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SB-338 Virtual Health Hub for Rural Communities Pilot Program. (2025-2026)

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Senate Bill No. 338

CHAPTER 311

An act to add and repeal Division 118.5 (commencing with Section 150700) of the Health and Safety Code, relating to public social services.

[Approved by Governor October 03, 2025. Filed with Secretary of State October 03, 2025.]

LEGISLATIVE COUNSEL'S DIGEST

SB 338, Becker. Virtual Health Hub for Rural Communities Pilot Program.

Existing law establishes various programs to address the needs of migrant agricultural families. Existing law also provides funding to enhance and maintain rural health services.

This bill would establish the Virtual Health Hub for Rural Communities Pilot Program, and would require the State Department of Public Health to administer the program to expand access to health services for farmworkers in rural communities. The bill would require the department to distribute grants to partnerships of 2 separate community-based organizations, except as specified, to establish and deploy virtual health hubs, as defined, and to administer the program and to provide technical assistance to the grant recipients for any licensing or reporting requirements necessary to fulfill the program obligations. The bill would outline criteria for the grants and require the department to give priority to community-based organizations that meet specified criteria, including, but not limited to, a history of serving medically underserved communities. The bill would require the grant recipients, among other things, to deploy virtual health hubs in 2 rural communities based on farmworker population and access to health care and to submit specified information on the program to the department. Under the bill, the virtual health hubs would include, at a minimum, computers, Wi-Fi, cubicles for virtual visits, and exam rooms for telemedicine. The bill would create the Virtual Health Hub Fund and would condition implementation of these provisions on no General Fund moneys being used, there being a minimum of \$2,000,000 in the fund, and the department posting a notice on its internet website. The bill would also require the department, 2 years after the notice is posted on the internet website, to submit a report to the Legislature and post to its internet website specified information provided by the grant recipients, including age ranges and type of health services accessed by the people served.

The bill would repeal these provisions when specified conditions are met.

The bill would make findings and declarations in support of its provisions.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

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

SECTION 1. The Legislature finds and declares all of the following:

- (a) It is the intent of the Legislature to model this pilot program after the successful Farmworker Health Equity Express Bus program, which launched in 2022, visiting farms in and around the Half Moon Bay community to expand access to health services for farm workers.
- (b) The Health Equity Express Bus was facilitated through a community partnership between Ayudando Latinos a Soñar (ALAS) and Life Science Cares Bay Area.
- (c) The Farmworker Health Equity Express Bus was also made possible by grant contributions and donations from the Gilead Foundation, Genentech, and Abbvie.
- (d) ALAS is a Latino centered nonprofit organization dedicated to advocating for the farmworker and Latino community.
- (e) Life Science Cares Bay Area is a nonprofit organization that finds ways for the local Life Science industry to collectively address the impact of poverty on its neighbors.
- (f) The Farmworker Health Equity Express Bus was a shared vision between ALAS, Life Science Cares, Gilead, and Genentech to:
- (1) Support farmworker communities in achieving equitable outcomes around health care, education, and economic development.
 - (2) Acquire education that can help other communities replicate or improve on this program.
 - (3) Augment the reach of existing programs available to the broader community and enable access to farmworker communities.
- (g) The federal Centers for Disease Control and Prevention (CDC) indicate that Latino Americans are more likely to have type 2 diabetes versus non-Latino whites. The CDC also reports that Latinos have poorly controlled high blood pressure compared to non-Latino whites.
- (h) The National Institutes of Health report that Latinos are three times as likely to get COVID-19 and twice as likely to die of COVID-19 than the general population.
- (i) A survey by the UC Merced Community and Labor Center of over 1,200 California farmworkers between 2021 and 2022 produced all of the following key findings from respondents:
- (1) Forty-nine percent reported being without health insurance.
 - (2) Forty-three percent reported visiting a doctor's clinic in the last year, and 35 percent had been seen by a dentist.
 - (3) Over one-third reported that their health was "fair" or "poor."
 - (4) Between one-third and one-half reported having at least one chronic condition, and the most common reported conditions were diabetes, hypertension, and anxiety.
 - (5) Forty percent of respondents suspected or confirmed being infected with COVID-19, and of those who tested positive, 40 percent said their health had not returned to normal.
- (j) A survey from San Mateo County Health shows that common reasons cited by farmworkers struggling to access health care were lack of transportation and fear that taking time off from work would lead to losing their jobs.
- (k) A survey from the Public Policy Institute of California found that the cost of care or lack of health insurance were other commonly cited reasons farmworkers may not seek the health care they need.
- (l) Around 25 percent of households with farmworker income fall below the poverty line.
- (m) Farmworkers tend to have low levels of formal education with about 74 percent reporting that they did not complete high school. The average level of formal education completed by a California farmworker is the eighth grade.
- (n) According to the Public Policy Institute of California, about 97 percent of California farmworkers are Latino with 44 percent reporting that they do not speak or read English at all and 89 percent reporting that Spanish is their primary language.
- (o) California has over 72,000 students, 3 to 21 years of age, inclusive, who are eligible to participate in the federal Migrant Education Program.
- (p) These students, largely children of farmworkers, have a four-year graduation rate that is 5 percent lower than the statewide rate, according to the State Department of Education.

(q) Data from the California Assessment of Student Performance and Progress shows that these students score consistently lower on state standardized tests. For instance, during the 2022–23 school year, about 47 percent of all students met or exceeded English or language arts standards, while only about 24 percent of migrant students met or exceeded English or language arts standards. Nearly 35 percent met or exceeded math standards, with about 15 percent of migrant students reaching that threshold.

SEC. 2. Division 118.5 (commencing with Section 150700) is added to the Health and Safety Code, to read:

DIVISION 118.5. VIRTUAL HEALTH HUB FOR RURAL COMMUNITIES PILOT PROGRAM

150700. There is the Virtual Health Hub for Rural Communities Pilot Program.

150701. The following definitions shall apply to this division:

(a) "Department" means the State Department of Public Health.

(b) "Program" means the Virtual Health Hub for Rural Communities Pilot Program established by this division.

(c) "Virtual health hub" means a vehicle or portable facility that is equipped with, at a minimum, computers, Wi-Fi, cubicles for virtual visits, and exam rooms for telemedicine.

150702. (a) The department shall administer the Virtual Health Hub Fund to expand access to health services for farmworkers in rural communities by providing virtual connections to health care providers, mental health services, and educational services to help improve health outcomes in underserved communities.

(b) The department shall distribute grants as described in Section 150704. The department shall provide technical assistance to the grant recipients with regard to any licensing or reporting requirements necessary to fulfill the obligations under Section 150705.

150703. (a) The Virtual Health Hub Fund is hereby created in the State Treasury.

(b) The department is authorized to administer this division with funding other than General Fund moneys, including gifts, donations, bequests, or grants of funds from private sources and public agencies, designated for any of the purposes of this division and deposited in the Virtual Health Hub Fund.

(c) This division shall be implemented only if all of the following conditions are met:

(1) No General Fund moneys are used for this division.

(2) The balance of the fund meets or exceeds two million dollars (\$2,000,000).

(3) The department posts a notice to its internet website stating the minimum fund balance has been met.

150704. (a) The department shall award grants to partnerships of two separate community-based organizations to establish and deploy virtual health hubs. However, the department may award both components of a virtual health hub to a single community-based organization if it determines that doing so is necessary to ensure program effectiveness, administrative efficiency, or adequate service coverage in a particular community or region.

(b) Grant recipients shall deploy virtual health hubs in two rural communities based on farmworker population and access to health care.

(c) The grant recipients shall make space available in or around virtual health hubs that can be used for visits by professionals, including, but not limited to, medical teams, educators, and volunteers, who bring additional programming onsite to rural farms.

(d) The grant recipients shall report the information outlined in subdivision (b) of Section 150705 to the department upon request and in the manner prescribed by the department.

150704.5. (a) In evaluating grant proposals pursuant to this division, the department shall give priority to community-based organizations that meet one or more of the following criteria:

(1) Provide farmworker communities with mental health support, cultural resources, educational tools, advocacy, immigration litigation support, food, or basic necessities.

(2) A history of serving communities that are medically underserved or face significant barriers to accessing health care, including, but not limited to, low-income populations, rural communities, immigrants, individuals with limited English proficiency,

or communities of color.

(3) Provide a benefit to farmworker communities in underserved areas as defined in Section 14076 of the Welfare and Institutions Code, to medically underserved populations determined under Sections 39711 and 39713, and vulnerable communities as defined in subdivision (d) of Section 71340 of the Public Resources Code.

(4) Are culturally and linguistically aligned with the populations served, including having multilingual staff, culturally competent service delivery models, or representation from the target community within leadership or governance structures.

(5) Have existing infrastructure, or a clearly defined plan to offer or facilitate virtual or telehealth services, including access to private consultation space, digital equipment, or partnerships with licensed providers.

(6) Have the capacity and willingness to collect and report deidentified, aggregate data as required by the department, including, but not limited to, age ranges, income brackets, race or ethnicity, language, and service type.

(7) Have demonstrated collaboration with local clinics, schools, hospitals, tribal health providers, or other public or private health entities to ensure effective referral systems and service integration.

(8) Operate or have operated within a health professional shortage area, medically underserved area, or other area designated by the department as high need.

(b) The department may assign a weighted scoring system to these criteria. To ensure transparency and equity in funding decisions, the department shall make public any application rubric or review process used to evaluate proposals.

150705. (a) Two years after the date the department posts to their internet website that the minimum fund requirement for program operation has been met pursuant to subdivision (c) of Section 150703, the department shall submit a report regarding the program to the Legislature.

(b) The report shall include information provided to the department by the grant recipients, including, but not limited to, all of the following:

(1) Age ranges of the people served.

(2) Household income brackets of the people served.

(3) Self-reported race and ethnicity of the people served, when available.

(4) Primary language spoken at home of the people served.

(5) ZIP Code or general geographic area served.

(6) Insurance status of the people served, including whether they have private insurance, are uninsured, or are covered by the Medi-Cal program.

(7) Number of individuals served, not including repeat users.

(8) Type of health services accessed, including, but not limited to, preventative, behavioral, and maternal health.

(9) General barriers to care, as identified by participants.

(c) The information shall contain only deidentified information and shall be reported only in aggregate form to ensure compliance with applicable privacy laws, including the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the California Confidentiality of Medical Information Act (CMIA).

(d) The department shall post the final report to its internet website.

(e) A report to be submitted pursuant to this section shall be submitted in compliance with Section 9795 of the Government Code.

150706. Unless subsequent legislation supersedes or modifies this division to extend the program, this division shall become inoperative if the fund balance has not been met by December 31, 2030.