



Senator Sydney K. Kamlager, District 30

AB 369 - Street Medicine Act: Bringing Care to the Street

IN BRIEF

AB 369 increases access to health and social services for people experiencing homelessness (PEH) by allowing for care to be provided outside the walls of a traditional medical clinic, including through street medicine, shelter-based care, and within transitional housing. Providing direct, comprehensive care to PEH wherever they reside—whether on the street or under a bridge—will improve the health outcomes and lives of California’s homeless population.

BACKGROUND & PROBLEM

California has the largest homeless population in the country. Over 151,000 people in the state are homeless, 72% of which are chronically unsheltered. In Los Angeles County alone, nearly 59,000 people are homeless—higher than any city in the country.

PEH have higher rates of chronic physical health conditions and behavioral health needs compared to the general population. A recent study found that 80% of unsheltered women reported abuse and trauma as the cause of their transiency. Despite their complex care needs, PEH have less access to preventive, primary, and specialty health care services. On average, PEH have life expectancies 30 years shorter than their housed peers.

Enrolling PEH in Medi-Cal has been a recent strategy to address existing health disparities; however, even when insured, 73% have never seen their healthcare provider. Concerns for basic survival, transportation, lack of a mailing address, lack of ID and mental illness make it difficult, if not impossible, for PEH to access care in traditional health care settings.

Without access to primary care, PEH overutilize hospital emergency rooms, where they often present with multiple advanced conditions. This leads to increased rates of hospitalization and readmission. PEH have 740% more hospital days at 170% greater cost per day than

people who are housed, and state Medi-Cal dollars pay the bill.

SOLUTION

California’s health care infrastructure does not meet the unique needs and circumstances of our homeless population. Rather than asking PEH to overcome the challenges of accessing care in medical facilities, providers must be able to care for their patients wherever they may reside. Successful delivery models, including mobile clinics and street medicine programs, exist. These programs provide medical and behavioral care, treatment for substance use disorders, enrollment in social services, and assistance with housing transitions.

Street medicine programs improve health outcomes and increase housing placement by facilitating consistent care from providers who witness the unique environmental factors that PEH face. Street medicine has been shown to reduce avoidable, expensive hospital admissions by 2/3, and to reduce the duration of hospitalization. Expanding such programs would result in significant cost savings for the state. Despite these benefits, Medi-Cal does not recognize the “street” as a location for providing care. As a result, PEH are denied medical treatment, social services, and other Medi-Cal benefits.

AB 369 removes barriers to care by: (1) Extending Medi-Cal presumptive eligibility to PEH; (2) Allowing PEH to receive Medi-Cal services and referrals from all licensed primary care providers regardless of empanelment; (3) Removing the ID requirement for PEH seeking care; and (4) Allowing PEH to receive comprehensive Medi-Cal benefits outside the walls of a traditional medical setting.

AUTHOR SPONSOR

Senator Kamlager

FOR MORE INFORMATION

Howard Quan

916.651-4030 or Howard.Quan@sen.ca.gov

LIST OF SUPPORTERS

1. AltaMed Health Services
2. American Academy of Pediatrics, CA
3. American College of Emergency Physicians, CA
4. American Federation of State, County, and Municipal Employees
5. APTP
6. BIENESTAR Human Services
7. California Association of Alcohol and Drug Program Executives
8. California Chronic Care Coalition
9. California Consortium of Addiction Programs and Professionals
10. California Hospital Association
11. California Pharmacists Association
12. California State Treasurer, Fiona Ma, CPA
13. Chapman University PA Program
14. Clinic Sierra Vista
15. Coastal Street Medicine
16. Corporation for Supportive Housing
17. Councilman Mike Bonin
18. County Behavioral Health Directors Association of California
19. County of Kern
20. Downtown Women's Center
21. Dr. Deborah Deas, Dean of UCR Medical School
22. Father Joe's Village Clinic
23. Good RX
24. Health Net
25. Kaweah Delta Street Medicine Program
26. Keck Graduate Institute
27. Keck Medicine of University of Southern California
28. Los Angeles Christian Health Center
29. Mayor Eric Garcetti, City of Los Angeles
30. National Alliance to End Homelessness
31. National Association of Social Workers, CA Chapter
32. National Health Care for the Homeless Council
33. People Assisting the Homeless
34. Rafalski Enterprises
35. Sacramento Street Medicine
36. San Francisco Community Health Center
37. SELAH Neighborhood Homeless Coalition
38. Street Medicine Institute
39. Street Medicine Institute Student Coalition
40. Student Run Homeless Clinics, UCLA Department of Family Medicine
41. Union Station Homeless Service
42. University of Southern California
43. Valley Homeless Healthcare