

BOARD OF GOVERNORS

Executive Committee Meeting

September 25, 2024 • 1:00 PM

Lobby Conference Room 100

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

*L.A. Care offices have moved to 1200 W. 7th Street, Los Angeles, CA 90017.
Public meetings will continue to be held in the Board Room at 1055 W. 7th Street
until early 2025.*

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AGENDA

**Executive Committee Meeting
Board of Governors**

Wednesday, September 25, 2024, **1:00 P.M. – PLEASE NOTE EARLY START TIME AT 1 PM**
1055 West 7th Street, Conference Room 100, 1st Floor
Los Angeles, CA 90017

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=m377a064f7e6875533b31531237389595>

To listen to the meeting via teleconference please dial: +1-213-306-3065
Meeting Number: 2491 977 1289 Password: lacare

For those not attending the meeting in person, public comments on Agenda items can be submitted prior to the start of the meeting in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420. Due to time constraints, we are not able to transcribe and read public comment received by voice mail during the meeting. Public comment submitted by voice messages after the start of the meeting will be included in writing at the end of the meeting minutes.

The purpose of public comment is an opportunity for members of the public to inform the governing body about their views. The 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 meeting. The process for public comment is evolving and may change at future meetings.

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 | <i>Chair</i> |
| 2. | Public Comment <i>(Please read instructions above.)</i> | <i>Chair</i> |
| 3. | Approve the August 28, 2024 Meeting Minutes p.6 | <i>Chair</i> |
| 4. | Chairperson’s Report | <i>Chair</i> |
| 5. | Chief Executive Officer Report | John Baackes
<i>Chief Executive Officer</i> |
| | • Government Affairs Update p.14 | Cherie Compatore
<i>Senior Directors, Government Affairs</i> |

Committee Issues

6. Increase the existing purchase order with TRI Ventures (formerly known as Scout Exchange) for contingent worker vendor management services **(EXE 100)** p.76 Terry Brown
Chief Human Resources Officer
7. Approve Human Resources Policies HR-205 (Dress Code), HR-225 (Standards of Employee Training), HR-502 (L.A. Care Employee Handbook and Human Resources Policies), and HR-710 (Reimbursement for Education Expenses) **(EXE A)** p.77 Terry Brown
8. Chief Financial Officer Report Afzal Shah
Chief Financial Officer
- Monthly Investments Transactions Report p.100
 - Authorized signatories for all L.A. Care Health Plan's and L.A. Care Health Plan Joint Powers Authority's (JPA) banking and investment accounts **(EXE 101)** p.138
9. Ntooitve Contract for marketing campaigns for L.A. Care's direct lines of business, including the L.A. Care Covered (LACC) Shop and Compare Tool, and the Community Resource Centers **(EXE 102)** p.139 John Cota
Senior Director, Creative & Marketing
10. Edifecs, Inc. Contract to provide Software as a Service (SaaS) licensing and integration services **(EXE 103)** p.141 Tom MacDougall
Chief Technology & Information Officer
11. Delegate Authority for CEO to execute a membership sponsorship agreement with the California Medical Association (CMA) for up to 1,153 physicians in L.A. Care's provider network **(EXE 104)** p.142 John Baackes
12. Approve the list of items that will be considered on a Consent Agenda for October 3, 2024 Board of Governors Meeting. *Chair*
- September 5, 2024 meeting minutes
 - TRI Ventures (formerly known as Scout Exchange) Contract
 - Authorized signatories for all L.A. Care Health Plan's and L.A. Care Health Plan Joint Powers Authority's (JPA) banking and investment accounts
 - Ntooitve Contract
 - Edifecs, Inc. Contract
 - Delegate Authority for CEO to execute a membership sponsorship agreement with the California Medical Association (CMA) for up to 1,153 physicians in L.A. Care's provider network
 - RCAC Membership
13. Public Comment on Closed Session Items *(Please read instructions above.)* *Chair*

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

14. REPORT INVOLVING TRADE SECRET *Chair*
Pursuant to Welfare and Institutions Code Section 14087.38(n)
Discussion Concerning New Service, Program, Technology, Business Plan
Estimated date of public disclosure: *September 2026*

15. CONTRACT RATES
Pursuant to Welfare and Institutions Code Section 14087.38(m)
 - Plan Partner Rates
 - Provider Rates
 - DHCS Rates
16. THREAT TO PUBLIC SERVICES OR FACILITIES
Government Code Section 54957
Consultation with: Tom MacDougall, *Chief Information & Technology Officer*, and Gene Magerr, *Chief Information Security Officer*
17. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three Potential Cases
18. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
 - 1) *Lakewood Regional Med. Ctr., Inc., et al. v L.A. Care* (JAMS Case No. 1220075422)
 - 2) *Lakewood Regional Med. Ctr., Inc., et al. v L.A. Care* (JAMS Case No. 1220074758)
19. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
 - 1) *University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 22STCV02659
 - 2) *University of Southern California on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 22STCV15865
 - 3) *University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 22STCV33996
 - 4) *University of Southern California on behalf of its Keck Hospital of USC and on behalf of its USC Norris Comprehensive Cancer Center v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 23STCV22700
 - 5) *University of Southern California on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 23STCV25633
 - 6) *University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. and Norris 23STCV25875
 - 7) *University of Southern California on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 24STCV21495
 - 8) *University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 24STCV20537
 - 9) *University of Southern California on behalf of its Keck Hospital of USC and on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 23STCV13310
 - 10) *University of Southern California on behalf of its Keck Hospital of USC, on behalf of its USC Verdugo Hills Hospital, and on behalf of its USC Norris Comprehensive Cancer Center v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 24STCV13333

- 11) *University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 24STCV17654
- 12) *University of Southern California on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 22STCV02072
20. 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)
21. 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
22. PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR
Sections 54957 and 54957.6 of the Ralph M. Brown Act
Title: Chief Executive Officer
Agency Designated Representative: Alvaro Ballesteros, MBA
Unrepresented Employee: John Baackes

RECONVENE IN OPEN SESSION

ADJOURNMENT

Chair

The next Executive Committee meeting is scheduled on **Wednesday, October 23, 2024 at 2:00 p.m.** 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.

AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION 72 HOURS BEFORE THE MEETING:

1. At L.A. CARE’S Website: <http://www.lacare.org/about-us/public-meetings/board-meetings>
2. L.A. Care’s Reception Area, Lobby, at 1055 W. 7th Street, Los Angeles, CA 90017, or
3. by email request to BoardServices@lacare.org

Any documents distributed to a majority of the Executive Committee Members regarding any agenda item for an open session after the agenda and meeting materials have been posted will be available for public inspection by email request 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 28, 2024

1055 West 7th Street, 1st Floor, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

Alvaro Ballesteros, MBA, *Chairperson*
 Ilan Shapiro MD, MBA, FAAP, FACHE,
Vice Chairperson
 Stephanie Booth, MD, *Treasurer*
 John G. Raffoul, *Secretary*
 G. Michael Roybal, MD

Management/Staff

John Baackes, *Chief Executive Officer*
 Sameer Amin, MD, *Chief Medical Officer*
 Augustavia J. Haydel, Esq., *General Counsel*
 Todd Gower, *Interim Chief Compliance Officer*
 Linda Greenfeld, *Chief Products Officer*
 Alex Li, MD, *Chief Health Equity Officer*
 Noah Paley, *Chief of Staff*
 Acacia Reed, *Chief Operating Officer*
 Afzal Shah, *Chief Financial Officer*

**Absent*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Alvaro Ballesteros, <i>Chairperson</i> , 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 2:51 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings. He provided information on how to submit public comments.	
APPROVE MEETING AGENDA	The Agenda for today’s meeting was approved.	Approved unanimously by roll call. 3 AYES (Ballesteros, Booth and Roybal)
PUBLIC COMMENT	Submitted in the chat during the meeting from Andria McFerson <i>Please read the ADA information in it's totally before each meeting to have a genuine connection to our members of whom these meetings affect the most. LA Care has lost a certain effective procedural dedication to the members and many care providers who don't give good "Access to Care" mentally or physically, leaving our LA Care members sick or unwilling to receive care because they believe it would be uneventful please better communication and services by having a genuine survey either eye to eye, peer on peer during events or call in surveys with people. The abled body moderate income staff volunteers are not the same as our RCAC Stakeholders who have suffered or know many who are still going through health wise we need information from</i>	

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AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>everyone so we need better outreach and communication amongst the staff and the members from all perspectives.</i></p> <p><i>"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</i></p>	
APPROVE MEETING MINUTES	The minutes of the June 26, 2024 meeting were approved.	Approved unanimously by roll call. 3 AYES
CHAIRPERSON'S REPORT	<p>Chairperson Ballesteros commended staff for doing an excellent job at the training for the RCAC members including Francisco Oaxaca, <i>Chief of Communications and Community relations</i>, and Auleria Eakins, Ed.D, <i>Manager Community Outreach and Engagement</i>. He was impressed with the way they handled the meeting, they were so professional and one could see the connections that all staff had with the community. That's not easy. The staff members stood up and introduced themselves and there was great applause from the RCAC members in the room. Staff obviously had a lot of respect from the RCAC members. There were new RCAC members there and the group was very diverse. He complimented John Baackes, <i>Chief Executive Officer</i>, Sameer Amin, <i>Chief Medical Officer</i>, Acacia Reed, <i>Chief Operating Officer</i>, and all staff involved with the RCAC orientation session. It was great to see that kind of connection with the community.</p> <p>Mr. Baackes thanked Chairperson Ballesteros. Chairperson Ballesteros attended the first day and Mr. Baackes attended the closing day of the two-day event. Mr. Baackes made the same observation. Auleria Eakins and Idalia De La Torre, <i>Supervisor of Community Outreach and Engagement (CO&E)</i>, did a great job in making sure all CO&E staff members were included and participated. The entire staff was recognized as contributors to the RCACs. The event was well organized and it was fun. Mr. Baackes was there for the last three hours, and he was impressed by how well it was done. He was able to talk with some of the new RCAC members and they are very excited to participate. If these new members are an indication of the results from the new selection committee, the future will be great because they are very engaged and come with some experience in the community in participating in this kind of organization. He thinks they will elevate the advisory committee discussions.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Chairperson Ballesteros appreciates the invitation to say a few words at the beginning, and he was honored to do it. He noted that what makes L.A. Care different is the voices of the community, and if the meeting is any representation of what that will look like going forward, it is set up for success in community engagement. He congratulated Mr. Oaxaca and all the staff that put the event together, as it took a lot of effort.</p>	
<p>CHIEF EXECUTIVE OFFICER REPORT</p>	<p>PUBLIC COMMENT</p> <p>Submitted in the chat by Andria McFerson, RCAC 5</p> <p><i>The RCAC members need more information before November about the upcoming ballot measure Supporting Managed Care Organization (MCO) and the Tax Ballot Measure This ballot information would benefit everyone from all managed care organizations to providers giving health care to L.A. Care members as well. This measure would support better the funding in order to help better the medical services we all need to help save our families' lives. We need a special meeting for all RCAC's or a special agenda item during all upcoming RCAC meetings describing what this means to us in layman's terms. We have 70 days to make major decisions to help save our own lives or plausible decisions to help save the lives of others. We are not here for fun, we are here for a purpose. Not just a stipend and this is not just a political controversial topic that is over the heads of the Stakeholders. We are the ones most affected by this topic so please give us more information and allow us to spread this information to the community by explaining to us during our meetings from a simple perspective and please give attention to those who not only volunteer and give services during public events but those who can make contributions to LA Care and those providers who need funding in order to give services to their patients we can share our knowledge about major things that affect the community from a personal perspective to people just like us. Like hearing from it from the horse's mouth would better the communication to our members with very effective peer on peer support.</i></p> <p>John Baackes, <i>Chief Executive Officer</i>, commented in reference to the last public comment, he believes he was the horse's mouth because he devoted about 50 % of his time speaking to the group about Proposition 35. He informed RCAC members that L.A. Care would provide written information as it becomes available.</p> <p>A Board retreat will be held on September 5. The meeting will open with a conversation with Andy Slavitt, former administrator of Centers for Medicare and Medicaid Services</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>during the Obama administration. They will talk about the funding for Medicaid, he will ask Mr. Slavitt for his opinion about the Chevron decision of the United States Supreme Court that affect administrative rules by government entities, and how it could affect L.A. Care going forward. John Russell, L.A. Care’s lobbyist in Washington D.C., will join them for a conversation with the Board. Mr. Russell will talk about the prospects for impacts on health care depending on which administration prevails in the November presidential election. Mr. Baackes will report on L.A. Care’s strategic plan, and the regular business meeting will be held after that.</p>	
<ul style="list-style-type: none"> Government Affairs Update 	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported: There is a motion requesting approval for L.A. Care to support California Proposition 35, which will appear on the November ballot. The proposition would make permanent an existing managed care organization (MCO) tax. The proposition differs from legislation that was passed, as it mandates that revenue from the MCO tax cannot be diverted by the legislature to the State’s general fund, which has been the case for the MCO tax in the past. Prop 35 would provide, for the first time, significant rate increases for providers that serve Medi-Cal beneficiaries. The initiative makes the health care tax permanent, dependent upon federal approval, and ensures a majority of the revenue is used to expand Medi-Cal services and reimburse providers. There is an allowance for some general fund use, but the majority must go to provider rate increases. Augustavia Haydel, <i>General Counsel</i>, thanked Galen Williams, <i>Associate Counsel, Health Care Legal Services</i>, for supporting the motion development.</p>	
<ul style="list-style-type: none"> Consideration of Support of Managed Care Organization (MCO) Tax Ballot Measure 	<p>The motion was described in Ms. Compartore’s report, above.</p> <p><u>Motion EXE 100.0924</u> To approve L.A. Care’s organizational support for California Proposition 35.</p>	<p>Approved unanimously by roll call. 3 AYES The Committee agreed by consensus to include this motion on the Consent Agenda for the September 5 Board Meeting</p>
<p>COMMITTEE ISSUES</p>		
<p>2025 Board and Committee Meeting Schedule</p>	<p>The meetings are scheduled according to guidelines established by the Board, and the schedule is consistent with L.A. Care’s enabling statute (California Welfare & Institutions Code Section 14087) which requires six board meetings per year. The proposed meeting frequency is in line with other public health plans in California.</p>	<p>Approved unanimously by roll call. 3 AYES The Committee agreed by consensus to include this</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Motion EXE 101.0924:</u> To approve the attached 2025 Board of Governors & Committees meeting schedule.</p>	<p>motion on the Consent Agenda for the September 5 Board Meeting</p>
<p>Pacifica Hospital of the Valley Grant</p>	<p>Mr. Baackes summarized a motion to provide funding for Pacifica Hospital of the Valley, a safety net hospital. The vast majority of Pacifica’s patients are Medi Cal beneficiaries. Pacifica has an extraordinary number of mental health beds that are unique to that institution and are not replicated elsewhere. L.A. Care has repeatedly provided advances to this hospital from quality fee funding. It is a financially stressed safety net hospital. Staff proposes a grant of \$1 million to help Pacifica deal with the current financial situation in hopes that it will be able to secure a long-term path to financial stability and operations. This support is similar to L.A. Care’s support for Catalina Island Hospital. This is a one-time grant.</p> <p>Committee Member Booth suggested changing some language in the motion summary to clarify that funds will not be coming out of the Elevating the Safety Net program. L.A. Care has received so many positive compliments about Elevating the Safety Net from providers interested in serving our patients. The benefits include funding for residencies, medical student loan debt repayment and recruitment support for safety net positions for physicians.</p> <p>Afzal Shah, <i>Chief Financial Officer</i>, responded that the funds can from the board designated funds and the reference to Elevating the Safety Net will be removed from the motion. The Elevating the Safety Net funds are preserved for its original intention. Committee Member Roybal asked about designated pediatric or adolescent beds at Pacifica Hospital, and Mr. Baackes responded that it is a general acute care hospital with a certain number of behavioral health beds.</p> <p><u>Motion EXE 102.0924</u> To approve delegated authority to Chief Executive Officer, John Baackes, to issue up to a \$1 million award to Pacifica Hospital of the Valley to support safety net access to health care for L.A. Care members with behavioral health needs.</p>	<p>Approved unanimously with amendment to the motion summary as noted, by roll call. 3 AYES The Committee agreed by consensus to include this motion on the Consent Agenda for the September 5 Board Meeting</p>
<p>Human Resources Policy HR- 628 (Use of Sign on and Retention Bonuses)</p>	<p>Terry Brown, <i>Chief Human Resources Officer</i>, summarized a motion to approve revisions to HR-628, the use of sign on and retention bonuses. Some definitions and procedures have been updated in this policy, which was established in 2011 at a \$5000 level. In 2014 it changed to \$20,000 and at this point we're asking for the board to authorize \$25,000 due to inflation in salaries. The policy has minor revisions to comply with</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN								
	<p>changes to Regulatory, Legislative and Judicial changes, and reflect changes in L.A. Care’s practices.</p> <table border="1" data-bbox="489 253 1587 435"> <thead> <tr> <th data-bbox="489 253 648 324">Policy Number</th> <th data-bbox="648 253 953 324">Policy</th> <th data-bbox="953 253 1199 324">Section</th> <th data-bbox="1199 253 1587 324">Description of Modification</th> </tr> </thead> <tbody> <tr> <td data-bbox="489 324 648 435">HR-628</td> <td data-bbox="648 324 953 435">Use of Sign-On and Retention Bonuses</td> <td data-bbox="953 324 1199 435">Wage & Salary</td> <td data-bbox="1199 324 1587 435">Added the Definitions and Procedures which were in a separate document</td> </tr> </tbody> </table> <p><u>Motion EXE A.0824</u> To approve the Human Resources Policy HR-628 (Use of Sign-On and Retention Bonuses) as presented.</p>	Policy Number	Policy	Section	Description of Modification	HR-628	Use of Sign-On and Retention Bonuses	Wage & Salary	Added the Definitions and Procedures which were in a separate document	<p>Approved unanimously by roll call. 3 AYES</p>
Policy Number	Policy	Section	Description of Modification							
HR-628	Use of Sign-On and Retention Bonuses	Wage & Salary	Added the Definitions and Procedures which were in a separate document							
Approve Consent Agenda	<p>Approve the list of items that will be considered on a Consent Agenda for September 5, 2024 Board of Governors Meeting.</p> <ul style="list-style-type: none"> • June 6, 2024 meeting minutes • Ratify L.A. Care Chief Executive Officer’s, John Baackes, execution of Amendment A04 to L.A. Care’s Exclusively Aligned Enrollment (EAE) D-SNP Contract Number 22-20236 with the Department of Health Care Services (DHCS) • 2025 Board and Committee Meeting Schedule • Pacifica Hospital of the Valley Grant • Infosys Contract to provide Information Technology (IT) testing services. • Children’s Health Consultant Advisory Committee (CHCAC) Membership • Children’s Health Consultant Advisory Committee (CHCAC) Revised Charter 	<p>Approved unanimously by roll call. 3 AYES</p>								
PUBLIC COMMENTS	<p>Submitted in the chat by Andria McFerson, RCAC 5</p> <p><i>Her commitment is still the same, even though her health isn't well enough today to attend physically. Please allow all RCAC access to their prior budgets to have better outreach speaking to not only the RCAC members, but to all public members of L.A. Care. The open communication could be a long term pathway to better mental health disparities and health, and health problems overall. This methodology can be more efficient and even cheaper than just funding other resources and other organizations. Please let the staff of LA Care give them more information about their designated funds given to them for the last three years. They were told they were rolled over because</i></p>									

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<i>they did not have meetings or have any outreach events, so none of their money was spent.</i>	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Executive Committee meeting adjourned at 3:20 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i> announced the items for discussion in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 3:20 pm.</p> <p>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: <i>August 2026</i></p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates <p><i>This item is from the Supplemental Special Meeting Agenda</i></p> <p>CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act Jones v. L.A. Care Health Plan, L.A. Superior Court Case No. 23STCV04081</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Tom MacDougall, <i>Chief Information & Technology Officer</i>, and Gene Magerr, <i>Chief Information Security Officer</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three Potential Cases</p> <p>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)</p>	

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	<p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> • 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 <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR Sections 54957 and 54957.6 of the Ralph M. Brown Act Title: Chief Executive Officer Agency Designated Representative: Alvaro Ballesteros, MBA Unrepresented Employee: John Baackes</p>	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 4:17 pm. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 4:17 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: _____

Legislative Matrix

Last Updated: September 17, 2024

Bills by Issue

2024 Legislation (64)

Bill Number	Status	Position
AB 106	Enacted	Monitor
<p>Title Budget Acts of 2022 and 2023.</p> <p>Description AB106, Gabriel . Budget Acts of 2022 and 2023. The Budget Act of 2022 and the Budget Act of 2023 made appropriations for the support of state government for the 2022-23 and 2023-24 fiscal years. This bill would amend the Budget Act of 2022 and 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.</p> <p>Primary Sponsors Jesse Gabriel</p>		
AB 157	Passed Senate	None
<p>Title Budget Act of 2024.</p> <p>Description AB157, Gabriel . Budget Act of 2024. The Budget Act of 2024 made appropriations for the support of state government for the 2024-25 fiscal year. This bill would amend the Budget Act of 2024 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.</p> <p>Primary Sponsors Jesse Gabriel</p>		

Bill Number
AB 158

Status
Passed Senate

Position
None

Title

Budget Acts of 2022 and 2023.

Description

AB158, Gabriel . Budget Acts of 2022 and 2023. The Budget Act of 2022 and the Budget Act of 2023 made appropriations for the support of state government for the 2022-23 and 2023-24 fiscal years. This bill would amend the Budget Act of 2022 and the Budget Act of 2023 by amending 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

Jesse Gabriel

Title

Health.

Description

AB 177, Committee on Budget. Health. (1) The California Hospice Licensure Act of 1990 requires a person, political subdivision of the state, or other governmental agency to obtain a license from the State Department of Public Health to provide hospice services to an individual who is experiencing the last phase of life due to a terminal disease, as defined, and their family, except as provided. Existing law requires the department, by January 1, 2025, to adopt emergency regulations to implement the recommendations in a specified report of the California State Auditor. Existing law requires the department to maintain the general moratorium on new hospice agency licenses until the department adopts the regulations. Existing law requires the moratorium to end the date the emergency regulations are adopted. This bill would extend the deadline by which the department is required to adopt those regulations to January 1, 2026, and would require the moratorium to end January 1, 2027, or one year after the date the emergency regulations are adopted. (2) Existing law requires a disability insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, to provide coverage for medically necessary treatment of mental health and substance use disorders and cover services identified in a fee-for-service reimbursement schedule published by the State Department of Health Care Services when those services are delivered at schoolsites, regardless of the network status of the local educational agency, institution of higher education, or health care provider. Existing law requires the Insurance Commissioner to issue guidance to disability insurers regarding compliance with these provisions. Existing law, as part of the Children and Youth Behavioral Health Initiative, requires the State Department of Health Care Services to develop and maintain a school-linked statewide provider network of schoolsite behavior health counselors and requires a health care service plan, insurer, or Medi-Cal managed care plan that covers necessary schoolsite services, as specified, to comply with all administrative requirements to cover and reimburse the services set forth by the network administrator. This bill would require the commissioner to additionally issue guidance to disability insurers regarding compliance with provisions regarding administrative requirements to cover and reimburse services under the school-linked statewide behavioral health provider network. (3) Existing law provides for 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 p... (click bill link to see more).

Primary Sponsors

House Budget Committee

Title

Mental health: impacts of social media.

Description

AB 1282, Lowenthal. Mental health: impacts of social media. Existing law, the Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Services Oversight and Accountability Commission, and authorizes the commission to take specified actions, including advising the Governor or the Legislature regarding actions the state may take to improve care and services for people with mental illness. Existing law authorizes the State Department of Public Health to, among other things, enforce its regulations and protect and preserve the public health. This bill would require the department, in consultation with the commission, to report to specified policy committees of the Legislature, on or before December 31, 2026, a statewide strategy to understand, communicate, and mitigate mental health risks associated with the use of social media by children and youth. The bill would require the report to include, among other things, (1) the degree to which the mental health of children and youth is positively, negatively, or neutrally impacted by use of social media and (2) recommendations to strengthen children and youth resiliency strategies and California's use of mental health services related to social media use. The bill would require the department to explore, among other things, the child and youth populations that use social media, including disproportionate rates and impacts among specific groups, and the negative behavioral health risks, as specified, associated with social media use and misuse among children and youth. The bill would require the department to additionally consult with certain communities in preparing the report, and prior to publication. The bill would repeal these provisions on January 1, 2030.

Primary Sponsors

Josh Lowenthal

Title

Emergency services: psychiatric emergency medical conditions.

Description

AB 1316, Irwin. Emergency services: psychiatric emergency medical conditions. Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled, as defined. Existing law provides for 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. Pursuant to a schedule of covered benefits, existing law requires Medi-Cal coverage for inpatient hospital services, subject to utilization controls, and with respect to fee-for service beneficiaries, coverage for emergency services and care necessary for the treatment of an emergency medical condition and medical care directly related to the emergency medical condition, as specified. Existing law provides for the licensing and regulation of health facilities by the State Department of Public Health and makes a violation of those provisions a crime. Existing law defines "psychiatric emergency medical condition," for purposes of providing treatment for emergency conditions, as a mental disorder that manifests itself by acute symptoms of sufficient severity that it renders the patient as being either an immediate danger to the patient or to others, or immediately unable to provide for, or utilize, food, shelter, or clothing, due to the mental disorder. Existing law includes various circumstances under which a patient is required to be treated by, or may be transferred to, specified health facilities for treatment that is solely necessary to relieve or eliminate a psychiatric emergency medical condition. This bill would revise the definition of "psychiatric emergency medical condition" to make that definition applicable regardless of whether the patient is voluntary, or is involuntarily detained for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment, under prescribed circumstances. The bill would make conforming and clarifying changes to provisions requiring facilities to provide that treatment. By expanding the definition of a crime with respect to those facilities, the bill would impose a state-mandated local program. The bill would require the Medi-Cal program to cover emergency services and care necessary to treat an emergency medical condition, as defined, including poststabilization care services required under specified federal law, emergency room professional services, and facility charges for emergency room visits. The bill would require coverage for emergency services necessary to relieve or eliminate a psychiatric emergency m... (click bill link to see more).

Primary Sponsors

Jacqui Irwin, Chris Ward

Title

Health care coverage: Medication-assisted treatment.

Description

AB 1842, Reyes. 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 require a group or individual health care service plan or health insurer offering an outpatient prescription drug benefit to provide coverage without prior authorization, step therapy, or utilization review for at least one medication approved by the United States Food and Drug Administration in each of 4 designated categories, including medication for the reversal of opioid overdose, including a naloxone product or another opioid antagonist. 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

Reyes

Organizational Notes

Last edited by Joanne Campbell at Mar 22, 2024, 6:00 PM

California Association of Health Plans - Oppose America's Health Insurance Plans - Oppose Association of California Life and Health Insurance Companies - Oppose Support: California Academy of Child and Adolescent Psychiatry - Support California Black Health Network - Support California Hospital Association - Support California State Association of Psychiatrists (CSAP) - Support County Behavioral Health Directors Association of California - Support Ella Baker Center for Human Rights - Support Health Access California - Support Steinberg Institute - Support

Title

Maternal mental health screenings.

Description

AB 1936, Cervantes. Maternal mental health screenings. 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 a health care service plan or health insurer to develop a maternal mental health program designed to promote quality and cost-effective outcomes, as specified. This bill would require the program to consist of at least one maternal mental health screening during pregnancy, at least one additional screening during the first 6 weeks of the postpartum period, and additional postpartum screenings, if determined medically necessary and clinically appropriate in the judgment of the treating 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

Sabrina Cervantes, Susan Rubio

Title

Medi-Cal: medically supportive food and nutrition interventions.

Description

AB 1975, Bonta. Medi-Cal: medically supportive food and nutrition interventions. 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 establish the Medically Tailored Meals Pilot Program and the Short-Term Medically Tailored Meals Intervention Services Program, to operate in specified counties and during limited periods for the purpose of providing medically tailored meal intervention services to eligible Medi-Cal beneficiaries with certain health conditions, including congestive heart failure, cancer, diabetes, chronic obstructive pulmonary disease, or renal disease. 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, medically supportive food and nutrition services, including medically tailored meals. This bill would make medically supportive food and nutrition interventions a covered benefit under the Medi-Cal program, through both the fee-for-service and managed care delivery systems, no sooner than July 1, 2026, upon appropriation and subject to federal approval and the issuance of final guidance by the department. The bill would require those interventions to be covered if determined to be medically necessary by a health care provider or health care plan, as specified. The bill would require the provision of interventions for 12 weeks, or longer if deemed medically necessary. The bill would require the department to define the qualifying medical conditions for covered interventions and delineate the services included in the definition of a medically supportive food and nutrition intervention. The bill would require a health care provider, to the extent possible, to match the acuity of a patient's condition to the intensity and duration of the covered intervention and to include culturally appropriate foods. The bill would require the department, upon appropriation, to establish a medically supportive food and nutrition benefit stakeholder group, with a specified composition, to advise the department on certain related items, such as the scope of the benefit, among others.

Primary Sponsors

Mia Bonta

Organizational Notes

Last edited by Cherie Compartore at May 14, 2024, 3:52 PM
Support: Local Health Plans of California , California Association of Health Plans

Title

Health care coverage: behavioral diagnoses.

Description

AB 1977, Ta. Health care coverage: behavioral diagnoses. 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 or health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism. This bill would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, from requiring an enrollee or insured previously diagnosed with pervasive developmental disorder or autism to be reevaluated or receive a new behavioral diagnosis to maintain coverage for behavioral health treatment for their condition. The bill would require a treatment plan to be made available to the plan or insurer upon request. 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

Tri Ta

Title

Coverage for PANDAS and PANS.

Description

AB 2105, 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, 2025, 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 and is medically necessary, as specified. 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 Cherie Compartore at May 14, 2024, 3:54 PM
Oppose: California Association of Health Plans

Title

Immediate postpartum contraception.

Description

AB 2129, Petrie-Norris. Immediate postpartum contraception. 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 generally regulates contractual provisions between health care service plans and health insurers and their contracting health care providers. This bill would require a contract between a health care service plan or health insurer and a health care provider issued, amended, or renewed on or after January 1, 2025, to authorize a provider to separately bill for devices, implants, or professional services, or a combination thereof, associated with immediate postpartum contraception if the birth takes place in a general acute care hospital or licensed birth center. The bill would prohibit that provider contract from considering those devices, implants, or services to be part of a payment for a general obstetric procedure. 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

Cottie Petrie-Norris

Title

Health care services: tuberculosis.

Description

AB 2132, Low. Health care services: tuberculosis. Existing law provides for the licensure and regulation of health facilities and clinics, including primary care clinics, by the State Department of Public Health. A violation of these provisions is generally a crime. Existing law requires an adult patient receiving primary care services in certain health care settings to be offered a screening test for hepatitis B and hepatitis C, as specified. This bill would require a patient who is 18 years of age or older receiving health care services in a facility, clinic, center, office, or other setting, where primary care services are provided, to be offered tuberculosis screening, if tuberculosis risk factors are identified, to the extent these services are covered under the patient's health care coverage, except as specified. The bill would also require the health care provider to offer the patient followup health care or refer the patient to a health care provider who can provide followup health care if a screening test is positive. The bill would prohibit a health care provider that fails to comply with these provisions from being subject to any disciplinary action related to their licensure or certification, or to any civil or criminal liability, for that failure. The bill would make related findings and declarations. 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 managed care or fee-for-service delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department to adopt an option made available under federal Medicaid law to pay allowable tuberculosis-related services for persons infected with tuberculosis, as specified. This bill would require a Medi-Cal managed care plan to ensure access to care for latent tuberculosis infection and active tuberculosis disease and coordination with local health department tuberculosis control programs for plan enrollees with active tuberculosis disease, as specified.

Primary Sponsors

Evan Low

Title

Health information.

Description

AB 2198, Flora. 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's requirements 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, commencing January 1, 2024, to establish and maintain specified application programming interfaces (API), including patient access API, for the benefit of enrollees, insureds, and contracted providers. Existing law authorizes the departments to require health care service plans or health insurers, as applicable, to establish and maintain provider access API and prior authorization support API if and when final federal rules are published. This bill would instead require the departments, commencing January 1, 2027, or when final federal rules are implemented, whichever occurs later, to require health care service plans and health insurers to establish and maintain patient access API, provider access API, payer-to-payer API, and prior authorization API. The bill, until January 1, 2027, would authorize the departments to issue guidance relating to these provisions not subject to the Administrative Procedure Act, as specified. Because a violation of these requirements 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

Heath Flora

Title

Children and youth: transfer of specialty mental health services.

Description

AB 2237, Aguiar-Curry. Children and youth: transfer of specialty mental health services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services (department), 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, specialty mental health services include federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided to eligible Medi-Cal beneficiaries under 21 years of age. This bill would require, when a child or youth 21 years of age or younger who is receiving Medi-Cal specialty mental health services changes residence from one county to another, the receiving county to provide specialty mental health services to the child or youth, if the transfer of those services from one county to another is not otherwise governed by a process established in statute. The bill also would require the State Department of Health Care Services to collect specified data related to the receipt of specialty mental health services by children and youth who move outside of the county where they originally received specialty mental health services, and to include the data in the department's Medi-Cal specialty mental health services performance dashboard. The bill would require the department to issue guidance, as specified, to define the requirements placed on a receiving county for the continued provision of specialty mental health services, to coordinate and expedite the transfer of services from one county to another, and reduce the burden on children and youth and their caregivers to reestablish services in the receiving county. The bill would authorize the department to implement, interpret, or make specific its provisions by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions, until regulations are adopted, as specified.

Primary Sponsors

Cecilia Aguiar-Curry

Title

Social determinants of health: screening and outreach.

Description

AB 2250, Weber. Social determinants of health: screening and outreach. 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 standardized codes when documenting patient responses to questions asked in these screenings, and would require providers to use existing tools or protocols to conduct the 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 peer support specialists, lay health workers, social workers, or community health workers in counties where the plan or insurer has enrollees or insureds, as specified. The bill would authorize the respective departments to adopt guidance to implement its provisions until regulations are adopted, and would require the departments to coordinate in the development of guidance and regulations. 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. This 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. The bill would provide that these provisions will be implemented only upon an appropriation by the Legislature. 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

Organizational Notes

Last edited by Joanne Campbell at Apr 22, 2024, 6:05 PM
Local Health Plans of California, California Academy of Family Physicians (sponsor) - Support

Title

Health care coverage: cost sharing.

Description

AB 2258, 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 nongrandfathered 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 for items or services that are integral to the provision of the above-described preventive care services and screenings. The bill would require those contracts and policies to cover items and services for those preventive care services and screenings, including home test kits for sexually transmitted diseases and specified cancer screenings. 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 bill would authorize the Insurance Commissioner to impose a civil penalty of not more than \$5,000 against an insurer for each violation of these provisions, or not more than \$10,000 per violation if the violation was willful. 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 7, 2024, 9:18 PM
California Association of Health Plans - Oppose

Title

Joint powers agreements: health care services.

Description

AB 2293, Mathis. Joint powers agreements: health care services. (1) Existing law, the Joint Exercise of Powers Act, authorizes 2 or more public agencies by agreement to exercise any power common to the contracting parties, subject to meeting certain conditions with respect to that agreement. Existing law authorizes a private, nonprofit corporation, until January 1, 2032, formed for the purposes of providing services to zero-emission transportation systems or facilities, to join a joint powers authority or enter into a joint powers agreement with a public agency to facilitate the development, construction, and operation of zero-emission transportation systems or facilities that lower greenhouse gases, reduce vehicle congestion and vehicle miles traveled, and improve public transit connections. This bill, until January 1, 2034, would authorize one or more private, nonprofit mutual benefit corporations formed for purposes of providing health care services to join a joint powers authority or enter into a joint powers agreement with one or more public entities established under the act, as specified. The bill would deem any joint powers authority formed pursuant to this provision to be a public entity, except that the authority would not have the power to incur debt or to engage in specified other acts, including employing physicians and surgeons or charging for professional services rendered by physicians and surgeons. The bill would require an authority formed to be governed by a board of directors, composed as determined by the participating public agency or agencies. The bill would prohibit the representation of private, nonprofit mutual benefit corporations on the board of directors from exceeding 50%. The bill would define terms for its purposes. (2) Existing law sets forth requirements for the solicitation and evaluation of bids and the awarding of contracts by public entities, including requirements applicable if the public entity is required by statute or regulation to obtain an enforceable commitment that a bidder, contractor, or other entity will use a skilled and trained workforce, as defined, to complete a contract or project. Except as specified, existing law requires that, for workers employed on public works, as defined, not less than the general prevailing rate of per diem wages, determined as provided by the Director of Industrial Relations, for work of a similar character in the locality in which the public work is performed be paid to those workers, as provided. This bill, except as specified, would require a joint powers authority formed pursuant to the bill, when undertaking a project applicable to the construction or refurbishment of health facilities, to obtain an enforceable commitment that any... (click bill link to see more).

Primary Sponsors

Devon Mathis

Title

Hospital and Emergency Physician Fair Pricing Policies.

Description

AB 2297, Friedman. Hospital and Emergency Physician Fair Pricing Policies. Existing law requires a hospital to maintain a written charity care policy and a discount payment policy for uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level. Existing law requires the written policy regarding discount payments to also include a statement that an emergency physician who provides emergency medical services in a hospital that provides emergency care is also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level. Existing law authorizes an emergency physician to choose to grant eligibility for a discount payment policy to patients with incomes over 350% of the federal poverty level. Existing law defines "high medical costs" for these purposes to mean, among other things, specified annual out-of-pocket costs incurred by the individual at the hospital or a hospital that provided emergency care. This bill would authorize an emergency physician to choose to grant eligibility for a discount payment policy to patients with incomes over 400% of the federal poverty level. The bill would also clarify that out-of-pocket costs for the above-described definition of "high medical costs" means any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing. Existing law requires a hospital's discount payment policy to clearly state the eligibility criteria based upon income, and authorizes a hospital to consider the income and monetary assets of the patient or the patient's family, as defined, in determining eligibility under its charity care policy. This bill would prohibit a hospital from considering the monetary assets of the patient in determining eligibility for both the charity care and the discount payment policies, but would authorize the hospital to consider the availability of a patient's health savings account held by the patient or the patient's family, as specified. The bill would revise the definition of patient's family, as specified. The bill would instead require that the eligibility for charity care or discounted payments be determined at any time the hospital is in receipt of, among other things, recent pay stubs or income tax returns. The bill would prohibit a hospital or an emergency physician from imposing time limits for applying for charity care or discounted payments, and would prohibit a hospital or emergency physician from denying eligibility based on the timing of a patient's application. The bill would authorize a hospital or emergency physician to waive or reduce Medi... (click bill link to see more).

Primary Sponsors

Laura Friedman

Title

Open meetings: local agencies: teleconferences.

Description

AB 2302, Addis. Open meetings: local agencies: teleconferences. Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body, as defined, of a local agency be open and public and that all persons be permitted to attend and participate. The act generally requires for teleconferencing that the legislative body of a local agency that elects to use teleconferencing post agendas at all teleconference locations, identify each teleconference location in the notice and agenda of the meeting or proceeding, and have each teleconference location be accessible to the public. Existing law also requires that, during the teleconference, at least a quorum of the members of the legislative body participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. Existing law, until January 1, 2026, authorizes the legislative body of a local agency to use alternative teleconferencing in specified circumstances if, during the teleconference meeting, at least a quorum of the members of the legislative body participates in person from a singular physical location clearly identified on the agenda that is open to the public and situated within the boundaries of the territory over which the local agency exercises jurisdiction, and the legislative body complies with prescribed requirements. Existing law imposes prescribed restrictions on remote participation by a member under these alternative teleconferencing provisions, including establishing limits on the number of meetings a member may participate in solely by teleconference from a remote location, prohibiting such participation for a period of more than 3 consecutive months or 20% of the regular meetings for the local agency within a calendar year, or more than 2 meetings if the legislative body regularly meets fewer than 10 times per calendar year. This bill would revise those limits, instead prohibiting such participation for more than a specified number of meetings per year, based on how frequently the legislative body regularly meets. The bill, for the purpose of counting meetings attended by teleconference, would define a "meeting" as any number of meetings of the legislative body of a local agency that begin on the same calendar day. The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitu... (click bill link to see more).

Primary Sponsors

Dawn Addis

Title

California Dignity in Pregnancy and Childbirth Act.

Description

AB 2319, Wilson. California Dignity in Pregnancy and Childbirth Act. Existing law requires the State Department of Public Health to maintain a program of maternal and child health, which may include, among other things, facilitating services directed toward reducing infant mortality and improving the health of mothers and children. Existing law requires the Office of Health Equity within the department to serve as a resource for ensuring that programs collect and keep data and information regarding ethnic and racial health statistics, and strategies and programs that address multicultural health issues, including, but not limited to, infant and maternal mortality. Existing law makes legislative findings relating to implicit bias and racial disparities in maternal mortality rates. Existing law requires a hospital that provides perinatal care, and an alternative birth center or a primary clinic that provides services as an alternative birth center, to implement an evidence-based implicit bias program, as specified, for all health care providers involved in perinatal care of patients within those facilities. Existing law requires the health care provider to complete initial basic training through the program and a refresher course every 2 years thereafter, or on a more frequent basis if deemed necessary by the facility. Existing law requires the facility to provide a certificate of training completion upon request, to accept certificates of completion from other facilities, and to offer training to physicians not directly employed by the facility. Existing law requires the department to track and publish data on pregnancy-related death and severe maternal morbidity, as specified. This bill would make a legislative finding that the Legislature recognizes all birthing people, including nonbinary persons and persons of transgender experience. The bill would extend the evidence-based implicit bias training requirements to specified health care providers at hospitals that provide perinatal care, alternative birth centers, or primary care clinics, as specified. The bill would require an implicit bias program to include recognition of intersecting identities and the potential associated biases. The bill would require initial basic training for the implicit bias program to be completed by June 1, 2025, for current health care providers, and within 6 months of their start date for new health care providers, unless exempted. The bill would require specified facilities to, by February 1 of each year, commencing in 2026, provide the Attorney General with proof of compliance with these provisions, as specified. The bill would authorize the Attorney General to pursue civil penalties for violations of these provisions, as specified. Th... (click bill link to see more).

Primary Sponsors

Lori Wilson, Akilah Weber, Mia Bonta, Steve Bradford, Isaac Bryan, Mike Gipson, Chris Holden

Title

Optometry: mobile optometric offices.

Description

AB 2327, Wendy Carrillo. Optometry: mobile optometric offices. Existing law, the Optometry Practice Act, establishes the State Board of Optometry within the Department of Consumer Affairs and sets forth the powers and duties of the board relating to the licensure and regulation of the practice of optometry. Existing law regulates the ownership and operation of mobile optometric offices, as defined, including, among other things, requiring the owner and operator of a mobile optometric office to file a quarterly report containing specified information. Existing law requires the board, by January 1, 2023, to adopt regulations establishing a registry for the owners and operators of mobile optometric offices, as specified. Existing law prohibits the board, before January 1, 2023, from bringing an enforcement action against an owner and operator of a mobile optometric office based solely on its affiliation status with an approved optometry school in California for remotely providing optometric service. Existing law makes these and other provisions related to the permitting and regulation of mobile optometric offices effective only until July 1, 2025, and repeals them as of that date. This bill would authorize the owner and operator of a mobile optometric office to instead file the above-described quarterly reports as a single, annual report during the first renewal period of 2 years, as specified. The bill would also extend the deadline for the board to adopt the above-described regulations to January 1, 2026. The bill would prohibit the board from bringing the above-described enforcement action before January 1, 2026, or before the board adopts those regulations, whichever is earlier. The bill would extend the repeal date of the provisions related to the permitting and regulation of mobile optometric clinics to July 1, 2035.

Primary Sponsors

Wendy Carrillo

Title

Medi-Cal: telehealth.

Description

AB 2339, Aguiar-Curry. Medi-Cal: telehealth. 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, subject to federal approval, in-person, face-to-face contact is not required under Medi-Cal when covered health care services are provided by video synchronous interaction, asynchronous store and forward, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when those services and settings meet certain criteria. Existing law defines “asynchronous store and forward” as the transmission of a patient’s medical information from an originating site to the health care provider at a distant site. This bill would expand that definition, for purposes of the above-described Medi-Cal provisions, to include asynchronous electronic transmission initiated directly by patients, including through mobile telephone applications. Existing law prohibits a health care provider from establishing a new patient relationship with a Medi-Cal beneficiary via asynchronous store and forward, telephonic (audio-only) synchronous interaction, remote patient monitoring, or other virtual communication modalities, except as specified. Among those exceptions, existing law authorizes a health care provider to establish a new patient relationship using an audio-only synchronous interaction when the visit is related to sensitive services, as defined, and when established in accordance with department-specific requirements and consistent with federal and state law, regulations, and guidance. This bill would expand that exception to include asynchronous store and forward when the visit is related to sensitive services, as specified. Existing law authorizes a health care provider to establish a new patient relationship using an audio-only synchronous interaction when the patient requests an audio-only modality or attests that they do not have access to video, as specified. This bill would remove, from that exception, the option of the patient attesting that they do not have access to video.

Primary Sponsors

Cecilia Aguiar-Curry

Title

Medi-Cal: EPSDT services: informational materials.

Description

AB 2340, Bonta. Medi-Cal: EPSDT services: informational materials. 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 medically necessary health care services, through fee-for-service or managed care delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, early and periodic screening, diagnostic, and treatment (EPSDT) services are covered under Medi-Cal for an individual under 21 years of age in accordance with certain federal provisions. Existing federal regulations require the state to provide for a combination of written and oral methods designed to inform individuals eligible for EPSDT services, or their families, about the EPSDT program, within 60 days of the individual's initial Medicaid eligibility determination and, in the case of families that have not utilized EPSDT services, annually thereafter, as specified. Under those regulations, required information includes, among other components, the benefits of preventive health care and the services available under the EPSDT program and where and how to obtain those services. This bill would require the department to prepare written informational materials that effectively explain and clarify the scope and nature of EPSDT services, as defined, that are available under the Medi-Cal program. Under the bill, the materials would include, but would not be limited to, the information required in the above-described federal regulations or their successor. Under the bill, the informational materials would also include content designed for youth, for purposes of delivery of that content to a beneficiary who is 12 years of age or older but under 21 years of age. The bill would authorize the department to standardize the materials, as specified, and would require the department to regularly review the materials to ensure that they are up to date. The bill would require the department to test the quality, clarity, and cultural concordance of translations of the informational materials with Medi-Cal beneficiaries, in order to ensure that the materials use clear and nontechnical language that effectively informs beneficiaries. The bill would require the department or a Medi-Cal managed care plan, to provide to a beneficiary who is eligible for EPSDT services, or to the parent or other authorized representative of that beneficiary, as applicable, the informational materials within a maximum number of calendar days after that beneficiary's enrollment in a managed care plan or initial Medi-Cal eligibility determination and annually thereafter, as specified by the department.

Primary Sponsors

Mia Bonta

Title

California Health Benefit Exchange.

Description

AB 2435, Maienschein. California Health Benefit Exchange. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Existing state law creates the California Health Benefit Exchange, also known as Covered California, governed by an executive board, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law specifies the powers of the executive board. Existing law authorizes the executive board to adopt necessary rules and regulations by emergency regulations until January 1, 2025, with the exception of regulations implementing prescribed provisions relating to criminal background history checks for persons with access to confidential, personal, or financial information. Existing law authorizes the Office of Administrative Law to approve more than 2 readoptions of emergency regulations until January 1, 2030. Existing law provides that these extensions apply to a regulation adopted before January 1, 2022. This bill would extend the authority of the executive board to adopt necessary rules and regulations by emergency regulations until January 1, 2030, and would extend the authority of the Office of Administrative Law to approve more than 2 readoptions of emergency regulations until January 1, 2035. The bill would provide that these prescribed time extensions apply to a regulation adopted before January 1, 2025.

Primary Sponsors

Brian Maienschein

Title

Healing arts: expedited licensure process: gender-affirming health care and gender-affirming mental health care.

Description

AB 2442, Zbur. Healing arts: expedited licensure process: gender-affirming health care and gender-affirming mental health care. Existing law requires the Medical Board of California, the Osteopathic Medical Board of California, the Board of Registered Nursing, and the Physician Assistant Board to expedite the licensure process for an applicant who demonstrates that they intend to provide abortions within the scope of practice of their license, and specifies the manner in which the applicant is required to demonstrate their intent. This bill would also require those boards to expedite the licensure process for an applicant who demonstrates that they intend to provide gender-affirming health care and gender-affirming mental health care, as defined, within the scope of practice of their license, and would specify the manner in which the applicant would be required to demonstrate their intent. The bill would repeal its provisions on January 1, 2029.

Primary Sponsors

Rick Zbur

Title

Medi-Cal: diapers.

Description

AB 2446, Ortega. Medi-Cal: diapers. 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 by, and funded pursuant to, federal Medicaid program provisions. Under existing law, incontinence medical supplies are covered by the Medi-Cal program. This bill would establish diapers as a covered Medi-Cal benefit for a child greater than 3 years of age who has been diagnosed with a condition, as specified, that contributes to incontinence, and for an individual under 21 years of age if necessary to correct or ameliorate a condition pursuant to certain federal standards. The bill would limit the provided diapers to an appropriate supply based on the diagnosed condition and the age of the Medi-Cal beneficiary. The bill would require the department to seek any necessary federal approvals to implement these provisions. The bill would condition implementation of these provisions on receipt of any necessary federal approvals, the availability of federal financial participation, and an appropriation by the Legislature.

Primary Sponsors

Liz Ortega

Title

Health care coverage for menopause.

Description

AB 2467, Bauer-Kahan. Health care coverage for menopause. 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 sets forth specified coverage requirements for health care service plan contracts and health insurance policies. This bill would require a health care service plan contract or health insurance policy, except as specified, to include coverage for evaluation and treatment options for perimenopause and menopause. The bill would require a health care service plan or health insurer to annually provide clinical care recommendations, as specified, for hormone therapy to all contracted primary care providers who treat individuals with perimenopause and menopause. 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

Rebecca Bauer-Kahan

Organizational Notes

Last edited by Joanne Campbell at Aug 21, 2024, 2:59 PM
Oppose: California Association of Health Plans (Removed)

Title

Behavioral health and wellness screenings: notice.

Description

AB 2556, Jackson. Behavioral health and wellness screenings: notice. 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. This bill would require a health care service plan, except as specified, or health insurer to provide to enrollees and insureds a written or electronic notice regarding the benefits of a behavioral health and wellness screening, as defined, for children and adolescents 8 to 18 years of age. The bill would require a health care service plan or insurer to provide the notice annually. Because a violation of the bill's requirements relative to a health care service plan would be crimes, 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 18, 2024, 5:29 PM
California Association of Health Plans - Oppose

Title

Pupil health: oral health assessment.

Description

AB 2630, Bonta. Pupil health: oral health assessment. Existing law requires a pupil, while enrolled in kindergarten in a public school, or while enrolled in first grade in a public school if the pupil was not previously enrolled in kindergarten in a public school, to present proof of having received an oral health assessment by a licensed dentist, or other licensed or registered dental health professional operating within the professional's scope of practice, that was performed no earlier than 12 months before the date of the initial enrollment of the pupil, as provided. This bill would define "kindergarten" for these purposes as including both transitional kindergarten and kindergarten, and would require the above-described proof only once during a 2-year kindergarten program. To the extent the bill would impose additional duties on public schools, 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

Mia Bonta

Title

Federally qualified health centers and rural health clinics: psychological associates.

Description

AB 2703, Aguiar-Curry. Federally qualified health centers and rural health clinics: psychological associates. 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 federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires that FQHC services and RHC services be reimbursed on a per-visit basis and defines a visit as a face-to-face encounter, or other modality of interaction, as specified, between a patient and specified practitioners. This bill would add to that list of practitioners a licensed professional clinical counselor. Existing law authorizes an FQHC or RHC to apply for an adjustment to its per-visit rate based on a change in the scope of services provided by the FQHC or RHC and includes in the definition of a change in the scope of services any changes in any of the federally defined FQHC services or RHC services, among other things. Existing law requires an FQHC or RHC that does not provide certain services, including marriage and family therapist services, and later elects to add those services and bill them as a separate visit to process the addition of the services as a change in scope of service, as specified. This bill would remove the requirement for an FQHC or RHC that does not provide marriage and family therapist services, but later elects to add those services and bill them as a separate visit, to file for a change in scope of service. Existing law requires the department to seek any necessary federal approvals and issue appropriate guidance to allow an FQHC or RHC to bill, under a supervising licensed behavioral health practitioner, for an encounter between an FQHC or RHC patient and an associate clinical social worker or associate marriage and family therapist when certain conditions are met, including, among others, that the FQHC or RHC is otherwise authorized to bill for services provided by the supervising practitioner as a separate visit. This bill would add a psychological associate or associate professional clinical counselor to those provisions, requiring the department to seek any necessary federal approvals and issue appropriate guidance to allow an FQHC or RHC to bill for an encounter between a patient and a psychological associate or associate professional clinical counselor under those conditions. The bill would make conforming changes with regard to supervision by a licensed behavioral health practitioner, as required by the associate's applicable clinical licensing board.

Primary Sponsors

Cecilia Aguiar-Curry

Organizational Notes

Last edited by Cherie Compartore at Jul 29, 2024, 9:07 PM
Support: Local Health Plans of California

Title

Ralph M. Brown Act: closed sessions.

Description

AB 2715, Boerner. Ralph M. Brown Act: closed sessions. Existing law, the Ralph M. Brown Act, generally requires that all meetings of a legislative body of a local agency be open and public and that all persons be permitted to attend and participate. Existing law authorizes a legislative body to hold a closed session with specified individuals on, among other things, matters posing a threat to the security of essential public services, as specified. This bill would additionally authorize a legislative body to hold a closed session with other law enforcement or security personnel and to hold a closed session on a threat to critical infrastructure controls or critical infrastructure information, as defined, relating to cybersecurity. Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest. This bill would make legislative findings to that effect. The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose. This bill would make legislative findings to that effect.

Primary Sponsors

Tasha Boerner

Title

California Health Benefit Exchange: financial assistance.

Description

AB 2749, Wood. California Health Benefit Exchange: financial assistance. Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. PPACA authorizes a state to apply to the United States Department of Health and Human Services for a state innovation waiver of any or all PPACA requirements, if certain criteria are met, including that the state has enacted a law that provides for state actions under a waiver. Existing state law creates the California Health Benefit Exchange (Exchange), also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law requires the Exchange, upon appropriation by the Legislature, to administer a program of financial assistance beginning July 1, 2023, to help Californians obtain and maintain health benefits through the Exchange if they lose employer-provided health care coverage as a result of a labor dispute, as specified. Under existing law, if specified eligibility requirements are met, an individual who has lost minimum essential coverage from an employer or joint labor management trust fund as a result of a strike, lockout, or other labor dispute receives the same premium assistance and cost-sharing reductions as an individual with a household income of 138.1% of the federal poverty level, and is also not required to pay a deductible for any covered benefit if the standard benefit design for a household income of 138.1% of the federal poverty level has zero deductibles. Existing law excludes from gross income any subsidy amount received pursuant to that program of financial assistance. This bill would revise various provisions of the financial assistance program, including deleting the exclusion of financial assistance received under the program from gross income, and specifying the criteria required for an individual to be qualified to receive coverage under the program. The bill would specify that an individual would no longer be eligible for financial assistance under the program when the Exchange verifies that employer-provided minimum essential coverage from the employer has been reinstated for the individual and dependents, as specified. The bill would require an employer or labor organization to notify the Exchange before employer-provided coverage is affected by a strike, lockout, or labor dispute, and would authorize the Exchange to contact the employer, labor organization, or other appropriate representative to determine information necessary to determ... (click bill link to see more).

Primary Sponsors

Jim Wood

Title

Financial Solvency Standards Board: membership.

Description

AB 2767, Santiago. Financial Solvency Standards Board: membership. Existing law establishes the Department of Managed Health Care, which, among other duties, ensures the financial stability of managed care plans. Existing law establishes within the department the Financial Solvency Standards Board for the purpose of, among other things, developing and recommending to the director of the department financial solvency requirements and standards relating to health care service plan operations. Existing law requires the board to be composed of the director, or their designee, and 7 members appointed by the director, and authorizes the director to appoint individuals with training and experience in specified subject areas or fields. This bill would instead require the director to appoint 10 members to the board, and would additionally authorize the director to appoint health care consumer advocates and individuals with training and experience in large group health insurance purchasing.

Primary Sponsors

Miguel Santiago

Title

Health care coverage: rape and sexual assault.

Description

AB 2843, Petrie-Norris. Health care coverage: rape and sexual assault. 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 victim of sexual assault who seeks a medical evidentiary examination to be provided with one, as specified. Existing law prohibits costs incurred by a qualified health care professional, hospital, clinic, sexual assault forensic examination team, or other emergency medical facility for the medical evidentiary examination portion of the examination of the victim of a sexual assault, as described in a specified protocol, when the examination is performed as specified, from being charged directly or indirectly to the victim of the assault. This bill would require a health care service plan or health insurance policy that is issued, amended, renewed, or delivered on or after July 1, 2025, to provide coverage without cost sharing for emergency room medical care and followup health care treatment for an enrollee or insured who is treated following a rape or sexual assault for the first 9 months after the enrollee initiates treatment, as specified. The bill would prohibit a health care service plan or health insurer from requiring, as a condition of providing coverage, (1) an enrollee or insured to file a police report, (2) charges to be brought against an assailant, (3) or an assailant to be convicted of rape or sexual assault. Because a violation of the bill 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

Cottie Petrie-Norris

Title

Licensed Physicians and Dentists from Mexico programs.

Description

AB 2860, Garcia. Licensed Physicians and Dentists from Mexico programs. Existing law, the Licensed Physicians and Dentists from Mexico Pilot Program, allows up to 30 licensed physicians and up to 30 licensed dentists from Mexico to practice medicine or dentistry in California for a period not to exceed 3 years, in accordance with certain requirements. Existing law requires the Medical Board of California and the Dental Board of California to provide oversight pursuant to these provisions. Existing law requires appropriate funding to be secured from nonprofit philanthropic entities before implementation of the pilot program may proceed. Existing law requires physicians participating in the Licensed Physicians and Dentists from Mexico Pilot Program to be enrolled in English as a second language classes, to have satisfactorily completed a 6-month orientation program, and to have satisfactorily completed a 6-month externship at the applicant's place of employment, among various other requirements. This bill would repeal the provisions regarding the Licensed Physicians and Dentists from Mexico Pilot Program, and would instead establish two bifurcated programs, the Licensed Physicians from Mexico Program and the Licensed Dentists from Mexico Pilot Program. Within these 2 programs, the bill would generally revise and recast certain requirements pertaining to the Licensed Physicians and Dentists from Mexico Pilot Program, including deleting the above-described requirement that Mexican physicians participating in the program enroll in adult English as a second language classes. The bill would instead require those physicians to have satisfactorily completed the Test of English as a Foreign Language or the Occupational English Test, as specified. The bill would remove the requirement that the orientation program be 6 months, and would further require the orientation program to include electronic medical records systems utilized by federally qualified health centers and standards for medical chart notations. The bill would also delete the requirement that the physicians participate in a 6-month externship. The bill would further delete provisions requiring an evaluation of the pilot program to be undertaken with funds provided from philanthropic foundations, and would make various other related changes to the program. The bill would require the Dental Board of California to, notwithstanding existing requirements to provide specified federal taxpayer information, issue a 3-year nonrenewable permit to an applicant who has not provided an individual taxpayer identification number or social security number if the applicant meets specified conditions. Commencing January 1, 2025, the bill would authorize the Medical Board of Califor... (click bill link to see more).

Primary Sponsors

Eduardo Garcia

Organizational Notes

Last edited by Cherie Compartore at May 29, 2024, 7:01 PM
Support: Local Health Plans of California, California Primary Care Association (Co-Sponsor), Clinica De Salud Del Valle De Salinas (Co-Sponsor)

Title

Opioid overdose reversal medications: pupil administration.

Description

AB 2998, McKinnor. Opioid overdose reversal medications: pupil administration. Existing law authorizes a public or private elementary or secondary school to determine whether or not to make emergency naloxone hydrochloride or another opioid antagonist and trained personnel available at its school, and to designate one or more volunteers to receive related training to address an opioid overdose, as specified. Existing law prohibits a person who has completed that training and who administers, in good faith and not for compensation, naloxone hydrochloride or another opioid antagonist to a person who appears to be experiencing an opioid overdose from being subject to professional review, liable in a civil action, or subject to criminal prosecution for the person's acts or omissions in administering the naloxone hydrochloride or another opioid antagonist, unless the person's acts or omissions constituted gross negligence or willful and wanton misconduct, as provided. This bill would prohibit a school district, county office of education, or charter school from prohibiting a pupil 12 years of age or older, while on a school site or participating in school activities, from carrying or administering, for the purposes of providing emergency treatment to persons who are suffering, or reasonably believed to be suffering, from an opioid overdose, a naloxone hydrochloride nasal spray or any other opioid overdose reversal medication that is federally approved for over-the-counter, nonprescription use, as provided. The bill would prohibit a pupil 12 years of age or older of those local educational agencies who administers those opioid antagonists on a school site or while participating in school activities to a person who appears to be experiencing an opioid overdose, from being held liable in a civil action or being subject to criminal prosecution for their acts or omissions, unless the pupil's acts or omissions constitute gross negligence or willful and wanton misconduct, as provided. The bill would also prohibit those local educational agencies, or an employee of those local educational agencies, from being subject to professional review, liable in a civil action, or subject to criminal prosecution for a pupil's acts or omissions in administering those opioid antagonists, unless an act or omission of the local educational agency, or the employee of the local educational agency, constitutes gross negligence or willful and wanton misconduct connected to the administration of those opioid antagonists.

Primary Sponsors

Tina McKinnor

Title

Human milk.

Description

AB 3059, Weber. Human milk. Existing law licenses and regulates tissue banks and generally makes a violation of the requirements applicable to tissue banks a crime. This bill would specify that a general acute care hospital is not required to have a license to operate a tissue bank to store or distribute pasteurized donor human milk that was obtained from a tissue bank licensed by the State Department of Public Health. The bill would exempt from licensing requirements a hospital storing or distributing human milk obtained from a licensed tissue bank. The bill would require hospitals that collect, process, store, or distribute human milk in any other circumstance to obtain a tissue bank license. To the extent that the bill would expand the class of hospitals subject to tissue bank licensing requirements, thereby expanding a crime, the bill would impose a state-mandated local program. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Other existing law requires the Department of Insurance to regulate health insurers. Existing law requires health care service plans and health insurers, as specified, to provide certain health benefits and services, including, among others, maternity hospital stays, inpatient hospital and ambulatory maternity services, and maternal mental health programs. Existing law generally requires a health care service plan or health insurance policy to provide an enrollee or insured with basic health care services, as specified. This bill would include, in the above-described basic health care services, medically necessary pasteurized donor human milk obtained from a tissue bank licensed by the State Department of Public Health. Because a violation of the bill's 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

Akilah Weber

Organizational Notes

Last edited by Joanne Campbell at Apr 19, 2024, 8:10 PM
California Association of Health Plans - Opposed

Title

Pharmacies: compounding.

Description

AB 3063, McKinnor. Pharmacies: compounding. Existing law, the Pharmacy Law, requires the California State Board of Pharmacy to license and regulate the practice of pharmacy by pharmacists and pharmacy corporations in this state. Existing law prohibits a pharmacy from compounding sterile drug products unless the pharmacy has obtained a sterile compounding pharmacy license from the board. Existing law requires the compounding of drug preparations by a pharmacy for furnishing, distribution, or use to be consistent with standards established in the pharmacy compounding chapters of the current version of the United States Pharmacopeia-National Formulary, including relevant testing and quality assurance. Existing law authorizes the board to adopt regulations to impose additional standards for compounding drug preparations. This bill would, for purposes of those provisions, specify that the addition of a flavoring agent to a conventionally manufactured product is not considered compounding if certain conditions are met, including that the flavoring agent does not alter a medication's concentration beyond the level of variance accepted by the United States Pharmacopeia. The bill would require the addition of the flavoring agent to be documented in the prescription record, as specified. The bill would make those provisions operative until January 1, 2030. This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors

Tina McKinnor

Title

Medi-Cal managed care plans: enrollees with other health care coverage.

Description

AB 3156, Joe Patterson. Medi-Cal managed care plans: enrollees with other health care coverage. 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, under fee-for-service or managed care delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing federal law, in accordance with third-party liability rules, Medicaid is generally the payer of last resort if a beneficiary has another source of health care coverage in addition to Medicaid coverage. Under this bill, in the case of a Medi-Cal managed care plan enrollee who also has other health care coverage and for whom the Medi-Cal program is a payer of last resort, the department would be required to ensure that a provider that is not contracted with the plan and that is billing the plan for Medi-Cal allowable costs not paid by the other health care coverage does not face administrative requirements significantly in excess of the administrative requirements for billing those same costs to the Medi-Cal fee-for-service delivery system. Under the bill, in the case of an enrollee who meets those coverage criteria, except as specified, a Medi-Cal fee-for-service provider would not be required to contract as an in-network provider with the Medi-Cal managed care plan in order to bill the plan for Medi-Cal allowable costs for covered health care services. The bill would authorize a Medi-Cal managed care plan to require a letter of agreement, or a similar agreement, under either of the following circumstances: (1) if a covered service requires prior authorization, or if a service is not covered by the other health care coverage but is a covered service under the plan, as specified, or (2) if an enrollee requires a covered service and meets the requirements for continuity of care or the completion of covered services through a Medi-Cal managed care plan pursuant to specified provisions under existing law regarding services by a terminated or nonparticipating provider. The bill would require the department to solicit input from specified stakeholders regarding the coordination of payment for services between Medi-Cal enrollees' other commercial health care coverage and their Medi-Cal managed care plans, with a specific emphasis on Medi-Cal recipients receiving regional center services. The bill would require the department to include an item on the agenda of the first meeting of the Medi-Cal Managed Care Advisory Committee of 2025 to discuss this topic and, within 6 months of the advisory committee meeting, take the actions that it deems necessary to provide clarificati... (click bill link to see more).

Primary Sponsors

Joe Patterson, Stephanie Nguyen

Title

Department of Managed Health Care: review of records.

Description

AB 3221, Pellerin. Department of Managed Health Care: review of records. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (hereafter the 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 requires the records, books, and papers of a health care service plan and other specified entities to be open to inspection by the director of the department during normal business hours. This bill would instead require the records, books, and papers of a health care service plan and other specified entities to be open to inspection by the director, including through electronic means. The bill would require a plan and other specified entities to furnish in electronic media records, books, and papers that are possessed in electronic media and to conduct a diligent review of records, books, and papers and make every effort to furnish those responsive to the director's request. The bill would require records, books, and papers to be furnished in a format that is digitally searchable, to the greatest extent feasible. The bill would require records, books, and papers to be preserved until furnished, if requested by the department. The bill would authorize the director to inspect and copy these records, books, and papers, and to seek relief in an administrative law proceeding if, in the director's determination, a plan or other specified entity fails to fully or timely respond to a duly authorized request for production of records, books, and papers. Because a willful violation of these requirements would be a crime, the bill would impose a state-mandated local program. Existing law requires the department to conduct periodically an onsite medical survey of the health delivery system of each plan. Existing law requires the director to publicly report survey results no later than 180 days following the completion of the survey, and requires a final report to be issued after public review of the survey. Existing law requires the department to conduct a followup review to determine and report on the status of the plan's efforts to correct deficiencies no later than 18 months following release of the final report. This bill would state that nothing in those provisions prohibits the director from taking any action permitted or required under the act in response to the survey results before the followup review is initiated or completed, including, but not limited to, taking enforcement actions and opening further investigations. The bill would declare that these provisions are declaratory of and clarify existing law with regard to the director's enforcement authority. Existing law enumerates acts or omissions... (click bill link to see more).

Primary Sponsors

Gail Pellerin

Organizational Notes

Last edited by Joanne Campbell at Feb 28, 2024, 9:06 PM
National Union of Healthcare Workers, Sponsor

Title

Coverage for colorectal cancer screening.

Description

AB 3245, Joe Patterson. Coverage for colorectal 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. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally requires a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2022, to provide coverage without cost sharing for a colorectal cancer screening test assigned either a grade of A or a grade of B by the United States Preventive Services Task Force and for a required colonoscopy for a positive result on a test with those grades. This bill would additionally require that coverage if the screening test is assigned either a grade of A or a grade of B, or equivalent, in accordance with the most current recommendations established by another accredited or certified guideline agency approved by the California Health and Human Services Agency.

Primary Sponsors

Joe Patterson

Organizational Notes

Last edited by Joanne Campbell at Apr 22, 2024, 5:03 PM
California Association of Health Plans - Opposed (removed)

Title

Health care coverage: claim reimbursement.

Description

AB 3275, Soria. Health care coverage: claim reimbursement. 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 insurer or health care service plan, including a specialized health care service plan, to reimburse a claim or portion of a claim no later than 30 working days after receipt of the claim, unless the plan contests or denies the claim, in which case the plan is required to notify the claimant within 30 working days that the claim is contested or denied. Under existing law, if a claim or portion thereof is contested on the basis that a health insurer or health care service plan has not received all information necessary to determine payer liability for the claim or portion thereof and notice has been provided, the health insurer or health care service plan has 30 working days after receipt of the additional information to complete reconsideration of the claim. Existing law extends these timelines to 45 working days for a health care service plan that is a health maintenance organization. Under existing law, if a claim is not reimbursed, contested, or denied pursuant to these timelines, as specified, interest accrues at a rate of 15% per annum for a health care service plan and 10% per annum for a health insurer. Commencing January 1, 2026, this bill instead would require a health care service plan, including a Medi-Cal managed care plan, or health insurer to reimburse a complete claim or a portion thereof within 30 calendar days after receipt of the claim, or, if a claim or portion thereof does not meet the criteria for a complete claim or portion thereof, to notify the claimant as soon as practicable, but no later than 30 calendar days that the claim or portion thereof is contested or denied. The bill would authorize the departments to issue guidance and regulations related to these provisions. The bill would exempt the guidance and amendments from the Administrative Procedure Act until December 31, 2027. Existing law requires health care service plans to establish a grievance process, as specified. This bill would require a complaint made by an enrollee to a health care service plan about a delay or denial of a payment of a claim to be treated as a grievance subject to that grievance process. 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 a... (click bill link to see more).

Primary Sponsors

Esmeralda Soria, Robert Rivas

Organizational Notes

Last edited by Cherie Compartore at May 14, 2024, 4:03 PM
Oppose: Local Health Plans of California, California Association of Health Plans

Title

Medi-Cal: managed care organization provider tax.

Description

SB 136, Committee on Budget and Fiscal Review. 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 imposes 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. Under existing law, all revenues, less refunds, derived from the taxes are deposited into the Managed Care Enrollment Fund, to be available to the department, upon appropriation, for the purpose of funding specified subcomponents to support the Medi-Cal program. Existing law sets forth certain taxing tiers and tax amounts for purposes of the tax periods of April 1, 2023, to December 31, 2023, inclusive, and the 2024, 2025, and 2026 calendar years. Under existing law, the Medi-Cal per enrollee tax amount for Medi-Cal taxing tier II, as defined, is \$182.50 for the 2024 calendar year, \$187.50 for the 2025 calendar year, and \$192.50 for the 2026 calendar year. This bill would raise that tax amount for that tier to \$205 for all 3 of those calendar years. This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors

Senate Budget and Fiscal Review Committee

Organizational Notes

Last edited by Joanne Campbell at Mar 18, 2024, 5:17 PM
California Association of Health Plans - Support

Title

HIV preexposure prophylaxis and postexposure prophylaxis.

Description

SB 339, Wiener. HIV preexposure prophylaxis and postexposure prophylaxis. Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy. Existing law authorizes a pharmacist to furnish at least a 30-day supply of HIV preexposure prophylaxis, and up to a 60-day supply of those drugs if certain conditions are met. Existing law also authorizes a pharmacist to furnish postexposure prophylaxis to a patient if certain conditions are met. This bill would authorize a pharmacist to furnish up to a 90-day course of preexposure prophylaxis, or preexposure prophylaxis beyond a 90-day course, if specified conditions are met. The bill would require the California State Board of Pharmacy to adopt emergency regulations to implement these provisions by October 31, 2024. 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 a health care service plan or health insurer from covering preexposure prophylaxis that has been furnished by a pharmacist in excess of a 60-day supply once every 2 years, except as specified. 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 existing schedule of benefits includes coverage for preexposure prophylaxis as pharmacist services, limited to no more than a 60-day supply furnished by a pharmacist once every 2 years, and includes coverage for postexposure prophylaxis, subject to approval by the federal Centers for Medicare and Medicaid 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 and health insurer to cover preexposure prophylaxis and postexposure prophylaxis furnished by a pharmacist, including the pharmacist's services and related testing ordered by the pharmacist, and to pay or reimburse for the service performed by a pharmacist at an in-network pharmacy or a pharmacist at an out-of-network pharmacy if the health care service plan or health insurer has an out-of-network pharmacy benefit, except as specified. The bill would include preexposure prophylaxis furnished by a pharmacist as pharmacist services on the Medi-Cal schedule of benefits. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated I... (click bill link to see more).

Primary Sponsors

Scott Wiener, Mike Gipson

Organizational Notes

Last edited by Joanne Campbell at Jan 11, 2024, 5:48 PM
California Association of Health Plans: Oppose Unless Amended

Title

Health care coverage: antiretroviral drugs, drug devices, and drug products.

Description

SB 427, as amended, Portantino. Health care coverage: antiretroviral drugs, drug devices, and drug products. 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 generally prohibits a health care service plan, excluding a Medi-Cal managed care plan, or health insurer from subjecting antiretroviral drugs that are medically necessary for the prevention of HIV/AIDS, including preexposure prophylaxis or postexposure prophylaxis, to prior authorization or step therapy. Under existing law, a health care service plan or health insurer is not required to cover all the therapeutically equivalent versions of those drugs without prior authorization or step therapy if at least one is covered without prior authorization or step therapy. This bill would prohibit a health care service plan, excluding a Medi-Cal managed care plan, or health insurer from subjecting antiretroviral drugs, drug devices, or drug products that are either approved by the United States Food and Drug Administration (FDA) or recommended by the federal Centers for Disease Control and Prevention (CDC) for the prevention of HIV/AIDS, to prior authorization or step therapy, but would authorize prior authorization or step therapy if at least one therapeutically equivalent version is covered without prior authorization or step therapy and the plan or insurer provides coverage for a noncovered therapeutic equivalent antiretroviral drug, drug device, or drug product without cost sharing pursuant to an exception request. The bill would require a plan or insurer to provide coverage under the outpatient prescription drug benefit for those drugs, drug devices, or drug products, including by supplying participating providers directly with a drug, drug device, or drug product, as specified. This bill would require a nongrandfathered or grandfathered health care service plan contract or health insurance policy to provide coverage for antiretroviral drugs, drug devices, or drug products that are either approved by the FDA or recommended by the CDC for the prevention of HIV/AIDS, and would prohibit a nongrandfathered or grandfathered health care service plan contract or health insurance policy from imposing any cost-sharing or utilization review requirements for those drugs, drug devices, or drug products. The bill would exempt Medi-Cal managed care plans from these provisions and would delay the application of these provisions for an individual and small group health care service plan contract or ... (click bill link to see more).

Primary Sponsors

Anthony Portantino

Organizational Notes

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

Title

Health care coverage: treatment for infertility and fertility services.

Description

SB 729, Menjivar. Health care coverage: treatment for infertility and fertility services. 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 by the Department of Insurance. Existing law imposes various requirements and restrictions on health care service plans and disability insurers, including, among other things, a requirement that every group health care service plan contract or disability insurance policy that is issued, amended, or renewed on or after January 1, 1990, offer coverage for the treatment of infertility, except in vitro fertilization. This bill would require large and small group health care service plan contracts and disability insurance policies issued, amended, or renewed on or after July 1, 2025, to provide coverage for the diagnosis and treatment of infertility and fertility services. With respect to large group health care service plan contracts and disability insurance policies, the bill would require coverage for a maximum of 3 completed oocyte retrievals, as specified. The bill would revise the definition of infertility, and would remove the exclusion of in vitro fertilization from coverage. The bill would also delete a requirement that a health care service plan contract and disability insurance policy provide infertility treatment under agreed-upon terms that are communicated to all group contractholders and policyholders. The bill would prohibit a health care service plan or disability insurer from placing different conditions or coverage limitations on fertility medications or services, or the diagnosis and treatment of infertility and fertility services, than would apply to other conditions, as specified. The bill would make these requirements inapplicable to a religious employer, as defined, and specified contracts and policies. Because the 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

Caroline Menjivar, Buffy Wicks

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 6:01 PM
California Association of Health Plans: Oppose

Title

Medi-Cal: certification.

Description

SB 819, Eggman. Medi-Cal: certification. Existing law requires the State Department of Public Health to license and regulate clinics. Existing law exempts from those licensing provisions certain clinics that are directly conducted, maintained, or operated by federal, state, or local governmental entities, as specified. Existing law also exempts from those licensing provisions a clinic that is operated by a primary care community or free clinic, that is operated on separate premises from the licensed clinic, and that is only open for limited services of no more than 40 hours per week. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services (department) 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 various procedures, including the submission of an application package, for providers to enroll in the Medi-Cal program. Under existing law, an applicant or provider that is a government-run license-exempt clinic as described above is required to comply with those Medi-Cal enrollment procedures. Under existing law, an applicant or provider that is operated on separate premises and is license exempt, including an intermittent site or mobile health care unit that is operated by a licensed primary care clinic that provides all staffing, protocols, equipment, supplies, and billing services, is not required to enroll in the Medi-Cal program as a separate provider or comply with the above-described enrollment procedures, if the licensed primary care clinic has notified the department of its separate locations, premises, intermittent sites, or mobile health care units. This bill would additionally exempt from the Medi-Cal enrollment procedures an intermittent site or mobile health care unit that is operated by the above-described government-run license-exempt clinic if that clinic has notified the department of its separate locations, premises, sites, or units. The bill would make legislative findings stating that this bill is declaratory of existing law, as specified.

Primary Sponsors

Susan Eggman

Title

Pharmacy benefits.

Description

SB 966, Wiener. Pharmacy benefits. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (the Knox-Keene Act), a violation of which is a crime, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. The Knox-Keene Act requires a pharmacy benefit manager under contract with a health care service plan to, among other things, register with the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. This bill would additionally require a pharmacy benefit manager, as defined, to apply for a license from the Department of Insurance to operate as a pharmacy benefit manager no later than January 1, 2027. The bill would establish application qualifications and requirements, and would require initial license and renewal fees to be collected into the newly created Pharmacy Benefit Manager Account in the Insurance Fund, to be available to the department for use, upon appropriation by the Legislature, as specified, for costs related to licensing and regulating pharmacy benefit managers. This bill would require a pharmacy benefit manager to file with the department at specified annual intervals 2 reports, one of which discloses product benefits specific to the purchaser, and the other of which includes information about categories of drugs and the pharmacy benefit manager's contracts and revenues. The bill would specify that the contents of the reports are not to be disclosed to the public. The bill would require the department, at specified annual intervals, to prepare 2 reports based on the reports submitted by pharmacy benefit managers, and would require the department to post its reports on the department's internet website. This bill would impose specified duties on pharmacy benefit managers and requirements for pharmacy benefit manager services and pharmacy benefit manager contracts. The bill would require a pharmacy benefit manager to disclose to the Department of Insurance all types of fees it receives and how the fees are calculated. The bill would make a violation of the above-specified provisions subject to specified civil penalties. The bill would establish various filing and service requirements when a proceeding is brought for a violation of specified requirements by a pharmacy benefit manager. The bill would create the Pharmacy Benefit Manager Fines and Penalties Account in the General Fund, into which fines and administrative penalties would be deposited. Existing law requires a health care service plan contract or health insurance policy that provides coverage for outpatient prescription drugs to cover medically necessary prescription drugs and subjects those policies to certa... (click bill link to see more).

Primary Sponsors

Scott Wiener, Aisha Wahab, Devon Mathis

Organizational Notes

Last edited by Joanne Campbell at Apr 19, 2024, 8:12 PM
California Association of Health Plans - Oppose

Title

Hospitals: seismic compliance.

Description

SB 1119, Newman. Hospitals: seismic compliance. Existing law, the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983, establishes a program of seismic safety building standards for certain hospitals. Existing law requires hospitals that are seeking an extension for their buildings to submit an application to the Department of Health Care Access and Information by April 1, 2019, subject to certain exceptions. Existing law requires that final seismic compliance be achieved by July 1, 2022, if the compliance is based on a replacement or retrofit plan, or by January 1, 2025, if the compliance is based on a rebuild plan. Notwithstanding the above provisions, existing law authorizes the department to waive the requirements of the act for the O'Connor Hospital and Santa Clara Valley Medical Center in the City of San Jose if the hospital or medical center submits a plan for compliance by a specified date, and the department accepts the plan based on it being feasible to complete and promoting public safety. Existing law requires, if the department accepts the plan, the hospital or medical center to report to the department on its progress to timely complete the plan by specified dates. Existing law imposes penalties to a hospital that fails to meet its deadline. This bill would additionally authorize the department to waive the requirements of the act for Providence St. Joseph Hospital and Providence Eureka General Hospital in the City of Eureka, Providence St. Jude Medical Center in the City of Fullerton, and Providence Cedars-Sinai Tarzana Medical Center in the City of Tarzana. The bill would specify additional dates for the hospital or medical center to report to the department on its progress, would authorize the department to grant no more time than is necessary for the hospital to fully comply with the standards, and would impose a fine of \$5,000 per calendar day if the hospital fails to comply with specified requirements or demonstrate adequate progress, as specified. This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors

Josh Newman

Title

Health care coverage: utilization review.

Description

SB 1120, Becker. Health care coverage: utilization review. 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 by the Department of Insurance. Existing law generally authorizes a health care service plan or disability insurer to use prior authorization and other utilization review or utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law requires a health care service plan or disability insurer, including those plans or insurers that delegate utilization review or utilization management functions to medical groups, independent practice associations, or to other contracting providers, to comply with specified requirements and limitations on their utilization review or utilization management functions. Existing law authorizes the Director of the Department of Managed Health Care or the Insurance Commissioner to assess an administrative penalty to a health care service plan or disability insurer, as applicable, for failure to comply with those requirements. This bill would require a health care service plan or disability insurer, including a specialized health care service plan or specialized health insurer, that uses an artificial intelligence, algorithm, or other software tool for the purpose of utilization review or utilization management functions, or that contracts with or otherwise works through an entity that uses that type of tool, to ensure compliance with specified requirements, including that the artificial intelligence, algorithm, or other software tool bases its determination on specified information and is fairly and equitably applied, as specified. 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

Josh Becker

Organizational Notes

Last edited by Cherie Compartore at Jul 9, 2024, 5:26 PM
Oppose Unless Amended: California Association of Health Plans

Title

Medi-Cal providers: family planning.

Description

SB 1131, Gonzalez. Medi-Cal providers: family planning. 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 establishes, under the Medi-Cal program, the Family Planning, Access, Care, and Treatment (Family PACT) Program, administered by the Office of Family Planning within the department. Under Family PACT, comprehensive clinical family planning services are provided to a person who has a family income at or below 200% of the federal poverty level and who meets other eligibility criteria to receive those services. Existing law makes the Family PACT Program inoperative if the program is determined to no longer be cost effective, as specified. If the program becomes inoperative, existing law requires all persons who have received, or are eligible to receive, comprehensive clinical family planning services pursuant to Family PACT to receive family planning services under other specified provisions of the Medi-Cal program or under the State-Only Family Planning Program, which is also established within the department. Existing law requires enrolled providers in the Family PACT Program or the State-Only Family Planning Program to attend a specific orientation approved by the department and requires providers who conduct certain services to have prior training in those services. This bill would, for the Family PACT Program, require a site certifier of a primary care clinic or affiliate primary care clinic, as those terms are defined, to be a clinician who oversees the provision of Family PACT services and would authorize certain clinic corporations to enroll multiple, but no more than 10, service addresses under one site certifier. The bill would require any orientation or training that the department requires of a site certifier to comply with specified requirements, including, among others, being offered through a virtual platform and being offered at least once every other month. For purposes of both of the above-described programs, existing law requires the program to disenroll as a program provider any individual who, or any entity that, has a license, certificate, or other approval to provide health care that is revoked or suspended by a federal, California, or other state's licensing, certification, or other approval authority, that is otherwise lost, or that is surrendered while a disciplinary hearing is pending, as specified. This bill would authorize the department to elect to not disenroll an individual or entity as a program provider if the revocation, suspension, loss, ... (click bill link to see more).

Primary Sponsors

Lena Gonzalez

Title

Health care coverage: emergency medical services.

Description

SB 1180, Ashby. Health care coverage: emergency medical services. 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 health care service plan contracts and health insurance policies to provide coverage for certain services and treatments, including medical transportation services. Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including emergency medical transport. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law, until January 1, 2031, authorizes a local emergency medical services (EMS) agency to develop a community paramedicine or triage to alternate destination program that, among other things, provides case management services to frequent EMS users or triage paramedic assessments, respectively. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2025, to establish a process to reimburse for services provided by a community paramedicine program, a triage to alternate destination program, and a mobile integrated health program, as defined. The bill would require those contracts and policies to require an enrollee or insured who receives covered services from a noncontracting program to pay no more than the same cost-sharing amount that they would pay for the same covered services received from a contracting program. The bill would prohibit reimbursement rates adopted pursuant to this provision from exceeding the health care service plan's or health insurer's usual and customary charges for services rendered. 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 bill would also make services provided by these programs covered benefits under the Medi-Cal program. The bill would condition this Medi-Cal coverage on an appropriation, receipt of any necessary federal approvals, and the availability of federal financial participation. 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

Angelique Ashby

Organizational Notes

Last edited by Joanne Campbell at Apr 19, 2024, 8:14 PM
California Association of Health Plans - Oppose

Title

Mental health: involuntary treatment: antipsychotic medication.

Description

SB 1184, Eggman. Mental health: involuntary treatment: antipsychotic medication. Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment of persons who are a danger to themselves or others, or who are gravely disabled, due to a mental disorder or chronic alcoholism or drug abuse for 72 hours for evaluation and treatment, as specified. If certain conditions are met after the 72-hour detention, the act authorizes the certification of the person for a 14-day maximum period of intensive treatment and then another 14-day or 30-day maximum period of intensive treatment after the initial 14-day period of intensive treatment. Existing law, during the 30-day period of intensive treatment, as specified, also authorizes up to an additional 30 days of intensive treatment if certain conditions are met. Existing law authorizes the administration of antipsychotic medication to a person who is detained for evaluation and treatment for any of those detention periods, except for the second 30-day period. Existing law establishes a process for hearings to determine a person's capacity to refuse the treatment. Existing law requires a determination of a person's incapacity to refuse treatment with antipsychotic medication to remain in effect only for the duration of the 72-hour period or initial 14-day intensive treatment period, or both, until capacity is restored, or by court determination. Existing law generally requires the capacity hearings described above to be held within 24 hours of the filing of a petition to determine a person's capacity to refuse treatment. Existing law authorizes the hearing to be postponed in certain circumstances, but prohibits the hearing from being held beyond 72 hours of the filing of the petition. This bill would authorize, except as specified, a person's treating physician to request a hearing for a new determination of a person's capacity to refuse treatment with antipsychotic medication at any time in the 48 hours prior to the end of the duration of the current detention period when it reasonably appears to the treating physician that it is necessary for the person to be detained for a subsequent detention period and their capacity has not been restored. The bill would require, under exigent circumstances, the hearing to determine a person's capacity to refuse treatment to be held as soon as reasonably practicable and within 24 hours. The bill would require, under exigent circumstances, an order for treatment with antipsychotic medication to remain in effect at the beginning of the 14-day period, or the additional 30-day period after the 14-day intensive treatment period, or the second 30-day period, provided that a petition for a new determination on the question of capaci... (click bill link to see more).

Primary Sponsors

Susan Eggman

Organizational Notes

Last edited by Joanne Campbell at Mar 22, 2024, 6:11 PM
California State Association of Psychiatrists (sponsor) - Support Psychiatric Physicians Alliance of California - Support Disability Rights California - Oppose

Title

Health care programs: cancer.

Description

SB 1213, Atkins. Health care programs: cancer. Existing law requires the State Department of Health Care Services to perform various health functions, including providing breast and cervical cancer screening and treatment for low-income individuals. Existing law provides that an individual is eligible to receive treatment services if, among other things, the individual has a family income at or below 200% of the federal poverty level as determined by the provider performing the screening and diagnosis. This bill would provide that, commencing no later than July 1, 2026, an individual is eligible to receive treatment services if the individual has a family income at or below 250% of the federal poverty level as determined by the provider performing the screening and diagnosis.

Primary Sponsors

Toni Atkins, Anthony Portantino

Title

Health facilities.

Description

SB 1238, Eggman. Health facilities. (1) Existing law defines “health facility” to include a “psychiatric health facility” that is licensed by the State Department of Health Care Services and provides 24-hour inpatient care for people with mental health disorders. Existing law requires that such care include, but is not limited to, psychiatry, clinical psychology, psychiatric nursing, social work, rehabilitation, drug administration, and food services for persons whose physical health needs can be met in an affiliated hospital or in outpatient settings. This bill would expand the definition of “psychiatric health facility” to also include a facility that provides 24-hour inpatient care for people with severe substance use disorders, or cooccurring mental health and substance use disorders. The bill would expand that 24-hour inpatient care also include substance use disorder services, as medically necessary and appropriate. The bill would specify that psychiatric health facilities to only admit persons with stand-alone severe substance use disorders involuntarily pursuant to specified requirements. The bill would authorize a psychiatric health facility to admit persons diagnosed only with a severe substance use disorder when specified conditions are met. The bill would authorize the department to implement, interpret, or make specific these provisions, in whole or in part, by means of plan or county letters, information notices, plan or provider bulletins, or other similar instructions, until the time when regulations are adopted no later than December 31, 2027. (2) Under existing law, regulations adopted by the department are to include standards appropriate for 2 levels of disorder: (1) involuntary ambulatory psychiatric patients, and (2) voluntary ambulatory psychiatric patients. This bill would instead require regulations to include standards appropriate for 3 levels of disorder: (1) involuntary ambulatory patients receiving treatment for a mental health disorder, (2) voluntary ambulatory patients receiving treatment for a mental health disorder, and (3) involuntary ambulatory patients receiving treatment for a severe substance use disorder. (3) Existing law requires the program aspects of a psychiatric health facility to be reviewed and approved by the department to include, among others, activities programs, interdisciplinary treatment teams, and rehabilitation services. Existing law requires proposed changes in the standards or regulations affecting health facilities that serve persons with mental health disorders to be effected only with review and coordination of the California Health and Human Services Agency. This bill would expand these program aspects to also include substance use disorder services, if the psych... (click bill link to see more).

Primary Sponsors

Susan Eggman

Title

Medi-Cal: call centers: standards and data.

Description

SB 1289, Roth. Medi-Cal: call centers: standards and data. 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 various responsibilities for counties relating to eligibility determinations and enrollment functions under the Medi-Cal program. Existing federal law sets forth Medicaid reporting requirements for each state during the period between April 1, 2023, and June 30, 2024, inclusive, relating to eligibility redeterminations, including, among other information, the total call-center volume, average wait times, and average abandonment rate for each call center of the state agency responsible for administering the state plan, as specified. The bill would require a county with a call center as described above, commencing on January 1, 2026, and each month thereafter, to collect and submit to the department call-center data metrics, including, among other information, total call volume, average call wait times by language, and average call abandonment rate. By creating new duties for counties relating to call-center data, the bill would impose a state-mandated local program. The bill would require the department to prepare a report, excluding any personally identifiable information, on call-center data. The bill would require the department to post the report on its internet website on a quarterly basis no later than 45 calendar days after the conclusion of each quarter, with the initial report due on May 15, 2026. The bill would require the department to implement these provisions, without taking any regulatory action, by means of an all-county letter or similar instruction. The bill would require the department to adopt regulations thereafter in accordance with certain provisions. 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

Richard Roth

Title

Health facility closure: public notice: inpatient psychiatric and perinatal services.

Description

SB 1300, Cortese. Health facility closure: public notice: inpatient psychiatric and perinatal services. Existing law requires the State Department of Public Health to license, regulate, and inspect health facilities, as specified, including general acute care hospitals. A violation of these provisions is a crime. Under existing law, a general acute care hospital is required to provide certain basic services, including medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services. Existing law authorizes a general acute care hospital to provide various special or supplemental services if certain conditions are met. Existing regulations define a supplemental service as an organized inpatient or outpatient service that is not required to be provided by law or regulation. Existing law requires a health facility to provide 90 days of public notice of the proposed closure or elimination of a supplemental service, and 120 days of public notice of the proposed closure or elimination of an acute psychiatric hospital. This bill would change the notice period required before proposed closure or elimination of the supplemental service of inpatient psychiatric unit or a perinatal unit from 90 days to 120 days. By changing the definition of a crime, this bill would impose a state-mandated local program. The bill would require the health facility to provide public notice of the proposed elimination of the supplemental service of either inpatient psychiatric unit or perinatal unit, as specified. The bill would require the health facility to conduct at least one noticed public hearing within 60 days of providing public notice of the proposed elimination of the inpatient psychiatric unit or perinatal unit and would require the health facility to accept public comment. The bill would require the health facility to post the public hearing notice and the agenda along with the public notice. The bill would require the health facility holding the public hearing to meet prescribed requirements, including notifying the board of supervisors of the county in which the health facility is located when a public hearing is scheduled and inviting the board of supervisors to provide testimony on the impacts of the elimination of the services to the county and community health systems. 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

Dave Cortese

Title

Mental health and substance use disorder treatment.

Description

SB 1320, Wahab. 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 disability insurers by the Department of Insurance. Existing law requires a health care service plan contract or disability insurance policy issued, amended, or renewed on or after January 1, 2021, to provide coverage for medically necessary treatment of mental health and substance use disorders, as defined, under the same terms and conditions applied to other medical conditions. This bill would require a plan or insurer subject to the above-described coverage requirement, and its delegates, to establish a process to reimburse providers for mental health and substance use disorder treatment services that are integrated with primary care services and provided under a contract or policy issued, amended, or renewed on or after July 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

Aisha Wahab

Title

Long-term health care facilities: payment source and resident census.

Description

SB 1354, Wahab. Long-term health care facilities: payment source and resident census. Existing law provides for the licensing and regulation of long-term health care facilities, including, among others, skilled nursing facilities and intermediate care facilities, by the State Department of Public Health. A violation of those provisions is generally a crime. 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 prohibits a long-term health care facility that participates as a provider under the Medi-Cal program from discriminating against a Medi-Cal patient on the basis of the source of payment for the facility's services that are required to be provided to individuals entitled to services under the Medi-Cal program. Existing law prohibits that facility from seeking to evict out of the facility, or transfer within the facility, any resident as a result of the resident changing their manner of purchasing the services from private payment or Medicare to Medi-Cal, except as specified. This bill would require the facility to provide aid, care, service, and other benefits available under Medi-Cal to Medi-Cal beneficiaries in the same manner, by the same methods, and at the same scope, level, and quality as provided to the general public, regardless of payment source. The bill would find and declare that this requirement is declaratory of existing law and thus not reimbursable under the Medi-Cal Long-Term Care Reimbursement Act or any other Medi-Cal ratesetting provisions, as specified. The bill would specify that if reimbursement is found to be required by state or federal law or regulation, as specified, the above requirement shall only become operative upon appropriation by the Legislature. The bill would also provide that this requirement and the above-described prohibition against discrimination on the basis of payment source be implemented only to the extent that these provisions do not conflict with federal law, that any necessary federal approvals are obtained, and that federal financial participation for the Medi-Cal program is available and is not otherwise jeopardized. Existing federal regulations require certain nursing facilities to post their resident census and specified nurse staffing data on a daily basis. This bill would require a skilled nursing facility that participates as a provider under the Medi-Cal program to make publicly available its current daily resident census and nurse staffing data, as defined. The bill would require the facility to make the information a... (click bill link to see more).

Primary Sponsors

Aisha Wahab

Title

Dental providers: fee-based payments.

Description

SB 1369, Limón. Dental providers: fee-based payments. 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 contract or health insurance policy, as defined, issued, amended, or renewed on and after April 1, 2025, that provides payment directly or through a contracted vendor to a dental provider to have a non-fee-based default method of payment, as specified. The bill would require a health care service plan, health insurer, or contracted vendor to obtain written authorization from a dental provider opting in to a fee-based payment method before the plan or vendor provides a fee-based payment method to the provider and would authorize the dental provider to opt out of the fee-based payment method at any time by providing written authorization to the health care service plan, health insurer, or contracted vendor. The bill would require a health care service plan, health insurer, or contracted vendor that obtains written authorization to opt in or opt out of fee-based payment to apply the decision to include both the dental provider's entire practice and all products or services covered pursuant to a contract with the dental provider, 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

Monique Limón

Title

Medi-Cal: community health workers: supervising providers.

Description

SB 1385, Roth. Medi-Cal: community health workers: supervising providers. 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 delivery systems, including fee-for-service and managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, community health worker services are a covered Medi-Cal benefit subject to any necessary federal approvals. Under existing law, a community health worker is a liaison, link, or intermediary between health and social services and the community to facilitate access to services and to improve the access and cultural competence of service delivery. Existing law requires a Medi-Cal managed care plan to engage in outreach and education efforts to enrollees, and to notify providers, about the community health worker services benefit, as specified. This bill would require a Medi-Cal managed care plan, no later than July 1, 2025, to adopt policies and procedures to effectuate a billing pathway for supervising providers to claim for the provision of community health worker services to enrollees during an emergency department visit and as an outpatient followup to an emergency department visit. The bill would require that the policies and procedures be consistent with guidance developed by the department for use by supervising providers to claim for community health worker services to Medi-Cal members in the fee-for-service delivery system in the settings described above. The bill would define a “supervising provider” for purposes of these provisions as an enrolled Medi-Cal provider that is authorized to supervise a community health worker pursuant to the federally approved Medicaid state plan amendment and that ensures that a community health worker meets the qualifications as required by the department, as specified.

Primary Sponsors

Richard Roth

Title

Medi-Cal: Rural Hospital Technical Advisory Group.

Description

SB 1423, Dahle. Medi-Cal: Rural Hospital Technical Advisory Group. 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, each hospital designated by the department as a critical access hospital, and certified as such by the Secretary of the United States Department of Health and Human Services under the federal Medicare Rural Hospital Flexibility Program, is eligible for supplemental payments for Medi-Cal covered outpatient services rendered to Medi-Cal eligible persons. Existing law sets forth various other provisions regarding Medi-Cal reimbursement in consideration of small and rural hospitals. This bill would require the department to convene a Rural Hospital Technical Advisory Group, with a certain composition of stakeholders, at least bimonthly during the 2025 calendar year. The bill would set forth the purposes of the advisory group, including, among other things, analyzing the continued ability of small, rural, or critical access hospitals, as defined, to remain financially viable under existing Medi-Cal reimbursement methodologies, providing related recommendations, and identifying key contributors to the financial challenges of those hospitals, as specified. The bill would require, by March 31, 2026, the department, in consultation with the advisory group, to report to the Legislature on the findings and recommendations arising out of the convenings, as specified.

Primary Sponsors

Brian Dahle

Title

Health omnibus.

Description

SB 1511, Committee on Health. Health omnibus. (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. Existing law defines a “group contract,” for purposes of the act, as a contract that by its terms limits the eligibility of subscribers and enrollees to a specified group. This bill would clarify that reference to a “group” in the act does not include a Medi-Cal managed care contract between a health care service plan and the State Department of Health Care Services to provide benefits to beneficiaries of the Medi-Cal program. (2) Existing law, the Compassionate Access to Medical Cannabis Act or Ryan’s Law, requires specified health care facilities to allow a terminally ill patient’s use of medicinal cannabis within the health care facility, as defined, subject to certain restrictions. Existing law requires the State Department of Public Health to enforce the act. Existing law prohibits a general acute care hospital, as specified, from permitting a patient with a chronic disease to use medicinal cannabis. This bill would authorize a general acute care hospital to allow a terminally ill patient, as defined, to use medicinal cannabis. (3) Existing law provides for 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 by, and funded pursuant to, federal Medicaid program provisions. Existing law establishes the Administrative Claiming process under which the department is authorized to contract with local governmental agencies and local educational consortia for the purpose of obtaining federal matching funds to assist with the performance of administrative activities relating to the Medi-Cal program that are provided by a local governmental agency or local educational agency (LEA). Existing law requires the department to engage in specified activities relating to the LEA Medi-Cal Billing Option, including amending the Medicaid state plan to ensure that schools are reimbursed for all eligible services, consulting with specified entities in formulating state plan amendments, examining methodologies for increasing school participation in the LEA Medi-Cal Billing Option, and conducting an audit of a Medi-Cal Billing Option claim consistent with prescribed requirements, such as generally accepted accounting principles. Existing law requires the department to issue and regularly maintain a program guide for the LEA Medi-Cal Billing Option program. Existing law requires the department to file an annual report with the Legislature that includes, among other... (click bill link to see more).

Primary Sponsors

Senate Health Committee



L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: September 25, 2024

Motion No. EXE 100.1024

Committee: Executive

Chairperson: Alvaro Ballesteros, MBA

Issue: Execute Amendment VIII to the contract with TRI Ventures (formerly known as Scout Exchange) providing contingent worker vendor management services.

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

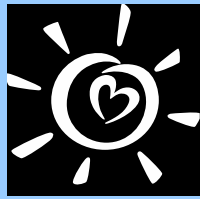
Background: L.A. Care staff requests approval to execute Amendment VII to the contract with Scout Exchange adding \$ 12,924,000 to the maximum compensation.

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 December 31, 2025 with an additional \$12,924,000 (for a total cost not to exceed \$76,388,908).

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 \$12,924,000 not to exceed a total spend of \$76,388,908 with TRI Ventures (formerly known as Scout Exchange) for contingent worker vendor management services rendered through the end of the contract term on December 31, 2025.**



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: September 25, 2024

Motion No. EXE A.0924

Committee: Executive

Chairperson: Alvaro Ballesteros, MBA

Issue: L.A. Care Policy HR-501 requires that the Executive Committee annually review substantial changes to the Human Resources Policies.

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


Background: The revised policy is written to comply with changes to Regulatory, Legislative and Judicial changes, and reflect changes in L.A. Care’s practices.

Policy Number	Policy	Section	Description of Modification
HR-205	Dress Code	Employee Relations	Revised for gender inclusivity
HR-225	Standards of Employee Training	Learning & Development	Transitioned policy into new template. Rewrote 4.1 and 4.3 to align with current practices
HR-502	L.A. Care Employee Handbook and Human Resources Policies	Preface	Transfer to new template and removed reference to procedure manual to the title of policy
HR-710	Reimbursement for Educational Expenses	Learning & Development	Added verbiage to 4.2.3.2 and added 4.2.3.4.3 to exclude reimbursement for courses that are available in L.A. Care University, unless required for a degree program; added 4.2.3.4.4. to exclude subscriptions to online universities

Member Impact: L.A. Care members will benefit from this motion by receiving more efficient service from L.A. Care staff members, who will be thoroughly versed on L.A. Care Human Resource policies

Budget Impact: None

Motion: To approve the Human Resources Policies HR-205 (Dress Code), HR-225 (Standards of Employee Training), HR-502 (L.A. Care Employee Handbook and Human Resources Policies), and HR-710 (Reimbursement for Education Expenses), as presented.

	DRESS CODE	HR-205
DEPARTMENT	HUMAN RESOURCES	
Supersedes Policy Number(s)		

DATES					
Effective Date	5/30/1996	Review Date	3/29/2019 <u>7/22/2024</u>	Next Annual Review Date	3/30/2020 <u>7/22/2024</u>
Legal Review Date	3/14/2019 <u>13/2024</u>	Committee Review Date	3/25/2019		

LINES OF BUSINESS			
<input type="checkbox"/> Cal MediConnect	<input type="checkbox"/> L.A. Care Covered	<input type="checkbox"/> L.A. Care Covered Direct	<input type="checkbox"/> MCLA
<input type="checkbox"/> PASC-SEIU Plan	<input checked="" type="checkbox"/> Internal Operations		

DELEGATED ENTITIES / EXTERNAL APPLICABILITY			
<input type="checkbox"/> PP – Mandated	<input type="checkbox"/> PP – Non-Mandated	<input type="checkbox"/> PPGs/IPA	<input type="checkbox"/> Hospitals
<input type="checkbox"/> Specialty Health Plans	<input type="checkbox"/> Directly Contracted Providers	<input type="checkbox"/> Ancillaries	<input type="checkbox"/> Other External Entities

ACCOUNTABILITY MATRIX			

ATTACHMENTS	

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

	DRESS CODE	HR-205
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AUTHORITIES
<ul style="list-style-type: none"> ➤ HR-501, “Executive Committee of the Board: HR Roles and Responsibilities” ➤ California Welfare & Institutions Code §14087.9605

REFERENCES

HISTORY	
REVISION DATE	DESCRIPTION OF REVISIONS
9/21/2007	Revision
1/25/2017	Review
5/23/2018	Review
3/25/2019	Revision, dress code changed to include casual dress attire; dress attire definitions updated.
9/18/2020	Review
7/22/2024 9/16/2024	<u>Revised for gender inclusivity</u>

DEFINITIONS
<p>Please visit the L.A. Care intranet for a comprehensive list of definitions used in policies: http://insidelac/ourtoolsandresources/departmentspoliciesandprocedures</p>



1.0 **OVERVIEW:**

1.1 It is the policy of L.A. Care Health Plan (L.A. Care) that all employees present a professional image to our members and visitors by observing ~~good~~appropriate habits of dress, grooming, and personal hygiene.

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 **Casual Dress Attire** - A neat yet informal attire.

2.2 **Business Casual Attire** - A ~~clean-cut and put together~~more relaxed look that is less formal than Professional Dress Attire.

2.3 **Professional Dress Attire** - A classic business suit attire, ~~in neutral or monotone colors.~~

3.0 **POLICY:**

3.1 Every employee is responsible for ~~his/her~~their own dress and grooming in accordance with this ~~policy~~. Managers and supervisors are responsible for determining the appropriateness of dress and grooming of ~~communicate and counsel employees regarding acceptable dress~~ employees within their areas of authority. Managers and supervisors must communicate and counsel employees regarding acceptable dress and grooming and when necessary, initiate disciplinary action for dress code violations.

3.13.2 In alignment with our commitment to diversity, equity, and inclusion, L.A. Care adheres to the principles of the CROWN Act (Creating a Respectful and Open World for Natural Hair). As such, our dress code policy respects and supports the cultural and individual expression of our employees.

3.23.3 L.A. Care leadership may adopt or change any ~~requirement form~~ of dress attire at any time depending on business needs.

4.0 **PROCEDURES:**

4.1 **Onsite Casual Dress Attire:**

4.1.1 Jeans that are in good repair. Under no circumstances can jeans have holes, rips or tears.

4.1.2 Tennis shoes are acceptable.

4.1.3 L.A. Care logo shirts are acceptable.



4.1.3.1 Some departments may choose to wear L.A. Care logo shirts. In cases where directors or managers mandate a department uniform, the department will supply the employees with the logo shirts.

4.1.4 Exercise, spandex or workout attire is not appropriate at any time, nor is any beachwear (e.g., flip-flops, shorts, sweatpants, etc.).

4.1.54.2 Remote Casual Dress Attire:

~~4.1.64.2.1~~ ~~4.2.1~~ With respect to what is visible on camera, employees will dress as they would as if attending meetings in person.

~~4.1.74.2.2~~ Avoid baseball caps, hoodies, and non-L.A. Care logo wear.

4.24.3 Onsite Business Casual Attire:

~~4.2.14.3.1~~ ~~Men are not required to wear t~~ Ties are not required, but must wear appropriate attire includes shirts with collars, blouses, sweaters, skirts, and slacks.

4.2.24.4 Remote Business Casual Attire:

~~4.4.1~~ With respect to what is visible on camera, employees will dress as they would as if attending meetings in person.

4.5 Onsite Professional Dress Attire:

~~4.34.5.1~~ ~~Men must wear~~ Appropriate attire includes collared shirts and ties, blouses, jackets, sweaters, ~~and~~ dress pants, skirts, dresses, socks and business shoes.

4.3.14.6 Remote Professional Dress Attire:

~~4.3.1.14.6.1~~ With respect to what is visible on camera, employees will dress as they would as if attending meetings in person.

4.3.1.24.7 Appearance General Guidelines for all types of dress:

~~4.3.1.34.7.1~~ All employees must dress for work and groom themselves in a manner that is appropriate and safe. In all cases, clothing must be clean, neatly maintained and in good repair. Personal grooming must be neat of moderate style, and within the standards generally observed in the business community. Extremes in grooming, dress, hairstyle, hair color, makeup and fashion are not acceptable. Exposure of too much skin is



unacceptable (i.e., low riding pants, tops that show ones' mid-drift and low cut tops).

4.3.1.44.7.2 Hair should be neat and clean. Wearing hats or caps is not permitted unless dictated by religious or medical needs.

4.3.24.7.3 Beards and mustaches ~~must~~ should be trimmed and well groomed.

4.3.34.7.4 Make-up, jewelry, cologne and perfume must be used in moderation and be appropriate for a business setting.

4.3.44.7.5 Clothing ~~must~~ should cover any large tattoos on arms, legs, or neck. ~~Exposed tattoos should be small and inoffensive in design.~~ Shoes must be worn at all times when meeting onsite.

4.3.54.7.6 When representing L.A. Care at external meetings outside of L.A. Care premises or meetings with anyone who is not part of L.A. Care, employees must adhere to Business Casual or Professional Dress Attire standards.

4.3.64.7.7 When representing L.A. Care at internal meetings, an employee ~~must use discretion and~~ must adhere to either Casual, Business Casual or Professional Dress Attire standards.

4.3.74.7.8 Exceptions may be made to these standards whenever religious or medical needs dictate. For clarification, employees should contact their Human Resources Business Partner (HRBP).

4.3.84.7.9 Dress code standards shall be explained to employees as part of the departmental specific orientation process and shall be uniformly applied. Employees who have questions regarding appropriate dress attire should speak with their supervisor in advance to avoid potential disciplinary action.

4.3.94.7.10 Employees will be coached and counseled at least one time by their supervisor if they arrive at work- in person or remotely inappropriately dressed. ~~Employees will be sent home~~ or asked to leave a remote meeting after a second occurrence, ~~will~~ may receive a disciplinary notice, and will not be compensated for the time away from work. Employees can use available paid time off (PTO) to compensate for the time away from work. Continued violation of L.A. Care's Dress code/appearance standards could result in further disciplinary action, up to and including termination of employment.

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 Any suspected violations to this policy should be reported to your Human Resources Business Partner ([HRBP](#)).

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



STANDARDS FOR EMPLOYEE TRAINING PROGRAMS

HR-225

DEPARTMENT HUMAN RESOURCES

Supersedes Policy Number(s)

DATES

Effective Date	11/16/2011	Review Date	9/5/2024	Next Annual Review Date	9/5/2025
Legal Review Date	9/13/2024	Committee Review Date	Click here to enter a date.		

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

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ELECTRONICALLY APPROVED BY THE FOLLOWING

	OFFICER	DIRECTOR
NAME	Terry Brown	Jyl Russell
DEPARTMENT	Human Resources	Human Resources
TITLE	Chief Human Resources Officer	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
4/2024 9/5/202 <u>4</u>	Transitioned policy into new template. Rewrote 4.1 and 4.3 to align with current practices

DEFINITIONS



1.0 OVERVIEW:

1.1 To set standards for designing, developing and delivering employee training and development opportunities provided by L.A. Care. These courses, provided within L.A. Care departments to current staff, will build job-specific knowledge and skills, increase knowledge of industry practices and expand opportunities for career advancement, while being in compliance with all regulatory, legal and contractual requirements.

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 **Employee Training and Development Opportunities:**— classes, workshops, briefings and/or electronic programs designed and developed to orient new employees, build skills and knowledge ~~for~~ existing employees, and ensure learning and development for ~~of~~ current L.A. Care employees across the organization.

~~2.2 **Training Advisory Group**^[DD1]:— group formed by individuals within participating departments who have been assigned responsibility for the design, development and delivery of training and development opportunities to department staff.~~

~~2.3~~ **2.2 Learning and Development Program Manager Training Specialist:**— individual(s) within departments of L.A. Care who are designated as the delivery agent for a specified learning opportunity. This individual organizes training materials, provides a training platform for receiving learning, and tracks completion of training provided for all employees, as assigned.

3.0 POLICY:

3.1 Each **E**mployee **T**rainning and **D**evelopment **O**ppportunity provided for internal staff shall meet the following requirements:

3.1.1 Shall have a written course description including course length, intended audience and key training methodologies.

3.1.2 Shall have a written set of measurable learning objectives to be accomplished as an outcome of the activity.

3.1.3 Shall be documented by a course outline of key concepts.

3.1.4 Shall have an evaluation tool that assesses both the extent of learning and the effectiveness of the training delivery.

3.1.5 Training and development opportunities shall be designed, developed and delivered by assigned staff within each participating department within L.A.



Care or by a contracted vendor. Guidelines for course structure and evaluation will be provided by ~~HR—the~~ Learning ~~and—and Career Services~~Experience staff and course outlines will be documented and maintained in the ~~HR Information System (HRIS)~~Learning Management System (LMS).

4.0 **PROCEDURES:**

- 4.1 ~~Members of the Training Advisory Group will meet monthly as needed beginning in October, 2011 to discuss and outline training requirements of new initiatives for the L.A. Care organization. A course description will be agreed upon by the group. Target populations for training will be identified, requirements gathered for knowledge and skills necessary to implement. Requests for training interventions are to be submitted to the Learning Experience team. Once the request is received, the Manager, Learning & Development and/or the Director, Learning Experience, will hold an intake and discovery meeting to understand the problem the business unit is trying to solve, and whether a training intervention is appropriate. If it is determined that training is the solution, the Manager, Learning & Development will assign the project to a Learning Experience Designer (LXD). The LXD will perform a needs analysis, design, develop, and implement the training, and perform an evaluation to measure the impact and success of the training.~~
- 4.2 ~~HR Learning and Career Services~~The Learning and Experience Department will work as needed with individual department Training Specialists, or Point of Contact, to assist in determining course objectives for identified training populations and a process for developing the course. Delivery options will be explored and selected, and the final training is approved by the requestor and the Director, Learning Experience.
- 4.3 ~~Effective October 1, 2011, the~~The Training Specialist~~Learning Program Manager~~Point of Contact in each department will be responsible for documenting the completion of training for the assigned population(s). An evaluation will be conducted at the end of each learning session. The ~~training specialist~~Learning and Development Program Manager must submit ~~shall enter~~ standard course information and attendance course completion data ~~into the HRIS system to the HR Learning Technology and Processes team within seven (7) calendar days of course completion.~~
- 4.4 The ~~HR Learning and Career Services~~Learning and Experience department will annually audit materials and documents related to Employee Ttraining and Ddevelopment Oopportunities to determine the level of compliance with established standards and practices.

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 Any suspected violations to this policy should be reported to your Human Resources Business Partner

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

	L.A. CARE EMPLOYEE HANDBOOK AND HUMAN RESOURCES POLICIES AND PROCEDURES MANUAL	HR-502
DEPARTMENT	HUMAN RESOURCES	
Supersedes Policy Number(s)	PREFACE B	

DATES					
Effective Date	4/6/2017	Review Date	9/16/2024	Next Annual Review Date	9/16/2025
Legal Review Date	9/13/2024	Committee Review Date	Click here to enter a date.		

LINES OF BUSINESS			
<input type="checkbox"/> Cal MediConnect	<input type="checkbox"/> L.A. Care Covered	<input type="checkbox"/> L.A. Care Covered Direct	<input type="checkbox"/> MCLA
<input type="checkbox"/> PASC-SEIU Plan	<input type="checkbox"/> Internal Operations		

DELEGATED ENTITIES / EXTERNAL APPLICABILITY			
<input type="checkbox"/> PP – Mandated	<input type="checkbox"/> PP – Non-Mandated	<input type="checkbox"/> PPGs/IPA	<input type="checkbox"/> Hospitals
<input type="checkbox"/> Specialty Health Plans	<input type="checkbox"/> Directly Contracted Providers	<input type="checkbox"/> Ancillaries	<input type="checkbox"/> Other External Entities

ACCOUNTABILITY MATRIX			
Enter department here	Enter policy §§ here		

ATTACHMENTS
➤ HR-502 L.A. CARE EMPLOYEE HANDBOOK AND HUMAN RESOURCES POLICIES AND PROCEDURES MANUAL DESK TOP PROCEDURE

ELECTRONICALLY APPROVED BY THE FOLLOWING		
	OFFICER	DIRECTOR
NAME	Terry Brown	Darren Lee
DEPARTMENT	Human Resources	Human Resources
TITLE	Chief Human Resources Officer	Deputy Chief Human Resources Officer

AUTHORITIES
<ul style="list-style-type: none"> ➤ HR-501, “Executive Committee of the Board: HR Roles and Responsibilities” ➤ California Welfare & Institutions Code §14087.9605

REFERENCES
<ul style="list-style-type: none"> ➤ Enter all references, including policies and procedures, here.

HISTORY	
REVISION DATE	DESCRIPTION OF REVISIONS
<u>9/16/2024</u>	<u>Transfer to new template and removed reference to procedure manual to the title of policy</u>

1.0 OVERVIEW:

1.1 L.A. Care has developed an L.A. Care Employee Handbook and ~~a Human Resources Policies and Procedures Manual~~ to provide detailed guidelines to employees, to ensure fair and consistent treatment of all employees, and to ensure adherence to federal and state laws and regulations.

2.0 DEFINITIONS:

2.1 N/A

3.0 POLICY:

3.1 L.A. Care’s policy is to maintain and communicate ~~H~~human ~~R~~esources policies and procedures through the use of the L.A. Care Employee Handbook and Human Resources Policies ~~and Procedures Manual~~. Furthermore, it is L.A. Care’s policy to provide all employees with a consistent written summary of key personnel



policies and benefits, and that any changes in policy are effectively communicated in a timely manner.

- 3.2 The policies and procedures summarized in the L.A. Care Employee Handbook and Human Resources Policies ~~and Procedures Manual~~ apply to all employees. ~~However, Department specific policies and/or~~ procedures may supplement these documents as long as they do not conflict with standard L.A. Care policies and procedures. Appropriate department specific policies and procedures must have prior written approval by the Chief ~~of Human and Community~~ Resources Officer.

4.0 PROCEDURES:

- 4.1 All employees are ~~provided~~ provided access to with a copy of the an L.A. Care Employee Handbook, which includes summaries of key personnel policies. Each employee is required to review the Handbook to become familiar with its contents and acknowledge its receipt, in writing. The written acknowledgement shall be retained in the employee's personnel file.
- 4.2 ~~A copy of the Human Resources Policies and Procedures Manual is provided to each management employee, and the original is maintained in the Human Resources Department. Additional copies are available on request.~~ The Human Resources Policies ~~and Procedures Manual~~ can also be accessed by all employees via the L.A. Care Intranet site. Employees are permitted unlimited access to the policies and procedures and are encouraged to use them for reference purposes.
- 4.3 ~~The procedures and practices~~ Policies including those set forth in the L.A. Care Employee Handbook and Human Resources Policies ~~and Procedures Manual~~ are subject to change at any time with or without notice, are not intended or conveyed as contractual obligations of L.A. Care, and shall not create or serve as the basis for any contractual obligations of L.A. Care ~~are subject to modification with or without notice.~~ With the exception of the employment at-will standard, L.A. Care reserves the right to modify, rescind, delete, or add any of the provisions of the L.A. Care Employee Handbook and Human Resources Policies ~~and Procedures Manual~~, as well as any other personnel policies or benefits, from time to time as it deems appropriate in its sole and absolute discretion. Although the Human Resources Policies ~~and Procedures Manual~~ and L. A. Care Employee Handbook are reviewed and updated for accuracy, as necessary, L.A. Care ~~cannot~~ does not guarantee that the handbook and policies and procedures will reflect current policies and up to date practices at all times.
- 4.4 ~~New and revised policies are distributed to management for inclusion in L.A. Care's Human Resources Policies and Procedures Manual.~~ Policy changes will be communicated in a timely manner to employees within the department by the department manager, supervisor, via email, by department and general meetings, or by a Human Resources representative.



~~4.5 Employees may also be notified of new, revised, and deleted policies via email, by payroll staffers, by distribution of memoranda, and by department and general employee meetings.~~[CV1]

~~4.6 Policy and procedure documents are subject to change at any time, are not intended or conveyed as contractual obligations of L.A. Care, and should not be viewed as the basis for assertion of contractual obligations of L.A. Care.~~[CV2]

4.74.5 No one other than the Chief Executive Officer and/or Chairman of the Board of Governors of L.A. Care has the authority to alter the at-will nature of employment with L.A. Care, to enter into an agreement for employment for a specified period, or to make any agreement contrary to this policy. Furthermore, any agreement which alters the at-will nature of employment must be in writing and must be signed by the Chief Executive Officer or Chairman of the Board of Governors of L.A. Care and the employee. This policy represents an integrated agreement with respect to the at-will nature of the employment relationship.

6.05.0 MONITORING:


~~6.15.1 Human Resources reviews its policies routinely to ensure that they are updated appropriately and has processes in place to ensure that the appropriate required steps are taken under this policy.~~

7.06.0 REPORTING:

~~6.1 Any suspected violations to this policy should be reported to your Human Resources Business Partner.~~

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

~~7.1~~

	REIMBURSEMENT FOR EDUCATIONAL EXPENSES	HR-710
DEPARTMENT	HUMAN RESOURCES	
Supersedes Policy Number(s)	6118, 117	

DATES					
Effective Date	3/5/1998	Review Date	11/7/2021 9/16/2024	Next Annual Review Date	11/7/2022 9/16/2025
Legal Review Date	9/13/2024	Committee Review Date	11/15/2021		

LINES OF BUSINESS			
<input type="checkbox"/> Cal MediConnect	<input type="checkbox"/> L.A. Care Covered	<input type="checkbox"/> L.A. Care Covered Direct	<input type="checkbox"/> MCLA
<input type="checkbox"/> PASC-SEIU Plan	<input checked="" type="checkbox"/> Internal Operations		

DELEGATED ENTITIES / EXTERNAL APPLICABILITY			
<input type="checkbox"/> PP – Mandated	<input type="checkbox"/> PP – Non-Mandated	<input type="checkbox"/> PPGs/IPA	<input type="checkbox"/> Hospitals
<input type="checkbox"/> Specialty Health Plans	<input type="checkbox"/> Directly Contracted Providers	<input type="checkbox"/> Ancillaries	<input type="checkbox"/> Other External Entities

ACCOUNTABILITY MATRIX			
Enter department here	Enter policy §§ here		

ATTACHMENTS
➤ Enter all attachments here (e.g., desktop procedures/job aids, templates, reports, letters)

ELECTRONICALLY APPROVED BY THE FOLLOWING		
	OFFICER	DIRECTOR
NAME	Terry Brown	Deborah Decker Edward Topps
DEPARTMENT	Human Resources	Human Resources
TITLE	Chief Human Resources Officer	Director, Learning Experience, Talent Strategy & HR TechnologySenior Director, Talent Strategy & HR Technology



AUTHORITIES

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

REFERENCES

- Enter all references, including policies and procedures, here.

HISTORY

REVISION DATE	DESCRIPTION OF REVISIONS
6/27/2018	Policy number changed from HR-117 to HR-710 and moved from Benefits to Center for Organizational Excellence. Reimbursement procedure changed to include recuperation of educational loan. Process to submit pre-approval form to include HR Business Partner added. Time frame to submit pre-approval form added.
11/7/2021	Policy number HR-710 moved from Center for Organizational Excellence to Talent Strategy & HR Technology, Learning Experience. Process to submit pre-approval moved from Footprint ticketing system into Employee Central. Course Complete request in Employee Central.
<u>9/16/2024</u>	<u>Added verbiage to 4.2.3.2 and added 4.2.3.4.3 to exclude reimbursement for courses that are available in L.A. Care University, unless required for a degree program; added 4.2.3.4.4. to exclude subscriptions to online universities</u>

1.0 OVERVIEW:

1.1 L.A. Care Health Plan (L.A. Care) encourages its employees to further their education and improve their professional skills by providing financial support to **eEligible E**mployees who complete educational courses or certificate programs that contribute to the improvement of the employees’ current job performance, duties, L.A. Care’s Mission and/or potential job advancement at L.A. Care.



1.2 This policy establishes guidelines for the eligibility, approval and reimbursement for educational expenses.

2.0 **DEFINITIONS:**

Whenever a word or term appears capitalized in this procedure, the reader should refer to the “Definitions” below.

2.1 **Eligible Employee:**— all regular status employees working at least 30 hours per week, with at least six months of continuous service as of the date the course begins are eligible to participate in the program. Employees who have received a “Does Not Meet” on their annual performance evaluation, or that have been on an active performance improvement plan (PIP), or on any other type of disciplinary action within six months prior to the date the course begins are not eligible.

2.1.1 Interns, part-time, per diem, and/or temporary employees are not eligible for Reimbursement and are excluded from this policy.

2.2 **Reimbursement:**— funds paid by L.A. Care to an Eligible Employee for educational expenses for attendance at approved schools. These schools provide credit leading toward a degree, diploma, certificate or certification that will contribute to the improvement of the employee’s current job duties, skills and knowledge related to job performance. Tuition and application fees are covered for the employee’s initial certification. Recertification expenses are limited to the cost of the application fee (see policy HR-~~115~~118, Reimbursement for License/Certification Renewal Expenses).

2.3 **Professional Certification:**— designation earned by an individual to assure qualification to perform a particular job or task. In general, it must be renewed periodically through continued learning or education.

3.0 **POLICY:**

3.1 This policy is intended to assist Eligible Employees as they further their professional qualifications through formal education; whether in the pursuit of a formal degree or in the completion of a professional certificate program. This policy is intended to provide educational assistance benefits under section 127 of the Internal Revenue Code. All benefits under this policy are paid from L.A. Care's general assets.

3.2 Courses and certificate programs must be reasonably related to the employee’s job duties, or must be a required elective course if the employee is in a degree or professional certificate program that is reasonably related to the employee’s career goals and L.A. Care’s Mission.

3.3 Costs for attendance at ~~seminars~~conferences, workshops, lectures, preparatory courses, or other classes that do not result in either a formal grade or a Professional Certification are not covered by this policy.



3.4 Reimbursement for educational expenses is provided for up to 100% of the eligible expenses, up to the maximum of \$7,500 every calendar year from January 1st – December 31st.

4.0 PROCEDURES:

4.1 Eligibility:

4.1.1 If L.A. Care temporary or part-time employees are converted to a regular status classification, their time in service will be honored by their original date of hire as a temporary or part-time employee for the purpose of calculating eligibility for this benefit. (Reference Policy HR-314 Seniority)

4.1.2 Enrollment in educational programs outside of L.A. Care may not interfere with the employee’s normal work schedule, job assignment, duties and L.A. Care expectations.

4.1.3 Falsification of any documents or records, any misrepresentation of information, or omission of material facts related to participation in this educational reimbursement benefit program ~~shall~~may lead to disciplinary action, up to and including immediate termination of employment.

4.2 Reimbursement:

4.2.1 Employees must submit a completed “Tuition Reimbursement pre-approval request via Employee Central Learning Experience **at least 14 calendar days** prior to the start date of the class or program. The Human Resources Business Partner (HRBP) or Learning Experience (LX) staff may ask for additional information or documentation in order to review the request. Failure to submit a completed Tuition Reimbursement request **14 calendar days** prior to the start date of the class or program may result in a denial of the request. Final approval is conducted by LX Department.

4.2.2 In order to receive Reimbursement under this program, an employee must earn a grade of “C” or better for graded courses, or must earn a “Pass” designation for pass/fail undergraduate level courses. Employees must earn a grade of “B” or better for graduate level courses.

4.2.2.1.1 Eligible expenses include course tuition, student and school fees, books, exams, professional certification fees and payment for loans acquired for requested reimbursement period.

4.2.2

4.2.3 For certificate programs (programs that do not provide a grade or have a pass or fail requirement), the employee must show an official letter of completion from the educational institution. In accordance with limitations



of this policy, L.A. Care will provide Reimbursement to employees for certification expenses including:

- 4.2.3.1 The cost of a course/program;
- 4.2.3.2 The cost of a preparation courses for taking the certification test or assessment unless the preparation courses are available through L.A. Care University;
- 4.2.3.3 The cost of a course needed to attain certification; or
- 4.2.3.4 The cost of the certification test or assessment.

- 4.2.3.4.1 Eligible expenses include course tuition, student and school fees, books, exams, professional certification fees and payment for loans acquired for requested ~~Reimbursement~~ reimbursement period.

- 4.2.3.4.2 Eligible expenses do not include supplies, meals, transportation, academic counseling fees, and other optional and miscellaneous fees unrelated to taking a specific course.

- 4.2.3.4.3 Eligible expenses do not include courses that are currently offered through L.A. Care University, unless required by the educational institution as part of a degree program.

- 4.2.3.4.4 Subscriptions to online courses or Massive Open Online Courses (MOOCs) are not eligible for Reimbursement.

- 4.2.3.5 The Chief Human Resources Officer ~~and Senior Director, Talent Strategy and Technology~~ hasve the final authority on whether a course is eligible for Reimbursement and what expenses will be honored.

4.2.4 The expectation is that an employee shall continue employment for at least 30 hours per week at L.A. Care for one year after the successful completion of the course for which the Reimbursement was granted. Employees must be on “active status” to receive tuition Reimbursement payment; if an employee is out on an authorized leave of absence, Reimbursement will be paid when the employee returns to “active status” and provides the requisite documents to support Reimbursement within **60 calendar days** after returning.



- 4.2.5** Reimbursement is provided according to this policy only to the extent that budgeted funds are available, or an exception to go beyond the budgeted funds is approved by the Chief Financial Officer.
- 4.2.6** An employee must submit the following documents in support of Reimbursement to the LX Department within 90 **calendar days** after the course completion date:
- 4.2.6.1** Proof of payment to the academic institution. Proof of payment must include the institution’s name, course name, amount paid, the date the amounts were paid for the specific course(s) as well as documentation for any other eligible fees and expenses;
 - 4.2.6.2** Documents must show the course start and end dates and the final grade, letter of completion and/or proof of the attainment of a professional certification, if applicable;
 - 4.2.6.3** The HRBP, or LX Department reserve the right to require additional information or documentation as needed.
- 4.2.7** Claims for Reimbursement will generally be approved or denied by L.A. Care within 14 calendar days.
- 4.2.8** Reimbursement maximums will be calculated using the date noted on the final documents submitted (receipts, grades, etc.) to LX for Reimbursement.
- 4.2.9** Employees who receive a grant, scholarship, or educational benefits under any other program are eligible for Reimbursement only for the amount of eligible expenses that are not covered by the other grant, scholarship, or educational benefit. ~~Employees who receive a grant (Pell, etc.) or scholarship are not eligible for Reimbursement.~~ Employees who receive direct subsidized/unsubsidized loans are eligible for Reimbursement. Employees are required to report if, and to what extent, they are receiving such grants, scholarships, or educational benefits on the “Reimbursement for Educational Expenses Pre-Approval Form.” Supporting documentation must be submitted upon request. Failure to report accurate information regarding receipt of grants, scholarships, or educational benefits which cover eligible Reimbursement expenses may result in an employee’s exclusion from participation in this benefit program.
- 4.2.10** Reimbursement is processed through L.A. Care’s payroll system and is reflected in the employee’s paycheck. According to Internal Revenue Service (IRS) guidelines, Reimbursement of up to \$5,250 per calendar year is not considered to be taxable earnings. Reimbursement that exceeds \$5,250 in a calendar year is considered taxable earnings, and will automatically be subject to federal and state income and payroll tax withholdings in accordance with federal and state law. Employees are



responsible for any tax liability arising from the receipt of educational assistance under this policy.

4.3 Administration:

4.3.1 L.A. Care administers this policy, and has the sole discretionary authority to interpret the policy, to make eligibility and benefit determinations, and to make factual determinations in connection with the policy. Any determinations by L.A. Care are final and binding on all parties.

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 Any suspected violations to this policy should be reported to your Human Resources Business Partner.

7.0 L.A. Care reserves the right to modify, rescind, delete, or add to this policy at any time, with or without notice. If L.A. Care amends or terminates the policy, any Eligible Employee enrolled in a course that has been previously approved will remain eligible to be Reimbursement according to this policy with respect to that course.



DATE: September 25, 2024
TO: Finance & Budget Committee
FROM: Afzal Shah, *Chief Financial Officer*

SUBJECT: Monthly Investment Portfolio Securities Transaction Report for August 2024

To keep the Committee apprised of L.A. Care's investment portfolios and to comply with California Government Code Section 53607, attached are the monthly investment transaction details from August 1 to August 31, 2024.

L.A. Care's investment market value as of August 31, 2024, was \$3.5 billion. This includes our funds invested with the government pooled funds and the Bank of America money market sweep account fund. L.A. Care has approximately \$6 million invested with the statewide Local Agency Investment Fund (LAIF), and approximately \$11 million invested with the Los Angeles County Pooled Investment Fund (LACPIF). L.A. Care also has approximately \$125 million invested with the BlackRock Liquidity T-Fund.

The remainder as of August 31, 2024, of \$3.4 billion is managed by two independent asset managers, 1) Payden & Rygel and 2) New England Asset Management (NEAM) and is divided into three portfolios based on investment style,

1. Payden & Rygel - Short-term portfolio
2. Payden & Rygel - Extended term portfolio
3. New England Asset Management - Corporate notes extended term portfolio

The transactions within these three portfolios are included in the attached reports.

LA Care, as a California government entity, only makes investments in bonds/fixed income, as per the California Government Code. The entries on the Investment Securities Portfolio Transaction Report reflect transactions undertaken by financial management companies on L.A. Care's behalf. L.A. Care does not direct these individual transactions. The firms, managing investments on behalf of L.A. Care, conduct the transactions based on L.A. Care's investment guidelines.

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/01/24	08/01/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/02/24 Cpn 313384A58	(49,992,666.67)		0.00	0.00	(49,992,666.67)
08/01/24	08/01/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/02/24 Cpn 313384A58	(49,992,666.67)		0.00	0.00	(49,992,666.67)
08/02/24	08/02/24	Buy	10,000,000.000	FHLB DISCOUNT NOTE MAT 08/05/24 Cpn 313384A82	(9,995,600.00)		0.00	0.00	(9,995,600.00)
08/02/24	08/02/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/05/24 Cpn 313384A82	(49,978,000.00)		0.00	0.00	(49,978,000.00)
08/05/24	08/05/24	Buy	25,000,000.000	FHLB DISCOUNT NOTE MAT 08/06/24 Cpn 313384A90	(24,996,333.33)		0.00	0.00	(24,996,333.33)
08/05/24	08/05/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/06/24 Cpn 313384A90	(49,992,666.67)		0.00	0.00	(49,992,666.67)
08/02/24	08/05/24	Buy	8,250,000.000	UNIVERSITY OF CHICAGO CP TXB MAT 08/15/24 Cpn 91336CHF7	(8,237,625.00)		0.00	0.00	(8,237,625.00)
08/06/24	08/06/24	Buy	15,000,000.000	FHLB DISCOUNT NOTE MAT 08/07/24 Cpn 313384B24	(14,997,795.83)		0.00	0.00	(14,997,795.83)
08/06/24	08/06/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/07/24 Cpn 313384B24	(49,992,652.78)		0.00	0.00	(49,992,652.78)
08/06/24	08/06/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/07/24 Cpn 313384B24	(49,992,652.78)		0.00	0.00	(49,992,652.78)
08/06/24	08/06/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/07/24 Cpn 313384B24	(49,992,652.78)		0.00	0.00	(49,992,652.78)
08/06/24	08/06/24	Buy	40,000,000.000	MITSUBISHI UFJ TRUST & BANK 14 MAT 09/03/24 Cpn 60682WJ33	(39,834,488.89)		0.00	0.00	(39,834,488.89)
08/06/24	08/06/24	Buy	12,529,000.000	NORTHW MUT SHR TERM FUN CP MAT 08/15/24 Cpn 66815AHF3	(12,512,399.08)		0.00	0.00	(12,512,399.08)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/06/24	08/06/24	Buy	12,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 08/08/24 Cpn 84243LH80	(11,996,440.00)		0.00	0.00	(11,996,440.00)
08/07/24	08/07/24	Buy	5,000,000.000	FHLB DISCOUNT NOTE MAT 08/08/24 Cpn 313384B32	(4,999,266.67)		0.00	0.00	(4,999,266.67)
08/07/24	08/07/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/08/24 Cpn 313384B32	(49,992,666.67)		0.00	0.00	(49,992,666.67)
08/07/24	08/07/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/08/24 Cpn 313384B32	(49,992,666.67)		0.00	0.00	(49,992,666.67)
08/07/24	08/07/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/08/24 Cpn 313384B32	(49,992,666.67)		0.00	0.00	(49,992,666.67)
08/07/24	08/07/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/08/24 Cpn 313384B32	(49,992,666.67)		0.00	0.00	(49,992,666.67)
08/07/24	08/07/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/08/24 Cpn 313384B32	(49,992,666.67)		0.00	0.00	(49,992,666.67)
08/07/24	08/07/24	Buy	10,000,000.000	NOVARTIS FINANCE CP 144A MAT 09/03/24 Cpn 6698M4J37	(9,960,175.00)		0.00	0.00	(9,960,175.00)
08/07/24	08/08/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/07/24 Cpn 912797LC9	(49,357,249.31)		0.00	0.00	(49,357,249.31)
08/07/24	08/08/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/07/24 Cpn 912797LC9	(49,357,249.31)		0.00	0.00	(49,357,249.31)
08/08/24	08/08/24	Buy	40,000,000.000	FHLB DISCOUNT NOTE MAT 08/09/24 Cpn 313384B40	(39,994,133.33)		0.00	0.00	(39,994,133.33)
08/08/24	08/08/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/09/24 Cpn 313384B40	(49,992,666.67)		0.00	0.00	(49,992,666.67)
08/08/24	08/08/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/09/24 Cpn 313384B40	(49,992,666.67)		0.00	0.00	(49,992,666.67)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/09/24	08/09/24	Buy	25,000,000.000	AUTOMATIC DATA CP 144A MAT 08/14/24 Cpn 0530A2HE3	(24,981,458.33)		0.00	0.00	(24,981,458.33)
08/07/24	08/09/24	Buy	20,000,000.000	AIR PRODUCTS & CHEMICALS CP 1 MAT 09/04/24 Cpn 00915SJ45	(19,923,155.56)		0.00	0.00	(19,923,155.56)
08/09/24	08/09/24	Buy	45,000,000.000	FHLB DISCOUNT NOTE MAT 08/12/24 Cpn 313384B73	(44,980,200.00)		0.00	0.00	(44,980,200.00)
08/09/24	08/09/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/12/24 Cpn 313384B73	(49,978,000.00)		0.00	0.00	(49,978,000.00)
08/09/24	08/12/24	Buy	9,500,000.000	U.S. TREASURY BILL MAT 11/07/24 Cpn 912797LC9	(9,383,452.02)		0.00	0.00	(9,383,452.02)
08/09/24	08/12/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/07/24 Cpn 912797LC9	(49,386,589.58)		0.00	0.00	(49,386,589.58)
08/13/24	08/13/24	Buy	20,000,000.000	AUTOMATIC DATA CP 144A MAT 08/14/24 Cpn 0530A2HE3	(19,997,044.44)		0.00	0.00	(19,997,044.44)
08/13/24	08/13/24	Buy	5,000,000.000	U.S. TREASURY BILL MAT 08/22/24 Cpn 912797KC0	(4,993,500.00)		0.00	0.00	(4,993,500.00)
08/13/24	08/13/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 08/22/24 Cpn 912797KC0	(49,935,000.00)		0.00	0.00	(49,935,000.00)
08/13/24	08/13/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 08/27/24 Cpn 912797KZ9	(49,898,616.67)		0.00	0.00	(49,898,616.67)
08/13/24	08/13/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 08/27/24 Cpn 912797KZ9	(49,898,616.67)		0.00	0.00	(49,898,616.67)
08/13/24	08/13/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 08/27/24 Cpn 912797KZ9	(49,898,616.67)		0.00	0.00	(49,898,616.67)
08/13/24	08/13/24	Buy	40,000,000.000	U.S. TREASURY BILL MAT 10/08/24 Cpn 912797LS4	(39,678,217.78)		0.00	0.00	(39,678,217.78)

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08/13/24	08/13/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/08/24 Cpn	912797LS4	(49,597,772.22)		0.00	0.00	(49,597,772.22)
08/13/24	08/13/24	Buy	40,000,000.000	U.S. TREASURY BILL MAT 11/14/24 Cpn	912797LD7	(39,479,200.00)		0.00	0.00	(39,479,200.00)
08/13/24	08/13/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/14/24 Cpn	912797LD7	(49,349,000.00)		0.00	0.00	(49,349,000.00)
08/13/24	08/13/24	Buy	40,000,000.000	U.S. TREASURY BILL MAT 12/10/24 Cpn	912797MN4	(39,341,268.89)		0.00	0.00	(39,341,268.89)
08/13/24	08/13/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/10/24 Cpn	912797MN4	(49,176,586.11)		0.00	0.00	(49,176,586.11)
08/13/24	08/13/24	Buy	50,000,000.000	CREDIT AGRICOLE CP MAT 08/14/24 Cpn	22533THE9	(49,992,638.89)		0.00	0.00	(49,992,638.89)
08/13/24	08/13/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/20/24 Cpn	313384C72	(49,948,958.33)		0.00	0.00	(49,948,958.33)
08/13/24	08/13/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/20/24 Cpn	313384C72	(49,948,958.33)		0.00	0.00	(49,948,958.33)
08/13/24	08/13/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/20/24 Cpn	313384C72	(49,948,958.33)		0.00	0.00	(49,948,958.33)
08/13/24	08/13/24	Buy	50,000,000.000	FNMA DISOCUNT NOTE MAT 08/22/24 Cpn	313588C94	(49,934,437.50)		0.00	0.00	(49,934,437.50)
08/13/24	08/13/24	Buy	50,000,000.000	FNMA DISOCUNT NOTE MAT 08/22/24 Cpn	313588C94	(49,934,437.50)		0.00	0.00	(49,934,437.50)
08/13/24	08/13/24	Buy	50,000,000.000	FNMA DISOCUNT NOTE MAT 08/22/24 Cpn	313588C94	(49,934,437.50)		0.00	0.00	(49,934,437.50)
08/06/24	08/14/24	Buy	4,300,000.000	CCG 2024-1 A1 EQP 144A MAT 08/14/25 Cpn 5.41	12515PAA5	(4,300,000.00)		0.00	0.00	(4,300,000.00)

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08/07/24	08/14/24	Buy	3,900,000.000	DLLMT 2024-1A A1 144A MAT 08/20/25 Cpn 5.35	23347AAA9	(3,900,000.00)		0.00	0.00	(3,900,000.00)
08/14/24	08/14/24	Buy	35,000,000.000	FHLB DISCOUNT NOTE MAT 08/15/24 Cpn	313384C23	(34,994,895.83)		0.00	0.00	(34,994,895.83)
08/14/24	08/14/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/15/24 Cpn	313384C23	(49,992,708.33)		0.00	0.00	(49,992,708.33)
08/14/24	08/14/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/15/24 Cpn	313384C23	(49,992,708.33)		0.00	0.00	(49,992,708.33)
08/07/24	08/14/24	Buy	13,114,000.000	PFSFC 2024-E A INS 144A MAT 07/17/28 Cpn 6.20	69335PFL4	(13,114,000.00)		0.00	0.00	(13,114,000.00)
08/15/24	08/15/24	Buy	40,000,000.000	CREDIT AGRICOLE CP MAT 08/22/24 Cpn	22533THN9	(39,958,700.00)		0.00	0.00	(39,958,700.00)
08/15/24	08/15/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/16/24 Cpn	313384C31	(49,992,708.33)		0.00	0.00	(49,992,708.33)
08/15/24	08/15/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/19/24 Cpn	313384C64	(49,970,861.11)		0.00	0.00	(49,970,861.11)
08/15/24	08/15/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/19/24 Cpn	313384C64	(49,970,861.11)		0.00	0.00	(49,970,861.11)
08/15/24	08/15/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/19/24 Cpn	313384C64	(49,970,861.11)		0.00	0.00	(49,970,861.11)
08/15/24	08/15/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/19/24 Cpn	313384C64	(49,970,861.11)		0.00	0.00	(49,970,861.11)
08/16/24	08/16/24	Buy	20,000,000.000	FHLB DISCOUNT NOTE MAT 08/19/24 Cpn	313384C64	(19,991,250.00)		0.00	0.00	(19,991,250.00)
08/16/24	08/16/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/19/24 Cpn	313384C64	(49,978,125.00)		0.00	0.00	(49,978,125.00)

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08/19/24	08/19/24	Buy	14,000,000.000	FHLB DISCOUNT NOTE MAT 08/20/24 Cpn	313384C72	(13,997,958.33)		0.00	0.00	(13,997,958.33)
08/19/24	08/19/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/20/24 Cpn	313384C72	(49,992,708.33)		0.00	0.00	(49,992,708.33)
08/20/24	08/20/24	Buy	30,000,000.000	FHLB DISCOUNT NOTE MAT 08/21/24 Cpn	313384C80	(29,995,625.00)		0.00	0.00	(29,995,625.00)
08/20/24	08/20/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/21/24 Cpn	313384C80	(49,992,708.33)		0.00	0.00	(49,992,708.33)
08/20/24	08/20/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/21/24 Cpn	313384C80	(49,992,708.33)		0.00	0.00	(49,992,708.33)
08/20/24	08/20/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/21/24 Cpn	313384C80	(49,992,708.33)		0.00	0.00	(49,992,708.33)
08/20/24	08/20/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/21/24 Cpn	313384C80	(49,992,708.33)		0.00	0.00	(49,992,708.33)
08/20/24	08/20/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/21/24 Cpn	313384C80	(49,992,708.33)		0.00	0.00	(49,992,708.33)
08/21/24	08/21/24	Buy	39,969,000.000	FHLB DISCOUNT NOTE MAT 08/22/24 Cpn	313384C98	(39,963,182.29)		0.00	0.00	(39,963,182.29)
08/21/24	08/21/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/22/24 Cpn	313384C98	(49,992,722.22)		0.00	0.00	(49,992,722.22)
08/21/24	08/21/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/22/24 Cpn	313384C98	(49,992,722.22)		0.00	0.00	(49,992,722.22)
08/21/24	08/21/24	Buy	27,755,000.000	FHLB DISCOUNT NOTE MAT 08/22/24 Cpn	313384C98	(27,750,960.11)		0.00	0.00	(27,750,960.11)
08/21/24	08/21/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/22/24 Cpn	313384C98	(49,992,722.22)		0.00	0.00	(49,992,722.22)

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08/21/24	08/21/24	Buy	25,000,000.000	FHLB DISCOUNT NOTE MAT 08/22/24 Cpn 313384C98	(24,996,368.06)		0.00	0.00	(24,996,368.06)
08/09/24	08/21/24	Buy	1,750,000.000	HAROT 2024-3 A2 CAR MAT 02/22/27 Cpn 4.89 43813YAB8	(1,749,862.98)		0.00	0.00	(1,749,862.98)
08/22/24	08/22/24	Buy	30,000,000.000	FHLB DISCOUNT NOTE MAT 08/23/24 Cpn 313384D22	(29,995,633.33)		0.00	0.00	(29,995,633.33)
08/22/24	08/22/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/23/24 Cpn 313384D22	(49,992,722.22)		0.00	0.00	(49,992,722.22)
08/22/24	08/22/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/23/24 Cpn 313384D22	(49,992,722.22)		0.00	0.00	(49,992,722.22)
08/23/24	08/23/24	Buy	15,000,000.000	U.S. TREASURY BILL MAT 08/27/24 Cpn 912797KZ9	(14,991,308.33)		0.00	0.00	(14,991,308.33)
08/23/24	08/23/24	Buy	45,000,000.000	CREDIT AGRICOLE CP MAT 08/26/24 Cpn 22533THS8	(44,980,087.50)		0.00	0.00	(44,980,087.50)
08/23/24	08/23/24	Buy	44,527,000.000	FHLB DISCOUNT NOTE MAT 08/26/24 Cpn 313384D55	(44,507,593.65)		0.00	0.00	(44,507,593.65)
08/23/24	08/26/24	Buy	20,690,000.000	INTL BANK RECON & DEVELOP FR MAT 09/18/25 Cpn 5.67 459058JJ3	(20,729,724.80)	(224,880.30)	0.00	0.00	(20,954,605.10)
08/27/24	08/27/24	Buy	40,000,000.000	FHLMC DISCOUNT NOTE MAT 08/28/24 Cpn 313396D75	(39,994,200.00)		0.00	0.00	(39,994,200.00)
08/27/24	08/27/24	Buy	50,000,000.000	FHLMC DISCOUNT NOTE MAT 08/28/24 Cpn 313396D75	(49,992,750.00)		0.00	0.00	(49,992,750.00)
08/28/24	08/28/24	Buy	20,000,000.000	FHLB DISCONT NOTE MAT 08/29/24 Cpn 313384D89	(19,997,094.44)		0.00	0.00	(19,997,094.44)
08/28/24	08/28/24	Buy	50,000,000.000	FHLB DISCONT NOTE MAT 08/29/24 Cpn 313384D89	(49,992,736.11)		0.00	0.00	(49,992,736.11)

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08/28/24	08/28/24	Buy	50,000,000.000	FHLB DISCONT NOTE MAT 08/29/24 Cpn 313384D89	(49,992,736.11)		0.00	0.00	(49,992,736.11)
08/29/24	08/29/24	Buy	40,000,000.000	FHLB DISCOUNT NOTE MAT 08/30/24 Cpn 313384D97	(39,994,200.00)		0.00	0.00	(39,994,200.00)
08/29/24	08/29/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/30/24 Cpn 313384D97	(49,992,750.00)		0.00	0.00	(49,992,750.00)
08/30/24	08/30/24	Buy	35,000,000.000	U.S. TREASURY BILL MAT 09/10/24 Cpn 912797LG0	(34,943,935.44)		0.00	0.00	(34,943,935.44)
08/29/24	08/30/24	Buy	15,000,000.000	BANK OF MONTREAL CHICAGO YC MAT 05/23/25 Cpn 5.59 06367DLQ6	(15,000,000.00)		0.00	0.00	(15,000,000.00)
08/30/24	08/30/24	Buy	40,000,000.000	CREDIT AGRICOLE CP MAT 09/03/24 Cpn 22533TJ31	(39,976,400.00)		0.00	0.00	(39,976,400.00)
			<u>3,772,284,000.000</u>		<u>(3,765,194,009.93)</u>	<u>(224,880.30)</u>	<u>0.00</u>	<u>0.00</u>	<u>(3,765,418,890.23)</u>
08/01/24	08/01/24	Coupon		FHLMC C 8/1/23 Q MAT 08/01/24 Cpn 5.05 3134GYFM9		126,250.00	0.00	0.00	126,250.00
08/07/24	08/07/24	Coupon		CCCIT 2023-A2 A2 CARD MAT 12/08/27 Cpn 5.97 17305EGX7		24,910.17	0.00	0.00	24,910.17
08/10/24	08/10/24	Coupon		CRVNA 2021-P2 A4 CAR MAT 01/10/27 Cpn 0.80 14687TAD9		1,873.33	0.00	0.00	1,873.33
08/10/24	08/10/24	Coupon		CRVNA 2021-P4 A3 CAR MAT 01/11/27 Cpn 1.31 14687KAC0		6,794.39	0.00	0.00	6,794.39
08/10/24	08/10/24	Coupon		CRVNA 2024-P1 A2 CAR 144A MAT 08/10/27 Cpn 5.50 14688NAB5		17,772.24	0.00	0.00	17,772.24
08/12/24	08/12/24	Coupon		INTER-AMERICAN DEV BANK FRN MAT 02/10/26 Cpn 5.58 4581X0DT2		145,023.72	0.00	0.00	145,023.72

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08/12/24	08/12/24	Coupon		INTER-AMERICAN DEV BANK FRN MAT 02/10/26 Cpn 5.58 4581X0DT2		72,511.86	0.00	0.00	72,511.86
08/13/24	08/13/24	Coupon		MMAF 2024-A A2 EQP 144A MAT 09/13/27 Cpn 5.20 55318CAB0		10,400.00	0.00	0.00	10,400.00
08/14/24	08/14/24	Coupon		CCG 2023-2 A1 EQP 144A MAT 11/14/24 Cpn 5.75 12511QAA7		956.19	0.00	0.00	956.19
08/15/24	08/15/24	Coupon		ARIFL 2023-B A1 FLEET 144A MAT 10/15/24 Cpn 5.92 04033GAA5		616.48	0.00	0.00	616.48
08/15/24	08/15/24	Coupon		BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4		11,988.78	0.00	0.00	11,988.78
08/15/24	08/15/24	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		1,076.63	0.00	0.00	1,076.63
08/15/24	08/15/24	Coupon		CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1		11,461.04	0.00	0.00	11,461.04
08/15/24	08/15/24	Coupon		CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1		27,091.04	0.00	0.00	27,091.04
08/15/24	08/15/24	Coupon		CARMX 2023-1 A3 CAR MAT 10/15/27 Cpn 4.75 14318DAC3		26,125.00	0.00	0.00	26,125.00
08/15/24	08/15/24	Coupon		CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3		5,254.17	0.00	0.00	5,254.17
08/15/24	08/15/24	Coupon		CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3		4,378.47	0.00	0.00	4,378.47
08/15/24	08/15/24	Coupon		CARMX 2024-2 A2A CAR MAT 05/17/27 Cpn 5.65 14319EAC0		19,775.00	0.00	0.00	19,775.00
08/15/24	08/15/24	Coupon		DTRT 2024-1 A2 EQP MAT 04/15/26 Cpn 5.60 233874AB2		17,266.67	0.00	0.00	17,266.67

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08/15/24	08/15/24	Coupon		FORDF 2024-1 A2 FLOORPLAN 144 MAT 04/15/29 Cpn 6.10 34528QJB1		52,419.36	0.00	0.00	52,419.36
08/15/24	08/15/24	Coupon		FORDL 2023-B A3 LEASE MAT 10/15/26 Cpn 5.91 34529NAD2		51,756.83	0.00	0.00	51,756.83
08/15/24	08/15/24	Coupon		FORDO 2024-A A1 CAR MAT 04/15/25 Cpn 5.52 34535EAA0		8,893.35	0.00	0.00	8,893.35
08/15/24	08/15/24	Coupon		GALC 2022-1 A3 EQP 144A MAT 09/15/26 Cpn 5.08 39154TBW7		21,166.67	0.00	0.00	21,166.67
08/15/24	08/15/24	Coupon		GALC 2024-1 A2 EQP 144A MAT 08/17/26 Cpn 5.32 39154TCH9		11,083.33	0.00	0.00	11,083.33
08/15/24	08/15/24	Coupon		GALC 2024-2 A2 EQP 144A MAT 03/15/27 Cpn 5.28 39154GAB2		6,160.00	0.00	0.00	6,160.00
08/15/24	08/15/24	Coupon		GFORT 2024-1A A2 FLOORPLAN 14 MAT 03/15/29 Cpn 6.10 361886DB7		7,338.71	0.00	0.00	7,338.71
08/15/24	08/15/24	Coupon		HALST 2024-A A2A LEASE 144A MAT 06/15/26 Cpn 5.15 448988AB1		8,138.95	0.00	0.00	8,138.95
08/15/24	08/15/24	Coupon		HALST 2024-B A2B LEASE 144A MAT 10/15/26 Cpn 5.80 44934FAC9		38,124.56	0.00	0.00	38,124.56
08/15/24	08/15/24	Coupon		HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2		15,884.85	0.00	0.00	15,884.85
08/15/24	08/15/24	Coupon		HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6		978.02	0.00	0.00	978.02
08/15/24	08/15/24	Coupon		HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0		1,237.97	0.00	0.00	1,237.97
08/15/24	08/15/24	Coupon		HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3		9,588.53	0.00	0.00	9,588.53

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/15/24	08/15/24	Coupon		HART 2023-C A2A CAR MAT 01/15/27 Cpn 5.80 44918CAB8		8,172.03	0.00	0.00	8,172.03
08/15/24	08/15/24	Coupon		HART 20024-A A2A CAR MAT 04/15/27 Cpn 5.29 448973AB3		16,310.83	0.00	0.00	16,310.83
08/15/24	08/15/24	Coupon		INTER-AMERICAN DEV BANK FRN MAT 02/15/29 Cpn 5.68 4581X0EC8		279,883.83	0.00	0.00	279,883.83
08/15/24	08/15/24	Coupon		JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6		254.44	0.00	0.00	254.44
08/15/24	08/15/24	Coupon		LADAR 2024-2A A2 CAR 144A MAT 03/15/27 Cpn 5.70 505920AB4		34,675.00	0.00	0.00	34,675.00
08/15/24	08/15/24	Coupon		LADAR 2024-1A A2 CAR 144A MAT 11/16/26 Cpn 5.44 501689AB9		12,037.41	0.00	0.00	12,037.41
08/15/24	08/15/24	Coupon		MBALT 2024-A A2B LEASE MAT 02/16/27 Cpn 5.77 58770JAC8		14,875.04	0.00	0.00	14,875.04
08/15/24	08/15/24	Coupon		TAOT 2023-D A2A CAR MAT 11/16/26 Cpn 5.80 89239FAB8		15,952.37	0.00	0.00	15,952.37
08/15/24	08/15/24	Coupon		WLAKE 2023-P1 A2 CAR 144A MAT 02/16/27 Cpn 5.89 96042UAB7		20,146.55	0.00	0.00	20,146.55
08/15/24	08/15/24	Coupon		WORLD OMNI 2020-C A4 CAR MAT 10/15/26 Cpn 0.61 98163CAF7		2,240.25	0.00	0.00	2,240.25
08/15/24	08/15/24	Coupon		WOART 2022-C A3 CAR MAT 10/15/27 Cpn 3.66 98163TAD5		28,975.00	0.00	0.00	28,975.00
08/15/24	08/15/24	Coupon		WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0		6,308.61	0.00	0.00	6,308.61
08/16/24	08/16/24	Coupon		GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1		1,152.43	0.00	0.00	1,152.43

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/16/24	08/16/24	Coupon		GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2		1,557.18	0.00	0.00	1,557.18
08/16/24	08/16/24	Coupon		GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2		490.51	0.00	0.00	490.51
08/16/24	08/16/24	Coupon		GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3		7,579.57	0.00	0.00	7,579.57
08/16/24	08/16/24	Coupon		GMCAR 2024-1 A2B CAR MAT 02/16/27 Cpn 5.75 36268GAC9		6,039.86	0.00	0.00	6,039.86
08/16/24	08/16/24	Coupon		GMCAR 2024-2 A2A CAR MAT 03/16/27 Cpn 5.33 379931AB4		37,754.17	0.00	0.00	37,754.17
08/20/24	08/20/24	Coupon		DLLAD 2024-1A A1 EQP 144A MAT 05/20/25 Cpn 5.54 23346MAA4		13,738.13	0.00	0.00	13,738.13
08/20/24	08/20/24	Coupon		DLLAD 2024-1A A2 EQP 144A MAT 08/20/27 Cpn 5.50 23346MAB2		27,041.67	0.00	0.00	27,041.67
08/20/24	08/20/24	Coupon		DLLST 2024-1A A2 EQP 144A MAT 01/20/26 Cpn 5.33 23346HAB3		3,553.33	0.00	0.00	3,553.33
08/20/24	08/20/24	Coupon		EFF 2023-1 A2 FLEET 144A MAT 01/22/29 Cpn 5.51 29375CAB5		39,827.46	0.00	0.00	39,827.46
08/20/24	08/20/24	Coupon		EFF 2024-2 A1 FLEET 144A MAT 05/20/25 Cpn 5.61 29375RAA4		16,560.41	0.00	0.00	16,560.41
08/20/24	08/20/24	Coupon		EFF 2024-3 A1 FLEET 144A MAT 07/21/25 Cpn 5.49 29375QAA6		14,419.13	0.00	0.00	14,419.13
08/20/24	08/20/24	Coupon		EFF 2024-3 A2 FLEET 144A MAT 04/20/27 Cpn 5.31 29375QAB4		22,626.50	0.00	0.00	22,626.50
08/20/24	08/20/24	Coupon		GMALT 2022-3 A3 LEASE MAT 09/22/25 Cpn 4.01 380130AD6		3,273.91	0.00	0.00	3,273.91

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/20/24	08/20/24	Coupon		GMALT 2023-2 A3 LEASE MAT 07/20/26 Cpn 5.05 362548AD1		42,083.33	0.00	0.00	42,083.33
08/20/24	08/20/24	Coupon		GMALT 2024-1 A2A LEASE MAT 06/22/26 Cpn 5.18 36269FAB2		10,695.10	0.00	0.00	10,695.10
08/20/24	08/20/24	Coupon		GMALT 2024-2 A2A LEASE MAT 09/21/26 Cpn 5.43 36269WAB5		17,195.00	0.00	0.00	17,195.00
08/20/24	08/20/24	Coupon		HPEFS 2023-2A A1 EQP 144A MAT 10/18/24 Cpn 5.76 44328UAA4		2,785.66	0.00	0.00	2,785.66
08/20/24	08/20/24	Coupon		SBALT 2024-A A2 LEASE 144A MAT 01/20/26 Cpn 5.45 78414SAC8		17,839.87	0.00	0.00	17,839.87
08/20/24	08/20/24	Coupon		SBALT 2024-B A2 LEASE 144A MAT 11/20/26 Cpn 5.67 78437VAC4		24,097.50	0.00	0.00	24,097.50
08/20/24	08/20/24	Coupon		SFAST 2024-1A A2 CAR 144A MAT 06/21/27 Cpn 5.35 78435VAB8		11,110.38	0.00	0.00	11,110.38
08/20/24	08/20/24	Coupon		TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2		2,237.50	0.00	0.00	2,237.50
08/20/24	08/20/24	Coupon		TEVT 2023-1 A2B CAR 144A MAT 12/21/26 Cpn 5.87 881943AC8		24,091.68	0.00	0.00	24,091.68
08/20/24	08/20/24	Coupon		VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4		4,129.71	0.00	0.00	4,129.71
08/20/24	08/20/24	Coupon		VWALT 2024-A A2A LEASE MAT 12/21/26 Cpn 5.40 92866EAB5		12,600.00	0.00	0.00	12,600.00
08/20/24	08/20/24	Coupon		VZMT 2022-6 A PHONE MAT 01/22/29 Cpn 3.67 92348KAZ6		30,583.33	0.00	0.00	30,583.33
08/20/24	08/20/24	Coupon		VZMT 2024-1 A1B PHONE MAT 12/20/28 Cpn 6.00 92348KCM3		9,169.65	0.00	0.00	9,169.65

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08/21/24	08/21/24	Coupon		SVENSKA HANDELSBANKEN NY Y MAT 02/21/25 Cpn 5.60 86959TEL6		66,622.11	0.00	0.00	66,622.11
08/23/24	08/23/24	Coupon		INTL BANK RECON & DEVELOP SO MAT 02/23/27 Cpn 5.66 459058LD3		71,998.51	0.00	0.00	71,998.51
08/25/24	08/25/24	Coupon		BMWLT 2024-1 A2A LEASE MAT 07/27/26 Cpn 5.10 05611UAB9		12,582.22	0.00	0.00	12,582.22
08/25/24	08/25/24	Coupon		BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6		12,497.76	0.00	0.00	12,497.76
08/25/24	08/25/24	Coupon		CHAOT 2024-1A A2 CAR 144A MAT 04/26/27 Cpn 5.48 16144BAB4		11,599.56	0.00	0.00	11,599.56
08/25/24	08/25/24	Coupon		FHMS KF38 A MAT 09/25/24 Cpn 5.78 3137FBUC8		106.85	0.00	0.00	106.85
08/25/24	08/25/24	Coupon		FHMS KI06 A 1MOFRN CMBS MAT 03/25/25 Cpn 5.69 3137FVNA6		496.01	0.00	0.00	496.01
08/25/24	08/25/24	Coupon		FHMS KI07 A SOFRFRN MAT 09/25/26 Cpn 5.52 3137H3KA9		32,954.45	0.00	0.00	32,954.45
08/25/24	08/25/24	Coupon		FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 5.55 3137H4RC6		10,901.38	0.00	0.00	10,901.38
08/25/24	08/25/24	Coupon		FHMS KS09 A MAT 10/25/27 Cpn 5.83 3137FCK52		64,114.79	0.00	0.00	64,114.79
08/26/24	08/26/24	Coupon		FNA 2015-M6 FA MAT 01/25/26 Cpn 5.77 3136ANLN5		11,049.53	0.00	0.00	11,049.53
08/28/24	08/28/24	Coupon		FHLB C 8/28/24 Q MAT 08/28/25 Cpn 5.55 3130AWYQ		124,875.00	0.00	0.00	124,875.00
08/28/24	08/28/24	Coupon		FHLMC C 8/28/24 Q MAT 08/28/25 Cpn 5.57 3134H1AZ6		139,250.00	0.00	0.00	139,250.00

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08/29/24	08/29/24	Coupon		BANK OF MONTREAL CHICAGO YC MAT 08/29/24 Cpn 5.54 06367DFG5		412,422.22	0.00	0.00	412,422.22
						<u>2,579,831.03</u>	<u>0.00</u>	<u>0.00</u>	<u>2,579,831.03</u>
08/01/24	08/01/24	Income	(1,087.430)	ADJ NET INT MAT Cpn USD		(1,087.43)	0.00	0.00	(1,087.43)
08/01/24	08/01/24	Income	441,792.530	STIF INT MAT Cpn USD		441,792.53	0.00	0.00	441,792.53
			<u>440,705.100</u>			<u>440,705.10</u>	<u>0.00</u>	<u>0.00</u>	<u>440,705.10</u>
08/13/24	08/13/24	Contributn	835,000,000.000	NM MAT Cpn USD	835,000,000.00		0.00	0.00	835,000,000.00
08/12/24	08/12/24	Sell Long	1,000,000.000	U.S. TREASURY BILL MAT 09/03/24 Cpn 912797LA3	992,137.42	4,653.33	(10.08)	0.00	996,790.75
08/28/24	08/28/24	Call	4,500,000.000	FHLB C 8/28/24 Q MAT 08/28/25 Cpn 5.55 3130AWYQ	4,500,000.00		0.00	0.00	4,500,000.00
08/28/24	08/28/24	Call	5,000,000.000	FHLMC C 8/28/24 Q MAT 08/28/25 Cpn 5.57 3134H1AZ6	5,000,000.00		0.00	0.00	5,000,000.00
			<u>10,500,000.000</u>		<u>10,492,137.42</u>	<u>4,653.33</u>	<u>(10.08)</u>	<u>0.00</u>	<u>10,496,790.75</u>
08/10/24	08/10/24	Pay Princpl	188,989.484	CRVNA 2021-P2 A4 CAR MAT 01/10/27 Cpn 0.80 14687TAD9	188,989.48		6,814.56	0.00	188,989.48
08/10/24	08/10/24	Pay Princpl	575,880.839	CRVNA 2021-P4 A3 CAR MAT 01/11/27 Cpn 1.31 14687KAC0	575,880.84		11,746.63	0.00	575,880.84

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/10/24	08/10/24	Pay Princpl	307,701.378	CRVNA 2024-P1 A2 CAR 144A MAT 08/10/27 Cpn 5.50 14688NAB5	307,701.38		13.27	0.00	307,701.38
08/14/24	08/14/24	Pay Princpl	199,517.809	CCG 2023-2 A1 EQP 144A MAT 11/14/24 Cpn 5.75 12511QAA7	199,517.81		0.00	0.00	199,517.81
08/15/24	08/15/24	Pay Princpl	120,849.366	ARIFL 2023-B A1 FLEET 144A MAT 10/15/24 Cpn 5.92 04033GAA5	120,849.37		0.00	0.00	120,849.37
08/15/24	08/15/24	Pay Princpl	363,090.778	BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4	363,090.78		0.00	6.05	363,090.78
08/15/24	08/15/24	Pay Princpl	268,094.166	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	268,094.17		0.00	4,402.45	268,094.17
08/15/24	08/15/24	Pay Princpl	209,353.970	CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1	209,353.97		2,383.56	0.00	209,353.97
08/15/24	08/15/24	Pay Princpl	494,860.446	CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1	494,860.45		5,252.63	0.00	494,860.45
08/15/24	08/15/24	Pay Princpl	91,593.361	CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3	91,593.36		2.79	0.00	91,593.36
08/15/24	08/15/24	Pay Princpl	76,327.801	CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3	76,327.80		201.96	0.00	76,327.80
08/15/24	08/15/24	Pay Princpl	865,313.134	FORDO 2024-A A1 CAR MAT 04/15/25 Cpn 5.52 34535EAA0	865,313.13		(0.00)	0.00	865,313.13
08/15/24	08/15/24	Pay Princpl	89,726.126	HALST 2024-A A2A LEASE 144A MAT 06/15/26 Cpn 5.15 448988AB1	89,726.13		0.18	0.00	89,726.13
08/15/24	08/15/24	Pay Princpl	423,709.336	HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2	423,709.34		0.00	10.33	423,709.34
08/15/24	08/15/24	Pay Princpl	226,981.388	HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6	226,981.39		0.00	3,411.11	226,981.39

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08/15/24	08/15/24	Pay Princpl	69,963.029	HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0	69,963.03		78.41	0.00	69,963.03
08/15/24	08/15/24	Pay Princpl	238,113.147	HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3	238,113.15		0.00	2.05	238,113.15
08/15/24	08/15/24	Pay Princpl	137,691.935	HART 2023-C A2A CAR MAT 01/15/27 Cpn 5.80 44918CAB8	137,691.94		4.02	0.00	137,691.94
08/15/24	08/15/24	Pay Princpl	402,440.284	JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6	402,440.28		3,147.83	0.00	402,440.28
08/15/24	08/15/24	Pay Princpl	297,930.577	LADAR 2024-1A A2 CAR 144A MAT 11/16/26 Cpn 5.44 501689AB9	297,930.58		8.65	0.00	297,930.58
08/15/24	08/15/24	Pay Princpl	272,266.204	TAOT 2023-D A2A CAR MAT 11/16/26 Cpn 5.80 89239FAB8	272,266.20		2.56	0.00	272,266.20
08/15/24	08/15/24	Pay Princpl	321,936.912	WLAKE 2023-P1 A2 CAR 144A MAT 02/16/27 Cpn 5.89 96042UAB7	321,936.91		(399.42)	0.00	321,936.91
08/15/24	08/15/24	Pay Princpl	546,243.964	WORLD OMNI 2020-C A4 CAR MAT 10/15/26 Cpn 0.61 98163CAF7	546,243.96		0.00	5,660.04	546,243.96
08/15/24	08/15/24	Pay Princpl	330,638.293	WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0	330,638.29		0.00	0.75	330,638.29
08/16/24	08/16/24	Pay Princpl	206,063.766	GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1	206,063.77		0.00	4,585.82	206,063.77
08/16/24	08/16/24	Pay Princpl	61,605.075	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	61,605.07		125.04	0.00	61,605.07
08/16/24	08/16/24	Pay Princpl	19,405.599	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	19,405.60		38.82	0.00	19,405.60
08/16/24	08/16/24	Pay Princpl	181,570.822	GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3	181,570.82		0.00	1.51	181,570.82

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08/16/24	08/16/24	Pay Princpl	93,159.275	GMCAR 2024-1 A2B CAR MAT 02/16/27 Cpn 5.75 36268GAC9	93,159.28		0.00	0.00	93,159.28
08/20/24	08/20/24	Pay Princpl	587,009.712	DLLAD 2024-1A A1 EQP 144A MAT 05/20/25 Cpn 5.54 23346MAA4	587,009.71		(0.00)	0.00	587,009.71
08/20/24	08/20/24	Pay Princpl	452,629.141	EFF 2023-1 A2 FLEET 144A MAT 01/22/29 Cpn 5.51 29375CAB5	452,629.14		786.70	0.00	452,629.14
08/20/24	08/20/24	Pay Princpl	545,513.239	EFF 2024-2 A1 FLEET 144A MAT 05/20/25 Cpn 5.61 29375RAA4	545,513.24		0.00	0.00	545,513.24
08/20/24	08/20/24	Pay Princpl	1,107,909.970	EFF 2024-3 A1 FLEET 144A MAT 07/21/25 Cpn 5.49 29375QAA6	1,107,909.97		0.00	0.00	1,107,909.97
08/20/24	08/20/24	Pay Princpl	561,035.862	GMALT 2022-3 A3 LEASE MAT 09/22/25 Cpn 4.01 380130AD6	561,035.86		2,024.06	0.00	561,035.86
08/20/24	08/20/24	Pay Princpl	174,282.252	GMALT 2024-1 A2A LEASE MAT 06/22/26 Cpn 5.18 36269FAB2	174,282.25		13.23	0.00	174,282.25
08/20/24	08/20/24	Pay Princpl	600,567.041	HPEFS 2023-2A A1 EQP 144A MAT 10/18/24 Cpn 5.76 44328UAA4	600,567.04		(0.00)	0.00	600,567.04
08/20/24	08/20/24	Pay Princpl	345,751.863	SBALT 2024-A A2 LEASE 144A MAT 01/20/26 Cpn 5.45 78414SAC8	345,751.86		13.22	0.00	345,751.86
08/20/24	08/20/24	Pay Princpl	223,899.811	SFAST 2024-1A A2 CAR 144A MAT 06/21/27 Cpn 5.35 78435VAB8	223,899.81		9.67	0.00	223,899.81
08/20/24	08/20/24	Pay Princpl	8,051.380	TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2	8,051.38		0.56	0.00	8,051.38
08/20/24	08/20/24	Pay Princpl	95,015.940	VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4	95,015.94		0.00	2.09	95,015.94
08/25/24	08/25/24	Pay Princpl	208,202.003	BMWLT 2024-1 A2A LEASE MAT 07/27/26 Cpn 5.10 05611UAB9	208,202.00		3.09	0.00	208,202.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/25/24	08/25/24	Pay Princpl	392,106.486	BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6	392,106.49		0.00	0.00	392,106.49
08/25/24	08/25/24	Pay Princpl	217,545.931	CHAOT 2024-1A A2 CAR 144A MAT 04/26/27 Cpn 5.48 16144BAB4	217,545.93		14.33	0.00	217,545.93
08/25/24	08/25/24	Pay Princpl	21,464.857	FHMS KF38 A MAT 09/25/24 Cpn 5.78 3137FBUC8	21,464.86		0.00	0.50	21,464.86
08/25/24	08/25/24	Pay Princpl	101,572.114	FHMS KI06 A 1MOFRN CMBS MAT 03/25/25 Cpn 5.69 3137FVNA6	101,572.11		0.00	(0.00)	101,572.11
08/25/24	08/25/24	Pay Princpl	342,455.721	FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 5.55 3137H4RC6	342,455.72		0.00	(0.00)	342,455.72
08/25/24	08/25/24	Pay Princpl	24,568.806	FHMS KS09 A MAT 10/25/27 Cpn 5.83 3137FCK52	24,568.81		7.01	0.00	24,568.81
08/26/24	08/26/24	Pay Princpl	5,272.980	FNA 2015-M6 FA MAT 01/25/26 Cpn 5.77 3136ANLN5	5,272.98		1.46	0.00	5,272.98
			<u>13,695,873.372</u>		<u>13,695,873.38</u>		<u>32,294.84</u>	<u>18,082.70</u>	<u>13,695,873.38</u>
08/01/24	08/01/24	Mature Long	31,000,000.000	U.S. TREASURY BILL MAT 08/01/24 Cpn 912797JU2	30,214,841.86	785,158.14	0.00	0.00	31,000,000.00
08/01/24	08/01/24	Mature Long	20,000,000.000	U.S. TREASURY BILL MAT 08/01/24 Cpn 912797JU2	19,504,842.50	495,157.50	0.00	0.00	20,000,000.00
08/01/24	08/01/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 08/01/24 Cpn 912797JU2	48,762,106.25	1,237,893.75	0.00	0.00	50,000,000.00
08/01/24	08/01/24	Mature Long	5,000,000.000	FHLMC C 8/1/23 Q MAT 08/01/24 Cpn 5.05 3134GYFM9	5,000,000.00		0.00	0.00	5,000,000.00
08/02/24	08/02/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/02/24 Cpn 313384A58	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/02/24	08/02/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/02/24 Cpn	313384A58	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
08/05/24	08/05/24	Mature Long	10,000,000.000	FHLB DISCOUNT NOTE MAT 08/05/24 Cpn	313384A82	9,995,600.00	4,400.00	0.00	0.00	10,000,000.00
08/05/24	08/05/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/05/24 Cpn	313384A82	49,978,000.00	22,000.00	0.00	0.00	50,000,000.00
08/05/24	08/05/24	Mature Long	7,500,000.000	HOME DEPOT CP 144A MAT 08/05/24 Cpn	43707LH51	7,438,125.00	61,875.00	0.00	0.00	7,500,000.00
08/05/24	08/05/24	Mature Long	7,500,000.000	HOME DEPOT CP 144A MAT 08/05/24 Cpn	43707LH51	7,480,125.00	19,875.00	0.00	0.00	7,500,000.00
08/05/24	08/05/24	Mature Long	10,000,000.000	PFIZER CP 144A MAT 08/05/24 Cpn	71708EH57	9,865,522.22	134,477.78	0.00	0.00	10,000,000.00
08/06/24	08/06/24	Mature Long	44,000,000.000	U.S. TREASURY BILL MAT 08/06/24 Cpn	912797KW6	43,245,357.22	754,642.78	(0.00)	0.00	44,000,000.00
08/06/24	08/06/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 08/06/24 Cpn	912797KW6	49,142,451.39	857,548.61	0.00	0.00	50,000,000.00
08/06/24	08/06/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 08/06/24 Cpn	912797KW6	49,142,451.39	857,548.61	0.00	0.00	50,000,000.00
08/06/24	08/06/24	Mature Long	20,000,000.000	U.S. TREASURY BILL MAT 08/06/24 Cpn	912797KW6	19,924,354.44	75,645.56	0.00	0.00	20,000,000.00
08/06/24	08/06/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 08/06/24 Cpn	912797KW6	49,810,886.11	189,113.89	0.00	0.00	50,000,000.00
08/06/24	08/06/24	Mature Long	25,000,000.000	FHLB DISCOUNT NOTE MAT 08/06/24 Cpn	313384A90	24,996,333.33	3,666.67	0.00	0.00	25,000,000.00
08/06/24	08/06/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/06/24 Cpn	313384A90	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/07/24	08/07/24	Mature Long	15,000,000.000	FHLB DISCOUNT NOTE MAT 08/07/24 Cpn 313384B24	14,997,795.83	2,204.17	0.00	0.00	15,000,000.00
08/07/24	08/07/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/07/24 Cpn 313384B24	49,992,652.78	7,347.22	0.00	0.00	50,000,000.00
08/07/24	08/07/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/07/24 Cpn 313384B24	49,992,652.78	7,347.22	0.00	0.00	50,000,000.00
08/07/24	08/07/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/07/24 Cpn 313384B24	49,992,652.78	7,347.22	0.00	0.00	50,000,000.00
08/07/24	08/07/24	Mature Long	20,000,000.000	NOVARTIS FINANCE CP 144A MAT 08/07/24 Cpn 6698M4H70	19,935,100.00	64,900.00	0.00	0.00	20,000,000.00
08/07/24	08/07/24	Mature Long	3,500,000.000	TVA DISCOUNT NOTE MAT 08/07/24 Cpn 880592B25	3,486,179.38	13,820.62	0.00	0.00	3,500,000.00
08/07/24	08/07/24	Mature Long	50,000,000.000	TVA DISCOUNT NOTE MAT 08/07/24 Cpn 880592B25	49,802,562.50	197,437.50	0.00	0.00	50,000,000.00
08/07/24	08/07/24	Mature Long	15,850,000.000	TVA DISCOUNT NOTE MAT 08/07/24 Cpn 880592B25	15,803,506.67	46,493.33	0.00	0.00	15,850,000.00
08/08/24	08/08/24	Mature Long	5,000,000.000	FHLB DISCOUNT NOTE MAT 08/08/24 Cpn 313384B32	4,999,266.67	733.33	0.00	0.00	5,000,000.00
08/08/24	08/08/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/08/24 Cpn 313384B32	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
08/08/24	08/08/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/08/24 Cpn 313384B32	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
08/08/24	08/08/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/08/24 Cpn 313384B32	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
08/08/24	08/08/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/08/24 Cpn 313384B32	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/08/24	08/08/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/08/24 Cpn 313384B32	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
08/08/24	08/08/24	Mature Long	12,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 08/08/24 Cpn 84243LH80	11,996,440.00	3,560.00	0.00	0.00	12,000,000.00
08/09/24	08/09/24	Mature Long	40,000,000.000	FHLB DISCOUNT NOTE MAT 08/09/24 Cpn 313384B40	39,994,133.33	5,866.67	0.00	0.00	40,000,000.00
08/09/24	08/09/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/09/24 Cpn 313384B40	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
08/09/24	08/09/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/09/24 Cpn 313384B40	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
08/12/24	08/12/24	Mature Long	45,000,000.000	FHLB DISCOUNT NOTE MAT 08/12/24 Cpn 313384B73	44,980,200.00	19,800.00	0.00	0.00	45,000,000.00
08/12/24	08/12/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/12/24 Cpn 313384B73	49,978,000.00	22,000.00	0.00	0.00	50,000,000.00
08/12/24	08/12/24	Mature Long	11,700,000.000	METLIFE SHORT TERM FUND CP 1 MAT 08/12/24 Cpn 59157THC0	11,644,672.00	55,328.00	0.00	0.00	11,700,000.00
08/13/24	08/13/24	Mature Long	25,000,000.000	FLORIDA POWER & LIGHT CP MAT 08/13/24 Cpn 34108AHD2	24,951,972.22	48,027.78	0.00	0.00	25,000,000.00
08/14/24	08/14/24	Mature Long	25,000,000.000	AUTOMATIC DATA CP 144A MAT 08/14/24 Cpn 0530A2HE3	24,981,458.33	18,541.67	0.00	0.00	25,000,000.00
08/14/24	08/14/24	Mature Long	20,000,000.000	AUTOMATIC DATA CP 144A MAT 08/14/24 Cpn 0530A2HE3	19,997,044.44	2,955.56	0.00	0.00	20,000,000.00
08/14/24	08/14/24	Mature Long	50,000,000.000	CREDIT AGRICOLE CP MAT 08/14/24 Cpn 22533THE9	49,992,638.89	7,361.11	0.00	0.00	50,000,000.00
08/14/24	08/14/24	Mature Long	40,000,000.000	CATERPILLAR FIN CP MAT 08/14/24 Cpn 14912DHE2	39,917,400.00	82,600.00	0.00	0.00	40,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/14/24	08/14/24	Mature Long	25,500,000.000	TVA DISCOUNT NOTE MAT 08/14/24 Cpn 880592B90	25,399,020.00	100,980.00	0.00	0.00	25,500,000.00
08/15/24	08/15/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 08/15/24 Cpn 912797KB2	48,709,076.53	1,290,923.47	0.00	0.00	50,000,000.00
08/15/24	08/15/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 08/15/24 Cpn 912797KB2	48,709,076.53	1,290,923.47	0.00	0.00	50,000,000.00
08/15/24	08/15/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 08/15/24 Cpn 912797KB2	48,709,076.53	1,290,923.47	0.00	0.00	50,000,000.00
08/15/24	08/15/24	Mature Long	30,000,000.000	EMERSON ELECTRIC CP 144A MAT 08/15/24 Cpn 29101AHF4	29,845,416.67	154,583.33	0.00	0.00	30,000,000.00
08/15/24	08/15/24	Mature Long	35,000,000.000	FHLB DISCOUNT NOTE MAT 08/15/24 Cpn 313384C23	34,994,895.83	5,104.17	0.00	0.00	35,000,000.00
08/15/24	08/15/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/15/24 Cpn 313384C23	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
08/15/24	08/15/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/15/24 Cpn 313384C23	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
08/15/24	08/15/24	Mature Long	12,529,000.000	NORTHW MUT SHR TERM FUN CP MAT 08/15/24 Cpn 66815AHF3	12,512,399.08	16,600.92	0.00	0.00	12,529,000.00
08/15/24	08/15/24	Mature Long	8,250,000.000	UNIVERSITY OF CHICAGO CP TXB MAT 08/15/24 Cpn 91336CHF7	8,237,625.00	12,375.00	0.00	0.00	8,250,000.00
08/16/24	08/16/24	Mature Long	10,000,000.000	EMERSON ELECTRIC CP 144A MAT 08/16/24 Cpn 29101AHG2	9,952,622.22	47,377.78	0.00	0.00	10,000,000.00
08/16/24	08/16/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/16/24 Cpn 313384C31	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
08/16/24	08/16/24	Mature Long	6,500,000.000	MERCEDES-BENZ CP 144A MAT 08/16/24 Cpn 58768JHG6	6,444,836.67	55,163.33	0.00	0.00	6,500,000.00

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08/19/24	08/19/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/19/24 Cpn	313384C64	49,970,861.11	29,138.89	0.00	0.00	50,000,000.00
08/19/24	08/19/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/19/24 Cpn	313384C64	49,970,861.11	29,138.89	0.00	0.00	50,000,000.00
08/19/24	08/19/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/19/24 Cpn	313384C64	49,970,861.11	29,138.89	0.00	0.00	50,000,000.00
08/19/24	08/19/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/19/24 Cpn	313384C64	49,970,861.11	29,138.89	0.00	0.00	50,000,000.00
08/19/24	08/19/24	Mature Long	20,000,000.000	FHLB DISCOUNT NOTE MAT 08/19/24 Cpn	313384C64	19,991,250.00	8,750.00	0.00	0.00	20,000,000.00
08/19/24	08/19/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/19/24 Cpn	313384C64	49,978,125.00	21,875.00	0.00	0.00	50,000,000.00
08/20/24	08/20/24	Mature Long	26,500,000.000	CUMMINS INC CP 144A MAT 08/20/24 Cpn	23102UHL9	26,344,975.00	155,025.00	0.00	0.00	26,500,000.00
08/20/24	08/20/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/20/24 Cpn	313384C72	49,948,958.33	51,041.67	0.00	0.00	50,000,000.00
08/20/24	08/20/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/20/24 Cpn	313384C72	49,948,958.33	51,041.67	0.00	0.00	50,000,000.00
08/20/24	08/20/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/20/24 Cpn	313384C72	49,948,958.33	51,041.67	0.00	0.00	50,000,000.00
08/20/24	08/20/24	Mature Long	14,000,000.000	FHLB DISCOUNT NOTE MAT 08/20/24 Cpn	313384C72	13,997,958.33	2,041.67	0.00	0.00	14,000,000.00
08/20/24	08/20/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/20/24 Cpn	313384C72	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
08/20/24	08/20/24	Mature Long	30,111,000.000	KENVUE CP 144A MAT 08/20/24 Cpn	49177FHL7	29,964,434.71	146,565.29	0.00	0.00	30,111,000.00

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/21/24	08/21/24	Mature Long	30,000,000.000	FHLB DISCOUNT NOTE MAT 08/21/24 Cpn	313384C80	29,995,625.00	4,375.00	0.00	0.00	30,000,000.00
08/21/24	08/21/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/21/24 Cpn	313384C80	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
08/21/24	08/21/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/21/24 Cpn	313384C80	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
08/21/24	08/21/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/21/24 Cpn	313384C80	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
08/21/24	08/21/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/21/24 Cpn	313384C80	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
08/21/24	08/21/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/21/24 Cpn	313384C80	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
08/22/24	08/22/24	Mature Long	5,000,000.000	U.S. TREASURY BILL MAT 08/22/24 Cpn	912797KC0	4,993,500.00	6,500.00	0.00	0.00	5,000,000.00
08/22/24	08/22/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 08/22/24 Cpn	912797KC0	49,935,000.00	65,000.00	0.00	0.00	50,000,000.00
08/22/24	08/22/24	Mature Long	40,000,000.000	CREDIT AGRICOLE CP MAT 08/22/24 Cpn	22533THN9	39,958,700.00	41,300.00	0.00	0.00	40,000,000.00
08/22/24	08/22/24	Mature Long	39,969,000.000	FHLB DISCOUNT NOTE MAT 08/22/24 Cpn	313384C98	39,963,182.29	5,817.71	0.00	0.00	39,969,000.00
08/22/24	08/22/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/22/24 Cpn	313384C98	49,992,722.22	7,277.78	0.00	0.00	50,000,000.00
08/22/24	08/22/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/22/24 Cpn	313384C98	49,992,722.22	7,277.78	0.00	0.00	50,000,000.00
08/22/24	08/22/24	Mature Long	27,755,000.000	FHLB DISCOUNT NOTE MAT 08/22/24 Cpn	313384C98	27,750,960.11	4,039.89	0.00	0.00	27,755,000.00

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/22/24	08/22/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/22/24 Cpn	313384C98	49,992,722.22	7,277.78	0.00	0.00	50,000,000.00
08/22/24	08/22/24	Mature Long	25,000,000.000	FHLB DISCOUNT NOTE MAT 08/22/24 Cpn	313384C98	24,996,368.06	3,631.94	0.00	0.00	25,000,000.00
08/22/24	08/22/24	Mature Long	50,000,000.000	FNMA DISOCUNT NOTE MAT 08/22/24 Cpn	313588C94	49,934,437.50	65,562.50	0.00	0.00	50,000,000.00
08/22/24	08/22/24	Mature Long	50,000,000.000	FNMA DISOCUNT NOTE MAT 08/22/24 Cpn	313588C94	49,934,437.50	65,562.50	0.00	0.00	50,000,000.00
08/22/24	08/22/24	Mature Long	50,000,000.000	FNMA DISOCUNT NOTE MAT 08/22/24 Cpn	313588C94	49,934,437.50	65,562.50	0.00	0.00	50,000,000.00
08/23/24	08/23/24	Mature Long	30,000,000.000	FHLB DISCOUNT NOTE MAT 08/23/24 Cpn	313384D22	29,995,633.33	4,366.67	0.00	0.00	30,000,000.00
08/23/24	08/23/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/23/24 Cpn	313384D22	49,992,722.22	7,277.78	0.00	0.00	50,000,000.00
08/23/24	08/23/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/23/24 Cpn	313384D22	49,992,722.22	7,277.78	0.00	0.00	50,000,000.00
08/26/24	08/26/24	Mature Long	45,000,000.000	CREDIT AGRICOLE CP MAT 08/26/24 Cpn	22533THS8	44,980,087.50	19,912.50	0.00	0.00	45,000,000.00
08/26/24	08/26/24	Mature Long	44,527,000.000	FHLB DISCOUNT NOTE MAT 08/26/24 Cpn	313384D55	44,507,593.65	19,406.35	0.00	0.00	44,527,000.00
08/27/24	08/27/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 08/27/24 Cpn	912797KZ9	49,898,616.67	101,383.33	0.00	0.00	50,000,000.00
08/27/24	08/27/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 08/27/24 Cpn	912797KZ9	49,898,616.67	101,383.33	0.00	0.00	50,000,000.00
08/27/24	08/27/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 08/27/24 Cpn	912797KZ9	49,898,616.67	101,383.33	0.00	0.00	50,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/27/24	08/27/24	Mature Long	15,000,000.000	U.S. TREASURY BILL MAT 08/27/24 Cpn 912797KZ9		14,991,308.33	8,691.67	0.00	0.00	15,000,000.00
08/28/24	08/28/24	Mature Long	15,000,000.000	CUMMINS INC CP 144A MAT 08/28/24 Cpn 23102UHU9		14,903,608.33	96,391.67	0.00	0.00	15,000,000.00
08/28/24	08/28/24	Mature Long	40,000,000.000	FHLMC DISCOUNT NOTE MAT 08/28/24 Cpn 313396D75		39,994,200.00	5,800.00	0.00	0.00	40,000,000.00
08/28/24	08/28/24	Mature Long	50,000,000.000	FHLMC DISCOUNT NOTE MAT 08/28/24 Cpn 313396D75		49,992,750.00	7,250.00	0.00	0.00	50,000,000.00
08/29/24	08/29/24	Mature Long	10,000,000.000	BANK OF MONTREAL CHICAGO YC MAT 08/29/24 Cpn 5.54 06367DFG5		10,000,000.00		0.00	0.00	10,000,000.00
08/29/24	08/29/24	Mature Long	20,000,000.000	FHLB DISCONT NOTE MAT 08/29/24 Cpn 313384D89		19,997,094.44	2,905.56	0.00	0.00	20,000,000.00
08/29/24	08/29/24	Mature Long	50,000,000.000	FHLB DISCONT NOTE MAT 08/29/24 Cpn 313384D89		49,992,736.11	7,263.89	0.00	0.00	50,000,000.00
08/29/24	08/29/24	Mature Long	50,000,000.000	FHLB DISCONT NOTE MAT 08/29/24 Cpn 313384D89		49,992,736.11	7,263.89	0.00	0.00	50,000,000.00
08/30/24	08/30/24	Mature Long	40,000,000.000	FHLB DISCOUNT NOTE MAT 08/30/24 Cpn 313384D97		39,994,200.00	5,800.00	0.00	0.00	40,000,000.00
08/30/24	08/30/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/30/24 Cpn 313384D97		49,992,750.00	7,250.00	0.00	0.00	50,000,000.00
			<u>3,953,691,000.000</u>			<u>3,941,710,281.38</u>	<u>11,980,718.63</u>	<u>(0.00)</u>	<u>0.00</u>	<u>3,953,691,000.00</u>

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

Tr Date	St Date	Transaction Type	Units	Description			Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/02/24	08/02/24	Withdrawal	(45,000,000.000)	WD MAT	Cpn	USD	(45,000,000.00)		(45,000,000.00)	0.00	(45,000,000.00)
08/06/24	08/06/24	Withdrawal	(50,000,000.000)	WD MAT	Cpn	USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
08/08/24	08/08/24	Withdrawal	(30,000,000.000)	WD MAT	Cpn	USD	(30,000,000.00)		(30,000,000.00)	0.00	(30,000,000.00)
08/09/24	08/09/24	Withdrawal	(30,000,000.000)	WD MAT	Cpn	USD	(30,000,000.00)		(30,000,000.00)	0.00	(30,000,000.00)
08/12/24	08/12/24	Withdrawal	(50,000,000.000)	WD MAT	Cpn	USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
08/15/24	08/15/24	Withdrawal	(50,000,000.000)	WD MAT	Cpn	USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
08/19/24	08/19/24	Withdrawal	(200,000,000.000)	WD MAT	Cpn	USD	(200,000,000.00)		(200,000,000.00)	0.00	(200,000,000.00)
08/21/24	08/21/24	Withdrawal	(120,000,000.000)	WD MAT	Cpn	USD	(120,000,000.00)		(120,000,000.00)	0.00	(120,000,000.00)
08/22/24	08/22/24	Withdrawal	(260,000,000.000)	WD MAT	Cpn	USD	(260,000,000.00)		(260,000,000.00)	0.00	(260,000,000.00)
08/23/24	08/23/24	Withdrawal	(20,000,000.000)	WD MAT	Cpn	USD	(20,000,000.00)		(20,000,000.00)	0.00	(20,000,000.00)
08/26/24	08/26/24	Withdrawal	(80,000,000.000)	WD MAT	Cpn	USD	(80,000,000.00)		(80,000,000.00)	0.00	(80,000,000.00)
08/27/24	08/27/24	Withdrawal	(70,000,000.000)	WD MAT	Cpn	USD	(70,000,000.00)		(70,000,000.00)	0.00	(70,000,000.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>		<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
Cash - cont. 08/29/24	08/29/24	Withdrawal	(45,000,000.00)	WD MAT	Cpn	USD	(45,000,000.00)	(45,000,000.00)	0.00	(45,000,000.00)
			<u>(1,050,000,000.00)</u>				<u>(1,050,000,000.00)</u>	<u>(1,050,000,000.00)</u>	<u>0.00</u>	<u>(1,050,000,000.00)</u>

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

08/01/2024
through 08/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/30/24	08/30/24	Buy	965,000.000	U.S. TREASURY NOTE MAT 07/31/29 Cpn 4.00 91282CLC3	(978,042.58)	(3,146.74)	0.00	0.00	(981,189.32)
08/30/24	08/30/24	Buy	2,655,000.000	U.S. TREASURY NOTE MAT 07/31/26 Cpn 4.38 91282CLB5	(2,675,638.48)	(9,469.26)	0.00	0.00	(2,685,107.74)
			<u>3,620,000.000</u>		<u>(3,653,681.06)</u>	<u>(12,616.00)</u>	<u>0.00</u>	<u>0.00</u>	<u>(3,666,297.06)</u>
08/01/24	08/01/24	Coupon		CA STWD CMTY DEV AUTH REV-CA MAT 02/01/25 Cpn 0.73 13080SZL1		2,745.00	0.00	0.00	2,745.00
08/01/24	08/01/24	Coupon		CA CONTRA COSTA CCD GO/ULT T MAT 08/01/24 Cpn 1.77 212204JE2		1,507.90	0.00	0.00	1,507.90
08/01/24	08/01/24	Coupon		CA COVINA-VALLEY USD GO/ULT T MAT 08/01/24 Cpn 2.03 223093VM4		2,533.75	0.00	0.00	2,533.75
08/01/24	08/01/24	Coupon		CA FRESNO USD GO/ULT TXB MAT 08/01/25 Cpn 0.87 3582326T8		2,607.00	0.00	0.00	2,607.00
08/01/24	08/01/24	Coupon		CA GARDEN GROVE USD GO/ULT T MAT 08/01/24 Cpn 1.97 365298Y51		3,882.85	0.00	0.00	3,882.85
08/01/24	08/01/24	Coupon		CA OAKLAND-ALAMEDA COLISEUM MAT 02/01/25 Cpn 3.64 672211BM0		16,848.88	0.00	0.00	16,848.88
08/01/24	08/01/24	Coupon		CA OAKLAND USD GO/ULT TXB MAT 08/01/25 Cpn 1.38 672325M95		2,900.10	0.00	0.00	2,900.10
08/12/24	08/12/24	Coupon		FHLB C 05/12/21 Q MAT 02/12/26 Cpn 0.60 3130AKXQ4		2,820.00	0.00	0.00	2,820.00
08/15/24	08/15/24	Coupon		BAAT 2023-2A A3 CAR 144A MAT 06/15/28 Cpn 5.74 06054YAC1		3,348.33	0.00	0.00	3,348.33
08/15/24	08/15/24	Coupon		BAAT 2024-1A A3 CAR 144A MAT 11/15/28 Cpn 5.35 09709AAC6		4,458.33	0.00	0.00	4,458.33

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

08/01/2024
through 08/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/15/24	08/15/24	Coupon		BACCT 2023-A2 A2 CARD MAT 11/15/28 Cpn 4.98 05522RDH8		2,075.00	0.00	0.00	2,075.00
08/15/24	08/15/24	Coupon		CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8		54.94	0.00	0.00	54.94
08/15/24	08/15/24	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		136.37	0.00	0.00	136.37
08/15/24	08/15/24	Coupon		CARMX 2023-3 A3 CAR MAT 05/15/28 Cpn 5.28 14319BAC6		3,520.00	0.00	0.00	3,520.00
08/15/24	08/15/24	Coupon		CARMX 2023-4 A3 CAR MAT 07/17/28 Cpn 6.00 14318XAC9		1,500.00	0.00	0.00	1,500.00
08/15/24	08/15/24	Coupon		CARMX 2023-4 A3 CAR MAT 07/17/28 Cpn 6.00 14318XAC9		2,500.00	0.00	0.00	2,500.00
08/15/24	08/15/24	Coupon		CARMX 2024-A3 CAR MAT 10/16/28 Cpn 4.92 14318WAD9		2,460.00	0.00	0.00	2,460.00
08/15/24	08/15/24	Coupon		CARMX 2024-3 A3 CAR MAT 07/16/29 Cpn 4.89 14319GAD3		1,426.25	0.00	0.00	1,426.25
08/15/24	08/15/24	Coupon		COPAR 2023-2 A3 CAR MAT 06/15/28 Cpn 5.82 14044EAD0		3,395.00	0.00	0.00	3,395.00
08/15/24	08/15/24	Coupon		FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9		2,870.00	0.00	0.00	2,870.00
08/15/24	08/15/24	Coupon		FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9		820.00	0.00	0.00	820.00
08/15/24	08/15/24	Coupon		FORDO 2023-B A3 CAR MAT 05/15/28 Cpn 5.23 344930AD4		2,615.00	0.00	0.00	2,615.00
08/15/24	08/15/24	Coupon		FORDO 2023-C A3 CAR MAT 09/15/28 Cpn 5.53 344940AD3		2,304.17	0.00	0.00	2,304.17

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

08/01/2024
through 08/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/15/24	08/15/24	Coupon		GFORT 2023-1 A1 FLOOR 144A MAT 06/15/28 Cpn 5.34 361886CR3		4,005.00	0.00	0.00	4,005.00
08/15/24	08/15/24	Coupon		HART 2023-C A3 CAR MAT 10/16/28 Cpn 5.54 44918CAD4		1,385.00	0.00	0.00	1,385.00
08/15/24	08/15/24	Coupon		JDOT 2023-B A3 EQP MAT 03/15/28 Cpn 5.18 477920AC6		3,237.50	0.00	0.00	3,237.50
08/15/24	08/15/24	Coupon		JDOT 2024-A A3 EQP MAT 11/15/28 Cpn 4.96 47800RAD5		2,893.33	0.00	0.00	2,893.33
08/15/24	08/15/24	Coupon		JDOT 2024-B A3 EQP MAT 03/15/29 Cpn 5.20 47786WAD2		3,033.33	0.00	0.00	3,033.33
08/15/24	08/15/24	Coupon		KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2		124.95	0.00	0.00	124.95
08/15/24	08/15/24	Coupon		KCOT 2023-2A A3 EQP 144A MAT 01/18/28 Cpn 5.28 500945AC4		2,200.00	0.00	0.00	2,200.00
08/15/24	08/15/24	Coupon		MBALT 2024-A A3 LEASE MAT 01/18/28 Cpn 5.32 58770JAD6		3,103.33	0.00	0.00	3,103.33
08/15/24	08/15/24	Coupon		NMOTR 2024-B A FLOORPLAN 144A MAT 02/15/29 Cpn 5.05 65479VAB2		2,525.00	0.00	0.00	2,525.00
08/15/24	08/15/24	Coupon		TAOT 2023-D A3 CAR MAT 08/15/28 Cpn 5.54 89239FAD4		1,846.67	0.00	0.00	1,846.67
08/15/24	08/15/24	Coupon		WOART 2022-B A3 CAR MAT 03/15/28 Cpn 3.44 98163QAE9		1,433.33	0.00	0.00	1,433.33
08/16/24	08/16/24	Coupon		GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8		14.07	0.00	0.00	14.07
08/16/24	08/16/24	Coupon		GMCAR 2024-1 A3 CAR MAT 12/18/28 Cpn 4.85 36268GAD7		1,616.67	0.00	0.00	1,616.67

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

08/01/2024
through 08/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/17/24	08/17/24	Coupon		FORDF 2024-1 A1 FLOORPLAN 144 MAT 04/15/29 Cpn 5.29 34528QJA3		3,967.50	0.00	0.00	3,967.50
08/18/24	08/18/24	Coupon		HAROT 2023-3 A3 CAR MAT 02/18/28 Cpn 5.41 43815QAC1		1,127.08	0.00	0.00	1,127.08
08/20/24	08/20/24	Coupon		EFF 2024-3 A3 FLEET 144A MAT 08/21/28 Cpn 4.98 29375QAC2		1,798.33	0.00	0.00	1,798.33
08/20/24	08/20/24	Coupon		GMALT 2023-3 A3 LEASE MAT 11/20/26 Cpn 5.38 379929AD4		1,345.00	0.00	0.00	1,345.00
08/25/24	08/25/24	Coupon		BMWLT 2024-1 A3 LEASE MAT 03/25/27 Cpn 4.98 05611UAD5		2,905.00	0.00	0.00	2,905.00
08/25/24	08/25/24	Coupon		NAVMT 2023-1 A FLOOR 144A MAT 08/25/28 Cpn 6.18 63938PBU2		1,030.00	0.00	0.00	1,030.00
08/25/24	08/25/24	Coupon		NAVMT 2024-1 A FLOOR 144A MAT 04/25/29 Cpn 5.59 63938PBW8		1,863.33	0.00	0.00	1,863.33
08/28/24	08/28/24	Coupon		FHLMC C 02/28/23 Q MAT 02/28/25 Cpn 4.00 3134GXS88		11,400.00	0.00	0.00	11,400.00
08/28/24	08/28/24	Coupon		FHLMC C 11/28/22 Q MAT 08/28/25 Cpn 4.05 3134GXR63		11,542.50	0.00	0.00	11,542.50
08/28/24	08/28/24	Coupon		FHLMC C 11/28/2022 Q MAT 08/28/25 Cpn 4.20 3134GXS47		11,970.00	0.00	0.00	11,970.00
08/31/24	08/31/24	Coupon		U.S. TREASURY NOTE MAT 08/31/26 Cpn 0.75 91282CCW9		7,050.00	0.00	0.00	7,050.00
08/31/24	08/31/24	Coupon		U.S. TREASURY NOTE MAT 08/31/27 Cpn 3.13 91282CFH9		13,984.38	0.00	0.00	13,984.38
08/31/24	08/31/24	Coupon		U.S. TREASURY NOTE MAT 08/31/27 Cpn 3.13 91282CFH9		6,718.75	0.00	0.00	6,718.75

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

08/01/2024
through 08/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/31/24	08/31/24	Coupon		U.S. TREASURY NOTE MAT 02/29/28 Cpn 4.00 91282CGP0		13,400.00	0.00	0.00	13,400.00
08/31/24	08/31/24	Coupon		U.S. TREASURY NOTE MAT 02/29/28 Cpn 4.00 91282CGP0		23,600.00	0.00	0.00	23,600.00
08/31/24	08/31/24	Coupon		U.S. TREASURY NOTE MAT 02/29/28 Cpn 4.00 91282CGP0		10,900.00	0.00	0.00	10,900.00
08/31/24	08/31/24	Coupon		U.S. TREASURY NOTE MAT 02/28/29 Cpn 4.25 91282CKD2		44,625.00	0.00	0.00	44,625.00
08/31/24	08/31/24	Coupon		U.S. TREASURY NOTE MAT 08/31/28 Cpn 4.38 91282CHX2		5,031.25	0.00	0.00	5,031.25
						<u>271,005.17</u>	<u>0.00</u>	<u>0.00</u>	<u>271,005.17</u>
08/01/24	08/01/24	Income	(395.250)	ADJ NET INT MAT Cpn USD		(395.25)	0.00	0.00	(395.25)
08/01/24	08/01/24	Income	12,499.340	STIF INT MAT Cpn USD		12,499.34	0.00	0.00	12,499.34
			<u>12,104.090</u>			<u>12,104.09</u>	<u>0.00</u>	<u>0.00</u>	<u>12,104.09</u>
08/30/24	08/30/24	Sell Long	655,000.000	U.S. TREASURY NOTE MAT 04/30/26 Cpn 0.75 91282CBW0	620,612.50	1,628.60	0.00	(33,647.14)	622,241.10
08/30/24	08/30/24	Sell Long	940,000.000	U.S. TREASURY NOTE MAT 04/30/26 Cpn 0.75 91282CBW0	890,650.00	2,337.23	0.00	(48,939.34)	892,987.23
			<u>1,595,000.000</u>		<u>1,511,262.50</u>	<u>3,965.83</u>	<u>0.00</u>	<u>(82,586.48)</u>	<u>1,515,228.33</u>

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

08/01/2024
through 08/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/15/24	08/15/24	Pay Princpl	33,100.020	CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8	33,100.02		0.00	0.80	33,100.02
08/15/24	08/15/24	Pay Princpl	33,958.594	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	33,958.59		0.00	1.19	33,958.59
08/15/24	08/15/24	Pay Princpl	49,125.323	KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2	49,125.32		0.00	0.39	49,125.32
08/16/24	08/16/24	Pay Princpl	7,314.909	GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8	7,314.91		0.00	0.07	7,314.91
			<u>123,498.847</u>		<u>123,498.84</u>		<u>0.00</u>	<u>2.46</u>	<u>123,498.84</u>
08/01/24	08/01/24	Mature Long	170,000.000	CA CONTRA COSTA CCD GO/ULT T MAT 08/01/24 Cpn 1.77 212204JE2	170,000.00		0.00	0.00	170,000.00
08/01/24	08/01/24	Mature Long	250,000.000	CA COVINA-VALLEY USD GO/ULT T MAT 08/01/24 Cpn 2.03 223093VM4	250,000.00		0.00	0.00	250,000.00
08/01/24	08/01/24	Mature Long	395,000.000	CA GARDEN GROVE USD GO/ULT T MAT 08/01/24 Cpn 1.97 365298Y51	395,000.00		0.00	0.00	395,000.00
			<u>815,000.000</u>		<u>815,000.00</u>		<u>0.00</u>	<u>0.00</u>	<u>815,000.00</u>

LA CARE

Cash Activity by Transaction Type GAAP Basis

Accounting Period From 08/01/2024 To 08/31/2024

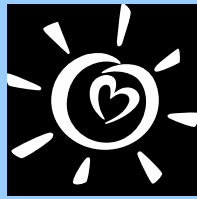
Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
BUY										
08/02/24	08/01/24	08/02/24	TNT77	95000U3E1	WELLS FARGO & COMPANY	10,000,000.00	(10,838.33)	(10,264,900.00)	0.00	(10,275,738.33)
08/05/24	08/05/24	08/05/24	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	3,657,493.37	0.00	(3,657,493.37)	0.00	(3,657,493.37)
08/06/24	08/01/24	08/06/24	TNT77	17325FBK3	CITIBANK NA	5,000,000.00	0.00	(5,040,800.00)	0.00	(5,040,800.00)
08/09/24	08/06/24	08/09/24	TNT77	89236TMK8	TOYOTA MOTOR CREDIT CORP	1,500,000.00	0.00	(1,496,955.00)	0.00	(1,496,955.00)
08/15/24	08/08/24	08/15/24	TNT77	928668CM2	VOLKSWAGEN GROUP AMERICA	2,000,000.00	0.00	(1,995,590.00)	0.00	(1,995,590.00)
TOTAL BUY						22,157,493.37	(10,838.33)	(22,455,738.37)	0.00	(22,466,576.70)
DIVIDEND										
08/01/24	08/01/24	08/01/24	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	6,866,063.65	27,838.74	0.00	0.00	27,838.74
TOTAL DIVIDEND						6,866,063.65	27,838.74	0.00	0.00	27,838.74
INTEREST										
08/01/24	08/01/24	08/01/24	TNT77	31677QBR9	FIFTH THIRD BANK	5,000,000.00	56,250.00	0.00	0.00	56,250.00
08/01/24	08/01/24	08/01/24	TNT77	54438CYK2	LOS ANGELES CA CMNTY CLG DIST	1,100,000.00	4,251.50	0.00	0.00	4,251.50
08/01/24	08/01/24	08/01/24	TNT77	91159HJK7	US BANCORP	5,000,000.00	116,325.00	0.00	0.00	116,325.00
08/01/24	08/01/24	08/01/24	TNT77	969268DG3	WILLIAM S HART CA UNION HIGH S	2,350,000.00	8,894.75	0.00	0.00	8,894.75
08/05/24	08/05/24	08/05/24	TNT77	458140BY5	INTEL CORP	5,000,000.00	93,750.00	0.00	0.00	93,750.00
08/12/24	08/12/24	08/12/24	TNT77	14913R3A3	CATERPILLAR FINL SERVICE	2,500,000.00	45,000.00	0.00	0.00	45,000.00
08/15/24	08/15/24	08/15/24	TNT77	210518DV5	CONSUMERS ENERGY CO	2,000,000.00	49,000.00	0.00	0.00	49,000.00
08/15/24	08/15/24	08/15/24	TNT77	576000ZE6	MASSACHUSETTS ST SCH BLDG AUTH	5,000,000.00	22,125.00	0.00	0.00	22,125.00
08/15/24	08/15/24	08/15/24	TNT77	756109BG8	REALTY INCOME CORP	5,000,000.00	98,750.00	0.00	0.00	98,750.00
08/15/24	08/15/24	08/15/24	TNT77	882508BV5	TEXAS INSTRUMENTS INC	5,000,000.00	115,000.00	0.00	0.00	115,000.00
08/15/24	08/15/24	08/15/24	TNT77	91324PEP3	UNITEDHEALTH GROUP INC	5,000,000.00	131,250.00	0.00	0.00	131,250.00
08/22/24	08/22/24	08/22/24	TNT77	110122EF1	BRISTOL-MYERS SQUIBB CO	5,000,000.00	122,500.00	0.00	0.00	122,500.00
08/23/24	08/23/24	08/23/24	TNT77	037833BY5	APPLE INC	1,500,000.00	24,375.00	0.00	0.00	24,375.00
TOTAL INTEREST						49,450,000.00	887,471.25	0.00	0.00	887,471.25
SELL										
08/02/24	08/01/24	08/02/24	TNT77	438516CB0	HONEYWELL INTERNATIONAL	5,000,000.00	11,437.50	4,854,150.00	0.00	4,865,587.50
08/02/24	08/01/24	08/02/24	TNT77	95000U2N2	WELLS FARGO & COMPANY	10,000,000.00	55,915.56	9,763,700.00	0.00	9,819,615.56
08/05/24	08/05/24	08/05/24	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	6,866,063.65	0.00	6,866,063.65	0.00	6,866,063.65

LA CARE

Cash Activity by Transaction Type GAAP Basis

Accounting Period From 08/01/2024 To 08/31/2024

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
					TOTAL SELL	21,866,063.65	67,353.06	21,483,913.65	0.00	21,551,266.71
					GRAND TOTAL	100,339,620.67	971,824.72	(971,824.72)	0.00	0.00
					Avg Date 4					



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: September 25, 2024

Motion No. EXE 101.1024

Committee: Executive

Chairperson: Alvaro Ballesteros, MBA

Issue: Provide the following employees with authority over all L.A. Care Health Plan's and L.A. Care Health Plan Joint Powers Authority's (JPA) banking and investment accounts.

1. Afzal Shah, *Chief Financial Officer*,
2. Jeff Ingram, *Deputy Chief Financial Officer*, and
3. Radiah Campbell, *Controller*

This authority is to be renewed whenever the investment policy is brought for approval by the Board, which is approximately annually.

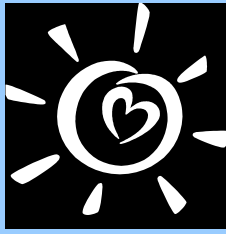
New Contract **Amendment** **Sole Source** **RFP/RFQ was conducted in <<year>>**

Background: The motion below designates the employees listed above as an authorized Signatories to all L.A Care Health Plan's and L.A. Care Health Plan Joint Powers Authority's (JPA) banking and investment accounts.

Member Impact: None

Budget Impact: None

Motion: To authorize the employees listed above as authorized signatories for all L.A. Care Health Plan and L.A. Care Health Plan Joint Powers Authority (JPA) banking and investment accounts.



L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: September 25, 2024

Motion No. EXE 102.1024

Committee: Executive

Chairperson: Alvaro Ballesteros, MBA

Issue: To execute a new statement of work with Ntooitive for a new schedule of services to support the advertising and integrated marketing strategies for the 2024-25 Fiscal Year marketing campaigns for L.A. Care’s direct lines of business and the Community Resource Centers from October 2024 through September 2025.

New Contract **Amendment** **Sole Source** **RFP/RFQ was conducted in 2019**

Background: Funds are requested for the 2024-2025 fiscal year contract in the amount of \$14,889,401 effective October 1, 2024 through September 30, 2025. L.A. Care would like to contract with Ntooitive for a statement of work associated with digital marketing and media buying services with our entire portfolio of products and services including L.A. Care Covered, Duals Special Needs (Medicare Plus), Medi-Cal, Community Resource Centers and our L.A. Care Brand Marketing Initiatives.

In early 2019, the Marketing Department conducted a Request for Proposal (RFP) process to review and select individual vendors which would offer specialized services for media buying, digital marketing services, creative development support and strategy/research consultation. Ntooitive was among eight agencies (and sub agencies) that responded to the RFP to provide digital marketing and media buying services for our lines of business including L.A. Care Covered, Cal MediConnect, Medi-Cal, Family Resource Centers, Community Resource Centers and the Parent Brand Initiative.

The funding allocation includes the following:

- \$14,889,401.00 for sustained product growth focused advertising for all L.A. Care lines of business. This funding is considered a “pass through” media cost that is managed by Ntooitive at the direction of L.A. Care. The funding would provide advertising resources for campaigns that run through October 2025 and support all product lines. The campaigns are as follows:
 - L.A. Care Brand Campaign
 - L.A. Care Medicare Plus (DSNP) Marketing and Broker Campaigns
 - Medi-Cal Advertising Campaign
 - L.A. Care Covered Open Enrollment Campaign and Broker Marketing Campaigns
 - Community Resource Center Marketing Campaigns and the continued launch of additional new Community Resource Centers in partnership with Blue Shield Promise Health Plan of California
 - Development and Maintenance of LACC Shop and Compare Tool website “LACC Calculator”
 - Digital Marketing Maintenance – Social/Search Management; Ad Server; Datorama Integration
 - Enhanced reporting, leveraging member data

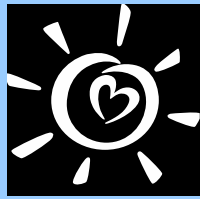
Board of Governors
MOTION SUMMARY

The execution and launch of these campaigns would align with organizational and product objectives aimed at creating Brand and Product visibility in the Los Angeles market and driving product growth through increased enrollment in the aforementioned product lines. The duration of the proposed contract is intended to align with the current budget cycle, and a new request will be initiated in the October 2024 for services from this vendor in FY 2024-2025, once budgets and business objectives have been finalized.

Member Impact: This motion will allow L.A. Care to continue to have a positive impact as a trusted source of information for members and potential members. L.A. Care will leverage its marketing and advertising programs to support the growth of all lines of businesses and increase visitors at all Family Resource Centers.

Budget Impact: Sufficient funds have been requested in the FY 2024-2025 budget for the Ntooitive contract term October 1, 2024 through September 30, 2025.

Motion: To authorize staff to execute a new statement of work with Ntooitive in the amount of \$14,889,401 for marketing campaigns for L.A. Care’s direct lines of business, including the LACC Shop and Compare Tool, and the Community Resource Centers for the period of October 1, 2024 through September 30, 2025.



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: September 25, 2024

Motion No. EXE 103.1024

Committee: Executive

Chairperson: Alvaro Ballesteros, MBA

Requesting Department: IT Department

Issue: Execute a contract with Edifecs Inc. to provide a SaaS Platform Solution for Encounter Data reporting to Centers for Medicaid and Medicare Services (CMS) and the Department of Health Services (DHS).

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

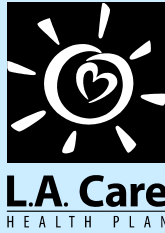
Background: L.A. Care staff requests approval to execute a five-year contract with Edifecs, Inc. from October 2024 to September 2029 in the amount of \$25,497,331. The vendor will provide L.A. Care with Software as a Service (SaaS), licensing for XEngine Server, Transaction Management, Encounter Management, and the integration services. The conversion from the current on-premise application to the SaaS equivalent, will allow L.A. Care to realize several benefits: reduced capital expenses, improved scalability, and the ability to leverage product enhancement, (critical for encounter compliance reporting to CMS and DHS).

We have used this vendor since August 10, 2017, and are pleased with their performance. The SaaS upgrade is proprietary to Edifecs and within the current contract period.

Member Impact: The SaaS upgrade will give LA Care the agility needed to adapt to the evolving demands of value-based care, with better outcomes at lower costs.

Budget Impact: The cost was anticipated and included in the budget for the IT Department in the next fiscal year 2024-2025. We will budget the balance in future fiscal years.

Motion: **To authorize staff to execute a contract in the amount of \$25,497,331 with Edifecs, Inc. to provide Software as a Service (SaaS) licensing and integration services for the period of October 2024 to September 2029.**



Board of Governors

MOTION SUMMARY

Date: September 25, 2024

Motion No. EXE 104.1024

Committee: Executive

Chairperson: Alvaro Ballesteros, MBA

Issue: Request to Delegate Authority for CEO to execute a membership sponsorship agreement with the California Medical Association (CMA) for up to 1,153 physicians in L.A. Care’s provider network for up to \$3,461,700.

Background: In 2022, L.A. Care entered into a pilot group membership program (Pilot Program) with CMA whereby L.A. Care paid the membership expenses for 312 physicians participating in L.A. Care’s Direct Network to CMA and the Los Angeles County Medical Association (LACMA). The goal of the Pilot Program was to increase L.A. Care’s participation in organized medicine, and provide the benefits of CMA and LACMA membership to Direct Network Physicians, namely: physician education and training, practice management support, health information technology, physician wellness, legal and regulatory compliance support, financial and insurance benefits, recruitment and office staffing assistance, and community-directed resources.

Given the success of the pilot program, L.A. Care now seeks to expand the group membership program to include up to an additional 841 physicians. The proposed expansion will begin October 1, 2024 and will cease on September 30, 2027.

Member Impact: The impact on L.A. Care’s membership is expected to be positive, as it increases available professional resources for L.A. Care’s provider network.

Budget Impact: The total amount of the program will be capped at \$3,461,700.

Motion: To delegate authority to the CEO to execute the CMA group membership program agreement in the amount of \$3,461,700 in order to provide three years of membership in California Medical Association (CMA) and Los Angeles County Medical Association (LACMA) for up to 1,153 physicians participating in L.A. Care’s provider network.