

SLO Healthcare Workforce Partnership

Funding & Advocacy

March 19, 2025

Attendees: Michelle Shoresman (Public Health), Adam Butler (CenCal Health), Jessica Peckham (DNP, North County), Susan McGraw (Partnership Project Coordinator)

Discussion Results related to Strategic Action Plan, Goal #2: Advocacy:

- **Medi-Cal:**
 - **Sarah Clair's (Adventist Health) comments (provided in advance via email):**
 - **Potential Medicaid Cuts and Policy Changes:**
 - **Local Engagement regarding the Importance of Medicaid:** Meet with federal representatives and discuss the importance of Medicaid. Any cuts to Medicaid will cause issues with access to care. We want to ensure that we continue to build out the healthcare workforce for all individuals no matter their insurance status. Likewise, providing care to fewer Medicaid patients will lead to less funding, which results in the possibility of financial instability and clinics and hospitals closing units or shutting their doors, which will ultimately mean the workforce would be reduced.
 - **Shaping Medicaid Policy Changes:** Republicans believe there is fraud and abuse in the system. We have an opportunity to emphasize that Medicaid funding should go to providers who actually serve Medicaid patients.
 - **Tying Workforce Issues to Funding Cuts:** The main focus right now is the Medicaid cuts – so tying any workforce issues back to that will be essential.
 - **Committee Discussion:**
 - Some practices/facilities have 40% of their patients as Medi-Cal recipients and a loss of funding could potentially cause closures.
 - CHC is the primary Medi-Cal provider in the County.
 - SLO County: 1 in 4 or 1 in 5 residents are Medi-Cal recipients?
 - CenCal Health (SLO & Santa Barbara Counties) paid out \$1.3 billion on Medi-Cal services delivered in one year (\$688 million in payments to hospitals; \$348 million to providers). Adam will let us know whether this data was provided to legislators and whether it is public information.
 - Can we break out the SLO County portion? Is it possible that less than 1/3 of this was spent in SLO County because the population is so much smaller than Santa Barbara County?
 - CenCal Health has a Community Steering Committee that meets quarterly which includes key community leaders. They decided to have an advocacy sub-committee so that more local providers could be aware of how funding changes will impact access to care in the community.
 - Public Health staff are putting together success stories to support the value of the services being provided in the community.
 - In order to not “reinvent the wheel,” we should identify existing resources/talking points/information sheets and be consistent with what is being shared by CenCal Health and other organizations in the community.
 - Any reductions in federal funding will have a significant, negative impact on the overall operations of hospitals, clinics, and private practices, including the potential for closures.

- The most important thing to emphasize is that **EVERYONE, even those NOT on Medi-Cal, will lose access to care** because whole healthcare practices would not be viable to operate and may shut down completely, thereby eliminating access to care for everyone.
 - Medi-Cal Legislative Districts:
<https://www.dhcs.ca.gov/dataandstats/statistics/Documents/Preliminary-Medi-Cal-Legislative-Districts-July2024.pdf>

- **How much advocacy can Partnership/Committee members do (based on job requirements)?**
 - Michelle can educate, but not advocate. She can help gather information to share, but she can't go and visit with a legislator. Public Health staff ride a fine line with advocacy.
 - We need to get a group of Partnership members to do the actual advocacy. Michelle and Susan can organize information and create materials, but not actually can do the advocacy.
 - Who can advocate?
 - Privately run hospitals, clinics, private practitioners?
 - Non-profits?
 - Government offices?
 - Michelle can't as an employee of the County.
 - But as a City Councilmember, she and the Council advocate all the time.
 - As a Partnership:
 - We can provide information and ask members to take action.
 - Can we advocate as a "Partnership?" As a collaborative group, if we are advocating for a topic, legislators may take it more seriously because it is a stronger voice.

- **ACTION:** Create some advocacy fact sheets around defending Medicaid. A lot of op-eds are being put in local papers with good supporting data (Marino Owens, CenCal Health, for example).
 - A regional approach may be more impactful because legislators often cross over county boundaries. CenCal Health shared data by legislative area, not counties to make it more meaningful to the recipients of the data. Monterey County too?
 - Adam shared a DHCS excel file set up with Medi-Cal enrollee data by legislative district. He will share links to other websites where we can pull data and obtain other fact sheets for advocacy so we can align our advocacy efforts with CenCal Health.

- **ACTION:** Susan will create an advocacy page on our website so that we can provide up-to-date information on federal/state issues relevant to the work of the Partnership.
 - Advocacy page on our web page for federal, state issues:
 - Paragraph about the issue.
 - Who/how to contact.
 - Add comment form for people to submit issues to Susan for inclusion. Have a way for people to submit potential advocacy efforts to support. We could then determine if we want to have the Partnership support or just provide information to members.
 - Susan can send out the link to Partnership members when new issues are added.
 - Partnership could advocate for specific issues using the same format of the "Letter of Support" for UPLIFT grant.
 - Susan will send the Partnership members a request to have them send us potential advocacy issues.

- **ACTION:** Jessica is aware of advocacy opportunities to support Nurse Practitioners. We can encourage people to write a letter of support to that legislator. And we can support this as a community Partnership. She will provide more information.

- **Other Discussions Related to Funding Opportunities:**
 - Adam attended a conference for public health insurers. One health plan organization received a grant to have 1 full-time person supporting recruitment & retention efforts for physician practices within the service area to help pull in providers to the area.
 - More private money is being directed to this in some areas.
 - Potential opportunities to implement advocacy efforts to encourage individuals to redirect donations to these types of initiatives.
 - Showing the ROI to healthcare organizations on the cost to replace existing employees influence them to commit to providing private funding, which another healthcare workforce partnership (HealthForce) did for nursing positions.
 - GenCal Community Reinvestment Funds: One goal is local healthcare workforce development.