve a minimum volume of sexual and reproductive health patients enrolled in Medi-Cal are NOT eligible to apply for CalRHAD grants. The program parameters should also make it clear that grantees cannot use CalRHAD funding to support partnerships with organizations that have missions and conduct activities that counter the intent and purpose of the program.

The CalRHAD Demonstration Project is a significant opportunity to advance California's health equity, inclusion, and justice goals, and serving as a safe haven for anyone seeking sexual and reproductive health services in a post-Roe environment. We appreciate your consideration of our recommendations and any further opportunity for partnership and collaboration. If there are any questions or further clarification needed, please reach feel free to contact me at [redacted].

Sincerely,

[redacted]

Warren J. Brodine
President & CEO

Clinica Romero; Email Received April 17, 2023

Hello,

Please find attached the letter of support from Clinica Romero.

Thank you,
Diana Rubio

April 17, 2023

Ms. Rene Mollow
Deputy Director, Health Care Benefits and Eligibility
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, California 95899-74173

Re: Medicaid Section 1115 Demonstration Request: California Reproductive Health Access Demonstration

Dear Deputy Director Mallow,

On behalf of Clínica Romero, we applaud California's strong commitment to achieving Reproductive Freedom. California has a long-standing history of leading the nation in protecting and expanding access to sexual and reproductive health care. The landmark legislation enacted and investments made over the last year in the wake of the U.S. Supreme Court's dismantling of *Roe v. Wade*, have positioned California as a safe haven for anyone who needs timely access to essential abortion and contraceptive services. In addition, California took swift action to backfill a 40% loss in federal Title X funding to support the delivery of family planning services for patients with low-incomes statewide. To continue reducing persistent barriers and ensure access to equitable, affordable, high quality, and inclusive sexual and reproductive health care for all, further investments are needed to maintain and strengthen California's sexual and reproductive health care safety-net. Access to these services is critical in supporting health outcomes, and individual and families achieve greater economic security and educational attainment. We also must prepare for the possibility of more hostile anti-reproductive health actions at the federal level – including attacks on contraception – from the federal court system and Congress, and possible shift at the executive branch level.
The proposed project outlined in the "Medicaid Section 1115 Demonstration Request to Establish the California Reproductive Health Access Demonstration" (herein after referred to as "CalRHAD", "Demonstration Project" or "application") will help California achieve these goals.

Clínica Romero, a 501(c)(3) nonprofit and Federally Qualified Health Center (FQHC), was established in 1983 in Los Angeles County to improve the availability, accessibility, and coordination of primary and preventive healthcare for Salvadoran families that did not have medical coverage. Today, it serves more than 18,00 patients in the Latino community. Named after Monseñor Oscar A. Romero, the former archbishop of El Salvador, who championed the poor and spoke out against social injustice, Clínica Romero continues his legacy of love, compassion, and respect. Health care is a human right.

Clínica Romero strongly supports the intent and goals of the CalRHAD project and urges the Department of Health Care Services (DHCS) to continue moving forward with the application.
We strongly agree with the intent of the Demonstration Project to support sexual and reproductive health access for Medi-Cal beneficiaries as well as other individuals who may face barriers to access. This is in line with the reproductive health policies enacted and investments made over the past year to ensure access to care for all, regardless of an individual's income, insurance status, or home state. We understand

that CalRHAD funding may not be used for provision of any services, including abortions, in part as a result of the racist and draconian federal Hyde amendment remaining in place.

To create more equitable access to family planning services and support the overall health and well-being of Californians with lower incomes – as well as those seeking care in our state – Clínica Romero provides the following comments to the CalRHAD demonstration application and we strongly urge DHCS to adopt the recommendations made below.

CalRHAD grants must support a wide range of activities to enhance provider capacity.

Clínica Romero strongly supports the Demonstration Project's provision that CalRHAD grants be used for investments in provider capacity.

In addition to the important components already listed in the draft CalRHAD request that we strongly support, we urge DHCS to explicitly include the following as permissible uses for CalRHAD grants:

- Quality-improvement activities to enhance sexual and reproductive health care delivery. Family planning safety net providers who participate in the Title X federal family planning program have the flexibility to leverage Title X funding to conduct activities that improve the overall quality of care that is provided, and align service delivery with federal Quality Family Planning (QFP) recommendations. QFP updates are expected to be released during the CalRHAD project period. In a similar fashion, quality improvement activities to enhance clinic efficiency and measure patient satisfaction and experience should be able to be supported with CalRHAD grants.

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Additional resources are needed to ensure that integration and enhanced behavioral health are sustainable and accessible to patients in reproductive health settings. In addition, we urge the department to allow peer counseling grant activities to be expanded under the program to include a broader range of peer supports to help improve adolescent sexual and reproductive and mental health well-being.

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We applaud the Demonstration Project's proposal to use CalRHAD grants for the provision of practical and logistical support, and patient navigation services for Medi-Cal beneficiaries and others who need to access sexual and reproductive health care services. Despite the progress made in California to protect and expand access to family planning and related care, access barriers remain that perpetuate long-standing health inequities. Many Californians still cannot access abortion care because they face obstacles, like lack of information, transportation needs, travel and lodging costs, and lack of childcare. These barriers to time-sensitive care disproportionately impact young people and foster youth, people with disabilities, unhoused people, immigrants, low-income communities, and people of color. Permitting the use of CalRHAD grants to help patients overcome these barriers is necessary to improve equitable reproductive and overall health outcomes, and supplement investments the state has already made to fund practical supports that make access to clinical care possible.

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sustainability if the political, health care, and economic landscape shifts significantly over the next three years. We strongly urge DHCS to extend the project period to five years.

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The CalRHAD Demonstration Project is a significant opportunity to advance California's health equity, inclusion, and justice goals, and serving as a safe haven for anyone seeking sexual and reproductive health services in a post-Roe environment. We appreciate your consideration of our recommendations and any further opportunity for partnership and collaboration. If there are any questions or further clarification needed, please reach feel free to contact Carlos Vaquerano, CEO of Clínica Romero.

Sincerely,

[redacted]

Carlos Vaquerano
CEO

Upstream USA; Email Received April 17, 2023

Dear Ms. Mollow and Cooper,

Thank you for the opportunity to submit comments on California's Medicaid Section 1115 Demonstration Request, California's Reproductive Health Access Demonstration (CalRHAD). Please see the attached document for Upstream USA's comments on this demonstration request. If you have questions about our comments or are interested in partnering with Upstream to seamlessly achieve these goals, please reach out to Hong Van Pham at [redacted].

Sincerely, Rachel Thornton

--

Rachel Thornton
State Policy Analyst
[redacted] | upstream.org
Pronouns: she / her / hers

upstream USA

April 17, 2023

Department of Health Care Services
Director's Office
Attn: René Mollow and Jacey Cooper
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Re: CalRHAD Medicaid Section 1115 Demonstration Request

Dear Ms. Mollow and Cooper,

Upstream USA welcomes the opportunity to submit comments on California's Medicaid Section 1115 Demonstration Request, California's Reproductive Health Access Demonstration (CalRHAD). Upstream's mission is to expand opportunity by reducing unplanned pregnancies across the United States. We do this by partnering with health centers and offering free training and technical assistance to increase access to the full range of contraceptive options.[1]

Upstream strongly supports the proposals included in CalRHAD and applauds the Department of Health Care Services (DHCS) for their proactive actions to expand access to sexual and reproductive health care for disproportionately affected individuals in California. We also believe this proposal can be refined to help broaden access to sexual and reproductive health services in primary care settings for Medi-Cal patients.

The state estimates that 1.3 million people access family planning services through Medi-Cal annually.[2] However, there are over 2 million women of reproductive age enrolled in Medi-Cal, underscoring that a significant portion of the Medi-Cal population is not accessing family planning services, likely in part to limitations in provider capacity. To address this issue, DHCS should adopt the following recommendations to strengthen the CalRHAD proposal:

1. Support provider capacity by expanding the types of providers eligible to receive grants and incorporate patient-centered reproductive health training requirements as a condition of award;
2. Enhance reproductive health services by offering financial incentives to providers who satisfy quality outcome and process measures related to contraceptive care; and
3. Create a training and technical assistance resource for providers with information on qualified vendors that can help practices achieve practice transformation.

1. Support access to whole-person sexual and reproductive health services by expanding the grant eligibility criteria to new providers

To enhance the impact of this proposal, we ask DHCS to expand the definition of eligible providers to include those who do not currently offer a "broad spectrum of sexual and reproductive health" but who are interested in expanding their ability to offer contraceptive care. This will help eliminate

[1] https://upstream.org/about/
[2] https://www.dhcs.ca.gov/provgovpart/Documents/CalRHAD-Draft-Application-for-Public-Comment.pdf

contraceptive care deserts within California's safety net system by allowing new providers the opportunity to offer all methods in a patient-centered manner.[3]

Furthermore, we recommend that DHCS require all grant recipients to complete annual comprehensive training on patient-centered, equitable, and voluntary contraceptive care without coercion.[4] A training requirement would ensure that even the most experienced health care practitioners are providing access to the full range of contraceptive methods in a pressure-free environment. Recent national data found that only 48% of physicians who treat Medicaid patients provided prescription contraception, such as the birth control pill, and only offered longer-acting methods, such as IUDs and implants, 10% of the time.[5] This contraceptive method inequity can be mitigated by requiring all Medi-Cal providers to bolster their full scope of reproductive health care through training that upholds the Long Acting Reversible Contraceptive (LARC) Statement of Principles.[6]

A compounding factor in the conversation around contraceptive care is the existing maternal health crisis. In 2019, the pregnancy-related mortality ratio in California was 12.8 deaths per 100,000 births, with Black birthing people experiencing three to four times higher rates of maternal death.[7] While contraceptive access is not the sole solution to this crisis, it has a valuable role in the fight to protect maternal and child health. Research finds that having the ability to adequately space births can drastically improve maternal and birth outcomes.[8] This evidence shows that investing in contraceptive care is fully aligned with the State's goal of ending preventable maternal mortality and severe morbidity. Promoting provider training for California's reproductive health and primary care providers will contribute meaningfully to a long-term reduction in maternal mortality and morbidity.

2. Support the capacity and sustainability of California's sexual and reproductive health provider safety net through quality improvement incentives

Upstream recommends that DHCS incorporate specific guidelines that will incentivize providers to improve and expand contraceptive services. DHCS should allocate a portion of the grant funds for financial incentives or bonus payments to providers that meet certain contraceptive quality measures. Providers deserve full financial support in offering comprehensive preventive care, which includes contraceptive care. The state should endorse the National Quality Forum's contraceptive care quality measures, which include metrics on postpartum contraception, provision of most and moderately effective methods, and broader access to LARCs.[9] DHCS should also promote the adoption of process measures that improve contraceptive access and counseling, such as the implementation of the pregnancy intention screening question (PISQ), self-identified need for contraception (SINC), or other reproductive screening tools. PISQ and SINC are screening tools that are well-known in the field of reproductive health and are also optimized for EHR integration. A patient-centered workflow that begins with universal screening for all patients of reproductive age, regardless of the reason for visit, is an effective way to identify patients who may need contraception or preconception care and is recommended by CDC and HHS/Office of Population Affairs.[5,6,7]

Documenting these screenings would allow the program to better track outcomes and ultimately support the demonstration's oversight and sustainability goals. While states often implement quality measures through their Medicaid managed care contracts, including incentives within this grant

[3] https://powertodecide.org/what-we-do/information/resource-library/contraceptive-access-california
[4] https://powertodecide.org/system/files/resources/primary-download/Better%20Birth%20Control_Framework_9-14-18.pdf
[5] https://jamanetwork.com/journals/jama-health-forum/fullarticle/2802662
[6] https://www.nwhn.org/wp-content/uploads/2017/02/LARCStatementofPrinciples.pdf
[7] https://www.phi.org/thought-leadership/california-pregnancy-associated-mortality-review-california-pregnancy-related-deaths-2008-2016/
[8] https://www.guttmacher.org/sites/default/files/pdfs/pubs/health-benefits.pdf
[9] https://www.qualityforum.org/Projects/n-r/Perinatal_and_Womens_Health/Final_Report_-_Spring_2021.aspx

opportunity would provide a model for system-level innovation within Medi-Cal's pay-for-performance programs.

3. Promote system transformation for California's sexual and reproductive health safety net

Lastly, because our recommendations establish new training and service criteria for potential grantees, we propose that DCHS offer technical assistance resources to eligible providers. DHCS should create a preferred training list with qualified partners who can accelerate the proposal implementation and ensure that grantees are relaying the highest standards of care to their patients. We recommend all qualified trainers meet the following program criteria:

- Non-coercive, patient-centered pregnancy intention screening and counseling curriculum for all client-facing staff, including support staff and clinicians
- Support for clinicians in understanding terms related to gender identity and sexual orientation
- Training on all contraceptive methods, including mechanism of action, efficacy, risks, side effects, and benefits, including training for clinic staff on placement and removal of IUDs and implants, including immediate postpartum (IPP) placement
- Contraceptive stocking and supply training, and customized billing and coding guides for financial and clinical staff, including LARC, IPP LARC, and 12-month supply
- Program evaluation, including patient surveys, and tracking and measuring client screening and contraceptive utilization rates
- Comprehensive education and outreach regarding any new regulatory or administrative changes

Thank you again for the opportunity to provide comments on this proposal. Upstream acknowledges the innovative proposals included in this demonstration and praises the Department for its thoughtful approach to strengthening sexual and reproductive health care access across California. If you have questions about our comments or are interested in partnering with Upstream to seamlessly achieve these goals, please reach out to Hong Van Pham at [redacted].

Sincerely,

Hong Van Pham

National Director of Policy and Government Affairs

Upstream, USA

CC: Secretary of the California Health and Human Services, Dr. Mark Ghaly

Director of DHCS, Michelle Baass

AltaMed Health Services; Email Received April 17, 2023

Hello,

Please find our CalRHAD Demonstration Project Public Comment letter attached.

Thank you,
Rebecca

Rebecca Alcantar, MPA (she/her)
Director of Government Affairs
Mobile: [redacted]

AltaMed

April 17, 2023

Ms. Rene Mallow
Deputy Director, Health Care Benefits and Eligibility
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, California 95899-74173

Re: Medicaid Section 1115 Demonstration Request: California Reproductive Health Access Demonstration

Dear Deputy Director Mallow,

On behalf of AltaMed Health Services (AltaMed), we applaud California's strong commitment to achieving Reproductive Freedom. California has a long-standing history of leading the nation in protecting and expanding access to sexual and reproductive health care. The landmark legislation enacted and investments made over the last year in the wake of the U.S. Supreme Court's dismantling of Roe v. Wade, have positioned California as a safe haven for anyone who needs timely access to essential abortion and contraceptive services. Access to these services is critical in supporting health outcomes, and individuals and families achieve greater economic security and educational attainment. We also must prepare for the possibility of more hostile anti-reproductive health actions at the federal level – including attacks on contraception – from the federal court system and Congress, and possible shift at the executive branch level. The proposed project outlined in the "Medicaid Section 1115 Demonstration Request to Establish the California Reproductive Health Access Demonstration" (hereinafter referred to as "CalRHAD", "Demonstration Project" or "application") will help California achieve these goals.

AltaMed is the largest system of independent Federally Qualified Health Centers (FQHC) in the United States providing quality healthcare and human services to individuals and families in Southern California for more than 50 years through an integrated world-class delivery system. AltaMed provides high quality culturally and linguistically appropriate care to nearly 500,000 individuals through 2 million encounters annually at more than 42 service sites in Los Angeles and Orange counties. Our services include a full continuum of care including: pediatrics, comprehensive primary care, obstetrics and gynecology, dental care, behavioral health, youth services, HIV/AIDS services, and senior services through our operations as the largest Program of All-Inclusive Care for the Elderly (PACE) in California. As the largest independent Federally Qualified Health Center (FQHC), AltaMed has been a leading healthcare provider for Latino, multi-ethnic, and medically underserved communities in Southern California for over 50 years with a mission to reduce disparities and provide the highest quality of care. Moreover, as a trusted community partner, we are committed to addressing the social determinants of health that contribute to eighty percent of patient health outcomes, including housing and food insecurity. We work tirelessly to eliminate barriers to care and advance social justice, equity, diversity, and inclusion through our programming and service delivery approach.

AltaMed Health Services Corporation
2040 Camfield Avenue
Los Angeles, CA 90040
Tel 323 725 8751
Fax 323 889 7399
AltaMed.org

AltaMed

AltaMed strongly supports the intent and goals of the CalRHAD project and urges the Department of Health Care Services (DHCS) to continue moving forward with the application.
We strongly agree with the intent of the Demonstration Project to support sexual and reproductive health access for Medi-Cal beneficiaries as well as other individuals who may face barriers to access. This is in line with the reproductive health policies enacted and investments made over the past year to ensure access to care for all, regardless of an individual's income, insurance status, or home state. We understand that CalRHAD funding may not be used for provision of any services, including abortions, in part as a result of the racist and draconian federal Hyde amendment remaining in place.

To create more equitable access to family planning services and support the overall health and well-being of Californians with lower incomes – as well as those seeking care in our state – AltaMed provides the following comments to the CalRHAD demonstration application and we strongly urge DHCS to adopt the recommendations made below.

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AltaMed strongly supports the Demonstration Project's provision that CalRHAD grants be used for investments in provider capacity.

In addition to the important components already listed in the draft CalRHAD request that we strongly support, we urge DHCS to explicitly include the following as permissible uses for CalRHAD grants:

> Quality-improvement activities to enhance sexual and reproductive health care delivery. Family planning safety net providers who participate in the Title X federal family planning program have the flexibility to leverage Title X funding to conduct activities that improve the overall quality of care that is provided, and align service delivery with federal Quality Family Planning (QFP) recommendations. QFP updates are expected to be released during the CalRHAD project period. In a similar fashion, quality improvement activities to enhance clinic efficiency and measure patient satisfaction and experience should be able to be supported with CalRHAD grants.
>
> Adolescent-friendly services. There is ample evidence showing that adolescent-friendly services, when well designed and well implemented, can help increase access to and use of contraception. Ensuring that services are adolescent-friendly requires a systems approach including policies, procedures, and programs across the entire health system to respond to the diverse and unique needs and preferences of adolescents. Examples of teen-friendly services include engaging and uplifting youth voices and expertise in program design, prioritizing confidentiality, offering peer counseling, and operating teen-only clinic hours. We urge the department to clearly state that the enhancement of providing and enhancing adolescent-friendly services is a permissible use of CalRHAD grant funding.
>
> Community outreach and education and linkages to care. Outreach and education activities are a key strategy for increasing awareness about the importance of sexual and reproductive health care to a person's overall well-being, inform community members of services available at their local health centers or provider's office, and link community members to care. Examples of outreach and education activities include establishing family planning health educator /promotor programs and adolescent peer health groups, conducting sexual health education workshops with local schools and CBOs, and participating in community health fairs. These activities are currently supported

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through Title X federal family planning funding for Title X-funded health care organizations across the state. We urge the department to add community education and outreach activities as a permissible use of CalRHAD grant funding.

Integrating high quality well-care, behavioral health, primary care, and sexual and reproductive health care is essential.

Nearly half of cis-women in the U.S. identify their reproductive health provider or gynecologist as their sole medical provider. Given the regularity with which behavioral health conditions are presented and treated in primary care settings, it follows that patients also frequently present behavioral health concerns during a sexual and reproductive health care visit. In addition, studies have shown that reproductive health care patients commonly present with chronic pain, substance use, significant trauma histories, and concerns about intimate partner violence.

Integrated services extend the reach of behavioral health to those populations who might otherwise go undetected or unserved in traditional mental health settings. Guidelines from the U.S. Preventive Services Task Force dictate best practices in primary care settings for effective screening and treatment of behavioral health concerns that are also commonly presented during a sexual and reproductive health visit. Successful integration of behavioral health providers, including well-defined infrastructure and leadership, standardized screening, assessment, and interventions, clearly defined patient flow, and adequate staffing in sexual and reproductive health and primary care settings is essential.

We strongly support the inclusion of integrating well-care and behavioral health services and peer support for individuals struggling with issues related to gender identity or sexual orientation in reproductive health care settings in the department's CalRHAD application. Some family planning safety net providers are already engaging in these projects and not receiving adequate reimbursements to cover the cost of providing this critical care.

Additional resources are needed to ensure that integration and enhanced behavioral health are sustainable and accessible to patients in reproductive health settings. In addition, we urge the department to allow peer counseling grant activities to be expanded under the program to include a broader range of peer support to help improve adolescent sexual and reproductive and mental health well-being.

Use of CalRHAD grants for practical support is necessary to make clinical access a reality.

We applaud the Demonstration Project's proposal to use CalRHAD grants for the provision of practical and logistical support, and patient navigation services for Medi-Cal beneficiaries and others who need to access sexual and reproductive health care services. Despite the progress made in California to protect and expand access to family planning and related care, access barriers remain that perpetuate long-standing health inequities. Many Californians still cannot access abortion care because they face obstacles, like lack of information, transportation needs, travel and lodging costs, and lack of childcare. These barriers to time-sensitive care disproportionately impact young people and foster youth, people with disabilities, unhoused people, immigrants, low-income communities, and people of color. Permitting the use of CalRHAD grants to help patients overcome these barriers is necessary to improve equitable reproductive and overall health outcomes, and supplement investments the state has already made to fund practical supports that make access to clinical care possible.

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The demonstration project period should be extended to five-years to provide program sustainability and allow for appropriate data collection to show impact.

Medicaid 1115 waiver demonstration projects are typically approved and often renewed for periods of five years. The department is requesting $200 million in federal Medicaid dollars to establish and operate the CalRHAD grant program as a three-year demonstration project. By the time the CalRHAD program is approved and infrastructure and parameters are established and funding is dispersed by the department – or its third party administrator - program grantees will have significantly less than three years to use the funds. The main goal of the demonstration project is to support the sustainability of California's sexual and reproductive health provider safety net, and more time is necessary to ensure and measure the effectiveness of the Demonstration Project. A longer time period will also help support program sustainability if the political, health care, and economic landscape shifts significantly over the next three years. We strongly urge DHCS to extend the project period to five years.

Grant eligibility criteria should be strengthened to ensure program funding is maximized and aligned with the program intent and purpose.

We agree with the CalRHAD grant eligibility criteria and program parameters described in the Demonstration Project application. However, we strongly urge DHCS to strengthen the eligibility criteria to clearly state that Medi-Cal providers who do not provide the full range of contraceptives or appropriate referrals to other nearby providers and do not serve a minimum volume of sexual and reproductive health patients enrolled in Medi-Cal are NOT eligible to apply for CalRHAD grants.
The program parameters should also make it clear that grantees cannot use CalRHAD funding to support partnerships with organizations that have missions and conduct activities that counter the intent and purpose of the program.

The CalRHAD Demonstration Project is a significant opportunity to advance California's health equity, inclusion, and justice goals, and serve as a safe haven for anyone seeking sexual and reproductive health services in a post-Roe environment. We appreciate your consideration of our recommendations and any further opportunity for partnership and collaboration. If there are any questions or further clarification needed, please feel free to reach out to Rebecca Alcantar, Director of Government Affairs at [redacted].

Sincerely,

[redacted]

Berenice Nuñez Constant
Senior Vice President of Government Relations and Civic Engagement

Essential Access Health; Email Received April 17, 2023

Dear Ms. Mollow,

Attached please find Essential Access Health's public comments on the CalRHAD 1115 Waiver Application. Essential Access appreciates your consideration of our recommendations and any further opportunity for partnership and collaboration. If there are any questions or further clarification needed, please feel free to contact Amy Moy, Co-Chief Executive Officer at [redacted].

Sincerely,

Sylvia Castillo
Director, Government + Community Affairs
Cell: [redacted]
[redacted]
essentialaccess.org

April 17, 2023

Ms. Rene Mollow
Deputy Director, Health Care Benefits and Eligibility
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, California 95899-74173

Re: Medicaid Section 1115 Demonstration Request: California Reproductive Health Access Demonstration

Dear Deputy Director Mollow,

On behalf of Essential Access Health (Essential Access), we applaud California's strong commitment to achieving Reproductive Freedom. Thank you for the opportunity to provide comment on the Medicaid Section 1115 Demonstration Request to Establish the California Reproductive Health Access Demonstration" (herein after referred to as "CalRHAD", "Demonstration Project" or "application").

Essential Access champions and promotes quality sexual and reproductive health care for all. We achieve our mission through an umbrella of programs and services, including advanced clinical research, provider training, clinic support initiatives, advocacy and community education programs and campaigns. Essential Access has served as a Title X federal family planning program grantee to administer in the program in the state of California for more than 50 years. Today, California's Title provider network is the largest and most diverse Title X system in the country that includes 54 health care organizations collectively operating more than 370 service sites in 29 counties. In 2022, Essential Access was designated as the administrator for the Uncompensated Care and Practical Support state grant programs and the Los Angeles County Abortion Access Safe Haven fund. These programs will support access to abortion and birth control care for patients seeking essential services and help make the promise of California being a "Reproductive Freedom State" a reality for Californians and individuals forced to travel here due to harmful bans and restrictions in their home states.

To create more equitable access to family planning services and support the overall health and well-being of Californians with lower incomes – as well as those seeking care in our state – Essential Access is pleased to submit the following comments regarding the CalRHAD waiver application. We strongly urge DHCS to adopt the recommendations outlined below.

DHCS must move forward with the CalRHAD waiver application to support sexual and reproductive health access for Medi-Cal beneficiaries as well as other individuals who may face barriers to access.

Essential Access strongly supports the intent and goals of the CalRHAD project and urges the Department of Health Care Services (DHCS) to continue moving forward with the application.

We strongly agree with the intent of the Demonstration Project to support sexual and reproductive health access for Medi-Cal beneficiaries as well as other individuals who may face barriers to access. This is in line with the reproductive health policies enacted and investments made over the past year to ensure access to care for all, regardless of an individual's income, insurance status, or home state. We understand that CalRHAD funding cannot be used for provision of any services, including abortions, in part because of the racist and draconian federal Hyde amendment remaining in place.

California has a long-standing history of leading the nation in protecting and expanding access to sexual and reproductive health care. The landmark legislation enacted and investments made in the wake of the U.S. Supreme Court's dismantling of *Roe v. Wade*, have positioned California as a safe haven for anyone who needs timely access to essential abortion and contraceptive services. To continue reducing persistent barriers and ensure access to equitable, affordable, high quality, and inclusive sexual and reproductive health care for all, further investments are needed to maintain and strengthen California's sexual and reproductive health care safety net. Access to these services is critical in supporting improved health outcomes, and individual and families achieve greater economic security and educational attainment. We also must prepare for the possibility of more hostile anti-reproductive health actions at the federal level – including attacks on contraception – from the federal court system and Congress, and possible shift at the executive branch level. The CalRHAD grant program will help California achieve these goals.

Although California is fortunate to have leaders committed to achieving reproductive freedom for all, California is not immune to the impact of regressive policies taking hold in other states. California's statewide Title X federal family planning program recently received a devastating and dramatic cut in funding as a result of the national abortion landscape that is threatening to de-stabilize our state's reproductive health safety net. In 2022, the U.S. Department of Health and Human Services' Office of Population Affairs (OPA) reduced Essential Access' Title X service grant to support the delivery of family planning services in California for a five-year period from $21 million to $13.2 million – a drastic cut of $8 million. This was the largest Title X funding cut the program in California has received in the history of the program, and continued to be level-funded in 2023. California took swift action to backfill a 40% loss in federal Title X funding for <u>one year</u> to support the delivery of family planning services for patients with low-incomes statewide.

The Title X family planning program was established by Congress in 1970 with bi-partisan support and is the only dedicated source of federal funding for family planning in the country. The program supports the delivery of equitable, high quality, and client-centered sexual and reproductive health care for people who have low incomes or who may otherwise lack access to time-sensitive services like birth control, STI testing and treatment, and cancer screenings. For over 50 years, Essential Access has administered the Title X program in California – the largest and most diverse Title X system in the nation. California's robust Title X Provider

Network includes federally qualified health centers, city and county health departments, Planned Parenthood affiliates, stand-alone women's health and family planning health centers, Urban Indian Health Centers, school-based health centers, universities and hospitals. All Title X provider network members are enrolled Family Planning, Access, Care, and Treatment (Family PACT) program providers. Title X providers depend on these federal dollars to support staffing, infrastructure, outreach and education activities, quality improvement activities, and other wrap-around services that are not reimbursed by Medi-Cal or Family PACT. **Title X funding, in concert with these state programs, has played a key role in helping to reduce unintended pregnancy rates significantly in the state for more than two decades.**

The Title X funding cuts – even with the California backfill – had an immediate and dire impact. Some health centers did not receive any Title X funding and all remaining Title X-funded health centers received a reduction. California's statewide Title X provider network has faced unprecedented threats and instability since the Trump-era Title X regulations took effect. Prior to the Trump regulations, more than 360 health centers and clinic sites received Title X funding and collectively served nearly 1,000,000 Title X patients annually. After the Trump rules were fully implemented, 250 health centers and clinic sites received Title X funding, and the number of patients served by Title X dropped by more than 80%. When the Biden Administration revoked and replaced Trump's harmful policy changes in November of 2021, Essential Access commenced rebuilding and restoring Title X services in California. By March 2022, California's Title X network grew back to nearly 400 Title X-funded health centers and clinic sites. The significant reduction in Title X funding has now halted, and potentially reversed this progress. The Title X funding cuts will have a disproportionate impact on Californians with low-incomes, people living in rural regions and urban health care deserts, and communities of color. In 2021, nearly 60% of Title X patients identified as Black, Indigenous and other People of Color (BIPOC), and nearly 70% earned incomes below 100% of FPL.

For 2023, OPA has level-funded California's Title X program at $13.2 million. Essential Access was able to combine state and federal funding to prevent a devastating dismantling of the California Title X provider network for the next project period that runs April 1, 2023 – March 30, 2024. Essential Access provided 12-months of funding to Title X providers, but with funding cuts across the board to 371 clinic sites, down from 389 in 2022. Additional funding support is needed to continue to rebuild and expand the delivery of equitable, affordable, high quality, person-centered, and adolescent-friendly sexual and reproductive health services for patients with low-incomes statewide.

CalRHAD grants must support a wide range of activities to enhance provider capacity.

Essential Access strongly supports the important components already listed in the draft CalRHAD request to enhance provider capacity. In addition, we urge DHCS to explicitly include the following as permissible uses for CalRHAD grants:

- Quality-improvement activities to enhance sexual and reproductive health care delivery. Family planning safety net providers who participate in the Title X federal family planning program have the flexibility to leverage Title X funding to conduct activities that improve the overall quality of care that is provided, and align service delivery with federal Quality Family Planning (QFP) recommendations. QFP updates are expected to be released during the CalRHAD project period. In a similar fashion, quality improvement activities to

enhance clinic efficiency and measure patient satisfaction and experience should be able to be supported with CalRHAD grants.

- Adolescent-friendly services. There is ample evidence showing that adolescent-friendly services, when well designed and well implemented, can help increase access to and use of contraception. Ensuring that services are adolescent-friendly requires a systems approach including policies, procedures, and programs across the entire health system to respond to the diverse and unique needs and preferences of adolescents. Examples of teen-friendly services include engaging and uplifting youth voices and expertise in program design, prioritizing confidentiality, offering peer counseling, and operating teen-only clinic hours. We urge the department to clearly state that the enhancement of providing adolescent-friendly services is a permissible use of CalRHAD grant funding.

- Community outreach, education, and linkages to care. Outreach and education activities are a key strategy for increasing awareness about the importance of sexual and reproductive health care to a person's overall well-being, inform community members of services available at their local health centers of provider's office, and link community members to care. Examples of outreach and education activities include establishing family planning health educator /promotor programs and adolescent peer health groups, conducting sexual health education workshops with local schools and CBOs, and participating in community health fairs. These activities are currently supported through Title X funding at Title X-funded health care organizations across the state. We urge the department to add community education and outreach activities is a permissible use of CalRHAD grant funding.

Integrating high quality well-care, behavioral health, primary care, and sexual and reproductive health care is essential.

Nearly half of cis-women in the U.S. identify their reproductive health provider or gynecologist as their sole medical provider. Given the regularity with which behavioral health conditions present and are treated in primary care settings, it follows that patients also frequently present behavioral health concerns during a sexual and reproductive health care visit. In addition, studies have shown that reproductive health care patients commonly present with chronic pain, substance use, significant trauma histories, and concerns about intimate partner violence.

Integrated services extend the reach of behavioral health to those populations who might otherwise go undetected or unserved in traditional mental health setting. Guidelines from the U.S. Preventive Services Task Force dictate best practices in primary care settings for effective screening and treatment of behavioral health concerns that are also commonly present during a sexual and reproductive health visit. Successful integration of behavioral health providers, including well-defined infrastructure and leadership, standardized screening, assessment, and interventions, clearly defined patient flow, and adequate staffing in sexual and reproductive health and primary care settings is essential.

Essential Access strongly supports the inclusion of integrating well-care and behavioral health services and peer supports for individuals struggling with issues related to gender identity or sexual orientation in reproductive health care settings in the department's CalRHAD application. Some family planning safety net providers are already engaging in

these projects and not receiving adequate reimbursements to cover the cost of providing this critical care.

Additional resources are needed to ensure that integration and enhanced behavioral health are sustainable and accessible to patients in reproductive health settings. In addition, we urge the department to allow peer counseling grant activities to be expanded under the program to include a broader range of peer supports to help improve adolescent sexual and reproductive and mental health well-being.

Use of CalRHAD grants for practical support is necessary to make clinical access a reality.

Essential Access applauds the Demonstration Project's proposal to use CalRHAD grants for the provision of practical and logistical support, and patient navigation services for Medi-Cal beneficiaries and others who need to access sexual and reproductive health care services. Despite the progress made in California to protect and expand access to family planning and related care, access barriers remain that perpetuate long-standing health inequities. Many Californians still cannot access abortion care because they face obstacles, like lack of information, transportation needs, travel and lodging costs, and lack of childcare. These barriers to time-sensitive care disproportionately impact young people and foster youth, people with disabilities, unhoused people, immigrants, low-income communities, and people of color. Permitting the use of CalRHAD grants to help patients overcome these barriers is necessary to improve equitable reproductive and overall health outcomes, and supplement investments the state has already made to fund practical supports that make access to clinical care possible.

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Grant eligibility criteria should be strengthened to ensure program funding is maximized and aligned with the program intent and purpose.

Essential Access agrees with the CalRHAD grant eligibility criteria and program parameters described in the Demonstration Project application. However, we strongly urge DHCS to strengthen the eligibility criteria to clearly state that Medi-Cal providers who do not provide the full range of contraceptives or appropriate referrals to other nearby providers and do not

serve a minimum volume of sexual and reproductive health patients enrolled in Medi-Cal are NOT eligible to apply for CalRHAD grants.

The program parameters should also make it clear that grantees cannot use CalRHAD funding to support partnerships with organizations that have missions and conduct activities that counter the intent and purpose of the program.

The CalRHAD Demonstration Project is a significant opportunity to advance California's health equity, inclusion, and justice goals, and serve as a safe haven for anyone seeking sexual and reproductive health services in a post-Roe environment. Essential Access appreciates your consideration of our recommendations and any further opportunity for partnership and collaboration. If there are any questions or further clarification needed, please feel free to contact me directly at [redacted].

Sincerely,

[redacted]

Essential Access Health