

SB 1131 (Gonzalez) Enhancing Access to Family **Planning Services**

SUMMARY

Senate Bill (SB) 1131 would increase access to the Family Planning, Access, Care, and Treatment (Family PACT) Program by expanding the definition of who can certify a clinic to provide Family PACT services. In addition, it allows an affiliate primary care clinic to enroll multiple sites under one site certifier.

EXISTING LAW

Assembly Bill (AB) 3483 (Friedman, Chapter 197, Statutes of 1996) created the Family PACT program to provide family planning services to low-income men and women.

Existing law allows Medi-Cal enrolled providers to provide family planning services under the Family PACT program and requires enrolled providers to attend specific orientation approved by the Department of Health Care Services (DHCS) in comprehensive family planning services.

BACKGROUND/PROBLEM

The Family PACT program provides critical coverage for affordable family planning services in California. This program has been operating since 1997 to provide family planning and reproductive health services at no cost to California's low income residents whose income is below 200% of the Federal Poverty Level (FPL), but that exceeds the Medi-Cal limit.

This program provides comprehensive family planning services, including contraception, pregnancy testing and sterilization, as well as sexually transmitted infection testing.¹ Family PACT also served over 650,000 clients in fiscal year 2019-2020,² with 67% of these clients identifying as Latino.

The current Family PACT policy manual developed by DHCS requires that every health center designate one eligible representative, who works at the health center, to be the location's site certifier. The site certifier must be a physician, certified nurse midwife, or certified nurse practitioner, and is responsible for overseeing the family planning services rendered at their enrolled health center.

Having limited options for who can be designated as a site certifier can make it difficult for clinics in rural or low income areas to become certified if they are unable to attract physicians or nurse practitioners to work at their clinics. If Family PACT is not available through a clinic, then underserved, uninsured, or underinsured patients must then pay out of pocket for those services rather than receive them for free as the State intended.

Only two regions in California have sufficient number of primary care doctors to serve their populations.³ In addition, physician assistants are more likely than physicians to provide care in rural areas and to lowincome and underserved populations.⁴

familypact.org

https://familypact.org/wp-content/uploads/2023/05/OFP_AR_19-20_Revised_OC.pdf https://www.chcf.org/publication/cure-californias-doctor-shortage/ https://www.chcf.org/publication/californias-physician-assistants/#related-links-and-downloads

SOLUTION

SB 1131 will increase access to essential family planning services for low-income Californians across the state. Specifically, this bill will expand the definition of who can certify whether a clinic is capable of providing Family PACT services to include Physician Assistants and nonclinical staff. Additionally, it allows health centers licensed as an affiliate primary care clinic to enroll multiple sites under one site certifier, and ensure that the DHCS orientation for site certifiers is accessible.

Finally, this bill would reinstitute provisional enrollment for sites licensed as an Affiliate Primary Care Clinic. This creates a provisional enrollment period to allow clinics time to complete required trainings and become Medi-Cal and Family PACT Providers at the same time.

SUPPORT

Planned Parenthood Affiliates of California (Sponsor) California Physician Assistants Association (Sponsor)

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