



**L.A. Care**  
HEALTH PLAN®

*For All of L.A.*

# EXECUTIVE COMMITTEE MEETING

## Board of Governors

August 24, 2020 • 2:00 PM

L.A. Care Health Plan

1055 W. 7<sup>th</sup> Street, Los Angeles, CA 90017



**ELEVATING  
HEALTHCARE**  
IN LOS ANGELES COUNTY  
SINCE 1997



**AGENDA**

**Executive Committee Meeting  
Board of Governors**

Monday, August 24, 2020, 2:00 P.M.

L.A. Care Health Plan, 1055 West 7<sup>th</sup> Street, 10<sup>th</sup> Floor, Los Angeles

**DRAFT**

California Governor issued Executive Order No. N-29-20, which among other provisions amends the Ralph M. Brown Act. Accordingly, members of the public should now listen to this meeting via teleconference as follows:

To join the meeting via videoconference please register by using the link below:

<https://lacare.webex.com/lacare/j.php?MTID=m67df7c0f6367babb1cc48e16ff81ca4a>

To join the meeting via teleconference please dial: (213) 306-3065

Meeting Number: 146 710 4984

Members of the Executive Committee or staff may also participate in this meeting via teleconference. *The public may listen to the Executive Committee’s meeting by teleconference. The public is encouraged to submit its public comments or comments on Agenda items in writing. You can e-mail public comments to [BoardServices@lacare.org](mailto:BoardServices@lacare.org), or send a text or voicemail to: 213 628-6420.*

The text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.

Comments received by voicemail, email or text by 2:00 pm on August 24, 2020 will be provided in writing to the members of the Board of Governors that serve on the Executive Committee. Public comments submitted will be read for 3 minutes.

Once the meeting has started, voicemails, emails and texts for public comment should be submitted before the item is called by the meeting Chair. If you wish to submit public comment on an item, you must submit it at any time prior to the time the Chair announces the item and asks for public comment. The Chair will announce when public comment period is over.

**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](mailto:BoardServices@lacare.org).

**WELCOME**

Hector De La Torre, *Chair*

- 1. Approve today’s meeting Agenda *Chair*
- 2. Public Comment *(please see instructions above)* *Chair*
- 3. Approve June 22, 2020 Meeting Minutes p.5 *Chair*
- 4. Chair’s Report *Chair*
- 5. Chief Executive Officer Report John Baackes  
*Chief Executive Officer*

**COMMITTEE ITEMS**

- 6. Government Affairs Update Cherie Compartore  
*Senior Director, Government Affairs*
  - Legislative Matrix p.12

**DRAFT**

7. The Keck Graduate Institute initial funding for the Integrated Master of Science in Community Medicine Doctor of Medicine (MSCM-MD) Program **(EXE 100)** p.38 John Baackes
8. Elevating the Safety Net Residency Support Program and Provider Loan Repayment Program **(EXE 101)** p.40 John Baackes  
Cynthia Carmona  
*Senior Director, Safety Net Initiatives*
9. 2021 Board & Committee Meeting Schedule **(EXE 102)** p.42 Linda Merkens  
*Senior Manager, Board Services*
10. Revision Human Resource Policy HR 312 (Recruitment) **(EXE A)** p.44 Terry Brown  
*Chief Human Resources Officer*
11. Approve the list of items that will be considered on a Consent Agenda for September 3, 2020 Board of Governors Meeting *Chair*
  - Minutes of July 30, 2020 Board of Governors meeting
  - 2021 Board & Committee Meeting Schedule
  - Quarterly Investment Report
  - Ntooitive Contract Amendment
  - Collective Medical Technologies Contract Amendment
  - United Guard Service Contract
  - Cognizant Contract Amendment

**ADJOURN TO CLOSED SESSION (Est. time: 30 mins.)**

*Chair*

12. CONTRACT RATES  
Pursuant to Welfare and Institutions Code Section 14087.38(m)
  - Plan Partner Rates
  - Provider Rates
  - DHCS Rates
13. 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: *August 2022*
14. CONFERENCE WITH LABOR NEGOTIATOR  
Pursuant to Section 54957.6 of the Ralph M. Brown Act  
Agency Designated Representative: John Baackes  
Unrepresented Employee: All L.A. Care Employees
15. 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
16. CONFERENCE WITH LABOR NEGOTIATOR  
Pursuant to Section 54957.6 of the Ralph M. Brown Act  
Agency Designated Representative: Hector De La Torre  
Unrepresented Employee: Chief Executive Officer

**RECONVENE IN OPEN SESSION**

**DRAFT**

**ADJOURN**

*Chair*

**The next Executive Committee is scheduled on Monday, September 28, 2020 at 2:00 p.m.**

Public comments will be read for three minutes or less.

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

If a teleconference location is listed at the top of this agenda, the public can listen to the meeting by calling the teleconference call in number provided. If teleconference arrangements are listed at the top of this Agenda, note that the arrangements may change prior to the meeting.

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 Government Code Section 54954.2 (a)(3) and Section 54954.3.

**NOTE: THE EXECUTIVE COMMITTEE CURRENTLY MEETS ON THE FOURTH MONDAY OF MOST MONTHS AT 2:00 P.M. POSTED AGENDA and MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT [www.lacare.org](http://www.lacare.org).**

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available at [www.lacare.org](http://www.lacare.org).

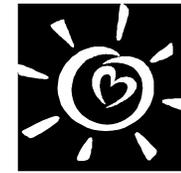
AN AUDIO RECORDING OF THE MEETING MAY BE MADE TO ASSIST IN WRITING THE MINUTES AND IS RETAINED FOR 30 DAYS.

*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) 694-1250. 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 – June 22, 2020**

1055 West 7<sup>th</sup> Street, Los Angeles, CA 90017



**L.A. Care**  
 HEALTH PLAN

**Members**

Hector De La Torre, *Chairperson*  
 Al Ballesteros, *Vice Chairperson*  
 Robert H. Curry, *Treasurer*  
 Layla Gonzalez, *Secretary*  
 Stephanie Booth, MD  
 Hilda Perez

**Management/Staff**

John Baackes, *Chief Executive Officer*  
 Terry Brown, *Chief Human Resources Officer*  
 Augustavia J. Haydel, Esq., *General Counsel*  
 Marie Montgomery, *Chief Financial Officer*  
 Richard Seidman, MD, MPH, *Chief Medical Officer*

*\*Absent*

**California Governor issued Executive Order No. N-29-20, which among other provisions amends the Ralph M. Brown Act. Members of the public can listen to this meeting via teleconference.**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	<p>Hector De La Torre, <i>Chairperson</i>, called the meetings to order for L.A. Care Executive Committee and L.A. Care’s Joint Powers Authority Executive Committee at 2:20 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings and invited the members of the Committees, staff and guests to introduce themselves. He summarized the public comment process.</p> <ul style="list-style-type: none"> <li>• The Governor’s Executive Order temporarily set aside some provisions of the Brown Act because of the public health guidelines.</li> <li>• Board Meetings are conducted electronically so that all attendees can be safe and practice social distancing.</li> <li>• The Executive Community Advisory Committee also met virtually on June 10.</li> <li>• Comments from anyone who would like to address the Board and its committees are welcome.</li> <li>• L.A. Care members need us to continue the work of the Board, and the meetings are run so that members of the public can hear the meeting and can submit their comments by voice mail, text, or by email.</li> <li>• Staff sends comments received before the meeting to Board Members.</li> <li>• All public comment is included in the minutes of the meeting, and any comments that were not read during the meeting are added to the minutes.</li> <li>• No public comments were received for today’s meeting.</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• At future meetings, the Chair will list the public comment received so commenters know that the Board received the comment.</li> <li>• Submitters of public comment must identify the Agenda item that the comment is addressing.</li> <li>• If the submitter does not identify an agenda item for the comment, the comment will be read for 3 minutes at the “Public Comment” item.</li> <li>• At the appropriate item on the Agenda, staff will read for 3 minutes the public comment from each submitter. Depending on how many comments are submitted, the 3-minute time could be adjusted to allow time for more submitters to have the comments read.</li> <li>• The Board will keep reviewing and improving how public comments are received and read at the meeting or distributed to the Board.</li> </ul>	
<b>APPROVE MEETING AGENDA</b>	The Agenda for today’s meeting was approved.	<b>Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, Curry, De La Torre and Gonzalez)</b>
<b>PUBLIC COMMENTS</b>	There were no public comments.	
<b>APPROVE MEETING MINUTES</b>	<p>Member Booth noted a correction to her question on Proposition 56, “she asked why Proposition 56 funds were not required to support health programs as listed in the proposition people voted for”.</p> <p>The minutes of the May 26, 2020 meeting were approved as amended above.</p>	<b>Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, Curry, De La Torre and Gonzalez)</b>
<b>CHAIRPERSON’S REPORT</b>	There was no report from the Chairperson.	
<b>CHIEF EXECUTIVE OFFICER REPORT</b> <ul style="list-style-type: none"> <li>• Social Justice Statement</li> </ul>	<p>John Baackes, <i>Chief Executive Officer</i>, noted the international reaction to recent events.</p> <p>On June 4, L.A. Care organized a COVID-19 Health Disparity Leadership Summit so that L.A. Care and the community it works with can begin to explore to focus to address health disparities for people of color - African Americans, Latinos and Asians are experiencing a higher percentage of infections and COVID-19 deaths. With the news of</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>George Floyd’s murder, the conversation in California has been on the impacts of institutional racism</p> <p>At the last board meeting, Mr. Baackes proposed drafting a statement of principles from L.A. Care management to reaffirm support for safety net providers and to address the current issues of health disparities. A draft statement was shared with L.A. Care employees and with the Executive Community Advisory Committee (ECAC) at its June 10 meeting. The statement is now being distributed to the Regional Community Advisory Committee (RCAC) for input.</p> <p>The draft proposed social justice statement will be presented at the next board meeting on July 30, as a statement of principle and in unity with employees and advisory committee members. Mr. Baackes added that he is unaware of any organization that invited employees and sample of customers to participate in drafting such a statement.</p> <p>L.A. Care’s Health Services Department has formed a Health Equity Task Force focused on social determinants and conditions of life that impact health indicators. Mr. Baackes asked Dr. James Kyle, <i>Medical Director, Quality</i>, and Marina Acosta, <i>Health Equities Program Director II</i>, to take the lead in forming and directing an Equity Council to address internal and external issues in this arena. A draft proposal for the structure will be brought to the July 30 board meeting. The Council will provide an outlet for employees to participate in decision making around addressing institutional or any other kind of racism.</p> <p>The 2020 homeless census conducted in January 2020 in Los Angeles County showed an increase in homelessness of 13%, bringing the total number to over 66,000. Probably about half of these are L.A. Care members. L.A. Care has redirected considerable Community Health Investment Fund (CHIF) funding to organizations that serve the homeless and address food insecurity issues.</p> <p><i>(Member Perez joined the meeting.)</i></p> <p>Member Curry commended Mr. Baackes for recognizing the importance of involving L.A. Care’s constituencies in support and for being thorough and sensitive to cultural issues and working to implement these initiatives.</p> <p>Member Booth asked about independent physician association (IPA) doctors. Mr. Baackes noted that an IPA performs functions that health plans should also perform. Over the years, IPAs have taken on some of the functions of health plans, along with</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>some financial risk as part of utilization management. L.A. Care has delegated functions to over 60 contracted IPAs.</p> <p>Member Perez stated she received comments from Executive Community Advisory Committee (ECAC) members regarding issues encountered at the recent ECAC WebEx meeting for those accessing a Spanish interpretation teleconference option. Members noted that the simultaneous interpretation of their comments limited the time available to express their comments and it lengthened the meeting time.</p> <p>Member Perez added that RCAC members requested information about L.A. Care events and whether L.A. Care members can attend. RCAC members also want to know why the social justice statement is taking so long, although they appreciate the opportunity for input. She received input that the organizational statement should come from the CEO or the Board Chair, and asking for input from RCAC members is taking too long. Mr. Baackes stated that he accepts responsibility for the long process to request member input.</p> <p>In response to the video conferencing issues, especially the roll call voting, Mr. Baackes informed the Committee that Francisco Oaxaca, <i>Senior Director, Communications and Community Outreach</i>, will contact Tom MacDougall, <i>Chief Information and Technology Officer</i>, to explore how to improve the roll call voting in a video conference.</p> <p>Chair De La Torre noted that he and Mr. Baackes had made statements on racial equity at the last board meeting. Chair De La Torre agreed that member feedback is important. The social determinants of health that Mr. Baackes spoke of are issues that L.A. Care has advocated for years. The current situation requires a different perspective. There is incredible racial diversity in Los Angeles County and L.A. Care is sensitive to all issues on inequity, particularly in relation to access to health.</p>	
<p><b>Government Affairs Update</b></p>	<p>Cherie Compartore, Senior Director, Government Affairs, reported:</p> <p><u>State Budget</u> The Legislative Leadership has reached an agreement with the Governor on the main budget bill. Over the next week or so, the Legislature will pass the budget trailer bills that will implement the statutory provisions of the main budget bill.</p> <p><u>New Director for California Department of Health Care Services (DHCS)</u> On June 15, Governor Newsom announced the appointment of Will Lightbourne as the</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>new Director of DHCS, replacing Dr. Brad Gilbert, who left the position after four months. Mr. Lightbourne was the director of the California Department of Social Services (DSS) from 2011-18. DSS oversees the In-Home Support Services (IHSS), CalWORKS, Child Welfare Services and Community Care Licensing programs. Prior to that, Mr. Lightbourne was the Director of Santa Clara County Social Services Agency (2000-2011), Executive Director of the Human Services Agency for the City and County of San Francisco (1996-2000), and the director of the Santa Cruz County Human Services Agency (1990-1996).</p> <p><u>Deferred Action for Childhood Arrivals (DACA)</u>  The U.S. Supreme Court issued a 5-4 decision that blocks the Trump Administration from ending the DACA, a program established in 2012 under the Obama Administration. DACA protects nearly 700,000 young undocumented immigrants, often referred to as the “Dreamers” from deportation. Approximately 200,000 Dreamers reside in California. Nationwide, there are approximately 1.3 million non-citizens who are eligible for DACA because they were brought to the U.S. as children, have maintained residency and meet the education or military service requirements and other criteria.</p> <p>The U.S. Supreme Court said that the Trump Administration did not resolve the issue of whether the program can be ended or not. The Supreme Court decision focused on whether the Administration followed proper procedure, and stated it failed to provide reason and justification for ending the program. The Court’s decision leaves all DACA protections in place and says that the Trump Administration must resume accepting new DACA applications. Today’s Court ruling continues the uncertainty of the future of DACA.</p> <p><u>Long Term Care at Home Program</u>  DHCS announced they are planning the Long Term Care at Home Program to be implemented no sooner than January 1, 2021. The benefit would establish long-term care as a covered Medi-Cal benefit in both managed care and fee-for-service programs. The program would be provided by an outside entity to be licensed by the California Department of Public Health.</p> <p>Legislation on scope of practice for non-physicians will be on the July 30 board meeting agenda for discussion, if the bill is still active. L.A. Care has not previously engaged in a position on legislation of this type.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Member Booth stated she looks forward to the blending of social services with health care and she is hopeful the integration will improve health outcomes.	
<b>Approve the Consent Agenda for June 4, 2020 Board of Governors meeting</b>	<ul style="list-style-type: none"> <li>• Minutes of May 7, 2020 Board of Governors meeting</li> <li>• NTT American Solutions Contract</li> </ul>	<b>Approved unanimously by roll call. 6 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez, and Perez)</b>
<b>PUBLIC COMMENTS</b>	There were no public comments.	
<b>ADJOURN TO CLOSED SESSION</b>	<p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 2:59 p.m.</p> <p><b>CONTRACT RATES</b> Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>• Plan Partner Rates</li> <li>• Provider Rates</li> <li>• DHCS Rates</li> </ul> <p><b>REPORT INVOLVING TRADE SECRET</b> Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>June 2022</i></p> <p><b>CONFERENCE WITH LABOR NEGOTIATOR</b> Pursuant to Section 54957.6 of the Ralph M. Brown Act Agency Designated Representative: John Baackes Unrepresented Employee: All L.A. Care Employees</p> <p><b>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION</b> Significant exposure to litigation pursuant to Section 54956.9(d) (2) of Ralph M. Brown Act Three Potential Case</p>	
<b>RECONVENE IN OPEN SESSION</b>	The meeting reconvened in open session at 3:40 pm. No reportable actions were taken during the closed session.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting adjourned at 3:40 p.m.	

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:

\_\_\_\_\_  
Hector De La Torre, *Chair*

Date: \_\_\_\_\_



# 2020 Legislative Matrix

Last Updated: August 18, 2020

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The following is a list of priority legislation currently tracked by Government Affairs that has been introduced during the 2020-2021 Legislative Session and is of interest to L.A. Care. If there are any questions, please contact Cherie Compartore, Senior Director of Government Affairs at [ccompartore@lacare.org](mailto:ccompartore@lacare.org) or extension 5481.

In response to COVID-19, the state legislature voted to recess in order to allow members and staff to observe social distancing until May, resulting in a compressed legislative calendar. Additionally, COVID-19 has reduced the state's 2020-2021 revenues and increased emergency spending the budget will be "slimmed down" since the state's needs, resources and available time have changed. As a result, the Assembly and Senate leadership have directed their members to only carry bills that directly relate to COVID-19 and to drop all other bills that do not directly relate to the crisis and to run them next year. However, there has been no official direction from Senate and Assembly leadership on what bills will move through the process; and members have are justifying their bill packages even though some of the issues are only tangentially related to COVID-19. The legislative matrix includes the bills that could directly impact L.A. Care and have not been confirmed dropped by the author.

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## Direct Impact Bills

**Bill State: CA (24)**

**Title**  
Public health omnibus.

**Introduction Date:** 2018-12-03

**Description**

AB 80, Committee on Budget. Public health omnibus. (1) Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), enacts various health care coverage market reforms that took effect January 1, 2014. Among other things, PPACA requires each state to establish an American Health Benefit Exchange that facilitates the purchase of qualified health plans by qualified individuals and qualified small employers. Existing state law establishes the California Health Benefit Exchange (the Exchange) within state government, known as Covered California, specifies the powers and duties of the board governing the Exchange, and requires the board to facilitate the purchase of qualified health plans by qualified individuals and qualified small employers. Existing law prohibits a member of the board from being employed by, a consultant to, a member of the board of directors of, affiliated with, or otherwise a representative of, a carrier or other insurer, an agent or broker, a health care provider, or a health care facility or health clinic while serving on the board or on the staff of the Exchange and from receiving compensation for service on the board, except as specified. This bill would create an exception to that prohibition by authorizing a member of the board or of the staff of the Exchange to perform volunteer services under specified conditions, including that the member or staff does not receive compensation, as described, for rendering services and does not have an ownership interest in the entity, facility, clinic, or provider group. (2) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of that act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law, the Information Practices Act of 1977, regulates the collection and disclosure of personal information regarding individuals by state agencies, except as specified. Under existing law, a person who willfully requests or obtains a record containing personal information from an agency under false pretenses or a person who intentionally discloses medical, psychiatric, or psychological information held by an agency is guilty of a misdemeanor. Existing law states the intent of the Legislature to establish the Health Care Cost Transparency Database to collect information on the cost of health care, and requires the Office of Statewide Health Planning and Development to convene a review committee to advise the office on the establishment and implementation of the database. Existing law requires, subject to appropriation, the office to establish, implemen... (click bill link to see more).

**Primary Sponsors**

Joaquin Arambula, Richard Bloom, David Chiu, Jim Cooper, Jim Frazier, Cristina Garcia, Reggie Jones-Sawyer, Monique Limon, Kevin McCarty, Jose Medina, Kevin Mullin, Al Muratsuchi, Adrin Nazarian, Patrick O'Donnell, James Ramos, Eloise Reyes, Luz Rivas, Blanca Rubio, Mark Stone, Shirley Weber, Buffy Wicks, Jim Wood, Assembly Committee on Budget

**Title****Introduction Date:** 2019-02-14

Communications: broadband services: California Advanced Services Fund.

**Description**

AB 570, as amended, Aguiar-Curry. Communications: broadband services: California Advanced Services Fund. (1) Existing law establishes the State Department of Education in state government, and vests the department with specified powers and duties relating to the state's public school system. This bill would authorize local educational agencies to report to the department their pupils' estimated needs for computing devices and internet connectivity adequate for at-home learning. The bill would require the department, in consultation with the Public Utilities Commission, to compile that information and to annually post that compiled information on the department's internet website. (2) Existing law expressly authorizes a county service area to acquire, construct, improve, maintain, and operate broadband internet access services, and requires a county service area that does so to take certain actions regarding the accessing of content on the internet by end users of that service. This bill would similarly authorize the board of supervisors of a county to acquire, construct, improve, maintain, or operate broadband internet access service, and any other communications service necessary to obtain federal or state support for the acquisition, construction, improvement, maintenance, or operation of broadband internet access service, and would require a board that does so to take certain actions regarding the accessing of content on the internet by end users of that service. (3) Existing law establishes the Office of Planning and Research to provide long-range planning and research and as the comprehensive state planning agency. Existing law requires the office, among other things, to assist local governments in land use planning. This bill would require the office, on or before June 30, 2021, to develop recommendations and a model for streamlined local land use approval and construction permit processes for projects related to broadband infrastructure deployment and connectivity and to adopt, and post on its internet website, the recommendations and model, as specified. (4) Under existing law, the Public Utilities Commission has regulatory authority over public utilities, including telephone corporations. Existing law requires the commission to develop, implement, and administer the California Advanced Services Fund (CASF) program to encourage deployment of high-quality advanced communications services to all Californians that will promote economic growth, job creation, and the substantial social benefits of advanced information and communications technologies. Under existing law, the goal of the program is to approve funding by December 31, 2022, for infrastructure projects that will provide broadband access to no less than 98% of C... (click bill link to see more).

**Primary Sponsors**

Cecilia Aguiar-Curry, Al Muratsuchi

State	Bill Number	Status	Position
CA	AB 713	In Senate	Monitor

**Title** Introduction Date: 2019-02-19  
California Consumer Privacy Act of 2018.

**Description**

AB 713, as amended, Mullin. California Consumer Privacy Act of 2018. (1) Existing law, the California Consumer Privacy Act of 2018 (CCPA), grants a consumer various rights with regard to personal information relating to that consumer collected by a business, including the right to know the categories and the specific pieces of personal information that have been collected and to opt out of the sale of personal information. The act also grants a consumer the right to request a business to delete any personal information about the consumer collected by the business and requires a business to do so upon receipt of a verified request, except as specified. The act excepts certain categories of personal information and entities from its provisions, including medical information, as specified. This bill would except from the CCPA information that was deidentified in accordance with specified federal law, or was derived from medical information, protected health information, individually identifiable health information, or identifiable private information, consistent with specified federal policy, as provided. The bill also would except from the CCPA a business associate of a covered entity, as defined, that is governed by federal privacy, security, and data breach notification rules if the business associate maintains, uses, and discloses patient information in accordance with specified requirements. The bill would further except information that is collected for, used in, or disclosed in research, as defined. The bill would define terms for these purposes. This bill would additionally prohibit a business or other person from reidentifying information that was deidentified, unless a specified exception is met. The bill would, beginning January 1, 2021, require a contract for the sale or license of deidentified information to include specified provisions relating to the prohibition of reidentification, as provided. (2) The CCPA requires a business to make certain disclosures to consumers, in a specified form, in its online privacy policy, if the business has an online privacy policy, and in any California-specific description of consumers' privacy rights, or, if the business does not maintain an online privacy policy or policies, on its internet website, and to update that information at least once every 12 months. This bill would require a business that sells or discloses information that was deidentified in accordance with specified federal law, was derived from protected health information, individually identifiable health information, or identifiable private information to also disclose whether the business discloses deidentified health information derived from personal information and if so, whether that information was de... (click bill link to see more).

**Primary Sponsors**

Kevin Mullin

State	Bill Number	Status	Position
CA	AB 890	In Senate	Monitor

**Title** Introduction Date: 2019-02-20  
Nurse practitioners: scope of practice: practice without

standardized procedures.

### **Description**

AB 890, as amended, Wood. Nurse practitioners: scope of practice: practice without standardized procedures. Existing law, the Nursing Practice Act, provides for the certification and regulation of nurse practitioners by the Board of Registered Nursing. Existing law authorizes the implementation of standardized procedures that authorize a nurse practitioner to perform certain acts that are in addition to other authorized practices, including certifying disability after performing a physical examination and collaboration with a physician and surgeon. A violation of the act is a misdemeanor. This bill would establish the Nurse Practitioner Advisory Committee to advise and give recommendations to the board on matters relating to nurse practitioners. The bill would require the committee to provide recommendations or guidance to the board when the board is considering disciplinary action against a nurse practitioner. The bill would require the board, by regulation, to define minimum standards for a nurse practitioner to transition to practice independently. The bill would authorize a nurse practitioner who meets certain education, experience, and certification requirements to perform, in certain settings or organizations, specified functions without standardized procedures, including ordering, performing, and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and furnishing controlled substances. The bill, beginning January 1, 2023, would also authorize a nurse practitioner to perform those functions without standardized procedures outside of specified settings or organizations in accordance with specified conditions and requirements if the nurse practitioner holds an active certification issued by the board. The bill would require the board to issue that certification to a nurse practitioner who meets additional specified education and experience requirements. The bill would also require the board to request the department's Office of Professional Examination Services, or an equivalent organization, to perform an occupational analysis of nurse practitioners performing certain functions. The bill would require the occupational analysis to be completed by January 1, 2023. The bill would require the board to take specified measures to identify and assess competencies. The bill would require the board to identify and develop a supplemental examination for licensees if needed based on the assessment, as provided. Existing law makes it unlawful for specified healing arts practitioners, including physicians and surgeons, psychologists, and acupuncturists, to refer a person for certain services, including laboratory, diagnostic nuclear medicine, and physical therapy, if the physician a... (click bill link to see more).

### **Primary Sponsors**

Jim Wood

### **Organizational Notes**

Last edited by Joanne Campbell at May 27, 2020, 3:40 PM  
LHPC - Support

**Title**  
Health care service plans: regulations: exemptions.

**Introduction Date:** 2019-02-21

**Description**

AB 1124, as amended, Maienschein. Health care service plans: regulations: exemptions. Existing federal law defines a voluntary employees' beneficiary association as an organization composed of a voluntary association of employees that provides for the payment of life, sick, accident, or similar benefits to members, their dependents, or designated beneficiaries. Existing federal law defines a welfare plan as any plan, fund, or program established or maintained by an employer or employee organization, or both, for the purpose of providing participants or their beneficiaries specified benefits, such as medical, surgical, or hospital care or benefits. Existing law further defines a multiemployer plan as a plan to which more than one employer is required to contribute, that is maintained pursuant to one or more collective bargaining agreements between one or more employee organizations and more than one employer, and that meets other specified requirements. 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 exempts specified persons or plans from the requirements of the act and authorizes the Director of the Department of Managed Health Care (director) to exempt additional specified persons or plans if the director finds, among other things, that the exemption is in the public interest. Under existing law, upon the request of the Director of Health Care Services, the director must exempt a county-operated pilot program contracting with the State Department of Health Care Services, and may exempt a non-county-operated pilot program, subject to any conditions the Director of Health Care Services deems appropriate. Existing law also exempts a health care service plan operated by a city, county, city and county, public entity, political subdivision, or public joint labor management trust that satisfies certain criteria, including that the plan requires providers to be reimbursed solely on a fee-for-service basis. This bill would authorize the director, no later than March 1, 2021, to authorize 2 pilot programs, one in northern California and one in southern California, under which providers approved by the department may undertake risk-bearing arrangements with a voluntary employees' beneficiary association with enrollment of more than 100,000 lives, notwithstanding the fee-for-service requirement described above, or a trust fund that is a welfare plan and a multiemployer plan with enrollment of more than 25,000 lives, for the period of July 1, 2021, to December 31, 2022, inclusive, if certain criteria are met, including that each risk-bearing provider is registered with the department as... (click bill link to see more).

**Primary Sponsors**

Brian Maienschein

State	Bill Number	Status	Position
CA	AB 1710	In Senate	Monitor

**Title** Introduction Date: 2019-02-22  
Pharmacy practice: vaccines.

**Description**

AB 1710, as amended, Wood. Pharmacy practice: vaccines. Existing law, the Pharmacy Law, provides for the licensing and regulation of pharmacists by the California State Board of Pharmacy in the Department of Consumer Affairs. A violation of the Pharmacy Law is a crime. Existing law authorizes a pharmacist to independently initiate and administer vaccines listed on the routine immunization schedules recommended by the federal Advisory Committee on Immunization Practices (ACIP) in compliance with individual ACIP vaccine recommendations, and published by the federal Centers for Disease Control and Prevention (CDC) for persons 3 years of age or older. This bill would also authorize a pharmacist to independently initiate and administer any COVID-19 vaccines approved by the federal Food and Drug Administration (FDA) under the circumstances described above. Because a violation of these provisions would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Jim Wood

State	Bill Number	Status	Position
CA	AB 2100	In Senate	Monitor

**Title** Introduction Date: 2020-02-05  
Medi-Cal: pharmacy benefits.

**Description**

AB 2100, as amended, Wood. Medi-Cal: pharmacy benefits. (1) Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services and under which health care services are provided to qualified low-income persons pursuant to a schedule of benefits, which includes pharmacy benefits, through various health care delivery systems, including fee-for-service and managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law authorizes the department to enter into various types of contracts for the provision of services to beneficiaries, including contracts with a managed care plan. Existing law generally requires Medi-Cal managed care plan contractors to be licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975. The Knox-Keene Health Care Service Plan Act provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Under this act, a health care service plan is required to provide an external, independent review process, which meets prescribed standards, to examine the plan's coverage decisions on experimental or investigational therapies for an enrollee who meets specified

criteria, including that the enrollee was denied coverage by the plan for a drug, device, procedure, or other therapy recommended or requested. Existing law requires the Department of Managed Health Care to establish the Independent Medical Review System, which generally serves to address grievances involving disputed health care services. By executive order, the Governor directed the department to transition pharmacy services for Medi-Cal managed care to a fee-for-service benefit by January 1, 2021. Existing law requires the department to convene an advisory group to receive feedback on the changes, modifications, and operational timeframes on the implementation of pharmacy benefits offered in the Medi-Cal program, and to provide regular updates on the pharmacy transition, including a description of changes in the division of responsibilities between the department and managed care plans relating to the transition of the outpatient pharmacy benefit to fee-for-service. This bill would require the department to establish the Independent Prescription Drug Medical Review System (IPDMRS), commencing on January 1, 2021, which generally models the above-described requirements of the Knox-Keene Health Care Service Plan Act. The bill would provide that any Medi-Cal beneficiary grievance involving a disputed health care service is eligible for review under the IPDMRS, and would define "disputed health care service" as any outpatient prescription drug eligible for coverage and payment by the Medi-Cal program... (click bill link to see more).

#### **Primary Sponsors**

Jim Wood

#### **Organizational Notes**

Last edited by Cherie Compartore at Mar 3, 2020, 7:07 PM

Organization Sponsor: CA Pharmacists Association, Western Center on Law & Poverty

**Title**

Health care service plans and health insurers: reporting requirements.

Introduction Date: 2020-02-06

**Description**

AB 2118, as amended, Kalra. Health care service plans and health insurers: reporting requirements. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer offering a contract or policy in the individual, small, and large group markets to file specified information, including total earned premiums and total incurred claims for each contract or policy form, with the appropriate department at least 120 days before implementing a rate change. Existing law requires a large group market health care service plan or insurer to report additional information relating to cost sharing and specified aggregate rate information. Existing law requires the Department of Managed Health Care and the Department of Insurance to conduct an annual public meeting regarding large group rates. This bill would require health care service plans and health insurers to report to the Department of Managed Health Care and the Department of Insurance, respectively, by October 1, 2021, and annually thereafter, for products in the individual and small group markets, and for rates effective during the 12-month period ending January 1 of the following year, on specified information, including premiums, cost sharing, benefits, enrollment, and trend factors, and would exclude prescribed information from the reporting requirements until January 1, 2023. The bill would require each department, beginning in 2022, to annually present the reported information at specified meetings, including a public meeting of the executive board of the California Health Benefit Exchange. The bill would also require each department to post the information reported under this section on its internet website no later than December 15 of each year. 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**

Ash Kalra

**Organizational Notes**

Last edited by Joanne Campbell at May 18, 2020, 9:16 PM  
Organization Sponsor: Health Access CAHP: Opposed Unless Amended

State  
CA

Bill Number  
AB 2157

Status  
In Senate

Position  
Monitor

**Title**

Health care coverage: independent dispute resolution process.

**Introduction Date:** 2020-02-10

**Description**

AB 2157, as introduced, Wood. Health care coverage: independent dispute resolution process. Existing law provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and provides for the regulation of health insurers by the Department of Insurance. Existing law requires each department to establish an independent dispute resolution process to resolve a claim dispute between a health care service plan or health insurer, as appropriate, and a noncontracting individual health professional, and sets forth requirements and guidelines for that process, including contracting with an independent organization for the purpose of conducting the review process. Existing law requires each department to establish uniform written procedures for the submission, receipt, processing, and resolution of these disputes, as specified. Existing law requires the independent organization, in deciding the dispute, to base its decision regarding the appropriate reimbursement on all relevant information. This bill would require the procedures established by each department to include a process for each party to submit into evidence information that will be kept confidential from the other party, in order to preserve the confidentiality of the source contract. The bill would specifically require the independent organization to conduct a de novo review of the claim dispute, based solely on the information and documents timely submitted into evidence by the parties. The bill would require the independent organization to assign reviewers to each case based on their relevant education, background, and medical claims payment and clinical experience.

**Primary Sponsors**

Jim Wood

**Title**  
Telehealth.

**Introduction Date:** 2020-02-11

**Description**

AB 2164, as amended, Robert Rivas. Telehealth. Existing law provides for the Medi-Cal program, which is administered by the department, 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. FQHC and RHC services are reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis, and a "visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including dental providers. Existing law prohibits a requirement of in-person contact between a health care provider and a Medi-Cal patient when the service may be provided by telehealth, and, for purposes of telehealth, prohibits the department from limiting the type of setting where Medi-Cal services are provided. Existing law authorizes, to the extent that federal financial participation is available, the use of health care services by store and forward under the Medi-Cal program, subject to billing and reimbursement policies developed by the department, and prohibits a requirement of in-person contact between a health care provider and a Medi-Cal patient when these services are provided by store and forward. This bill would provide that an FQHC or RHC "visit" includes an encounter between an FQHC or RHC patient and a health care provider using telehealth by synchronous interaction or asynchronous store and forward. The bill would specify that an FQHC or RHC is not precluded from establishing a patient who is located within the FQHC's or RHC's federal designated service area through synchronous interaction or asynchronous store and forward as of the date of service if specified requirements are met. The bill would require the department to adopt regulations, as specified, and to provide a status report to the Legislature on a semiannual basis until those regulations have been adopted.

**Primary Sponsors**

Robert Rivas, Rudy Salas, Jim Wood

**Organizational Notes**

Last edited by Joanne Campbell at Jun 17, 2020, 5:05 PM  
LHPC - Support

State  
CA

Bill Number  
AB 2218

Status  
In Senate

Position  
Support

**Title**

Transgender Wellness and Equity Fund.

**Introduction Date:** 2020-02-12

**Description**

AB 2218, as amended, Santiago. Transgender Wellness and Equity Fund. Existing law establishes an Office of Health Equity in the State Department of Public Health for purposes of aligning state resources, decisionmaking, and programs to accomplish certain goals related to health equity and protecting vulnerable communities. Existing law requires the office to develop department-wide plans to close the gaps in health status and access to care among the state's diverse racial and ethnic communities, women, persons with disabilities, and the lesbian, gay, bisexual, transgender, queer, and questioning communities, as specified. This bill would establish the Transgender Wellness and Equity Fund, under the administration of the office, for the purpose of funding grants, upon appropriation by the Legislature, to transgender-led (Trans-led) organizations and hospitals, health care clinics, and other medical providers that provide gender-conforming health care services and have an established partnership with a Trans-led organization, to create, or fund existing, programs focused on coordinating trans-inclusive health care, as defined, for people that identify as transgender, gender nonconforming, or intersex.

**Primary Sponsors**

Miguel Santiago, Scott Wiener

**Title**  
Childhood lead poisoning: screening and prevention.

**Introduction Date:** 2020-02-14

**Description**

AB 2276, as amended, Reyes. Childhood lead poisoning: screening and prevention. 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. Existing law authorizes the department to enter contracts with managed care plans to provide Medi-Cal services, and imposes requirements on the Medi-Cal managed care plans, including network adequacy standards. Under existing law, Medi-Cal covers early and periodic screening, diagnostic, and treatment services for individuals under 21 years of age, consistent with federal law. This bill would require the department to ensure that a Medi-Cal beneficiary who is a child receives blood lead screening tests at specified ages consistent with state regulatory standards. The bill would require each Medi-Cal managed care plan to establish a monitoring system related to blood lead screening tests that includes standard reporting requirements, as specified, to require its contracting health care providers who are responsible for performing a periodic health assessment of a child to test each child pursuant to specified standards of care for lead testing, to inform a child's parent, parents, guardian, or other person charged with their support and maintenance with specified information, including the risks and effects of lead exposure, and to notify a child's health care provider and parent, parents, guardian, or other person charged with their support and maintenance when that child has missed a required blood lead screening test. The bill would provide that it is the goal of the state that children at risk of lead exposure receive blood lead screening tests. The bill would require the department to report its progress toward blood lead screening tests for Medi-Cal beneficiaries who are children, as specified, annually on its internet website. Existing law establishes the Childhood Lead Poisoning Prevention Program, which is administered by the State Department of Public Health. Existing law requires the department to adopt regulations establishing a standard of care that include the determination of specified risk factors for lead exposure, including a child's time spent in a home, school, or building built before 1978. Existing law requires these regulations to be developed by July 1, 2019. Existing law requires the department to ensure appropriate case management for children who have been identified with lead poisoning, and authorizes the department to contract with any public or private entity, including any local agency, to perform that duty. This bill would add s... (click bill link to see more).

**Primary Sponsors**

Eloise Reyes, Cristina Garcia, Bill Quirk, Rudy Salas, Connie Leyva

**Organizational Notes**

Last edited by Joanne Campbell at Aug 18, 2020, 6:11 PM  
REMOVED\*\*\*LHPC - Oppose Unless Amended

State  
CA

Bill Number  
AB 2288

Status  
In Senate

Position  
Monitor

**Title**

Nursing programs: state of emergency.

**Introduction Date:** 2020-02-14

**Description**

AB 2288, as amended, Low. Nursing programs: state of emergency. Existing law, the Nursing Practice Act, provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing and requires an applicant for licensure to have completed a nursing program at a school of nursing that is approved by the board. Existing regulatory law sets forth curriculum requirements for nursing programs, including preceptorships and clinical practice hours, and also requirements for clinical facilities that may be used for clinical experience. This bill would authorize an approved nursing program to submit a request to a board nursing education consultant to revise certain clinical experience requirements, including reducing the required direct patient hours and using preceptorships without maintaining specified written policies, for enrolled students until the end of the 2020–21 academic year and whenever the Governor declares a state of emergency in the county where an agency or facility used by the approved nursing program is located. The bill would require the board nursing education consultant to approve the request if specified conditions are satisfied and to reject the request if the approved nursing program fails to meet the conditions or fails to submit information satisfactory to the board. The bill would require the board to notify the appropriate policy committees of the Legislature if a board nursing education consultant denies a request. This bill would declare that it is to take effect immediately as an urgency statute.

**Primary Sponsors**

Evan Low

**Title**  
Telehealth: mental health.

**Introduction Date:** 2020-02-18

**Description**

AB 2360, as amended, Maienschein. Telehealth: mental health. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of that 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 that provide hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses, as defined, of a person of any age. Existing law also requires health care service plans and health insurers, by July 1, 2019, to develop maternal mental health programs, as specified. This bill would require health care service plans and health insurers, by July 1, 2021, to provide access to a telehealth consultation program that meets specified criteria and provides providers who treat children and pregnant and certain postpartum persons with access to a mental health consultation program, as specified. The bill would require the consultation by a mental health clinician with expertise appropriate for pregnant, postpartum, and pediatric patients to be conducted by telephone or telehealth video, and to include guidance on the range of evidence-based treatment options, screening tools, and referrals. The bill would require health care service plans and insurers to communicate information relating to the telehealth program at least twice a year in writing. The bill would require health care service plans and health insurers to monitor data pertaining to the utilization of the program to facilitate ongoing quality improvements, as necessary, and to provide a description of the program to the appropriate department. The bill would exempt certain specialized health care service plans and health insurers from these provisions. Because a willful violation of the bill's requirement 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**

Brian Maienschein

**Organizational Notes**

Last edited by Joanne Campbell at Jul 27, 2020, 5:20 PM  
Organization Sponsor: 2020 Mom CAHP: Opposed LHPC: Oppose Unless Amended

**Title** Introduction Date: 2019-01-08  
Health care coverage: financial assistance.

**Description**

SB 65, as amended, Pan. Health care coverage: financial assistance. Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), enacts various healthcare coverage market reforms. Among other things, the PPACA requires each state to establish an American Health Benefit Exchange that facilitates the purchase of qualified health plans by qualified individuals and qualified small employers and requires that state entity to meet certain other requirements. Existing law creates the California Health Benefit Exchange (the Exchange), also known as Covered California, for the purpose of facilitating the enrollment of qualified individuals and qualified small employers in qualified health plans as required under the PPACA. Until January 1, 2023, existing law requires the Exchange, among other duties, to administer an individual market assistance program to provide assistance, including premium assistance subsidies, to program participants with household incomes at or below 600% of the federal poverty level. This bill would reduce premiums to zero for program participants with household incomes at or below 138% of the federal poverty level, and would specify the premium assistance subsidy amount for program participants with household incomes of 139% to 600%, inclusive, of the federal poverty level. The bill would require the financial assistance administered by the Exchange to include cost-sharing reduction assistance to reduce the copays, deductibles, coinsurance, out-of-pocket maximums, and other cost sharing of a program participant with a household income of 200% to 400%, inclusive, of the federal poverty level.

**Primary Sponsors**

Richard Pan

**Organizational Notes**

Last edited by Joanne Campbell at May 27, 2020, 4:09 PM  
Organization Sponsor: Health Access Support - California Association of Health Plans, Local Health Plans of California

**Title** Introduction Date: 2019-02-13  
Health Care and Essential Workers Protection Act: personal protective equipment.

**Description**

SB 275, as amended, Pan. Health Care and Essential Workers Protection Act: personal protective equipment. Existing law establishes the State Department of Public Health to implement various programs throughout the state relating to public health, including licensing and regulating health facilities and control of infectious diseases. This bill, the Health Care and Essential Workers Protection Act, would require the State Department of Public Health to establish a personal protective equipment (PPE) stockpile to ensure an adequate supply of PPE for health care workers and

essential workers, as defined, and would require the stockpile to be at least sufficient for a 90-day pandemic or other health emergency. The bill would require the department to establish guidelines for the procurement of the PPE stockpile, taking into account, among other things, the amount of each type of PPE that would be required for all health care workers and essential workers in the state during the pandemic or other health emergency, which would represent the amount of PPE to be maintained in the stockpile. The bill would require health care employers, including clinics, health facilities, and home health agencies, to maintain a stockpile of unexpired PPE for use in the event of a declared state of emergency and would require the stockpile to be at least sufficient for a 30-day, 60-day, or 90-day pandemic or other health emergency, according to specified deadlines. The bill would assess a civil penalty on a health care employer who violates that requirement of up to \$25,000 for each violation, as specified. The bill would declare a health care employer's failure to provide PPE to its health care workers upon reasonable request to be an independent violation of the bill's requirements. The bill would authorize the Department of Industrial Relations to exempt a health care employer from the above-required civil penalties if the department determines that supply chain limitations make meeting the mandated level of supplies infeasible and the health care employer has made a reasonable attempt to obtain PPE, as specified. The bill would require the Department of Industrial Relations to adopt regulations, in consultation with the State Department of Public Health, setting forth requirements for the PPE stockpile, and would authorize the Department of Industrial Regulations to incorporate by reference existing guidance from the department and from the federal Occupational Safety and Health Administration regarding standards for PPE usage. The bill would also establish the Personal Protective Equipment Advisory Committee (committee) to be comprised of 8 members, as specified, appointed by the Secretary of Labor. The bill would require the Department of In... (click bill link to see more).

#### **Primary Sponsors**

Richard Pan, Connie Leyva

#### **Organizational Notes**

Last edited by Joanne Campbell at Jun 23, 2020, 7:01 PM

Sponsored by SEIU

**Title**  
Health care: omnibus bill.

**Introduction Date:** 2019-02-20

**Description**

SB 406, as amended, Pan. Health care: omnibus bill. (1) Existing federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various health care market reforms. 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 health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after September 23, 2010, to comply with the requirements of the PPACA, and any rules or regulations issued under the PPACA, that require a group health plan and health insurance issuer offering group or individual health insurance coverage to, at a minimum, provide coverage for specified preventive services, and prohibits the plan or health insurance issuer from imposing any cost-sharing requirements for those preventive services. Existing law also prohibits a plan or health insurer offering group or individual coverage from imposing lifetime or annual limits on the dollar value of benefits for a participant, beneficiary, or insured. Existing law requires a plan and a health insurance issuer to comply with those provisions to the extent required by federal law. This bill would delete the requirement that a plan or a health insurer comply with the requirement to cover preventive health services without cost sharing to the extent required by federal law, and would instead require a group or individual health care service plan contract or health insurer to, at a minimum, provide coverage for specified preventive services without any cost-sharing requirements for those preventive services, thereby indefinitely extending those requirements. The bill would also delete the requirement that a plan or a health insurer comply with the prohibition on lifetime or annual limits to the extent required by federal law, and would instead prohibit an individual or group health care service plan contract or health insurer from establishing lifetime or annual limits on the dollar value of benefits for an enrollee or insured, thereby indefinitely extending the prohibitions on lifetime or annual limits, except as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. (2) Existing law authorizes the State Registrar, a local registrar, or a county recorder to furnish a certified copy of a birth, death, marriage, or military service record to an authorized person, as defined, who submits a written, faxe... (click bill link to see more).

**Primary Sponsors**

Richard Pan, Lena Gonzalez, Shannon Grove, Melissa Hurtado, Connie Leyva, Melissa Melendez, Holly Mitchell, Bill Monning, Rubio

**Title**  
Health care: prescription drugs.

**Introduction Date:** 2020-01-13

**Description**

SB 852, as amended, Pan. Health care: prescription drugs. Existing law authorizes the Department of General Services to enter into exclusive or nonexclusive contracts on a bid or negotiated basis with manufacturers and suppliers of single-source or multisource drugs. Existing law authorizes the department to obtain from those manufacturers and suppliers discounts, rebates, or refunds based on quantities purchased, as permissible under federal law. Existing law authorizes those contracts to include price discounts, rebates, refunds, or other strategies aimed at managing escalating prescription drug prices. Existing law requires certain state agencies to participate in that prescription drug bulk purchasing program, including the State Department of State Hospitals and the State Department of Developmental Services. Existing law establishes the California Health and Human Services Agency, which includes departments charged with the administration of health, social, and other human services. This bill would establish the Office of Drug Contracting and Manufacturing within the California Health and Human Services Agency to, among other things, increase patient access to affordable drugs. The bill would require the office, on or before January 1, 2022, to contract or partner with at least one drug company or generic drug manufacturer and make every effort to produce at least 10 generic prescription drugs, as determined by the office. The bill would require the office to notify the Legislature if it contracts for fewer than 10 drugs. The bill would require the office to develop a plan for the production of insulin and pursue entering into contracts or partnerships for the production of insulin. The bill would require the office to prepare and submit a report to the Legislature on or before January 1, 2022, that, among other things, assesses the feasibility of the office to directly manufacture generic prescription drugs and includes an estimate of the cost of building or acquiring manufacturing capacity. The bill would also require the office to prepare and submit a report to the Legislature on or before January 1, 2023, that assesses the major problems faced by patients in accessing affordable generic prescription drugs, describes the status of the drugs targeted for manufacture under the office's contracts or partnerships, and analyzes how the office's activities have impacted competition, access, and costs for those drugs.

**Primary Sponsors**

Richard Pan

**Title****Introduction Date:** 2020-01-14

Health coverage: mental health or substance use disorders.

**Description**

SB 855, as amended, Wiener. Health coverage: mental health or substance use disorders. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of disability insurers by the Department of Insurance. Existing law, known as the California Mental Health Parity Act, requires every health care service plan contract or disability insurance policy issued, amended, or renewed on or after July 1, 2000, that provides hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child under the same terms and conditions applied to other medical conditions, as specified. Existing law requires those benefits to include, among other things, outpatient services, inpatient hospital services, partial hospital services, and prescription drugs, if the plan contract or policy includes coverage for prescription drugs. This bill would revise and recast those provisions, and would instead require 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. The bill would prohibit a health care service plan or disability insurer from limiting benefits or coverage for mental health and substance use disorders to short-term or acute treatment. The bill would revise the covered benefits to include basic health care services, as defined, intermediate services, and prescription drugs. This bill would require a health care service plan or disability insurer that provides hospital, medical, or surgical coverage to base medical necessity determinations and the utilization review criteria the plan or insurer, and any entity acting on the plan's or insurer's behalf, applies to determine the medical necessity of health care services and benefits for the diagnosis, prevention, and treatment of mental health and substance use disorders, on current generally accepted standards of mental health and substance use disorder care. The bill would require the health care service plan or insurer to apply specified clinical criteria and guidelines in conducting utilization review of the covered health care services and benefits and would prohibit the plan or insurer from applying different, additional, or conflicting criteria than the criteria and guidelines in the specific... (click bill link to see more).

**Primary Sponsors**

Scott Wiener, Cecilia Aguiar-Curry, Jim Beall, David Chiu

**Organizational Notes**

Last edited by Joanne Campbell at Jul 27, 2020, 6:32 PM

Organization Sponsor: Steinberg Institute, The Kennedy Forum CAHP - Oppose DMHC - Oppose Unless Amended

**Title**  
Communicable diseases: data collection.

**Introduction Date:** 2020-02-05

**Description**

SB 932, as amended, Wiener. Communicable diseases: data collection. Existing law requires the State Department of Public Health to establish a list of reportable communicable and noncommunicable diseases and conditions and to specify the requirements for reporting each listed disease and condition, including the timing and mechanism for making a report. This bill would require any electronic tool used by local health officers for the purpose of reporting cases of communicable diseases to the department, as specified, to include the capacity to collect and report data relating to sexual orientation and gender identity. The bill would also require a health care provider that knows of or is in attendance on a case or suspected case of any specified communicable disease to report to the local health officer for the jurisdiction in which the patient resides, the patient's sexual orientation and gender identity, if known. By imposing new duties on local health officers, 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, 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. This bill would declare that it is to take effect immediately as an urgency statute.

**Primary Sponsors**

Scott Wiener

**Title** Introduction Date: 2020-02-14  
Medi-Cal: County of Sacramento.

**Description**

SB 1029, as amended, Pan. Medi-Cal: County of Sacramento.  
(1) Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which health care services are provided to qualified low-income persons under various health care delivery systems, including fee-for-service and managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law authorizes the department to enter into various types of contracts for the provision of services to beneficiaries, including contracts with Medi-Cal managed care plans. Existing law provides that in counties selected by the Director of Health Care Services with the concurrence of the county, a special county health authority may be established, and in any county, by ordinance, a special commission may be established, in order to meet the problems of delivery of publicly assisted medical care in each county, and to demonstrate ways of promoting quality care and cost efficiency. Existing law authorizes several counties, including the County of Alameda, to establish, by ordinance, a health authority, and specified counties, such as the Counties of San Joaquin and Tulare, to establish, by ordinance, a special county health commission. This bill would authorize the Board of Supervisors of the County of Sacramento to establish, by ordinance, a health authority to perform specified duties, including negotiating and entering into contracts with health plans, as prescribed. The bill would provide that any participating health plans shall be designated by the health authority for approval by the department, and that health plans approved by the department shall be eligible to contract with the department. The bill would require the health authority to be governed by a commission, would require the board to appoint commission members, and would require those members to include specified individuals, including representatives of nonprofit community health centers and hospital systems that operate in the County of Sacramento. The bill would specify the responsibilities and duties of each member of the commission, including serving the public interest of Medi-Cal beneficiaries served by the health authority and ensuring the fiscal solvency of the health authority. The bill would require the commission to establish advisory committees, including an executive committee, and would prohibit members of the commission and advisory committees from receiving compensation for activities relating to their duties, except as specified. The bill would provide that a member of the commission shall not be deemed to be interested in a contract entered into by the department if the member is a Medi-Cal recipient... (click bill link to see more).

**Primary Sponsors**

Richard Pan

**Organizational Notes**

Last edited by Joanne Campbell at Jun 17, 2020, 5:25 PM  
LHPC - Support

**Title** Introduction Date: 2020-02-19  
Telecommunications: California Advanced Services Fund.

**Description**

SB 1130, as amended, Lena Gonzalez. Telecommunications: California Advanced Services Fund. (1) Under existing law, the Public Utilities Commission has regulatory authority over public utilities, including telephone corporations. Existing law requires the commission to develop, implement, and administer the California Advanced Services Fund (CASF) program to encourage deployment of high-quality advanced communications services to all Californians that will promote, among other things, the substantial social benefits of advanced information and communications technologies. Existing law authorizes the commission to collect a surcharge for deposit into the CASF. Existing law provides that the goal of the program is to, no later than December 31, 2022, approve funding for infrastructure projects that will provide broadband access to no less than 98% of California households, as provided. Existing law requires the commission, in approving infrastructure projects, to approve projects that provide last-mile broadband access to households that are unserved by an existing facility-based broadband provider, and give preference to projects in areas where internet connectivity is only available through dial-service, as provided. Existing law authorizes the commission to collect a sum not to exceed \$330,000,000 to implement the CASF program through the imposition of a surcharge that is collected starting on January 1, 2018, and continuing through the 2022 calendar year. Existing law prohibits the surcharge collected for the CASF program from exceeding \$66,000,000 unless the commission determines that collecting a higher amount of surcharge for the CASF program in any year will not result in an increase in all surcharges collected from telephone customers for that year. This bill would instead require the commission to develop, implement, and administer the California Advanced Services Fund program to encourage deployment of 21st century-ready communications, as provided. The bill would provide that the goal of the program is to, no later than December 31, 2024, approve funding for infrastructure projects that will provide high-capacity, future-proof infrastructure, as defined, based on current engineering and scientific information available at the time of program application, as provided. The bill would require the commission, in approving infrastructure projects, to approve projects with a goal of providing high-capacity, future-proof infrastructure to households that are unserved areas, as defined, or unserved high-poverty areas, as defined. The bill would instead require the commission to prioritize projects in unserved areas and unserved high-poverty areas, as provided. The bill would also require the commission to ensure that... (click bill link to see more).

**Primary Sponsors**

Lena Gonzalez

**Title**  
Nurse-midwives: scope of practice.

**Introduction Date:** 2020-02-20

**Description**

SB 1237, as amended, Dodd. Nurse-midwives: scope of practice.  
(1) Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing within the Department of Consumer Affairs for the licensure and regulation of the practice of nursing. A violation of the act is a crime. Existing law requires the board to issue a certificate to practice nurse-midwifery to a person who, among other qualifications, meets educational standards established by the board or the equivalent of those educational standards. Existing law authorizes a certified nurse-midwife, under the supervision of a licensed physician and surgeon, to attend cases of normal childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn. Existing law defines the practice of nurse-midwifery as the furthering or undertaking by a certified person, under the supervision of licensed physician and surgeon who has current practice or training in obstetrics, to assist a woman in childbirth so long as progress meets criteria accepted as normal. Existing law requires all complications to be referred to a physician immediately. Existing law excludes the assisting of childbirth by any artificial, forcible, or mechanical means, and the performance of any version from the definition of the practice of nurse-midwifery. This bill would delete the above-described provisions defining the practice of nurse-midwifery, would delete the condition that a certified nurse-midwife practice under the supervision of a physician and surgeon, and would instead authorize a certified nurse-midwife to attend cases of low-risk pregnancy, as defined, and childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning services, interconception care, and immediate care of the newborn, consistent with standards adopted by a specified professional organization, or its successor, as approved by the board. The bill would authorize a certified nurse-midwife to practice with a physician and surgeon under mutually agreed-upon policies and protocols that delineate the parameters for consultation, collaboration, referral, and transfer of a patient's care, signed by both the certified nurse-midwife and a physician and surgeon to provide a patient with specified services. The bill, except as specified, would require the patient to be transferred to the care of a physician and surgeon to provide those services if the nurse-midwife does not have those mutually agreed-upon policies and protocols in place, and would authorize the return of that patient to the care of the nurse-midwife after the physician and surgeon has determined that the condition or circumstance that required,...

(click bill link to see more).

**Primary Sponsors**

Bill Dodd, Autumn Burke

State	Bill Number	Status	Position
CA	SCR 92	In Senate	Support

**Title**

Racism as a public health crisis.

**Introduction Date:** 2020-06-25

**Description**

SCR 92, as introduced, Pan. Racism as a public health crisis. This measure would recognize racism as a threat to public health.

**Primary Sponsors**

Richard Pan

**Bill State:** US (1)

**Title**  
Families First Coronavirus Response Act

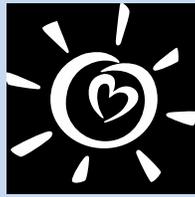
**Introduction Date:** 2020-03-11

**Description**

Families First Coronavirus Response Act This bill responds to the COVID-19 (i.e., coronavirus disease 2019) outbreak by providing paid sick leave, tax credits, and free COVID-19 testing; expanding food assistance and unemployment benefits; and increasing Medicaid funding. DIVISION A--SECOND CORONAVIRUS PREPAREDNESS AND RESPONSE SUPPLEMENTAL APPROPRIATIONS ACT, 2020 Second Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 This division provides FY2020 supplemental appropriations for federal agencies to respond to the COVID-19 outbreak. The supplemental appropriations are designated as emergency spending, which is exempt from discretionary spending limits. TITLE I--DEPARTMENT OF AGRICULTURE This title provides appropriations to the Department of Agriculture (USDA) for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and the Emergency Food Assistance Program (TEFAP). (Sec. 1101) This section allows USDA to approve state plans to provide emergency Supplemental Nutrition Assistance Program (SNAP, formerly known as the food stamp program) benefits to households with children who would otherwise receive free or reduced-price school meals if their schools were not closed due to the COVID-19 public health emergency. The child's school must be closed for at least five consecutive days for the household to be eligible for benefits. States may provide the benefits using the Electronic Benefit Transfer system. (Sec. 1102) This section provides appropriations to USDA for grants to the Northern Mariana Islands, Puerto Rico, and American Samoa for nutrition assistance in response to a COVID-19 public health emergency. TITLE II--DEPARTMENT OF DEFENSE This title provides appropriations to the Defense Health Program for COVID-19 diagnostic testing and services. TITLE III--DEPARTMENT OF THE TREASURY This title provides appropriations to the Internal Revenue Service to implement the tax credits included in this bill. TITLE IV--DEPARTMENT OF HEALTH AND HUMAN SERVICES This title provides appropriations to the Indian Health Service for COVID-19 diagnostic testing and services. TITLE V--DEPARTMENT OF HEALTH AND HUMAN SERVICES This title provides appropriations to the Administration for Community Living for nutrition programs that assist the elderly. The title also provides appropriations to the Public Health and Social Services Emergency Fund. The funds are provided for the National Disaster Medical System to reimburse the costs of providing COVID-19 diagnostic testing and services to individuals without health insurance. TITLE VI--DEPARTMENT OF VETERANS AFFAIRS This title provides appropriations to the Veterans Health Administration for COVID-19 diagnostic testing and services. TITLE VII--GENERAL PROVISIONS--THIS... (click bill link to see more).

**Primary Sponsors**

Nita Lowey



**L.A. Care**  
HEALTH PLAN®

**Board of Governors**  
**MOTION SUMMARY**

**Date:** August 24, 2020

**Motion No.** EXE 100.0920

**Committee:** Executive

**Chairperson:** Hector De La Torre

**Issue:** Provide support for the development of an Integrated Master of Science in Community Medicine Doctor of Medicine (MSCM-MD) Program at the Keck Graduate Institute at The Claremont Colleges.

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

**Background:** L.A. Care has been approached by the Keck Graduate Institute (KGI) at The Claremont School of Medicine regarding a new program in development aimed at addressing the health care workforce shortage and health disparities.

The Integrated Master of Science in Community Medicine Doctor of Medicine (MSCM-MD) Program would be a five-year program that includes a two-year online gateway Master of Science in Community Medicine degree followed by a three-year Doctor of Medicine Program. The program would begin with 200-250 students accepted into the gateway program, targeting graduates from the California State University System. From there, 80 high performing students would be selected to participate in The Claremont School of Medicine program.

Participants in the program would progressively develop competencies in the basic sciences and skills of community medicine required to improve health, lower the burden of illness and injury among patients, communities and consumers, and provide leadership in the systems and programs that provide these services.

KGI is seeking \$10 million in their first round of funding this year while they establish a Board of Governors and initial staffing for the program. They hope to have full financing secured (\$40-50 million) by 2022 and continue to build the program. The first class would be admitted to the gateway program in the Fall of 2022 and the first School of Medicine class would be admitted in the Fall of 2024.

L.A. Care considers this program well-aligned with our Elevating the Safety Net (ESN) Guiding Principles of increasing health access, promoting equity and cultural competence, as well as building a premier health care workforce. L.A. Care's ESN programs seek to increase access for our members in Los Angeles County and improve equity and cultural competence among our provider network. We believe these aims will improve health outcomes for our members, including by addressing social determinants of health. L.A. Care's support of this program will serve important public purpose for the reasons discussed and is aligned with our mission of improving and providing access to quality healthcare to the most vulnerable members of L.A. County.

For this reason, we recommend supporting this endeavor through a \$5 million initial contribution to KGI.

**Member Impact:** This initiative aligns with L.A. Care's organizational goal 2.2: develop and

**Board of Governors**

**MOTION SUMMARY**

implement strategies to promote quality performance in the provider network. The initiative aligns with organizational goal 4.3: mobilize our community resources to ensure that we are responsive and accountable to the needs of our members and constituents. Goal 4.5 is also addressed: foster innovative approaches to improving the health status of our members and the quality of care provided by the safety net.

**Budget Impact:** L.A. Care will appropriate retained earnings, an element of the fund balance, to set aside as Board Designated to fund the workforce development initiative presented above.

- Motion:**
- 1) **To authorize staff to execute an agreement in the amount of \$5 million with The Keck Graduate Institute in initial funding for the Integrated Master of Science in Community Medicine Doctor of Medicine (MSCM-MD) Program for the period of January 1, 2021 through December 31, 2024;**
  - 2) **in authorizing execution of the agreement, the Committee finds that the support of this program serves a public purpose and further L.A. Care’s mission for reasons outlined in this motion.**



**Board of Governors  
MOTION SUMMARY**

**Date:** August 24, 2020

**Motion No.** EXE 101.0920

**Committee:** Executive

**Chairperson:** Hector De La Torre

**Issue:** Continue authorization of expenditures under the Elevating the Safety Net (ESN) for Residency Support Program (RSP) and Provider Loan Repayment Program (PLRP).

**Background:** On June 24, 2019 the Executive Committee approved motion EXE A.0619 to support and launch ESN’s new Residency Support Program (RSP), granting six institutions to add 13 new slots to their respective residency programs and 2.2 FTE new core faculty for a total investment of \$5,268,342. Also, on April 27, 2020, the Executive Committee approved motion EXE 101.0520 to award Uncommon Good \$6 million in grant funds to continue administering loan repayment assistance to providers through the end of the fiscal year.

***Residency Support Program (RSP)***

L.A. Care re-invited five of six institutions previously awarded RSP grants to apply for a 2<sup>nd</sup> round of funding in Summer/Fall 2021. The invites include; AltaMed Health Services Corporation, Charles Drew University (CDU), the UCLA Foundation and White Memorial Medical Center Charitable Foundation. The review committee, comprised of L.A. Care staff and executive leadership, reviewed the proposals submitted by applicants and recommends awarding funds to all five institutions. The proposed investment of up to \$4,500,000 would fund 12 new residency slots and 2.2 FTE of core faculty across the five institutions over the course of three years. Proposed awards are as follows:

<b>Institution</b>	<b>Expansion</b>	<b>Award</b>
<b>AltaMed Health Services Corporation</b>	<b>Family Medicine:</b> 3 FTE new resident slots; salaries and benefits for 3 years	<b>\$1,388,930</b>
<b>Charles Drew University of Medicine &amp; Science</b>	<b>Family Medicine:</b> 1 FTE new Social Medicine Fellow for 1 year and .3 FTE for 3 Core faculty for 3 years; salaries and benefits	<b>\$921,060</b>
	<b>Internal Medicine:</b> 1 FTE new Chief Resident for 1 year and .5 FTE Core faculty for 3 years; salaries and benefits	<b>\$563,068</b>
<b>UCLA Foundation</b>	<b>Pediatric Medicine:</b> 2 FTE new resident slots for 3 years; salaries, benefits and expenses	<b>\$552,193</b>
<b>White Memorial Medical Center Charitable Foundation</b>	<b>Family Medicine:</b> 1 FTE new resident slot and .2 FTE Core faculty for 3 years; salaries and benefits	<b>\$479,334</b>
	<b>Internal Medicine:</b> 1 FTE new resident slot and .2 FTE Core faculty salaries for 3 years	<b>\$480,000</b>
<b>TOTAL</b>	<b>9 New Resident Slots/Fellows/Chief Residents 1.8 FTE for 6 Core Faculty</b>	<b>\$4,384,585</b>

**Board of Governors**

**MOTION SUMMARY**

***Provider Loan Repayment Program (PLRP)***

To continue the success of the program, the review committee would like to provide additional support to providers being awarded PLRP funds and request an additional \$6 million grant to be awarded during this fiscal year. The program is currently administered by Uncommon Good. The program has continued to be successful with providing loan debt relief to nearly 70 providers since inception of the program, and we continue to receive applications.

**Member Impact:** This initiative aligns with L.A. Care’s organizational goal 2.2: develop and implement strategies to promote quality performance in the provider network. The initiative also aligns with organizational goal 4.3: mobilize our community resources to ensure that we are responsive and accountable to the needs of our members and constituents. Goal 4.5 is also addressed: foster innovative approaches to improving the health status of our members and the quality of care provided by the safety net.

**Budget Impact:** L.A. Care will appropriate retained earnings, an element of the fund balance, to set aside as Board Designated to fund the workforce development initiative presented above.

- Motion:**
- 1. Approve and authorize an expenditure of up to \$4.5 million to the continue Residency Support Program (RSP).**
  - 2. Approve and authorize expenditure of up to \$6,000,000 to continue Provider Loan Repayment Program (PLRP).**



**Board of Governors**  
**MOTION SUMMARY**

**Date:** August 24, 2020

**Motion No.** EXE 102.0920

**Committee:** Executive

**Chairperson:** Hector De La Torre

**Issue:** Approval of 2021 schedule of meetings for the Board of Governors and Committees.

**Background:** The meetings are scheduled according to these guidelines established by the Board:

- Hold the Finance & Budget and Executive Committee meetings on the fourth Monday. Ten Finance & Budget and ten Executive Committee meetings are scheduled; with meeting cancellations determined by agenda content.
- Schedule eight Board meetings in 2021, with two tentatively scheduled meetings in March and October; meeting cancellations determined by agenda content.
- Six Compliance & Quality Committee meetings; with meeting cancellations determined by agenda content.
- Audit, Governance and Services Agreement Committees meet as needed.

The schedule is consistent with L.A. Care’s enabling statute (California Welfare & Institutions Code Section 14087) which requires six board meetings per year, and the proposed meeting frequency is in line with other public health plans in California.

The chart below shows the frequency of meetings since 2013:

<b>Meeting</b>	<b>2021</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
Board of Governors	8*	8*	8	9	8	8	14	12	10
Executive	10*	10*	10	10	10	10	10	12	8
Finance & Budget	10*	9*	10	9	9	10	11	10	8
Compliance & Quality	6*	6*	6	5	5	4	6	5	5

\*2020 and 2021 meeting frequency is projected

**Member Impact:** Public input is welcome at all Board and Committee meetings.

**Budget Impact:** None.

**Motion:** To approve the 2021 Board of Governors meeting schedule as submitted.

**2021 Regular Board and Committee Meeting schedule**

**BoG:** Board of Governors, meets at 2:00 for approximately 3 hours, and meets all day in September for strategic discussion

**C&Q:** Compliance and Quality Committee, meets at 2:00 p.m. for approximately 2 hours

**Exec:** Executive Committee meets at 2:00 p.m. for approximately 90 minutes

**F&B:** Finance & Budget Committee meets at 1:00 p.m. for approximately 60 minutes

**CHCAC:** Children’s Health Consultant Advisory Committee meets at 8:30 a.m. for approximately 2 hours

**ECAC:** Executive Community Advisory Committee meets at 10:00 a.m. for approximately 2 hours

**TAC:** Technical Advisory Committee meeting schedule to be determined

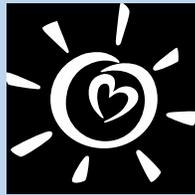
**JPA and LACH:** Joint Powers Authority and L.A. Care Community Health Plan meet concurrently with a BoG meeting

**Meetings are usually held at 1055 West 7<sup>th</sup> Street, 1<sup>st</sup> Floor, Los Angeles, CA 90017**

**Except where *offsite* meetings are indicated below or if a different address is posted on the meeting agenda.**

<u>January 2021</u> <i>No Board meeting</i> 1/13 – ECAC 1/21 – C&Q 1/19 – CHCAC 1/25 –F&B, Exec TBD – Audit, TAC	<u>February 2021</u> 2/4 – BoG 2/10 - ECAC 2/22 –F&B, Exec	<u>March 2021</u> <b><i>3/4 BoG (tentative)</i></b> 3/10 – ECAC 3/16 – CHCAC 3/18 - C&Q 3/22 – F&B, Exec TBD – GOV
<u>April 2021</u> 4/1 – BoG 4/14 - ECAC 4/26 – F&B, Exec TBD - TAC	<u>May 2021</u> 5/6 – BoG 5/12 – ECAC 5/18 – CHCAC 5/20 – C&Q 5/24 – F&B, Exec	<u>June 2021</u> 6/3 – BoG ( <i>offsite</i> )* 6/9 - ECAC 6/28 – F&B, Exec
<u>July 2021</u> 7/29 – BOG	<u>August 2021</u> <i>No Board meeting</i> 8/11 - ECAC 8/17 – CHCAC 8/19 – C&Q 8/23 – F&B, Exec TBD – Audit, TAC	<u>September 2021</u> 9/2 – BoG ( <i>offsite all day retreat</i> )* 9/8 - ECAC 9/21 - CHCAC 9/16 - C&Q 9/27 - F&B, Exec TBD –GOV
<u>October 2021</u> <b><i>10/7 BoG (tentative)</i></b> 10/13 - ECAC 10/25 - F&B, Exec TBD - TAC	<u>November 2021</u> 11/4 – BoG 11/10 – ECAC 11/15 - F&B, Exec* <b><i>*Due to Thanksgiving holiday</i></b> 11/16 – CHCAC 11/18 – C&Q	<u>December 2021</u> 12/2 – BoG 12/8 – ECAC No other meetings

\*Offsite locations are tentative



**L.A. Care**  
HEALTH PLAN®

**Board of Governors**  
**MOTION SUMMARY**

**Date:** August 24, 2020

**Motion No.** EXE A.0820

**Committee:** Executive

**Chairperson:** Hector De La Torre

**Issue:** Approve revisions to Human Resources Policy & Procedure HR-312 (Recruitment) mainly relating to addressing violation of the AICPA Code of Professional Conduct.

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

**Background:** L.A. Care Health Plan (L.A. Care) desires to make a positive impression on our candidates for employment so that they feel welcomed, receive all appropriate and required information, and are treated with dignity and respect. We want to ensure that our recruitment and selection process adheres to all legal guidelines and internal policies and practices.

Staff is proposing additional revisions to HR-312, as noted in the attached document, if L.A. Care is interested in hiring a candidate that was a partner, principal, or professional employee in any key position that would cause violation of the AICPA Code of Professional Conduct, generally accepted government auditing standards, or other applicable independence rules, the Talent Acquisition Advisor will review the candidates application to verify their employment history and Section 1.279 Considering or Subsequent Employment or Association with an Attest Client (L.A. Care) within the AICPA Code of Professional Conduct to ensure there are no compliance issues. If there are any compliance issues the TAA will immediately stop recruitment of the candidate.

**Member Impact:** None

**Budget Impact:** None

**Motion:** To approve the Human Resources Policy & Procedure HR-312 (Recruitment), as presented.

	<b>RECRUITMENT</b>	<b>HR-312</b>
<b>DEPARTMENT</b>	HUMAN RESOURCES	
Supersedes Policy Number(s)	6212	

DATES					
Effective Date	4/16/1997	Review Date	04/17/2020	Next Annual Review Date	04/17/2021
Legal Review Date	2/6/2020	Committee Review Date	4/2/2020		

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

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

ACCOUNTABILITY MATRIX			

ATTACHMENTS

ELECTRONICALLY APPROVED BY THE FOLLOWING		
	OFFICER	DIRECTOR
<b>NAME</b>	Terry Brown	Edward Topps
<b>DEPARTMENT</b>	Human Resources	<del>Human Resources</del> <u>HR Technology and Talent Acquisition</u>
<b>TITLE</b>	Chief Human Resources Officer	Director, <u>HR Technology &amp; Talent Acquisition</u>



**AUTHORITIES**

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

**REFERENCES**

[AICPA Code of Professional Conduct](#)

**HISTORY**

REVISION DATE	DESCRIPTION OF REVISIONS
2/8/2010	Revision
4/25/2018	<u>Revision, recruitment processes updated</u>
10/2/2019	Revisions

**DEFINITIONS**

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



## **1.0 OVERVIEW:**

**1.1** L.A. Care Health Plan (L.A. Care) desires to make a positive impression on our candidates for employment so that they feel welcomed, receive all appropriate and required information, and are treated with dignity and respect. We want to ensure that our recruitment and selection process adheres to all legal guidelines and internal policies and practices.

## **2.0 DEFINITIONS:**

**2.1** N/A

## **3.0 POLICY:**

**3.1** Employee knowledge, skills and experience comprise the most valuable resource of L.A. Care. Our recruitment efforts and selection processes have been developed in an effort to attract and retain the best qualified and high performing staff members.

## **4.0 PROCEDURES:**

### **4.1 Initiating the recruitment process for a budgeted position**

**4.1.1** The hiring manager works with Resource Review Board (RRB), Total Rewards (TR), Talent Acquisition (TA), Human Resources Business Partners (HRBP) and Finance Departments to create a new or reclassified position.

**4.1.2** The hiring manager is responsible for ensuring that the job description fully and clearly represents the job skills, competencies, educational requirements and level of experience the hiring manager is seeking.

**4.1.3** Once the job description is reviewed and/or modified by the hiring manager, it is sent to TR for review and approval. The approved job description is sent to TA from TR to facilitate the posting of the position and to start the recruitment activities.

### **4.2 Initiating the recruitment process for a budgeted or non-budgeted position**

**4.2.1** The hiring manager will work with their HRBP to request the approval of budgeted and non-budgeted position from the RRB. The request should describe the value and benefits for adding the requested position.

**4.2.1.1** If the position is newly created, a job description must be completed by the hiring manager;

**4.2.1.2** If the request is for an existing position, the job description should be reviewed for accuracy by the hiring manager.



**4.2.2** Once position is approved by the RRB, the HRBP will submit position approval and job description to TR to assign a position control number. The approved job description is sent to TA from TR to facilitate the posting of the position and to start the recruitment activities.

#### **4.3 Initiating the Recruitment Process for temporary positions**

**4.3.1** Requests for temporary staffing budgets are made by the requesting Department Director at the beginning of the fiscal year through the Finance department.

**4.3.2** Hiring manager will contact TA for the temporary staffing need and provide approved job description. TA will contact L.A. Care approved staffing agencies.

**4.3.3** A modified job description, containing only the description of the position, is created by the TA and provided to the agency to fill temporary staffing request.

#### **4.4 Job Vacancy Posting**

**4.4.1** Internal posting of jobs will be for a period of at least three calendar days on the Intranet before an offer of employment can be made. External posting on various websites will run concurrently with the internal job posting, unless otherwise discussed with the Talent Acquisition Advisor (TAA).

**4.4.2** Positions deemed as confidential will require approval of the Chief Human Resources Officer (CHRO) and will not need to go through the regular position posting process.

#### **4.5 Applicant Screening and Interviewing**

**4.5.1** The TAA, unless told otherwise, will pre-screen all applications and resumes received for the open position, using the key areas of skill, competency, experience and education, as identified by the hiring manager.

**4.5.2** Consideration for the use of either a contingency or retained search firm, for difficult to fill positions, is at the discretion of the Director, Talent Acquisition. The selection of the firm and negotiation of the fee schedule will be completed by the Director, [HR Technology and](#) Talent Acquisition. During the selection and negotiation of fees of a contingent or retained search firm, the hiring manager should have limited contact with the recruitment firm. The hiring manager, with the assistance from TA, will become involved with the selected recruitment firm during the development of job specifications, the review of presented resumes and the selection and interview of the final candidates.

**4.5.3** The decision to hire rests with the hiring manager subject to approval by HR and the hiring manager's direct supervisor. Once the decision to hire has been made, TR will provide approved salary recommendation to TA. The hiring manager is notified by TA of the recommended salary. Any deviation from what was approved by TR requires additional approval from the Director, Total Rewards or Chief Human Resources Officer.

**4.5.4** After contingent verbal job offer is extended, candidate must complete the on-line job application, if one was not previously completed, which includes authorization to complete a background check.

**4.5.5.1** If a finalist candidate for a position at L.A. Care previously was a partner, principal, or professional employee in any key position with a company (including an auditing vendor) as defined and subject to the AICPA Code of Professional Conduct, generally accepted government auditing standards, or other applicable independence rules, the TAA will review the candidate's application to verify employment history and will conduct a review of whether the hiring of the candidate will result in violating AICPA Code of Professional Conduct, generally accepted government auditing standards, or other applicable financial or audit independence rules. If proceeding with hiring of the candidate will result in non-compliance with the above listed AICPA Code of Professional Conduct, generally accepted government auditing standards or other applicable independence rules, the candidate will be considered not eligible and TAA will immediately stop recruitment of the candidate

## **4.6 Extending a Job Offer**

**4.6.1** The actual offer of employment is made by the TAA, unless otherwise requested by the hiring manager. The hiring process requires that the candidate successfully passes the official background investigation, verification of licensure, certification and registrations, and ability to work in the United States<sup>025</sup>. All required new hire documentation must be completed no later than their first day of work.

**4.6.2** Coordination of the official date of hire (actual first day at work) and the coordination of other necessary paperwork and documentation is handled at the time of the offer of employment, by the Talent Acquisition Department.

**4.6.3** The hiring manager is responsible for ensuring the new hire's workstation is set up with all necessary equipment (i.e. computer and phone) prior to the start date.

## **5.0 MONITORING:**

**5.1** 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.

## **6.0 REPORTING:**

**6.1** Any suspected violations to this policy should be reported to your HRBP

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

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