

[INSERT DATE]

The Honorable Nancy Skinner  
Chair, Senate Budget & Fiscal Review Committee  
Sacramento, CA 95831

The Honorable Phil Ting  
Chair, Assembly Budget Committee  
Sacramento, CA 95831

**Re: Budget Request: Health Enrollment Navigators Project Augmentation**

Dear Chair Skinner and Chair Ting:

The California Primary Care Association (CPCA) and the undersigned organizations are writing to urge the legislature to include a one-time budget augmentation of \$60 million (\$30M general fund; \$30M federal match) to enhance the Medi-Cal Health Enrollment Navigators Project to ensure that nearly 16 million Californians maintain access to Medi-Cal coverage on the heels of the COVID-19 pandemic. With this augmentation, the total investment in the Health Enrollment Navigators Project will more accurately reflect the impending need and ensure that essential resources reach the trusted messengers and entities that serve these patient populations.

Between now and May 31, 2024, 15.2M current Medi-Cal beneficiaries will undergo program recertification, and 700,000+ individuals will become newly eligible for full-scope Medi-Cal benefits through the Health4All adult expansion, requiring an extraordinary need for health enrollment and navigation services to ensure continuity of coverage, and successful expansion implementation.

In 2022, SB 154 appropriated \$59,720,000 for counties and community-based organizations (CBOs) to serve hard-to-reach potentially eligible Medi-Cal populations. During the 2022 application period, more than \$140M was requested for navigation funding, and many grantees received only a portion of their funding request. Additionally, limited amounts of navigation funding have reached Community Health Centers (CHCs), where one-third of Medi-Cal patients are served.

Today, over 1,300 CHCs in California provide high-quality comprehensive care to nearly 7.7 million people – or more than 1 in 5 Californians. CHCs serve 4.8M Medi-Cal members and provide a culturally responsive primary care medical home for 1.1M uninsured individuals. For health center patients, Medi-Cal enrollment and renewals are initiated in the clinic setting with trusted enrollment counselors. Ensuring that local county offices have adequate resources to complete Medi-Cal determinations of eligibility, manage active cases, and renew eligibility is essential. However, the role of CHCs and CBOs in the *patient navigation* aspect of these efforts, particularly to support communities of color cannot be overlooked as a vital component of this process.

CHCs and other CBOs are critical, trusted messengers to support their patients in maintaining coverage through health navigation services. These include supporting patients in completing complex applications, providing in-language services, connecting patients with accurate information regarding immigration-related questions, and acting as an authorized representative

in order to interact directly with county staff on behalf of a patient to ensure the application process is completed.

For Medi-Cal redeterminations, barriers to successful recertification and coverage continuity will be disproportionately felt by communities of color. A federal Department of Health and Human Services study estimates that during the unwinding period, approximately 17% of white enrollees are predicted to lose coverage nationally, while 64% of Latino enrollees; >50% of Asian/Native Hawaiian/Pacific Islander enrollees; up to 40 percent of Black enrollees, and nearly half of multiracial and other non-white enrollees will lose coverage while still being income eligible.<sup>1</sup> Culturally and linguistically appropriate health navigation must be funded and prioritized in these efforts.

Increasing the Health Enrollment Navigators Project funding will help close the gap between the true need for navigation services and last year's program budget allocation. **With this in mind, we respectfully request that the budget include an additional \$60M dollar appropriation (30M GF; \$30 federal match) to expand the Medi-Cal Health Enrollment Navigators Project.**

I look forward to working with you on this important matter.

Sincerely,

[Member]

[Member]

[Member]

[Member]

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<sup>1</sup> *States must act to preserve Medicaid coverage as end of continuous coverage requirement nears*. Center on Budget and Policy Priorities. [https://www.cbpp.org/research/health/states-must-act-to-preserve-medicaid-coverage-as-end-of-continuous-coverage#\\_ftn7](https://www.cbpp.org/research/health/states-must-act-to-preserve-medicaid-coverage-as-end-of-continuous-coverage#_ftn7)