



**L.A. Care**  
HEALTH PLAN<sup>®</sup>

*For All of L.A.*

# EXECUTIVE COMMITTEE MEETING

## BOARD OF GOVERNORS

August 23, 2022 • 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

# DRAFT

Tuesday, August 23, 2022, 2:00 P.M.

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

Please recheck these directions for updates prior to the start of the meeting.

This meeting will be conducted in accordance with the provisions of the Ralph M. Brown Act, allowing members of the Board, members of the public and staff to participate via teleconference, because State and Local officials are recommending measures to promote social distancing. Accordingly, members of the public should join this meeting via teleconference as follows:

<https://lacare.webex.com/lacare/j.php?MTID=m6f7d9e60376f30cb00c01f46be057bce>

**To join and LISTEN ONLY via teleconference please dial: (213) 306-3065**

**Access code: 248 6321 3268 Password: lacare**

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

Attendees who log on to lacare.webex using the URL above will be able to use “chat” during the meeting for public comment. You must be logged into Webex to use the “chat” feature. The log in information is at the top of the meeting Agenda.

We continue to use different ways to submit public comment live and direct during the meeting.

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

Your comments can also be sent by voicemail, email or text. If we receive your comments by 2:00 pm on August 23, 2022, it will be provided to the members of the Executive Committee at the beginning of the meeting. **The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.**

Public comments submitted will be read for up to three minutes during the meeting.

Once the meeting has started, public comment must be received before the agenda item is called by the meeting Chair and staff will read those comments for up to three minutes. Chat messages submitted will be read for up to three minutes during the public comment period for each item. If your public comment is not related to any of the agenda item topics, your public comment will be read in the general public comment agenda item.

These are extraordinary circumstances, and the process for public comment is evolving and may change at future meetings. We thank you for your patience.

There may be some delay in the digital transmittal of emails, texts and voicemail. The Chair will announce when public comment period is over for each item. If your public comments are not received in time for the specific agenda item you want to address, your public comments will be read at the public comment section prior to the closed session.

**DRAFT**

The purpose of public comment is that it is an opportunity for members of the public to inform the governing body about their views. The Board appreciates hearing the input as it considers the business on the Agenda.

**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 28, 2022 Meeting Minutes p.5 *Chair*
4. Chairperson's Report *Chair*
5. Chief Executive Officer Report John Baackes  
*Chief Executive Officer*

**COMMITTEE ITEMS**

6. Government Affairs Update p.15 Cherie Compartore  
*Senior Director, Government Affairs*
7. Revisions to Legal Services Policy 603 (Grants & Sponsorships) Augustavia J. Haydel, Esq.  
*General Counsel*  
(EXE 100) p.96 Shavonda Webber-Christmas  
*Director, Community Benefits*
8. Plunum Health Grant (EXE 101) p.103 Shavonda Webber-Christmas
9. Approve the list of items that will be considered on a Consent Agenda for September 1, 2022 *Chair*  
Board of Governors Meeting.
  - July 28, 2022 Board of Governors Meeting Minutes
  - Revisions to Legal Services Policy 603 (Grants & Sponsorships)
  - Plunum Health Grant
  - Quarterly Investment Report
  - Consolidated Allocation of Funds for Non-Travel Meals and Catering & Other Expenses
  - OptumInsight, Inc. Contract Amendment SOW #6
  - Verizon Business Contract Amendment
  - UpHealth, Inc. (formerly Thrasys, Inc.) Contract Amendment
  - Cognizant Technology Solutions and Solugenix Corporation Contract Amendment for Staff Augmentation
  - North Star Alliances, LLC Contract Amendment
10. Public Comment on Closed Session Items (*Please read instructions above.*) *Chair*

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

11. CONTRACT RATES

Pursuant to Welfare and Institutions Code Section 14087.38(m)

- Plan Partner Rates
- Provider Rates
- DHCS Rates

12. 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 2024*

13. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION

Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act

- L.A. Care Health Plan's Notice of Contract Dispute under Contract No. 04-36069  
Department of Health Care Services (Case No. Unavailable)

14. 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

15. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION

Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act

- Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680
- Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF

**RECONVENE IN OPEN SESSION**

**ADJOURN**

*Chair*

**Due to religious holiday, the next Executive Committee meeting is scheduled on  
Tuesday, September 20, 2022 at 2:00 p.m.**

**and may be conducted as a teleconference meeting.**

**Public comments will be read for up to three minutes.**

**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 participate in 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.

**THE PUBLIC MAY SUBMIT COMMENTS TO THE BOARD OF GOVERNORS BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT BY VOICE MESSAGE OR IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO [BoardServices@lacare.org](mailto:BoardServices@lacare.org).** Please follow additional instructions on the first page of this Agenda.

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

**NOTE: THE BOARD OF GOVERNORS CURRENTLY MEETS ON THE FIRST THURSDAY OF MOST MONTHS AT 2:00 P.M. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT <http://www.lacare.org/about-us/public-meetings/board-meetings> and by email request to [BoardServices@lacare.org](mailto:BoardServices@lacare.org)**

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at <http://www.lacare.org/about-us/public-meetings/board-meetings> and can be requested by email to [BoardServices@lacare.org](mailto:BoardServices@lacare.org).

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

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

**BOARD OF GOVERNORS**  
**Executive Committee**

**Meeting Minutes – June 28, 2022**

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*  
 Ilan Shapiro MD, MBA, FAAP, FACHE, *Treasurer*  
 Stephanie Booth, MD, *Secretary*  
 Hilda Perez

**Management/Staff**

John Baackes, *Chief Executive Officer*  
 Terry Brown, *Chief of Human Resources*  
 Augustavia Haydel, *General Counsel*  
 James Kyle, MD, *Chief of Equity & Quality Medical Director*  
 Tom MacDougall, *Chief Technology & Information Officer*  
 Thomas Mapp, *Chief Compliance Officer*  
 Marie Montgomery, *Chief Financial Officer*  
 Noah Paley, *Chief of Staff*  
 Acacia Reed, *Chief Operating Officer*  
 Richard Seidman, MD, MPH, *Chief Medical Officer*

State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care’s employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan, and the Board of Directors and all legislative bodies of the Joint Powers Authority will continue to meet virtually and the Boards will review that decision on an on-going basis as provided in the Brown Act. Members of the public had the opportunity to listen to the meeting via teleconference, and share their comments via voicemail, email, or text.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	Hector De La Torre, <i>Chairperson</i> , called to order the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee meetings at 2:16 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings. <ul style="list-style-type: none"> <li>• For those who provided public comment for this meeting by voice message or in writing, we are really glad that you provided input today. The Committee will hear your comments and we also have to finish the business on our Agenda today.</li> <li>• If you have access to the internet, the materials for today’s meeting are available at the lacare.org website. If you need information about how to locate the meeting materials, please let us know.</li> <li>• Information for public comment is on the Agenda available on the web site. Staff will read the comment from each person for up to three minutes.</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>The Chairperson will invite public comment before the Committee starts to discuss an item. If the comment is not on a specific agenda item, it will be read at the general Public Comment item 2 on today's agenda.</li> </ul> <p>He provided information on how to submit a comment live and directly using the "chat" feature.</p>	
<b>APPROVE MEETING AGENDA</b>	The Agenda for today's meeting was approved.	<b>Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, De La Torre, Perez, and Shapiro)</b>
<b>PUBLIC COMMENT</b>	There were no public comments.	
<b>APPROVE MEETING MINUTES</b>	The minutes of the May 24, 2022 meeting were approved as submitted.	<b>Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, De La Torre, Perez, and Shapiro)</b>
<b>CHAIRPERSON'S REPORT</b>	There was no report from the Chairperson.	
<b>Government Affairs Update</b>	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported:</p> <ul style="list-style-type: none"> <li>The proposed AB 2724 bill would enable Kaiser to directly contract with California Department of Health Care Services (DHCS) for the Medi-Cal program. The bill was passed by the State Assembly and the State Senate Health Committee, with some amendments. One amendment includes language around rates, that acuity would be considered for all health plans. An amendment was also considered to address behavioral health compliance concerns with a readiness assessment, and required a report from DHCS to the public two years after Kaiser begins serving Medi-Cal beneficiaries in 2024. It is not felt that the protections that were adopted are sufficient to protect the safety net, but L.A. Care is pleased that all of the Senate Health Committee members expressed serious concerns, particularly with the behavioral health portions. L.A. Care will continue working with the Kaiser union (NUHW) representing Kaiser's mental health providers that are also opposed to the legislation. The Governor weighed in again with the State Senate and with the labor</li> </ul>	

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	<p>union representatives, showing the priority of this bill with the Governor and DHCS. Many of L.A. Care’s concerns about the bill have not been addressed. DHCS has not shared details on how it will be implemented. L.A. Care will continue to work on it through this year and into 2023.</p> <p>John Baackes, <i>Chief Executive Officer</i>, added that those opposed to the Kaiser contract were pleased with the attention paid to the objections as the legislation was being considered. The DHCS Director was actively lobbying for the bill, which seemed to signal that proponents of the bill were alarmed by the opposition. The local initiative health plans have solid grounds for opposing the bill and Mr. Baackes believes there will be negative repercussions for the safety net, even with the two safeguard amendments that were included in the bill. There will be continued communication to raise awareness of these concerns.</p> <p>Board Member Booth expressed concern about unfair business practices in this situation. Mr. Baackes noted that since the Kaiser contract was announced, there has been concern about the appearance of close collaboration by state Medi-Cal regulators with one contractor. It appears that DHCS is giving a more favorable position to Kaiser than other current Medi-Cal contractors. DHCS, California Primary Care Association and Kaiser appear to be linked in some aspects of the implementation of the new California Advancing and Improving Medi-Cal (CalAIM) program, precluding involvement with other Medi-Cal health plans. This has led to concerns that there are further developments yet to be revealed to the public.</p> <p>Chairperson De La Torre noted that he is hearing that there is still pressure to put this into a budget trailer bill, which would bypass the legislature. Ms. Compartore has heard similar information but has also heard that the legislation is planned to be presented for a vote at the same time as the budget trailer bill. Chairperson de La Torre noted that with the amendments, AB 2724 would need to be voted on again by the State Assembly, so the pressure to include it in the budget trailer bill may be the alternative to avoid that legislative action.</p> <p>Ms. Compartore continued her report:</p> <ul style="list-style-type: none"> <li>• The Governor reached agreement with legislative leadership on the proposed state Budget. A main Budget bill is expected to pass this week along with 27 trailer bills. The Governor is expected to sign that legislation as soon as he receives it. There had been a delay in the Budget negotiations over how to distribute relief funding to</li> </ul>	

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	<p>Californians for escalating fuel costs. The legislature proposed a rebate to registered car owners. The Governor disagreed with that proposal and instead the relief will be distributed in a stimulus payment to taxpayers, regardless of vehicle ownership. On average, a California taxpayer will receive approximately \$1,000. The State Budget includes \$205 million to subsidize costs of providing abortions, paying providers, and providing assistance with costs for room and board to people coming into California from out of state to get an abortion. There are no significant changes in the Budget for Medi-Cal. The Budget includes funding for Covered California in premium tax credit or cost sharing subsidies, depending on whether the federal tax credit is extended. L.A. Care is tracking this issue.</p> <ul style="list-style-type: none"> <li>• Medi-Cal benefits have been approved starting no later than January 1, 2024, for residents ages 26 to 49 regardless of immigration status.</li> <li>• The State Budget includes \$100 million for California to develop a low-cost insulin.</li> <li>• The California Office of Healthcare Affordability will be established in this State Budget, with the stated purpose of monitoring and setting cost targets for health plans, physician groups and hospitals. Data is being collected on costs through Medi-Cal and Covered California. The cost data could be helpful in the future for showing that Medi-Cal rates are much lower than for commercial health plans. As of 2026, health plans in California could be fined for not meeting the cost targets.</li> <li>• Government Affairs staff member Joanne Campbell, <i>Health Care Policy Specialist II</i>, held 14 meetings recently with members of the Los Angeles County Legislative Delegation to discuss L.A. Care and its investments in the community, such as Elevating the Safety Net. Other issues discussed included the pending expiration of the federal Advance Premium Tax Credit (APTC). There is strong support from the delegation, but the attention of Congressional Representatives is focused on other issues at this time, and it seems APTC is not a priority and will not be included in legislation. Mr. Baackes' recent letter on gun safety and mental health issues was also discussed. The letter was sent to every member in the U.S. Congress.</li> </ul> <p>Board Member Booth thanked Ms. Compartore for her report. Regarding SB 1384, she noted that controlling guns can help in controlling violence, but it is unlikely to happen, in her opinion. This legislation is asking firearms dealers to have a digital video surveillance system and keep the records for a year, as well as a general liability insurance policy. Board Member Booth doesn't think that having liability insurance will help curtail violence. She believes that it should be established that regulations which will be imposed will actually help with the issue of violence. This legislation proposes an</p>	



<b>AGENDA ITEM/PRESENTER</b>	<b>MOTIONS / MAJOR DISCUSSIONS</b>	<b>ACTION TAKEN</b>
	<p>unfunded mandate for collection of information, which is burdensome. She does not think L.A. Care should support this legislation. Board Member Booth asked about AB 2426, and Ms. Compartore noted this is a bill specific to Martin Luther King Jr. Community Hospital. L.A. Care supports this bill because it would bring additional funding to the hospital.</p> <p>Board Member Booth also noted that AB 1929 establishes a community violence prevention and recovery program for Medi-Cal beneficiaries, which she feels will be delegated to health plans. This is another unfunded mandate, and the implementation will be imposed on health plans.</p>	
<b>CHIEF EXECUTIVE OFFICER REPORT</b>	<p>Mr. Baackes reported:</p> <ul style="list-style-type: none"> <li>• In May, Medi-Cal enrollment is available to eligible residents under the age of 50, regardless of immigration status. L.A. Care has over 16,000 new members in this category in June, and expects 92,000 more members in July, the majority of whom are expected to be undocumented residents over the age of 50. It was anticipated that L.A. Care would enroll 70-80,000, and it seems we will have more than that. Most of the newly-eligible enrollees have previously been treated through the My Health LA program, and at federally qualified health centers (FQHC) and Los Angeles County Department of Health Services (DHS) sites. The enrollees will now have the option of selecting Medi-Cal network health care providers. L.A. Care is welcoming the new members.</li> <li>• The State Budget proposal under consideration by the California Legislature includes expansion of coverage to residents ages 27-49 regardless of immigration status, with enrollment to begin no later than January 1, 2024. There are estimated to be over 800,000 people who will become eligible statewide. L.A. Care expects additional enrollment of around 140,000.</li> <li>• On January 1, 2024, if Kaiser is successful in contracting as a Medi-Cal health plan, L.A. Care's current Kaiser members would be transitioned.</li> <li>• The Medi-Cal eligibility redetermination process is expected to resume when the public health emergency is lifted. The public health emergency currently lasts through July 15, but it is expected to be extended another 90 days and may be extended to April 2023. L.A. Care is closely monitoring the variety of factors which will influence the level of member enrollment.</li> </ul>	

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	<ul style="list-style-type: none"> <li>L.A. Care is planning a 25<sup>th</sup> Anniversary event on July 22, 2022, at the Charles R. Drew University campus. The eight new L.A. Care scholars will be announced at this event.</li> </ul>	
<p>Approve Community Health Investment Fund Grants</p> <ul style="list-style-type: none"> <li>California Association of Food Banks</li> </ul>	<p><i>(Member Shapiro left the meeting.)</i></p> <p>Chairperson De La Torre invited comment from Board Members on the process for approving Community Health Investment Fund grants. Board Member Booth suggested that approval of grants is beneficial for the community L.A. Care serves and it seems appropriate to consider grant approvals at the regular Board of Governors meetings. There was no objection to the proposed update to the process. Staff will provide the revised process for consideration at a future meeting.</p> <p>Shavonda Webber-Christmas, <i>Director, Community Benefits</i>, summarized the information included in the meeting materials. There are three motions presented for consideration, and all are part of the CHIF allocation which was approved by the Board.</p> <p>The first motion will support the California Association of Food Banks (CAFB) for \$1.3 million to administer the sixth Community Wellness Initiative (CWI). CAFB will award, support, and provide technical assistance to up to 10 nonprofits to perform CalFresh outreach and enrollment assistance to up to 5,600 eligible families, approximately 17,000 individuals facing food insecurity in Los Angeles County. CAFB was a grantee last year for the same program. The program has shown to be more efficient than directly-operated grants in prior years. CAFB provides an impressive amount of support to the individual grantees. In just three months, more than 1,000 families were supported in the application for CalFresh benefits, on track to help 154 more households per month more than the prior directly operated cohort. CAFB also provided training opportunities and a learning collaborative for the agencies participating in providing services to the community, including L.A. Care health plan members.</p> <p><b><u>Motion EXE 100.0722</u></b>  <b>To award up to \$1,300,000 to the California Association of Food Banks to support up to 10 grants to Los Angeles County nonprofits, provide training and technical assistance on CalFresh outreach, and enhance grantees’ enrollment assistance to CalFresh eligible individuals and families, including L.A. Care members.</b></p>	
<ul style="list-style-type: none"> <li>Public Health Foundation Enterprises</li> </ul>	<p>Ms. Webber Christmas described a proposal for support of the Los Angeles Network for Enhanced Services (LANES). The proposed funds will enhance the capacity and</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>DBA Heluna Health as fiscal agent for Los Angeles Network for Enhanced Services (LANES)</p>	<p>modernize LANES’ county-wide health information exchange platform and interoperability infrastructure. The project will support the California Advancing and Innovating Medi-Cal (CalAIM) program by connecting and facilitating care coordination across entities providing clinical, behavioral, and social service in real time. LANES’ data repository contains clinical and behavioral data for an estimated nine million unique patients, including 1.2 million L.A. Care members.</p> <p>Board Member Ballesteros commented that LANES is a great solution to exchange patient information in real time. LANES is in the process of trying to bring additional Los Angeles County hospitals into the health information exchange (HIE). In order to make LANES more robust it might need assistance in bringing on those hospitals, so the system can have more complete patient information. Mr. Baackes agreed there is an effort to bring more providers into the LANES HIE. Manifest MedEx is another nonprofit HIE organization which began in the Inland Empire. LANES has a better operating system. In the CalAIM and other legislative initiatives around health care, there is a data exchange framework which requires providers, except county operated sites, to join an HIE by January 31, 2023. This will boost participation in the HIE networks.</p> <p>Board Member Booth asked about interoperability between the HIEs. Mr. Baackes indicated that there is an effort to develop a statewide HIE which will include the local HIEs.</p> <p><b><u>Motion EXE 101.0722</u></b>  <b>To award up to \$500,000 to Public Health Foundation Enterprises DBA Heluna Health as fiscal agent for Los Angeles Network for Enhanced Services (LANES) to modernize LANES health information exchange platform and interoperability infrastructure.</b></p>	<p><b>Motions EXE 100, EXE 101 and EXE 102 were simultaneously approved unanimously by roll call. 4 AYES (Ballesteros, Booth, De La Torre and Perez)</b></p>
<ul style="list-style-type: none"> <li>Liberty Hill Foundation (EXE 102)</li> </ul>	<p>The third motion is for support of infrastructure development and program sustainability for the Liberty Hill Foundation’s Stay Housed LA Network, which consists of thirteen community-based organizations offering eviction prevention services. Stay Housed L.A. is the largest eviction prevention and defense program in the country, and serves tenants across Los Angeles County who are at risk of losing their housing, a critical social determinant of health. Through recent contracts with the County of Los Angeles and the City of LA, Stay Housed LA administers a countywide public awareness campaign, and eviction prevention services, including targeted housing outreach, education, tenant navigation, as well as non-legal pre-litigation services. L.A. Care’s housing stability</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>initiative has provided support for legal services. The community based organizations in the Stay Housed LA Network are subcontracted to serve tenants in Los Angeles County, host a specific number of educational workshops, and to provide navigation services for individual tenants in vulnerable communities.</p> <p>Board Member Booth asked about the cost efficiencies based on assisting 52,800 tenants. Ms. Webber Christmas indicated that L.A. Care’s grant of \$500,000 will provide support for those tenants. Other funding will provide support for up to 500,000 people in Los Angeles County. Board Member Booth thanked Ms. Webber-Christmas for including the cost efficiency data and commended the program for its cost effectiveness.</p> <p><b><u>Motion EXE 102.0722</u></b>  <b>To award up to \$500,000 to the Liberty Hill Foundation to support infrastructure development and program sustainability of its Stay Housed LA Network to prevent evictions through education and advocacy services for housing insecure tenants throughout LA County, including L.A. Care members.</b></p>	
Approve Consent Agenda	<p>Approve the list of items that will be considered on a Consent Agenda for July 28, 2022 Board of Governors Meeting.</p> <ul style="list-style-type: none"> <li>• June 2, 2022 Board of Governors Meeting Minutes</li> <li>• ImageNet, LLC Contract Amendment</li> <li>• OptumInsight, Inc. Contract Amendment</li> <li>• Health Management Systems Contract Amendment</li> <li>• Toney Healthcare Consulting Contract Amendment</li> <li>• Cognizant Technology Solutions Contract Amendment</li> <li>• Cognizant Technology Solutions for Hosting Services for L.A. Care’s core systems</li> <li>• California Association of Food Banks Grant Funding</li> <li>• Public Health Foundation Enterprises dba Heluna Health as fiscal agenda for Los Angeles Network for Enhanced Services Grant Funding</li> <li>• Liberty Hill Foundation Grant Funding</li> </ul>	<p><b>Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, De La Torre and Perez)</b></p>
<b>PUBLIC COMMENTS</b>	There were no public comments.	
<b>ADJOURN TO CLOSED SESSION</b>	The Joint Powers Authority Executive Committee meeting was adjourned at 3:10 p.m.	

<b>AGENDA ITEM/PRESENTER</b>	<b>MOTIONS / MAJOR DISCUSSIONS</b>	<b>ACTION TAKEN</b>
	<p>Ms. Haydel announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 3:12 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 2024</i></p> <p><b>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION</b> Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> <li>• L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable)</li> </ul> <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 Cases</p> <p><b>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION</b> Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> <li>• Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</li> <li>• Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF</li> </ul>	
<b>RECONVENE IN OPEN SESSION</b>	The meeting reconvened in open session at 4:05 p.m. No reportable actions were taken during the closed session.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting adjourned at 4:05 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: \_\_\_\_\_



# Legislative Matrix

Last Updated: August 15, 2022

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## Post Appropriations Suspense File Legislative Matrix

The following is a list of the legislation currently tracked by Government Affairs that has been introduced during the 2021-2022 Legislative Session and is of interest to L.A. Care. This matrix includes the priority bills, that could have a direct impact on L.A. Care's operations and also bills of interest, which could have an indirect impact or are of significance to L.A. Care's strategic interests. Additionally, the list of gun safety legislation at the state and federal level is included at the end of the matrix.

If there are any questions, please contact Cherie Compartore, Director of Government Affairs at [ccompartore@lacare.org](mailto:ccompartore@lacare.org).

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## Bills by Issue

[2022 Legislation \(71\)](#)

**Title**

Civil damages: medical malpractice.

**Description**

AB 35, Reyes. Civil damages: medical malpractice. Existing law, referred to as the Medical Injury Compensation Reform Act of 1975 (MICRA), prohibits an attorney from contracting for or collecting a contingency fee for representing any person seeking damages in connection with an action for injury or damage against a health care provider based upon alleged professional negligence in excess of specified limits. This bill would recast those provisions and base the amount of contingency fee that may be contracted for upon whether recovery is pursuant to settlement agreement and release of all claims executed before a civil complaint or demand for arbitration is filed, or pursuant to settlement, arbitration, or judgment after a civil complaint or demand for arbitration is filed, as specified. The bill would add and revise definitions for these purposes. Existing law provides that in any action against a health care provider based upon professional negligence, the injured plaintiff is entitled to recover noneconomic losses to compensate for pain, suffering, inconvenience, physical impairment, disfigurement, and other nonpecuniary damage. Existing law limits the amount of damages for noneconomic losses in an action for injury against a health care provider based on professional negligence to \$250,000. This bill would remove the \$250,000 limit on noneconomic damages and expand the recast provisions to include an action for injury against a health care institution, as defined. The bill would increase the applicable limitation based upon whether the action for injury involved wrongful death. The bill would specify that these limitations would increase by \$40,000 each January 1st for 10 years and beginning on January 1, 2034, the applicable limitations on noneconomic damages for personal injury and for wrongful death would be adjusted for inflation on January 1st of each year by 2%. Existing law specifies that in any action for injury or damages against a provider of health care services, a superior court shall, at the request of either party, enter a judgment ordering that money damages or its equivalent for future damages of the judgment creditor be paid in whole or in part by periodic payments rather than by a lump-sum payment if the award equals or exceeds \$50,000. This bill would increase the minimum amount of the judgment required to request periodic payments to \$250,000. Existing law makes statements, writings, or benevolent gestures expressing sympathy or a general sense of benevolence relating to the pain, suffering, or death of a person involved in an accident and made to that person, or to the family of that person, inadmissible as evidence of an admission of liability in a civil action. This bill would specify that sta... (click bill link to see more).

**Primary Sponsors**

Eloise Reyes, Tom Umberg, Marc Berman, Bob Hertzberg, John Laird, Mark Stone



**Title**

Local health department workforce assessment.

**Description**

AB 240, as amended, Rodriguez. Local health department workforce assessment. 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, control of infectious diseases, and implementing programs relating to chronic health issues. Existing law authorizes the department to implement the required programs through, or with the assistance of, local health departments. Existing law requires the department, after consultation with and approval by the California Conference of Local Health Officers, to establish standards of education and experience for professional and technical personnel employed in local health departments and for the organization and operation of the local health departments. This bill would require the department to conduct an evaluation of the adequacy of the local health department infrastructure and to make recommendations for future staffing, workforce needs, and resources, in order to accurately and adequately fund local public health. The bill would authorize the department to contract with an appropriate and qualified entity to conduct the evaluation. The bill would exempt the department from specific provisions relating to public contracting with regard to this requirement. The bill would require the department to report the findings and recommendations of the evaluation to the appropriate policy and fiscal committees of the Legislature on or before July 1, 2025. The bill would also require the department to convene an advisory group, composed of representatives from public, private, and tribal entities, as specified, to provide input on the selection of the entity that would conduct the evaluation. The bill would further require the advisory group to provide technical assistance and subject matter expertise to the selected entity. The bill would make its provisions contingent on sufficient funding and repeal its provisions on January 1, 2027.

**Primary Sponsors**

Freddie Rodriguez

**Title**

Medi-Cal: county organized health system: Orange County Health Authority.

**Description**

AB 498, as amended, Quirk-Silva. Medi-Cal: county organized health system: Orange County Health Authority. 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. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law authorizes a county board of supervisors, by ordinance, to establish a commission to negotiate an exclusive contract with the department and to arrange for the provision of health care services under the Medi-Cal program. This system of services provided by or through a county under these provisions is known as a county organized health system. Pursuant to this authority, the County of Orange, by ordinance, established a commission, known as the Orange County Health Authority, or CalOptima, to provide health care services under the Medi-Cal program. Existing law codifies the establishment of the Orange County Health Authority and vests governance of the authority in a 10-member governing body. Existing law prescribes the membership of the governing body, which includes, among others, 2 members of the Board of Supervisors of the County of Orange, one member who is a current or former hospital administrator, and one member who is a representative of a community clinic. Existing law requires a member of the governing body to serve a 4-year term, except for a member who is a member of the Board of Supervisors of the County of Orange, who is required to serve a one-year term. Existing law prohibits a member of the governing body, except for a member of the Board of Supervisors of the County of Orange, from serving more than 2 consecutive terms. This bill would prohibit an individual who served a one-year term on the governing body as a member of the board of supervisors from being appointed to serve a 4-year term under any of the other categories within 12 months of the expiration of their one-year term. Under existing law, the voting members are nominated by the Orange County Health Care Agency and are appointed by a majority vote of the board of supervisors. This bill would require the board of supervisors to consult with stakeholders in the County of Orange, as specified, for purposes of identifying qualified individuals to be considered as members of the governing body. Existing law requires members of the governing body to, among other things, strive to improve health care quality, promote prevention and wellness, ensure the provision of cost-effective health and mental health care services, and reduce health disparities. This bill would require the members of the governing body to ensure the provision of cost-effective behavior... (click bill link to see more).

**Primary Sponsors**

Sharon Quirk-Silva

**Title**

Integrated School-Based Behavioral Health Partnership Program.

**Description**

AB 552, as amended, Quirk-Silva. Integrated School-Based Behavioral Health Partnership Program. Existing law requires the governing board of any school district to give diligent care to the health and physical development of pupils and authorizes the governing board of a school district to employ properly certified persons for the work. The School-based Early Mental Health Intervention and Prevention Services for Children Act of 1991 authorizes the Director of Health Care Services, in consultation with the Superintendent of Public Instruction, to award matching grants to local educational agencies to pay the state share of the costs of providing school-based early mental health intervention and prevention services to eligible pupils at schoolsites of eligible pupils, subject to the availability of funding each year. This bill would authorize the Integrated School-Based Behavioral Health Partnership Program, which the bill would establish, to provide prevention and early intervention for, and access to, behavioral health services for pupils. The bill would authorize a county behavioral health agency and the governing board or governing body of a local educational agency to agree to collaborate on conducting a needs assessment on the need for school-based mental health and substance use disorder services, and implement an integrated school-based behavioral health partnership program, to develop a memorandum of understanding outlining the requirements for the partnership program, and to enter into a contract for mental health or substance use disorder services. As part of a partnership program, the bill would require a county behavioral health agency to provide, through its own staff or through its network of contracted community-based organizations, one or more behavioral health professionals that meet specified contract, licensing, and supervision requirements, and who have a valid, current satisfactory background check, to serve pupils with serious emotional disturbances or substance use disorders, or who are at risk of developing a serious behavioral health condition. The bill would require a local educational agency to provide school-based locations, including space at schools, appropriate for the delivery of behavioral health services, and would additionally authorize these services to be provided through telehealth or through appropriate referral. The bill would require parents and guardians to be notified of, and contacted for information related to, these services by local educational agencies, as provided. The bill would establish processes for delivering services, and would specify the types of services, including prevention, intervention, and brief initial intervention services, as specified, that may be provided... (click bill link to see more).

**Primary Sponsors**

Sharon Quirk-Silva

State	Bill Number	Status	Position
CA	AB 852	In Senate	Monitor

**Title**

Health care practitioners: electronic prescriptions.

**Description**

AB 852, as amended, Wood. Health care practitioners: electronic prescriptions. Existing law requires health care practitioners authorized to issue prescriptions to have the capability to issue electronic data transmission prescriptions and requires a pharmacy, pharmacist, or other practitioner authorized to dispense or furnish a prescription to have the capability to receive electronic data transmission prescriptions. Existing law requires those health care practitioners to issue a prescription as an electronic data transmission prescription except under certain circumstances, including that the electronic prescription is unavailable due to a temporary technological or electrical failure. Existing law requires a pharmacy that receives an electronic prescription from a prescribing health care practitioner who has issued a prescription but has not dispensed the medication to, at the request of the patient, immediately transfer or forward the electronic prescription to an alternative pharmacy designated by the requester. This bill would prohibit a pharmacy, pharmacist, or other practitioner authorized to dispense or furnish a prescription from refusing to dispense or furnish an electronic prescription solely because the prescription was not submitted via, or is not compatible with, their proprietary software. The bill would authorize a pharmacy, pharmacist, or other authorized practitioner to decline to dispense or furnish an electronic prescription submitted via software that fails to meet any one of specified criteria, including compliance with the federal Health Insurance Portability and Accountability Act of 1996. The bill would establish additional exceptions to the requirement that health care practitioners issue a prescription as an electronic data transmission prescription, including for a prescriber who registers with the California State Board of Pharmacy and states that they satisfy one or more criteria, including that they issue 100 or fewer prescriptions per calendar year. The bill would make specified exceptions to the requirement for a pharmacy to immediately transfer an electronic prescription to an alternative pharmacy upon request of the patient, including if the action would result in a violation of any state or federal law. This bill would declare that it is to take effect immediately as an urgency statute.

**Primary Sponsors**

Jim Wood

### Title

California Health Care Quality and Affordability Act.

### Description

AB 1130, as amended, Wood. California Health Care Quality and Affordability Act. Existing law generally requires the State Department of Public Health to license, inspect, and regulate health facilities, including hospitals. Existing law requires health facilities to meet specified cost and disclosure requirements, including maintaining an understandable written policy regarding discount payments and charity. Existing law establishes the Department of Health Care Access and Information (HCAI) to oversee various aspects of the health care market, including oversight of hospital facilities and community benefit plans. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Violation of the Knox-Keene Act is a misdemeanor. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires each department to develop and adopt regulations to ensure that enrollees and insureds have access to needed health care services in a timely manner. Existing law requires that health care service plans and health insurers submit rates to their regulating entity for review. This bill would establish, within HCAI, the Office of Health Care Affordability to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers and purchasers, set and enforce cost targets, and create a state strategy for controlling the cost of health care and ensuring affordability for consumers and purchasers. The bill would also establish the Health Care Affordability Board, composed of 8 members, appointed as prescribed. The bill would require the board to establish a statewide health care cost target, as defined, for the 2025 calendar year, and specific targets for each health care sector, including fully integrated delivery system sector and geographic region, and for an individual health care entity, as appropriate, for the 2028 calendar year. The bill, commencing in 2026, would require the office to take progressive actions against health care entities for failing to meet the cost targets, including performance improvement plans and escalating administrative penalties. The bill would establish the Health Care Affordability Fund for the purpose of receiving and, upon appropriation by the Legislature, expending revenues collected pursuant to the provisions of the bill. The bill would require the office to set standards for various health care metrics, including health care quality and equity, alternative payment models, primary care and behavioral health investment... (click bill link to see more).

### Primary Sponsors

Jim Wood

### Organizational Notes

Last edited by Joanne Campbell at Apr 14, 2022, 3:49 PM  
Support: Western Center on Law and Poverty

**Title**

Reproductive rights.

**Description**

AB 1242, as amended, Bauer-Kahan. Reproductive rights. Existing law includes a declaration of the Legislature that every individual possesses a fundamental right of privacy with respect to reproductive decisions, including the fundamental right to choose to bear a child or obtain an abortion. Existing law prohibits the state from denying or interfering with a woman's fundamental right to choose to bear a child or obtain an abortion prior to viability of the fetus, as defined, or when necessary to protect her life or health. Existing law, the Reproductive Rights Law Enforcement Act, requires the Attorney General to carry out certain functions relating to anti-reproductive-rights crimes in consultation with, among others, subject matter experts. Existing law requires all law enforcement agencies to develop, adopt, and implement written policies and standards for responding to anti-reproductive-rights calls by January 1, 2023. This bill would prohibit a state or local law enforcement agency or officer from knowingly arresting or knowingly participating in the arrest of any person for performing, supporting, or aiding in the performance of an abortion or for obtaining an abortion, if the abortion is lawful in this state. The bill would prohibit a state or local public agency from cooperating with or providing information to an individual or agency from another state or a federal law enforcement agency, as specified, regarding a lawful abortion. The bill would prohibit specified persons, including a judicial officer, court employee, an authorized attorney, among others, from issuing a subpoena in connection with a proceeding in another state regarding an individual performing, supporting, or aiding in the performance of an abortion in this state, or an individual obtaining an abortion in this state, if the abortion is lawful in this state. The bill would not prohibit the investigation of criminal activity that may involve an abortion, provided that no information relating to any medical procedure performed on a specific individual may be shared with an agency or individual from another state for the purpose of enforcing another state's abortion law. Existing law requires superior court judges in each county to prepare, adopt, and annually revise a uniform countywide schedule of bail for all bailable offenses, as specified. Existing law requires a bail schedule to contain a list of the offenses and amounts of bail applicable for each, as well as a general clause for designated amounts of bail for all offenses not specifically listed in the schedule. This bill would require a uniform countywide schedule of bail to set \$0 bail for an individual who has been arrested in connection with a proceeding in another state regarding ... (click bill link to see more).

**Primary Sponsors**

Rebecca Bauer-Kahan, Mia Bonta, Cristina Garcia

**Title**

Medi-Cal: Independent Medical Review System.

**Description**

AB 1355, as amended, Levine. Medi-Cal: Independent Medical Review System. (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 act provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. The act 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 based on whether the service is medically necessary. Existing law establishes the California Program of All-Inclusive Care for the Elderly (PACE program) to provide community-based, long-term care services for older individuals under the Medi-Cal State Plan. Under existing law, certain entities that exclusively serve PACE participants are exempt from licensure by the State Department of Public Health and are subject to oversight and regulation as PACE organizations by the State Department of Health Care Services. This bill would require the State Department of Health Care Services to establish the Independent Medical Review System (IMRS) for the Medi-Cal program, commencing on January 1, 2023, 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 appeal involving a disputed health care service is eligible for review under the IMRS if certain requirements are met, and would define "disputed health care service" as any service covered under the Medi-Cal program that has been denied, modified, or delayed by a decision of the department, or by one of its contractors that makes a final decision, in whole or in part, due to a finding that the service is not medically necessary. The bill would require information on the IMRS to be displayed in or on specified material, including the "myMedi-Cal: How to Get the Health Care You Need" publication and the department's internet website. The bill would specify that Medi-Cal managed care plans licensed pursuant to the Knox-Keene Health Care S... (click bill link to see more).

**Primary Sponsors**

Marc Levine

**Organizational Notes**

Last edited by Joanne Campbell at Apr 14, 2022, 3:45 PM  
Support: Western Center on Law and Poverty (Sponsor)

State <b>CA</b>	Bill Number <b>AB 1666</b>	Status <b>Enacted</b>	Position <b>Support</b>
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**Title**

Abortion: civil actions.

**Description**

AB 1666, Bauer-Kahan. Abortion: civil actions. Existing law provides that every individual possesses a fundamental right of privacy with respect to their personal reproductive decisions. Existing law prohibits the state from denying or interfering with the right to choose or obtain an abortion before the fetus is viable, or when the abortion is necessary to protect the life or health of the pregnant person. Existing law requires an abortion to be performed by a specified licensed or certified health care provider and prohibits an abortion from being performed on a viable fetus if continuation of the pregnancy did not pose a risk to the life or health of the pregnant person. The United States Constitution generally requires a state to give full faith and credit to the public acts, records, and judicial proceedings of every other state. Existing law sets forth procedures by which a person may enforce a judgment for the payment of money issued by the court of a state other than California. This bill would declare another state's law authorizing a civil action against a person or entity that receives or seeks, performs or induces, or aids or abets the performance of an abortion, or who attempts or intends to engage in those actions, to be contrary to the public policy of this state. The bill would prohibit the application of that law to a case or controversy heard in state court, and would prohibit the enforcement or satisfaction of a civil judgment received under that law. The bill would declare these provisions to be severable. This bill would declare that it is to take effect immediately as an urgency statute.

**Primary Sponsors**

Rebecca Bauer-Kahan



**Title**

Mental health services.

**Description**

AB 1859, as amended, Levine. Mental health services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2017, to include coverage for essential health benefits, which include mental health services. Existing law, the Lanterman-Petris-Short Act, sets forth procedures for the involuntary detention, for up to 72 hours for evaluation and treatment, of a person who, as a result of a mental health disorder, is a danger to others or to themselves or is gravely disabled. This bill would require a health care service plan or a health insurance policy issued, amended, or renewed on or after July 1, 2023, that includes coverage for mental health services to, among other things, approve the provision of mental health services for persons who are screened, evaluated, and detained for treatment and evaluation under the Lanterman-Petris-Short Act and to ensure a followup appointment with a licensed mental health professional is covered and scheduled as part of a discharge plan, as specified. The bill would prohibit a noncontracting provider of covered mental health services from billing the previously described enrollee or insured more than the cost-sharing amount the enrollee or insured would pay to a contracting provider for those services. 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**

Marc Levine

**Organizational Notes**

Last edited by Cherie Compartore at Apr 15, 2022, 5:10 PM  
Oppose: CA. Assoc. of Health Plans

**Title**

Prior authorization and step therapy.

**Description**

AB 1880, as amended, Arambula. Prior authorization and step therapy. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene), 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 authorizes a health care service plan or health insurer to require step therapy if there is more than one drug that is appropriate for the treatment of a medical condition, as specified. Existing law requires a health care service plan or health insurer to expeditiously grant a step therapy exception request if the health care provider submits justification and supporting clinical documentation, as specified. Under existing law, if a health care service plan or other related entity fails to notify a prescribing provider of its coverage determination within a prescribed time period after receiving a prior authorization or step therapy exception request, the prior authorization or step therapy exception request is deemed approved for the duration of the prescription. Existing law excepts contracts entered into under specified medical assistance programs from these time limit requirements. Existing law permits a health care provider or prescribing provider to appeal a denial of a step therapy exception request for coverage of a nonformulary drug, a prior authorization request, or a step therapy exception request, consistent with the current utilization management processes of the health care service plan or health insurer. Existing law also permits an enrollee or insured, or the enrollee's or insured's designee or guardian, to appeal a denial of a step therapy exception request for coverage of a nonformulary drug, prior authorization request, or step therapy exception request by filing a grievance under a specified provision. This bill would require health care service plan's or health insurer's utilization management process to ensure that an appeal of a denial of an exception request is reviewed by a clinical peer of the health care provider or prescribing provider, as specified. The bill would define the term "clinical peer" for these purposes. The bill would require health care service plans and health insurers that require step therapy or prior authorization to maintain specified information for at least 10 years, including, but not limited to, the number of exception requests for coverage of a nonformulary drug, step therapy exception requests, and prior authorization requests received by the plan or insurer, and, upon request, to provide the information in a deidentified format to the Department of Manage... (click bill link to see more).

**Primary Sponsors**

Joaquin Arambula

**Organizational Notes**

Last edited by Cherie Compartore at Apr 15, 2022, 5:12 PM

Support: Arthritis Foundation (Co-Sponsor), the California Rheumatology Alliance (Co-Sponsor), and the Crohn's and Colitis Foundation (Co-Sponsor) Oppose: CA. Assoc. of Health Plans

**Title**

Medi-Cal benefits: violence prevention services.

**Description**

AB 1929, Gabriel. Medi-Cal benefits: violence prevention services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program, including various mental health services. Existing federal law authorizes, at the option of the state, preventive services, as defined, that are recommended by a physician or other licensed practitioner of the healing arts. This bill would add violence prevention services, as defined, as a covered benefit under Medi-Cal, subject to medical necessity and utilization controls. The bill would authorize the department to implement, interpret, or make specific that provision by means of all-county letters, plan letters, or plan or provider bulletins, or similar instructions until regulations are adopted. The bill would limit its implementation only to the extent that any necessary federal approvals are obtained and federal financial participation is not otherwise jeopardized. The bill would require the department to post on its internet website the date upon which violence prevention services may be provided and billed.

**Primary Sponsors**

Jesse Gabriel, Mike Gipson

**Title**

Medi-Cal: comprehensive perinatal services.

**Description**

AB 1930, as amended, Arambula. Medi-Cal: comprehensive perinatal services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including comprehensive perinatal services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, a pregnant individual or targeted low-income child who is eligible for, and is receiving, health care coverage under any of specified Medi-Cal programs is eligible for full-scope Medi-Cal benefits for the duration of the pregnancy and for a period of one year following the last day of the individual's pregnancy. This bill, during the one-year postpregnancy eligibility period, and as part of comprehensive perinatal services under Medi-Cal, would require the department to cover additional comprehensive perinatal assessments and individualized care plans and to provide additional visits and units of services in an amount, duration, and scope that are at least proportional to those available on July 27, 2021, during pregnancy and the initial 60-day postpregnancy period in effect on that date. The bill would require the department to collaborate with the State Department of Public Health and a broad stakeholder group to determine the specific number of additional comprehensive perinatal assessments, individualized care plans, visits, and units of services to be covered. The bill would require the department to seek any necessary federal approvals to cover preventive services that are recommended by a physician or other licensed practitioner and that are rendered by a nonlicensed perinatal health worker in a beneficiary's home or other community setting away from a medical site, as specified. The bill would also require the department to seek any necessary federal approvals to allow a nonlicensed perinatal health worker rendering those preventive services to be supervised by (1) an enrolled Medi-Cal provider that is a clinic, hospital, community-based organization (CBO), or licensed practitioner, or (2) a CBO that is not an enrolled Medi-Cal provider, so long as an enrolled Medi-Cal provider is available for Medi-Cal billing purposes. The bill would condition implementation of the provisions above on an appropriation by the Legislature and on receipt of any necessary federal approvals and the availability of federal financial participation.

**Primary Sponsors**

Joaquin Arambula

**Organizational Notes**

Last edited by Joanne Campbell at Apr 14, 2022, 3:50 PM  
Support: Western Center on Law and Poverty

State  
CA

Bill Number  
AB 1982

Status  
In Senate

Position  
Monitor

#### Title

Telehealth: dental care.

#### Description

AB 1982, as amended, Santiago. Telehealth: dental care. 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 contract between a health care service plan or health insurer and a health care provider to require the plan or insurer to reimburse the provider for the diagnosis, consultation, or treatment of an enrollee, subscriber, insured, or policyholder appropriately delivered through telehealth services on the same basis and to the same extent as the same service through in-person diagnosis, consultation, or treatment. Existing law requires a health care service plan or health insurer that offers a service via telehealth to meet specified conditions, including, that the health care service plan or health insurer disclose to the enrollee or insured the availability of receiving the service on an in-person basis or via telehealth. This bill would require a health care service plan or health insurer covering dental services that offers a service via telehealth through a third-party corporate telehealth provider, as defined, to disclose to the enrollee or insured the impact of third-party telehealth visits on the patient's benefit limitations, including frequency limitations and the patient's annual maximum. The bill would also require those plans and insurers to submit specified information for each product type. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

#### Primary Sponsors

Miguel Santiago

State  
CA

Bill Number  
AB 1999

Status  
In Senate

Position  
Monitor

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**Title**

Medi-Cal: behavioral health: individuals with vision loss.

**Description**

AB 1999, as amended, Arambula. Medi-Cal: behavioral health: individuals with vision loss. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including certain behavioral health services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would require the department to establish a pilot project to provide funding for targeted outreach by participating counties to Medi-Cal beneficiaries who are blind or have low vision, regarding behavioral health services that are covered by the Medi-Cal program. The bill would require that the pilot project be implemented in at least 6 counties that have agreed to participate, with at least one of those counties being in northern California, one in central California, and one in southern California, as specified. The bill would require the participating counties to conduct outreach, as specified, and report certain information to the department and the Legislature no later than December 31, 2025. The bill would make related legislative findings. The bill would condition implementation of the pilot project on an appropriation by the Legislature, receipt of any necessary federal approvals, and the availability of federal financial participation.

**Primary Sponsors**

Joaquin Arambula

**Title**

Medi-Cal: monthly maintenance amount: personal and incidental needs.

**Description**

AB 2077, as amended, Calderon. Medi-Cal: monthly maintenance amount: personal and incidental needs. 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 provisions. Qualified individuals under the Medi-Cal program include medically needy persons and medically needy family persons who meet the required eligibility criteria, including applicable income requirements. Existing law requires the department to establish income levels for maintenance need at the lowest levels that reasonably permit a medically needy person to meet their basic needs for food, clothing, and shelter, and for which federal financial participation will still be provided under applicable federal law. In calculating the income of a medically needy person in a medical institution or nursing facility, or a person receiving institutional or noninstitutional services from a Program of All-Inclusive Care for the Elderly organization, the required monthly maintenance amount includes an amount providing for personal and incidental needs in the amount of not less than \$35 per month while a patient. Existing law authorizes the department to increase, by regulation, this amount as necessitated by increasing costs of personal and incidental needs. This bill would increase the monthly maintenance amount for personal and incidental needs from \$35 to \$80, commencing on July 1, 2024, or on the date that any necessary federal approvals are obtained, whichever is later. The bill would also condition implementation of this amount increase on an express appropriation in the annual Budget Act or another statute for the purposes of the bill and federal financial participation being available and not otherwise jeopardized. The bill would require the department to implement these provisions through all-county letters or similar instructions until regulations are adopted.

**Primary Sponsors**

Lisa Calderon

**Organizational Notes**

Last edited by Cherie Compartore at Apr 15, 2022, 5:15 PM

Support: L.A. Care, Local Health Plans of California, California Senior Legislature (sponsor), Support California Senior Legislature (sponsor), Alzheimer's Association State Policy Office, California Long-term Care Ombudsman Association, California Advocates for Nursing Home Reform, California Hospital Association, California PACE Association, Justice in Aging

**Title**

Disclosure of information: reproductive health and foreign penal civil actions.

**Description**

AB 2091, as amended, Mia Bonta. Disclosure of information: reproductive health and foreign penal civil actions. (1) Existing law provides that every individual possesses a fundamental right of privacy with respect to their personal reproductive decisions. Existing law prohibits the state from denying or interfering with a person's right to choose or obtain an abortion prior to viability of the fetus, or when the abortion is necessary to protect the life or health of the person. Existing law requires a health insurer to take specified steps to protect the confidentiality of an insured's medical information, and prohibits an insurer from disclosing medical information related to sensitive health care services to the policyholder or any insureds other than the protected individual receiving care. Existing law generally prohibits a provider of health care, a health care service plan, or a contractor from disclosing medical information regarding a patient, enrollee, or subscriber without first obtaining an authorization, unless a specified exception applies, including that the disclosure is in response to a subpoena. Existing law prohibits an employer from using or disclosing medical information that it possesses pertaining to its employees without the patient having first signed an authorization, unless a specified exception applies, including that the disclosure is compelled by judicial or administrative process or by any other specific provision of law. Existing law authorizes a California court or attorney to issue a subpoena if a foreign subpoena has been sought in this state. This bill would prohibit compelling a person to identify or provide information that would identify or that is related to an individual who has sought or obtained an abortion in a state, county, city, or other local criminal, administrative, legislative, or other proceeding if the information is being requested based on another state's laws that interfere with a person's right to choose or obtain an abortion or a foreign penal civil action, as defined. The bill would authorize the Insurance Commissioner to assess a civil penalty, as specified, against an insurer that has disclosed an insured's confidential medical information. The bill would prohibit a provider of health care, a health care service plan, a contractor, or an employer from releasing medical information that would identify an individual or related to an individual seeking or obtaining an abortion in response to a subpoena or a request or to law enforcement if that subpoena, request, or the purpose of law enforcement for the medical information is based on, or for the purpose of enforcement of, either another state's laws that interfere with a person's rights to choose or obtain... (click bill link to see more).

**Primary Sponsors**

Mia Bonta



State  
CA

Bill Number  
AB 2117

Status  
In Senate

Position  
Monitor

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**Title**

Mobile stroke units.

**Description**

AB 2117, as amended, Gipson. Mobile stroke units. Existing law provides for the licensure and regulation of health facilities by the State Department of Public Health, and defines various types of health facilities for those purposes. This bill would define "mobile stroke unit" to mean a multijurisdictional mobile facility that serves as an emergency response critical care ambulance under the direction and approval of a local emergency medical services (EMS) agency, and as a diagnostic, evaluation, and treatment unit, providing radiographic imaging, laboratory testing, and medical treatment under the supervision of a physician in person or by telehealth, for patients with symptoms of a stroke, to the extent consistent with any federal definition of a mobile stroke unit, as specified.

**Primary Sponsors**

Mike Gipson

**Organizational Notes**

Last edited by Joanne Campbell at Apr 22, 2022, 2:34 PM  
Oppose: (removed) California Association of Health Plans

**Title**

Health care coverage: dependent adults.

**Description**

AB 2127, Santiago. Health care coverage: dependent adults. Existing law establishes the Health Insurance Counseling and Advocacy Program (HICAP) in the California Department of Aging to provide Medicare beneficiaries and those imminently eligible for Medicare with counseling and advocacy regarding health care coverage options. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires an individual health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, that provides dependent coverage to make dependent coverage available to a qualified dependent parent or stepparent. Existing law requires a plan, an insurer, or the California Health Benefit Exchange to provide an applicant seeking to add a dependent parent or stepparent with written notice about HICAP at the time of solicitation and on the application. This bill would clarify that a health care service plan, a health insurer, or a solicitor is required to provide an individual with the name, address, and telephone number of the local HICAP program and the statewide HICAP telephone number at the time of solicitation and, for a plan or insurer, on the application. Because a violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The bill would state the intent of the Legislature to ensure an individual is informed of and understands their specific rights and health care options before enrolling a Medicare-eligible or enrolled dependent parent or stepparent in individual health care coverage. 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**

Miguel Santiago

**Title**

Reproductive health care.

**Description**

AB 2134, as amended, Akilah Weber. Reproductive health care. Existing law, the Reproductive Privacy Act, prohibits the state from denying or interfering with a person's right to choose or obtain an abortion prior to viability of the fetus, or when the abortion is necessary to protect the life or health of the person. The act defines "abortion" as a medical treatment intended to induce the termination of a pregnancy except for the purpose of producing a live birth. Existing law establishes the Department of Health Care Access and Information to oversee and administer various health programs. Existing law establishes the Medi-Cal program, under which qualified low-income individuals receive health care services. Existing law establishes a schedule of benefits under the Medi-Cal program and provides for various services, including comprehensive clinical family planning services that are rendered through the Family Planning, Access, Care, and Treatment (Family PACT) Waiver Program. This bill would establish the California Reproductive Health Equity Program within the Department of Health Care Access and Information to ensure abortion and contraception services are affordable for and accessible to all patients and to provide financial support for safety net providers of these services. The bill would authorize a Medi-Cal enrolled provider to apply to the department for a grant, and a continuation award after the initial grant, to provide abortion and contraception at no cost to an individual with a household income at or below 400% of the federal poverty level who is uninsured or has health care coverage that does not include both abortion and contraception, and who is not eligible to receive both abortion and contraception at no cost through the Medi-Cal and Family PACT programs. The bill would establish the California Reproductive Health Equity Fund, a continuously appropriated fund, to provide this grant funding. The bill would require the department to conduct an annual evaluation of the program and report its findings to the Legislature. By creating a continuously appropriated fund, the bill would make an appropriation. 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 group health care service plan contracts and disability insurance policies to cover contraceptive services and methods without cost sharing, as specified. Existing law authorizes a religious employer to request a contract or policy that does not include contraception... (click bill link to see more).

**Primary Sponsors**

Akilah Weber, Cristina Garcia, Anna Caballero

**Title**

Mental health: information sharing.

**Description**

AB 2144, as amended, Ramos. Mental health: information sharing. Existing law, the Children’s Civil Commitment and Mental Health Treatment Act of 1988, authorizes a minor, if they are a danger to self or others, or they are gravely disabled, as a result of a mental health disorder, and authorization for voluntary treatment is not available, upon probable cause, to be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services as a facility for 72-hour treatment and evaluation of minors. Existing law, the Lanterman-Petris-Short Act, also authorizes the involuntary commitment and treatment of persons with specified mental health disorders. Under the act, if a person, as a result of a mental health disorder, is a danger to self or others, or is gravely disabled, the person may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment. Existing law prohibits a person detained pursuant to the Lanterman-Petris-Short Act because the person is a danger to self or others, from owning, possessing, controlling, receiving, or purchasing, or attempting to own, possess, control, receive, or purchase, any firearm. In order for the Department of Justice to determine the eligibility of the person to own, possess, control, receive, or purchase a firearm, existing law requires each designated facility, within 24 hours of admitting an individual subject to that prohibition, to submit a report to the Department of Justice that contains specified information, including the identity of the person. This bill would require the Department of Justice to provide to the State Department of Health Care Services, in a secure format, a copy of reports submitted pursuant to those provisions on a quarterly basis. The bill would also require the State Department of Health Care Services to share the information it receives from the Department of Justice and designated facilities with county mental health or behavioral health departments on a quarterly basis. The bill would also require a designated facility to submit a quarterly report to the State Department of Health Care Services that identifies people admitted to the facility pursuant to the Lanterman-Petris-Short Act because the person is gravely disabled and minors admitted pursuant to the Children’s Civil Commitment and Mental Health Treatment Act of 1988 who are younger than 13 years of age. The bill would require the designated facility to include in the report the same information required to be reported to the Depart... (click bill link to see more).

**Primary Sponsors**

James Ramos

**Title**

Birthing Justice for California Families Pilot Project.

**Description**

AB 2199, as amended, Wicks. Birthing Justice for California Families Pilot Project. 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 pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department to convene a workgroup to examine the implementation of the Medi-Cal doula benefit, as specified. Existing law also requires the department, no later than July 1, 2024, to publish a report that addresses the number of Medi-Cal recipients utilizing doula services and identifies barriers that impede access to doula services, among other things. This bill would establish the Birthing Justice for California Families Pilot Project, which would include a 3-year grant program to provide grants to specified entities, including community-based doula groups, to provide full-spectrum doula care to members of communities with high rates of negative birth outcomes who are not eligible for Medi-Cal and incarcerated people. The bill would require the State Department of Public Health to take specified actions with regard to awarding grants, including awarding grants to selected entities on or before January 1, 2024. The bill would require a grant recipient to use grants funds to pay for the costs associated with providing full-spectrum doula care to eligible individuals and establishing, managing, or expanding doula services. The bill would require a grant recipient, in setting the payment rate for a doula being paid with grant funds, to comply with specified parameters, including that the payment rate not be less than the Medi-Cal reimbursement rate for doulas or the median rate paid for doula care in existing local pilot projects providing doula care in California, whichever is higher. The bill would require the department to utilize a portion of the funds allocated for administrative purposes to arrange for or provide, at no cost to the participants, training on the core competencies for doulas to people who want to become doulas, and community-based doulas in need of additional training to maintain competence, and who are from communities experiencing the highest burden of birth disparities in the state. The bill would require the department, on or before January 1, 2027, to submit a report to the appropriate policy and fiscal committees of the Legislature on the expenditure of funds and relevant outcome data for the pilot project. The bill would repeal these provisions on January 1, 2028.

**Primary Sponsors**

Buffy Wicks

**Title**

CalWORKs and CalFresh: work requirements.

**Description**

AB 2300, as amended, Kalra. CalWORKs and CalFresh: work requirements. (1) Existing law provides for the California Work Opportunity and Responsibility to Kids (CalWORKs) program, under which each county provides cash assistance and other benefits to qualified low-income families and individuals. Existing law generally requires a recipient of CalWORKs benefits who is 16 years of age or older to participate in welfare-to-work activities as a condition of eligibility for aid. Existing law exempts certain persons from the welfare-to-work activities, including a child attending an elementary, secondary, vocational, or technical school on a full-time basis. Existing law, however, prohibits a person who is 16 or 17 years of age, or a custodial parent who is under 20 years of age, who loses this exemption from requalifying for the exemption by attending school as a required activity. This bill would remove that prohibition, thereby allowing that person to requalify for benefits by attending school on a full-time basis. Existing law prohibits sanctions from being applied for a failure or refusal to comply with program requirements if, among other reasons, the employment, offer of employment, activity, or other training for employment discriminates on specified bases or involves conditions that are in violation of applicable health and safety standards, or the employment or offer of employment exceeds the daily or weekly hours of work customary to the occupation. This bill would additionally prohibit sanctions from being applied for a failure or refusal to comply with program requirements if the recipient provides documentation that the anticipated hours would be so unpredictable for that specific recipient that they would not allow the recipient to anticipate compliance with program requirements related to the job, or if the recipient provides documentation that the scheduled hours exhibit a pattern of unpredictability for that specific recipient so that the recipient cannot anticipate compliance with program requirements related to the job. The bill would also prohibit sanctions from being applied if the recipient states that the employment or offer of employment fails to comply with the Healthy Workplaces, Healthy Families Act of 2014, that the recipient experienced sexual harassment or other abusive conduct at the workplace, or that the recipient's rights under specified laws were violated. The bill would require the county human services agency, when an applicant or recipient reports refusing any offer of employment, reducing hours, voluntarily quitting any employment, or being discharged from any employment, to provide the applicant or recipient with information regarding workplace rights generally, as specified, and would ... (click bill link to see more).

**Primary Sponsors**

Ash Kalra

**Organizational Notes**

Last edited by Joanne Campbell at Apr 14, 2022, 3:48 PM  
Support: Western Center on Law and Poverty (Sponsor)

**Title**

Children's psychiatric residential treatment facilities.

**Description**

AB 2317, as amended, Ramos. Children's psychiatric residential treatment facilities. Existing law, the California Community Care Facilities Act, provides for the licensing and regulation of community care facilities, including a children's crisis residential program, by the State Department of Social Services, and defines a children's crisis residential program to mean a facility licensed as a short-term residential therapeutic program and approved by the State Department of Health Care Services, or a county mental health plan, to operate a children's crisis residential mental health program to serve children experiencing mental health crises as an alternative to psychiatric hospitalization. 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, including specified mental health and substance use disorder services. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. Existing federal Medicaid regulations provide for inpatient psychiatric services for individuals under 21 years of age in psychiatric facilities, as prescribed. This bill would require the State Department of Health Care Services to license and establish regulations for psychiatric residential treatment facilities, which the bill would define as a licensed residential facility operated by a public agency or private nonprofit organization that provides psychiatric services, as prescribed under the Medicaid regulations, to individuals under 21 years of age, in an inpatient setting. The bill would require the department to establish regulations for the facilities that include, among other things, the implementation of a plan for transitioning each admitted child from the program to their home and community.

**Primary Sponsors**

James Ramos

State  
CA

Bill Number  
AB 2320

Status  
In Senate

Position  
Monitor

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**Title**

Reproductive health care pilot program.

**Description**

AB 2320, as amended, Cristina Garcia. Reproductive health care pilot program. Existing law establishes the California Health and Human Services Agency, which includes the State Department of Public Health, among other state departments, and is charged with the administration of health, social, and other human services. This bill, subject to an appropriation by the Legislature in the annual Budget Act or another statute for these purposes and until January 1, 2028, would require the agency, or an entity designated by the agency, to establish and administer a pilot program to direct funds to primary care clinics that provide reproductive health care services in 5 counties. The bill would require a participating primary care clinic to implement at least one of a number of specified activities to improve health care delivery for marginalized patients, and to annually report to the agency over 2 years regarding its efforts and progress with those activities. The bill would require the agency to report to the Legislature on the program on or before June 1, 2026.

**Primary Sponsors**

Cristina Garcia, Mike Gipson



**Title**

Lead poisoning prevention: laboratory reporting.

**Description**

AB 2326, as amended, Reyes. Lead poisoning prevention: laboratory reporting. Existing law, the Childhood Lead Poisoning Prevention Act of 1991, requires the State Department of Public Health to adopt regulations establishing a standard of care at least as stringent as the most recent federal Centers for Disease Control and Prevention (CDC) screening guidelines, whereby all children are evaluated for risk of lead poisoning by health care providers during each child's periodic health assessment. Existing law requires a laboratory that performs a blood lead analysis on a specimen of human blood drawn in California to report specified information to the State Department of Public Health for each analysis on every person tested and requires other specified information to be reported when the laboratory has that information. Existing law authorizes the department to fine a laboratory that knowingly fails to meet the reporting requirements. This bill would, beginning on July 1, 2023, require the laboratory to report additional information, including the National Provider Identifier (NPI) of the health care provider that ordered the analysis, the Clinical Laboratory Improvement Amendments (CLIA) number and the NPI of the laboratory, and the person's race, ethnicity, and pregnancy status. The bill would require a laboratory to request all of the required information from the health care provider who obtained the blood sample or ordered the test, but would waive the laboratory's reporting requirement when the health care provider cannot, or will not, provide the requested information. Existing law requires the laboratory to report within 3 working days if the result of the blood lead analysis is a blood lead level equal to or greater than 10 micrograms of lead per deciliter of blood and within 30 working days if the blood lead level is lower than that threshold. This bill would make the threshold for reporting within 3 working days the most recent CDC reference level for an elevated blood lead level. Existing law requires that all information reported be confidential, except that the department is authorized to share the information for the purpose of surveillance, case management, investigation, environmental assessment, environmental remediation, or abatement with the local health department, environmental health agency, or building department, and with the State Department of Health Care Services for the purpose of determining whether children enrolled in Medi-Cal are being screened for lead poisoning and receiving appropriate related services. This bill would authorize the department to share the information for purposes of care coordination as well. The bill would authorize the department to share the information with specified health ... (click bill link to see more).

**Primary Sponsors**

Eloise Reyes, Cristina Garcia

**Organizational Notes**

Last edited by Joanne Campbell at Apr 14, 2022, 3:50 PM  
Support: Western Center on Law and Poverty

**Title**

Prescription drug coverage.

**Description**

AB 2352, as amended, Nazarian. Prescription drug coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy that provides coverage for outpatient prescription drugs to cover medically necessary prescription drugs and subjects those policies to certain limitations on cost sharing and the placement of drugs on formularies. Existing law limits the maximum amount an enrollee or insured may be required to pay at the point of sale for a covered prescription drug to the lesser of the applicable cost-sharing amount or the retail price, and requires that payment to apply to the applicable deductible. This bill would require a health care service plan or health insurer that provides prescription drug benefits and maintains one or more drug formularies to furnish specified information about a prescription drug upon request by an enrollee or insured, or their prescribing provider. The bill would require the plan or insurer to respond in real time to that request and ensure the information is current no later than one business day after a change is made. The bill would prohibit a health care service plan or health insurer from, among other things, restricting a prescribing provider from sharing the information furnished about the prescription drug or penalizing a provider for prescribing, administering, or ordering a lower cost or clinically appropriate alternative drug. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Adrin Nazarian

**Organizational Notes**

Last edited by Cherie Compartore at Apr 15, 2022, 5:16 PM  
Oppose Unless Amended: CA. Assoc. of Health Plans

## Title

Medi-Cal: continuous eligibility.

## Description

AB 2402, as amended, Blanca Rubio. Medi-Cal: continuous eligibility. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes the County Health Initiative Matching Fund, administered by the department, through which an applicant county, county agency, a local initiative, or a county organized health system that provides an intergovernmental transfer, as specified, is authorized to submit a proposal to the department for funding for the purpose of providing comprehensive health insurance coverage to certain children. For purposes of eligibility, existing law requires the child to meet specified citizenship and immigration status requirements, that their family income be at or below 317% of the federal poverty level or, at the option of the applicant, at or below 411% of the federal poverty level, and that the child not qualify for Medi-Cal with no share of cost or for other certain Medi-Cal programs. This bill would require that the application also specify that the applicant will provide continuous eligibility for a child under the program until the child is 5 years of age if the child is not determined to be eligible for Medi-Cal during that time, except as specified. The bill would condition implementation of this provision on receipt of any necessary federal approvals. The bill would also remove the above-described reference to citizenship and immigration status requirements. Because counties are required to make Medi-Cal eligibility determinations, and to the extent that this bill would expand Medi-Cal eligibility, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

## Primary Sponsors

Blanca Rubio

## Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:17 PM

Support: L.A. Care, Local Health Plans of California, Western Center on Law and Poverty, The Children's Partnership (cosponsor), First 5 Center for Children's Policy (cosponsor), First 5 Association of California (cosponsor), Children Now (cosponsor), March of Dimes (cosponsor), Maternal and Child Health Access (cosponsor), National Health Law Program (cosponsor), Access Reproductive Justice, California Alliance of Child and Family Services, California Catholic Conference, California Pan-Ethnic Health Network, California Rural Legal Assistance Foundation, INC., CaliforniaHealth+ Advocates, Children's Specialty Care Coalition, Community Clinic Association of Los Angeles County, Community Health Initiative of Orange County, County Behavioral Health Directors Association, Friends Committee on Legislation of California, Health Access California, National Association of Social Workers, California Chapter, National Health Law Program, Nurse - Family Partnership, United Ways of California

**Title**

Martin Luther King, Jr. Community Hospital.

**Description**

AB 2426, as amended, Gipson. Martin Luther King, Jr. Community Hospital. 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 provides that Medi-Cal funding be made available to a new hospital, now known as the Martin Luther King, Jr. Community Hospital, to serve the population of South Los Angeles. This bill would require the department, in consultation with the hospital, to create a directed payment program in Medi-Cal managed care for outpatient hospital services to provide that total Medi-Cal managed care reimbursement received for services is approximately equal to the hospital's costs for those services, as specified. The bill would establish funding provisions if those minimum reimbursements required under the program would result in payments above the level of compensation the hospital would have otherwise received, and if a nonfederal share is necessary with respect to the additional compensation. The bill would require that the hospital's projected costs be based on specified principles. The bill would also require the department, in consultation with the hospital, to develop an alternative mechanism for ensuring inpatient services payment levels from Medi-Cal managed care plans, as specified. The bill would authorize the department to develop value-based quality directed payment, for use in payments to the hospital. The bill would authorize the department to implement those provisions by means of, among other things, all-facility letters. The bill would require the department to obtain federal approvals or waivers as necessary to implement those provisions, to obtain federal matching funds to the maximum extent permitted by federal law, and would condition the implementation of those provisions on obtaining federal approval. This bill would make related findings and declarations. The bill would also make the implementation of its provisions contingent upon appropriation by the Legislature. This bill would make legislative findings and declarations as to the necessity of a special statute for the County of Los Angeles.

**Primary Sponsors**

Mike Gipson

**Organizational Notes**

Last edited by Joanne Campbell at Apr 14, 2022, 10:52 PM

Support: L.A. Care, Martin Luther King, Jr. Community Hospital (sponsor), Black Beauty and Wellness Foundation, Black Business Association, Boys & Girls Club Metro Los Angeles, Brotherhood Crusade, Cal State Dominguez Hills, California Black Women's Health Project, Charles R. Drew University of Medicine and Science, Community Coalition, Congress for Racial Equality - California, Forgiving for Living, Inc., Forgotten Children Inc., Girls Club of Los Angeles, Impact Enterprises Global, Inc., Inner City Youth Orchestra of Los Angeles, International Association of Chiefs of Police, Kappa Alpha Psi Western Region Province, Los Angeles Metropolitan Churches, Los Angeles Sentinel, Los Angeles Urban League, National Action Network – Los Angeles Chapter, National Association for the Advancement of Colored People – Los Angeles, National Coalition of 100 Black Women, Parents of Watts, Positive Results Corporation, Sanctuary of Hope, Southern Christin Leadership Conference of Southern California, Southside Coalition of Community Health Centers, St. Anne's Family Services, The Baptist Ministers Conference, The Latin Link, UNITE HERE Local 11, United Voices of Literacy, Watts Labor Community Action Committee, Willowbrook Inclusion Network

**Title**

Open meetings: local agencies: teleconferences.

**Description**

AB 2449, as amended, Blanca Rubio. Open meetings: local agencies: teleconferences. Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act generally requires posting an agenda at least 72 hours before a regular meeting that contains a brief general description of each item of business to be transacted or discussed at the meeting, and prohibits any action or discussion from being undertaken on any item not appearing on the posted agenda. The act authorizes a legislative body to take action on items of business not appearing on the posted agenda under specified conditions. The act contains specified provisions regarding providing for the ability of the public to observe and provide comment. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. Existing law, until January 1, 2024, authorizes a local agency to use teleconferencing without complying with those specified teleconferencing requirements in specified circumstances when a declared state of emergency is in effect, or in other situations related to public health. This bill would revise and recast those teleconferencing provisions and, until January 1, 2026, would authorize a local agency to use teleconferencing without complying with the teleconferencing requirements that each teleconference location be identified in the notice and agenda and that each teleconference location be accessible to the public if at least a quorum of the members of the legislative body participates in person from a singular physical location clearly identified on the agenda that is open to the public and situated within the local agency's jurisdiction. Under this exception, the bill would authorize a member to participate remotely under specified circumstances, including participating remotely for just cause or due to emergency circumstances. The emergency circumstances basis for remote participation would be contingent on a request to, and action by, the ... (click bill link to see more).

**Primary Sponsors**

Blanca Rubio

**Title**

Health care coverage: human papillomavirus.

**Description**

AB 2516, as amended, Aguiar-Curry. Health care coverage: human papillomavirus. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2002, to provide coverage for an annual cervical cancer screening test, including a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA). Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which health care services are provided to low-income individuals pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law also establishes the Family Planning, Access, Care, and Treatment (Family PACT) Program, administered by the Office of Family Planning within the department, under which comprehensive clinical family planning services are provided to a person who has a family income at or below 200% of the federal poverty level, and who is eligible to receive these services. This bill would expand the coverage requirement for an annual cervical cancer screening test to disability insurance policies that provide coverage for hospital, medical, or surgical benefits and would require a health care service plan contract or disability insurance policy that provides coverage for hospital, medical, or surgical benefits issued, amended, or renewed on or after January 1, 2023, to provide coverage without cost sharing for the HPV vaccine for persons for whom the vaccine is FDA approved. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The bill would also expand comprehensive clinical family planning services under the Family PACT Program to include the HPV vaccine for persons for whom it is FDA approved. 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**

Cecilia Aguiar-Curry

**Organizational Notes**

Last edited by Joanne Campbell at Apr 22, 2022, 2:29 PM

Oppose: California Association of Health Plans

State	Bill Number	Status	Position
CA	AB 2530	In Senate	Monitor

#### Title

California Health Benefit Exchange: financial assistance.

#### Description

AB 2530, as amended, Wood. California Health Benefit Exchange: financial assistance. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Existing state law creates the California Health Benefit Exchange (Exchange), also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Under existing regulations, an individual may enroll in a plan through the Exchange in a special enrollment period that is triggered if the individual loses other coverage due to termination of employment or reduction in the number of hours of employment. Existing law requires the Exchange, until January 1, 2023, to administer a program to provide health care coverage financial assistance to California residents with household incomes at or below 600% of the federal poverty level. This bill, upon appropriation by the Legislature, would require the Exchange to administer a program of financial assistance beginning July 1, 2023, to help Californians obtain and maintain health benefits through the Exchange if they lose employer-provided health care coverage as a result of a labor dispute. Under the bill, if specified eligibility requirements are met, an individual who has lost minimum essential coverage from an employer or joint labor management trust fund as a result of a strike, lockout, or other labor dispute would receive the same premium assistance and cost-sharing reductions as an individual with a household income of 138% of the federal poverty level, and, beginning January 1, 2024, would also not pay a deductible for any covered benefit if the standard benefit design for a household income of 138% of the federal poverty level has zero deductibles.

#### Primary Sponsors

Jim Wood, Ash Kalra

#### Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:18 PM

Oppose Unless Amended: CA. Assoc. of Health Plans Support: CA Labor Fed. LA County Labor Fed. UNITE HERE Teamsters UFCW SEIU California Conference Board of the Amalgamated Transit Union California Conference of Machinists The Utility Workers Union of America The Engineers and Scientists of California

State	Bill Number	Status	Position
CA	AB 2581	In Senate	Monitor

**Title**

Health care coverage: mental health and substance use disorders: provider credentials.

**Description**

AB 2581, as amended, Salas. Health care coverage: mental health and substance use disorders: provider credentials. 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 requires a health care service plan contract or disability insurance policy issued, amended, or renewed on or after January 1, 2021, that provides hospital, medical, or surgical coverage to provide coverage for medically necessary treatment of mental health and substance use disorders, under the same terms and conditions applied to other medical conditions, as specified. For provider contracts issued, amended, or renewed on and after January 1, 2023, this bill would require a health care service plan or disability insurer that provides coverage for mental health and substance use disorders and credentials health care providers of those services for the health care service plan's or disability insurer's networks, to assess and verify the qualifications of a health care provider within 60 days after receiving a completed provider credentialing application. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Rudy Salas

State	Bill Number	Status	Position
CA	AB 2585	Passed Senate	Monitor

**Title**

Nonpharmacological pain management treatment.

**Description**

AB 2585, as amended, McCarty. Nonpharmacological pain management treatment. Existing law sets forth the Pain Patient's Bill of Rights, which grants a patient who suffers from severe chronic intractable pain the option to request or reject the use of any or all modalities to relieve their pain. This bill would make related findings and declarations, including that the health care system should encourage the use of evidence-based nonpharmacological therapies for pain management.

**Primary Sponsors**

Kevin McCarty



State  
CA

Bill Number  
AB 2586

Status  
In Senate

Position  
Support

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**Title**

Reproductive and sexual health inequities.

**Description**

AB 2586, as amended, Cristina Garcia. Reproductive and sexual health inequities. Existing law establishes the State Department of Public Health to implement and administer various programs relating to public health. Existing law requires the department to develop a coordinated state strategy for addressing the health-related needs of women, including implementation of goals and objectives for women's health. This bill would require the department to convene a working group with specified membership to examine the root causes of reproductive health and sexual health inequities in the state. The bill would require the working group to submit a report to the Legislature on or before January 1, 2024, with recommendations of how to meaningfully address, decrease, or eliminate reproductive health and sexual health inequities that cover specified topics, including barriers to abortion access and contraception. The bill would establish the California Reproductive Justice and Freedom Fund and would require the department, upon appropriation by the Legislature, to award grants to eligible community-based organizations over a 3-year period. The bill would require a grant recipient to use grant funds to implement a program or fund an existing program that provides and promotes medically accurate, comprehensive reproductive and sexual health education. The bill would also make related findings and declarations.

**Primary Sponsors**

Cristina Garcia, Luz Rivas, Mike Gipson

State  
CA

Bill Number  
AB 2648

Status  
In Senate

Position  
Monitor

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**Title**

Air ambulance services.

**Description**

AB 2648, as amended, Wilson. Air ambulance services. Existing law imposes a penalty of \$4 until December 1, 2022, upon every conviction for a violation of the Vehicle Code or a local ordinance adopted pursuant to the Vehicle Code, other than a parking offense. Existing law requires the court that imposed the fine to transfer the revenues collected to the Treasurer for deposit into the Emergency Medical Air Transportation and Children's Coverage Fund. Existing law requires the assessed penalty to continue to be collected, administered, and distributed until exhausted or until December 31, 2023, whichever occurs first. Under existing law, moneys remaining unexpended and unencumbered in the fund on December 31, 2023, are to be transferred to the General Fund. These provisions remain operative until July 1, 2024, and are repealed effective January 1, 2025. This bill would change the date on which moneys remaining unexpended and unencumbered in the fund are to be transferred to the General Fund to June 30, 2024. The bill would make the above-described provisions inoperative on July 1, 2025, and would repeal them as of January 1, 2026.

**Primary Sponsors**

Lori Wilson, Tim Grayson

**Title**

Information Practices Act of 1977.

**Description**

AB 2677, as amended, Gabriel. Information Practices Act of 1977. Existing law, the Information Practices Act of 1977, prescribes a set of requirements, prohibitions, and remedies applicable to agencies, as defined, with regard to their collection, storage, and disclosure of personal information, as defined. Existing law exempts from the provisions of the act counties, cities, any city and county, school districts, municipal corporations, districts, political subdivisions, and other local public agencies, as specified. This bill would, beginning January 1, 2024, recast those provisions to include, among other things, genetic information, IP address, online browsing history, and location information, if reasonably capable of identifying or describing an individual, within the definition of "personal information," and revise the definition of "regulatory agency" to include the Financial Industry Regulatory Authority, for the act's purposes. The bill would make other technical, nonsubstantive, and conforming changes. Existing law requires an agency to establish rules of conduct for persons involved in the design, development, operation, disclosure, or maintenance of records containing personal information and instruct those persons with respect to specified rules relevant to the act. This bill would require that those rules established by the agency be consistent with applicable provisions of the State Administrative Manual and the State Information Management Manual. The bill would prohibit an agency from using records containing personal information for any purpose or purposes other than the purpose or purposes for which that personal information was collected or generated, except as required by state or federal law. Existing law prohibits an agency from disclosing any personal information in a manner that would link the information disclosed to the individual to whom it pertains, except under specified circumstances. Existing law requires an agency, for disclosures of specified records, to keep an accurate accounting of the date, nature, and purpose of the disclosure, and the name, title, and business address of the person or agency to whom the disclosure was made. This bill would revise the circumstances that may allow the disclosure of personal information in a manner that links or reasonably could link the information disclosed to the individual to whom it pertains, define "privacy board" for these purposes, and would make conforming changes. The bill would also revise the circumstances and types of records that would require agencies to keep an accurate accounting of the disclosure of that record. Existing law makes an intentional violation of any provision of the act, or of any rules or regulations adopted unde... (click bill link to see more).

**Primary Sponsors**

Jesse Gabriel

**Title**

Medi-Cal: Community Health Navigator Program.

**Description**

AB 2680, as amended, Arambula. Medi-Cal: Community Health Navigator Program. 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 requires that counties administer public social services, including Medi-Cal. Existing law also authorizes a county to collaborate with a community-based organization to maintain up-to-date contact information in order to assist with timely submission of annual reaffirmation forms, among others. This bill, commencing January 1, 2023, would require the department to create the Community Health Navigator Program to make direct grants to qualified community-based organizations, as defined, to conduct targeted outreach, enrollment, retention, and access activities for Medi-Cal-eligible individuals and families. The bill would specify the basis for issuing a grant, including specified factors in the applicant's service area. The bill would authorize the department to contract with one or more private foundations to assist the department with administering the grant application and allocation process. The bill would require the department to contract with specified providers to furnish training and technical assistance to grant recipients. The bill would also require the department to coordinate and partner with Covered California and counties that elect to participate, on an approach for outreach, enrollment, retention, and access activities for marketing to eligible individuals, including facilitation of quarterly meetings on enrollment and access barriers and solutions, among other requirements. The bill would become operative only upon an express appropriation in the annual Budget Act or another statute for the purposes of the bill.

**Primary Sponsors**

Joaquin Arambula

**Title**

Medi-Cal: community health workers and promotores.

**Description**

AB 2697, as amended, Aguiar-Curry. Medi-Cal: community health workers and promotores. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various delivery systems, including fee-for-service and managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would require the department to implement a community health workers (CHW) and promotores benefit under the Medi-Cal program, subject to receipt of any necessary federal approvals and the availability of federal financial participation. Under the bill, CHW and promotores services would be preventive services, as defined under federal law, available for Medi-Cal beneficiaries in the managed care or fee-for-service delivery system. Under the bill, CHW and promotores services would be designed for the purposes of preventing disease, disability, and other health conditions or their progression, prolonging life, and promoting physical and behavioral health and efficiency. The bill would require CHW and promotores, as defined, to provide health education, navigation, and advocacy, as specified. The bill would require the department, in collaboration with CHW and promotores stakeholders, to implement and evaluate the benefit, including the development of detailed policy guidance, letters, manuals, and other documents. If the benefit is implemented, the bill would require a Medi-Cal managed care plan to develop an annual outreach and education plan for enrollees and another for providers, including notices and materials containing specified information about the CHW and promotores benefit. The bill would require these outreach and education efforts to, among other things, meet cultural and linguistic appropriateness standards and be subject to review and approval by the department, as specified. The bill would also require a Medi-Cal managed care plan, on or before July 1, 2023, and every 3 years thereafter, to conduct an assessment of CHW and promotores capacity and enrollee need, and to share the assessments with the department, including specified data. The bill would require the department, on or before October 1, 2023, and every 3 years thereafter, to review the outreach and education plans and assessments, and would require the department, on or before January 1, 2024, and every 3 years thereafter, to annually publish an analysis of the CHW and promotores benefit on its internet website, including specified data.

**Primary Sponsors**

Cecilia Aguiar-Curry

**Organizational Notes**

Last edited by Joanne Campbell at Apr 14, 2022, 3:51 PM  
Support: Western Center on Law and Poverty

**Title**

Medi-Cal: alternate health care service plan.

**Description**

AB 2724, Arambula. Medi-Cal: alternate health care service plan. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various delivery systems, including managed care pursuant to Medi-Cal managed care plan contracts. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would authorize the department to enter into one or more comprehensive risk contracts with an alternate health care service plan (AHCSPP), as defined, to serve as a primary Medi-Cal managed care plan for certain eligible beneficiaries in geographic regions designated by the department, as specified. The bill would authorize the department to contract with an AHCSPP as a Medi-Cal managed care plan in any geographic region of the state for which federal approval is available, for which the AHCSPP maintains appropriate licensure or an approved exemption from the Department of Managed Health Care, and in which the AHCSPP already provides commercial coverage in the individual, small group, or large group market. The bill would, among other things, prohibit the AHCSPP from denying enrollment to any of those eligible beneficiaries, unless the department or the Department of Managed Health Care has ordered the AHCSPP to cease enrollment in an applicable service area. The bill would require the contract with the AHCSPP to include the same standards and requirements, except with respect to enrollment, as for other Medi-Cal managed care plans, as specified. The bill would require the Health Care Options Program, which is an entity overseen by the department for Medi-Cal managed care education and enrollment, to disenroll any member of an AHCSPP if the member meets any one of the reasons for disenrollment enumerated in certain regulations, except as specified. The bill would require the AHCSPP to enter into a memorandum of understanding (MOU) with the department, which would include specified standards or requirements and the AHCSPP's commitment to increase enrollment of new Medi-Cal members and any requirements related to the AHCSPP's collaboration with and support of applicable safety net providers. The bill would require the department to post the MOU and a specified implementation report on its internet website. The bill would require the AHCSPP, as part of the MOU, to work with federally qualified health centers (FQHCs) in AHCSPP service areas selected by the AHCSPP and the department, at the request of the FQHC, to provide assistance with population health management and clinical transformation. The bill would require the department and the AHCSPP to identify the highest need... (click bill link to see more).

**Primary Sponsors**

Joaquin Arambula

**Organizational Notes**

Last edited by Cherie Compartore at Apr 13, 2022, 11:17 PM

Oppose: L.A. Care, Local Health Plans of California, California State Association of Counties, Central Coast Alliance for Health (Public Plan), Inland Empire Health Plan (Public Plan), Santa Clara Family Health Plan (Public Plan), Humboldt County, Mariposa County, Mendocino County, Plumas County, Colusa County, Monterey County, Santa Barbara County, San Mateo County, Ventura County, Sonoma County, San Luis Obispo County,

State	Bill Number	Status	Position
CA	AB 2727	In Senate	Support

#### Title

Medi-Cal: eligibility.

#### Description

AB 2727, as amended, Wood. Medi-Cal: eligibility. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law prohibits the use of an assets or resources test for individuals whose financial eligibility for Medi-Cal is determined based on the application of a modified adjusted gross income (MAGI) standard, as specified. Existing law prohibits the use of resources, including property or other assets, to determine Medi-Cal eligibility for applicants or beneficiaries whose eligibility is not determined using the MAGI-based financial methods, and requires the department to seek federal authority to disregard all resources as authorized by the flexibilities provided under federal law. Existing law conditions implementation of that provision on the Director of Health Care Services determining that systems have been programmed for those disregards and their communicating that determination in writing to the Department of Finance, no sooner than January 1, 2024. Existing law also conditions implementation of that provision on receipt of any necessary federal approvals and the availability of federal financial participation. Existing law states the intent of the Legislature to provide, to the extent practicable, through the Medi-Cal program, for health care for those aged and other persons, including family persons who lack sufficient annual income to meet the costs of health care, and whose other assets are so limited that their application toward the costs of that care would jeopardize the person or family's future minimum self-maintenance and security. This bill would, commencing on the date that the resource disregards are implemented, remove from that statement of legislative intent the above-described assets as an eligibility criterion. The bill would also refer to residents of the state and make other changes to that statement.

#### Primary Sponsors

Jim Wood

#### Organizational Notes

Last edited by Joanne Campbell at Apr 14, 2022, 3:52 PM  
Support: L.A. Care, Western Center on Law and Poverty

**Title**

Racial Equity Advisory and Accountability Commission.

**Description**

SB 17, as amended, Pan. Racial Equity Advisory and Accountability Commission. 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. Existing law requires the office to work with the Health in All Policies Task Force to assist state agencies and departments in developing policies, systems, programs, and environmental change strategies that have population health impacts by, among other things, prioritizing building cross-sectoral partnerships within and across departments and agencies to change policies and practices to advance health equity. Existing law establishes the Task Force to Study and Develop Reparation Proposals for African Americans, with a Special Consideration for African Americans Who are Descendants of Persons Enslaved in the United States to, among other things, identify, compile, and synthesize the relevant corpus of evidentiary documentation of the institution of slavery that existed within the United States and the colonies. Existing law requires the task force to submit a written report of its findings and recommendations to the Legislature. This bill, until January 1, 2030, would establish in state government a Racial Equity Advisory and Accountability Commission. The bill would authorize the commission, among other things, to hire administrative, technical, and other personnel as may be necessary for the performance of its duties, including an executive director to organize, administer, and manage the operations of the commission. The bill would task the commission with coordinating, analyzing, developing, evaluating, and recommending strategies for advancing racial equity across state agencies, departments, and the office of the Governor. The bill would require the commission, in consultation with state agencies, departments, and public stakeholders, as appropriate, to develop a statewide Racial Equity Framework that includes a strategic plan with policy and inclusive practice recommendations, guidelines, theory of change, goals, and benchmarks to reduce racial inequities, promote racial equity, and address individual, institutional, and structural racism. The bill would also require the commission, in consultation with state agencies and departments, to establish methodologies, a syste... (click bill link to see more).

**Primary Sponsors**

Richard Pan, Joaquin Arambula

**Organizational Notes**

Last edited by Cherie Compartore at Apr 15, 2022, 5:21 PM

Support - L.A. Care, L.A. Board of Supervisors, Community Clinic Association of Las Angeles County, California Assoc. of Public Hospitals, County Welfare Directors Association



State  
**CA**

Bill Number  
**SB 154**

Status  
**Enacted**

Position  
**Monitor**

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**Title**

Budget Act of 2022.

**Description**

SB 154, Skinner. Budget Act of 2022. This bill would make appropriations for the support of state government for the 2022-23 fiscal year. This bill would declare that it is to take effect immediately as a Budget Bill.

**Primary Sponsors**

Nancy Skinner

State	Bill Number	Status	Position
CA	SB 184	Enacted	Monitor

#### Title

Health.

#### Description

SB 184, Committee on Budget and Fiscal Review. Health. (1) Existing federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various health care market reforms. Existing state law creates the California Health Benefit Exchange (Exchange), also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law, until January 1, 2023, requires the Exchange to administer a program of health care coverage financial assistance to help low-income and middle-income Californians. Existing law exempted the program design of financial assistance and a related regulation, standard, criterion, procedure, determination, rule, notice, guideline, or any other guidance established or issued by the Exchange or Franchise Tax Board from the Administrative Procedure Act until January 1, 2022. This bill would indefinitely extend the above-described financial assistance program and Administrative Procedure Act exemptions. (2) Existing law generally requires the State Department of Public Health to license, inspect, and regulate health facilities, including hospitals. Existing law requires health facilities to meet specified cost and disclosure requirements, including maintaining an understandable written policy regarding discount payments and charity. Existing law establishes the Department of Health Care Access and Information (HCAI) to oversee various aspects of the health care market, including oversight of hospital facilities and community benefit plans. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires each department to develop and adopt regulations to ensure that enrollees and insureds have access to needed health care services in a timely manner. Existing law requires that health care service plans and health insurers submit rates to their regulating entity for review. This bill would establish, within HCAI, the Office of Health Care Affordability to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers and purchasers, set and enforce cost targets, and create a state strategy for controlling the cost of health care and ensuring affordability for consumers and purchasers. The bill would also establish the Health Care Affordability Board, composed of 8 members, appointed as prescribed, and the Health Care Affordability Advisory Com... (click bill link to see more).

#### Primary Sponsors

Senate Committee on Budget and Fiscal Review

**Title**

Health care coverage: timely access to care.

**Description**

SB 225, as amended, Wiener. Health care coverage: timely access to care. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer that provides or arranges for the provision of hospital or physician services to comply with specified timely access to care requirements, including ensuring that its network has adequate capacity and availability of licensed health care providers to offer enrollees and insureds appointments that meet specified timeframes. Existing law authorizes the department director to take enforcement action against health care plans that fail to comply with these provisions, including assessing administrative penalties. This bill would require a health care service plan or health insurer to incorporate timely access to care standards into its quality assurance systems and incorporate specified processes. The bill would authorize the Department of Managed Health Care to develop methodologies to demonstrate appointment wait time compliance and averages. The bill would authorize the Department of Managed Health Care and the Department of Insurance to take compliance or disciplinary action, review and adopt standards concerning the availability of health care to ensure enrollees and insureds have timely access to care, and make recommendations to the Legislature if the Department of Managed Health Care or the Department of Insurance finds that health care service plans or health insurers and providers have difficulty meeting the standards the departments develop. The bill would require the director to consider, as an aggravating factor when assessing administrative penalties, if harm to an enrollee has occurred as a result of plan noncompliance. The bill would clarify that the timely access to care provisions do not alter requirements or standards for Medi-Cal managed care plans, except as specified. The bill would also make technical and conforming changes. By imposing new requirements on health care service plans, the willful violation of which would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Scott Wiener

**Title**

Medi-Cal: Short-Term Community Transitions program.

**Description**

SB 281, as amended, Dodd. Medi-Cal: Short-Term Community Transitions program. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing federal law establishes the Money Follows the Person Rebalancing Demonstration, which is designed to achieve various objectives with respect to institutional and home- and community-based long-term care services provided under state Medicaid programs. Under the Money Follows the Person Rebalancing Demonstration, an eligible individual is required to meet prescribed qualifications, including that they have resided in an inpatient facility for at least 60 consecutive days. Existing law requires the department to provide services consistent with the Money Follows the Person Rebalancing Demonstration for transitioning eligible individuals out of an inpatient facility who have resided in that setting for fewer than 60 days. Existing law requires the department to cease to enroll beneficiaries under these provisions commencing January 1, 2023, and to cease providing these services commencing January 1, 2024. Existing law repeals these provisions on January 1, 2025. This bill would instead require the department to cease to enroll beneficiaries commencing January 1, 2026, and to cease providing those services commencing January 1, 2027. The bill would extend the repeal date of those provisions to January 1, 2028.

**Primary Sponsors**

Bill Dodd

**Title**

Health care coverage: contraceptives.

**Description**

SB 523, as amended, Leyva. Health care coverage: contraceptives.

(1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law establishes health care coverage requirements for contraceptives, including, but not limited to, requiring a health care service plan, including a Medi-Cal managed care plan, or a health insurance policy issued, amended, renewed, or delivered on or after January 1, 2017, to cover up to a 12-month supply of federal Food and Drug Administration approved, self-administered hormonal contraceptives when dispensed at one time for an enrollee or insured by a provider or pharmacist, or at a location licensed or authorized to dispense drugs or supplies. This bill, the Contraceptive Equity Act of 2021, would make various changes to expand coverage of contraceptives by a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on and after January 1, 2022, including requiring a health care service plan or health insurer to provide point-of-sale coverage for over-the-counter FDA-approved contraceptive drugs, devices, and products at in-network pharmacies without cost sharing or medical management restrictions. The bill would require health care service plans and insurance policies offered by public or private institutions of higher learning that directly provide health care services only to its students, faculty, staff, administration, and their respective dependents, approved on or after January 1, 2023, to comply with these contraceptive coverage requirements. The bill would also require coverage for clinical services related to the provision or use of contraception, as specified. The bill would revise provisions applicable when a covered, therapeutic equivalent of a drug, device, or product is deemed medically inadvisable by deferring to the attending provider, as specified. This bill would also prohibit a health care service plan contract or disability insurance policy issued, amended, renewed, or delivered on or after January 1, 2022, with certain exceptions, from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on vasectomy services and procedures, as specified, under conditions similar to those applicable to other contraceptive coverage. This bill would require a health benefit plan or contract with the Board of Public Relations of the Public Employees' Retirement System to provide coverage for contraceptives and vasectomies consistent with th... (click bill link to see more).

**Primary Sponsors**

Connie Leyva

**Organizational Notes**

Last edited by Cherie Compartore at Apr 15, 2022, 5:31 PM

Oppose: CA. Assoc. of Health Plans

**Title**

Health care: prescription drugs.

**Description**

SB 838, as amended, Pan. Health care: prescription drugs. Existing law, the California Affordable Drug Manufacturing Act of 2020, requires the California Health and Human Services Agency (CHHSA) to enter into partnerships, in consultation with other state departments as necessary to, among other things, increase patient access to affordable drugs. Existing law requires CHHSA to enter into such partnerships to produce or distribute at least one form of insulin, if a viable pathway for manufacturing a more affordable form of insulin exists at a price that results in savings. Existing law exempts all nonpublic information and documents obtained under this program from disclosure under the California Public Records Act in order to protect proprietary, confidential information regarding manufacturer or distribution costs and drug pricing, utilization, and rebates. For purposes of implementing the California Affordable Drug Manufacturing Act of 2020, this bill would permit, until December 31, 2032, CHHSA and its departments to enter into exclusive or nonexclusive contracts on a bid or negotiated basis and would exempt these contracts from review or approval by the Department of General Services, as specified. The bill would eliminate the viability requirement for the manufacturing of insulin pursuant to these provisions and would require any partnership, among other things, to guarantee priority access to insulin supply for the state. The bill would additionally exempt all nonpublic information and documents prepared under the California Affordable Drug Manufacturing Act of 2020 from disclosure under the California Public Records Act. This bill would require, upon appropriation by the Legislature, the development of a California-based manufacturing facility for generic drugs with the intent of creating high-skill, high-paying jobs within the state. Existing law, subject to appropriation by the Legislature, requires CHHSA to submit a report to the Legislature on or before July 1, 2023, that, among other things, assesses the feasibility and advantages of directly manufacturing generic prescription drugs and selling generic prescription drugs at a fair price. This provision is operative until January 1, 2025. Existing law also requires CHHSA to report to the Legislature on or before July 1, 2022, a description of the status of the drugs targeted for manufacture and an analysis of how CHHSA's activities have impacted competition, access, and costs for those drugs. Under existing law, this provision is operative until January 1, 2026. This bill would instead require CHHSA to submit the report assessing the feasibility of directly manufacturing generic prescription drugs on or before December 31, 2023. The bill would extend the ... (click bill link to see more).

**Primary Sponsors**

Richard Pan

**Title**

Health care service plans: discipline: civil penalties.

**Description**

SB 858, as amended, Wiener. Health care service plans: discipline: civil penalties. 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 authorizes the Director of the Department of Managed Health Care to take disciplinary measures, including the imposition of civil penalties, against a licensee when the director determines that the licensee has committed an act or omission constituting grounds for disciplinary action, as specified. Under existing law, a person who violates the act, or a rule or order adopted or issued under the act, is generally liable for a civil penalty not to exceed \$2,500 per violation. Existing law also includes various provisions that assess specific civil and administrative penalties for certain violations. Fines and penalties under the act are deposited into the Managed Care Administrative Fines and Penalties Fund, and used, upon appropriation by the Legislature, for designated purposes. This bill would increase the base amount of the civil penalty from \$2,500 per violation to not more than \$25,000 per violation, and would authorize a lower, proportionate penalty for specialized dental and vision health care service plans. Under the bill, the civil penalty base amount would be adjusted annually commencing January 1, 2024, as specified. The bill would multiply the amounts of other specified civil and administrative penalties by 4, commencing January 1, 2023, and would also annually adjust those penalties, commencing January 1, 2024. The bill would authorize the director to impose a corrective action plan to require future compliance with the act, under certain circumstances. If a health care service plan fails to comply with the corrective action plan in a timely manner, the bill would require the department to monitor the health care service plan through medical surveys, financial examinations, or other means necessary to ensure timely compliance, and would specify that failure to timely comply with a corrective action plan is grounds for disciplinary action. The bill would require the director, when assessing administrative and civil penalties against a health care service plan, to determine the appropriate amount of the penalty for each violation, based upon consideration of specified factors, such as the nature, scope, and gravity of the violation, whether the violation is an isolated incident, and the amount of the penalty necessary to deter similar violations in the future.

**Primary Sponsors**

Scott Wiener

**Organizational Notes**

Last edited by Joanne Campbell at Aug 11, 2022, 6:21 PM

Oppose: CA. Assoc. of Health Plans, CA Department of Finance Support: Western Center on Law and Poverty

**Title**

Minors: vaccine consent.

**Description**

SB 866, as amended, Wiener. Minors: vaccine consent. Existing law prescribes various circumstances under which a minor may consent to their medical care and treatment without the consent of a parent or guardian. These circumstances include, among others, authorizing a minor 12 years of age or older who may have come into contact with an infectious, contagious, or communicable disease to consent to medical care related to the diagnosis or treatment of the disease, if the disease or condition is one that is required by law or regulation to be reported to the local health officer, or is a related sexually transmitted disease, as may be determined by the State Public Health Officer. This bill would additionally authorize a minor 15 years of age or older to consent to vaccines that meet specified federal agency criteria. The bill would authorize a vaccine provider, as defined, to administer a vaccine pursuant to the bill, but would not authorize the vaccine provider to provide any service that is otherwise outside the vaccine provider's scope of practice.

**Primary Sponsors**

Scott Wiener, Richard Pan, Buffy Wicks



**Title**

Biomarker testing.

**Description**

SB 912, as amended, Limón. Biomarker testing. (1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after July 1, 2000, to provide coverage for all generally medically accepted cancer screening tests, and prohibits that contract or policy issued, amended, delivered, or renewed on or after July 1, 2022, from requiring prior authorization for biomarker testing for certain enrollees or insureds. Existing law applies the provisions relating to biomarker testing to Medi-Cal managed care plans, as prescribed. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2023, to provide coverage for biomarker testing, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition if the test is supported by medical and scientific evidence, as prescribed. The bill would specify that it does not require a health care service plan or health insurer to cover biomarker testing for screening purposes unless otherwise required by law. The bill would subject restricted use of biomarker testing for the purpose of diagnosis, treatment, or ongoing monitoring of a medical condition to state and federal grievance and appeal processes. This bill would apply these provisions relating to biomarker testing to the Medi-Cal program, including Medi-Cal managed care plans, 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 provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law includes Rapid Whole Genome Sequencing as a covered benefit for any Medi-Cal beneficiary who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit. Subject to the extent that federal financial participation is available and not otherwise jeopardized, and any necessary federal approvals have been obtained, this bill would expand the Medi-Cal schedule of benefits to includ... (click bill link to see more).

**Primary Sponsors**

Monique Limon

**Organizational Notes**

Last edited by Joanne Campbell at Jun 24, 2022, 8:30 PM  
Oppose Unless Amended: CA. Assoc. of Health Plans

**Title**

Gender-affirming care.

**Description**

SB 923, as amended, Wiener. Gender-affirming care. (1) Existing law establishes the Transgender Wellness and Equity Fund, administered by the Office of Health Equity within the State Department of Public Health, for the purpose of grant funding focused on coordinating trans-inclusive health care for individuals who identify as transgender, gender nonconforming, or intersex. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various health care delivery systems, including managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes the California Program of All-Inclusive Care for the Elderly (PACE program) to provide community-based, long-term care services for older individuals under the Medi-Cal State Plan. Under existing law, certain entities that exclusively serve PACE participants are exempt from licensure by the State Department of Public Health and are subject to oversight and regulation as PACE organizations by the State Department of Health Care Services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. This bill would require a Medi-Cal managed care plan, a PACE organization, a health care service plan, or a health insurer, as specified, to require its staff to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care, as defined, for individuals who identify as transgender, gender diverse, or intersex (TGI). The bill would specify the required components of the training and would make use of any training curricula subject to approval by the respective departments. The bill would require an individual to complete a refresher course if a complaint has been filed, and a decision has been made in favor of the complainant, against that individual for not providing trans-inclusive health care, or on a more frequent basis if deemed necessary. The bill would require the respective departments to develop and implement procedures, and would authorize them to impose sanctions, to ensure compliance with the above-described provisions. The bill would also require the departments to track and monitor complaints received by the departments related to trans-inclusive health care and to publicly report this data, as specified. Because a violation of these new requirements by a health care ser... (click bill link to see more).

**Primary Sponsors**

Scott Wiener, Cristina Garcia

**Organizational Notes**

Last edited by Joanne Campbell at Aug 11, 2022, 6:22 PM

Sponsor: California LGBTQ Health and Human Services Network, Equality California, National Health Law Program, and Western Center on Law & Poverty Oppose Unless Amended: CA. Assoc. of Health Plans, CA Department of Finance

**Title**

California Health Benefit Exchange: affordability assistance.

**Description**

SB 944, as introduced, Pan. California Health Benefit Exchange: affordability assistance. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Existing state law creates the California Health Benefit Exchange (Exchange), also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law requires the Exchange, in consultation with stakeholders and the Legislature, to develop options for providing cost-sharing reduction subsidies to reduce cost sharing for low- and middle-income Californians, and requires the Exchange to report the developed options on or before January 1, 2022. Existing law requires the options to include, among other things, options for all Covered California enrollees with income up to 400 percent of the federal poverty level to reduce cost sharing, including copays, deductibles, coinsurance, and maximum out-of-pocket costs. This bill would require the Exchange to implement those options for providing health care affordability assistance. The bill would require the affordability assistance to reduce cost-sharing, including copays, coinsurance, and maximum out-of-pocket costs, and to eliminate deductibles for all benefits. The bill would specify the actuarial value of cost sharing assistance based on the income level of an enrollee, and would require the Exchange to adopt standard benefit designs consistent with these specifications.

**Primary Sponsors**

Richard Pan

**Organizational Notes**

Last edited by Cherie Compartore at Apr 15, 2022, 5:35 PM

Support if Amended: CA. Assoc. of Health Plans Support: Western Center on Law and Poverty

**Title**

Federally qualified health centers and rural health clinics: visits.

**Description**

SB 966, as introduced, Limón. Federally qualified health centers and rural health clinics: visits. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, to the extent that federal financial participation is available, FQHC and RHC services are reimbursed on a per-visit basis, as specified. "Visit" is defined as a face-to-face encounter between an FQHC or RHC patient and any of specified health care professionals, including a physician, a licensed clinical social worker, or a marriage and family therapist. This bill would also include, within the definition of a visit, a face-to-face encounter between an FQHC or RHC patient and an associate clinical social worker or associate marriage and family therapist when supervised by a licensed behavioral health practitioner as required by the Board of Behavioral Sciences, as specified. The bill would make this provision operative 60 days after the termination of the national emergency declared on March 13, 2020. If an FQHC or RHC that currently includes the cost of the services of a dental hygienist in alternative practice, or a marriage and family therapist for the purposes of establishing its FQHC or RHC rate chooses to bill these services as a separate visit, existing law requires the FQHC or RHC to apply for an adjustment to its per-visit rate, and, after the rate adjustment has been approved by the department, to bill these services as a separate visit. Under existing law, multiple encounters with dental professionals or marriage and family therapists that take place on the same day constitute a single visit. Existing law requires the department to develop the appropriate forms to determine which FQHC's or RHC's rates are to be adjusted and to facilitate the calculation of the adjusted rates. This bill would require that the forms for calculation of the adjusted rates be the same or substantially similar for each provider described above. Existing law requires an FQHC or RHC that does not provide dental hygienist, dental hygienist in alternative practice, or marriage and family therapist services, and later elects to add these services and bill these services as a separate visit, to process the addition of these services as a change in scope of service, as specified. This bill would remove marriage and family therapist services from that requirement.

**Primary Sponsors**

Monique Limon, Rudy Salas

**Organizational Notes**

Last edited by Joanne Campbell at Apr 22, 2022, 5:47 PM

Support: Local Health Plans of California, California Health+ Advocates (co-sponsored), California Association of Marriage and Family Therapists (co-sponsored)

**Title**

Health care coverage: tax returns: information sharing authorization and outreach.

**Description**

SB 967, Hertzberg. Health care coverage: tax returns: information sharing authorization and outreach. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans. Existing state law creates the California Health Benefit Exchange (Exchange), also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law requires every California resident, their spouse, and their dependents to be enrolled in and maintain minimum essential coverage for each month, except as specified, and requires the Exchange to administer a financial assistance program to help low-income and middle-income Californians access affordable health care coverage through the Exchange until January 1, 2023. Existing law requires the Franchise Tax Board to provide specified information to the Exchange regarding individuals who do not maintain minimum essential coverage, and requires the Exchange to annually conduct outreach and enrollment efforts with those individuals. Existing law requires the Franchise Tax Board (board) to disclose to the Exchange individual income tax return information, as described, for purposes of conducting this outreach and enrollment effort to those individuals. This bill would require the Exchange to annually conduct outreach and enrollment efforts to individuals who indicate on their individual income tax returns that they are interested in no-cost or low-cost health care coverage. The bill would require the board to include, on or after January 1, 2023, a checkbox for a taxpayer to indicate on their individual income tax return that they are interested in no-cost or low-cost health care coverage and authorize the board to share information from their tax return with the Exchange for purposes of conducting outreach and enrollment efforts to these taxpayers.

**Primary Sponsors**

Bob Hertzberg, Joaquin Arambula

**Title**

Health care coverage: diagnostic imaging.

**Description**

SB 974, as amended, Portantino. Health care coverage: diagnostic imaging. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract issued, amended, delivered, or renewed on or after January 1, 2000, or an individual or group policy of disability insurance or self-insured employee welfare benefit plan to provide coverage for mammography for screening or diagnostic purposes upon referral by specified professionals. Under existing law, mammography performed pursuant to those requirements or that meets the current recommendations of the United States Preventive Services Task Force is provided to an enrollee or an insured without cost sharing. This bill would require a health care service plan contract, an individual or group policy of disability insurance that provides hospital, medical, or surgical coverage, or a self-insured employee welfare benefit plan issued, amended, or renewed on or after January 1, 2023, to provide coverage without imposing cost sharing for screening mammography and medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result and for an enrollee or insured indicated to have a risk factor associated with breast cancer. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Anthony Portantino, Laura Friedman, Cristina Garcia

**Organizational Notes**

Last edited by Cherie Compartore at Apr 11, 2022, 6:22 PM  
Oppose: CA. Assoc. of Health Plans

**Title**

California Cancer Care Equity Act.

**Description**

SB 987, as amended, Portantino. California Cancer Care Equity Act. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various health care delivery systems, including managed care pursuant to Medi-Cal managed care plan contracts. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would require a Medi-Cal managed care plan to make a good-faith effort to include in its contracted provider network at least one National Cancer Institute (NCI)-designated comprehensive cancer center, site affiliated with the NCI Community Oncology Research Program (NCORP), or qualifying academic cancer center, as defined, located within the beneficiary's county of residence or as otherwise specified, and ensure that any beneficiary diagnosed with a complex cancer diagnosis, as defined, is eligible to request a referral to any of those centers within 15 business days of the diagnosis, unless the beneficiary selects a different cancer treatment provider. This bill, to the extent necessary federal approvals are obtained and federal financial participation is available, would, among other things, also require a Medi-Cal managed care plan to comply with additional requirements relating to contracting and eligible enrollees' ability to request a referral to access services, including, allowing any eligible enrollee diagnosed with a complex cancer diagnosis to request a referral to receive services through any of those centers. The bill would require a Medi-Cal managed care plan to provide notice to an enrollee of their right to request a referral to access care through any of those centers, as specified, and would require the department, in consultation with others, to develop a standard process for notifying enrollees of their right to request a referral to access cancer treatment care through any of those centers. The bill would, beginning January 1, 2023, require each applicable Medi-Cal managed care plan to reimburse a provider of any of those centers furnishing services to a Medi-Cal beneficiary with a complex cancer diagnosis enrolled in that plan, and require each center to accept the payment amount for those services, with the amount being set by the department upon consultation with the plans and centers if the plan and center do not otherwise have an agreed-upon contracted rate. The bill would authorize the department to implement, interpret, or make specific the provisions by means of all-county letters or similar guidance, until any necessary regulations are adopted. The bill would require the department to develop a process for ... (click bill link to see more).

**Primary Sponsors**

Anthony Portantino

**Organizational Notes**

Last edited by Joanne Campbell at Jun 27, 2022, 7:36 PM

Oppose: CA. Assoc. of Health Plans(REMOVED), Local Health Plans of California Support: Western Center on Law and Poverty

**Title**

Health coverage: mental health and substance use disorders.

**Description**

SB 999, as amended, Cortese. Health coverage: mental health and substance use disorders. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Existing law also requires the Department of Insurance to regulate health insurers. Existing law requires a health care service plan or disability insurer, as specified, 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. This bill would require a health care service plan and a disability insurer, and an entity acting on a plan's or insurer's behalf, to ensure compliance with specific requirements for utilization review, including that a health care service plan and a disability insurer, or an entity acting on the plan's or insurer's behalf, maintain telephone access during California business hours for a health care provider to request authorization for mental health and substance use disorder care and conduct peer-to-peer discussions regarding specific issues related to treatment. Because a willful violation of the requirements governing 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**

Dave Cortese

**Organizational Notes**

Last edited by Joanne Campbell at Aug 11, 2022, 6:23 PM  
Oppose: CA. Assoc. of Health Plans, CA Department of Finance



**Title**

Enhanced Clinically Integrated Program for Federally Qualified Health Centers.

**Description**

SB 1014, as amended, Hertzberg. Enhanced Clinically Integrated Program for Federally Qualified Health Centers. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, federally qualified health center (FQHC) services are covered benefits under the Medi-Cal program, to be reimbursed on a per-visit basis, as specified, to the extent that federal financial participation is obtained. Existing federal law authorizes a state plan to provide for payment in any fiscal year to an FQHC for specified services in an amount that is determined under an alternative payment methodology (APM) if it is agreed to by the state and the FQHC and results in a payment to the FQHC of an amount that is at least equal to the amount otherwise required to be paid to the FQHC. Existing state law requires the department to authorize an APM pilot project for FQHCs that agree to participate, for implementation with respect to a county for a period of up to 3 years. This bill would require the department to authorize a new supplemental payment program for FQHCs pursuant to federal law, or as specified, to be named the Enhanced Clinically Integrated Program (ECIP). Under the bill, ECIP funding would be subject to an appropriation. The bill would require the department to request an amount, as necessary to fund, implement, and maintain ECIP at sufficient capacity, on an ongoing basis in future fiscal years. Under the bill, participation in ECIP would be optional for FQHCs, funding under ECIP would be provided in addition to all other funding received by FQHCs, as specified, and participation in ECIP would result in total payments to participating FQHCs that are greater than the prospective payment system (PPS) rate otherwise required to be paid to the FQHC. The bill would, subject to an appropriation, require the department, no later than July 1, 2023, to make funding available for the purpose of direct compensation of health center workers. The bill would require ECIP to improve quality and access to care by allocating funds, if appropriated, to FQHCs that meet certain standards relating to wage thresholds and commitment to participation in bona fide labor-management cooperation committees (LMCCs), as specified. The bill would set forth various requirements for funding allocations to, and uses by, participating FQHCs. The bill would require the department to develop eligibility criteria, an application process, a fund distribution process, reporting requirements, and a methodology for adjusting funding allo... (click bill link to see more).

**Primary Sponsors**

Bob Hertzberg, Wendy Carrillo, Ash Kalra

**Title**

Medi-Cal managed care plans: mental health benefits.

**Description**

SB 1019, as amended, Gonzalez. Medi-Cal managed care plans: mental health benefits. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various delivery systems, including fee-for-service and managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires a Medi-Cal managed care plan to provide mental health benefits covered in the state plan, excluding those benefits provided by county mental health plans under the Specialty Mental Health Services Waiver. Under existing law, nonspecialty mental health services covered by a Medi-Cal managed care plan include, among other things, individual and group mental health evaluation and treatment, psychological testing, and psychiatric consultation, as specified. This bill would require a Medi-Cal managed care plan to conduct annual outreach and education for its enrollees, based on an annual plan that the Medi-Cal managed care plan develops and submits to the department, regarding the mental health benefits that are covered by the Medi-Cal managed care plan, and to also develop an annual outreach and education plan to inform primary care providers regarding those mental health benefits. The bill would require that the outreach and education plan for the enrollees be informed by stakeholder engagement, the Medi-Cal managed care plan's Population Needs Assessment, and a utilization assessment, as specified, and that the plan meet cultural and linguistic appropriateness standards and incorporate best practices in stigma reduction. The bill would require the department to review the annual outreach and education plan and to approve or modify it within 180 calendar days since submission to ensure specified conditions are met, and to consult with stakeholders to develop the standards for the review and approval. The bill would condition implementation of the outreach and education plan on the department's approval. The bill would require the department to publicly post approved plans and the utilization assessments, as specified. The bill would require the department, once every 3 years, to assess enrollee experience with mental health benefits covered by Medi-Cal managed care plans, as specified. The bill would require the department, by January 1, 2024, to develop survey tools and methodologies relating to the assessment of consumer experience, including best practice methods for data collection and reporting, as specified. The bill would require a Medi-Cal managed care plan to share certain information with the department for inclusion in the department's assessments... (click bill link to see more).

**Primary Sponsors**

Lena Gonzalez

**Organizational Notes**

Last edited by Joanne Campbell at Apr 14, 2022, 3:55 PM

Support: CPEHN (Sponsor), API Equality-LA Bakersfield American Indian Health Project California Alliance of Child and Family Services Central Valley Immigrant Integration Collaborative Children Now Maternal and Child Health Access National Association of Social Workers, California Chapter Racial and Ethnic Mental Health Disparities Coalition, Western Center on Law and Poverty

### Title

CalWORKs: pregnancy and homeless assistance.

### Description

SB 1083, as amended, Skinner. CalWORKs: pregnancy and homeless assistance. Existing law provides for the California Work Opportunity and Responsibility to Kids (CalWORKs) program, under which each county provides cash assistance and other benefits to qualified low-income families and individuals. Existing law requires \$47 per month to be paid to a pregnant person qualified for CalWORKs aid to meet special needs resulting from pregnancy, and requires county human services agencies to refer all these recipients of aid to a local provider of the California Special Supplemental Nutrition Program for Women, Infants, and Children. This bill would, among other things, also require county human services agencies to refer those recipients to perinatal home visiting services administered by county public health agencies, county human services agencies, or applicable county home visiting providers. Existing law provides for homeless assistance to a homeless family seeking shelter when the family is eligible for CalWORKs aid, and provides that a family is considered homeless for these purposes when, among other things, the family has received a notice to pay rent or quit. Existing law limits eligibility for temporary shelter assistance and permanent housing assistance to 16 cumulative calendar days of temporary assistance and one payment of permanent assistance every 12 months, except as specified. This bill would also make the homeless assistance available to a family that is in danger of becoming homeless, and would additionally provide that a family is considered homeless if they receive any notice that may lead to an eviction. The bill would require temporary homeless assistance to be granted on the date of application. The bill would require permanent homeless assistance eligibility to be determined immediately upon notification to the county human services agency by an assistance unit that they are homeless. This bill would increase the maximum days of benefits in a 12-month period to 40 cumulative calendar days, and would exclude from the those limits an eligible family that includes a pregnant person. This bill would also authorize a county human services agency to provide additional days of temporary homeless assistance, for an indeterminate period, if the pregnant person or family would be without any shelter if the assistance were ended, and would require a family receiving temporary or permanent homeless assistance to remain eligible for that assistance following termination of their participation in the CalWORKs program due to reporting income that makes the family ineligible for aid, as specified. By imposing duties on counties that administer CalWORKs, the bill would impose a state-mandated local program. Existing ... (click bill link to see more).

### Primary Sponsors

Nancy Skinner

### Organizational Notes

Last edited by Joanne Campbell at Apr 14, 2022, 3:46 PM  
Support: Western Center on Law and Poverty (Sponsor)

**Title**

Medi-Cal: eyeglasses: Prison Industry Authority.

**Description**

SB 1089, as amended, Wilk. Medi-Cal: eyeglasses: Prison Industry Authority. Existing law establishes the Prison Industry Authority within the Department of Corrections and Rehabilitation and authorizes it to operate industrial, agricultural, and service enterprises that will provide products and services needed by the state, or any political subdivision of the state, or by the federal government, or any department, agency, or corporation of the federal government, or for any other public use. Existing law requires state agencies to purchase these products and services at the prices fixed by the authority. Existing law also requires state agencies to make maximum utilization of these products and consult with the staff of the authority to develop new products and adapt existing products to meet their needs. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including certain optometric services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill, for purposes of Medi-Cal reimbursement for covered optometric services, would authorize a provider to obtain eyeglasses from a private entity, as an alternative to a purchase of eyeglasses from the Prison Industry Authority. The bill would condition implementation of this provision on the availability of federal financial participation. The bill, notwithstanding the above-described requirements, would authorize a provider participating in the Medi-Cal program to obtain eyeglasses from the authority or private entities, based on the optometrist's needs and assessment of quality and value.

**Primary Sponsors**

Scott Wilk

**Title**

Abortion services.

**Description**

SB 1142, as amended, Caballero. Abortion services. Existing law, the Reproductive Privacy Act, prohibits the state from denying or interfering with a person's right to choose or obtain an abortion prior to viability of the fetus, or when the abortion is necessary to protect the life or health of the person. The act defines "abortion" as a medical treatment intended to induce the termination of a pregnancy except for the purpose of producing a live birth. Existing law establishes the Commission on the Status of Women and Girls. Under existing law, the commission has the power and authority necessary to carry out the duties imposed by law. Existing law requires the commission to study certain policy areas, as described, for the purpose of examining any laws, practices, or conditions concerning or affecting women and girls which impose special limitations or burdens upon them or upon society, or which limit or tend to limit opportunities available to women and girls. This bill would require the California Health and Human Services Agency, or an entity designated by the agency, to establish an internet website where the public can find information on abortion services in the state. The bill would require the agency to also develop, implement, and update as necessary, a statewide educational and outreach campaign to inform the public on how to access abortion services in the state. The bill would establish the Abortion Practical Support Fund and would require the commission to administer the Abortion Practical Support Fund for the purpose of providing grants, upon appropriation by the Legislature, to increase patient access to abortion and for research to support equitable access to abortion. Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest. This bill would make legislative findings to that effect.

**Primary Sponsors**

Anna Caballero, Nancy Skinner, Cristina Garcia

State  
CA

Bill Number  
SB 1180

Status  
In Assembly

Position  
Monitor

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**Title**

Medi-Cal: time and distance standards for managed care services.

**Description**

SB 1180, as amended, Pan. Medi-Cal: time and distance standards for managed care services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, either through a fee-for-service or managed care delivery system. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes, until January 1, 2023, certain time and distance and appointment time standards for specified Medi-Cal managed care covered services, consistent with federal regulations relating to network adequacy standards, to ensure that those services are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner, as specified. This bill would extend the operation of those standards to January 1, 2026, and would require the department to seek input from stakeholders, as specified, prior to January 1, 2025, to determine what changes are needed to these provisions.

**Primary Sponsors**

Richard Pan

**Title**

Confidentiality of Medical Information Act: school-linked services coordinators.

**Description**

SB 1184, as amended, Cortese. Confidentiality of Medical Information Act: school-linked services coordinators. Existing law, the Confidentiality of Medical Information Act, prohibits a provider of health care, a health care service plan, or contractor from disclosing medical information, as defined, regarding a patient of the provider of health care or an enrollee or subscriber of the health care service plan without first obtaining an authorization, except as prescribed. The act authorizes a provider of health care or a health care service plan to disclose medical information in certain circumstances, including by authorizing disclosure to providers of health care, health care service plans, contractors, or other health care professionals or facilities for purposes of diagnosis or treatment of the patient. This bill would additionally authorize a provider of health care or a health care service plan to disclose medical information to a school-linked services coordinator, as prescribed. The bill would define the term “school-linked services coordinator” as an individual located on a school campus or under contract by a county behavioral health provider agency for the treatment and health care operations and referrals of students and their families that holds any of certain credentials, including a services credential with a specialization in pupil personnel services, as specified.

**Primary Sponsors**

Dave Cortese

**Title**

Medi-Cal: pharmacogenomic testing.

**Description**

SB 1191, as amended, Bates. Medi-Cal: pharmacogenomic testing. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of covered benefits under the Medi-Cal program. This bill, to be known as the Utilizing Pharmacogenomics to Greatly Reduce Adverse Drug Events (UPGRADE) Act, would add pharmacogenomic testing as a covered benefit under Medi-Cal. The bill would define pharmacogenomic testing as laboratory genetic testing, by a laboratory with specified licensing, accreditation, and certification, to identify how a person's genetics may impact the efficacy, toxicity, and safety of medications. The bill would cover the benefit under Medi-Cal if a medication is being considered for use, or is already being administered, and is approved for use, in treating a Medi-Cal beneficiary's condition and is known to have a gene-drug or drug-drug-gene interaction that has been demonstrated to be clinically actionable, as specified, if the test is ordered by an enrolled Medi-Cal clinician or pharmacist. The bill would authorize the department to implement the above-described provisions through all-county or plan letters, or similar instructions, until the department promulgates regulations.

**Primary Sponsors**

Pat Bates



**Title**

Health care coverage: maternal and pandemic-related mental health conditions.

**Description**

SB 1207, as amended, Portantino. Health care coverage: maternal and pandemic-related mental health conditions. 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 plans and health insurers to provide specified mental health and substance use disorder coverage, and requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, that provides hospital, medical, or surgical coverage to provide coverage for medically necessary treatment of mental health and substance use disorders, under the same terms and conditions applied to other medical conditions, as specified. Existing law requires health care service plans and health insurers, by July 1, 2019, to develop, consistent with sound clinical principles and processes, a maternal mental health program designed to promote quality and cost-effective outcomes, as specified. This bill would make findings and declarations relating to the effect of the COVID-19 pandemic on mental health in California and the importance of outreach, education, and access to quality mental health treatment. The bill would extend the deadline for establishment of the maternal mental health program to July 1, 2023. The bill would revise the requirements of the program to include quality measures to encourage screening, diagnosis, treatment, and referral. The bill also would encourage health care service plans and health insurers to include coverage for doulas, incentivize training opportunities for contracting obstetric providers, and educate enrollees and insureds about the program. 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**

Anthony Portantino

**Organizational Notes**

Last edited by Cherie Compartore at Apr 15, 2022, 5:38 PM  
Oppose: CA. Assoc. of Health Plans

State  
CA

Bill Number  
SB 1245

Status  
In Assembly

Position  
Support

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**Title**

Los Angeles County Abortion Access Safe Haven Pilot Program.

**Description**

SB 1245, as amended, Kamlager. Los Angeles County Abortion Access Safe Haven Pilot Program. Existing law, the Reproductive Privacy Act, provides that every individual possesses a fundamental right of privacy with respect to their personal reproductive decisions, including the fundamental right to choose to bear a child or to choose and to obtain an abortion. This bill would establish, subject to appropriation by the Legislature, the Los Angeles County Abortion Access Safe Haven Pilot Program for the purpose of expanding and improving access to reproductive and sexual health care, including abortion, in the County of Los Angeles. The bill would require any funds allocated for the Los Angeles County Abortion Access Safe Haven Pilot Program to be used by the County of Los Angeles to administer a pilot project to support innovative approaches and patient-centered collaborations to expand and improve access to sexual and reproductive health care and to maintain a financial reporting system. The bill would authorize the funds to be used for implementing recommendations from the County of Los Angeles, including building secure infrastructure, among other things. The bill would require the County of Los Angeles to provide an annual report to the Legislature on the projects and collaborations funded by the program.

**Primary Sponsors**

Sydney Kamlager

**Title**

Health information.

**Description**

SB 1419, as amended, Becker. Health information. (1) Existing law generally requires a health care professional at whose request a test is performed to provide or arrange for the provision of the results of a clinical laboratory test to the patient who is the subject of the test if so requested by the patient, in oral or written form. Existing law requires those results to be disclosed in plain language and in oral or written form, except the results may be disclosed in electronic form if requested by the patient and if deemed most appropriate by the health care professional who requested the test. Existing law requires a patient's consent to receive their laboratory results by internet posting or other electronic means and requires those results to be disclosed to the patient in a reasonable time period, but only after the results have been reviewed by a health care professional and if access to the results is restricted by use of a secure personal identification number when the results are disclosed to the patient. This bill would define "test" for these purposes to apply to both clinical laboratory tests and imaging scans, such as x-rays, magnetic resonance imaging, ultrasound, or other similar technologies and would also make conforming changes. The bill would remove the requirement that a health care professional review the results before the results are disclosed to the patient by internet posting or other electronic means. (2) Existing law establishes procedures for providing access to health care records or summaries of those records by patients and those persons having responsibility for decisions respecting the health care of others. Under existing law, any adult patient of a health care provider, any minor patient authorized by law to consent to medical treatment, and any patient's personal representative is entitled to inspect patient records upon presenting to the health care provider a request for those records and upon payment of reasonable costs, except as specified. A patient who is a minor is entitled to inspect patient records pertaining only to health care of a type for which the minor is lawfully authorized to consent. Existing law also prohibits the representative of a minor from inspecting the minor's patient records under certain circumstances, including with respect to which the minor has a right of inspection. This bill would additionally prohibit the representative of a minor from inspecting the minor's patient records when the records relate to certain services, including medical care related to the prevention or treatment of pregnancy, as specified. (3) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plan... (click bill link to see more).

**Primary Sponsors**

Josh Becker

**Title**

Health care coverage.

**Description**

SB 1473, as amended, Pan. Health care coverage. (1) Existing federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Existing state law creates the California Health Benefit Exchange (Exchange), also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law, 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 to provide a special enrollment period for individual health benefit plans offered through the Exchange from December 16 of the preceding calendar year to January 31 of the benefit year, inclusive, for policy years beginning on or after January 1, 2020. Under existing law, February 1 of the benefit year is the effective coverage date for individual health benefit plans offered outside and through the Exchange that are selected from December 16 to January 31, inclusive. This bill would eliminate the above-described special enrollment period for individual health benefit plans offered through the Exchange for policy years on or after January 1, 2023, and would instead create an annual enrollment period from November 1 of the preceding calendar year to January 31 of the benefit year, inclusive. The bill would specify that the effective date of coverage for individual health benefit plans offered outside and through the Exchange would be no later than January 1 of the benefit year for plan selection made from November 1 to December 31 of the preceding calendar year, inclusive, and would be no later than February 1 of the benefit year for plan selection made from January 1 to January 31 of the benefit year, inclusive. 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 requires a health care service plan contract or a disability insurance policy that provides coverage for hospital, medical, or surgical benefits, excluding a specialized health care service plan contract or health insurance policy, to cover the costs of testing and immunization for COVID-19, or a future disease when declared a public health emergency by the Governor, and prohibits the contract or policy from impos... (click bill link to see more).

**Primary Sponsors**

Richard Pan

**Organizational Notes**

Last edited by Joanne Campbell at Jun 24, 2022, 8:26 PM  
California Association of Health Plans: Oppose

**Title**

COVID-19 testing in schools: COVID-19 testing plans.

**Description**

SB 1479, as amended, Pan. COVID-19 testing in schools: COVID-19 testing plans. Existing law appropriates funds to the State Department of Public Health for various programs related to the safe reopening of schools during the COVID-19 pandemic, including funds to support COVID-19 testing in schools allocated from the federal American Rescue Plan Act of 2021 and funds from the General Fund for the Safe Schools For All Team to coordinate technical assistance, community engagement, increased transparency, and enforcement by the appropriate entity for public school health and safety during the COVID-19 pandemic. Existing law authorizes certain school apportionments to be used for any purpose consistent with providing in-person instruction for any pupil participating in in-person instruction, including, but not limited to, COVID-19 testing, as provided. Existing law prescribes public health reporting requirements related to COVID-19 for local educational agencies, including the development of a COVID-19 safety plan, as provided. This bill would require the department to coordinate specified school district, county office of education, and charter school COVID-19 testing programs that are currently federally funded or organized under the California COVID-19 Testing Task Force. The bill would require the department to provide supportive services, including technical assistance, vendor support, guidance, monitoring, and testing education, related to testing programs for teachers, staff, and pupils to help schools reopen and keep schools operating safely for in-person learning. The bill would also require the department to expand its contagious, infectious, or communicable disease testing and other public health mitigation efforts to include prekindergarten, onsite after school programs, and childcare centers. This bill would require each local educational agency, defined to mean a school district, county office of education, or charter school, after consulting with its local health department, as defined, to create a COVID-19 testing plan that is consistent with guidance from the department, as provided. The bill would authorize each local educational agency to designate one staff member to report information on its COVID-19 testing program to the department. The bill would require that all COVID-19 testing data be in a format that facilitates a simple process by which parents and local educational agencies may report data to the department or a local health department. By imposing new obligations on local educational agencies, and to the extent new duties are imposed on local health departments, the bill would impose a state-mandated local program. The bill would require the department to determine which COVID-19 test... (click bill link to see more).

**Primary Sponsors**

Richard Pan

### Title

Firearms: unserialized firearms.

### Description

AB 1621, Gipson. Firearms: unserialized firearms. (1) Existing law defines a firearm precursor part as a component of a firearm that is necessary to build or assemble a firearm and is either an unfinished handgun frame or a specified unfinished receiver, receiver tube, or receiver flat. Under existing law, commencing July 1, 2022, a firearm precursor part is required to be sold through a licensed firearm precursor part vendor, as specified. This bill would redefine a firearm precursor part as any forging, casting, printing, extrusion, machined body or similar article that has reached a stage in manufacture where it may readily be completed, assembled or converted to be used as the frame or receiver of a functional firearm, or that is marketed or sold to the public to become or be used as the frame or receiver of a functional firearm once completed, assembled or converted. This bill would extend the definition of a firearm to include a firearm precursor part for the purposes of most criminal and regulatory provisions related to the possession, sale, and transfer of a firearm, including provisions which do not apply to a frame or receiver under existing law. The bill would repeal provisions relating to the sale of firearm precursor parts through a licensed precursor part vendor, and would prohibit the sale, transfer, or possession of an unserialized firearm precursor part, except as specified. The bill would create a process by which a person may apply to the department for a determination that a particular item or kit is or is not a firearm precursor part. (2) Existing law requires a person that is manufacturing a firearm or assembling a firearm from unserialized components, to apply to the Department of Justice for a unique mark of identification and to affix that mark to the firearm, as specified. This bill would require any person in possession of an unserialized firearm to apply to the department for a unique mark of identification and to affix that mark to the firearm before January 1, 2024. The bill would, commencing on January 1, 2024, explicitly prohibit the possession or transfer of a firearm without a serial number or mark of identification. The bill would authorize a new resident of the state to, within 60 days after arrival in the state, request a unique mark or identification for any unserialized firearm that is otherwise valid to possess in the state. The bill would also prohibit the possession, sale, transfer, or use of specified firearms manufacturing equipment, with exceptions for specified entities, including the Armed Forces of the United States, the National Guard, and law enforcement, as specified. The bill would declare its provisions to be severable. (3) Existing law prohibits a person from purch... (click bill link to see more).

### Primary Sponsors

Mike Gipson, Al Muratsuchi, Phil Ting

**Title**

Medi-Cal benefits: violence prevention services.

**Description**

AB 1929, Gabriel. Medi-Cal benefits: violence prevention services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program, including various mental health services. Existing federal law authorizes, at the option of the state, preventive services, as defined, that are recommended by a physician or other licensed practitioner of the healing arts. This bill would add violence prevention services, as defined, as a covered benefit under Medi-Cal, subject to medical necessity and utilization controls. The bill would authorize the department to implement, interpret, or make specific that provision by means of all-county letters, plan letters, or plan or provider bulletins, or similar instructions until regulations are adopted. The bill would limit its implementation only to the extent that any necessary federal approvals are obtained and federal financial participation is not otherwise jeopardized. The bill would require the department to post on its internet website the date upon which violence prevention services may be provided and billed.

**Primary Sponsors**

Jesse Gabriel, Mike Gipson

State  
CA

Bill Number  
AB 2156

Status  
Enacted

Position  
Support

#### Title

Firearms: manufacturers.

#### Description

AB 2156, Wicks. Firearms: manufacturers. Existing federal law requires a manufacturer of firearms to be licensed by the federal government. Existing state law requires any federally licensed firearms manufacturer that produces 50 or more firearms in the state in a calendar year to also be licensed as a manufacturer by the state. A violation of this requirement is punishable as a misdemeanor. This bill would expand this prohibition to prohibit any person, regardless of federal licensure, from manufacturing firearms in the state without being licensed by the state. The bill would also decrease the manufacturing threshold requiring state licensure from 50 or more firearms in a calendar year to 4 or more firearms in a calendar year. The bill would also prohibit any person, unless licensed as a firearm manufacturer, from manufacturing any firearm or precursor part by means of a 3D printer, as defined. By expanding the application of an existing crime, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

#### Primary Sponsors

Buffy Wicks



State	Bill Number	Status	Position
CA	AB 2239	Enacted	Support

#### Title

Firearms: prohibited persons.

#### Description

AB 2239, Maienschein. Firearms: prohibited persons. Existing law prohibits a person convicted of a felony from possessing a firearm. Existing law prohibits a person convicted of certain specified misdemeanors from possessing a firearm for a period of 10 years after that conviction. This bill would include in this prohibition a misdemeanor conviction for child abuse or elder abuse, as specified, that occurs on or after January 1, 2023. The bill would also remove an erroneous cross-reference. By expanding the application of an existing crime, this bill would impose a state-mandated local program. This bill would incorporate additional changes to Section 29805 of the Penal Code proposed by AB 1621 to be operative only if this bill and AB 1621 are enacted and this bill is enacted last. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

#### Primary Sponsors

Brian Maienschein

**Title**

School safety: homicide threats.

**Description**

SB 906, Portantino. School safety: homicide threats. Existing law requires school districts and county offices of education to be responsible for the overall development of a comprehensive school safety plan for each of their schools operating a kindergarten or any of grades 1 to 12, inclusive. Existing law requires a comprehensive school safety plan to include, among other things, the development of procedures for conducting tactical responses to criminal incidents, including procedures related to individuals with guns on school campuses. Existing law prohibits school employees from conducting a body cavity search or visual inspection under the clothing of a pupil, as provided. Under existing law, pupil and pupil property searches at a schoolsite by school officials are generally justified at their inception if reasonable grounds suggest a search will lead to relevant evidence. This bill would require, on or before July 1, 2023, the State Department of Education, in consultation with relevant local educational agencies, civil rights groups, and the Department of Justice, to develop model content that includes, at a minimum, content that informs parents or guardians of California's child access prevention laws and laws relating to the safe storage of firearms. The bill would require, commencing with the 2023–24 school year, local educational agencies maintaining kindergarten or any of grades 1 to 12, inclusive, to, informed by the model content, include information related to the safe storage of firearms in an annual notification provided to the parents or guardians of pupils. The bill would require a school official whose duties involve regular contact with pupils in any of grades 6 to 12, inclusive, as part of a middle school or high school, and who is alerted to or observes any threat or perceived threat to immediately report the threat or perceived threat to law enforcement, as provided. The bill would require, with the support of the local educational agency, the local law enforcement agency or schoolsite police, as applicable, to immediately conduct an investigation and threat assessment, as specified. The bill would require the investigation and threat assessment to include a review of the firearm registry of the Department of Justice and, if justified by a reasonable suspicion that it would produce evidence related to the threat or perceived threat, a schoolsite search. By imposing additional duties on local educational agencies, the bill would impose a state-mandated local program. Under the bill, a local educational agency serving pupils in kindergarten or any of grades 1 to 12, inclusive, and a school of a local educational agency, is immune from civil liability for any damages allegedly caused by, ... (click bill link to see more).

**Primary Sponsors**

Anthony Portantino, Mike Gipson, Jacqui Irwin

**Title**

Firearms: private rights of action.

**Description**

SB 1327, Hertzberg. Firearms: private rights of action. Existing law provides that, with certain exceptions, any person who, within this state, manufactures or causes to be manufactured, distributes, transports, or imports into the state, keeps for sale, or offers or exposes for sale, or who gives or lends any assault weapon or any .50 BMG rifle, as defined, is guilty of a felony. Existing law also provides that, subject to certain exceptions, a person, corporation, or dealer who sells, supplies, delivers, or gives possession of a firearm precursor part, as defined, is guilty of a crime. This bill would create a private right of action for any person against any person who, within this state, (1) manufactures or causes to be manufactured, distributes, transports, or imports into the state, or causes to be distributed or transported or imported into the state, keeps for sale or offers or exposes for sale, or gives or lends any firearm lacking a serial number required by law, assault weapon, or .50 BMG rifle; (2) purchases, sells, offers to sell, or transfers ownership of any firearm precursor part that is not a federally regulated firearm precursor part; or (3) is a licensed firearms dealer and sells, supplies, delivers, or gives possession or control of a firearm to any person under 21 years of age, all subject to certain exceptions, as specified. The bill would make these provisions inoperative upon invalidation of a specified law in Texas, and would repeal its provisions on January 1 of the following year. This bill would also state that all statutes regulating or prohibiting firearms shall not be construed to repeal any other statute regulating or prohibiting firearms, in whole or in part, unless the statute specifically states that it is repealing another statute. The bill would state that every statute that regulates or prohibits firearms is severable in each application to any particular person or circumstance and that any statute found to be unconstitutional by a court shall remain enforceable as to any application that would not be unconstitutional.

**Primary Sponsors**

Bob Hertzberg, Anthony Portantino, Mike Gipson, Phil Ting

State	Bill Number	Status	Position
CA	SB 1384	In Assembly	Support

**Title**

Firearms: dealer requirements.

**Description**

SB 1384, as amended, Min. Firearms: dealer requirements. Existing law prohibits any person from selling, leasing, or transferring any firearm unless the person is licensed as a firearms dealer, as specified. Existing law prescribes certain requirements and prohibitions for licensed firearms dealers. A violation of any of these requirements or prohibitions is grounds for forfeiture of a firearms dealer's license. This bill would require a licensed firearm dealer to have a digital video surveillance system on their business premises, as specified, and would require that dealer to carry a policy of general liability insurance, as specified.

**Primary Sponsors**

Dave Min

State	Bill Number	Status	Position
US	HR 8	In Senate	Support

**Title**

Bipartisan Background Checks Act of 2021

**Description**

Bipartisan Background Checks Act of 2021 This bill establishes new background check requirements for firearm transfers between private parties (i.e., unlicensed individuals). Specifically, it prohibits a firearm transfer between private parties unless a licensed gun dealer, manufacturer, or importer first takes possession of the firearm to conduct a background check. The prohibition does not apply to certain firearm transfers or exchanges, such as a gift between spouses in good faith.

**Primary Sponsors**

Mike Thompson

State  
US

Bill Number  
HR 1446

Status  
In Senate

Position  
Support

#### Title

Enhanced Background Checks Act of 2021

#### Description

Enhanced Background Checks Act of 2021 (Sec. 2) This bill revises background check requirements applicable to proposed firearm transfers from a federal firearms licensee (e.g., a licensed gun dealer) to an unlicensed person. Specifically, it increases the amount of time, from 3 business days to a minimum of 10 business days, that a federal firearms licensee must wait to receive a completed background check prior to transferring a firearm to an unlicensed person. (This type of transaction is often referred to as a default proceed transaction.) If a submitted background check remains incomplete after 10 business days, then the prospective purchaser may submit a petition for a final firearms eligibility determination. If an additional 10 days elapse without a final determination, then the federal firearms licensee may transfer the firearm to the prospective purchaser. (Sec. 3) The Government Accountability Office must report on the extent to which the changes have prevented firearms transfers to prohibited persons. (Sec. 4) The Federal Bureau of Investigation must report on the number of petitions it receives for final federal firearms determinations. (Sec. 5) The Department of Justice, in consultation with the National Resource Center on Domestic Violence and Firearms, must report on further amendments to the background check process that would likely reduce the risk of death or great bodily harm to victims of domestic violence, domestic abuse, dating partner violence, sexual assault, and stalking.

#### Primary Sponsors

Jim Clyburn

State  
US

Bill Number  
HR 2377

Status  
In Senate

Position  
Support

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**Title**

Federal Extreme Risk Protection Order Act of 2021

**Description**

Federal Extreme Risk Protection Order Act of 2022 This bill authorizes and establishes procedures for federal courts to issue federal extreme risk protection orders. Additionally, the bill establishes grants to support the implementation of extreme risk protection order laws at the state and local levels, extends federal firearms restrictions to individuals who are subject to extreme risk protection orders, and expands related data collection. Extreme risk protection order laws, or red flag laws, generally allow certain individuals (e.g., law enforcement officers or family members) to petition a court for a temporary order that prohibits an at-risk individual from purchasing and possessing firearms. Among its provisions, the bill \* authorizes a family or household member, or a law enforcement officer, to petition for a federal extreme risk protection order with respect to an individual who poses a risk to themselves or others; \* directs the Department of Justice to establish a grant program to help states, local governments, Indian tribes, and other entities implement extreme risk protection order laws; \* extends federal restrictions on the receipt, possession, shipment, and transportation of firearms and ammunition to individuals who are subject to extreme risk protection orders; and \* requires the Federal Bureau of Investigation to compile records from federal, tribal, and state courts and other agencies that identify individuals who are subject to extreme risk protection orders.

**Primary Sponsors**

Lucy McBath

State	Bill Number	Status	Position
US	HR 7910	In Senate	Support

**Title**

Protecting Our Kids Act

**Description**

Protecting Our Kids Act This bill makes various changes to federal firearms laws, including to establish new criminal offenses and to expand the types of weapons and devices that are subject to regulation. Among the changes, the bill \* generally prohibits the sale or transfer of certain semiautomatic firearms to individuals who are under 21 years of age; \* establishes new federal criminal offenses for gun trafficking and related conduct; \* establishes a federal statutory framework to regulate ghost guns (i.e., guns without serial numbers); \* establishes a framework to regulate the storage of firearms on residential premises at the federal, state, and tribal levels; \* subjects bump stocks to regulation under federal firearms laws; \* generally prohibits the import, sale, manufacture, transfer, and possession of large capacity ammunition feeding devices; and \* requires the Department of Justice to report on the demographic data of persons who are determined to be ineligible to purchase a firearm based on a background check performed by the national instant criminal background check system.

**Primary Sponsors**

Jerry Nadler

State	Bill Number	Status	Position
US	S 529	In Senate	Support

**Title**

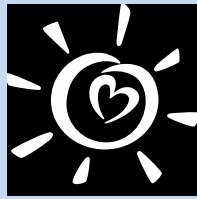
Background Check Expansion Act

**Description**

Background Check Expansion Act This bill establishes new background check requirements for firearm transfers between private parties (i.e., unlicensed individuals). Specifically, it prohibits a firearm transfer between private parties unless a licensed gun dealer, manufacturer, or importer first takes possession of the firearm to conduct a background check. The prohibition does not apply to certain firearm transfers, such as a gift between spouses in good faith.

**Primary Sponsors**

Chris Murphy



**L.A. Care**  
HEALTH PLAN®

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

**Date:** August 23, 2022

**Motion No.** EXE 100.0922

**Committee:** Executive

**Chairperson:** Hector De La Torre

**Issue:** Staff seek approval to amend Policy 603 Grants & Sponsorships to make the Community Health Investment Fund (CHIF) grant approval process more efficient for the Board of Governors.

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

**Background:** At the June 28, 2022 Executive Committee meeting, Chairperson De La Torre invited Board Members' comments about the process for approving Community Health Investment Fund (CHIF) grants. Community Benefits' staff was requested to provide a revised process for approving CHIF grants by the full Board of Governors (BOG/Board) at its regular meeting to improve the efficiency of the approval process. This motion presents revisions to stipulations in Policy 603 Grants and Sponsorships consistent with the Executive Committee's request.

Revisions to Policy 603 will ensure the full body of Board of Governors is aware of and approves major investments, and exempts CHIF grant approval motions from repetitive committee review by raising the notification threshold to \$300,000 from \$150,000 for Grants and from \$300,000 to \$450,000 for Grants and Sponsorships. It also reserves the Board's approval for major investments by raising the Chief Executive Officer's delegated authority to \$500,000 per individual CHIF grant award.

Currently, all CHIF grants are awarded in compliance with the existing policy. They support the organization's mission and vision, elevate the purposes of the safety net, and advance L.A. Care's legislative mandates. Community Benefits staff extensively research and vet grant requests. Funding recommendation are made with the assistance of executive- and senior-level staff across the organization and/or external subject matter experts. The Board receives monthly reports of Grants and Sponsorships approved during the prior month. The BOG also receives an annual report to demonstrate the impact of each active CHIF grant. The proposed policy revisions will heighten efficiencies and further enhance the organization's responsiveness to community requests for much needed programs and services through community health centers and organizations addressing social issues, including social determinants of health.

**Member Impact:** Expands L.A. Care members' access to high quality, innovative, person centered care and equitable programs through efficient grant decision making.

**Budget Impact:** Spending will be applied to undesignated balances in the Board Designated funds as part of the CHIF Grant program.

**Motion:** **To approve Policy 603 as amended to optimize the Board of Governors' approval process for Community Health Investment Fund grants and authorize General Counsel and her designees to make edits to the policy as needed to effectuate the amendments.**





**GRANTS AND SPONSORSHIPS**

**POLICY 603**

**DEPARTMENT**

LEGAL SERVICES

CATEGORY		DATES				
<input type="checkbox"/> PP-Mandated	Effective Date	10/6/2005	Review Date	11/7/2019	Next Annual Review Date	11/7/2020
<input type="checkbox"/> PP-Non-Mandated	Legal Review Date		C&Q/BOG Review Date	11/7/2019	BOG Motion # (if applicable)	EXE100.0419
<input type="checkbox"/> PPG Applicable						
Supersedes Policy Number(s)						

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

ACCOUNTABILITY MATRIX			

ATTACHMENTS

ELECTRONICALLY APPROVED BY THE FOLLOWING		
	OFFICER	DIRECTOR
NAME	Augustavia Haydel	Ellin Davtyan
DEPARTMENT	Legal Services	Legal Services
TITLE	General Counsel	Associate General Counsel



**AUTHORITIES**

- California Constitution, Article 16, Section 6
- Welfare and Institution Code Sections 14087.9605 and 14087.967
- Government Code Sections 1090, et seq.; and 87100, et seq.
- California Code of Regulations, Title 2, Section 18700, et seq.

**REFERENCES**

**603.1 GRANT MAKING**  
**COMM-006 SPONSORSHIPS**

**POLICY HISTORY**

REVIEW DATE	COMMENTS	NEXT ANNUAL REVIEW DATE
02/01/00	Origination Date	
10/06/05	Revision Date	
11/07/19	Revision Date	11/07/20

**DESKTOP PROCEDURES**

Desktop procedures are incorporated by reference in all L.A. Care policies

**DEFINITIONS**

In accordance with Legal Services, all terms capitalized within this policy are defined in the attached document, "Policy Definitions."

**1.0 PURPOSE:**

To establish clear and consistent guidelines for Grants and Sponsorships to assure L.A. Care Health Plan's ("L.A. Care") compliance with applicable laws and regulations

**2.0 DEFINITION(S):**

**2.1 Grant(s):** In-kind or monetary programmatic support for an organization through L.A. Care's Community Health Investment Fund (CHIF). General grant making program goals and objectives are approved by the Board of Governors on a yearly basis. Examples of grants include, but are not limited to, infrastructure support, information technology, electronic health records, equipment, and clinical staff funding.

**2.2 Sponsorship(s):** In-kind or monetary support for an organization, usually connected to a specific event and/or purpose. Examples of sponsorships include, but are not limited to, health fairs, conferences, fundraising events, outreach efforts, or contributions to health care programs.

**2.3 Advertising and/or Promotional Benefits:** Benefits designed to build L.A. Care's name recognition and awareness, create and solidify beneficial partnerships, or build brand loyalty.

**2.4 Consumer Advisory Committees:** Committees comprised of L.A. Care consumer members, such as the Executive Community Advisory Committee (ECAC) and the Regional Community Advisory Committees (RCACs).

**3.0 POLICY:**

L.A. Care may approve Grants and Sponsorships for projects, events or activities or organizations if the expenditure of such funds furthers L.A. Care's legislative mandate of (1) establishing, implementing, maintaining and continuing the Local Initiative for Medical managed care beneficiaries in Los Angeles County; (2) operating health plans for members of publicly funded health care programs, individuals employed by public agencies and businesses, and uninsured or indigent patients; and/or (3) furthers L.A. Care's mission and strategic vision.

**4.0 IMPLEMENTATION GUIDELINES:**

**4.1** Grants and Sponsorships awarded under the following circumstances are deemed to further L.A. Care's legislative mandate, mission, or strategic vision:

**4.1.1** Awards to any organization or entity engaged in providing health care services consistent with the strategic plan (issued on March 31, 1993, as



amended by the California State Department of Health Services) to Medi-Cal and other publicly funded health program members, employees of public agencies and private businesses, and uninsured indigent individuals ("target population").

- 4.1.2** Awards to provide health care or to support efforts relating to managed care for the target population directed to any organization or entity that supports the safety net.
  - 4.1.3** Awards to any organization to provide ADVERTISING AND/OR PROMOTIONAL BENEFITS for L.A. Care in order to build awareness, create or solidify partnerships, and build brand loyalty.
  - 4.1.4** Awards to strengthen social determinants of health indicators for target populations.
- 4.2** L.A. Care may award a Grant or Sponsorship that does not meet the requirements of paragraphs 4.1.1, 4.1.2, 4.1.3, or 4.1.4 above, only if approved by the Board of Governors.
- 4.3** In reviewing individual Grant or Sponsorship requests, L.A. Care shall adhere to the following conflict of interest guidelines.
- 4.3.1** No Grant or Sponsorship shall be awarded for a for-profit entity which is a source of income to a Board member or an employee in which a Board member or an employee has an investment, unless specifically approved by the Board.
  - 4.3.2** No Grant or Sponsorship shall be awarded to a non-profit entity which is a source of income to a Board member, if the Board member voted to approve the budget for L.A. Care's Grant making or Sponsorship program; or if that member has contacted any Board member, employee or officer of L.A. Care, either verbally or in writing, for the purpose of influencing L.A. Care's decision to award the Grant or Sponsorship.
  - 4.3.3** No Grant or Sponsorship shall be awarded to a non-profit entity which is a source of income to an employee, if the employee has contacted any Board member, employee or officer of L.A. Care, either verbally or in writing, for the purpose of influencing L.A. Care's decision to award the Grant or Sponsorship.
- 4.4** In addition to the above-stated provisions, the following guidelines shall govern L.A. Care's awarding of Grants and Sponsorships.



- 4.4.1** The cultural diversity of L.A. Care's membership should strive to be reflected in the total yearly expenditure of funds for Grant and Sponsorship awards.
- 4.4.2** Priority may be given to new and innovative activities.
- 4.4.3** No commitment shall be made or implied that a Grant or Sponsorship, once given, will be continued beyond the initial award.
- 4.4.4** The total yearly expenditure for Grants or Sponsorships shall not exceed the approved budget amount without further specific approval from the Board.
- 4.4.5** Grant and Sponsorship awards shall be made in compliance with the procedures established pursuant to this policy and developed in consultation with L.A. Care's legal counsel.
- 4.4.6** No individual Sponsorship in excess of Seventy-Five Thousand Dollars (\$75,000) may be awarded without the approval of the Executive Committee of the Board of Governors.
- 4.4.64.4.7** No individual Grant in excess of ~~One Hundred and Fifty Thousand Dollars (\$150,000)~~ Five-Hundred Thousand Dollars (\$500,000) may be awarded without the approval of the Board of Governors.
- 4.4.74.4.8** At the discretion of L.A. Care staff, Grant and Sponsorship recipients which are Community Based Organizations shall be encouraged to work in conjunction with L.A. Care's COMMUNITY ADVISORY COMMITTEES to expand community health education and facilitate health presentations.
- 4.4.84.4.9** Sponsorship awards shall be made in accordance with Communications' Sponsorship Guidelines to ensure that sponsored events benefit L.A. Care members and align with organizational priorities.
- 4.5** Staff shall develop and implement procedures to evaluate whether L.A. Care's expected outcomes are achieved by Grants and Sponsorships awarded pursuant to this policy. Reporting requirements shall be as follows:
- 4.5.1** Monthly Grant and Sponsorship reports on funding approved in the prior month, which include funding recipient, amount, and purpose.



**4.5.2** Annual reports detailing Sponsorships and the outcomes and impacts of Grants shall each be presented to the Board within one hundred twenty (120) days of the end of each fiscal year.

**4.5.2.1** Sponsorship reports will include funding recipient, amount, date, and event name.

**4.5.2.2** Grant reports will include funding recipient, amount, date, purpose, and a summary of reports from the grantee that reflects project progress, outcome, and impact of the Grant.

**4.5.3** A report to the Finance and Budget Committee on any entities that have received more than ~~One Hundred and Fifty Three-Hundred~~ Thousand Dollars ~~(\$300,000)~~ ~~(\$150,000)~~ in Grants, or more than ~~ThreeFour-~~ Hundred ~~Fifty~~ Thousand Dollars ~~(\$450,000)~~ ~~(\$300,000)~~ combined in Grants and Sponsorships, within the fiscal year.



**L.A. Care**  
HEALTH PLAN

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

**Date:** August 23, 2022

**Motion No.** EXE 101.0922

**Committee:** Executive

**Chairperson:** Hector De La Torre

**Issue:** Staff seek approval to award up to \$500,000 to Plunum Health to implement its Care Transformation Program (CTP) at partner clinics to increase patient engagement, advance quality improvement, reduce hospitalizations, and decrease costs using the Medical Home Network model.

**Background:** On November 4, 2021, the L.A. Care Board of Governors (BOG) approved an allocation of \$10 million for fiscal year 2021-22 as part of the general organizational and Community Health Investment Fund (CHIF) budgets. This request is within the FY 2022 CHIF allocation and aligns with its programmatic priorities.

The proposed funds will support implementation of Plunum Health's Care Transformation Program (CTP) at Eisner Health, Saban Community Clinic, and Venice Family Health. The CTP will increase patient engagement, advance quality improvement, reduce hospitalizations, and decrease costs using the Medical Home Network (MHN) model. Recent randomized studies have validated similar quality improvement strategies for identifying and improving care for high-need high-cost users by empowering Care Coordinators to work closely with patients to reduce hospital admissions and improve health care and social outcomes. MHNConnect, the care management system, will allow patients' health status to be stratified into high, moderate, and low risk cohorts or appropriate management. This will enable providers to prioritize care and direct resources to patients with the most need.

In addition to tracking program efficiency data, health status benchmarks will be compared to patient progress year over year. Data sets will include Healthcare Effectiveness Data and Information Sets (HEDIS) measures, utilization costs, admissions, readmissions, and health risk assessment scores to determine program effectiveness.

**Member Impact:** Plunum Health's Care Transformation Program will be available to all L.A. Care members who are patients of Eisner Health, Saban Community Health Center, or Venice Family Health to improve quality outcomes and social drivers of health through an advanced care management model.

**Budget Impact:** Spending will be applied to undesignated balances in the Board Designated funds as part of the CHIF Grant Ad Hoc program.

**Motion:** **To award up to \$500,000 to Plunum Health to implement its evidenced based Care Transformation Program (CTP) at partner clinics to enhance care management, improve patient health status, and reduce system utilization costs.**



August 23, 2022

TO: Board of Governors, L.A. Care Health Plan

FROM: Wendy Schiffer, *Senior Director, Strategic Planning*  
Shavonda Webber-Christmas, *Director, Community Benefits Program*

**SUBJECT: Approval to award up to \$500,000 to Plunum Health to implement its Care Transformation Program (CTP) at partner clinics to increase patient engagement, advance quality improvement, reduce hospitalizations, and decrease costs using the Medical Home Network model.**

### **Introduction and Program Description**

L.A. Care's Community Benefits department seeks approval to award up to \$500,000 to Plunum Health to implement its Care Transformation Program (CTP) at partner clinics to increase patient engagement, advance quality improvement, reduce hospitalizations, and decrease costs using the Medical Home Network (MHN) model. Plunum Health is a partnership that consists of Eisner Health, Saban Community Clinic, and Venice Family Health. The CTP is an evidence-based care management program that empowers care coordinators to work closely with patients to prevent hospital readmissions and improve health care and social outcomes. Inputs from the CTP's innovative technology, care teams across health systems, and health risk assessments (HRA) that incorporate medical, behavioral, and social factors, along with cross-system usage data allow patients' health risk to be stratified into high, moderate, and low risk cohorts for appropriate management.

Plunum Health serves a patient population of 110,000 individuals from largely under resourced communities, including those covered by Medi-Cal and uninsured patients. The CTP will enable providers to prioritize care and direct resources to patients with the most need. CTP uses health status benchmarks that include pre-implementation data to compare progress year over year. Data sets will include Healthcare Effectiveness Data and Information Sets (HEDIS) measures, utilization costs, admissions, readmissions, and health risk assessment scores to assess program effectiveness.

### **Issue Background**

The current health care delivery system in Los Angeles is fragmented. Providers learn about their patients' hospitalizations or emergency department visits after the fact with limited discharge coordination or care transition with practice level coordination; care delivery often focuses on select disease states; and referrals are inconsistent and based on individual care team member's knowledge and lack follow-up to close the service delivery loop. Plunum Health will transform the way care is delivered to effectively address these issues and improve quality care for all its patients.

A 12-month randomized quality improvement trial in the *American Journal of Managed Care* ([February 2020](#)) demonstrated significant reductions in total medical expenditures and inpatient bed days and admissions for high-need, high-cost Medicaid beneficiaries. Those randomized into complex care management (CCM) experienced better results compared to those randomized into usual care (UC), creating a \$7,732 per member/year spending reduction. Overall, three key



strategies were cited for CCM programs' efficacy and efficiency: 1) targeting patients at risk of persistent high spending and issues amenable to care planning, 2) use of nontraditional healthcare workers, such as Community Health Workers selected from the communities they serve in, and 3) in-person engagement. It is also worth noting that the patient selection process involved combined predictive models with other historical utilization and provider judgement, in addition to social, behavioral, and medical assessments.

Plunum Health's Care Transformation Program (CTP) is well aligned with the randomized trial's methods and indicators of success. Plunum Health's care teams are enhanced with Care Coordinators from communities where patients reside and will serve to engage and provide coordination and support for patients' social issues. The MHNConnect platform serves to synthesize data from interoperable systems and patient HRAs and equips care teams with continual data to target patients with preventable rising risk.

In Chicago, MHN brought 13 federally qualified health centers (FQHC) and 3 health systems together to create a unified system to coordinate care management and primary care for the neediest populations in Chicago. Since its implementation, they reduced patient hospital days by 36%, hospital readmissions and ER visits by 12% and 11%, respectively. The use of this model notably increased patient engagement, with 81% completing HRAs and 47% completing post-ER visits within 7 days. Overall, Chicago's health system lowered total expenditures by 6%. There was an \$81 million savings over five years.

During the first year of the CTP, Plunum Health will work with MHN consultants and technical staff from each clinic to create interfaces between MHNConnect and each clinics' electronic medical record (EMR), existing data feeds (LANES/EDIE/others), hospital and IPA data streams enabled by artificial intelligence, and embed closed loop local referral solutions, which will create a 360 degree view of patients' charts in their partners' EMRs. Plunum Health will hire fifteen staff, including three Care Managers and twelve Care Coordinators. They will be trained on the system and complete 5,000 patient HRAs. Plunum Health will initiate the CTP with a sample of 1,260 moderate risk cohort, especially focused on preventing further health issues among those with rising risk. Although an estimated 7% of Plunum's high risk cohort will be eligible for specific California Advancing and Improving Medi-Cal (CalAIM) services, all Plunum Health patients' care will be managed by a similar whole person/patient centered care approach as well.

### **Organization Background**

Plunum Health, a 501c3 nonprofit organization, launched in 2014 as a partnership between community health centers to explore opportunities for creating an integrated health care delivery system in Los Angeles, California. Members of the partnership include Eisner Health, Saban Community Clinic, and Venice Family Clinic. Plunum Health is overseen by executive leadership and board members from each of the community health center partners. The mission of Plunum Health is to help community health centers drive difficult internal projects in a systemic collective way, reduce costs, and have a positive impact on the health status of the patients and communities they serve. Plunum Health and its partners have a patient population of 110,000, primarily Hispanic/Latino and predominantly individuals from lower socioeconomic areas within service planning areas 2, 4, 5, 6, and 8.

### **Project Deliverables**

By the end of the 12-month grant period, Plunum Health will meet the following objectives:

1. Integrate the MHNConnect Platform into each health centers' electronic medical/health record
2. Overlay and test data integration (LANES, EDIE), including the referral platform (Aunt Bertha)
3. Recruit, hire, and train 15 care team members
4. Conduct 5,000 Health Risk Assessments
5. Launch care management intervention with 1,260 targeted patients

### **Alignment with L.A. Care Strategic Goals**

Supporting a health information exchange network aligns with L.A. Care's strategic vision to improve health outcomes, improve access and support high quality, efficient, and coordinated care for low-income and under-resourced populations in underserved areas of Los Angeles County.

### **Evaluation and Program Monitoring**

Community Benefits staff will require two progress reports during the grant term.