



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

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FOR MORE INFORMATION

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2. AltaMed Health Services
3. American Academy of Pediatrics, CA
4. American College of Emergency Physicians, CA
5. American Federation of State, County, and Municipal Employees (AFSCME), AFL-CIO
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56. Rafalski Enterprises
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