L.A. Care
HEALTH PLAN
For All of L.A.

BOARD OF GOVERNORS

Executive Committee Meeting

September 27, 2023 • 2:00 PM

L.A. Care Health Plan

1055 W. 7th Street, Los Angeles, CA 90017

AGENDA
Executive Committee Meeting
Board of Governors

Wednesday, September 27, 2023, 2:00 P.M.
L.A. Care Health Plan, 1055 West 7th Street, Conference Room 1017-18
Los Angeles, CA 90017

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Members of the Committee, staff and the public can attend the meeting in person at the address listed above. Public comment can be made live and in person at the meeting. A form will be available at the meeting to submit public comment.

To listen to the meeting via videoconference please register by using the link below:
https://lacare.webex.com/lacare/j.php?MTID=mf1664834a4dca3f774c0d6f1dd83067d

To listen to the meeting via teleconference please dial: +1-213-306-3065
Meeting Number: 2485 217 2415 Password: lacare

For those not attending the meeting in person, public comments on Agenda items can be submitted in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420. Attendees who log on to lacare.webex using the URL above will be able to use "chat" during the meeting for public comment. You must be logged into WebEx to use the "chat" feature. The log in information is at the top of the meeting Agenda. The chat function will be available during the meeting so public comments can be made live and direct.

1. The "chat" will be available during the public comment periods before each item.
2. To use the "chat" during public comment periods, look at the bottom right of your screen for the icon that has the word, "chat" on it.
3. Click on the chat icon. It will open two small windows.
4. Select "Everyone" in the "To:" window,
5. The chat message must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.
6. Type your public comment in the box that says "Enter chat message here".
7. When you hit the enter key, your message is sent and everyone can see it.
8. L.A. Care staff will read the chat messages for up to three minutes during public comment so people who are on the phone can hear the comment.

You can also send your public comments by voicemail, email or text. If we receive your comments by 2:00 P.M. on September 27, 2023, it will be provided to the members of the Executive Committee in writing at the beginning of the meeting. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must include the name of the item to which your comment relates.

Once the meeting has started, public comment submitted in writing must be received before the agenda item is called by the Chair. If your public comment is not related to any of the agenda item topics, it will be read in the general public comment agenda item.

Please note that there may be delay in the digital transmittal of emails, texts and voicemail. The Chair will announce when public comment period is over for each item. If your public comments are not received on time for the specific agenda item you want to address, your public comments will be read at the public comment section prior to the board going to closed session.
The purpose of public comment is an opportunity for members of the public to inform the governing body about their views. The Executive Committee appreciates hearing the input as it considers the business on the Agenda. All public comments submitted will be read for up to 3 minutes during the

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meeting. The process for public comment is evolving and may change at future meetings. We thank you for your patience.

All votes in a teleconferenced meeting shall be conducted by roll call.

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (ADA) please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

Welcome — Alvaro Ballesteros, MBA, *Chair*

1. Approve today's Agenda — *Chair*
2. Public Comment *(Please read instructions above.)* — *Chair*
3. Approve August 23, 2023 meeting minutes p.6 — *Chair*
4. Chairperson's Report — *Chair*
5. Chief Executive Officer Report — John Baackes, *Chief Executive Officer*
   - Department of Managed Health Care Enforcement Matter Report p.16
   - Government Affairs Update p.17 — Cherie Compartore, *Senior Directors, Government Affairs*

Committee Issues

6. Housing & Homelessness Incentive Program Investment agreement with United Way of Greater Los Angeles (UWGLA) **(EXE 100)** p.67 — Karl Calhoun, *Director, Housing Initiatives*
7. Scout Exchange Contract Amendment **(EXE 101)** p.69 — Terry Brown, *Chief Human Resources Officer*
8. Amendments to L.A. Care Health Plan Retirement Benefit Plan **(EXE A)** p.70 — Terry Brown
9. Human Resources Policy HR 219 (Standards of Conduct) **(EXE B)** p.73 — Terry Brown
10. Funding for Workforce Development **(EXE 102)** p.81 — John Baackes, Wendy Schiffer, *Senior Director, Strategic Planning*
11. Approve the list of items that will be considered on a Consent Agenda for October 5, 2023 Board of Governors Meeting. — *Chair*
    - September 7, 2023 Board of Governors Retreat and Meeting Minutes
    - Housing & Homelessness Incentive Program Investment agreement with United Way of Greater Los Angeles (UWGLA)
    - Scout Exchange Contract Amendment
    - Language Line Solutions Contract Extension
    - TierPoint Contract to provide Disaster Recovery
    - Cognizant/Trizetto Technology Solutions, Infosys Ltd. and Solugenix Corporation Contract Amendment for Information Technology Staff Augmentation

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- NICE Systems, INC. to provide an Engage Quality Monitoring Cloud Based platform with Real-Time Authentication Contract
- EPlus Contract to provide Storage Service
- NetCentric Technologies, Inc. Contract Amendment
- Ntooitive Contract
- Ratify the re-election of Tara Ficek, MPH as Chairperson and Maryjane Puffer, BSN, MPA as Vice Chairperson of the Children's Health Consultant Advisory Committee
- Request L.A. Care make funds available to distribute to providers for the purchase of accessible exam tables

12. Public Comment on Closed Session Items *(Please read instructions above.)* *Chair*

ADJOURN TO CLOSED SESSION (Est. time: 60 mins.) *Chair*

13. CONTRACT RATES
Pursuant to Welfare and Institutions Code Section 14087.38(m)
- Plan Partner Rates
- Provider Rates
- DHCS Rates
- Plan Partner Services Agreement

14. REPORT INVOLVING TRADE SECRET
Pursuant to Welfare and Institutions Code Section 14087.38(n)
Discussion Concerning New Service, Program, Technology, Business Plan
Estimated date of public disclosure: *September 2025*

15. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:
Four Potential Cases

16. THREAT TO PUBLIC SERVICES OR FACILITIES
Government Code Section 54957
Consultation with: Thomas Mapp, Chief Compliance Officer, Serge Herrera, Privacy Director and Gene Magerr, Chief Information Security Officer

17. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
- Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680
- Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF

RECONVENE IN OPEN SESSION

ADJOURNMENT *Chair*

The next Executive Committee meeting is scheduled on <u>Wednesday, October 25, 2023 at 2:00 p.m.</u>

and may be conducted as a teleconference meeting.

The order of items appearing on the agenda may change during the meeting.

THE PUBLIC MAY SUBMIT COMMENTS TO THE EXECUTIVE COMMITTEE BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO BoardServices@lacare.org. Please follow additional instructions on the first page of this Agenda.

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Govt Code Section 54954.2 (a)(3) and Section 54954.3.

Last Saved 9/22/2023 9:30 AM

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NOTE: THE EXECUTIVE COMMITTEE CURRENTLY MEETS ON THE FOURTH TUESDAY OF MOST MONTHS AT 2:00 P.M. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT http://www.lacare.org/about-us/public-meetings/board-meetings **and by email request to** BoardServices@lacare.org

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at 1055 W. 7th Street, Los Angeles, CA, in the reception area in the main lobby or at http://www.lacare.org/about-us/public-meetings/board-meetings **and can be requested by email to** BoardServices@lacare.org**.**

An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats – i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care's Board Services Department at (213) 628 6420. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.

BOARD OF GOVERNORS
Executive Committee
Meeting Minutes – August 23, 2023
1055 West 7th Street, 10th Floor, Los Angeles, CA 90017

Members
Al Ballesteros, *Chairperson*
Ilan Shapiro MD, MBA, FAAP, FACHE, *Vice Chairperson*
Stephanie Booth, MD, *Treasurer*
John G. Raffoul, *Secretary*
Hilda Perez **

** Absent*
*** Via Teleconference*

Management/Staff
John Baackes, *Chief Executive Officer*
Sameer Amin, MD, *Chief Medical Officer*
Terry Brown, *Chief of Human Resources*
Augustavia Haydel, *General Counsel*
Jeff Ingram, *Deputy Chief Financial Officer*
Tom MacDougall, *Chief Technology & Information Officer*
Thomas Mapp, *Chief Compliance Officer*
Noah Paley, *Chief of Staff*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Alvaro Ballesteros, *Chairperson,* called to order the regular meetings of the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee regular meetings at 2:27 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings. • For those who provided public comment for this meeting by voice message or in writing, L.A. Care is glad that they provided input today. The Committee will hear their comments and the Committee also needs to finish the business on the Agenda today. • For people who have access to the internet, the meeting materials are available at the lacare.org website. If anyone needs information about how to locate the meeting materials, they can reach out to L.A. Care staff. • Information for public comment is on the Agenda available on the web site. Staff will read the comment received in writing from each person for up to three minutes. • Public comment will be heard before the Committee discusses an item. If the comment is not on a specific agenda item, it will be read at the general Public Comment. He provided information on how to submit a comment in-person, or using the "chat" feature.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVE MEETING AGENDA	The Agenda for today's meeting was approved.	**Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, Perez, Raffoul, and Shapiro)**
PUBLIC COMMENT	There were no public comments.	
APPROVE MEETING MINUTES	The minutes of the June 28, 2023 meeting were approved as submitted.	**Approved unanimously by roll call. 5 AYES**
CHAIRPERSON'S REPORT	There was no report from the Chairperson.	
CHIEF EXECUTIVE OFFICER REPORT	John Baackes, *Chief Executive Officer*, reported that L.A. Care now has two months' data for the eligibility redetermination for Medi-Cal. Approximately 40% of the redeterminations were completed automatically using information from existing databases. Approximately 18% did not complete the process, some of those beneficiaries will reapply and some may have moved outside of Los Angeles County. State officials are providing a dashboard with data about redeterminations. New enrollment (58,000) in L.A. Care's Medi-Cal product are nearly equal to the number of procedural disenrollment (57,000 in two months). L.A. Care continues working closely with the Los Angeles County Department of Public and Social Services. There is some concern around the state that some counties, other than Los Angeles, may be understaffed and unable to keep up with the redetermination process. L.A. Care will continue to carefully monitor the eligibility redetermination process.	
• Government Affairs Update	Cherie Compartore, *Senior Director, Government Affairs,* reported a lawsuit has been filed in the State of Florida by two consumer advocacy groups: a national health law program and the Florida Help Justice project. It alleges that beneficiaries did not receive proper notice of the Medicaid redetermination, the process was confusing for members, and the State did not go far enough in ensuring that the beneficiaries were still eligible for Medicaid. Florida contends proper 90-day notice was given and the beneficiaries were determined not eligible. The California Legislature is back in session and will hold appropriation committee hearings. Most of the bills were briefly presented this week and were placed in a	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	suspense file in appropriations. Some of these bills will die but some will make it to the next step. Proposition 63, the Mental Health Services Act, was enacted a few years ago to levy a 1% tax on personal income for $1 million or more, to fund substance abuse programs. The funds represent about 30% of the California's behavioral health system funding and most of the funds go directly to Counties for programs. SB 326, sponsored by Senator Susan Eggman, is making its way through the legislature and is proposing to provide more flexibility in the Prop 63 funding and reduce the amount that is provided to counties, with the funding to be used for other programs, such as housing for those with substance abuse issues. There is opposition from counties because of the reduction in funding for county programs by approximately $720 million. There were amendments to replace the funding along with proposals for other types of funding. There may be other amendments based on input from counties and children's advocacy groups. SB 326 works in tandem with AB 531, which would enact the Behavioral Health Infrastructure Bond Act to issue bonds of about $5 billion to fund the overhaul. It is anticipated it will pass and will be on the ballot in March 2024. The initiative is endorsed by the Governor. Both bills are expected to easily pass out of the Legislature. The Budget Committees for the California Assembly and the Senate will also hold hearings next week. A budget bill is expected along with 10-20 single subject budget trailer bills. L.A. Care staff will be seeking more information and will engage in the conversations where issues might affect L.A. Care. State Legislature will adjourn on September 14, 2023. L.A. Care Government Affairs staff will continue to monitor the status and engage legislative staff on legislation that may affect L.A. Care and is within the legislative priorities approved by the Board.	
COMMITTEE ISSUES		
Delegation of authority to L.A. Care Chief Executive Officer, John Baackes, to negotiate and make any substantive changes to	Augustavia Haydel, *General Counsel,* introduced a motion to authorize execution of a contract with the California Department of Health Care Services (DHCS). L.A. Care received amendment A40 from DHCS in July. This is the final version of draft amendment 2022-D. She introduced Nadia Grochowski, *Associate Counsel III Senior Director Health Care Legal Services*.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Amendment A40 to Contract 04-36069, between L.A. Care Health Plan and the California Department of Health Care Services **(EXE 100)**	Ms. Grochowski described the amendment containing technical changes as well as updates to the following: • Subcontract Network Certification • Updated Reporting Requirements • Community Health Care Workers Services • Cognitive Health, Behavioral Health services • Monthly Grievance and Appeals reporting • Asthma Preventive Services The due date for submission of the executed amendment to DHCS is September 11, 2023. Board Member Booth asked how this compares to other issues L.A. Care has had to enact regarding the importance for L.A. Care's patient care, reasonable cost, and the amount of work required in implementing the changes. She does not have a great understanding of what DHCS is asking, but it seems like a lot to ask health plans to do and maybe the benefits would not be that great. Noah Paley, *Chief of Staff,* addressed the subnetwork certification requirements, noting that L.A. Care is in process of configuring its current systems to comply with the requirements. All provider data management and network operations are working to that end. The provider target state initiative discussed by Tom MacDougall, *Chief Information Officer,* earlier today is designed to automate L.A. Care's ability to provide the subnetwork certifications and verifications that will be required by DHCS. Board Member Booth asked if there are requirements for physicians in all areas, in order to complete the provider network accessibility within distance and time guidelines. Mr. Paley responded that the subnetwork certification relates to the volume of members assigned, geographic accessibility, primary care provider capacity and the availability of core specialty care. **<u>Motion EXE 100.0923</u>** **To delegate authority to L.A. Care Chief Executive Officer, John Baackes, to negotiate and make any substantive changes to Amendment A40 to Contract 04-36069, between L.A. Care Health Plan and the California Department of Health Care Services, which may be made or negotiated by the Chief Executive Officer and/or his designees, and to execute Amendment A40.**	**Approved unanimously by roll call. 4 AYES (Ballesteros, Perez, Raffoul, and Shapiro), 1 NAY (Booth)** *The Committee approved including this motion on the Consent Agenda for the September 7, 2023 Board of Governors meeting.*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Housing & Homelessness Incentive Program Investment agreement with the Los Angeles County Department of Public Health **(EXE 101)**	Sameer Amin, *Chief Medical Officer,* introduced a motion regarding the Housing and Homelessness Incentive Program (HHIP) environmental investments. He asked Karl Calhoun, *Director, Housing Initiatives, Safety Net Initiatives*, to present the motion. Mr. Calhoun stated that with this HHIP investment, Los Angeles County Department of Public Health (DPH) will implement three initiatives: 1. Environmental assessments of encampments: Field-based street medicine services delivered to unsheltered people experiencing homelessness in their lived environments. The services will be coordinated with other homeless outreach and street medicine teams. 2. Disease control services for unsheltered people experiencing homelessness, such as environmental assessments of encampments to address unsanitary or safety issues that arise due to the condition of the encampment and the environment. 3. Medi-Cal redetermination and application assistance for people experiencing homelessness. Services will be delivered by adding staff to DPH Community Health Outreach Initiative grantees who will conduct field-based outreach and enrollment help for people experiencing homelessness. The cumulative funding request is $2.4 million from L.A. Care, with Health Net providing an additional 30% for a total of $3.4 million. The breakdown is $300,000 for the encampment assessment, $1.1 million for field and street medicine and approximately $1 million for redetermination. This was approved in the most recent budget for HHIP. These initiatives will enable L.A. Care to achieve points and eventually, funding, for the second measurement period for HHIP, which is completed on October 31, 2023. Board Member Booth commented that it sounds like a great use of funds. Board Member Shapiro agrees with Board Member Booth that this is the type of initiative and incentive needed in the community. He asked how long the program would run. Mr. Calhoun responded that the initiatives will last one to three years, with the environmental assessment of the shortest duration and the street outreach services for three years.	

<table>
<tr><th>AGENDA ITEM/PRESENTER</th><th>MOTIONS / MAJOR DISCUSSIONS</th><th>ACTION TAKEN</th></tr>
<tr><td></td><td><u>Motion EXE 101.0923</u>
To authorize staff to execute an HHIP investment agreement in the amount of up to $2,500,000 with the Los Angeles County Department of Public Health to perform field-based clinical services, Medi-Cal enrollment work and environmental assessments of homeless encampments for a twenty four month period.</td><td>Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, Perez, Raffoul, and Shapiro)
The Committee approved including this motion on the Consent Agenda for the September 7, 2023 Board of Governors meeting.</td></tr>
<tr><td>Human Resources Policies
(EXE A)</td><td>Terry Brown, Chief Human Resources Officer, summarized a motion to approve three policies with minor revisions and to retire one policy, to comply with changes to regulatory, legislative and judicial changes, and reflect changes in L.A. Care’s practices.
<table>
<tr><th>Policy Number</th><th>Policy</th><th>Section</th><th>Description of Modification</th></tr>
<tr><td>HR-103</td><td>Employee Assistance Program</td><td>Benefits</td><td>Updated and Review, clarify Eligible Employee Definition</td></tr>
<tr><td>HR-104</td><td>Employee Benefit General Statement</td><td>Benefits</td><td>Review, clarified temporary staff benefits and variable hour employees.</td></tr>
<tr><td>HR-109</td><td>Jury Duty and Witness Subpoenas</td><td>Benefits</td><td>Updated Reporting section to standard verbiage</td></tr>
<tr><td>HR-207</td><td>Employee Communications</td><td>Employee Relations</td><td>Retire policy, HR-209 Internal Organizational Communication Systems was recently approved BOG, replaced by policies HR 207 and COMM 203.</td></tr>
</table>
<u>Motion EXE A.0823</u>
To approve revisions to the Human Resources Policies as presented.</td><td>Approved unanimously by roll call. 5 AYES</td></tr>
</table>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Process for public comment at all meetings	Board Member Booth described that the intent is that the public have a better understanding of the rules for public comment. The input from public comment is definitely appreciated and is absolutely necessary. There are times when the rules are not followed and not enforced at public meetings. There are repetitive public comments at meetings which are not relevant to the topic on the Agenda. In the interest of respecting everyone's time, the rules should be enforced. At the last meeting, she raised this issue and subsequently, those making public comment tried very hard to follow the rules. There is respect for the rules. Chairperson Ballesteros suggested that more information could be provided to those who wish to make public comment. Members of the public who attend meetings wish to comment on topics that are important to them. L.A. Care should provide guidance on how their comments can be made during the meeting. He suggested that information also be provided to inform presiders at the meeting about how to set parameters when a meeting is significantly over the time frame. There is not a desire to limit public comment, but the timing for the meeting should be taken into consideration, with respect to everyone's time commitments. He suggested more information about how to keep the meetings on track. Board Member Raffoul noted that it is a balancing act in allowing leeway for public comment while conducting the meeting in a timely manner. He observed that a few people consume the time on most agenda items. He suggested working with individuals to help them understand the rules and focus their comments on the agenda items. Dr. Amin suggested helping members consolidate their comments within the rules. Chairperson Ballesteros asked that the recommendations be brought back for consideration. He asked if there is an opportunity for staff to assist members at the meetings. Board Member Shapiro noted there may be opportunities to help people with public comment so they can be heard and the messages are clearly communicated and are relevant to the agenda items. He suggested clear direction for the presider at the meeting and for those making public comment so that the time limit is clear for all. Board Member Raffoul agreed that some comments made have not been relevant to the agenda item, and those making public comment could be better informed about the rules. We value public feedback.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Chairperson Ballesteros expressed a desire to also get guidance from the consumer representatives. He directed staff to provide additional information. Board Member Booth noted that it will be helpful to remind those making public comments about the rules. Chairperson Ballesteros asked staff to provide more information and advise the best way to continue the review. Board Member Perez noted that she has advocated for some time for more staff for the Community Outreach & Engagement department (CO&E). If there is a need for staff to mentor members about public comment, more help is needed in that department. There may be many people attending future meetings to express their opinions about the changes being discussed for the advisory committee structure. Members have not had the time to digest all of the information that is being presented, and they will want their comments to be heard by the Board. Listening sessions are being held for advisory committee members by CO&E staff to inform members about the changes. There is a lot of information for them to understand. Members sometimes feel they are not being heard when they reach out with questions. She noted that it is the role of the Chairperson to guide people with comments that do not pertain to the agenda topic.	
Approve Consent Agenda	Approve the list of items that will be considered on a Consent Agenda for the September 7, 2023 Board of Governors Meeting. • July 27, 2023 Board of Governors Meeting Minutes • Delegation of authority to L.A. Care Chief Executive Officer, John Baackes, to negotiate and make any substantive changes to Amendment A40 to Contract 04-36069, between L.A. Care Health Plan and the California Department of Health Care Services • Housing and Homelessness Incentive Program (HHIP) investment agreement in the amount of up to $2,500,000 with the Los Angeles County Department of Public Health to perform field-based clinical services, Medi-Cal enrollment work and environmental assessments of homeless encampments for a twenty four month period. • Quarterly Investment Report • Consolidated Allocation of Funds for Non-Travel Meals and Catering & Other Expenses • ixLayer, Inc. Contract to provide at-home test kits to members for diabetes A1c tests, colorectal cancer screenings and kidney health evaluations	**Approved unanimously by roll call. 5 AYES**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Collective Medical Technologies Contract to provide Care & Utilization Optimization (Acute Care), Member Activity Visibility (Acute & SNF Encounters) and Post-Acute Care Management, Enhanced Care Management (ECM) with PAC Management • Provider Relations Advisory Committee Members • Provider Relations Advisory Committee Charter • Children's Health Consultant Advisory Committee Membership	
PUBLIC COMMENTS	There were no public comments.	
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Executive Committee meeting adjourned at 3:13 pm. Augustavia J. Haydel, Esq., *General Counsel* announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 3:13 pm. CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates • Plan Partner Services Agreement REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: *June 2025* CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act • L.A. Care Health Plan's Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable) CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF PUBLIC EMPLOYEE PERFORMANCE EVALUATION Pursuant to Section 54957 of the Ralph M. Brown Act Title: Chief Executive Officer CONFERENCE WITH LABOR NEGOTIATOR Pursuant to Section 54957.6 of the Ralph M. Brown Act Agency Designated Representative: Alvaro Ballesteros, MBA Unrepresented Employee: John Baackes	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 4:15 pm. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 4:16 pm.	

Respectfully submitted by:
Linda Merkens, *Senior Manager, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Victor Rodriguez, *Board Specialist II, Board Services*

APPROVED BY:

_____
Alvaro Ballesteros, MBA, *Board Chairperson*
Date: _____

LEGAL SERVICES

September 15, 2023

TO: L.A. Care Board of Governors

FROM: Augustavia Haydel, *General Counsel*
Nadia Grochowski, *Associate Counsel III*

SUBJECT: ***DMHC Enforcement Matter Report***

INTRODUCTION:

This report is provided for the Board's information. The Board has delegated authority to the CEO up to $250,000 under L.A. Care's policy LS-010 to settle threatened litigation matters, including DMHC Enforcement Matters, without Board approval. The policy does require the CEO to report the settlement to the Executive Committee and/or to the Board, but it could be either before or after the settlement. The settlement amounts listed below are within the CEO's delegated authority.

DMHC Enforcement Matter 22-697 (received 6/21/23)

- Allegation: Plan's delegate used inaccurate information to process the member's claims and thereby failed to properly process claims for service; in addition, the Plan failed to adequately consider and rectify the enrollee's grievance (enrollee is an L.A. Care Covered member).
- Violations: The Plan, through its capitated provider, improperly processed claims for service in connection with the enrollee's care. (Cal. Code Regs., tit. 28, § 1300.71, subd. (d)(1).) The Plan failed to adequately consider and rectify the enrollee's grievance. (Health & Safety Code §1368, subd. (a)(1).)
- Settlement Offer: $30,000 (no Corrective Action Plan required); Letter of Agreement has been partially executed.

Legislative Matrix 9.18.2023

Last Updated: September 18, 2023

Bills by Issue

2023 Legislation (53)

*** Please note that bills with the status of "enrolled" are at the Governor's desk awaiting his action.**

Bill Number	Status	Position
AB 85	**Enrolled**	**Monitor**

Title
Social determinants of health: screening and outreach.

Introduction Date: 2022-12-16

Description
AB 85, as amended, Weber. Social determinants of health: screening and outreach. (1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plans and health insurers to include coverage for screening for various conditions and circumstances, including adverse childhood experiences. Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, to include coverage for screenings for social determinants of health, as defined. The bill would require providers to use specified tools or protocols when documenting patient responses to questions asked in these screenings.The bill would require a health care service plan or health insurer to provide physicians who provide primary care services with adequate access to community health workers, peer support specialists, lay health workers, community health representatives, or social workers in counties where the health care service plan or health insurer has enrollees or insureds, as specified. The bill would authorize the respective departments to adopt guidance to implement its provisions. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.The bill would make social determinants of health screenings a covered benefit for Medi-Cal beneficiaries and would require the State Department of Health Care Services or a Medi-Cal managed care plan to provide reimbursement for those screenings, as specified.(2) Existing law establishes the Department of Health Care Access and Information, under the control of the Director of the Department of Health Care Access and Information, to administer programs relating to areas including health policy and planning.This bill would require the department to convene a working group, with specified membership, to determine standardized methods of data documentation to be used in recording social determinants of health screening responses, to create a standardized model and procedures for connecting patients with community resources, to assess the need for a centralized list of accredited community... (click bill link to see more).

Primary Sponsors
Akilah Weber

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:51 PM
California Association of Health Plans: Oppose

Bill Number
AB 102

Status
Enacted

Position
Monitor

Title
Budget Act of 2023.

Introduction Date: 2023-01-09

Description
AB 102, Ting. Budget Act of 2023. The Budget Act of 2023 made appropriations for the support of state government for the 2023–24 fiscal year.This bill would amend the Budget Act of 2023 by amending, adding, and repealing items of appropriation and making other changes.This bill would declare that it is to take effect immediately as a Budget Bill.

Primary Sponsors
Phil Ting

Bill Number
AB 103

Status
Enacted

Position
Monitor

Title
Budget Acts of 2021 and 2022.

Introduction Date: 2023-01-09

Description
AB 103, Ting. Budget Acts of 2021 and 2022. The Budget Act of 2021 and Budget Act of 2022 made appropriations for the support of state government for the 2021–22 and 2022–23 fiscal years. This bill would amend the Budget Act of 2021 and Budget Act of 2022 by amending and adding items of appropriation and making other changes. The bill would declare that it is to take effect immediately as a Budget Bill.

Primary Sponsors
Phil Ting

Bill Number	Status	Position
AB 112	**Enacted**	**Monitor**

Title
Distressed Hospital Loan Program.

Introduction Date: 2023-01-09

Description
AB 112, Committee on Budget. Distressed Hospital Loan Program. The California Health Facilities Financing Authority Act authorizes the California Health Facilities Financing Authority to, among other things, make loans from the continuously appropriated California Health Facilities Financing Authority Fund to participating health institutions, as defined, for financing or refinancing the acquisition, construction, or remodeling of health facilities.This bill would create the Distressed Hospital Loan Program, until January 1, 2032, for the purpose of providing loans to not-for-profit hospitals and public hospitals, as defined, in significant financial distress or to governmental entities representing a closed hospital to prevent the closure or facilitate the reopening of a closed hospital. The bill would require the Department of Health Care Access and Information to administer the program and would require the department to enter into an interagency agreement with the authority to implement the program. The bill would require the department, in collaboration with the State Department of Health Care Services, the Department of Managed Health Care, and the State Department of Public Health, to develop a methodology to evaluate an at-risk hospital's potential eligibility for state assistance from the program, as specified. The bill would require a hospital or a closed hospital to provide the authority and the department with financial information demonstrating the hospital's need for assistance due to financial hardship. The bill would additionally require that the department, in consultation with the authority, develop an application and approval process for loan forgiveness or modification of loan terms, as specified.This bill would create the Distressed Hospital Loan Program Fund, a continuously appropriated fund, for use by the department and the authority to administer the loan program, as specified. The bill would authorize both the authority and the department to recover administrative costs from the fund. The bill would authorize the Department of Finance to transfer funds from the General Fund to the Distressed Hospital Loan Program Fund between state fiscal years 2022–23 and 2023–24 to implement the bill, as specified. The bill would authorize the department and the authority to require any hospital receiving a loan under the program to provide the department and the authority with an independent financial audit of the hospital's operations for any fiscal year in which a loan is outstanding. The bill would abolish the fund on December 31, 2031, and would require any remaining balance, assets, liabilities, and encumbrances of the fund to revert to the General Fund. By creating a continuously appropriated fund, the ... (click bill link to see more).

Primary Sponsors
House Budget Committee

Bill Number	Status	Position
AB 118	**Enacted**	**Monitor**

Title
Budget Act of 2023: health.

Introduction Date: 2023-01-09

Description
AB 118, Committee on Budget. Budget Act of 2023: health.
(1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law requires a health care service plan to provide disclosures regarding the benefits, services, and terms of the plan contract, as specified, to provide the public, subscribers, and enrollees with a full and fair disclosure of the provisions of the plan.This bill would require the department to develop standard templates for the disclosure form and evidence of coverage, to include, among other things, standard definitions, benefit descriptions, and any other information that the director determines, consistent with the goals of providing fair disclosures of the provisions of a health care service plan. The bill would require the department to consult with the Department of Insurance and interested stakeholders in developing the standard templates. The bill would require health care service plans, beginning January 1, 2025, to use the standard templates for any disclosure form or evidence of coverage published or distributed, except as specified. Because a willful violation of these requirements is a crime, the bill would impose a state-mandated local program.This bill would authorize the department to develop standard templates for a schedule of benefits, an explanation of benefits, a cost-sharing summary, or any similar document. The bill would authorize the department to require health care service plans to use the standard templates, except as specified, and would authorize the director to require health care service plans to submit forms the health care service plan created based on the department's templates for the purpose of compliance review. The bill would additionally specify that the department may implement these provisions by issuing and modifying templates and all-plan letters or similar instructions, without taking regulatory action. The bill would also update cross-references in various provisions.
(2) Existing law requires a health care service plan contract or disability insurance policy to cover mental health and substance use disorder treatment, including medically necessary treatment of a mental health or substance use disorder provided by an in-network or out-of-network 988 center or mobile crisis team. Existing law prohibits a health care service plan or insurer from requiring prior authorization for medically necessary treatment of a mental health or substance use disorder provided by a 988 center or mobile crisis team.This bill would instead specify that mental health and substance use disorder trea... (click bill link to see more).

Primary Sponsors
House Budget Committee

Bill Number	Status	Position
AB 119	**Enacted**	**Monitor**

Title
Medi-Cal: managed care organization provider tax.

Introduction Date: 2023-01-09

Description
AB 119, Committee on Budget. Medi-Cal: managed care organization provider tax. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, one of the methods by which Medi-Cal services are provided is pursuant to contracts with various types of managed care plans.Existing law, inoperative on January 1, 2023, and to be repealed on January 1, 2024, imposed a managed care organization (MCO) provider tax, administered and assessed by the department, on licensed health care service plans and managed care plans contracted with the department to provide full-scope Medi-Cal services. Those provisions set forth taxing tiers and corresponding per enrollee tax amounts for the 2019–20, 2020–21, and 2021–22 fiscal years, and the first 6 months of the 2022–23 fiscal year. Under those provisions, all revenues, less refunds, derived from the tax were deposited into the State Treasury to the credit of the Health Care Services Special Fund, and continuously appropriated to the department for purposes of funding the nonfederal share of Medi-Cal managed care rates, as specified.Those inoperative provisions authorized the department, subject to certain conditions, to modify or make adjustments to any methodology, tax amount, taxing tier, or other provision relating to the MCO provider tax to the extent the department deemed necessary to meet federal requirements, to obtain or maintain federal approval, or to ensure federal financial participation was available or was not otherwise jeopardized. Those provisions required the department to request approval from the federal Centers for Medicare and Medicaid Services (CMS) as was necessary to implement those provisions.This bill would repeal those inoperative provisions. The bill would restructure the MCO provider tax, with certain modifications to the above-described provisions, including changes to the taxing tiers and tax amounts, for purposes of the tax periods of April 1, 2023, through December 31, 2023, and the 2024, 2025, and 2026 calendar years. The bill would create the Managed Care Enrollment Fund to replace the Health Care Services Special Fund. Under the bill, moneys deposited into the fund would, upon appropriation, be available to the department for the purpose of funding the following subcomponents to support the Medi-Cal program: (1) the nonfederal share of increased capitation payments to Medi-Cal managed care plans; (2) the nonfederal share of Medi-Cal managed care rates for health care services; and (3) transfers to the Medi-Cal Pro... (click bill link to see more).

Primary Sponsors
House Budget Committee

Bill Number	Status	Position
AB 120	**Enacted**	**Monitor**

Title
Human services.

Introduction Date: 2023-01-09

Description
AB 120, Committee on Budget. Human services. (1) Existing law, the California Community Care Facilities Act, provides for the licensing and regulation of community care facilities, including group home facilities, short-term residential therapeutic programs (STRTPs), and adult residential facilities (ARFs), by the State Department of Social Services. Under existing law, the department similarly regulates residential care facilities for the elderly. A violation of provisions relating to these facilities is a misdemeanor. Existing law requires administrators of these facilities, with specified exemptions, to complete a department-approved certification program, uniformly referred to as administrator certification training programs. Under existing law, these programs require a specified minimum number of hours, depending on the facility type, of classroom instruction that provides training on a uniform core of knowledge in specified areas. Existing law also requires administrator certificates to be renewed every 2 years, conditional upon the certificate holder submitting documentation of a specified number of hours of continuing education, based on the facility type. Existing law permits up to one-half of the required continuing education hours to be satisfied through online courses, and the remainder to be completed in a classroom instructional setting, as prescribed.This bill would revise those provisions by deleting the classroom instruction requirement for initial certification and continuing education purposes, and instead would require instruction that is conducive to learning and allows participants to simultaneously interact with each other as well as with the instructor. The bill would authorize up to one-half of continuing education hours to be satisfied through self-paced courses, rather than online courses. The bill would make various conforming changes.Existing law authorizes the department to license as ARFs, subject to specified conditions, adult residential facilities for persons with special health care needs (ARFPSHNs), which provide 24-hour services to up to 5 adults with developmental disabilities who have special health care and intensive support needs, as defined. Existing law requires the department to ensure that an ARFPSHN meets specified administrative requirements, including requirements related to fingerprinting and criminal records.This bill additionally would require an ARFPSHN to meet the administrator certification requirements of an ARF, including, but not limited to, completing a department-approved administrator certification training program requiring a designated minimum number of hours of instruction conducive to learning, in which participants are able to simultaneously interact wi... (click bill link to see more).

Primary Sponsors
House Budget Committee

Bill Number	Status	Position
AB 129	**Enacted**	**Monitor**

Title
Housing.

Introduction Date: 2023-01-09

Description
AB 129, Committee on Budget. Housing. (1) Existing law establishes the Department of Housing and Community Development (HCD) in the Business, Consumer Services, and Housing Agency for purposes of carrying out state housing policies and programs, and creates in HCD the California Housing Finance Agency.This bill would remove the California Housing Finance Agency from within HCD. This bill would continue the existence of the California Housing Finance Agency in the Business, Consumer Services, and Housing Agency.This bill would also make technical, conforming changes and would delete obsolete references.(2) Existing federal law authorizes the United States Secretary of Agriculture to extend financial assistance through multifamily housing direct loan and grant programs to serve very low, low-, and moderate-income households, including, among other programs, Section 515 Rural Rental Housing Loans, which are mortgages to provide affordable rental housing for very low, low-, and moderate-income families, elderly persons, and persons with disabilities.Existing law establishes a low-income housing tax credit program pursuant to which the California Tax Credit Allocation Committee provides procedures and requirements for the allocation, in modified conformity with federal law, of state insurance, personal income, and corporation tax credit amounts to qualified low-income housing projects that have been allocated, or qualify for, a federal low-income housing tax credit and farmworker housing. Existing law requires not less than 20% of the low-income housing tax credits available annually to be set aside for allocation to rural areas. Existing law defines “rural area” for purposes of the low-income housing tax credit program as an area, which, on January 1 of any calendar year, satisfies any number of certain criteria, including being eligible for financing under the Section 515 program, or successor program, of the United States Department of Agriculture Rural Development. This bill would expand the above-described criteria relating to Section 515 eligibility to instead include eligibility for financing under a multifamily housing program, as specified, or successor program, of the United States Department of Agriculture Rural Development. Existing law also includes in the definition of “rural area” an unincorporated area that adjoins a city having a population of 40,000 or less, provided that the city and its adjoining unincorporated area are not located within a census tract designated as an urbanized area by the United States Census Bureau.This bill would revise the definition of “rural area” to include an unincorporated area that adjoins a city having a population of 40,000 or less, provided that the unincorporated area i... (click bill link to see more).

Primary Sponsors
House Budget Committee

Bill Number	Status	Position
AB 254	**Enrolled**	**Monitor**

Title
Confidentiality of Medical Information Act: reproductive or sexual health application information.

Introduction Date: 2023-01-19

Description
AB 254, Bauer-Kahan. Confidentiality of Medical Information Act: reproductive or sexual health application information. The Confidentiality of Medical Information Act (CMIA) prohibits a provider of health care, a health care service plan, a contractor, or a corporation and its subsidiaries and affiliates from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as provided. The CMIA makes a business that offers software or hardware to consumers, including a mobile application or other related device that is designed to maintain medical information in order to make the information available to an individual or a provider of health care at the request of the individual or a provider of health care, for purposes of allowing the individual to manage the individual's information or for the diagnosis, treatment, or management of a medical condition of the individual, a provider of health care subject to the requirements of the CMIA. Existing law makes a violation of these provisions that results in economic loss or personal injury to a patient punishable as a misdemeanor.This bill would revise the definition of "medical information" to include reproductive or sexual health application information, which the bill would define to mean information about a consumer's reproductive or sexual health collected by a reproductive or sexual health digital service, as specified. The bill would make a business that offers a reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, a provider of health care subject to the requirements of the CMIA. Because the bill would expand the scope of a crime, it would impose a state-mandated local program.This bill would incorporate additional changes to Section 56.05 of the Civil Code proposed by AB 1697 to be operative only if this bill and AB 1697 are enacted and this bill is enacted last.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Rebecca Bauer-Kahan, Dawn Addis, Laura Friedman

Bill Number	Status	Position
AB 317	**Enrolled**	**Monitor**

Title
Pharmacist service coverage.

Introduction Date: 2023-01-26

Description
AB 317, as amended, Weber. Pharmacist service coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care under authority of the Director of the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes health care service plans and certain disability insurers, that offer coverage for a service that is within the scope of practice of a duly licensed pharmacist, to pay or reimburse the cost of the service performed by a pharmacist for the plan or insurer if the pharmacist otherwise provides services for the plan or insurer.This bill would instead require a health care service plan and certain disability insurers that offer coverage for a service that is within the scope of practice of a duly licensed pharmacist to pay or reimburse the cost of services performed by a pharmacist at an in-network pharmacy or by a pharmacist at an out-of-network pharmacy if the health care service plan or insurer has an out-of-network pharmacy benefit. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Akilah Weber

Bill Number	Status	Position
AB 352	**Enrolled**	**Monitor**

Title
Health information.

Introduction Date: 2023-01-31

Description
AB 352, as amended, Bauer-Kahan. Health information. Existing law, the Reproductive Privacy Act, provides that every individual possesses a fundamental right of privacy with respect to their personal reproductive decisions. Existing law prohibits the state from denying or interfering with a person's right to choose or obtain an abortion prior to viability of the fetus, or when the abortion is necessary to protect the life or health of the person.Existing law, the Confidentiality of Medical Information Act (CMIA), generally prohibits a provider of health care, a health care service plan, or a contractor from disclosing medical information regarding a patient, enrollee, or subscriber without first obtaining an authorization, unless a specified exception applies. The CMIA requires every provider of health care, health care service plan, pharmaceutical company, or contractor who, among other things, maintains or stores medical information to do so in a manner that preserves the confidentiality of the information contained therein. The CMIA also prohibits a provider of health care, a health care service plan, a contractor, or an employer from releasing medical information that would identify an individual or related to an individual seeking or obtaining an abortion in response to a subpoena or a request or to law enforcement if that subpoena, request, or the purpose of law enforcement for the medical information is based on, or for the purpose of enforcement of, either another state's laws that interfere with a person's rights to choose or obtain an abortion or a foreign penal civil action. Existing law makes a violation of the CMIA that results in economic loss or personal injury to a patient punishable as a misdemeanor.This bill would require specified businesses that electronically store or maintain medical information on the provision of sensitive services on behalf of a provider of health care, health care service plan, pharmaceutical company, contractor, or employer to develop capabilities, policies, and procedures, on or before July 1, 2024, to enable certain security features, including limiting user access privileges and segregating medical information related to gender affirming care, abortion and abortion-related services, and contraception, as specified. The bill would additionally prohibit a provider of health care, health care service plan, contractor, or employer from cooperating with any inquiry or investigation by, or from providing medical information to, an individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual or that is related to an individual seeking or obtaining an abortion or abortio... (click bill link to see more).

Primary Sponsors
Rebecca Bauer-Kahan

Bill Number	Status	Position
AB 425	**Enrolled**	**Monitor**

Title
Medi-Cal: pharmacogenomic testing.

Introduction Date: 2023-02-06

Description
AB 425, as amended, Alvarez. Medi-Cal: pharmacogenomic testing. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of covered benefits under the Medi-Cal program.This bill would, commencing on July 1, 2024, add pharmacogenomic testing as a covered benefit under Medi-Cal, as specified. The bill would define pharmacogenomic testing as laboratory genetic testing that includes, but is not limited to, a panel test, to identify how a person's genetics may impact the efficacy, toxicity, and safety of medications.The bill would condition implementation of this benefit coverage on receipt of any necessary federal approvals and the availability of federal financial participation. The bill would authorize the department to implement these provisions through all-county letters or similar instructions.The bill would also make related legislative findings.

Primary Sponsors
David Alvarez

Bill Number	Status	Position
AB 469	**Enrolled**	**Monitor**

Title
California Public Records Act Ombudsperson.

Introduction Date: 2023-02-06

Description
AB 469, as amended, Vince Fong. California Public Records Act Ombudsperson. The California Public Records Act requires state and local agencies to make their records available for public inspection, unless an exemption from disclosure applies. The act declares that access to information concerning the conduct of the people's business is a fundamental and necessary right of every person in this state.This bill would, subject to appropriation, establish the Office of the California Public Records Act Ombudsperson. The bill would require the Governor to appoint the ombudsperson subject to certain requirements. The bill would require the ombudsperson to receive and investigate requests for review, as defined, determine whether the denials of original requests, as defined, complied with the California Public Records Act, and issue written opinions of its determination, as provided. The bill would require the ombudsperson to create a process to that effect, and would authorize a member of the public to submit a request for review to the ombudsperson consistent with that process. The bill would require the ombudsperson, within 30 days from receipt of a request for review, to make a determination, as provided, and would require the state agency to provide the public record if the ombudsperson determines that it was improperly denied. The bill would require the ombudsperson to create a process through which a person whose information is contained in a record being reviewed may intervene to assert their privacy and confidentiality rights, and would otherwise require the ombudsperson to maintain the privacy and confidentiality of records, as provided. The bill would require the ombudsperson to report to the Legislature, on or before March 31, 2025, and annually thereafter, on, among other things, the number of requests for review the ombudsperson has received in the prior year.

Primary Sponsors
Vince Fong

Bill Number	Status	Position
AB 531	**Enrolled**	**Monitor**

Title
The Behavioral Health Infrastructure Bond Act of 2023.

Introduction Date: 2023-02-08

Description
AB 531, as amended, Irwin. The Behavioral Health Infrastructure Bond Act of 2023. Existing law establishes the Multifamily Housing Program administered by the Department of Housing and Community Development. Existing law requires assistance for projects under the program to be provided in the form of deferred payment loans to pay for eligible costs of specified types of development, as provided. Existing law requires that specified funds appropriated to provide housing for individuals and families who are experiencing homelessness or who are at risk of homelessness and who are inherently impacted by or at increased risk for medical diseases or conditions due to the COVID-19 pandemic or other communicable diseases be disbursed in accordance with the Multifamily Housing Program for specified uses.The California Environmental Quality Act (CEQA) requires a lead agency, as defined, to prepare, or cause to be prepared, and certify the completion of, an environmental impact report on a project that it proposes to carry out or approve that may have a significant effect on the environment or to adopt a negative declaration if it finds that the project will not have that effect. CEQA does not apply to the approval of ministerial projects. Existing law, until July 1, 2024, exempts from CEQA a project funded to provide housing for individuals and families who are experiencing homelessness, as described above, if certain requirements are satisfied, including if the project proponent obtains an enforceable commitment to use a skilled and trained workforce for any proposed rehabilitation, construction, or major alterations, as specified.This bill would provide that projects funded by the Behavioral Health Infrastructure Bond Act of 2024 that provide housing for individuals and families who are experiencing homelessness or who are at risk of homelessness and who are inherently impacted by or at increased risk for medical diseases or conditions due to the COVID-19 pandemic or other communicable diseases and are disbursed in accordance with the Multifamily Housing Program, or projects that are disbursed in accordance with the Behavioral Health Continuum Infrastructure Program, are a use by right and subject to the streamlined, ministerial review process. The bill would define use by right for these purposes to mean that the local government's review of the project does not require a conditional use permit, planned unit development permit, or other discretionary local government review or approval that would constitute a project subject to the approval process in CEQA.Because the bill would revise the approval process of specified projects, the bill would impose a state-mandated local program.Existing law authorizes the State Departmen... (click bill link to see more).

Primary Sponsors
Jacqui Irwin, Susan Eggman, Richard Roth

Bill Number	Status	Position
AB 557	**Enrolled**	**Monitor**

Title
Open meetings: local agencies: teleconferences.

Introduction Date: 2023-02-08

Description
AB 557, Hart. Open meetings: local agencies: teleconferences. (1) Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act contains specified provisions regarding providing for the ability of the public to observe and provide comment. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined.Existing law, until January 1, 2024, authorizes the legislative body of a local agency to use teleconferencing without complying with those specified teleconferencing requirements in specified circumstances when a declared state of emergency is in effect. Those circumstances are that (1) state or local officials have imposed or recommended measures to promote social distancing, (2) the legislative body is meeting for the purpose of determining whether, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees, or (3) the legislative body has previously made that determination. If there is a continuing state of emergency, or if state or local officials have imposed or recommended measures to promote social distancing, existing law requires a legislative body to make specified findings not later than 30 days after the first teleconferenced meeting, and to make those findings every 30 days thereafter, in order to continue to meet under these abbreviated teleconferencing procedures.Existing law requires a legislative body that holds a teleconferenced meeting under these abbreviated teleconferencing procedures to give notice of the meeting and post agendas, as described, to allow members of the public to access the meeting and address the legislative body, to give notice of the means by which members of the public may access the meeting and offer public comment, including an opportunity for all persons to attend via a call-in option or an internet-based service option. Existing law prohibits a legislative body that holds a teleconferenced meeting under th... (click bill link to see more).

Primary Sponsors
Gregg Hart

Bill Number	Status	Position
AB 576	**Enrolled**	**Monitor**

Title
Medi-Cal: reimbursement for abortion.

Introduction Date: 2023-02-08

Description
AB 576, Weber. Medi-Cal: reimbursement for abortion. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides that abortion is a covered benefit under Medi-Cal. Existing regulation authorizes reimbursement for specified medications used to terminate a pregnancy through the 70th day from the first day of the recipient's last menstrual period.This bill would require the department, by March 1, 2024, to review and update Medi-Cal coverage policies for medication abortion to align with current evidence-based clinical guidelines. After the initial review, the bill would require the department to update its Medi-Cal coverage policies for medication abortion as needed to align with evidence-based clinical guidelines.The bill would require the department to allow flexibility for providers to exercise their clinical judgment when services are performed in a manner that aligns with one or more evidence-based clinical guidelines.

Primary Sponsors
Akilah Weber

Bill Number	Status	Position
AB 608	**Enrolled**	**Monitor**

Title
Medi-Cal: comprehensive perinatal services.

Introduction Date: 2023-02-09

Description
AB 608, Schiavo. Medi-Cal: comprehensive perinatal services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including comprehensive perinatal services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, a pregnant individual or targeted low-income child who is eligible for, and is receiving, health care coverage under any of specified Medi-Cal programs is eligible for full-scope Medi-Cal benefits for the duration of the pregnancy and for a period of one year following the last day of the individual's pregnancy.This bill, during the one-year postpregnancy eligibility period, and as part of comprehensive perinatal services under Medi-Cal, would require the department to cover additional comprehensive perinatal assessments and individualized care plans and to provide additional visits and units of services in an amount, duration, and scope that are at least proportional to those available on July 27, 2021, during pregnancy and the initial 60-day postpregnancy period in effect on that date. The bill would require the department, in coordination with the State Department of Public Health, to consider input from certain stakeholders, as specified, in determining the specific number of additional comprehensive perinatal assessments, individualized care plans, visits, and units of services to be covered.The bill would require the department to cover comprehensive perinatal services that are rendered by a nonlicensed perinatal health worker in a beneficiary's home or other community setting away from a medical site, as specified. The bill would also require the department to allow a nonlicensed perinatal health worker rendering those services to be supervised by a community-based organization (CBO) or a local health jurisdiction (LHJ). For these purposes, the bill would require a CBO or LHJ supervising a nonlicensed perinatal health worker to provide those services under contract with a Comprehensive Perinatal Services Program provider.The bill would condition implementation of the provisions above on receipt of any necessary federal approvals and the availability of federal financial participation. The bill would authorize the department to implement these provisions by all-county letters or similar instructions until regulations are adopted.

Primary Sponsors
Pilar Schiavo, Joaquin Arambula, Sabrina Cervantes

Bill Number	Status	Position
AB 614	**Enrolled**	**Monitor**

Title
Medi-Cal.

Introduction Date: 2023-02-09

Description
AB 614, as amended, Wood. Medi-Cal. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.This bill would make a change to an obsolete reference to the former Healthy Families Program, whose health services for children have been transitioned to the Medi-Cal program. The bill would make a change to an obsolete reference to the former Access for Infants and Mothers Program and would revise a related provision to instead refer to the successor Medi-Cal Access Program. The bill would delete, within certain Medi-Cal provisions, obsolete references to a repealed provision relating to nonprofit hospital service plans.Existing law establishes, under Medi-Cal, the County Health Initiative Matching Fund, a program administered by the department, through which an applicant county, county agency, local initiative, or county organized health system that provides an intergovernmental transfer, as specified, is authorized to submit a proposal to the department for funding for the purpose of providing comprehensive health insurance coverage to certain children. The program is sometimes known as the County Children's Health Initiative Program (CCHIP).This bill would revise certain provisions to rename that program as CCHIP.Existing law requires the Director of Health Care Services to enter into contracts with managed care plans under Medi-Cal and related provisions, including health maintenance organizations, prepaid health plans, or other specified entities, for the provision of medical benefits to all persons who are eligible to receive medical benefits under publicly supported programs.This bill would delete that list of entities and would instead specify that the director would be required to enter into contracts with managed care plans licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975, except as otherwise authorized under the Medi-Cal program. The bill would require the director, prior to issuing a new request for proposal or entering into new contracts, to provide an opportunity for interested stakeholders to provide input to inform the development of contract provisions.The bill would also make technical changes to some of the provisions described above.

Primary Sponsors
Jim Wood

Bill Number	Status	Position
AB 620	**Enrolled**	**Monitor**

Title
Health care coverage for metabolic disorders.

Introduction Date: 2023-02-09

Description
AB 620, as amended, Connolly. Health care coverage for metabolic disorders. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers, including health insurers, by the Department of Insurance. Existing law requires a health care service plan contract and disability insurance policy that provides coverage for hospital, medical, or surgical expenses and is issued, amended, delivered, or renewed on and after July 1, 2000, to provide coverage for the testing and treatment of phenylketonuria, including coverage for the formulas and special food products that are part of a prescribed diet, as specified.This bill would require a health care service plan contract and disability insurance policy that provides coverage for hospital, medical, or surgical expenses and is issued, amended, delivered, or renewed on and after July 1, 2024, to provide coverage for formulas, as defined, for the treatment of other chronic digestive diseases and inherited metabolic disorders, as specified. The bill would specify that these provisions do not apply to Medi-Cal managed care plans to the extent that the services are excluded from coverage under the contract between the Medi-Cal managed care plan and the State Department of Health Care Services. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Damon Connolly

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:51 PM
California Association of Health Plans: Oppose

Bill Number	Status	Position
AB 632	**Enrolled**	**Monitor**

Title
Health care coverage: prostate cancer screening.

Introduction Date: 2023-02-09

Description
AB 632, Gipson. Health care coverage: prostate cancer screening. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires an individual and group health care service plan contract or health insurance policy to provide coverage for the screening and diagnosis of prostate cancer when medically necessary and consistent with good professional practice. Under existing law, the application of a deductible or copayment for those services is not prohibited.This bill would instead require that coverage when medically necessary and consistent with nationally recognized, evidence-based clinical guidelines. The bill would prohibit a health care service plan or a health insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, from applying a deductible, copayment, or coinsurance to coverage for prostate cancer screening services for an enrollee or insured who is at a high risk of prostate cancer, consistent with specified guidelines, and is either 55 years of age or older or 40 years of age or older and high risk, as determined by the attending or treating health care provider. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Mike Gipson

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:52 PM
California Association of Health Plans: Oppose

Bill Number	Status	Position
AB 659	**Enrolled**	**Monitor**

Title
Cancer Prevention Act.

Introduction Date: 2023-02-09

Description
AB 659, as amended, Aguiar-Curry. Cancer Prevention Act. Existing law prohibits the governing authority of a school or other institution from unconditionally admitting any person as a pupil of any private or public elementary or secondary school, childcare center, day nursery, nursery school, family daycare home, or development center, unless prior to their admission to that institution they have been fully immunized. Existing law requires the documentation of immunizations for certain diseases, including, among others, measles, mumps, pertussis, and any other disease deemed appropriate by the State Department of Public Health, as specified. Existing law authorizes certain exemptions from these provisions subject to specified conditions.This bill, the Cancer Prevention Act, would declare that pupils in the state are advised to adhere to current immunization guidelines, as recommended by specified health entities, regarding full human papillomavirus (HPV) immunization before admission or advancement to the 8th grade level of any private or public elementary or secondary school. The bill would, upon a pupil's admission or advancement to the 6th grade level, require the governing authority to submit to the pupil and their parent or guardian a notification containing a statement about that public policy and advising that the pupil adhere to current HPV immunization guidelines before admission or advancement to the 8th grade level, as specified. The bill would require that the notification also include a statement containing certain health information. The bill would incorporate that notification into existing provisions relating to notifications by school districts. By creating new notification duties for school districts, the bill would impose a state-mandated local program.Existing law requires the Trustees of the California State University and, subject to a resolution, the Regents of the University of California to require the first-time enrollees at those institutions who are 18 years of age or younger to provide proof of full immunization against the hepatitis B virus prior to enrollment, with certain exemptions.This bill would declare the public policy of the state that students who are 26 years of age or younger are advised to adhere to current immunization guidelines, as specified, regarding full HPV immunization before first-time enrollment at an institution of the California State University, the University of California, or the California Community Colleges. The bill would make a conforming change to a consultation-related provision.Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and... (click bill link to see more).

Primary Sponsors
Cecilia Aguiar-Curry

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:52 PM
California Association of Health Plans: Oppose

Bill Number	Status	Position
AB 663	**Enrolled**	**Monitor**

Title
Pharmacy: mobile units.

Introduction Date: 2023-02-09

Description
AB 663, as amended, Haney. Pharmacy: mobile units. Existing law, the Pharmacy Law, requires the California State Board of Pharmacy within the Department of Consumer Affairs to license and regulate the practice of pharmacy, including pharmacists, pharmacy technicians, and pharmacies. Existing law authorizes a county, city and county, or special hospital authority, as defined, to operate a mobile unit as an extension of a pharmacy license held by the county, city and county, or special hospital authority to provide prescription medication within its jurisdiction to specified individuals, including those individuals without fixed addresses. Existing law authorizes a mobile unit to dispense prescription medication pursuant to a valid prescription if the county, city and county, or special hospital authority meets prescribed requirements for licensure, staffing, and operations, including a prohibition on carrying or dispensing controlled substances.Existing law, the California Uniform Controlled Substances Act, classifies certain controlled substances into Schedules I to V, inclusive.This bill would instead authorize a county, city and county, or special hospital authority to operate one or more mobile units as an extension of a pharmacy license held by the county, city and county, or special hospital authority, as described above. The bill would require the pharmacist-in-charge to determine the number of mobile units that are appropriate for a particular pharmacy license. The bill would additionally authorize a mobile unit to provide prescription medication within its jurisdiction to city-and-county-operated housing facilities.This bill would exempt from the above-described prohibition on carrying or dispensing controlled substances Schedule III, Schedule IV, or Schedule V controlled substances approved by the United States Food and Drug Administration for the treatment of opioid use disorder. The bill would require any controlled substance for the treatment of opioid use disorder carried or dispensed in accordance with that exemption to be carried in reasonable quantities based on prescription volume and stored securely in the mobile pharmacy unit.Existing law requires a city, city and county, or special hospital authority, at least 30 days before commencing operation of a mobile unit, to notify the board of its intention to operate a mobile unit. Existing law further requires that the board be given notice at least 30 days before discontinuing operation of a mobile unit.This bill would instead require a county, city and county, or special hospital authority to notify the board of its intention to operate a mobile unit as soon as possible, and no later than 5 business days after commencing operation of a mobile unit. ... (click bill link to see more).

Primary Sponsors
Matt Haney

Bill Number	Status	Position
AB 712	**Enacted**	**Support**

Title
CalFresh: hot and prepared foods.

Introduction Date: 2023-02-13

Description
AB 712, Wendy Carrillo. CalFresh: hot and prepared foods. Existing law establishes various public social services programs, including, among others, the California Work Opportunity and Responsibility to Kids (CalWORKs) program, CalFresh, and the Medi-Cal program. Existing federal law provides for the federal Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county.This bill would require the State Department of Social Services to seek all available federal waivers and approvals to maximize food choices for CalFresh recipients, including hot and prepared foods ready for immediate consumption.

Primary Sponsors
Wendy Carrillo

Organizational Notes

Last edited by Joanne Campbell at Jun 6, 2023, 3:17 PM
California Association of Food Banks (co-sponsor), GRACE/End Child Poverty CA (co-sponsor)

Bill Number	Status	Position
AB 716	**Enrolled**	**Monitor**

Title
Ground medical transportation.

Introduction Date: 2023-02-13

Description
AB 716, Boerner. Ground medical transportation. Existing law creates the Emergency Medical Services Authority to coordinate various state activities concerning emergency medical services. Existing law requires the authority to report specified information, including reporting ambulance patient offload time twice per year to the Commission on Emergency Medical Services.This bill would require the authority to annually report the allowable maximum rates for ground ambulance transportation services in each county, including trending the rates by county, as specified.Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires that health care service plan contracts and health insurance policies provide coverage for certain services and treatments, including medical transportation services, and requires a policy or contract to provide for the direct reimbursement of a covered medical transportation services provider if the provider has not received payment from another source.This bill would delete that direct reimbursement requirement and would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2024, to require an enrollee or insured who receives covered services from a noncontracting ground ambulance provider to pay no more than the same cost-sharing amount that the enrollee or insured would pay for the same covered services received from a contracting ground ambulance provider. The bill would prohibit a noncontracting ground ambulance provider from sending to collections a higher amount, would limit the amount an enrollee or insured owes a noncontracting ground ambulance provider to no more than the in-network cost-sharing amount, and would prohibit a ground ambulance provider from billing an uninsured or self-pay patient more than the established payment by Medi-Cal or Medicare fee-for-service amount, whichever is greater. The bill would require a plan or insurer to directly reimburse a noncontracting ground ambulance provider for ground ambulance services the difference between the in-network cost-sharing amount and an amount described, as specified, unless it reaches another agreement with the noncontracting ground ambulance provider. Because a willful violation of the bill’s requirements relative to a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local ... (click bill link to see more).

Primary Sponsors
Tasha Boerner Horvath

Organizational Notes

Last edited by Joanne Campbell at Jul 14, 2023, 6:35 PM
California Association of Health Plans - Oppose

Bill Number	Status	Position
AB 719	**Enrolled**	**Monitor**

Title
Medi-Cal: nonmedical and nonemergency medical transportation.

Introduction Date: 2023-02-13

Description
AB 719, Boerner. Medi-Cal: nonmedical and nonemergency medical transportation. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program, including medical transportation and nonmedical transportation for a beneficiary to obtain covered Medi-Cal services. Existing law requires nonmedical transportation to be provided by the beneficiary's managed care plan or by the department for a Medi-Cal fee-for-service beneficiary.This bill would require the department to require Medi-Cal managed care plans that are contracted to provide nonmedical transportation or nonemergency medical transportation to contract with public paratransit service operators who are enrolled Medi-Cal providers for the purpose of establishing reimbursement rates for nonmedical and nonemergency medical transportation trips provided by a public paratransit service operator. The bill would require the rates reimbursed by the managed care plan to the public paratransit service operator to be based on the department's fee-for-service rates for nonmedical and nonemergency medical transportation service, as specified. The bill would condition implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation.

Primary Sponsors
Tasha Boerner Horvath

Organizational Notes

Last edited by Joanne Campbell at Jun 5, 2023, 8:55 PM
Local Health Plans of California, California Association of Health Plans: Oppose

Bill Number
AB 816

Status
Enrolled

Position
Monitor

Title
Minors: consent to medical care.

Introduction Date: 2023-02-13

Description
AB 816, Haney. Minors: consent to medical care. Existing law authorizes a minor who is 12 years of age or older to consent to medical care and counseling relating to the diagnosis and treatment of a drug- or alcohol-related problem. Existing law exempts replacement narcotic abuse treatment, as specified, from these provisions.This bill would authorize a minor who is 16 years of age or older to consent to replacement narcotic abuse treatment that uses buprenorphine at a physician's office, clinic, or health facility, by a licensed physician and surgeon or other health care provider, as specified, whether or not the minor also has the consent of their parent or guardian. The bill would authorize a minor 16 years of age or older to consent to any other medications for opioid use disorder from a licensed narcotic treatment program as replacement narcotic therapy without the consent of the minor's parent or guardian only if, and to the extent, expressly permitted by federal law.

Primary Sponsors
Matt Haney

Bill Number
AB 904

Status
Enrolled

Position
Monitor

Title
Health care coverage: doulas.

Introduction Date: 2023-02-14

Description
AB 904, as amended, Calderon. Health care coverage: doulas. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer to develop a maternal mental health program designed to promote quality and cost-effective outcomes. Existing law encourages a plan or insurer to include coverage for doulas.This bill would require a health care service plan or health insurer, on or before January 1, 2025, to develop a maternal and infant health equity program that addresses racial health disparities in maternal and infant health outcomes through the use of doulas. Under the bill, a Medi-Cal managed care plan would satisfy that requirement by providing coverage of doula services so long as doula services are a Medi-Cal covered benefit. The bill would require the Department of Managed Health Care, in consultation with the Department of insurance, to collect data and submit a report describing the doula coverage and the above-described programs to the Legislature by January 1, 2027. Because a willful violation of the provisions relative to health care service plans would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Lisa Calderon, Sabrina Cervantes

Bill Number	Status	Position
AB 907	**Enrolled**	**Monitor**

Title
Coverage for PANDAS and PANS.

Introduction Date: 2023-02-14

Description
AB 907, as amended, Lowenthal. Coverage for PANDAS and PANS. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law sets forth specified coverage requirements for health care service plan contracts and health insurance policies, and limits the copayment, coinsurance, deductible, and other cost sharing that may be imposed for specified health care services.This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, to provide coverage for the prophylaxis, diagnosis, and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) that is prescribed or ordered by the treating physician and surgeon. The bill would prohibit coverage for PANDAS and PANS from being subject to a copayment, coinsurance, deductible, or other cost sharing that is greater than that applied to other benefits. The bill would prohibit a plan or insurer from denying or delaying coverage for PANDAS or PANS therapies because the enrollee or insured previously received treatment for PANDAS or PANS or was diagnosed with or received treatment for the condition under a different diagnostic name. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Josh Lowenthal

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:54 PM
California Association of Health Plans: Oppose

Bill Number	Status	Position
AB 931	**Enrolled**	**Monitor**

Title
Prior authorization: physical therapy.

Introduction Date: 2023-02-14

Description
AB 931, Irwin. Prior authorization: physical therapy. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law sets forth specified prior authorization limitations for health care service plans and health insurers.This bill would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, that provides coverage for physical therapy from imposing prior authorization for the initial 12 treatment visits for a new episode of care for physical therapy. The bill would require a physical therapy provider to verify an enrollee's or an insured's coverage and disclose their share of the cost of care, as specified. The bill would require a physical therapy provider to obtain separate written consent for costs that may not be covered by the enrollee's or insured's plan contract or policy, that includes a written estimate of the cost of care for which the enrollee or insured is responsible if coverage is denied or otherwise not applicable. With respect to health care service plans, the bill would specify that its provisions do not apply to Medi-Cal managed care plan contracts. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Jacqui Irwin

Organizational Notes

Last edited by Joanne Campbell at Jun 6, 2023, 7:51 PM
California Association of Health Plans: Oppose Unless Amended

Bill Number	Status	Position
AB 948	**Enrolled**	**Monitor**

Title
Prescription drugs.

Introduction Date: 2023-02-14

Description
AB 948, Berman. Prescription drugs. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law prohibits the copayment, coinsurance, or any other form of cost sharing for a covered outpatient prescription drug for an individual prescription from exceeding $250 for a supply of up to 30 days, except as specified. Existing law requires a health care service plan contract or health insurance policy for a nongrandfathered individual or small group product that maintains a drug formulary grouped into tiers, and that includes a 4th tier, to define each tier of the drug formulary, as specified. Existing law defines Tier 4 to include, among others, drugs that are biologics. Existing law repeals these provisions on January 1, 2024.This bill would delete drugs that are biologics from the definition of Tier 4. The bill would require a health care service plan or a health insurer, if there is a generic equivalent to a brand name drug, to ensure that an enrollee or insured is subject to the lowest cost sharing that would be applied, whether or not both the generic equivalent and the brand name drug are on the formulary. The bill also would delete the January 1, 2024, repeal date of the above provisions, thus making them operative indefinitely. Because extension of the bill's requirements relative to health care service plans would extend the existence of a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Marc Berman, Scott Wiener

Bill Number	Status	Position
AB 952	**Enacted**	**Monitor**

Title
Dental coverage disclosures.

Introduction Date: 2023-02-14

Description
AB 952, Wood. Dental coverage disclosures. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law imposes specified coverage and disclosure requirements on health care service plans and health insurers, including specialized plans and insurers, that cover dental services.This bill would require a health care service plan or health insurer that issues, sells, renews, or offers a contract covering dental services, including a specialized health care service plan or specialized health insurer covering dental services, to disclose whether an enrollee's or insured's dental coverage is "State Regulated" through a provider portal, if available, or otherwise upon request, on or after January 1, 2025. The bill would require a plan or insurer to include the statement "State Regulated," if the enrollee's or insured's dental coverage is subject to regulation by the appropriate department, on an electronic or physical identification card, or both if available, for contracts covering dental services issued on or after January 1, 2025. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Jim Wood

Bill Number	Status	Position
AB 988	**Enrolled**	**Monitor**

Title
Miles Hall Lifeline and Suicide Prevention Act: veteran and military data reporting.

Introduction Date: 2023-02-15

Description
AB 988, as amended, Mathis. Miles Hall Lifeline and Suicide Prevention Act: veteran and military data reporting. Existing federal law, the National Suicide Hotline Designation Act of 2020, designates the 3-digit telephone number “988” as the universal number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operating through the 988 Suicide and Crisis Lifeline, maintained by the Assistant Secretary for Mental Health and Substance Use, and the Veterans Crisis Line, which is maintained by the Secretary of Veterans Affairs.Existing law creates a separate surcharge, beginning January 1, 2023, on each access line for each month, or part thereof, for which a service user subscribes with a service supplier. Existing law sets the 988 surcharge for the 2023 and 2024 calendar years at $0.08 per access line per month and beginning January 1, 2025, at an amount based on a specified formula not to exceed $0.30 per access line per month. Existing law authorizes the 911 and 988 surcharges to be combined into a single-line item, as described. Existing law provides for specified costs to be paid by the fees prior to distribution to the Office of Emergency Services.Existing law, the Miles Hall Lifeline and Suicide Prevention Act, creates the 988 State Suicide and Behavioral Health Crisis Services Fund and requires the fees to be deposited along with other specified moneys into the fund. Existing law provides that, upon appropriation by the Legislature, the funds be used for specified purposes and in accordance with specified priorities. Existing law requires the Office of Emergency Services to require an entity seeking moneys available through the fund to annually file an expenditure and outcomes report containing specified information, including, among other things, the number of individuals served and the outcomes for individuals served, if known.This bill would require an entity seeking moneys from the fund to also include the number of individuals who used the service and self-identified as veterans or active military personnel in its annual expenditure and outcomes report.

Primary Sponsors
Devon Mathis, Buffy Wicks

Bill Number	Status	Position
AB 1085	**Enrolled**	**Monitor**

Title
Medi-Cal: housing support services.

Introduction Date: 2023-02-15

Description
AB 1085, as amended, Maienschein. Medi-Cal: housing support services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law, subject to implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, authorizes a Medi-Cal managed care plan to elect to cover community supports approved by the department as cost effective and medically appropriate in a comprehensive risk contract that are in lieu of applicable Medi-Cal state plan services. Under existing law, community supports that the department is authorized to approve include, among other things, housing transition navigation services, housing deposits, and housing tenancy and sustaining services.Existing law, subject to an appropriation, requires the department to complete an independent analysis to determine whether network adequacy exists to obtain federal approval for a covered Medi-Cal benefit that provides housing support services. Existing law requires that the analysis take into consideration specified information, including the number of providers in relation to each region's or county's number of people experiencing homelessness. Existing law requires the department to report the outcomes of the analysis to the Legislature by January 1, 2024.This bill would delete the requirement for the department to complete that analysis, and instead would make housing support services for specified populations a covered Medi-Cal benefit when the department has begun a specified evaluation required under the CalAIM Waiver Special Terms and Conditions, and the Legislature has made an appropriation for purposes of the housing support services. The bill would require the department to seek federal approval for the housing support services benefit, as specified. Under the bill, subject to an appropriation by the Legislature, a Medi-Cal beneficiary would be eligible for those services if they either experience homelessness or are at risk of homelessness. Under the bill, the services would include housing transition and navigation services, housing deposits, and housing tenancy and sustaining services, as defined.The bill would authorize the department to implement, interpret, or make specific this section, in whole or in part, by means of all-county letters, plan letters, provider bulletins, information notices, or similar instruction, and to enter into exclusive or nonexclusive contracts, or amend existing contracts for its purposes, as specified. The bill would authorize these provisions to be modified by... (click bill link to see more).

Primary Sponsors
Brian Maienschein

Bill Number	Status	Position
AB 1202	**Enrolled**	**Monitor**

Title
Medi-Cal: health care services data: children and pregnant or postpartum persons.

Introduction Date: 2023-02-16

Description
AB 1202, as amended, Lackey. Medi-Cal: health care services data: children and pregnant or postpartum persons. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various health care delivery systems, including managed care pursuant to Medi-Cal managed care plan contracts. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law establishes, until January 1, 2026, certain time or distance and appointment time standards for specified Medi-Cal managed care covered services, consistent with federal regulations relating to network adequacy standards, to ensure that those services are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner, as specified. Existing law sets forth various limits on the number of miles or minutes from the enrollee's place of residence, depending on the type of service or specialty and, in some cases, on the county.This bill would require the department, no later than January 1, 2025, to prepare and submit a report to the Legislature that includes certain information, including an analysis of the adequacy of each Medi-Cal managed care plan's network for pediatric primary care, including the number and geographic distribution of providers and the plan's compliance with the above-described time or distance and appointment time standards.Under the bill, the report would also include data, disaggregated as specified, on the number of children and pregnant or postpartum persons who are Medi-Cal beneficiaries receiving certain health care services during the 2021–22, 2022–23, and 2023–24 fiscal years. The report would also include additional information regarding the department's efforts to improve access to pediatric preventive care, as specified. The bill would require that the report be made publicly available through its posting on the department's internet website.The bill would repeal these reporting provisions on January 1, 2029.

Primary Sponsors
Tom Lackey

Bill Number	Status	Position
AB 1241	**Enacted**	**Monitor**

Title
Medi-Cal: telehealth.

Introduction Date: 2023-02-16

Description
AB 1241, Weber. Medi-Cal: telehealth. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Under existing law, in-person, face-to-face contact is not required when covered health care services are provided by video synchronous interaction, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when those services and settings meet certain criteria.Existing law requires a provider furnishing services through video synchronous interaction or audio-only synchronous interaction, by a date set by the department, no sooner than January 1, 2024, to also either offer those services via in-person contact or arrange for a referral to, and a facilitation of, in-person care, as specified.This bill would instead require, under the above-described circumstance, a provider to maintain and follow protocols to either offer those services via in-person contact or arrange for a referral to, and a facilitation of, in-person care. The bill would specify that the referral and facilitation arrangement would not require a provider to schedule an appointment with a different provider on behalf of a patient.

Primary Sponsors
Akilah Weber

Bill Number	Status	Position
AB 1288	**Enrolled**	**Monitor**

Title
Health care coverage: Medication-assisted treatment.

Introduction Date: 2023-02-16

Description
AB 1288, Rendon. Health care coverage: Medication-assisted treatment. Existing law, the Knox–Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes health care service plans and health insurers that cover prescription drugs to utilize reasonable medical management practices, including prior authorization and step therapy, consistent with applicable law. This bill would prohibit a medical service plan and a health insurer from subjecting a naloxone product, or another opioid antagonist approved by the United States Food and Drug Administration, a buprenorphine product, methadone, or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder to prior authorization or step therapy. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Anthony Rendon

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:56 PM
California Association of Health Plans: Oppose

Bill Number	Status	Position
AB 1437	**Enrolled**	**Monitor**

Title
Medi-Cal: serious mental illness.

Introduction Date: 2023-02-17

Description
AB 1437, Irwin. Medi-Cal: serious mental illness. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law sets forth a schedule of benefits under the Medi-Cal program, including specialty and nonspecialty mental health services through different delivery systems, in certain cases subject to utilization controls, such as prior authorization. Under existing law, prior authorization is approval of a specified service in advance of the rendering of that service based upon a determination of medical necessity. Existing law sets forth various provisions relating to processing, or appealing the decision of, treatment authorization requests, and provisions relating to certain services requiring or not requiring a treatment authorization request.After a determination of cost benefit, existing law requires the Director of Health Care Services to modify or eliminate the requirement of prior authorization as a control for treatment, supplies, or equipment that costs less than $100, except for prescribed drugs, as specified.Under this bill, a prescription refill for a drug for serious mental illness would automatically be approved for a period of 365 days after the initial prescription is dispensed.The bill would condition the above-described provisions on the prescription being for a person 18 years of age or over, and on the person not being within the transition jurisdiction of the juvenile court, as specified.

Primary Sponsors
Jacqui Irwin, Sharon Quirk-Silva

Bill Number	Status	Position
AB 1451	**Enrolled**	**Monitor**

Title
Urgent and emergency mental health and substance use disorder treatment.

Introduction Date: 2023-02-17

Description
AB 1451, Jackson. Urgent and emergency mental health and substance use disorder treatment. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer that provides hospital, medical, or surgical coverage shall provide coverage for medically necessary treatment of mental health and substance use disorders, under the same terms and conditions applied to other medical conditions, as specified. Existing law also includes requirements for timely access to care, including mental health services, including a requirement that a health care service plan or health insurer provide or arrange for the provision of covered health care services in a timely manner appropriate for the nature of the enrollee's or insured's condition consistent with good professional practice.This bill would require a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, to provide coverage for treatment of urgent and emergency mental health and substance use disorders. The bill would require the treatment to be provided without preauthorization, and to be reimbursed in a timely manner, pursuant to specified provisions. The bill's provisions would only be implemented upon appropriation by the Legislature for administrative costs of the departments. The bill would clarify that it would not relieve a health plan or insurer of existing obligations, as specified. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Corey Jackson

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:56 PM
California Association of Health Plans: Oppose

Bill Number	Status	Position
AB 1470	**Enrolled**	**Monitor**

Title
Medi-Cal: behavioral health services: documentation standards.

Introduction Date: 2023-02-17

Description
AB 1470, as amended, Quirk-Silva. Medi-Cal: behavioral health services: documentation standards. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including behavioral health services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes the California Advancing and Innovating Medi-Cal (CalAIM) initiative, subject to receipt of any necessary federal approvals and the availability of federal financial participation, in order to, among other things, improve quality outcomes and reduce health disparities.The bill, as part of CalAIM, and with respect to behavioral health services provided under the Medi-Cal program, would require the department to standardize data elements relating to documentation requirements, including, but not limited to, medically necessary criteria, and would require the department to develop standard forms containing information necessary to properly adjudicate claims pursuant to CalAIM Terms and Conditions. The bill would require the department to consult with representatives of specified associations and programs for purposes of implementing these provisions.The bill would require the department to conduct, on or before July 1, 2025, regional trainings for personnel and provider networks of applicable entities, including county mental health plans, Medi-Cal managed care plans, and entities within the fee-for-service delivery system, on proper completion of the standard forms. The bill would require each applicable entity to distribute the training material and standard forms to its provider networks, and to commence, no later than July 1, 2025, using the standard forms. The bill would require providers of applicable entities to use those forms, as specified. The bill would authorize the department to restrict the imposition of additional documentation requirements beyond those included on standard forms, as specified.The bill would require the department to conduct an analysis on the status of utilization of the standard forms by applicable entities, and on the status of the trainings and training material, in order to determine the effectiveness of implementation of the above-described provisions. The bill would require the department to prepare a report containing findings from the analysis no later than July 1, 2026, and a followup report no later than July 1, 2028, and to submit each report to the Legislature and post it on the department's internet website.

Primary Sponsors
Sharon Quirk-Silva

Bill Number	Status	Position
AB 1645	**Enrolled**	**Monitor**

Title
Health care coverage: cost sharing.

Introduction Date: 2023-02-17

Description
AB 1645, as amended, Zbur. Health care coverage: cost sharing. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a group or individual nongrandfathered health care service plan contract or health insurance policy to provide coverage for, and prohibits a contract or policy from imposing cost-sharing requirements for, specified preventive care services and screenings.This bill would prohibit a group or individual health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, from imposing a cost-sharing requirement for office visits for the above-described preventive care services and screenings and for items or services that are integral to their provision. The bill would prohibit large group contracts and policies issued, amended, or renewed on or after January 1, 2024, and an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, from imposing a cost-sharing requirement, utilization review, or other specified limits on a recommended sexually transmitted infections screening, and from imposing a cost-sharing requirement for any items and services integral to a sexually transmitted infections screening, as specified. The bill would require a plan or insurer to directly reimburse a nonparticipating provider or facility of sexually transmitted infections screening that meets specified criteria for screening tests and integral items and services rendered, as specified, and would prohibit a nonparticipating provider from billing or collecting a cost-sharing amount for a sexually transmitted infections screening from an enrollee or insured. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Rick Zbur

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:57 PM
California Association of Health Plans: Oppose

Bill Number	Status	Position
SB 90	**Enrolled**	**Monitor**

Title
Health care coverage: insulin affordability.

Introduction Date: 2023-01-17

Description
SB 90, Wiener. Health care coverage: insulin affordability. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or disability insurance policy issued, amended, delivered, or renewed on or after January 1, 2000, that covers prescription benefits to include coverage for insulin if it is determined to be medically necessary.This bill would prohibit a health care service plan contract or a disability insurance policy, as specified, issued, amended, delivered, or renewed on or after January 1, 2024, or a contract or policy offered in the individual or small group market on or after January 1, 2025, from imposing a copayment, coinsurance, deductible, or other out-of-pocket expense of more than $35 for a 30-day supply of an insulin prescription drug, and would prohibit a high deductible health plan from imposing a deductible, coinsurance, or other cost sharing on an insulin prescription drug, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Scott Wiener

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:58 PM
California Association of Health Plans: Oppose

Bill Number	Status	Position
SB 257	**Enrolled**	**Monitor**

Title
Health care coverage: diagnostic imaging.

Introduction Date: 2023-01-30

Description
SB 257, Portantino. Health care coverage: diagnostic imaging. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract issued, amended, delivered, or renewed on or after January 1, 2000, or an individual or group policy of disability insurance or self-insured employee welfare benefit plan to provide coverage for mammography for screening or diagnostic purposes upon referral by specified professionals. Under existing law, mammography performed pursuant to those requirements or that meets the current recommendations of the United States Preventive Services Task Force is provided to an enrollee or an insured without cost sharing.This bill would require a health care service plan contract, a policy of health insurance that provides hospital, medical, or surgical coverage, or a self-insured employee welfare benefit plan issued, amended, or renewed on or after January 1, 2025, to provide coverage without imposing cost sharing for, among other things, screening mammography and medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result and for an enrollee or insured indicated to have a risk factor associated with breast cancer, except as specified.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Anthony Portantino

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:58 PM
California Association of Health Plans: Oppose

Bill Number	Status	Position
SB 311	**Enrolled**	**Support**

Title
Medi-Cal: Part A buy-in.

Introduction Date: 2023-02-06

Description
SB 311, Eggman. Medi-Cal: Part A buy-in. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department, to the extent required by federal law, for Medi-Cal recipients who are qualified Medicare beneficiaries, to pay the Medicare premiums, deductibles, and coinsurance for certain elderly and disabled persons. Existing federal law authorizes states to pay for Medicare benefits for specified enrollees pursuant to either a buy-in agreement to directly enroll and pay premiums or a group payer arrangement to pay premiums.This bill would require the department to enter into a Medicare Part A buy-in agreement, as defined, for qualified Medicare beneficiaries with the federal Centers for Medicare and Medicaid Services by submitting a state plan amendment. Under the bill, the buy-in agreement would be effective on January 1, 2025, or the date the department communicates to the Department of Finance in writing that systems have been programmed for implementation of these provisions, whichever date is later.The bill would authorize the department to implement these provisions through all-county letters or similar instructions until regulations are adopted. Under the bill, these provisions would be implemented only to the extent that any necessary federal approvals are obtained and that federal financial participation is available and is not otherwise jeopardized.To the extent that the bill would increase duties for counties, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors
Susan Eggman

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 6:24 PM
Local Health Plans of California: Support L.A. Care: Support

Bill Number	Status	Position
SB 326	**Enrolled**	**Monitor**

Title
The Behavioral Health Services Act.

Introduction Date: 2023-02-07

Description
SB 326, as amended, Eggman. The Behavioral Health Services Act. (1) Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services. Existing law authorizes the MHSA to be amended by a 2/3 vote of the Legislature if the amendments are consistent with and further the intent of the MHSA. Existing law authorizes the Legislature to add provisions to clarify procedures and terms of the MHSA by majority vote.If approved by the voters at the March 5, 2024, statewide primary election, this bill would recast the MHSA by, among other things, renaming it the Behavioral Health Services Act (BHSA), expanding it to include treatment of substance use disorders, changing the county planning process, and expanding services for which counties and the state can use funds. The bill would revise the distribution of MHSA moneys, including allocating up to $36,000,000 to the department for behavioral health workforce funding. The bill would authorize the department to require a county to implement specific evidence-based practices.This bill would require a county, for behavioral health services eligible for reimbursement pursuant to the federal Social Security Act, to submit the claims for reimbursement to the State Department of Health Care Services (the department) under specific circumstances. The bill would require counties to pursue reimbursement through various channels and would authorize the counties to report issues with managed care plans and insurers to the Department of Managed Health Care or the Department of Insurance.The MHSA establishes the Mental Health Services Oversight and Accountability Commission and requires it to adopt regulations for programs and expenditures for innovative programs and prevention and early intervention programs established by the act. Existing law requires counties to develop plans for innovative programs funded under the MHSA.This bill would rename the commission the Behavioral Health Services Oversight and Accountability Commission and would change the composition and duties of the commission, as specified. The bill would delete the provisions relating to innovative programs and instead would require the counties to establish and administer a program to provide housing interventions. The bill would provide that “low rent housing project,” as defined, does not apply to a project that meets specified criteria.This bill would make extensive technical and conforming changes.(2) Existing law, the Bronzan-McCorquodale Act, contains provisions governing the operation and financing of community mental health servi... (click bill link to see more).

Primary Sponsors
Susan Eggman

Bill Number	Status	Position
SB 348	**Enrolled**	**Support**

Title
Pupil meals.

Introduction Date: 2023-02-08

Description
SB 348, Skinner. Pupil meals. (1) Existing law establishes a system of public elementary and secondary schools in this state. This system is composed of local educational agencies throughout the state that provide instruction to pupils in kindergarten and grades 1 to 12, inclusive, at schoolsites operated by these agencies. Existing law, commencing with the 2022–23 school year, requires each school district and county superintendent of schools maintaining kindergarten or any of grades 1 to 12, inclusive, and each charter school to provide 2 nutritiously adequate school meals free of charge during each schoolday, regardless of the length of the schoolday, to any pupil who requests a meal without consideration of the pupil's eligibility for a federally funded free or reduced-price meal, as specified, with a maximum of one free meal for each meal service period. Existing law requires the department to develop and maintain nutrition guidelines for school lunches and breakfasts, and for all food and beverages sold on public school campuses. Existing law requires a school district, county superintendent of schools, or charter school to provide each needy pupil with one nutritionally adequate free or reduced-price meal during each schoolday, except as provided.This bill would revise and recast provisions regarding school meals for needy pupils by, among other things, instead requiring each school district, county superintendent of schools, and charter school to make available a nutritionally adequate breakfast, as defined, and a nutritionally adequate lunch, as defined, free of charge during each schoolday, as defined, to any pupil who requests a meal, without consideration of the pupil's eligibility for a federally funded free or reduced-price meal, as provided. The bill would require each school district, county office of education, or charter school that offers independent study to meet the above meal requirements for any pupil on any schoolday that the pupil is scheduled for educational activities, as provided. The bill would require the State Department of Education to submit a waiver request to the United States Department of Agriculture to allow for one meal to be provided during a schoolday lasting 4 hours or less to be served in a noncongregate manner. The bill would authorize each school district, county superintendent of schools, and charter school to make available either a nutritionally adequate breakfast or a nutritionally adequate lunch, as defined, in a noncongregate manner, as provided, if the State Department of Education receives approval for the federal noncongregate waiver. The bill would require each school district, county superintendent of schools, and charter school to provide pupils with adequate time ... (click bill link to see more).

Primary Sponsors
Nancy Skinner

Organizational Notes

Last edited by Joanne Campbell at Apr 17, 2023, 3:56 PM
L.A. Care, Local Health Plans of California: Support

Bill Number
SB 496

Status
Enrolled

Position
Monitor

Title
Biomarker testing.

Introduction Date: 2023-02-14

Description
SB 496, as amended, Limón. Biomarker testing. (1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act) provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after July 1, 2000, to provide coverage for all generally medically accepted cancer screening tests, and prohibits that contract or policy issued, amended, delivered, or renewed on or after July 1, 2022, from requiring prior authorization for biomarker testing for certain enrollees or insureds. Existing law applies the provisions relating to biomarker testing to Medi-Cal managed care plans, as prescribed.This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2024, to provide coverage for medically necessary biomarker testing, as prescribed, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition to guide treatment decisions, as prescribed. The bill would specify that it does not require a health care service plan or health insurer to cover biomarker testing for screening purposes unless otherwise required by law. The bill would subject restricted or denied use of biomarker testing for the purpose of diagnosis, treatment, or ongoing monitoring of a medical condition to state and federal grievance and appeal processes. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.(2) Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law includes Rapid Whole Genome Sequencing as a covered benefit for any Medi-Cal beneficiary who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit.Subject to the extent that federal financial participation is available and not otherwise jeopardized, and any necessary federal approvals have been obtained, this bill, by July 1, 2024, would expand the Medi-Cal schedule of benefits to include biomarker testing, as prescribed, for the purposes of diagnosis, treatment, appropriate man... (click bill link to see more).

Primary Sponsors
Monique Limon

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 6:00 PM
California Association of Health Plans: Oppose

Bill Number
SB 502

Status
Enrolled

Position
Monitor

Title
Medi-Cal: children: mobile optometric office.

Introduction Date: 2023-02-14

Description
SB 502, Allen. Medi-Cal: children: mobile optometric office. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions, with specified coverage for eligible children and pregnant persons funded by the federal Children's Health Insurance Program (CHIP). Existing federal law authorizes a state to provide services under CHIP through a Medicaid expansion program, a separate program, or a combination program.Existing federal CHIP provisions require federal payment to a state with an approved child health plan for expenditures for health services initiatives (HSI) under the plan for improving the health of children, as specified. As part of limitations on expenditures not used for Medicaid or health insurance assistance, existing federal law, with exceptions, prohibits the amount of payment that may be made for a fiscal year for HSI expenditures and other certain costs from exceeding 10% of the total amount of CHIP expenditures, as specified.Pursuant to existing state law, the department established a 3-year pilot program, from 2015 through 2017, in the County of Los Angeles that enabled school districts to allow students enrolled in Medi-Cal managed care plans to receive vision care services at the schoolsite through the use of a mobile vision service provider, limited to vision examinations and providing eyeglasses.Existing law authorizes an applicant or provider that meets the requirements to qualify as a mobile optometric office to be enrolled in the Medi-Cal program as either a mobile optometric office or within any other provider category for which the applicant or provider qualifies. Existing law defines "mobile optometric office" as a trailer, van, or other means of transportation in which the practice of optometry is performed and which is not affiliated with an approved optometry school in the state. Under existing law, the ownership and operation of a mobile optometric office is limited to a nonprofit or charitable organization, as specified, with the owner and operator registering with the California State Board of Optometry.This bill would require the department to file all necessary state plan amendments to exercise the HSI option made available under CHIP provisions to cover vision services provided to low-income children statewide through a mobile optometric office, as specified.The bill would condition implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation. Under the bill, the federal financial particip... (click bill link to see more).

Primary Sponsors
Ben Allen

Bill Number
SB 525

Status
Enrolled

Position
Monitor

Title
Minimum wages: health care workers.

Introduction Date: 2023-02-14

Description
SB 525, as amended, Durazo. Minimum wages: health care workers. Existing law generally requires the minimum wage for all industries to not be less than specified amounts to be increased until it is $15 per hour commencing January 1, 2022, for employers employing 26 or more employees and commencing January 1, 2023, for employers employing 25 or fewer employees. Existing law makes a violation of minimum wage requirements a misdemeanor. This bill would establish 3 separate minimum wage schedules for covered health care employees, as defined, depending on the nature of the employer.This bill would require, for any covered health care facility employer, as defined, with 10,000 or more full-time equivalent employees (FTEE), as defined, any covered health care facility employer that is a part of an integrated health care delivery system or a health care system with 10,000 or more FTEEs, a covered health care facility employer that is a dialysis clinic, or a covered health facility owned, affiliated, or operated by a county with a population of more than 5,000,000 as of January 1, 2023, the minimum wage for covered health care employees to be $23 per hour from June 1, 2024, to May 31, 2025, inclusive, $24 per hour from June 1, 2025, to May 31, 2026, inclusive, and $25 per hour from June 1, 2026, and until as adjusted as specified.This bill would require, for any hospital that is a hospital with a high governmental payor mix, an independent hospital with an elevated governmental payor mix, a rural independent covered health care facility, or a covered health care facility that is owned, affiliated, or operated by a county with a population of less than 250,000 as of January 12, 2023, as those terms are defined, the minimum wage for covered health care employees to be $18 per hour from June 1, 2024, to May 31, 2033, inclusive, and $25 per hour from June 1, 2033, and until as adjusted as specified.This bill would require, for specified clinics that meet certain requirements, the minimum wage for covered health care employees to be $21 per hour from June 1, 2024, to May 31, 2026, inclusive, and $22 per hour from June 1, 2026, to May 31, 2027, inclusive, and $25 from June 1, 2027, and until as adjusted as specified.This bill would require, for all other covered health care facility employers, the minimum wage for covered health care employees to be $21 per hour from June 1, 2024, to May 31, 2026, inclusive, $23 per hour from June 1, 2026, to May 31, 2028, inclusive, and $25 per hour from June 1, 2028, and until as adjusted as specified. This bill would provide that a covered health care facility that is county owned, affiliated, or operated must implement the appropriate minimum wage schedule described above, as applicable, begin... (click bill link to see more).

Primary Sponsors
Maria Durazo

Bill Number
SB 582

Status
Enrolled

Position
Monitor

Title
Health information.

Introduction Date: 2023-02-15

Description
SB 582, as amended, Becker. Health information. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plans and health insurers to establish and maintain specified application programming interfaces (API), including patient access API, to facilitate patient and provider access to health information and for the benefit of enrollees, insureds, and contracted providers. Existing law authorizes the departments to require a plan or insurer to establish and maintain specified API, including provider access API.This bill would instead require the departments to require the plans and insurers to establish and maintain these specified API. The bill would exclude from the requirements of these provisions dental or vision benefits offered by a plan or insurer, including a specialized plan or insurer. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.Existing law establishes the California Health and Human Services Agency (CHHSA), which includes departments charged with administration of health, social, and human services. Existing law establishes the California Health and Human Services Data Exchange Framework that includes a single data sharing agreement and common set of policies and procedures that govern and require the exchange of health information among health care entities and government agencies in California. Existing law requires specified entities to execute the framework data sharing agreement on or before January 31, 2023. This bill would, contingent on the stakeholder advisory group developing standards for including EHR vendors, as defined, require EHR vendors to execute the framework data sharing agreement. The bill would require any fees charged by an EHR vendor to enable compliance with the framework to comply with specified federal regulations and to be sufficient to include the cost of enabling the collection and sharing of all data required, as specified. The bill would authorize CHHSA to establish administrative oversight and enforcement authority, including fines, if fees charged by EHR vendors to specified entities are not in compliance with federal standards.Existing law generally allows a health care professional to disclose test results electronically if requested by the patient. Existing law prohibits disclosing the results of a positive HIV test, test showing the presence of antigens indicating a h... (click bill link to see more).

Primary Sponsors
Josh Becker

Bill Number
SB 621

Status
Enrolled

Position
Monitor

Title
Health care coverage: biosimilar drugs.

Introduction Date: 2023-02-15

Description
SB 621, Caballero. Health care coverage: biosimilar drugs. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes a health care service plan or health insurer that provides coverage for prescription drugs to require step therapy if there is more than one drug that is clinically appropriate for the treatment of a medical condition, but requires a plan or insurer to expeditiously grant a step therapy exception request if specified criteria are met. Existing law does not prohibit a plan, insurer, or utilization review organization from requiring an enrollee or insured to try an AB-rated generic equivalent or interchangeable biological product before providing coverage for the equivalent branded prescription drug.This bill would specify that a plan, insurer, or utilization review organization is also not prohibited from requiring an enrollee or insured to try a biosimilar before providing coverage for the equivalent branded prescription drug, but that the requirement to try biosimilar, generic, and interchangeable drugs does not prohibit or supersede a step therapy exception request.

Primary Sponsors
Anna Caballero

Bill Number
SB 694

Status
Enrolled

Position
Monitor

Title
Medi-Cal: self-measured blood pressure devices and services.

Introduction Date: 2023-02-16

Description
SB 694, Eggman. Medi-Cal: self-measured blood pressure devices and services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law sets forth a schedule of benefits under the Medi-Cal program, including pharmacy benefits (Medi-Cal Rx) and durable medical equipment. The department announced that, effective June 1, 2022, personal home blood pressure monitoring devices, and blood pressure cuffs for use with those devices, are a covered benefit under Medi-Cal Rx as a pharmacy-billed item.This bill would make self-measured blood pressure (SMBP) devices and SMBP services, as defined, covered benefits under the Medi-Cal program subject to utilization controls, as specified. The bill would state the intent of the Legislature that those covered devices and services be no less in scope than the devices and services that are recognized under specified existing billing codes or their successors. The bill would condition implementation of that coverage on receipt of any necessary federal approvals and the availability of federal financial participation.

Primary Sponsors
Susan Eggman

Bill Number
SB 770

Status
Enrolled

Position
Monitor

Title
Health care: unified health care financing.

Introduction Date: 2023-02-17

Description
SB 770, as amended, Wiener. Health care: unified health care financing. Prior state law established the Healthy California for All Commission for the purpose of developing a plan towards the goal of achieving a health care delivery system in California that provides coverage and access through a unified health care financing system for all Californians, including, among other options, a single-payer financing system.This bill would direct the Secretary of the California Health and Human Services Agency to research, develop, and pursue discussions of a waiver framework in consultation with the federal government with the objective of a health care system that incorporates specified features and objectives, including, among others, a comprehensive package of medical, behavioral health, pharmaceutical, dental, and vision benefits, and the absence of cost sharing for essential services and treatments. The bill would further require the secretary to engage specified stakeholders to provide input on topics related to discussions with the federal government and key design issues, as specified. The bill would require the secretary, no later than January 1, 2025, to provide an interim report to specified committees of the Legislature and propose statutory language to the chairs of those committees authorizing the development and submission of applications to the federal government for waivers necessary to implement a unified health care financing system. The bill would require the secretary, no later than June 1, 2025, to complete drafting the waiver framework, make the draft available to the public on the agency's internet website, and hold a 45-day public comment period thereafter. The bill would require the secretary, no later than November 1, 2025, to provide the Legislature and the Governor with a report that communicates the finalized waiver framework, as specified, and sets forth the specific elements to be included in a formal waiver application to establish a unified health care financing system, as specified. The bill would also include findings and declarations of the Legislature related to the implementation of a unified health care financing system.

Primary Sponsors
Scott Wiener, Mike McGuire

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 6:17 PM
California Association of Health Plans: Oppose

Bill Number
HR 3068

Status
In House

Position
Support

Title
Equal Health Care for All Act

Introduction Date: 2023-05-02

Primary Sponsors
Adam Schiff

Board of Governors
MOTION SUMMARY

Date: September 27, 2023 **Motion No. EXE 100.1023**

Committee: Executive **Chairperson:** Alvaro Ballesteros, MBA

Submitting Department: Safety Net Initiatives

Issue: Execute a Housing & Homelessness Incentive Program Investment agreement with the Los Angeles County Department of Public Health (DPH). DPH shall provide field-based clinical services for people experiencing homelessness, an environment health homeless encampment assessment program, and Medi-Call enrollment and redetermination assistance for people experiencing homelessness.

☒ **New Contract** ☐ **Amendment** ☐ **Sole Source** ☐ **RFP/RFQ was conducted in** <<year>>

Background: As of 2022, L.A. Care opted to participate in the Department of Health Care Services (DHCS) Housing and Homelessness Incentive Program (HHIP), which has two overarching goals:

1. Ensuring that Managed Care Plans (MCPs) have the necessary capacity and partnerships to connect their members to needed housing services; and
2. Reducing and preventing homelessness.

HHIP is a MCP incentive program through which MCPs may earn incentive funds for improving health outcomes and access to whole person care services by addressing homelessness and housing insecurity as social drivers of health and health disparities. The HHIP rewards MCPs for developing the necessary capacity and partnerships to connect their members to needed housing services and taking active steps to reduce and prevent homelessness.

In order to align with HHIP goals and to help meet HHIP metrics and thus draw down funds, L.A. Care staff requests approval to execute a contract with Los Angeles County Department of Public Health (DPH) from October 1, 2023 through September 30, 2025 of up to $2,500,000. This investment represents 70% of the costs and will be jointly funded with Health Net for the remaining 30%.

With this HHIP investment, DPH will implement three initiatives:

1. Field-based street medicine services delivered to unsheltered people experiencing homelessness in their lived environments. These services will be coordinated with other homeless outreach and street medicine teams.
2. Disease control services for unsheltered people experiencing homelessness, such as environmental assessments of encampments to address unsanitary or safety issues that arise due to the condition of the encampment and the environment.
3. Medi-Call redetermination and application assistance for people experiencing homelessness. Services will be delivered by adding staff to DPH's Community Health Outreach Initiative grantees who will conduct field-based outreach and enrollment help for people experiencing homelessness.

L.A. Care selected DPH because of their experience and position to quickly build capacity and coordinate the required services for vulnerable communities throughout Los Angeles. L.A. Care did not

conduct a request for proposal for this vendor because of their experience and required timing for making the HHIP investment in order to meet DHCS goals within the current reporting period (January 1, 2023 – October 31, 2023) and earn future HHIP funding.

Member Impact: L.A Care members will benefit from this motion as it will help increase access to street medicine services, reduce the risk of unsanitary conditions for unsheltered members experiencing homelessness, and provide Medi-Cal redetermination assistance help for members experiencing homelessness.

Budget Impact: The cost was anticipated and included in the approved budget for the Housing and Homeless Incentive Program and will use HHIP funds already received by L.A. Care.

Motion: **To authorize staff to execute an Housing & Homelessness Incentive Program (HHIP) Investment Agreement in the amount of up to $2,500,000 with the Los Angeles County Department of Public Health to perform field-based clinical services, Medi-Cal enrollment work and environmental assessments of homeless encampments for the period of October 1, 2023 to September 30, 2025.**

Board of Governors
MOTION SUMMARY

Date: September 27, 2023 **Motion No. EXE 101.1023**

Committee: Executive **Chairperson:** Alvaro Ballesteros, MBA

Requesting Department: Human Resources

Issue: Execute Amendment VI to the contract with Scout Exchange providing contingent worker vendor management services.

☐ **New Contract** ☒ **Amendment** ☐ **Sole Source** ☐ **RFP/RFQ was conducted**

Background: L.A. Care staff requests approval to execute Amendment VI to the contract with Scout Exchange adding $15,000,000 to the maximum compensation.

Scout provides L.A. Care with software to assist in the management of contingent workers. Using Scout streamlines the contingent workforce management process, including timecards, staffing requests, and vendor management.

We request approval to extend the contract through September 30, 2024 with an additional $15,000,000 (for a total cost not to exceed $63,464,908).

Budget Impact: The cost was anticipated and included in the approved 2024 fiscal year budget for Human Resources and Information Technology.

Motion: To authorize staff to increase the spend of the existing purchase order, by an additional amount of $15,000,000 not to exceed a total spend of $63,464,908 with Scout Exchange for contingent worker vendor management services rendered through the end of the contract term on September 30, 2024.

Board of Governors
MOTION SUMMARY

Date: September 27, 2023 **Motion No. EXE A.0923**

Committee: Executive **Chairperson:** Alvaro Ballesteros, MBA

Requesting Department: Human Resources

Issue: Retirement Benefit Plan

☐ **New Contract** ☐ **Amendment** ☐ **Sole Source** ☐ **RFP/RFQ was conducted**

Background: L.A. Care maintains the L.A. Care Health Plan Retirement Benefit Plan (the Plan), a qualified defined contribution money purchase pension plan, for the benefit of its eligible employees and their beneficiaries. The Plan was most recently restated effective January 1, 2020.

Currently, the Plan requires eligible employees to complete one year of service in order to become eligible to participate in the additional employer non-elective contribution equal to 3.5% of compensation and the employer matching contribution equal to 100% of the participant's elective contributions to the Deferred Compensation Plan up to 4% of Compensation.

In order to better attract qualified employees, staff proposes to amend the Plan to eliminate the one-year-of-service requirement for eligibility to participate in the additional employer non-elective contribution and employer matching contribution.

This motion seeks approval by the Executive Committee to review and, if it decides to do so, approve the future costs of, and approve an amendment to the Plan to allow for, that change.

Member Impact: None

Budget Impact: The actuarial firm of Milliman has provided a detailed analysis of the cost impact to the Board.

Motion: **To approve the future costs of the elimination of the one-year-of-service requirement to participate in the additional employer non-elective contribution and employer matching contribution under the L.A. Care Health Plan Retirement Benefit Plan and authorize any necessary or appropriate actions to implement its decision, and to express a preference that if it decides to do so, then it consider the following actions:**

1. **Approve the amendment of the L.A. Care Health Plan Retirement Plan to eliminate the one-year-of-service requirement for eligibility to participate in the additional employer non-elective contribution and employer matching contribution.**
2. **Authorize and direct the Chief Executive Officer to execute the amendment to the Plan to eliminate that requirement and take all other actions necessary or appropriate to implement the foregoing resolutions.**

SECOND AMENDMENT
TO THE
L.A. CARE HEALTH PLAN RETIREMENT BENEFIT PLAN

WHEREAS, L.A. Care Health Plan (the "Employer") maintains the L.A. Care Health Plan Retirement Benefit Plan (the "Plan"); and

WHEREAS, the Plan was most recently restated effective January 1, 2020; and

WHEREAS, Section 11.1 of the Plan authorizes the Executive Committee or the Board of Governors ("Board") to amend the Plan; and

WHEREAS, the Board wishes to amend the Plan to eliminate the one year of service requirement for eligibility to participate in employer matching contributions and additional nonelective contributions.

NOW THEREFORE, the L.A. Care Health Plan Retirement Benefit Plan is hereby amended, effective January 1, 2024 as follows:

1. Section 2.10 of the Plan is amended to read as follows:

2.10 [Reserved.]

2. Section 3.1(c) of the Plan is amended to read as follows:

(c) Matching Contributions and Additional Nonelective Contributions. Effective January 1, 2024 ("Effective Date"), each Employee will become a Participant for purposes of Matching Contributions and Additional Nonelective Contributions as follows. Each Eligible Employee on the Effective Date who was a Participant on the preceding day will remain a Participant on the Effective Date. Each Eligible Employee on the Effective Date who was not a Participant on the preceding day, will become a Participant on the Effective Date. Each other Employee will become a Participant on the date he or she becomes an Eligible Employee.

3. Section 3.3 of the Plan is amended to read as follows:

3.3 Reemployment.

A Participant who has a Severance From Employment will, upon reemployment with the Employer as an Eligible Employee, again become a Participant with respect to each type of contribution for which he or she is an Eligible Employee.

An Eligible Employee who has a Severance From Service with the Employer, and who is subsequently reemployed by the Employer as an Eligible Employee and resumes participation in the Plan is considered a new member of the Plan for purposes of determining whether his or her employment is covered under the Old Age, Survivors, and Disability Insurance portion of Social Security upon reemployment.

4. Section 4.1 of the Plan is amended to read as follows:

4.1 [Reserved.]

5. Section 4.9 of the Plan is amended to read as follows:

4.9 Leased Employees.

Despite any contrary Plan provision, an Employee's Vesting Service will include service performed for the Employer pursuant to an agreement between the Employer and a leasing organization for more than 30 calendar days before he or she became an Employee. For this purpose, the Employee's Employment Commencement Date will be adjusted to reflect inclusion of such period of service in the Employee's Vesting Service.

IN WITNESS WHEREOF, this Second Amendment to the L.A. Care Health Plan Retirement Benefit Plan is adopted by L.A. Care Health Plan on the date set forth below.

L.A. CARE HEALTH PLAN

By: _____
Alvaro Ballesteros, MBA
Chairperson, Board of Governors

Date: _____

Board of Governors
MOTION SUMMARY

Date: September 27, 2023

Motion No. EXE B.0923

Committee: Executive

Chairperson: Alvaro Ballesteros, MBA

Requesting Department: Human Resources

Issue: Approve revision to Human Resources Policy & Procedure HR-219 Standards of Conduct.

☐ **New Contract** ☐ **Amendment** ☐ **Sole Source** ☐ **RFP/RFQ was conducted**

Background: L.A. Care Health Plan (L.A. Care) requires order, focus, discipline and rigor to succeed as an organization. Professionalism, productivity, and cooperation are required from all employees. The standards of conduct outlined in HR-219 help achieve the professionalism and discipline the L.A. Care requires. This revision updates the language pertaining to alcohol and substance use.

Member Impact: None

Budget Impact: Minimal

Motion: **To approve the Human Resources Policy & Procedure HR-219 Standard of Conducts, as presented.**

	STANDARDS OF EMPLOYEE CONDUCT	HR-219
DEPARTMENT	HUMAN RESOURCES	
Supersedes Policy Number(s)		

DATES					
Effective Date	4/1/2006	Review Date	8/21/2023~~4/3/2018~~8/20/2020	Next Annual Review Date	8/21/20244/30/2021
Legal Review Date	3/12/2018	Committee Review Date	3/28/2018		

LINES OF BUSINESS

☐ Cal MediConnect ☐ L.A. Care Covered ☐ L.A. Care Covered Direct ☐ MCLA
☐ PASC-SEIU Plan ☒ Internal Operations

DELEGATED ENTITIES / EXTERNAL APPLICABILITY

☐ PP – Mandated ☐ PP – Non-Mandated ☐ PPGs/IPA ☐ Hospitals
☐ Specialty Health Plans ☐ Directly Contracted Providers ☐ Ancillaries ☐ Other External Entities

ACCOUNTABILITY MATRIX

ATTACHMENTS

ELECTRONICALLY APPROVED BY THE FOLLOWING		
	OFFICER	**DIRECTOR**
NAME	Terry Brown	Jyl Russell~~Ruben Simental~~Ruben ~~Simental~~Jyl Russell
DEPARTMENT	Human Resources	Human Resources ~~Human Resources~~
TITLE	Chief Human Resources Officer	~~Senior~~ ~~Director, Human Resources Business Support Services~~Director, ~~Human Resources Business Support Services~~ Senior Director, Business Supp Svcs, Learning Experience and Organizational Excellence

AUTHORITIES
➢ HR-501, "Executive Committee of the Board: HR Roles and Responsibilities" ➢ California Welfare & Institutions Code §14087.9605

REFERENCES

HISTORY	
REVISION DATE	**DESCRIPTION OF REVISIONS**
12/04/2009	Revision
04/01/2014	Review
01/25/2017	Revision
~~3/28~~04/03/2018	Intranet conduct added
808/20/2020	Review~~Reveiw~~Review
8/21/2023	Review, The language pertaining to alcohol consumption has been changed

DEFINITIONS
~~Please visit the L.A. Care intranet for a comprehensive list of definitions used in policies: http://insidelac/ourtoolsandresources/departmentpoliciesandprocedures~~

1.0 OVERVIEW:

1.1 L.A. Care Health Plan (L.A. Care) requires order, focus, discipline and rigor to succeed as an organization. Professionalism, productivity, and cooperation are required from all employees. Observance of these standards of conduct are expected on L.A. Care property, or while on L.A. Care business, regardless of location.

L.A. Care reserves the right to issue disciplinary action, up to and including immediate termination of employment for employees who engage or act in a manner that is inconsistent with this policy. This policy is not intended to replace other policies or procedures, or to replace the Employee Handbook, which may separately describe expected levels of employee conduct, job performance and workplace standards, but rather to provide a partial list of potential actions in violation of the organization's Standards of Employee Conduct. This policy is not all inclusive and there may be other circumstances for which employees may be disciplined, up to and including termination.

2.0 DEFINITIONS:

Whenever a word or term appears capitalized in this policy and procedure, the reader should refer to the "Definitions" below.

2.1 N/A

3.0 POLICY:

3.1 It is not possible to provide an exhaustive list of actions that may lead to disciplinary action, up to and including termination of employment; however, the following is a **partial** list of actions considered to be in violation of the Standards of Employee Conduct.

3.1.1 Conduct that violates L.A. Care's policies on ~~Unlawful~~ discrimination, sexual harassment, bullying or other ~~unlawful~~ harassment, whether verbal, physical or visual.

3.1.2 Acts of ~~unlawful~~ discrimination against employees, consultants or members due to medical condition (including physical and mental illness), claims experience, receipt of healthcare, medical history, genetic information, evidence of insurability, or disability.

3.1.3 Initiating and/or participating in actions or behaviors, such as retaliation, discipline, or coercion that have negative consequences against employees, members, stakeholders, or consultants.

3.1.4 The possession, distribution, sale, use, or being under the influence of alcoholic beverages, mind~~ood~~~~mood~~ altering or intoxicating substance ~~drugs~~ (legal or illegal) while on L.A. Care property, whether while on or off duty,

or while operating a vehicle, or potentially dangerous equipment,~~or leased or owned by L.A. Care~~while representing L.A. Care in the community, or while otherwise performing their work duties away from L.A. Care's premises. This also applies to any L.A. Care business, regardless of location, and during L.A. Care initiated gatherings or sponsored events, whether onsite or offsite, or during after work hours. ~~leased or owned by L.A. Care.~~

3.1.5 Actual or threatened violence, or comments and/or actions that could reasonably be perceived as threatening.

3.1.6 Unprofessional conduct that discredits L.A. Care.

3.1.7 The unauthorized release, disclosure, publication (including posting on social media) or sharing of confidential information (including without limitation Personal Health Information [PHI], confidential personal information, any proprietary or trade-secret information, any information covered by employee's confidentiality agreement, or is confidential under the law, L.A. Care policies, procedures, expectations or practice).

3.1.8 The theft, or unauthorized removal or possession of property, from L.A. Care, employees, members, or anyone on L.A. Care's property.

3.1.9 The alteration, material omission, or falsification of any L.A. Care record or documentation or destroying such a record.

3.1.10 An absence consisting of three consecutive work days without notice to the employee's immediate supervisor or department head, unless otherwise permitted under the law.

3.1.11 The falsification or material omission of information on an employment application, or on any L.A. Care record, including but not limited to records submitted for an open/competitive transfer or promotion, or for consideration of reclassification.

3.1.12 The falsification or material omission of information submitted as part of a request for ~~documentation to support~~ a leave of absence or a request for reasonable accommodation~~.~~ under Leave of Absence policy HR-112. ~~.~~

3.1.13 Insubordination, defined as a refusal to perform tasks assigned by a supervisor.

3.1.14 Misusing, destroying or damaging property of L.A. Care, a fellow employee, a member or visitor.

3.1.15 ~~Rough housing~~Roughhousing, fighting, or behaving in a hostile manner while on L.A. Care property or while on L.A. Care business.

3.1.16 Possession of dangerous or unauthorized objects, such as without limitation firearms or knives, or hazardous materials, such as explosives or similar materials.

3.1.17 Excessive personal use of L.A. Care provided internet access while on company time, or excessive personal use of L.A. Care resources, including telephone, email, and internet systems.

3.1.18 Making social media posts that are inconsistent with L.A. Care's Social Media Policy CM-004.

3.1.19 Unauthorized recording of any conversation, telephone call, meeting or other occurrence.

3.2 It should be reiterated that employment is at the mutual consent of the employee and L.A. Care. Accordingly, either the employee or L.A. Care can terminate the employment relationship at will, at any time, either with or without cause or advance notice.

3.3 L.A. Care, in its sole discretion, may impose any form of disciplinary action, up to and including, immediate termination of employment, that it may deem appropriate in a given circumstance for any violation of L.A. Care policies, including but not limited to the impermissible conduct and performance issues listed here.

4.0 PROCEDURES:

4.1 N/A

5.0 MONITORING:

5.1 Human Resources reviews its policies routinely to ensure they are updated appropriately and has processes in place to ensure the appropriate required steps are taken under this policy.

6.0 REPORTING:

6.1 Employees may report any complaint of misconduct or suspected misconduct under this policy to the ~~Senior~~ Director, Business Support Services and Center for Organization Excellence, the Chief of Human Resources, ~~the Senior Director, Center for Organizational Excellence, t~~the Manager,~~the HR~~ Internal Investigator, LOA, and Worker's Compensation, and/ or their Human Resources Business Partner~~ at~~ myHR~~partner~~@lacare.org ~~or ext. 6947 (myhr)~~. Complaints of misconduct or suspected misconduct against Human Resources staff should be

directed to the Compliance Department, Compliance Officer or Compliance Helpline at (800) 400-4889.

~~7.0~~ L.A. Care reserves the right to modify, rescind, delete, or add to this policy at any time, with or without notice.

7.0

L.A. Care HEALTH PLAN

Board of Governors

MOTION SUMMARY

Date: September 27, 2023 **Motion No. EXE 102.1023**

Committee: Executive **Chairperson:** Alvaro Ballesteros, MBA

Requesting Department: Safety Net Initiatives

Issue: Add $50 million in funding for workforce development and other community and safety net needs.

☐ **New Contract** ☐ **Amendment** ☐ **Sole Source** ☐ **RFP/RFQ was conducted in** N/A

Background: L.A. Care has made a significant financial commitment to supporting safety net workforce needs. In May 2018, L.A. Care's Board of Governors approved an initial five-year $155 million commitment in Board Designated Funds for its Elevating the Safety Net initiative, which covered a range of programs including medical school scholarships, provider loan repayment, provider recruitment grants to clinics and practices, and other workforce programs. In May 2022, the Board approved a five-year extension to continue investing the remaining $61 million in some of the programs under Elevating the Safety Net through FY 2026-27.

Much good has come from our Elevating the Safety Net investments, including 48 students receiving medical school scholarships, 152 new physicians hired, 173 physicians awarded loan repayment assistance, 44 new residents added, 54 Community Health Workers trained and employed, among other achievements. However, additional community and safety net needs continue to emerge.

The new Medi-Cal contract that begins on January 1, 2024 requires health plans to dedicate a percentage of annual net income to community investments. L.A. Care has consistently exceeded the required percentage. However, in the spirit of the State requirement and to further L.A. Care's longstanding commitment to strengthening the safety net, this motion requests Board approval to add $50 million from unassigned reserves to the initial Board Designated Fund of $155 million for workforce development. This will assure continuity of funding through the five-year expansion commitment that the Board approved in May 2022 and will provide flexibility to address other safety net and community needs that arise in the interim.

Member Impact: L.A. Care's past workforce investments have targeted increasing the supply of physicians serving the Medi-Cal population, with the goal of achieving a stable workforce and shorter wait times for services. The investment also furthers L.A. Care's equity goal, as the majority of physicians or future physicians benefitting from the investment have been racially and ethnically diverse, closer to the racial and ethnic make-up of L.A. Care's membership. Research indicates that provider concordance, where patients can choose the provider of the racial or ethnic background with which they feel the most comfortable, leads to improved health outcomes.

Budget Impact: This funding is being requested to come from unassigned reserves to the Board Designated Fund.

Motion: To authorize adding $50 million from unassigned reserves to the Board Designated Fund for workforce development to address emerging safety net and community needs through FY 2026-27.