

SENATE BILL SB-83

Introduced by Senator Anna Caballero (D-14)

An act relating to California Mobile Healthcare Access Network.

LEGISLATIVE COUNSEL'S DIGEST

SB-83, Anna Caballero (D-14). California Mobile Healthcare Access Network.

The existing law already has Medi-Cal run by the Department of Health Care Services and covers people up to 138% of the federal poverty level. The state already licenses mobile health care units.

This bill would create better healthcare accessibility for the rural regions of the central valley, primarily the San Joaquin Valley for elderly and disabled individuals. The mobile healthcare access network would be made up of mobile clinics, each one specializing in various niches. The mobile healthcare access network is practical for patients, as a cheaper, roughly \$50 mobile clinic visit, is much less expensive than a \$500 emergency room visit. These mobile visits also provide preventative care, and reduce the need to go to the hospital for an untreated chronic condition or disease

The mobile clinics would vary to fit the needs of the patients who request services. Furthermore, these clinics will provide low-cost or no-cost preventative and primary care services in agricultural communities, Health Professional Shortage Areas (HPSAs), and high-Medi-Cal-enrollment regions.

Vote: Majority. **Appropriations/fiscal:** yes. **Local program:** yes.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

CALIFORNIA LEGISLATURE—2025-2026 SIMULATION SESSION

SENATE BILL

NO. [TA Assigns #]

Introduced by Senator Anna M. Caballero

September 30th, 2026

This bill establishes a state-funded regional health mobile clinic program to increase medical, nursing, and entry-level health needs in San Joaquin Valley.

LEGISLATIVE COUNSEL'S DIGEST

SB [TA Assigns #], as introduced, Caballero. California Mobile Healthcare Access Network

The existing law already has Medi-Cal run by the Department of Health Care Services and covers people up to 138% of the federal poverty level. The state already licenses mobile health care units.

This bill would create better healthcare accessibility for the rural regions of the central valley, primarily the San Joaquin Valley for elderly and disabled individuals. The mobile healthcare access network would be made up of mobile clinics, each one specializing in various niches. The mobile healthcare access network is practical for patients, as a cheaper, roughly \$50 mobile clinic visit, is much less expensive than a \$500 emergency room visit. These mobile visits also provide preventative care, and reduce the need to go to the hospital for an untreated chronic condition or disease

The mobile clinics would vary to fit the needs of the patients who request services. Furthermore, these clinics will provide low-cost or no-cost preventative and primary care services in agricultural communities, Health Professional Shortage Areas (HPSAs), and high-Medi-Cal-enrollment regions.

Vote: 1/3 Appropriation: no Fiscal Committee: yes Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. This is needed as many areas in the San Joaquin Valley have underserved communities that need health care or existing infrastructure does not meet the needs of the community. More reasons why this is needed:

[(a) Long drives to care in rural areas

[(a) farmworkers lose wages to see a doctor

[(a) mobile visit costs far less than an emergency room visit

[(a) seniors and people with disabilities.

SEC. 2. Definitions of the bill

[(a) Central Valley” means these counties: San Joaquin, Stanislaus, Merced, Madera, Fresno, Kings, Tulare, Kern.

[(b) “Department” means the Department of Health Care Services.]

[(c) “Federal poverty level”: say it means the yearly federal guidelines.]

SEC. 3. The department shall create and operate the network. There will be 20 clinics up and down the valley; that may hire staff or contract with local providers; clinics go to high-risk areas; no end date, however pilot date will start January 2030.

SEC. 4. Services will be specific to each region, however the list of services below:

[(a) care visits

[(b) vaccinations

[(c) blood pressure

[(d) screenings

- [(e) care visits
- [(f) diabetes screenings
- [(g) women's health services
- [(h) health education
- [(i) nutrition counseling
- [(j) chronic disease management
- [(k) pregnancy support
- [(l) specialist referrals
- [(m) telemedicine connections
- [(n) care coordination
- [(o) preventative cleanings
- [(p) X-rays
- [(q) oral cancer screening
- [(r) basic restorative care

SEC. 5. Payment tiers.

[(a) This is available to Medi-Cal recipients, uninsured patients that are below a certain income threshold, and agricultural workers that meet an eligibility requirement. Most importantly, all Californian citizens under the age of 18 automatically meet the criteria for Tier 1.

[(b) Tier 2, reduced cost: This is available to low-income uninsured residents who do not qualify for Tier 1, individuals with high insurance deductibles, and seasonal workers

[(c) Tier 3: Individuals with insurance who don't fall under Tier 2 would have their visits billed to insurances as normal.

SEC. 6. Funding. Write: The sum of \$ 20 million is hereby appropriated from the General Fund to the Department of Health Care Services for this act.

SEC. 7. A yearly report to the Legislature on patients served and costs to understand changing needs of citizens.

