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

BOARD OF GOVERNORS

Executive Committee Meeting

April 24, 2024 • 2:00 PM

L.A. Care Health Plan

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

AGENDA
Executive Committee Meeting
Board of Governors

DRAFT

Wednesday, April 24, 2024, 2:00 P.M.
L.A. Care Health Plan, 1055 West 7th Street, Conference Room 100, 1st Floor
Los Angeles, CA 90017

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

To listen to the meeting via videoconference please register by using the link below:
https://lacare.webex.com/lacare/j.php?MTID=m99fc115f41ea82729f455b776f050af3

To listen to the meeting via teleconference please dial: +1-213-306-3065
Meeting Number: 2483 392 4280 Password: lacare

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

The purpose of public comment is an opportunity for members of the public to inform the governing body about their views. The Committee appreciates hearing the input as it considers the business on the Agenda. All public comments submitted will be read for up to 3 minutes during the meeting. The process for public comment is evolving and may change at future meetings. We thank you for your patience.

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

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

Welcome		Alvaro Ballesteros, MBA *Chair*
1.	Approve today's Agenda	*Chair*
2.	Public Comment *(Please read instructions above.)*	*Chair*
3.	Approve the March 27, 2024 Meeting Minutes p.5	*Chair*
4.	Chairperson's Report	*Chair*
5.	Chief Executive Officer Report • Government Affairs Update p.12	John Baackes *Chief Executive Officer* Cherie Compartore *Senior Directors, Government Affairs*
6.	Chief Financial Officer's Report • Financial Report – February 2024 **(EXE 100)** p.184 • Monthly Investment Transactions Reports – February 2024 p.193	Afzal Shah *Chief Financial Officer* Jeff Ingram *Deputy Chief Financial Officer*

DRAFT

Committee Issues

7. To authorize a Letter of Credit from a financial institution for tenant improvements according the existing lease for 1200 W. 7th Street, Los Angeles **(EXE 101)** p.233 — Afzal Shah

8. Contract with the Department of Health Services Housing for Health in partnership with Brilliant Corners to provide support on accessibility improvements in Interim Housing facilities throughout Los Angeles County **(EXE 102)** — Karl Calhoun, *Director, Housing Initiatives*; Charles Robinson, *Senior Director, Community Health*

9. Human Resources Policies **(EXE A)** p.235 — Terry Brown, *Chief Human Resources Officer*
   - HR-108 (Holiday)
   - HR 202 (Anti-Discrimination and Anti-Harassment)
   - HR-228 (Non-Fraternization Policy)
   - HR-306 (Equal Employment Opportunity)

10. Annual Disclosure of Broker Fees in compliance with AB 2589 p.258 — Terry Brown

11. Approve the list of items that will be considered on a Consent Agenda for May 2, 2024 Board of Governors Meeting. — *Chair*
    - April 4, 2024 meeting minutes
    - Contract with the Department of Health Services Housing for Health in partnership with Brilliant Corners to provide support on accessibility improvements in Interim Housing facilities throughout Los Angeles County
    - To authorize a Letter of Credit from a financial institution for tenant improvements according the existing lease for 1200 W. 7th Street, Los Angeles
    - Technical Advisory Committee Revised Charter

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

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

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

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

15. THREAT TO PUBLIC SERVICES OR FACILITIES
    Government Code Section 54957
    Consultation with: Tom MacDougall, *Chief Information & Technology Officer* and Gene Magerr, *Chief Information Security Officer*

16. 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

DRAFT

17. CONFERENCE WITH REAL PROPERTY NEGOTIATORS
Pursuant to Section 54956.8 of the Ralph M. Brown Act
Property: 1200 West 7th Street, Los Angeles, CA 90017
Agency Negotiator: John Baackes
Negotiating Parties: City of Los Angeles, Municipal Facilities Committee and Rising Realty Partners, HRRP Garland, LLC
Under Negotiation: Price and Terms of Payment

18. 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)

19. 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

20. PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR
Sections 54957 and 54957.6 of the Ralph M. Brown Act
Title: Chief Executive Officer
Agency Designated Representative: Alvaro Ballesteros, MBA
Unrepresented Employee: John Baackes

RECONVENE IN OPEN SESSION

ADJOURNMENT *Chair*

The next Executive Committee meeting is scheduled on Wednesday, May 22, 2024 at 2:00 p.m.
and may be conducted as a teleconference meeting.

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

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

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

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

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at 1055 W. 7th Street, Los Angeles, CA, in the reception area in the main lobby or at http://www.lacare.org/about-us/public-meetings/board-meetings **and can be requested by email to** BoardServices@lacare.org.
An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

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

BOARD OF GOVERNORS
Executive Committee
Meeting Minutes – March 27, 2024

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

Members

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

Management/Staff

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

**Absent ** Via Teleconference*

Drf

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Alvaro Ballesteros, *Chairperson,* called to order the regular meetings of the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee regular meetings at 2:03 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings. He provided information on how to submit comments in-person or electronically.	
APPROVE MEETING AGENDA	The Agenda for today's meeting was approved.	**Approved unanimously. 3 AYES (Ballesteros, Booth and Shapiro)**
PUBLIC COMMENT	There were no public comments.	
APPROVE MEETING MINUTES	Board Member Booth proposed an amendment on page 3. There was no objection to including the correction in the minutes. The minutes of the February 28, 2024 meeting were approved as amended.	**Approved unanimously. 3 AYES**
CHAIRPERSON'S REPORT	There was no report from the Chairperson.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHIEF EXECUTIVE OFFICER REPORT	*(Board Member Raffoul joined the meeting)* John Baackes, *Chief Executive Officer,* reported that the Change Healthcare cyber-attack was reported to the Board meeting at the March 7 meeting. Change Healthcare serves as L.A. Care's clearinghouse for electronic claims and the cyber-attack shut down its operations on February 21. L.A. Care immediately notified its providers that relied on electronic claim submission that they could submit claims on paper. L.A. Care is aware that was a great challenge for many providers. Change Healthcare is owned by United healthcare, which also owns Optum, a health services vendor. Arrangements were made to use Optum as the alternate clearinghouse, and it was brought online, after a vetting and testing, on March 12. L.A. Care arranged to use Office Ally as an alternative clearinghouse for some providers. Office Ally had formerly provided clearinghouse services for L.A. Care. L.A. Care is receiving claims thorugh these alternate services. L.A. Care is working with Change Healthcare to continue services when testing is completed. L.A. Care will explore options with multiple clearinghouses and evaluate operations for the future. Claims are being received at or above historical levels and processing is current with claims received. The disruption has caused problems for some of the smaller providers such as community-based organizations, skilled nursing facilities and community based adult services (CBAS) providers. L.A. Care is assisting affected providers with cash advances against future claims, with agreements executed with 81 organizations. L.A. Care has advanced $28,893,000 to providers. It is hoped that the options functioning now will help the organizations resume submitting electronic claims. L.A. Care is prepared to continue to support its providers. Mr. Baackes is in regular contact with regulators at California Department of Managed Care Services (DMHC) and Department of Health Care Services (DHCS) about the incident, L.A. Care's support for providers and processes to recover full claims submission functions. Smaller providers have let him know that they appreciate L.A. Care's transparency and responsiveness. Board Member Booth thanked Mr. Baackes for this work. Mr. Baackes noted that he will provide more information at the April 4 Board meeting about claims clearinghouses, the Medi-Cal redetermination cycle, and other items. He reported that L.A. Care has earned the Health Equity Accreditation from the National Committee for Quality Assurance.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
• Government Affairs Update	Cherie Compartore, *Senior Director, Government Affairs*, reported: • Last week an agreement was reached to take early actions on the California state budget. The Managed Care Organization (MCO) tax has moved forward and was signed by the Governor. It is expected to generate $1.5 billion that would help mitigate the current budget crisis. DHCS can now seek approval from the Centers for Medicare and Medicaid Services (CMS) for higher federal matching funds. • An initiative for the MCO tax is also proposed for the November ballot. Although not formally announced yet, it appears there are sufficient signatures and it will qualify for the November ballot. • The Legislature recent adjourned for spring recess and Legislators will head home to their districts. Legislature will reconvene on April. 1. L.A. Care Government Affairs staff continue to meet with legislative committee consultants and staffers, finalizing policy positions for proposed bills. Staff is preparing for the many hearings to convene when the Legislature returns. The deadline to hear bills with fiscal implications is April 26. • The California Governor announced the appointment of Tyler Sadwith as State Medicaid Director at DHCS. Sadwith formerly served as the Director for Behavioral Health, and he has worked at CMS. • Voters by a narrow margin approved California's Proposition 1. This is a two-part ballot initiative, and includes a bond to build treatment facilities and permanent supporting housing for people with mental health and addiction challenges, as well as for veterans. Chairperson Ballesteros asked how the funding for Prop 1 is distributed. Ms. Compartore responded that managed care health plans will not have a role in the funding distributions. Mr. Baackes noted that some of the funding results from redirecting existing state funding sent to Counties.	
COMMITTEE ISSUES		
Catalina Island Health Grant to support safety net access to health care for L.A. Care members living on Catalina Island **(EXE 100)**	Mr. Baackes met with the Chief Executive Officer of Catalina Island Medical Center, which operates under the name Catalina Island Health. It is the only health care facility on Catalina Island, and it operates a 12-bed facility with 9 acute care beds and 3 skilled nursing beds, an emergency room, and the only outpatient clinic on the island, staffed by two physicians. Catalina Island Health is in dire financial condition. It is estimated to run out of cash by June and would be forced to close.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	The Catalina Island Health CEO requested that L.A. Care consider increasing reimbursement for Medi-Cal and provide a $5 million grant. L.A. Care has 733 health plan members on Catalina Island, out of a population of 4,200 residents. An increase in the Medi-Cal payments would not be enough to sustain Catalina Island Health. L.A. Care is nevertheless in negotiations to increase the Medi-Cal funding to support Catalina Island Health. A $2 million dollar grant could keep it operating through at least the end of the year. A subsequent meeting included representatives from Los Angeles County Supervisor Hahn's office, Representative Lowenthal, Senator Gonzalez and Senator Allen, Catalina Island Health leaders and the County Fire Department. The group reviewed potential consequences if the hospital closed. The bottom line is that there would be no medical services on the island other than a chiropractor, and it would become the responsibility of the County Fire Department in emergencies to ferry people off the island by helicopter to medical sites on the mainland. Mr. Baackes is seeking approval to issue a $2 million grant to Catalina Island Health to support safety net access to healthcare for L.A. Care members and others living on Catalina Island. L.A. Care will continue to work with County offices, particularly Supervisor Hahn's office, to find a long-term solution. Mr. Baackes contacted the California Hospital Association to ensure that they are aware of the situation and the actions proposed. He made it clear that L.A. Care is happy to support this effort but is not in a position to sustain the hospital long-term. It is important that L.A. Care consider this support for the safety net. Some may recall that on New Year's Eve 2022, a rural hospital in Kings County closed, leaving residents more than 50 miles away from the nearest hospital. At the time, no organization came forward to offer a safety net or a lifeline. In this case, Catalina Island Health has asked for support and it would be appropriate for L.A. Care to provide the grant and work collaboratively with others to find a long-term solution. Catalina Island Health is the only facility on the island and Medi-Cal is only about 25% of the patient mix. About a million visitors a year go to the island, and they make up most of the traffic that goes to the emergency room, and those patients likely use commercial insurance. Afzal Shah, *Chief Financial Officer* spoke with Catalina Island Health about their financial structure. Mr. Shah noted that around 25% of the revenue	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	is through Medi-Cal, and the rest is commercial insurance. Catalina Island Health would like to sustainably enhance the contracting arrangements for all lines of business. Mr. Baackes noted that if Catalina Island Health closed and the Fire Department must ferry people off the island for emergency health care, it would result in unbudgeted expense for the County. Board Member Booth commented that L.A. Care should support Catalina Island Health. By providing funding, it benefits other insurance companies, particularly Health Net, because it is going to keep the hospital going for those health insurers. L.A. Care is the only one providing financial support, but it is the right thing to do. Board Member Raffoul noted that it is good community service. L.A. Care does a lot of work in supporting community needs, and this is one of the most worthy causes, to maintain healthcare on the island. **Motion EXE 100.0424** **To approve delegated authority to Chief Executive Officer, John Baackes, to issue up to a $2 million award to Catalina Island Health to support safety net access to health care for L.A. Care members living on Catalina Island.**	**Approved unanimously.** **4 AYES (Ballesteros, Booth, Raffoul and Shapiro)**
Approve Consent Agenda	Approve the list of items that will be considered on a Consent Agenda for April 4, 2024 Board of Governors Meeting. • March 7, 2024 meeting minutes • Contract with Microsoft (via SHI International) to provide product support services for Information Technology staff supporting critical virtual production infrastructure • Faneuil, Inc. Contract Extension and Funding for Customer Service Center	**Approved unanimously.** **4 AYES**
PUBLIC COMMENTS	There were no public comments.	
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Executive Committee meeting adjourned at 2:29 pm. Augustavia J. Haydel, Esq., *General Counsel* announced the items for discussion in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 2:30 pm. REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Estimated date of public disclosure: *March 2026* CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Tom MacDougall, *Chief Information & Technology Officer* 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 CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act L.A. Care Health Plan's Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable) CONFERENCE WITH LEGAL COUNSEL—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 PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR Sections 54957 and 54957.6 of the Ralph M. Brown Act Title: Chief Executive Officer Agency Designated Representative: Alvaro Ballesteros, MBA Unrepresented Employee: John Baackes	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 4:30 pm. No reportable actions were taken during the closed session.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting adjourned at 4:31 pm	

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

APPROVED BY:

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

Legislative Matrix

Last Updated: April 15, 2024

Bills by Issue

2024 Legislation (184)

Bill Number	Last Action	Status	Position
AB 4	**Read Second Time And Amended Re Referred To Com On Appr 2023 07 13**	**In Senate**	**Support**

Title
Covered California: expansion.

Description
AB 4, as amended, Arambula. Covered California: expansion. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Existing state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law requires the Exchange to apply for a federal waiver to allow persons otherwise not able to obtain coverage through the Exchange because of their immigration status to obtain coverage from the Exchange.This bill would delete that requirement and would instead require the Exchange to administer a program to allow persons otherwise not able to obtain coverage by reason of immigration status to enroll in health insurance coverage in a manner as substantially similar to other Californians as feasible given existing federal law and rules. The bill would require the Exchange to undertake outreach, marketing, and other efforts to ensure enrollment. The bill would also require the Exchange to adopt an annual program design for each coverage year to implement the program, and would require the Exchange to provide appropriate opportunities for stakeholders, including the Legislature, and the public to consult on the design of the program.

Primary Sponsors
Joaquin Arambula, Sabrina Cervantes, Maria Durazo

Organizational Notes

Last edited by Joanne Campbell at May 12, 2023, 9:13 PM
L.A. Care, Health Access California (co-sponsor), California Immigrant Policy Center (co-sponsor): Support

Bill Number	Last Action	Status	Position
AB 106	**Enrolled And Presented To The Governor At 10 A M 2024 04 12**	**Passed Senate**	**None**

Title
Budget Acts of 2022 and 2023.

Description
AB 106, Gabriel. Budget Acts of 2022 and 2023. The Budget Act of 2022 and the Budget Act of 2023 made appropriations for the support of state government for the 2022–23 and 2023–24 fiscal years.This bill would amend the Budget Act of 2022 and the Budget Act of 2023 by amending, adding, and repealing items of appropriation and making other changes.This bill would declare that it is to take effect immediately as a Budget Bill.

Primary Sponsors
Jesse Gabriel

Bill Number	Last Action	Status	Position
AB 136	**Read Second Time Ordered To Third Reading 2024 03 20**	**In Senate**	**Monitor**

Title
Medi-Cal: managed care organization provider tax.

Description
AB 136, as amended, Committee on Budget. Medi-Cal: managed care organization provider tax. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, one of the methods by which Medi-Cal services are provided is pursuant to contracts with various types of managed care plans.Existing law imposes a managed care organization (MCO) provider tax, administered and assessed by the department, on licensed health care service plans and managed care plans contracted with the department. Under existing law, all revenues, less refunds, derived from the taxes are deposited into the Managed Care Enrollment Fund, to be available to the department, upon appropriation, for the purpose of funding specified subcomponents to support the Medi-Cal program.Existing law sets forth certain taxing tiers and tax amounts for purposes of the tax periods of April 1, 2023, to December 31, 2023, inclusive, and the 2024, 2025, and 2026 calendar years. Under existing law, the Medi-Cal per enrollee tax amount for Medi-Cal taxing tier II, as defined, is $182.50 for the 2024 calendar year, $187.50 for the 2025 calendar year, and $192.50 for the 2026 calendar year.This bill would raise that tax amount for that tier to $205 for all 3 of those calendar years.This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors
House Budget Committee

Organizational Notes

Last edited by Joanne Campbell at Mar 22, 2024, 6:22 PM
California Association of Health Plans - Support

Bill Number	Last Action	Status	Position
AB 236	**In Senate Read First Time To Com On Rls For Assignment 2024 01 30**	**In Senate**	**Monitor**

Title
Health care coverage: provider directories.

Description
AB 236, as amended, Holden. Health care coverage: provider directories. 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 and a health insurer that contracts with providers for alternative rates of payment to publish and maintain a provider directory or directories with information on contracting providers that deliver health care services enrollees or insureds, and requires a health care service plan and health insurer to regularly update its printed and online provider directory or directories, as specified. Existing law authorizes the departments to require a plan or insurer to provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on materially inaccurate, incomplete, or misleading information contained in a health plan’s provider directory or directories.This bill would require a plan or insurer to annually verify and delete inaccurate listings from its provider directories, and would require a provider directory to be 60% accurate on July 1, 2025, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before July 1, 2028. The bill would subject a plan or insurer to administrative penalties for failure to meet the prescribed benchmarks. If a plan or insurer has not financially compensated a provider in the prior year, the bill would require the plan or insurer to delete the provider from its directory beginning July 1, 2025, unless specified criteria applies. The bill would require a plan or insurer to arrange care and provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on inaccurate, incomplete, or misleading information contained in a health plan or policy’s provider directory or directories and to reimburse the provider the contracted amount for those services. The bill would prohibit a provider from collecting an additional amount from an enrollee or insured other than the applicable in-network cost sharing. The bill would require a plan or insurer to provide information about in-network providers to enrollees and insureds upon request, and would limit the cost-sharing amounts an enrollee or insured is required to pay for services from those providers under specified circumstances.This bill would authorize the Department of Managed Health Care and the Department of Insurance to develop uniform formats for pl... (click bill link to see more).

Primary Sponsors
Chris Holden

Organizational Notes

Last edited by Joanne Campbell at Apr 17, 2023, 3:55 PM
California Association of Health Plans: Opposed

Bill Number	Last Action	Status	Position
AB 365	**Ordered To Inactive File At The Request Of Senator Limon 2023 09 12**	**In Senate**	**Monitor**

Title
Medi-Cal: diabetes management.

Description
AB 365, as amended, Aguiar-Curry. Medi-Cal: diabetes management. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of benefits under the Medi-Cal program. This bill would add continuous glucose monitors and related supplies required for use with those monitors as a covered benefit under the Medi-Cal program for the treatment of diabetes when medically necessary, subject to utilization controls. The bill would require the department, by July 1, 2024, to review, and update as appropriate, coverage policies for continuous glucose monitors, as specified. The bill would authorize the department to require a manufacturer of a continuous glucose monitor to enter into a rebate agreement with the department. The bill would limit its implementation to the extent that any necessary federal approvals are obtained and federal financial participation is available. The bill would make related findings and declarations.

Primary Sponsors
Cecilia Aguiar-Curry

Bill Number	Last Action	Status	Position
AB 412	**Referred To Com On Health 2023 06 14**	**In Senate**	**Monitor**

Title
Distressed Hospital Loan Program.

Description
AB 412, as amended, Soria. Distressed Hospital Loan Program. The California Health Facilities Financing Authority Act authorizes the California Health Facilities Financing Authority to, among other things, make loans from the continuously appropriated California Health Facilities Financing Authority Fund to participating health institutions, as defined, for financing or refinancing the acquisition, construction, or remodeling of health facilities.This bill would create the Distressed Hospital Loan Program, until January 1, 2032, for the purpose of providing loans to not-for-profit hospitals and public hospitals, as defined, in significant financial distress, or to governmental entities representing a closed hospital to prevent the closure or facilitate the reopening of a closed hospital. The bill would require, subject to an appropriation by the Legislature, the Department of Health Care Access and Information to administer the program and would require the department to enter into an interagency agreement with the authority to implement the program. The bill would require the department, in collaboration with the State Department of Health Care Services, the Department of Managed Health Care, and the State Department of Public Health, to develop a methodology to evaluate an at-risk hospital’s potential eligibility for state assistance from the program, as specified. Notwithstanding that methodology, the bill would deem a hospital applying for aid to be immediately eligible for state assistance from the program if the hospital has 90 or fewer days cash on hand and has experienced a negative operating margin over the preceding 12 months. The bill would require a hospital or a closed hospital to provide the authority and the department with financial information, in a format determined by the authority, demonstrating the hospital’s need for assistance due to financial hardship. The bill would additionally require that the department, in consultation with the authority, develop a loan forgiveness application and approval process, as specified. The bill would specify that the authority and the department may implement these provisions by information notices or other similar instructions, without taking any further regulatory action.This bill would create the Distressed Hospital Loan Program Fund, a continuously appropriated fund, for use by the department and the authority to administer the loan program, as specified. The bill would authorize both the authority and the department to recover administrative costs from the fund, as specified. By creating a continuously appropriated fund, the bill would make an appropriation.Existing law generally requires a health care facility to report specified data to the department, i... (click bill link to see more).

Primary Sponsors
Esmeralda Soria, Eduardo Garcia, Jim Wood, Anna Caballero

Bill Number	Last Action	Status	Position
AB 492	**Referred To Com On Health 2023 06 14**	**In Senate**	**Monitor**

Title
Medi-Cal: reproductive and behavioral health integration pilot programs.

Description
AB 492, as amended, Pellerin. Medi-Cal: reproductive and behavioral health integration pilot programs. 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, among other reproductive health services, and specialty or nonspecialty mental health services and substance use disorder services, among other behavioral health services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law establishes the Family Planning, Access, Care, and Treatment (Family PACT) Program pursuant to a federal waiver, as part of the schedule of Medi-Cal benefits. Under existing law, the Family PACT Program provides comprehensive clinical family planning services to a person who has a family income at or below 200% of the federal poverty level and who is eligible to receive those services pursuant to the waiver. Under the Family PACT Program, comprehensive clinical family planning services include, among other things, contraception and general reproductive health care, and exclude abortion. Abortion services are covered under the Medi-Cal program.This bill would, on or before July 1, 2024, subject to an appropriation, require the department to make grants, incentive payments, or other financial support available to Medi-Cal managed care plans to develop and implement reproductive and behavioral health integration pilot programs in partnership with identified qualified providers, in order to improve access to behavioral health services for beneficiaries with mild-to-moderate behavioral health conditions.The bill would define “qualified provider” as a Medi-Cal provider that is enrolled in the Family PACT Program and that provides abortion- and contraception-related services. For funding eligibility, the bill would require a Medi-Cal managed care plan to identify the qualified providers and the services that will be provided through the pilot program, as specified.The bill would, on or before July 1, 2024, subject to an appropriation, require the department to make grants or other financial support available to qualified providers for reproductive and behavioral health integration pilot programs, in order to support development and expansion of services, infrastructure, and capacity for the integration of behavioral health services for beneficiaries with mild-to-moderate behavioral health conditions.For funding eligibility, the bill would require a qualified provider to identify both the patient population or gap in access to care and the types of services provided, as specified.The bill would require the department to... (click bill link to see more).

Primary Sponsors
Gail Pellerin

Bill Number	Last Action	Status	Position
AB 551	**From Committee Do Pass And Re Refer To Com On Appr With Recommendation To Consent Calendar Ayes 5 Noes 0 July 3 Re Referred To Com On Appr 2023 07 05**	**In Senate**	**Monitor**

Title
Medi-Cal: specialty mental health services: foster children.

Description
AB 551, as amended, Bennett. Medi-Cal: specialty mental health services: foster children. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services (department), under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, specialty mental health services include federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided to eligible Medi-Cal beneficiaries under 21 years of age. Existing law requires each local mental health plan to establish a procedure to ensure access to outpatient specialty mental health services, as required by the EPSDT program standards, for youth in foster care who have been placed outside their county of adjudication, as described.Existing law requires the department to issue policy guidance on the conditions for, and exceptions to, presumptive transfer of responsibility for providing or arranging for specialty mental health services to a foster youth from the county of original jurisdiction to the county in which the foster youth resides, as prescribed. On a case-by-case basis, and when consistent with the medical rights of children in foster care, existing law authorizes the waiver of presumptive transfer, with the responsibility for the provision of specialty mental health services remaining with the county of original jurisdiction if certain exceptions exist. Under existing law, the county probation agency or the child welfare services agency is responsible for determining whether waiver of the presumptive transfer is appropriate, with notice provided to the person requesting the exception.Under existing law, commencing July 1, 2023, in the case of placement of foster children in short-term residential therapeutic programs, community treatment facilities, or group homes, or in the case of admission of foster children to children’s crisis residential programs, the county of original jurisdiction is required to retain responsibility and presumptive transfer provisions apply only if certain circumstances exist.This bill, for purposes of foster children placed or admitted in those specific settings, would delay, until July 1, 2024, the requirement on the county of original jurisdiction to retain responsibility and the limitation on the presumptive transfer provisions. By extending the period during which a county agency is responsible for making determinations about presumptive transfer waivers and making certain notifications, the bill would impose a state-mandated local program.Existing law conditions implementation of the above-described provisions on the availability of fede... (click bill link to see more).

Primary Sponsors
Steve Bennett

Bill Number	Last Action	Status	Position
AB 564	**Referred To Com On Health 2023 06 14**	**In Senate**	**Monitor**

Title
Medi-Cal: claim or remittance forms: signature.

Description
AB 564, as amended, Villapudua. Medi-Cal: claim or remittance forms: signature. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law requires the Director of Health Care Services to develop and implement standards for the timely processing and payment of each claim type. Existing law requires that the standards be sufficient to meet minimal federal requirements for the timely processing of claims. Existing law states the intent of the Legislature that claim forms for use by physicians and hospitals be the same as claim forms in general use by other payors, as specified.This bill would require the department to allow a provider to submit an electronic signature for a claim or remittance form under the Medi-Cal program, to the extent not in conflict with federal law.

Primary Sponsors
Carlos Villapudua

Bill Number	Last Action	Status	Position
AB 815	**Referred To Com On Health 2023 06 07**	**In Senate**	**Monitor**

Title
Health care coverage: provider credentials.

Description
AB 815, as amended, Wood. Health care coverage: provider credentials. Existing law establishes the California Health and Human Services Agency, which includes departments charged with the administration of health, social, and other human services. Existing law provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and the regulation of health insurers by the Department of Insurance. Existing law sets forth requirements for provider credentialing by a health care service plan or health insurer.This bill would require the California Health and Human Services Agency to create and maintain a provider credentialing board, with specified membership, to certify private and public entities for purposes of credentialing physicians and surgeons in lieu of a health care service plan’s or health insurer’s credentialing process. The bill would require the board to convene by July 1, 2024, develop criteria for the certification of public and private credentialing entities by January 1, 2025, and develop an application process for certification by July 1, 2025.This bill would require a health care service plan or health insurer, or its delegated entity, to accept a valid credential from a board-certified entity without imposing additional criteria requirements and to pay a fee to a board-certified entity based on the number of contracted providers credentialed through the board-certified entity.

Primary Sponsors
Jim Wood

Organizational Notes

Last edited by Joanne Campbell at Jun 5, 2023, 8:56 PM
Local Health Plans of California: Oppose Unless Amended

Bill Number	Last Action	Status	Position
AB 817	**In Senate Read First Time To Com On Rls For Assignment 2024 01 25**	**In Senate**	**Monitor**

Title
Open meetings: teleconferencing: subsidiary body.

Description
AB 817, as amended, Pacheco. Open meetings: teleconferencing: subsidiary body. Existing law, the Ralph M. Brown Act, requires, with specified exceptions, each legislative body of a local agency to provide notice of the time and place for its regular meetings and an agenda containing a brief general description of each item of business to be transacted. The act also requires that all meetings of a legislative body be open and public, and that all persons be permitted to attend unless a closed session is authorized. The act generally requires for teleconferencing that the legislative body of a local agency that elects to use teleconferencing post agendas at all teleconference locations, identify each teleconference location in the notice and agenda of the meeting or proceeding, and have each teleconference location be accessible to the public. Existing law also requires that, during the teleconference, at least a quorum of the members of the legislative body participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction.Existing law authorizes the legislative body of a local agency to use alternate teleconferencing provisions during a proclaimed state of emergency (emergency provisions) and, until January 1, 2026, in certain circumstances related to the particular member if at least a quorum of its members participate from a singular physical location that is open to the public and situated within the agency’s jurisdiction and other requirements are met (nonemergency provisions). Existing law imposes different requirements for notice, agenda, and public participation, as prescribed, when a legislative body is using alternate teleconferencing provisions. The nonemergency provisions impose restrictions on remote participation by a member of the legislative body and require the legislative body to specific means by which the public may remotely hear and visually observe the meeting. This bill, until January 1, 2026, would authorize a subsidiary body, as defined, to use similar alternative teleconferencing provisions and would impose requirements for notice, agenda, and public participation, as prescribed. In order to use teleconferencing pursuant to this act, the bill would require the legislative body that established the subsidiary body by charter, ordinance, resolution, or other formal action to make specified findings by majority vote, before the subsidiary body uses teleconferencing for the first time and every 12 months thereafter.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... (click bill link to see more).

Primary Sponsors
Blanca Pacheco

Bill Number	Last Action	Status	Position
AB 869	**In Committee Set Second Hearing Hearing Canceled At The Request Of Author 2023 07 10**	**In Senate**	**Monitor**

Title
Hospitals: seismic safety compliance.

Description
AB 869, as amended, Wood. Hospitals: seismic safety compliance. Existing law requires, no later than January 1, 2030, owners of all acute care inpatient hospitals to either demolish, replace, or change to nonacute care use all hospital buildings not in substantial compliance with specified seismic safety standards or to seismically retrofit all acute care inpatient hospital buildings so that they are in substantial compliance with those seismic safety standards. Existing law requires the Department of Health Care Access and Information to issue a written notice upon compliance with those requirements.Existing law establishes the Small and Rural Hospital Relief Program under the administration of the Department of Health Care Access and Information for the purpose of funding seismic safety compliance with respect to small hospitals, rural hospitals, and critical access hospitals in the state. Existing law requires the department to provide grants to small, rural, and critical access hospital applicants that meet certain criteria, including that seismic safety compliance, as defined, imposes a financial burden on the applicant that may result in hospital closure. Existing law also creates the Small and Rural Hospital Relief Fund and continuously appropriates the moneys in the fund for purposes of administering and funding the grant program.Existing law provides for the formation and administration of health care districts.This bill would require the department to give first priority to grants for single- and 2-story general acute care hospitals located in remote or rural areas with less than 80 general acute care beds and general acute care hospital revenue of $75 million or less. The bill would require grants under the program to provide general acute care hospitals with funds to secure an SPC-4D assessment for purposes of planning for, and estimating the costs of, compliance with certain seismic safety standards, as specified. The bill would authorize specified general acute care hospitals to apply for a grant for purposes of complying with those seismic safety standards.The bill would delay the requirement to meet those and other building standards for specified general acute care hospitals until January 1, 2035, and would exempt a general acute care hospital with an SPC-4D assessment and with a certain estimated cost from those seismic safety standards if the department determines that the cost of design and construction for compliance results in a financial hardship for the hospital and certain funds are not available to assist with the cost of compliance.The bill would also authorize a health care district that meets certain criteria to submit financial information to the department, on a form required by the dep... (click bill link to see more).

Primary Sponsors
Jim Wood, Eduardo Garcia

Bill Number	Last Action	Status	Position
AB 892	**Ordered To Inactive File At The Request Of Senator Caballero 2023 09 07**	**In Senate**	**Monitor**

Title
Kern County Hospital Authority.

Description
AB 892, as introduced, Bains. Kern County Hospital Authority. Existing law, the Kern County Hospital Authority Act, establishes the Kern County Hospital Authority, which maintains and operates the Kern Medical Center and is governed by a board of governors that is appointed, both initially and continually, by the board of supervisors. Existing law requires the authority to provide management, administration, and other controls as needed to operate the medical center, and maintain its status as a designated public hospital. The Meyers-Milias-Brown Act contains various provisions that govern collective bargaining of local represented employees, and requires the governing body of a public agency to meet and confer in good faith regarding wages, hours, and other terms and conditions of employment with representatives of recognized employee organizations. Existing law, the Ralph M. Brown Act, requires each legislative body of a local agency to provide notice of the time and place for its regular meetings and also requires that all meetings of a legislative body be open and public, and that all persons be permitted to attend unless a closed session is authorized. The California Public Records Act requires state and local agencies to make their records available for public inspection, unless an exemption from disclosure applies.This bill would require that all entities controlled, owned, administered, or funded by the authority be subject to the Meyer-Milias-Brown Act, the Ralph M. Brown Act, and the California Public Records Act. By imposing new duties on the authority, 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
Jasmeet Bains

Bill Number	Last Action	Status	Position
AB 1011	**In Committee Held Under Submission 2023 09 01**	**In Senate**	**Monitor**

Title
Social care: data privacy.

Description
AB 1011, as amended, Weber. Social care: data privacy. Existing federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), establishes certain requirements relating to the provision of health insurance, including provisions relating to the confidentiality of health records. Existing state law, the Confidentiality of Medical Information Act, prohibits a provider of health care, a health care service plan, a contractor, a corporation and its subsidiaries and affiliates, or any business that offers software or hardware to consumers, including a mobile application or other related device, as defined, from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as provided.This bill would prohibit a participating entity of a closed-loop referral system (CLRS) from selling, renting, releasing, disclosing, disseminating, making available, transferring, or otherwise communicating orally, in writing, or by electronic or other means, social care information stored in or transmitted through a CLRS in exchange for monetary or other valuable consideration, except as specified. The bill would further prohibit a participating entity from using social care information stored in, or transmitted through, a CLRS for any purpose or purposes other than the social care purpose or purposes for which that social care information was collected or generated, except as specified. The bill would define “social care” to mean any care, services, goods, or supplies related to an individual’s social needs, including, but not limited to, support and assistance for an individual’s food stability and nutritional needs, housing, transportation, economic stability, employment, education access and quality, childcare and family relationship needs, and environmental and physical safety. The bill would also define “social care information” to mean any information, in any form, that relates to the need for, payment for, or provision of, social care, and the individual’s personal information, as specified.

Primary Sponsors
Akilah Weber

Bill Number	Last Action	Status	Position
AB 1092	**In Committee Held Under Submission 2023 09 01**	**In Senate**	**Monitor**

Title
Health care service plans: consolidation.

Description
AB 1092, as amended, Wood. Health care service plans: consolidation. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law requires a health care service plan that intends to merge with, consolidate with, or enter into an agreement resulting in its purchase, acquisition, or control by, an entity, to give notice to, and secure prior approval from, the Director of the Department of Managed Health Care. Existing law authorizes the director to disapprove the transaction or agreement if the director finds it would substantially lessen competition in health care service plan products or create a monopoly in this state. Existing law authorizes the director to conditionally approve the transaction or agreement, contingent upon the health care service plan’s agreement to fulfill one or more conditions to benefit subscribers and enrollees of the health care service plan, provide for a stable health care delivery system, and impose other conditions specific to the transaction or agreement, as specified.This bill would additionally require a health care service plan that intends to acquire or obtain control of an entity, as specified, to give notice to, and secure prior approval from, the director. Because a willful violation of this provision would be a crime, the bill would impose a state-mandated local program. The bill would also authorize the director to disapprove a transaction or agreement if it would substantially lessen competition in the health system or among a particular category of health care providers, and would require the director to provide information related to competition to the Attorney General. The bill would revise the director’s authority to conditionally approve a transaction or agreement, including authorizing the director to review information from federal agencies and other state agencies, including agencies in other states, that is relevant to any of the parties to the transaction, as specified. With respect to a conditional approval, the bill would also authorize the director to contract with an independent entity to monitor compliance with the established conditions and report to the department. The bill would prohibit the director from waiving, or delaying implementation of, certain requirements imposed under existing law and the bill, notwithstanding a specified provision.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 ... (click bill link to see more).

Primary Sponsors
Jim Wood

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 6:12 PM
California Association of Health Plans: Oppose

Bill Number	Last Action	Status	Position
AB 1110	**In Committee Held Under Submission 2023 09 01**	**In Senate**	**Monitor**

Title
Public health: adverse childhood experiences.

Description
AB 1110, as amended, Arambula. Public health: adverse childhood experiences. Existing law requires the Office of the Surgeon General to, among other things, raise public awareness and coordinate policies governing scientific screening and treatment for toxic stress and adverse childhood experiences (ACEs).This bill would, subject to an appropriation and until January 1, 2027, require the office and the State Department of Health Care Services, while administering the ACEs Aware initiative and in collaboration with subject matter experts, to review available literature on ACEs, as defined, and ancestry or ethnicity-based data disaggregation practices in ACEs screenings, develop guidance for culturally and linguistically competent ACEs screenings through improved data collection methods, post the guidance on the department’s internet website and the ACEs Aware internet website, and make the guidance accessible, as specified. The bill would make legislative findings and declarations.

Primary Sponsors
Joaquin Arambula

Bill Number	Last Action	Status	Position
AB 1117	**Referred To Com On Health 2023 06 07**	**In Senate**	**Monitor**

Title
Hospice agency licensure.

Description
AB 1117, as introduced, Irwin. Hospice agency licensure. The California Hospice Licensure Act of 1990 requires a person, political subdivision of the state, or other governmental agency to obtain a license from the State Department of Public Health to provide hospice services to an individual who is experiencing the last phase of life due to a terminal disease, as defined, and their family, except as provided. The act also provides for the renewal of a license. Existing law prohibits any person, political subdivision of the state, or other governmental agency from establishing, conducting, maintaining, or representing itself as a hospice agency unless a license has been issued under the act. Existing law requires that the department issue a license to a hospice agency that applies to the department for a hospice agency license and meets specified requirements, including accreditation as a hospice by an entity approved the federal Centers for Medicare and Medicaid Services as a national accreditation organization, and the national accreditation organization forwards copies to the department of all initial and subsequent survey and other accreditation reports or findings.This bill would require any hospice agency obtaining a license to obtain certification to participate in the federal Medicare program within 12 months of licensure and continuously serve patients as validated by data submission to the Department of Health Care Access and Information, or forfeit its license.

Primary Sponsors
Jacqui Irwin

Bill Number	Last Action	Status	Position
AB 1157	**In Committee Held Under Submission 2023 09 01**	**In Senate**	**Monitor**

Title
Rehabilitative and habilitative services: durable medical equipment and services.

Description
AB 1157, as amended, Ortega. Rehabilitative and habilitative services: durable medical equipment and services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Other existing law requires the Department of Insurance to regulate health insurers. Existing law requires 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, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Under existing law, essential health benefits includes, among other things, rehabilitative and habilitative services. Existing law requires habilitative services and devices to be covered under the same terms and conditions applied to rehabilitative services and devices under the plan contract or policy, and defines habilitative services to mean health care services and devices that help a person keep, learn, or improve skills and functioning for daily living.This bill would specify that coverage of rehabilitative and habilitative services and devices under a health care service plan or health insurance policy includes durable medical equipment, services, and repairs, if the equipment, services, or repairs are prescribed or ordered by a physician, surgeon, or other health professional acting within the scope of their license. The bill would define “durable medical equipment” to mean devices, including replacement devices, that are designed for repeated use, and that are used for the treatment or monitoring of a medical condition or injury in order to help a person to partially or fully acquire, improve, keep, or learn, or minimize the loss of, skills and functioning of daily living. The bill would prohibit coverage of durable medical equipment and services from being subject to financial or treatment limitations, as specified.The bill would require the Secretary of California Health and Human Services to communicate to the federal Center for Consumer Information and Insurance Oversight that the coverage of durable medical equipment is necessary to comply with federal requirements for purposes of being considered essential health benefits not subject to defrayal payments. If the center overrules the state’s determination that the additional coverage subjects the state to defrayal payments, the bill would require the secretary to reevaluate California’s essential health benefits benchmark plan to incorporate the coverage without triggering the defrayal requirement. The bill would require the secretary, no later than one year... (click bill link to see more).

Primary Sponsors
Liz Ortega, Lori Wilson

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:55 PM
California Association of Health Plans: Oppose

Bill Number	Last Action	Status	Position
AB 1282	**Ordered To Inactive File At The Request Of Senator Menjivar 2023 09 11**	**In Senate**	**Monitor**

Title
Mental health: impacts of social media.

Description
AB 1282, as amended, Lowenthal. Mental health: impacts of social media. Existing law, the Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Services Oversight and Accountability Commission, and authorizes the commission to take specified actions, including advising the Governor or the Legislature regarding actions the state may take to improve care and services for people with mental illness.This bill would require the commission to report to specified policy committees of the Legislature, on or before July 1, 2025, a statewide strategy to understand, communicate, and mitigate mental health risks associated with the use of social media by children and youth. The bill would require the report to include, among other things, (1) the degree to which individuals negatively impacted by social media are accessing and receiving mental health services and (2) recommendations to strengthen children and youth resiliency strategies and California’s use of mental health services to reduce the negative outcomes that may result from untreated mental illness, as specified. The bill would require the commission to explore, among other things, the persons and populations that use social media and the negative mental health risks associated with social media and artificial intelligence, as defined. The bill would repeal these provisions on January 1, 2029.

Primary Sponsors
Josh Lowenthal

Bill Number	Last Action	Status	Position
AB 1316	**In Senate Read First Time To Com On Rls For Assignment 2024 01 25**	**In Senate**	**Monitor**

Title
Emergency services: psychiatric emergency medical conditions.

Description
AB 1316, as amended, Irwin. Emergency services: psychiatric emergency medical conditions. Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled, as defined. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Pursuant to a schedule of covered benefits, existing law requires Medi-Cal coverage for inpatient hospital services, subject to utilization controls, and with respect to fee-for service beneficiaries, coverage for emergency services and care necessary for the treatment of an emergency medical condition and medical care directly related to the emergency medical condition, as specified.Existing law provides for the licensing and regulation of health facilities by the State Department of Public Health and makes a violation of those provisions a crime. Existing law defines “psychiatric emergency medical condition,” for purposes of providing treatment for emergency conditions, as a mental disorder that manifests itself by acute symptoms of sufficient severity that it renders the patient as being either an immediate danger to the patient or to others, or immediately unable to provide for, or utilize, food, shelter, or clothing, due to the mental disorder. Existing law includes various circumstances under which a patient is required to be treated by, or may be transferred to, specified health facilities for treatment that is solely necessary to relieve or eliminate a psychiatric emergency medical condition.This bill would revise the definition of “psychiatric emergency medical condition” to make that definition applicable regardless of whether the patient is voluntary, or is involuntarily detained for evaluation and treatment, under prescribed circumstances. The bill would make conforming changes to provisions requiring facilities to provide that treatment. By expanding the definition of a crime with respect to those facilities, the bill would impose a state-mandated local program.The bill would require the Medi-Cal program to cover emergency services and care necessary to treat an emergency medical condition, as defined, including all professional physical, mental, and substance use treatment services, including screening examinations necessary to determine the presence or absence of an emergency medical condition and, if an emergency medical condition exists, all services medically necessary to stabilize the beneficiary. The bill would require coverage, inclu... (click bill link to see more).

Primary Sponsors
Jacqui Irwin, Chris Ward

Bill Number	Last Action	Status	Position
AB 1331	**In Committee Held Under Submission 2023 09 01**	**In Senate**	**Monitor**

Title
California Health and Human Services Data Exchange Framework.

Description
AB 1331, as amended, Wood. California Health and Human Services Data Exchange Framework. Existing law establishes the Center for Data Insights and Innovation within the California Health and Human Services Agency to ensure the enforcement of state law mandating the confidentiality of medical information. Existing law, subject to an appropriation in the annual Budget Act, requires the California Health and Human Services Agency to establish the California Health and Human Services Data Exchange Framework on or before July 1, 2022, to govern and require the exchange of health information among health care entities and government agencies.This bill would require the Center for Data Insights and Innovation to take over establishment, implementation, and all the functions related to the California Health and Human Services Data Exchange Framework on or before January 1, 2024, subject to an appropriation in the annual Budget Act. The bill would require the center to establish the CalHHS Data Exchange Board, with specified membership, to develop recommendations and to review, modify, and approve any modifications to the Data Exchange Framework data sharing agreement, among other things. The bill would require the center to submit an annual report to the Legislature that includes required signatory compliance with the data sharing agreement, assessment of consumer experiences with health information exchange, and evaluation of technical assistance and other grant programs. The bill would require the center, by July 1, 2024, to establish a process to designate qualified health information organizations according to specified criteria.

Primary Sponsors
Jim Wood

Bill Number	Last Action	Status	Position
AB 1359	**Ordered To Inactive File At The Request Of Senator Stern 2023 09 11**	**In Senate**	**Monitor**

Title
Paid sick days: health care employees.

Description
AB 1359, as amended, Schiavo. Paid sick days: health care employees. Existing law, the Healthy Workplaces, Healthy Families Act of 2014, entitles employees who satisfy specified requirements to sick leave. The act generally entitles an employee who, on or after July 1, 2015, works in California for the same employer for 30 or more days within a year to paid sick leave, subject to various use and accrual limits. The act also authorizes an employer to limit an employee’s use of accrued paid sick days to 24 hours or 3 days in each year of employment, calendar year, or 12-month period.This bill would grant an employee of a covered health care facility health care worker sick leave, as those terms are defined. The bill would permit accrued leave, and would prescribe for the use and carryover of that leave, including permitting health care worker sick leave to carry over to the following year of employment for those employees, subject to certain conditions. The bill would prohibit a covered health care facility from limiting an employee’s use of health care worker sick leave. The bill would exempt those employees from certain existing limits on the use of accrued paid sick days. The bill would authorize an employee of a covered health care facility to bring a civil action against an employer that violates this provision and would entitle the employee to collect specified legal and equitable relief to remedy a violation.

Primary Sponsors
Pilar Schiavo

Bill Number	Last Action	Status	Position
AB 1470	**In Senate Held At Desk 2023 09 13**	**Passed Senate**	**Monitor**

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

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

Primary Sponsors
Sharon Quirk-Silva

Bill Number	Last Action	Status	Position
AB 1537	**Ordered To Inactive File At The Request Of Senator Stern 2023 09 07**	**In Senate**	**Monitor**

Title
Skilled nursing facilities: direct care spending requirement.

Description
AB 1537, as introduced, Wood. Skilled nursing facilities: direct care spending requirement. Existing law provides for the licensure and regulation of health facilities, including skilled nursing facilities, by the State Department of Public Health. A violation of those provisions is a crime. Existing law requires health facilities to submit specified financial reports to the Department of Health Care Access and Information. 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.This bill would require, no later than July 1, 2024, the establishment of a direct patient-related services spending, reporting, and rebate requirement for skilled nursing facilities, with exceptions. Under the direct patient-related services spending requirement, the bill would require that a minimum of 85% of a facility’s total non-Medicare health revenues from all payer sources in each fiscal year be expended on residents’ direct patient-related services, as defined.The bill would require a facility to report total revenues collected from all revenue sources, along with the portion of revenues that are expended on all direct patient-related services and nondirect patient-related services, to the State Department of Health Care Services by June 30 of each calendar year, with certification signed by a duly authorized official, as specified.The bill would require the State Department of Health Care Services to conduct an audit of the financial information reported by the facilities, to ensure its accuracy and to identify and recover any payments that exceed the allowed limit, as specified. The bill would require the department to conduct the audit every 3 years, at the same time as the facility’s Medi-Cal audit.If a skilled nursing facility fails to comply with the direct patient-related services spending requirement, the bill would require the facility to issue a pro rata dividend or credit to the state and to all individuals and entities making non-Medicare payments to the facility for resident services, as specified. The bill would require the State Department of Health Care Services to ensure that those payments are made and to impose sanctions, as specified. The bill would also authorize the department to withhold certain payments from a skilled nursing facility licensee for failure to fully disclose information, as specified.Because a violation of these requirements 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 pro... (click bill link to see more).

Primary Sponsors
Jim Wood

Bill Number	Last Action	Status	Position
AB 1783	**From Printer May Be Heard In Committee February 3 2024 01 04**	**In Assembly**	**Monitor**

Title
Health care: immigration.

Description
AB 1783, as introduced, Essayli. Health care: immigration. Existing federal law provides for the Medicare Program, which is a public health insurance program for persons 65 years of age and older and specified persons with disabilities who are under 65 years of age. Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance.This bill would state the intent of the Legislature to enact legislation to remove all taxpayer funding for health care for illegal immigrants from the California State Budget.

Primary Sponsors
Bill Essayli

Bill Number	Last Action	Status	Position
AB 1842	**Read Second Time Ordered To Third Reading 2024 04 11**	**In Assembly**	**Monitor**

Title
Health care coverage: Medication-assisted treatment.

Description
AB 1842, as introduced, Reyes. Health care coverage: Medication-assisted treatment. Existing law, the Knox–Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes health care service plans and health insurers that cover prescription drugs to utilize reasonable medical management practices, including prior authorization and step therapy, consistent with applicable law. This bill would prohibit a medical service plan and a health insurer from subjecting a naloxone product or another opioid antagonist approved by the United States Food and Drug Administration, or a buprenorphine product or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder, to prior authorization or step therapy. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Eloise Reyes

Organizational Notes

Last edited by Joanne Campbell at Mar 22, 2024, 6:00 PM
California Association of Health Plans - Oppose America’s Health Insurance Plans - Oppose Association of California Life and Health Insurance Companies - Oppose Support: California Academy of Child and Adolescent Psychiatry - Support California Black Health Network - Support California Hospital Association - Support California State Association of Psychiatrists (CSAP) - Support County Behavioral Health Directors Association of California - Support Ella Baker Center for Human Rights - Support Health Access California - Support Steinberg Institute - Support

Bill Number	Last Action	Status	Position
AB 1876	**From Committee Do Pass And Re Refer To Com On Appr With Recommendation To Consent Calendar Ayes 12 Noes 0 April 9 Re Referred To Com On Appr 2024 04 09**	**In Assembly**	**Monitor**

Title
Developmental services: individual program plans and individual family service plans: remote meetings.

Description
AB 1876, as introduced, Jackson. Developmental services: individual program plans and individual family service plans: remote meetings. Existing law, the Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services to contract with regional centers for the provision of community services and supports for persons with developmental disabilities and their families. Existing law, until June 30, 2024, requires a meeting regarding the provision of services and supports by the regional center, including a meeting to develop or revise a consumer's individual program plan (IPP), to be held by remote electronic communications if requested by the consumer or, if appropriate, if requested by the consumer's parents, legal guardian, conservator, or authorized representative. Existing law, the California Early Intervention Services Act, provides a statewide system of coordinated, comprehensive, family-centered, multidisciplinary, and interagency programs that are responsible for providing appropriate early intervention services and supports to all eligible infants and toddlers and their families. Under the act, direct services for eligible infants and toddlers and their families are provided by regional centers and local educational agencies. The act requires an eligible infant or toddler receiving services under the act to have an individualized family service plan (IFSP), as specified. Existing law, until June 30, 2024, requires, at the request of the parent or legal guardian, an IFSP meeting to be held by remote electronic communications. This bill, beginning January 1, 2025, would indefinitely extend the requirements that, if requested, IPP and IFSP meetings be held by remote electronic communications. By extending a requirement for local educational agencies, this bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors
Corey Jackson

Bill Number	Last Action	Status	Position
AB 1895	**Re Referred To Com On Health 2024 03 19**	**In Assembly**	**Monitor**

Title
Public health: maternity ward closures.

Description
AB 1895, as amended, Weber. Public health: maternity ward closures. Existing law establishes the licensure and regulation of health facilities by the State Department of Public Health, including, among others, general acute care hospitals. A violation of these provisions is a crime. Under existing law, a general acute care hospital is required to provide certain basic services, including medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services. Existing law authorizes a general acute care hospital to provide various special or supplemental services if certain conditions are met. Existing regulations define a supplemental service as an organized inpatient or outpatient service that is not required to be provided by law or regulation. Existing law requires a health facility to provide 90 days of public notice, with specified requirements, of the proposed closure or elimination of a supplemental service, such as maternity services.This bill would require an acute care hospital that offers maternity services, when those services are at risk of closure, as defined, in the next 12 months to provide specified information to the Department of Health Care Access and Information as well as the State Department of Public Health, including, but not limited to, the number of medical staff and employees working in the maternity ward and the hospital’s prior and projected performance on financial metrics. The bill would require this information be kept confidential to the extent permitted by law. The bill would require, within 6 months of receiving this notice from the hospital, the Department of Health Care Access and Information, in conjunction with the State Department of Public Health, to conduct a community impact assessment to determine the 3 closest hospitals offering maternity services in the geographic area and their distance from the at-risk facility. The bill would require the hospital to provide public notice of the potential closure, including the results of the community impact assessment, and other specified information on the hospital’s internet website 90 days in advance of the proposed closure. The bill would require the public to be permitted to comment on the potential closure for 60 days after the notice is given, and would require at least one noticed public hearing be conducted by the hospital. The bill would also require the hospital to accept written public comment. By creating a new 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 provid... (click bill link to see more).

Primary Sponsors
Akilah Weber

Bill Number	Last Action	Status	Position
AB 1926	**From Committee Do Pass And Re Refer To Com On Appr Ayes 15 Noes 0 April 2 Re Referred To Com On Appr 2024 04 03**	**In Assembly**	**Monitor**

Title
Health care coverage: regional enteritis.

Description
AB 1926, as amended, Connolly. Health care coverage: regional enteritis. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers, including health insurers, by the Department of Insurance. Existing law requires a health care service plan contract and disability insurance policy that provides coverage for hospital, medical, or surgical expenses and is issued, amended, delivered, or renewed on and after July 1, 2000, to provide coverage for the testing and treatment of phenylketonuria, including coverage for the formulas and special food products that are part of a prescribed diet, as specified.This bill would require a health care service plan contract or disability insurance policy that provides coverage for hospital, medical, or surgical expenses and is issued, amended, delivered, or renewed on and after July 1, 2025, to provide coverage for dietary enteral formulas, as defined, for the treatment of regional enteritis, as specified. The bill would specify that these provisions do not apply to Medi-Cal managed care plans to the extent that the services are excluded from coverage under the contract between the Medi-Cal managed care plan and the State Department of Health Care Services. Because a violation of the bill’s requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Damon Connolly

Organizational Notes

Last edited by Joanne Campbell at Mar 7, 2024, 9:15 PM
California Association of Health Plans - Oppose

Bill Number	Last Action	Status	Position
AB 1936	**Re Referred To Com On Health 2024 04 09**	**In Assembly**	**Monitor**

Title
Maternal mental health screenings.

Description
AB 1936, as amended, Cervantes. Maternal mental health screenings. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer to develop a maternal mental health program designed to promote quality and cost-effective outcomes, as specified.This bill would require the program to consist of at least one maternal mental health screening during pregnancy, and at least one additional screening during the first 6 months of the postpartum period, if determined medically necessary and clinically appropriate in the judgment of the treating provider. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Sabrina Cervantes

Bill Number	Last Action	Status	Position
AB 1943	**Re Referred To Com On Appr Pursuant To Assembly Rule 96 2024 04 11**	**In Assembly**	**Monitor**

Title
Medi-Cal: telehealth.

Description
AB 1943, as amended, Weber. Medi-Cal: telehealth. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Under existing law, in-person, face-to-face contact is not required under the Medi-Cal program when covered health care services are provided by video synchronous interaction, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when those services and settings meet certain criteria.This bill would require the department to produce a public report on telehealth in the Medi-Cal program that includes analyses of, among other things, (1) telehealth access and utilization, (2) the effect of telehealth on timeliness of, access to, and quality of care, and (3) the effect of telehealth on clinical outcomes, as specified. The bill would authorize the department, in collaboration with the California Health and Human Services Agency, to issue policy recommendations based on the report’s findings.

Primary Sponsors
Akilah Weber

Organizational Notes

Last edited by Joanne Campbell at Mar 18, 2024, 5:28 PM
California Association of Health Plans - Oppose

Bill Number	Last Action	Status	Position
AB 1944	**Referred To Coms On Health And B P 2024 02 20**	**In Assembly**	**Monitor**

Title
Individualized investigational treatment.

Description
AB 1944, as introduced, Waldron. Individualized investigational treatment. Existing law, the federal Food, Drug, and Cosmetic Act, prohibits a person from introducing into interstate commerce any new drug unless the drug has been approved by the United States Food and Drug Administration (FDA). Existing law requires the sponsor of a new drug to submit to the FDA an investigational new drug application and to then conduct a series of clinical trials to establish the safety and efficacy of the drug in human populations and submit the results to the FDA in a new drug application. Existing federal law also regulates biomedical and behavioral research involving human subjects. Existing law, the Sherman Food, Drug, and Cosmetic Law, regulates the packaging, labeling, and advertising of drugs and devices and is administered by the State Department of Public Health. A violation of that law is a crime. The Sherman Food, Drug, and Cosmetic Law prohibits, among other things, the sale, delivery, or giving away of a new drug or new device unless either the department has approved a new drug or device application for that new drug or new device and that approval has not been withdrawn, terminated, or suspended or the drug or device has been approved pursuant to specified provisions of federal law, including the federal Food, Drug, and Cosmetic Act.Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. For instance, the Medical Practice Act provides for the licensure and regulation of physicians and surgeons by the Medical Board of California and the Osteopathic Act provides for the licensure and regulation of osteopathic physicians and surgeons by the Osteopathic Medical Board of California, among others.This bill, the Right to Try Individualized Investigational Treatments Act, would permit a manufacturer of an individualized investigational treatment, as defined, to make the product available to eligible patients with life-threatening or severely debilitating illness, as specified. The bill would authorize, but not require, a health benefit plan, as defined, to provide coverage for any individualized investigational treatment made available pursuant to these provisions.The bill would prohibit a state regulatory board from taking any action against a health care provider’s license solely on a provider’s recommendation of or providing access to an individualized investigational treatment.The bill would prohibit a state agency from altering any recommendation made to the federal Centers for Medicare and Medicaid Services regarding a health care provider's certification to participate in the Medicare or Medicaid program based solely on ... (click bill link to see more).

Primary Sponsors
Marie Waldron

Bill Number	Last Action	Status	Position
AB 1970	**From Committee Do Pass And Re Refer To Com On Appr Ayes 13 Noes 0 April 9 Re Referred To Com On Appr 2024 04 10**	**In Assembly**	**Monitor**

Title
Mental Health: Black Mental Health Navigator Certification.

Description
AB 1970, as amended, Jackson. Mental Health: Black Mental Health Navigator Certification. Existing law establishes, within the Health and Welfare Agency, the Department of Health Care Access and Information, which is responsible for, among other things, administering various health professions training and development programs. Existing law requires the department to develop and approve statewide requirements for community health worker certificate programs. Existing law defines “community health worker” to mean a liaison, link, or intermediary between health and social services and the community to facilitate access to services and to improve the access and cultural competence of service delivery.This bill would require the department to develop criteria for a specialty certificate program and specialized training requirements for a Black Mental Health Navigator Certification, as specified. The bill would require the department to collect and regularly publish data, not less than annually, including, but not limited to, the number of individuals certified, including those who complete a specialty certificate program, as specified, and the number of individuals who are actively employed in a community health worker role.

Primary Sponsors
Corey Jackson

Bill Number	Last Action	Status	Position
AB 1975	**In Committee Set First Hearing Hearing Canceled At The Request Of Author 2024 03 15**	**In Assembly**	**Monitor**

Title
Medi-Cal: medically supportive food and nutrition interventions.

Description
AB 1975, as introduced, Bonta. Medi-Cal: medically supportive food and nutrition interventions. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law requires the department to establish the Medically Tailored Meals Pilot Program and the Short-Term Medically Tailored Meals Intervention Services Program, to operate in specified counties and during limited periods for the purpose of providing medically tailored meal intervention services to eligible Medi-Cal beneficiaries with certain health conditions, including congestive heart failure, cancer, diabetes, chronic obstructive pulmonary disease, or renal disease.Existing law, subject to implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, authorizes a Medi-Cal managed care plan to elect to cover community supports approved by the department as cost effective and medically appropriate in a comprehensive risk contract that are in lieu of applicable Medi-Cal state plan services. Under existing law, community supports that the department is authorized to approve include, among other things, medically supportive food and nutrition services, including medically tailored meals.This bill would make medically supportive food and nutrition interventions, as defined, a covered benefit under the Medi-Cal program, through both the fee-for-service and managed care delivery systems, effective July 1, 2026, subject to federal approval and the issuance of final guidance by the department. The bill would require those interventions to be covered if determined to be medically necessary by a health care provider or health care plan, as specified. The bill would require the provision of interventions for 12 weeks, or longer if deemed medically necessary. The bill would require a Medi-Cal managed care plan to offer at least 3 of 6 listed interventions, with certain conditions for a 7th intervention.The bill would require the department to define the qualifying medical conditions for purposes of the covered interventions. The bill would require a health care provider, to the extent possible, to match the acuity of a patient’s condition to the intensity and duration of the covered intervention and to include culturally appropriate foods.The bill would require the department to establish a medically supportive food and nutrition benefit stakeholder group, with a specified composition, to advise the department on certain related items. The bill would require the workgroup to issue final guidance on or before July 1, 2026.

Primary Sponsors
Mia Bonta

Bill Number	Last Action	Status	Position
AB 1977	**From Committee Do Pass And Re Refer To Com On Appr Ayes 16 Noes 0 April 9 Re Referred To Com On Appr 2024 04 10**	**In Assembly**	**Monitor**

Title
Health care coverage: behavioral diagnoses.

Description
AB 1977, as amended, Ta. Health care coverage: behavioral diagnoses. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism.This bill would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, from requiring an enrollee or insured previously diagnosed with pervasive developmental disorder or autism to be reevaluated or receive a new behavioral diagnosis to maintain coverage for behavioral health treatment for their condition. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Tri Ta

Bill Number	Last Action	Status	Position
AB 1995	**From Printer May Be Heard In Committee March 1 2024 01 31**	**In Assembly**	**Monitor**

Title
Health care facilities: small and rural hospitals.

Description
AB 1995, as introduced, Essayli. Health care facilities: small and rural hospitals. Under existing law, the State Department of Public Health issues licenses for and regulates health facilities, including small and rural hospitals, as defined. Under existing law, a hospital that meets the definition of a small and rural hospital may be eligible for special programs, including business assistance, regulatory relief, and increased Medi-Cal reimbursement.This bill would make technical, nonsubstantive changes to the definition of small and rural hospital.

Primary Sponsors
Bill Essayli

Bill Number	Last Action	Status	Position
AB 2028	**Referred To Com On Health 2024 02 12**	**In Assembly**	**Monitor**

Title
Medical loss ratios.

Description
AB 2028, as introduced, Ortega. Medical loss ratios. 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. The federal Patient Protection and Affordable Care Act requires a health insurance issuer to comply with minimum medical loss ratios (MLRs) and to provide an annual rebate to each insured if the MLR of the amount of the revenue expended by the issuer on costs to the total amount of premium revenue is less than a certain percentage, as specified. Existing law requires health care service plans and health insurers that issue, sell, renew, or offer a contract or policy, excluding specialized dental and vision contracts and policies, to comply with a minimum MLR of 85% and provide specified rebates. Existing law requires a health care service plan or health insurer that issues, sells, renews, or offers a contract or policy covering dental services to annually report MLR information to the appropriate department.This bill would require a health care service plan or health insurer that issues, sells, renews, or offers a specialized dental health care service plan contract or specialized dental health insurance policy to comply with a minimum MLR of 85% and to provide a specified rebate to an enrollee or insured. 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
Liz Ortega

Bill Number	Last Action	Status	Position
AB 2043	**From Committee Do Pass And Re Refer To Com On Appr With Recommendation To Consent Calendar Ayes 16 Noes 0 April 9 Re Referred To Com On Appr 2024 04 10**	**In Assembly**	**Monitor**

Title
Medi-Cal: nonmedical and nonemergency medical transportation.

Description
AB 2043, as amended, Boerner. Medi-Cal: nonmedical and nonemergency medical transportation. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, through managed care or fee-for-service delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law covers emergency or nonemergency medical transportation, and nonmedical transportation, under the Medi-Cal program, as specified.This bill would require the department to ensure that the fiscal burden of nonemergency medical transportation or nonmedical transportation is not unfairly placed on public paratransit service operators and would authorize the department to direct Medi-Cal managed care plans to reimburse public paratransit service operators who are enrolled as Medi-Cal providers at the fee-for-service rates for conducting that transportation, as described. The bill would require the department to engage with public paratransit service operators to understand the challenges as public operators of nonemergency medical transportation or nonmedical transportation services and would require the department to issue new guidance to ensure the fiscal burden is not unfairly placed on public operators on or before June 1, 2026.The bill would condition implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation.

Primary Sponsors
Tasha Boerner

Bill Number	Last Action	Status	Position
AB 2063	**Referred To Com On Health 2024 02 12**	**In Assembly**	**Monitor**

Title
Health care coverage.

Description
AB 2063, as introduced, Maienschein. Health care 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. Existing law exempts a health care service plan from the requirements of the act if the plan is operated by a city, county, city and county, public entity, political subdivision, or public joint labor management trust that satisfies certain criteria, including that the plan requires providers to be reimbursed solely on a fee-for-service basis. Existing law authorizes the Director of the Department of Managed Health Care, no later than May 1, 2021, to authorize 2 pilot programs, one in northern California and one in southern California, under which providers approved by the department may undertake risk-bearing arrangements with a voluntary employees' beneficiary association with enrollment of more than 100,000 lives, notwithstanding the fee-for-service requirement described above, or a trust fund that is a welfare plan and a multiemployer plan with enrollment of more than 25,000 lives, for independent periods of time beginning no earlier than January 1, 2022, to December 31, 2025, inclusive, if certain criteria are met. Existing law requires the association or trust fund and each health care provider participating in each pilot program to report to the department information regarding cost savings and clinical patient outcomes compared to a fee-for-service payment model, and requires the department to report those findings to the Legislature no later than January 1, 2027. Existing law repeals these provisions on January 1, 2028. This bill would extend that repeal date to January 1, 2030. The bill would extend the period of time authorized for those pilot programs to operate from December 31, 2025, to December 31, 2027. The bill would extend the deadline for the department to report the findings to the Legislature from January 1, 2027, to January 1, 2029.

Primary Sponsors
Brian Maienschein

Bill Number	Last Action	Status	Position
AB 2072	**Referred To Com On Health 2024 02 20**	**In Assembly**	**Monitor**

Title
Group health care coverage: biomedical industry.

Description
AB 2072, as introduced, Weber. Group health care coverage: biomedical industry. 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 also provides for the regulation of health insurers by the Department of Insurance. Existing law provides for the regulation of individual, small employer, grandfathered small employer, and nongrandfathered small employer health care service plan contracts and health insurance policies, as defined.Existing federal law, the federal Employee Retirement Income Security Act of 1974 (ERISA), authorizes multiple employer welfare arrangements (MEWAs) in which 2 or more employers join together to provide health care coverage for employees or to their beneficiaries. Under existing state law, the status of each distinct member of an association determines whether that member’s association coverage is individual, small group, or large group health coverage.Existing law, until January 1, 2026, authorizes an association of employers to offer a large group health care service plan contract or large group health insurance policy to small group employer members of the association consistent with ERISA if certain requirements are met, including that the association is the sponsor of a MEWA that has offered a large group health care service plan contract since January 1, 2012, in connection with an employee welfare benefit plan under ERISA, provides a specified level of coverage, and includes coverage for common law employees, and their dependents, who are employed by an association member in the biomedical industry with operations in California. This bill would repeal the sunset date of January 1, 2026, for the authorization of this type of health care service plan and insurance policy, thereby authorizing these plans and policies indefinitely. By indefinitely extending the authorization for a specific type of health care service plan, this bill would correspondingly extend the applicability of the crime for a violation of Knox-Keene, thereby imposing a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Akilah Weber

Bill Number	Last Action	Status	Position
AB 2101	**From Committee Do Pass And Re Refer To Com On Health With Recommendation To Consent Calendar Ayes 7 Noes 0 April 8 Re Referred To Com On Health 2024 04 09**	**In Assembly**	**Monitor**

Title
Statewide strategic stockpile.

Description
AB 2101, as amended, Rodriguez. Statewide strategic stockpile. Existing law establishes the State Department of Public Health to implement various programs throughout the state relating to public health.This bill would require the State Department of Public Health, in coordination with the Office of Emergency Services, medical health operational area coordinators, and other state agencies, to establish a statewide strategic stockpile. The bill would require the department to establish guidelines for the procurement, management, and distribution of medicine, vaccines, and medical supplies, taking into account, among other things, the amount of each type of item required for a sustained health emergency. The bill would authorize the department to enter into contracts with private entities for the procurement or reservation of supplies and for management and distribution of the stockpile. The bill would require the department to report annually to the Legislature, and others, the amount of items in the stockpile, the amount of items from the stockpile that have been used, the amount of anticipated future usage, the status of existing contracts with private entities that fulfill the procurement guidelines, and information regarding items reserved through those private entities. By creating new duties for medical health operational area coordinators, 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
Freddie Rodriguez

Bill Number	Last Action	Status	Position
AB 2105	**In Committee Set First Hearing Hearing Canceled At The Request Of Author 2024 03 25**	**In Assembly**	**Monitor**

Title
Coverage for PANDAS and PANS.

Description
AB 2105, as introduced, Lowenthal. Coverage for PANDAS and PANS. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law sets forth specified coverage requirements for health care service plan contracts and health insurance policies, and limits the copayment, coinsurance, deductible, and other cost sharing that may be imposed for specified health care services.This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, to provide coverage for the prophylaxis, diagnosis, and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) that is prescribed or ordered by the treating physician and surgeon. The bill would prohibit coverage for PANDAS and PANS from being subject to a copayment, coinsurance, deductible, or other cost sharing that is greater than that applied to other benefits. The bill would prohibit a plan or insurer from denying or delaying coverage for PANDAS or PANS therapies because the enrollee or insured previously received treatment for PANDAS or PANS or was diagnosed with or received treatment for the condition under a different diagnostic name. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Josh Lowenthal

Organizational Notes

Last edited by Joanne Campbell at Mar 18, 2024, 5:29 PM
California Association of Health Plans - Oppose

Bill Number	Last Action	Status	Position
AB 2110	**From Committee Do Pass And Re Refer To Com On Appr Ayes 16 Noes 0 April 9 Re Referred To Com On Appr 2024 04 10**	**In Assembly**	**Monitor**

Title
Medi-Cal: Adverse Childhood Experiences trauma screenings: providers.

Description
AB 2110, as introduced, Arambula. Medi-Cal: Adverse Childhood Experiences trauma screenings: providers. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law requires that Medi-Cal provider payments and payments for specified non-Medi-Cal programs be reduced by 10% for dates of service on and after June 1, 2011, and conditions implementation of those payment reductions on receipt of any necessary federal approvals. Existing law, for dates of service on and after July 1, 2022, authorizes the maintenance of the reimbursement rates or payments for specified services, including, among others, Adverse Childhood Experiences (ACEs) trauma screenings and specified providers, using General Fund or other state funds appropriated to the State Department of Health Care Services as the state share, at the payment levels in effect on December 31, 2021, as specified, under the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 that were implemented with funds from the Healthcare Treatment Fund, as specified. Existing law requires the department to develop the eligibility criteria, methodologies, and parameters for the payments and rate increases maintained, and would authorize revisions, as specified.This bill would require the department, as part of its above-described duties, to include (1) community-based organizations and local health jurisdictions that provide health services through community health workers and (2) doulas, that are enrolled Medi-Cal providers, as providers qualified to provide, and eligible to receive payments for, ACEs trauma screenings pursuant to the provisions described above. The bill would require the department to file a state plan amendment and seek any federal approvals it deems necessary to implement these provisions and condition implementation on receipt of any necessary federal approvals and the availability of federal financial participation. The bill would also require the department to update its internet website and the ACEs Aware internet website to reflect the addition of the Medi-Cal providers described above as authorized to provide ACEs screenings.

Primary Sponsors
Joaquin Arambula

Bill Number	Last Action	Status	Position
AB 2115	**In Committee Hearing Postponed By Committee 2024 04 02**	**In Assembly**	**Monitor**

Title
Controlled substances: clinics.

Description
AB 2115, as amended, Haney. Controlled substances: clinics. Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy and makes a violation of the act a crime. Under existing law, specified clinics, including surgical clinics, may purchase drugs at wholesale for administration or dispensing to the clinic’s patients. Existing law requires these clinics to maintain certain records and to obtain a license from the board. Existing law prohibits specified substances from being dispensed by a nonprofit or free clinic, as defined.This bill would authorize a nonprofit or free clinic to dispense a narcotic drug for the purpose of relieving acute withdrawal symptoms while arrangements are being made for referral for treatment, as described, and would require the clinic dispensing the narcotic to be subject to specified labeling and recordkeeping requirements. Because the bill would specify additional requirements under the Pharmacy Law, a violation of which would be a crime, it would impose a state-mandated local program.Existing law requires the State Department of Health Care Services to regulate and license narcotic treatment programs, including in the use of narcotic replacement therapy and medication-assisted treatment. Existing regulation specifies certain requirements and considerations for a patient to be eligible for treatment at a licensed narcotic treatment program, such as a medical evaluation conducted by the program, laboratory tests for disease, and minimum monthly participation in counseling, among others. Existing regulation also imposes specified criteria to be considered before a patient is eligible for take-home doses of medication, requires revocation of those privileges if a patient tests positive for illicit substances on 2 consecutive monthly samples, and prescribes criteria for the restoration of those privileges, including test results that are negative for illicit substances. Existing regulation requires a patient who is absent from a program for 2 weeks without contacting the program be terminated from the program.This bill would specify that medical evaluation may be conducted by any health care provider, if it is verified by a narcotic treatment program practitioner, would authorize a program to allow patients to refuse or delay laboratory tests for disease, and would state that a patient receiving maintenance treatment is not precluded from receiving medication by a refusal to participate in counseling. The bill would revise the criteria to be considered prior to providing a patient with take-home medication privileges to include the absence of active substance use disorders and known recent diversion activity and the re... (click bill link to see more).

Primary Sponsors
Matt Haney

Bill Number	Last Action	Status	Position
AB 2129	**Read Second Time And Amended 2024 04 11**	**In Assembly**	**Monitor**

Title
Immediate postpartum contraception.

Description
AB 2129, as amended, Petrie-Norris. Immediate postpartum contraception. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally regulates contractual provisions between health care service plans and health insurers and their contracting health care providers.This bill would require a contract between a health care service plan or health insurer and a health care provider issued, amended, or renewed on or after January 1, 2025, to authorize a provider to separately bill for devices, implants, or professional services, or a combination thereof, associated with immediate postpartum contraception if the birth takes place in a general acute care hospital or accredited birthing center. The bill would prohibit that provider contract from considering those devices, implants, or services to be part of a payment for a general obstetric procedure. Because a violation of the bill’s requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Cottie Petrie-Norris

Bill Number	Last Action	Status	Position
AB 2132	**In Committee Set First Hearing Referred To Suspense File 2024 04 10**	**In Assembly**	**Monitor**

Title
Health care services.

Description
AB 2132, as amended, Low. Health care services. Existing law provides for the licensure and regulation of health facilities and clinics, including primary care clinics, by the State Department of Public Health. A violation of these provisions is a crime. Existing law requires an adult patient receiving primary care services in certain health care settings to be offered a screening test for hepatitis B and hepatitis C, as specified.This bill would require an adult patient receiving primary care services in a facility, clinic, unlicensed clinic, center, office, or other setting, as specified, to be offered a tuberculosis (TB) risk assessment and TB screening test, if TB risk factors are identified, to the extent these services are covered under the patient’s health insurance, unless the health care provider reasonably believes certain conditions apply. The bill would also require the health care provider to offer the patient followup health care or refer the patient to a health care provider who can provide followup health care if a screening test is positive, as specified. The bill would prohibit a health care provider who fails to comply with these provisions from being subject to any disciplinary action related to their licensure or certification, or to any civil or criminal liability for that failure. The bill would make related findings and declarations.

Primary Sponsors
Evan Low

Bill Number	Last Action	Status	Position
AB 2161	**Read Second Time And Amended 2024 04 11**	**In Assembly**	**Monitor**

Title
The Early Psychosis Intervention Plus Program.

Description
AB 2161, as amended, Arambula. The Early Psychosis Intervention Plus Program. Existing law establishes the Early Psychosis Intervention Plus (EPI Plus) Program to encompass early psychosis and mood disorder detection and intervention. Existing law establishes the Early Psychosis and Mood Disorder Detection and Intervention Fund and makes the moneys in the fund available, upon appropriation, to the Behavioral Health Services Oversight and Accountability Commission. Existing law authorizes the commission to allocate moneys from that fund to provide grants to create or expand existing capacity for early psychosis and mood disorder detection and intervention services and supports.This bill would require the Behavioral Health Services Oversight and Accountability Commission to consult with the State Department of Health Care Services and related state departments and entities, create a strategic plan to achieve specific goals, including improving the understanding of psychosis, as specified, and, no later than July 1, 2025, submit that strategic plan to the relevant policy and fiscal committees of the Legislature. The bill would require the State Department of Health Care Services to seek to partner with the University of California to develop a plan to establish the Center for Mental Health Wellness and Innovations to, among other things, promote the widespread availability of evidence-based practices to improve behavioral health services. If the center is established, the bill would require the State Department of Health Care Services, no later than July 1, 2025, to submit the plan to create the center to the relevant policy and fiscal committees of the Legislature.

Primary Sponsors
Joaquin Arambula

Bill Number	Last Action	Status	Position
AB 2169	**From Committee Do Pass And Re Refer To Com On Appr Ayes 14 Noes 0 April 9 Re Referred To Com On Appr 2024 04 10**	**In Assembly**	**Monitor**

Title
Prescription drug coverage: dose adjustments.

Description
AB 2169, as amended, Bauer-Kahan. Prescription drug coverage: dose adjustments. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law also prohibits a health care service plan that covers prescription drug benefits from limiting or excluding coverage for a drug that was previously approved for coverage if an enrollee continues to be prescribed that drug, as specified.The bill would authorize a licensed health care professional to request, and would require that they be granted, the authority to adjust the dose or frequency of a drug to meet the specific medical needs of the enrollee or insured without prior authorization if specified conditions are met. Under the bill, if the enrollee or insured has been continuously using a prescription drug selected by their prescribing provider for the medical condition under consideration while covered by their current or previous health coverage, the health care service plan or health insurance policy would be prohibited from limiting or excluding coverage of that prescription. With respect to health care service plans, the bill would specify that its provisions do not apply to Medi-Cal managed care plan contracts. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Rebecca Bauer-Kahan

Organizational Notes

Last edited by Joanne Campbell at Mar 7, 2024, 9:17 PM
California Association of Health Plans - Oppose

Bill Number	Last Action	Status	Position
AB 2180	**Re Referred To Com On Health 2024 04 11**	**In Assembly**	**Monitor**

Title
Health care coverage: cost sharing.

Description
AB 2180, as amended, Weber. Health care coverage: cost sharing. Existing law generally prohibits a person who manufactures a prescription drug from offering in California any discount, repayment, product voucher, or other reduction in an individual’s out-of-pocket expenses associated with the individual’s health insurance, health care service plan, or other health coverage, including, but not limited to, a copayment, coinsurance, or deductible, for any prescription drug if a lower cost generic drug is covered under the individual’s health insurance, health care service plan, or other health coverage on a lower cost-sharing tier that is designated as therapeutically equivalent to the prescription drug manufactured by that person or if the active ingredients of the drug are contained in products regulated by the federal Food and Drug Administration, are available without prescription at a lower cost, and are not otherwise contraindicated for the condition for which the prescription drug is approved.Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance.This bill would require a health care service plan, health insurance policy, or pharmacy benefit manager that administers pharmacy benefits for a health care service plan or health insurer to apply any amounts paid by the enrollee, insured, or a third-party patient assistance program, as defined, toward the enrollee’s or insured’s cost-sharing requirement, and would only apply those requirements with respect to enrollees or insureds who have a chronic disease or terminal illness. The bill would limit the application of the section to health care service plans and health insurance policies issued, amended, delivered, or renewed on or after January 1, 2025. Because a willful violation of these requirements by a health care service plan would be a crime, this bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Akilah Weber

Bill Number	Last Action	Status	Position
AB 2198	**In Committee Hearing Postponed By Committee 2024 04 11**	**In Assembly**	**Monitor**

Title
Health information.

Description
AB 2198, as introduced, Flora. Health information. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plans and health insurers to establish and maintain specified application programming interfaces (API), including patient access API, for the benefit of enrollees, insureds, and contracted providers.This bill would exclude dental or vision benefits from the above-described API requirements.

Primary Sponsors
Heath Flora

Bill Number	Last Action	Status	Position
AB 2200	**Re Referred To Com On Health 2024 04 10**	**In Assembly**	**Monitor**

Title
Guaranteed Health Care for All.

Description
AB 2200, as amended, Kalra. Guaranteed Health Care for All. Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. PPACA defines a “qualified health plan” as a plan that, among other requirements, provides an essential health benefits package. Existing state law creates the California Health Benefit 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. Existing law provides for the regulation of health insurers by the Department of Insurance. 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.This bill, the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state. The bill, among other things, would provide that CalCare cover a wide range of medical benefits and other services and would incorporate the health care benefits and standards of other existing federal and state provisions, including the federal Children’s Health Insurance Program, Medi-Cal, ancillary health care or social services covered by regional centers for persons with developmental disabilities, Knox-Keene, and the federal Medicare Program. The bill would make specified persons eligible to enroll as CalCare members during the implementation period, and would provide for automatic enrollment. The bill would require the board to seek all necessary waivers, approvals, and agreements to allow various existing federal health care payments to be paid to CalCare, which would then assume responsibility for all benefits and services previously paid for with those funds.This bill would create the CalCare Board to govern CalCare, made up of 9 voting members with demonstrated and acknowledged expertise in health care, and appointed as provided, plus the Secretary of California Health and Human Services or their designee as a nonvoting, ex officio member. The bill would provide the board with all ... (click bill link to see more).

Primary Sponsors
Ash Kalra, Isaac Bryan, Wendy Carrillo, Damon Connolly, Dave Cortese, Lena Gonzalez, Alex Lee

Bill Number	Last Action	Status	Position
AB 2237	**Read Second Time And Amended 2024 04 11**	**In Assembly**	**Monitor**

Title
Children and youth: transfer of specialty mental health services.

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

Bill Number	Last Action	Status	Position
AB 2250	**From Committee Do Pass And Re Refer To Com On Appr Ayes 15 Noes 0 April 2 Re Referred To Com On Appr 2024 04 03**	**In Assembly**	**Monitor**

Title
Social determinants of health: screening and outreach.

Description
AB 2250, as introduced, Weber. Social determinants of health: screening and outreach. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plans and health insurers to include coverage for screening for various conditions and circumstances, including adverse childhood experiences. Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, to include coverage for screenings for social determinants of health, as defined. The bill would require providers to use specified tools or protocols when documenting patient responses to questions asked in these screenings. The bill would require a health care service plan or health insurer to provide physicians who provide primary care services with adequate access to peer support specialists, lay health workers, social workers, or community health workers in counties where the plan or insurer has enrollees or insureds, as specified. The bill would authorize the respective departments to adopt guidance to implement its provisions. Because a violation of the bill’s requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.This bill would make social determinants of health screenings a covered benefit for Medi-Cal beneficiaries and would require the State Department of Health Care Services or a Medi-Cal managed care plan to provide reimbursement for those screenings, as specified.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Akilah Weber

Bill Number	Last Action	Status	Position
AB 2258	**From Committee Do Pass And Re Refer To Com On Appr Ayes 13 Noes 0 April 9 Re Referred To Com On Appr 2024 04 10**	**In Assembly**	**Monitor**

Title
Health care coverage: cost sharing.

Description
AB 2258, as amended, Zbur. Health care coverage: cost sharing. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a group or individual nongrandfathered health care service plan contract or health insurance policy to provide coverage for, and prohibits a contract or policy from imposing cost-sharing requirements for, specified preventive care services and screenings.This bill would prohibit a group or individual nongrandfathered health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, from imposing a cost-sharing requirement for items or services that are integral to the provision of the above-described preventive care services and screenings. The bill would require those contracts and policies to cover items and services for those preventive care services and screenings, including home test kits for sexually transmitted diseases and specified cancer screenings. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Rick Zbur

Organizational Notes

Last edited by Joanne Campbell at Mar 7, 2024, 9:18 PM
California Association of Health Plans - Oppose

Bill Number	Last Action	Status	Position
AB 2271	**Referred To Com On Health 2024 02 26**	**In Assembly**	**Monitor**

Title
Coverage for naloxone hydrochloride.

Description
AB 2271, as introduced, Ortega. Coverage for naloxone hydrochloride. 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, the pharmacist service of furnishing naloxone hydrochloride is a covered Medi-Cal benefit. The Medi-Cal program also covers certain medications to treat opioid use disorders as part of narcotic treatment program services, or as part of medication-assisted treatment services within the Drug Medi-Cal Treatment Program, as specified.Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law sets forth specified coverage requirements for health care service plan contracts and health insurance policies.Under this bill, prescription or nonprescription naloxone hydrochloride or another drug approved by the FDA for the complete or partial reversal of an opioid overdose would be a covered benefit under the Medi-Cal program. The bill would require a health care service plan contract or health insurance policy, as specified, to include coverage for the same medications under the same conditions. The bill would prohibit a health care service plan contract or health insurance policy from imposing any cost-sharing requirements for that coverage exceeding $10 per package of medication, and would prohibit a high deductible health plan from imposing cost sharing, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The bill would make implementation of its provisions contingent on funding from the Naloxone Distribution Project. The bill’s provisions would be inoperative when the state records 500 or fewer opioid deaths in a calendar year, and the bill would repeal these provisions on the following January 1.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
Liz Ortega

Bill Number	Last Action	Status	Position
AB 2293	**Referred To Com On L Gov 2024 02 26**	**In Assembly**	**Monitor**

Title
Joint powers agreements: health care services.

Description
AB 2293, as introduced, Mathis. Joint powers agreements: health care services. Existing law, the Joint Exercise of Powers Act, authorizes 2 or more public agencies by agreement to exercise any power common to the contracting parties, subject to meeting certain conditions with respect to that agreement. Existing law authorizes a private, nonprofit corporation, until January 1, 2023, formed for the purposes of providing services to zero-emission transportation systems or facilities, to join a joint powers authority or enter into a joint powers agreement with a public agency to facilitate the development, construction, and operation of zero-emission transportation systems or facilities that lower greenhouse gases, reduce vehicle congestion and vehicle miles traveled, and improve public transit connections. This bill would authorize one or more private, nonprofit mutual benefit corporations formed for purposes of providing health care services to join a joint powers authority or enter into a joint powers agreement with one or more public entities established under the act. The bill would deem any joint powers authority formed pursuant to this provision to be a public entity, except that the authority would not have the power to incur debt.

Primary Sponsors
Devon Mathis

Bill Number	Last Action	Status	Position
AB 2297	**Read Second Time And Amended 2024 04 11**	**In Assembly**	**Monitor**

Title
Hospital and Emergency Physician Fair Pricing Policies.

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

Primary Sponsors
Laura Friedman

Bill Number	Last Action	Status	Position
AB 2300	**From Committee Do Pass And Re Refer To Com On E S T M Ayes 10 Noes 1 April 2 Re Referred To Com On E S T M 2024 04 03**	**In Assembly**	**Monitor**

Title
Medical devices: Di-(2-ethylhexyl) phthalate (DEHP).

Description
AB 2300, as amended, Wilson. Medical devices: Di-(2-ethylhexyl) phthalate (DEHP). Existing law prohibits a person or entity from manufacturing, selling, or distributing in commerce any toy or childcare article that contains, among other things, Di-(2-ethylhexyl) phthalate (DEHP) in concentrations exceeding 0.1%.This bill would, commencing January 1, 2026, prohibit a person or entity from manufacturing, selling, or distributing into commerce in the State of California certain intravenous solution containers made with intentionally added DEHP. The bill would, commencing January 1, 2031, prohibit a person or entity from manufacturing, selling, or distributing into commerce in the State of California certain intravenous tubing made with intentionally added DEHP for use in neonatal intensive care units, nutrition infusions, or oncology treatment infusions. The bill would prohibit a person or entity from replacing DEHP for revised or new products with other specified ortho-phthalates.

Primary Sponsors
Lori Wilson

Bill Number	Last Action	Status	Position
AB 2302	**From Committee Do Pass Ayes 9 Noes 0 April 10 2024 04 11**	**In Assembly**	**Monitor**

Title
Open meetings: local agencies: teleconferences.

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

Primary Sponsors
Dawn Addis

Bill Number	Last Action	Status	Position
AB 2303	**In Committee Set Second Hearing Hearing Canceled At The Request Of Author 2024 04 11**	**In Assembly**	**Monitor**

Title
Health and care facilities: prospective payment system rate increase.

Description
AB 2303, as amended, Juan Carrillo. Health and care facilities: prospective payment system rate increase. 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 federally qualified health center services and rural health clinic services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis and at a per-visit prospective payment system rate, as defined.Existing law establishes 5 separate minimum wage schedules for covered health care employees, as defined, depending on the nature of the employer and includes increases beginning on June 1, 2024. Existing law generally requires the State Department of Public Health to license, regulate, and inspect health and care facilities.This bill would, upon appropriation, require the State Department of Health Care Services to develop a minimum wage add-on as an alternative payment methodology to increase rates of payment for specified health care facilities to account for the costs of complying with the minimum wage schedules described above. The bill would require that the alternative methodology be applied retroactively to January 1, 2025, until those costs are included in the prospective payment system rate. The bill would require the department to seek all necessary federal approvals or amendments to the state Medi-Cal plan to implement these provisions and would require the department to make any state plan amendments or waiver requests public 45 days prior to submitting them to the federal Centers for Medicare and Medicaid Services.

Primary Sponsors
Juan Carrillo

Bill Number	Last Action	Status	Position
AB 2315	**From Printer May Be Heard In Committee March 14 2024 02 13**	**In Assembly**	**Monitor**

Title
Mental health: programs for seriously emotionally disturbed children and court wards and dependents.

Description
AB 2315, as introduced, Lowenthal. Mental health: programs for seriously emotionally disturbed children and court wards and dependents. Existing law generally provides for the placement of foster youth in various placement settings and governs the provision of child welfare services, as specified. Existing law, the California Community Care Facilities Act, provides for the licensure and regulation of community care facilities, including community treatment facilities (CTFs) by the State Department of Social Services.Existing law requires the State Department of Health Care Services to adopt certain regulations for CTFs, including, among others, that only seriously emotionally disturbed children, as defined, either (1) for whom other less restrictive mental health interventions have been tried, as specified, or (2) who are currently placed in an acute psychiatric hospital or state hospital or in a facility outside the state for mental health treatment, and who may require periods of containment to participate in, and benefit from, mental health treatment, shall be placed in a CTF.This bill would make technical, nonsubstantive changes to these provisions.

Primary Sponsors
Josh Lowenthal

Bill Number	Last Action	Status	Position
AB 2319	**From Committee Do Pass And Re Refer To Com On Appr Ayes 12 Noes 2 April 2 Re Referred To Com On Appr 2024 04 03**	**In Assembly**	**Monitor**

Title
California Dignity in Pregnancy and Childbirth Act.

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

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

Bill Number	Last Action	Status	Position
AB 2327	**Re Referred To Com On Appr 2024 04 04**	**In Assembly**	**Monitor**

Title
Optometry: mobile optometric offices: regulations.

Description
AB 2327, as amended, Wendy Carrillo. Optometry: mobile optometric offices: regulations. Existing law, the Optometry Practice Act, establishes the State Board of Optometry within the Department of Consumer Affairs and sets forth the powers and duties of the board relating to the licensure and regulation of the practice of optometry. Existing law requires the board, by January 1, 2023, to adopt regulations establishing a registry for the owners and operators of mobile optometric offices, as specified. Existing law prohibits the board, before January 1, 2023, from bringing an enforcement action against an owner and operator of a mobile optometric office based solely on its affiliation status with an approved optometry school in California for remotely providing optometric service. Existing law makes these and other provisions related to the permitting and regulation of mobile optometric offices effective only until July 1, 2025, and repeals them as of that date.This bill would require the board to adopt the above-described regulations by January 1, 2026. The bill would prohibit the board from bringing the above-described enforcement action before January 1, 2026, or before the board adopts those regulations, whichever is earlier. The bill would extend the repeal date of the provisions related to the permitting and regulation of mobile optometric clinics to July 1, 2035.

Primary Sponsors
Wendy Carrillo

Bill Number	Last Action	Status	Position
AB 2332	**Re Referred To Com On Pub S 2024 04 01**	**In Assembly**	**Monitor**

Title
Corrections: health care.

Description
AB 2332, as amended, Connolly. Corrections: health care. Existing law establishes the Division of Health Care Operations and the Division of Health Care Policy and Administration within the Department of Corrections and Rehabilitation (CDCR) under the supervision of the Undersecretary of Health Care Services. Existing law requires the department to expand substance abuse treatment services in prisons to accommodate at least 4,000 additional inmates who have histories of substance abuse. Existing law requires the department to establish a 3-year pilot program to provide a medically assisted substance use disorder treatment model for the treatment of inmates, as specified.This bill would require the CDCR to take specific actions in the provision of substance use treatment, such as ensuring uniform application of the California Correctional Health Care Services Care Guide and retaining at least one full-time addiction medicine physician and surgeon at each facility to be assigned medication-assisted treatment patients exclusively. The bill would require the CDCR to provide physicians and surgeons clear guidance on interpretation of certain toxicology tests, the misuse, abuse, and illegal distribution of substances, and access to alternative medication. The bill would require the CDCR to provide physicians and surgeons training consisting of at least 8 hours of integrated substance use disorder treatment didactic training, 3 days of shadowing an integrated substance use disorder treatment practice, and an annual training of at least 8 hours covering specified topics.The bill would require the CDCR to form a working group consisting of 6 members of the Union of American Physicians and Dentists and integrated substance use disorder treatment program departmental representation with the authority to make decisions for the purpose of identifying program areas for improvement or additional training that could be offered to certain employees, in order to enhance program success.Existing regulations establish a process for the CDCR to verify licenses and credentials of newly hired health care providers.This bill would require that process to include addiction medicine as an additional qualification.

Primary Sponsors
Damon Connolly

Bill Number	Last Action	Status	Position
AB 2339	**From Committee Do Pass And Re Refer To Com On Appr Ayes 15 Noes 0 April 2 Re Referred To Com On Appr 2024 04 03**	**In Assembly**	**Monitor**

Title
Medi-Cal: telehealth.

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

Primary Sponsors
Cecilia Aguiar-Curry

Bill Number	Last Action	Status	Position
AB 2340	**Re Referred To Com On Health 2024 04 08**	**In Assembly**	**Monitor**

Title
Medi-Cal: EPSDT services: informational materials.

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

Primary Sponsors
Mia Bonta

Bill Number	Last Action	Status	Position
AB 2342	**Referred To Com On Health 2024 02 26**	**In Assembly**	**Monitor**

Title
Medi-Cal: critical access hospitals: islands.

Description
AB 2342, as introduced, Lowenthal. Medi-Cal: critical access hospitals: islands. 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, a hospital designated by the department as a critical access hospital, and certified as such by the Secretary of the United States Department of Health and Human Services under the federal Medicare rural hospital flexibility program, is eligible for supplemental payments for Medi-Cal covered outpatient services rendered to Medi-Cal eligible persons. Existing law conditions those payments on receipt of federal financial participation and an appropriation in the annual Budget Act for the nonfederal share of those payments, with supplemental payments being apportioned among critical access hospitals based on their number of Medi-Cal outpatient visits.This bill, subject to appropriation and the availability of federal funding, would require the department to provide an annual supplemental payment, for services covered under Medi-Cal, to each critical access hospital that operates on an island that is located more than 10 miles offshore of the mainland coast of the state but is still within the jurisdiction of the state. The bill would specify the formula of the payment amount, which would be in addition to any supplemental payment described above.This bill would make legislative findings and declarations as to the necessity of a special statute for critical access hospitals operating on those islands.

Primary Sponsors
Josh Lowenthal

Bill Number	Last Action	Status	Position
AB 2352	**Re Referred To Com On Health 2024 04 11**	**In Assembly**	**Monitor**

Title
Behavioral health and psychiatric advance directives.

Description
AB 2352, as amended, Irwin. Behavioral health and psychiatric advance directives. (1) Existing law establishes the requirements for executing a written advance health care directive that is legally sufficient to direct health care decisions. Existing law provides a form that an individual may use or modify to create an advance health care directive. Under existing law, a written advance health care directive is legally sufficient if specified requirements are satisfied, may be revoked by a patient having capacity at any time, and is revoked to the extent of a conflict with a later executed directive. Existing law requires a supervising health care provider who knows of the existence of an advance health care directive or its revocation to record that fact in the patient’s health record. Existing law sets forth requirements of witnesses to a written advance health care directive. A written advance health care directive or similar instrument executed in another jurisdiction is valid and enforceable in this state under existing law. A person who intentionally falsifies, forges, conceals, defaces, or obliterates an individual’s advance health care directive or its revocation without the individual’s consent is subject to liability of up to $10,000 or actual damages, whichever is greater, plus reasonable attorney’s fees.Existing law authorizes an appeal of specified orders relating to an advance health care directive. Existing law generally prohibits involuntary civil placement of a ward, conservatee, or person with capacity in a mental health treatment facility, subject to a valid and effective advance health care directive. Existing law prohibits specified entities, including a provider, health care service plan, or insurer, from requiring or prohibiting the execution or revocation of an advance health care directive as a condition for providing health care, admission to a facility, or furnishing insurance. Existing law requires the Secretary of State to establish a registry system for written advance health care directives, but failure to register does not affect the directive’s validity and registration does not affect a registrant’s ability to revoke the directive.Under existing law, an advance psychiatric directive is a legal document, executed on a voluntary basis by a person who has the capacity to make medical decisions and in accordance with the requirements for an advance health care directive, that allows a person with mental illness to protect their autonomy and ability to direct their own care by documenting their preferences for treatment in advance of a mental health crisis. An individual may execute both an advance health care directive and a voluntary standalone psychiatric advance directive.This bill wo... (click bill link to see more).

Primary Sponsors
Jacqui Irwin

Bill Number	Last Action	Status	Position
AB 2356	**From Committee Do Pass And Re Refer To Com On Appr With Recommendation To Consent Calendar Ayes 16 Noes 0 April 9 Re Referred To Com On Appr 2024 04 10**	**In Assembly**	**Monitor**

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

Description
AB 2356, as introduced, Wallis. 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 $50, and would require that the amount be increased annually, as specified. The bill would make these changes subject to receipt of necessary federal approvals.

Primary Sponsors
Greg Wallis

Bill Number	Last Action	Status	Position
AB 2411	**From Committee Do Pass And Re Refer To Com On Appr Ayes 15 Noes 0 April 9 Re Referred To Com On Appr 2024 04 10**	**In Assembly**	**Monitor**

Title
Local Youth Mental Health Boards.

Description
AB 2411, as amended, Wendy Carrillo. Local Youth Mental Health Boards. Existing law, the Bronzan-McCorquodale Act, contains provisions governing the operation and financing of community mental health services for the mentally disordered in every county through locally administered and locally controlled community mental health programs. This bill would require each community mental health service to have a local youth mental health board (board), appointed as specified, consisting of members between 15 and 23 years of age, inclusive, at least 1/2 of whom are, to the extent possible, mental health consumers who are receiving, or have received, mental health services, or siblings or close family members of mental health consumers and 1/2 of whom are, to the extent possible, enrolled in schools in the county. The bill would require the board, among other duties, to review and evaluate the local public mental health system and advise the governing body and school district governing bodies on mental health services related to youth that are delivered by the local mental health agency or local behavioral health agency, school districts, or others, as applicable. The bill would require the governing body to include the board in the county planning process and provide a budget for the board sufficient to facilitate the purposes, duties, and responsibilities of the board. By increasing the duties of local governments, this bill would impose a state-mandated local program.Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, among other things, establishes the Mental Health Services Oversight and Accountability Commission. Existing law, the Behavioral Health Services Act (BHSA), approved by the voters as Proposition 1 at the March 5, 2024, statewide primary election, commencing January 1, 2025, revises and recasts the MHSA by, among other things, renaming the commission the Behavioral Health Services Oversight and Accountability Commission and changing the duties of the commission to include promoting transformational change in California’s behavioral health system through research, evaluation and tracking outcomes, and other strategies to assess and report progress. This bill would require the commission, on or before December 30, 2027, and once every 5 years thereafter, to assess the extent to which the local youth mental health boards have been established and to make recommendations on ways to strengthen the youth voice to support appropriate behavioral health services. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statut... (click bill link to see more).

Primary Sponsors
Wendy Carrillo, Dave Cortese

Bill Number	Last Action	Status	Position
AB 2428	**From Committee Do Pass And Re Refer To Com On Appr Ayes 16 Noes 0 April 9 Re Referred To Com On Appr 2024 04 10**	**In Assembly**	**Monitor**

Title
Medi-Cal: Community-Based Adult Services.

Description
AB 2428, as introduced, Calderon. Medi-Cal: Community-Based Adult 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 requires the department to standardize applicable covered Medi-Cal benefits provided by Medi-Cal managed care plans under comprehensive risk contracts with the department on a statewide basis and across all models of Medi-Cal managed care, in accordance with the Terms and Conditions of the California Advancing and Innovating Medi-Cal (CalAIM) initiative.Existing law requires, commencing January 1, 2022, that Community-Based Adult Services (CBAS) continue to be available as a capitated benefit for a qualified Medi-Cal beneficiary under a comprehensive risk contract with an applicable Medi-Cal managed care plan. For contract periods during which that provision is implemented, existing law requires each applicable plan to reimburse a network provider furnishing CBAS to a Medi-Cal beneficiary enrolled in that plan, and requires each network provider of CBAS to accept the payment amount that the network provider of CBAS would be paid for the service in the Medi-Cal fee-for-service delivery system, as specified, unless the plan and network provider mutually agree to reimbursement in a different amount.This bill, for purposes of the mutual agreement between a Medi-Cal managed care plan and a network provider, would require that the reimbursement be in an amount equal to or greater than the amount paid for the service in the Medi-Cal fee-for-service delivery system. Under the bill, no later than January 1, 2025, for payments commencing on July 1, 2019, a Medi-Cal managed care plan that has not reimbursed a network provider furnishing CBAS according to those provisions would be required to reimburse the network provider the difference between the amount required and the amount that has been paid.Existing law requires that capitation rates paid by the department to an applicable Medi-Cal managed care plan be actuarially sound and account for the payment levels in the above-described provisions as applicable.This bill would prohibit the changes made by the bill to the above-described reimbursement from being construed as requiring the department to retroactively recalculate the capitation rates for purposes of any reimbursement of the difference between the amount required and the amount that has been paid.

Primary Sponsors
Lisa Calderon, Bill Dodd

Bill Number	Last Action	Status	Position
AB 2434	**Re Referred To Com On Health 2024 03 12**	**In Assembly**	**Monitor**

Title
Health care coverage: multiple employer welfare arrangements.

Description
AB 2434, as amended, Grayson. Health care coverage: multiple employer welfare arrangements. 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 federal law, the federal Employee Retirement Income Security Act of 1974 (ERISA), authorizes multiple employer welfare arrangements (MEWAs) in which 2 or more employers join together to provide health care coverage for employees or to their beneficiaries. Existing law authorizes an association of employers to offer a large group health care service plan contract or large group health insurance policy, consistent with ERISA, if certain requirements are met. Until January 1, 2026, existing law also authorizes an association of employers to offer a large group health care service plan contract or large group health insurance policy to small group employer members of the association, consistent with ERISA, if certain requirements are met, including that the association is headquartered in this state, was established before March 23, 2010, and is the sponsor of a MEWA, and that the contract or policy includes coverage of employees of an association member in the biomedical industry.This bill would authorize an association of employers to offer a large group health care service plan contract or large group health insurance policy to small group employer members of the association, consistent with ERISA, if certain requirements are met, including that the association was established before January 1, 1966, and is the sponsor of a MEWA, and that the contract or policy includes coverage of employees of an association member in the engineering, surveying, or design industry. The bill, on or after June 1, 2025, would prohibit a plan or insurer from marketing, issuing, amending, renewing, or delivering large employer coverage to an association or MEWA that provides a benefit to a resident in this state unless the association and MEWA have registered and are in compliance with the requirements described above, or have filed applications for registration, as specified, that are pending with the department. The bill would authorize the Department of Managed Health Care and the Department of Insurance to issue guidance to health care service plans and health insurers regarding these requirements, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse loca... (click bill link to see more).

Primary Sponsors
Tim Grayson

Bill Number	Last Action	Status	Position
AB 2435	**Read Second Time Ordered To Third Reading 2024 04 11**	**In Assembly**	**Monitor**

Title
California Health Benefit Exchange.

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

Primary Sponsors
Brian Maienschein

Bill Number	Last Action	Status	Position
AB 2442	**Re Referred To Com On Appr 2024 04 11**	**In Assembly**	**Monitor**

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

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

Primary Sponsors
Rick Zbur

Bill Number	Last Action	Status	Position
AB 2445	**Referred To Com On B P 2024 03 04**	**In Assembly**	**Monitor**

Title
Prescriptions: personal use pharmaceutical disposal system.

Description
AB 2445, as introduced, Wallis. Prescriptions: personal use pharmaceutical disposal system. Existing law, the Pharmacy Law, provides for the licensing and regulation of pharmacists by the California State Board of Pharmacy in the Department of Consumer Affairs. Existing law prohibits a pharmacist from dispensing a prescription unless the prescription is in a container that meets the requirements of state and federal law and is correctly labeled with certain information. Existing law requires a pharmacy or practitioner that dispenses a prescription drug containing an opioid to a patient for outpatient use to prominently display a specified notice on the label or container of the prescription drug containing an opioid. Existing law, when no other penalty is provided, makes a knowing violation of the Pharmacy Law a misdemeanor and, in all other instances, makes a violation punishable as an infraction.This bill would prohibit a dispenser from dispensing a prescription drug containing an opioid to a patient for outpatient use unless the dispenser also provides a personal use pharmaceutical disposal system, as defined, to the patient. The bill would provide that its provisions become operative only upon the Legislature enacting a framework for the governing of a personal use pharmaceutical disposal system program. By expanding the scope of a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Greg Wallis

Bill Number	Last Action	Status	Position
AB 2446	**Re Referred To Com On Appr 2024 04 08**	**In Assembly**	**Monitor**

Title
Medi-Cal: diapers.

Description
AB 2446, as amended, Ortega. Medi-Cal: diapers. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Existing law establishes a schedule of covered benefits under the Medi-Cal program, including incontinence supplies.This bill would add to the schedule of Medi-Cal benefits diapers for infants or toddlers with certain conditions, such as a urinary tract infection and colic, among others. The bill would establish diapers as a covered benefit for a child greater than 3 years of age who has been diagnosed with a condition that contributes to incontinence and would establish diapers as a covered benefit for individuals under 21 years of age, if necessary to correct or ameliorate a condition pursuant to specified standards. The bill would require the department to seek any necessary federal approval to implement this section.

Primary Sponsors
Liz Ortega

Bill Number	Last Action	Status	Position
AB 2449	**In Committee Set First Hearing Hearing Canceled At The Request Of Author 2024 03 15**	**In Assembly**	**Monitor**

Title
Health care coverage: qualified autism service providers.

Description
AB 2449, as introduced, Ta. Health care coverage: qualified autism service providers. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy to provide coverage for behavioral health treatment provided for pervasive developmental disorder or autism and requires a plan or policy to maintain an adequate network of qualified autism service providers. Under existing law, a “qualified autism service provider” means, among other things, a person who is certified by a national entity, such as the Behavior Analyst Certification Board, with a certification that is accredited by the National Commission for Certifying Agencies.This bill would clarify that the Qualified Applied Behavior Analysis Credentialing Board is also a national entity that may certify a qualified autism service provider, and would authorize the certification to be accredited by the American National Standards Institute.

Primary Sponsors
Tri Ta

Bill Number	Last Action	Status	Position
AB 2466	**Re Referred To Com On Health 2024 03 19**	**In Assembly**	**Monitor**

Title
Medi-Cal managed care: network adequacy standards.

Description
AB 2466, as amended, Wendy Carrillo. Medi-Cal managed care: network adequacy standards. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law authorizes the Director of Health Care Services to terminate a contract or impose sanctions if the director finds that a Medi-Cal managed care plan fails to comply with contract requirements, state or federal law or regulations, or the state plan or approved waivers, or for other good cause.Existing law establishes, until January 1, 2026, 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.Under this bill, a Medi-Cal managed care plan would be deemed to be not in compliance with the appointment time standards if either (1) fewer than 85% of the network providers had an appointment available within the standards or (2) the department receives information establishing that the plan was unable to deliver timely, available, or accessible health care services to enrollees, as specified. Under the bill, failure to comply with the appointment time standard may result in contract termination or the issuance of sanctions as described above.Existing law requires a Medi-Cal managed care plan to submit a request for alternative access standards if the plan cannot meet the time or distance standards. Under existing law, a plan is not required to submit a previously approved request on an annual basis, unless the plan requires modifications to its request. Existing law requires the plan to submit this previously approved request at least every 3 years for review and approval when the plan is required to demonstrate compliance with time or distance standards.This bill would instead require a plan that has a previously approved alternative access standard to submit a renewal request on an annual basis, explaining which efforts the plan has made in the previous 12 months to mitigate or eliminate circumstances that justify the use of an alternative access standard, as specified. The bill would require the department to consider the reasonableness and effectiveness of the mitigating efforts as part of the renewal decision.Existing law requires a Medi-Cal managed care plan to demonstrate, annually and upon request by the department, how the plan arranged for the delivery of Medi-Cal ... (click bill link to see more).

Primary Sponsors
Wendy Carrillo

Organizational Notes

Last edited by Joanne Campbell at Apr 10, 2024, 4:59 PM
Local Health Plans of California - Oppose Unless Amended

Bill Number	Last Action	Status	Position
AB 2467	**Re Referred To Com On Health 2024 03 06**	**In Assembly**	**Monitor**

Title
Health care coverage for menopause.

Description
AB 2467, as amended, Bauer-Kahan. Health care coverage for menopause. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law sets forth specified coverage requirements for health care service plan contracts and health insurance policies.This bill would require a health care service plan contract or health insurance policy, except for a specialized contract or policy, that is issued, amended, or renewed on or after January 1, 2025, to include coverage for treatment of perimenopause and menopause. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Rebecca Bauer-Kahan

Organizational Notes

Last edited by Joanne Campbell at Mar 18, 2024, 5:16 PM
California Association of Health Plans - Oppose

Bill Number	Last Action	Status	Position
AB 2478	**Referred To Com On Pub S 2024 03 18**	**In Assembly**	**Monitor**

Title
Incarcerated persons: health records.

Description
AB 2478, as introduced, Ramos. Incarcerated persons: health records. Existing law, the Confidentiality of Medical Information Act, prohibits a health care provider, a contractor, or a health care service plan from disclosing medical information, as defined, regarding a patient of the provider or an enrollee or subscriber of the health care service plan without first obtaining an authorization, except as specified. Existing law authorizes, among other things, mental health records to be disclosed by a county correctional facility, county medical facility, state correctional facility, or state hospital, as specified.Existing law requires, when jurisdiction of an inmate is transferred from or between the Department of Corrections and Rehabilitation, the State Department of State Hospitals, and county agencies caring for inmates, those agencies to disclose, by electronic transmission when possible, mental health records, as defined, regarding each transferred inmate who received mental health services while in custody of the transferring facility, as specified. Existing law requires mental health records to be disclosed to ensure sufficient mental health history is available for the purpose of satisfying specified requirements relating to parole and to ensure the continuity of mental health treatment of an inmate being transferred between those facilities. Existing law requires all transmissions made pursuant to those provisions to comply with specified provisions of state and federal law, including the Confidentiality of Medical Information Act.This bill would require, when jurisdiction of an inmate is transferred from or between a county correctional facility, a county medical facility, the State Department of State Hospitals, and a county agency caring for inmates, those agencies to disclose, by electronic transmission if possible, mental health records, as defined, regarding each transferred inmate who received mental health services while in custody of the transferring facility, as specified. The bill would require mental health records to be disclosed to ensure sufficient mental health history is available to ensure the continuity of mental health treatment of an inmate being transferred between those facilities.This bill would require all county behavioral health departments and contractors to establish and maintain a secure and standardized system for sharing inmate mental health records, as specified. The bill would require each county to prepare a report containing information about the effectiveness of the data sharing, the continuity of care measures, and an evaluation on the impact of inmate well-being, safety, and recidivism rates. The bill would require the report to be submitted to the Legislature on or befor... (click bill link to see more).

Primary Sponsors
James Ramos

Bill Number	Last Action	Status	Position
AB 2494	**From Committee Do Pass And Re Refer To Com On Appr Ayes 7 Noes 0 April 3 Re Referred To Com On Appr 2024 04 04**	**In Assembly**	**Monitor**

Title
Employer notification: continuation coverage.

Description
AB 2494, as amended, Calderon. Employer notification: continuation coverage. Existing federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985, and known as COBRA, requires that certain employers provide former employees with continuation of benefits. COBRA requires that an employee be notified of the continuation of coverage for which the employee may be eligible upon certain qualifying events, including termination. Existing law requires all employers, whether public or private, to provide employees, upon termination, notification of all continuation, disability extension, and conversion coverage options under any employer-sponsored coverage for which the employee may remain eligible.This bill would require all employers, whether public or private, to provide employees with a written, hardcopy notice of coverage under COBRA, to be provided in-person and via email, following termination or reduction in hours, as specified.

Primary Sponsors
Lisa Calderon

Bill Number	Last Action	Status	Position
AB 2526	**Re Referred To Com On B P 2024 04 09**	**In Assembly**	**Monitor**

Title
Nurse anesthetists.

Description
AB 2526, as amended, Gipson. Nurse anesthetists. Existing law, the Nurse Anesthetists Act, provides for the certification and regulation of nurse anesthetists by the Board of Registered Nursing within the Department of Consumer Affairs. If a general anesthetic agent is administered in a dental office, existing law requires the dentist to hold a permit authorized by the provisions governing a dentist’s use of deep sedation and general anesthesia. Existing law provides that nothing under the act is to be construed to limit a certified nurse anesthetist’s ability to practice nursing.This bill would delete the above-described requirement that a dentist hold a specified permit if a general anesthetic agent is administered in a dental office and would instead prescribe specified circumstances in which general anesthesia or deep sedation is to be administered in a dental office by a nurse anesthetist.This bill would also provide that a certified registered nurse anesthetist who is licensed under the act and is registered with the federal Drug Enforcement Agency has prescriptive authority to select, order, or administer prescription drugs, as defined, upon a request issued by a dentist as specified. The bill would authorize a nurse anesthetist to prescribe prescription drugs only for an individual whom the nurse anesthetist has established a client or patient record at the time of the prescription. The bill would require a nurse anesthetist to complete training set forth by the agency upon registration or renewal of registration with the agency. The bill would provide that nothing under the Nursing Practice Act affects the authority of a licensed nurse anesthetist to select, order, or administer prescription drugs for the delivery of perioperative anesthesia services beyond the outpatient dental setting.Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists by the Dental Board of California within the Department of Consumer Affairs. Existing law authorizes a licensed physician and surgeon to administer deep sedation or general anesthesia in the office of a licensed dentist for dental patients if specified conditions are met, including that they hold a valid general anesthesia permit issued by the board as prescribed.This bill would authorize a certified registered nurse anesthetist to administer general anesthesia or deep sedation in the office of a licensed dentist for dental patients if specified conditions are met, including that they hold a valid general anesthesia permit issued by the board as prescribed. To obtain that permit, the bill would require a nurse anesthetist to apply to the board on an application form prescribed by the board and to submit, among other things, paymen... (click bill link to see more).

Primary Sponsors
Mike Gipson

Bill Number	Last Action	Status	Position
AB 2556	**Re Referred To Com On Appr 2024 04 08**	**In Assembly**	**Monitor**

Title
Behavioral health and wellness screenings: notice.

Description
AB 2556, as amended, Jackson. Behavioral health and wellness screenings: notice. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. This bill would require a health care service plan or insurer to provide to each legal guardian of a patient, enrollee, or insured, 10 to 18 years of age, a written or electronic notice regarding the benefits of a behavioral health and wellness screening, as defined. The bill would require a health care service plan or insurer to provide the notice on an annual basis. Because a violation of the bill’s requirements relative to a health care service plan would be crimes, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Corey Jackson

Organizational Notes

Last edited by Joanne Campbell at Mar 18, 2024, 5:29 PM
California Association of Health Plans - Oppose

Bill Number	Last Action	Status	Position
AB 2563	**In Committee Hearing Postponed By Committee 2024 03 25**	**In Assembly**	**Monitor**

Title
Newborn screening program.

Description
AB 2563, as introduced, Essayli. Newborn screening program. Existing law requires the State Department of Public Health to establish a program for the development, provision, and evaluation of genetic disease testing. Existing law establishes the continuously appropriated Genetic Disease Testing Fund (GDTF), consisting of fees paid for newborn screening tests, and states the intent of the Legislature that all costs of the genetic disease testing program be fully supported by fees paid for newborn screening tests, which are deposited in the GDTF. Existing law also authorizes moneys in the GDTF to be used for the expansion of the Genetic Disease Branch Screening Information System to include cystic fibrosis, biotinidase, severe combined immunodeficiency (SCID), and adrenoleukodystrophy (ALD) and exempts the expansion of contracts for this purpose from certain provisions of the Public Contract Code, the Government Code, and the State Administrative Manual, as specified.This bill would require the department to expand statewide screening of newborns to include screening for Duchenne Muscular Dystrophy. By expanding the purposes for which moneys from the fund may be expended, this bill would make an appropriation.

Primary Sponsors
Bill Essayli

Bill Number	Last Action	Status	Position
AB 2578	**Re Referred To Com On B P 2024 04 01**	**In Assembly**	**Monitor**

Title
Nursing: students in out-of-state nursing programs.

Description
AB 2578, as amended, Flora. Nursing: students in out-of-state nursing programs. Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing to license and regulate the practice of nursing. The act prohibits a person from engaging in the practice of nursing without an active license but authorizes a student to render nursing services incidental to the student's course of study, as specified.This bill would additionally authorize a student to render nursing services if the student is a resident of the state and enrolled in a prelicensure distance education nursing program based at an out-of-state private postsecondary educational institution, as defined, for the purpose of gaining clinical experience in a clinical setting that meets certain criteria, including that the program is accredited by a programmatic accreditation entity recognized by the United States Department of Education and that the program maintains minimum faculty to student ratios required of board-approved programs for in-person clinical experiences. The bill would require the student to be supervised in person by a registered nurse licensed by the board while rendering nursing services. The bill would prohibit a clinical agency or facility from offering clinical experience placements to an out-of-state private postsecondary educational institution if the placements are needed to fulfill the clinical experience requirements of in-state students enrolled in a board-approved nursing program.

Primary Sponsors
Heath Flora

Bill Number	Last Action	Status	Position
AB 2636	**Re Referred To Com On Aging L T C 2024 04 01**	**In Assembly**	**Monitor**

Title
Mello-Granlund Older Californians Act.

Description
AB 2636, as amended, Bains. Mello-Granlund Older Californians Act. Existing law requires the California Department of Aging to administer the Mello-Granlund Older Californians Act (act), which establishes various programs that serve older individuals, defined as persons 60 years of age or older, except as specified. The act requires the department to designate various private nonprofit or public agencies as area agencies on aging to work within a planning and service area and provide a broad array of social and nutritional services. Under the act, the department’s mission is to provide leadership to those agencies in developing systems of home- and community-based services that maintain individuals in their own homes or least restrictive homelike environments.This bill would recast and revise various provisions of the act, including updating findings and declarations relating to statistics and issues of concern to the older adult population, and replacing references throughout the act from “senior,” and similar terminology to “older adult.” The bill would increase flexibility for area agencies on aging to develop and manage community-based program based on local need, as specified. The bill would repeal obsolete provisions, such as the Senior Center Bond Act of 1984.Existing law requires the California Department of Aging to maintain a clearinghouse of information related to the interests and needs of older individuals and provide referral services, if appropriate. Existing law establishes the Senior Housing Information and Support Center within the deparment to serve as a clearinghouse for information for seniors and their families regarding available innovative resources and senior services, subject to appropriation for these purposes.This bill, instead, would require the department to partner with other state departments, the area agencies on aging, and other stakeholders in developing and maintaining an electronic clearinghouse of information of available statewide services and supports for older adults and people with disabilities and providing referral services, if appropriate, and would repeal the provisions establishing the Senior Housing Information and Support Center.

Primary Sponsors
Jasmeet Bains

Bill Number	Last Action	Status	Position
AB 2668	**Referred To Com On Health 2024 03 04**	**In Assembly**	**Monitor**

Title
Coverage for cranial prostheses.

Description
AB 2668, as introduced, Berman. Coverage for cranial prostheses. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plans and health insurers to provide coverage for prosthetic devices in connection with specified health conditions and procedures.This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, to cover cranial prostheses, as defined, for individuals experiencing permanent or temporary medical hair loss. The bill would require a licensed provider to prescribe the cranial prosthesis for an individual’s course of treatment for a diagnosed health condition, chronic illness, or injury, as specified. The bill would limit coverage to once every 12 months and $750 for each instance of coverage. The bill would not apply these provisions to a specialized health care service plan or specialized health insurance policy. Because a violation of these requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.Existing law also 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. Commencing January 1, 2025, this bill would require coverage for cranial prostheses for individuals experiencing permanent or temporary medical hair loss. or treatment for those conditions as a Medi-Cal benefit, subject to the same requirements with respect to provider prescription, coverage frequency, and amount. The bill would not apply these provisions to a specialized health care service plan.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Marc Berman

Bill Number	Last Action	Status	Position
AB 2688	**Referred To Com On B P 2024 03 04**	**In Assembly**	**Monitor**

Title
Medical Board of California: appointments: removal.

Description
AB 2688, as introduced, Berman. Medical Board of California: appointments: removal. Existing law, the Medical Practice Act, establishes the Medical Board of California within the Department of Consumer Affairs and sets forth its powers and duties relating to the licensure and regulation of the practice of medicine by physicians and surgeons. Under the act, the board consists of 15 members, including 13 members appointed by the Governor, one appointed by the Senate Committee on Rules, and one appointed by the Speaker of the Assembly, as prescribed. The act authorizes the appointing power to remove any member of the board for neglect of duty, incompetency, or unprofessional conduct.Under other existing law with respect to the department and its constituent boards, an appointing authority has power to remove from office at any time a member of any board appointed by the appointing authority for continued neglect of duties required by law, or for incompetence, or unprofessional or dishonorable conduct. Existing law prohibits this provision from being construed as a limitation or restriction on the power of the appointing authority conferred on the appointing authority by any other provision of law to remove any member of any board.This bill would revise the removal authority of an appointing power of the Medical Board of California granted by the Medical Practice Act to instead authorize the removal of a member of the board appointed by that authority for continued neglect of duties required by law, or for incompetence, or unprofessional or dishonorable conduct.

Primary Sponsors
Marc Berman

Bill Number	Last Action	Status	Position
AB 2701	**From Committee Do Pass And Re Refer To Com On Appr Ayes 16 Noes 0 April 9 Re Referred To Com On Appr 2024 04 10**	**In Assembly**	**Monitor**

Title
Medi-Cal: dental cleanings and examinations.

Description
AB 2701, as introduced, Villapudua. Medi-Cal: dental cleanings and examinations. 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 dental services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Under existing law, one dental prophylaxis cleaning per year and one initial dental examination by a dentist are covered Medi-Cal benefits for beneficiaries 21 years of age or older. Under existing law, 2 dental prophylaxis cleanings per year and 2 periodic dental examinations per year are covered Medi-Cal benefits for beneficiaries under 21 years of age. Existing law conditions implementation of those provisions on receipt of any necessary federal approvals and the availability of federal financial participation and funding in the annual Budget Act.This bill would restructure those provisions so that 2 cleanings and 2 examinations per year, as specified, would be covered Medi-Cal benefits for all beneficiaries, regardless of age.

Primary Sponsors
Carlos Villapudua

Bill Number	Last Action	Status	Position
AB 2703	**From Committee Do Pass And Re Refer To Com On Appr With Recommendation To Consent Calendar Ayes 15 Noes 0 April 2 Re Referred To Com On Appr 2024 04 03**	**In Assembly**	**Monitor**

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

Description
AB 2703, as introduced, Aguiar-Curry. Federally qualified health centers and rural health clinics: psychological associates. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law requires the department to seek any necessary federal approvals and issue appropriate guidance to allow an FQHC or RHC to bill, under a supervising licensed behavioral health practitioner, for an encounter between an FQHC or RHC patient and an associate clinical social worker or associate marriage and family therapist when certain conditions are met, including, among others, that the FQHC or RHC is otherwise authorized to bill for services provided by the supervising practitioner as a separate visit.This bill would add a psychological associate to those provisions, requiring the department to seek any necessary federal approvals and issue appropriate guidance to allow an FQHC or RHC to bill for an encounter between a patient and a psychological associate under those conditions. The bill would make conforming changes with regard to supervision by a licensed psychologist as required by the Board of Psychology.

Primary Sponsors
Cecilia Aguiar-Curry

Bill Number	Last Action	Status	Position
AB 2715	**In Committee Set First Hearing Hearing Canceled At The Request Of Author 2024 04 09**	**In Assembly**	**Monitor**

Title
Ralph M. Brown Act: closed sessions.

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

Primary Sponsors
Tasha Boerner

Bill Number	Last Action	Status	Position
AB 2726	**In Committee Hearing Postponed By Committee 2024 04 11**	**In Assembly**	**Monitor**

Title
Specialty care network: telehealth and other virtual services.

Description
AB 2726, as amended, Flora. Specialty care network: telehealth and other virtual services. Existing law establishes, under the Medi-Cal program, certain time and distance standards for specified Medi-Cal managed care covered services, consistent with federal regulations relating to network adequacy standards, to ensure that those services, including certain specialty care, are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner. Existing law sets forth other timely access requirements for health care service plans and health insurers, including with regard to referrals to a specialist.Existing law establishes various health professions development programs, within the Department of Health Care Access and Information, for the promotion of education, training, and recruitment of health professionals to address workforce shortage and distribution needs. Existing law sets forth various provisions for the authorized use of telehealth in the delivery of health care services.This bill would, subject to an appropriation, require the California Health and Human Services Agency, in collaboration with the Department of Health Care Access and Information and the State Department of Health Care Services, to establish a demonstration project for a telehealth and other virtual services specialty care network that is designed to serve patients of safety-net providers consisting of qualifying providers, defined to include, among others, rural health clinics and community health centers. The bill would authorize the focus of the project to include increasing access to behavioral and maternal health services and additional specialties prioritized by the agency. The bill would state the intent of the Legislature that implementation of the demonstration project would facilitate compliance with any applicable network adequacy standards.The bill would require the demonstration project to include a grant program to award funding to grantees, as defined, that meet specified conditions relating to specialist networks and health information technology. Under the bill, the purpose of the grant program would be to achieve certain objectives, including, among others, reducing structural barriers to access experienced by patients, improving cost-effectiveness, and optimizing utilization. The bill would require a grantee to evaluate its performance on the objectives and to submit a report of its findings to the agency.

Primary Sponsors
Heath Flora

Bill Number	Last Action	Status	Position
AB 2749	**Read Second Time And Amended 2024 04 11**	**In Assembly**	**Monitor**

Title
California Health Benefit Exchange: financial assistance.

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

Primary Sponsors
Jim Wood

Bill Number	Last Action	Status	Position
AB 2753	**From Committee Do Pass And Re Refer To Com On Appr Ayes 12 Noes 0 April 2 Re Referred To Com On Appr 2024 04 03**	**In Assembly**	**Monitor**

Title
Rehabilitative and habilitative services: durable medical equipment and services.

Description
AB 2753, as introduced, Ortega. Rehabilitative and habilitative services: durable medical equipment and services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Other existing law requires the Department of Insurance to regulate health insurers. Existing law requires 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, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Under existing law, essential health benefits include, among other things, rehabilitative and habilitative services. Existing law requires habilitative services and devices to be covered under the same terms and conditions applied to rehabilitative services and devices under the plan contract or policy, and defines habilitative services to mean health care services and devices that help a person keep, learn, or improve skills and functioning for daily living.This bill would specify that coverage of rehabilitative and habilitative services and devices under a health care service plan or health insurance policy includes durable medical equipment, services, and repairs, if the equipment, services, or repairs are prescribed or ordered by a physician, surgeon, or other health professional acting within the scope of their license. The bill would define “durable medical equipment” to mean devices, including replacement devices, that are designed for repeated use, and that are used for the treatment or monitoring of a medical condition or injury in order to help a person to partially or fully acquire, improve, keep, or learn, or minimize the loss of, skills and functioning of daily living. The bill would prohibit coverage of durable medical equipment and services from being subject to financial or treatment limitations, as specified.The bill would make related findings and declarations, including that coverage of durable medical equipment is necessary to comply with federal requirements for purposes of being considered essential health benefits not subject to defrayal payments. Because a violation of the bill’s provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Liz Ortega

Organizational Notes

Last edited by Joanne Campbell at Mar 29, 2024, 2:16 PM
California Association of Health Plans - Oppose

Bill Number	Last Action	Status	Position
AB 2756	**In Committee Hearing Postponed By Committee 2024 04 11**	**In Assembly**	**Monitor**

Title
Pelvic Floor and Core Conditioning Pilot Program.

Description
AB 2756, as amended, Boerner. Pelvic Floor and Core Conditioning Pilot Program. Existing law finds and declares that postpartum care, among other things, is an essential service necessary to ensure maternal health. Existing law establishes the State Department of Health Care Services, and requires the department to, among other things, maintain programs relating to maternal health.This bill would, commencing January 1, 2026, until January 1, 2029, authorize the County of San Diego to establish a pilot program for pelvic floor and core conditioning group classes that would be provided to people twice a week between their 6 to 12 week postpartum window to help people rebuild their pelvic floor after pregnancy. The bill would require the program to record specified information to directly assess pelvic floor changes, and would require the program to annually report all the information and outcomes to the department. The bill would require the department to provide a final report on the program to the Legislature by June 1, 2029.This bill would make legislative findings and declarations as to the necessity of a special statute for the County of San Diego.

Primary Sponsors
Tasha Boerner

Bill Number	Last Action	Status	Position
AB 2767	**In Committee Set First Hearing Hearing Canceled At The Request Of Author 2024 03 18**	**In Assembly**	**Monitor**

Title
Financial Solvency Standards Board: membership.

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

Primary Sponsors
Miguel Santiago

Bill Number	Last Action	Status	Position
AB 2775	**Re Referred To Com On Health 2024 04 02**	**In Assembly**	**Monitor**

Title
Emergency medical services.

Description
AB 2775, as amended, Gipson. Emergency medical services. Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, governs local emergency medical services (EMS) systems. The act establishes the Emergency Medical Services Authority (authority), which is responsible for the coordination and integration of all emergency medical services. Existing law requires the authority to develop planning and implementation guidelines for EMS systems that address specified components, including the assessment of hospital and critical care centers and data collection and evaluation.This bill would authorize the authority to develop planning and implementation guidelines for the use of telehealth, within existing authority, in EMS systems. The bill would also authorize the authority to develop guidelines for the collection of data regarding the use of telehealth in EMS systems, as specified.Existing law establishes within the act, until January 1, 2031, the Community Paramedicine or Triage to Alternate Destination Act of 2020. Existing law states that it is the intent of the Legislature, among other things, that local EMS agencies be authorized to develop a community paramedicine or triage to alternate destination program to improve patient care and community health. Existing law states that it is the intent of the Legislature to monitor and evaluate implementation of community paramedicine and triage to alternate destination programs by local EMS agencies in California and determine whether these programs should be modified or extended before the program ends.This bill would make a technical conforming change to these provisions.

Primary Sponsors
Mike Gipson

Bill Number	Last Action	Status	Position
AB 2806	**From Printer May Be Heard In Committee March 17 2024 02 16**	**In Assembly**	**Monitor**

Title
Mental health.

Description
AB 2806, as introduced, Santiago. Mental health. Existing law, the Bronzan-McCorquodale Act, governs the organization and financing of community mental health services for persons with mental health disorders in every county through locally administered and locally controlled community mental health programs.This bill would make technical, nonsubstantive changes to that provision.

Primary Sponsors
Miguel Santiago

Bill Number	Last Action	Status	Position
AB 2843	**Referred To Com On Health 2024 03 04**	**In Assembly**	**Monitor**

Title
Health care coverage: rape and sexual assault.

Description
AB 2843, as introduced, Petrie-Norris. Health care coverage: rape and sexual assault. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance.Existing law requires a victim of sexual assault who seeks a medical evidentiary examination to be provided with one, as specified. Existing law prohibits costs incurred by a qualified health care professional, hospital, clinic, sexual assault forensic examination team, or other emergency medical facility for the medical evidentiary examination portion of the examination of the victim of a sexual assault, as described in a specified protocol, when the examination is performed as specified, from being charged directly or indirectly to the victim of the assault. This bill would require a health care service plan or health insurance policy that is issued, amended, renewed, or delivered on or after January 1, 2025, to provide coverage without cost sharing for emergency room medical care and follow-up health care treatment for an enrollee or insured who is treated following a rape or sexual assault. The bill would prohibit a health care service plan or health insurer from requiring, as a condition of providing coverage, (1) an enrollee or insured to file a police report, (2) charges to be brought against an assailant, (3) or an assailant to be convicted of rape or sexual assault. Because a violation of the bill by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Cottie Petrie-Norris

Bill Number	Last Action	Status	Position
AB 2859	**Re Referred To Com On Health 2024 03 19**	**In Assembly**	**Monitor**

Title
Emergency medical technicians: peer support.

Description
AB 2859, as amended, Jim Patterson. Emergency medical technicians: peer support. Existing law establishes a statewide system for emergency medical services (EMS) and establishes the Emergency Medical Services Authority, which is responsible for establishing training, scope of practice, and continuing education for emergency medical technicians and other prehospital personnel.Existing law authorizes a public fire agency or law enforcement agency to establish a peer support and crisis referral program, to provide a network of peer representatives who are available to come to the aid of their fellow employees on a broad range of emotional or professional issues. This bill would authorize an EMS provider to establish a peer support and crisis referral program to provide a network of peer representatives available to aid fellow employees on emotional or professional issues. The bill would provide that EMS personnel, whether or not a party to an action, have a right to refuse to disclose, and to prevent another from disclosing, a confidential communication between the EMS personnel and a peer support team member, crisis hotline, or crisis referral service, except under limited circumstances, including, among others, if disclosure is reasonably believed to be necessary to prevent death, substantial bodily harm, or commission of a crime, or in a criminal proceeding. The bill would also provide that, except for an action for medical malpractice, a peer support team member and the EMS provider that employs them are not liable for damages, as specified, relating to an act, error, or omission in performing peer support services, unless the act, error, or omission constitutes gross negligence or intentional misconduct. To be eligible for these confidentiality protections, the bill would require a peer support team member to complete a training course or courses on peer support approved by the local EMS agency. By imposing a higher level of service on a local agency, 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
Jim Patterson

Bill Number	Last Action	Status	Position
AB 2860	**Re Referred To Com On Appr 2024 04 04**	**In Assembly**	**Monitor**

Title
Licensed Physicians and Dentists from Mexico programs.

Description
AB 2860, as amended, Garcia. Licensed Physicians and Dentists from Mexico programs. Existing law, the Licensed Physicians and Dentists from Mexico Pilot Program, allows up to 30 licensed physicians and up to 30 licensed dentists from Mexico to practice medicine or dentistry in California for a period not to exceed 3 years, in accordance with certain requirements. Existing law requires the Medical Board of California and the Dental Board of California to provide oversight pursuant to these provisions. Existing law requires appropriate funding to be secured from nonprofit philanthropic entities before implementation of the pilot program may proceed.Existing law requires physicians participating in the Licensed Physicians and Dentists from Mexico Pilot Program to be enrolled in English as a second language classes, to have satisfactorily completed a 6-month orientation program, and to have satisfactorily completed a 6-month externship at the applicant’s place of employment, among various other requirements.This bill would repeal the provisions regarding the Licensed Physicians and Dentists from Mexico Pilot Program, and would instead establish two bifurcated programs, the Licensed Physicians from Mexico Program and the Licensed Dentists from Mexico Pilot Program. Within these 2 programs, the bill would generally revise and recast certain requirements pertaining to the Licensed Physicians and Dentists from Mexico Pilot Program, including deleting the above-described requirement that Mexican physicians participating in the program enroll in adult English as a second language classes. The bill would instead require those physicians to have satisfactorily completed the Test of English as a Foreign Language or the Occupational English Test, as specified. The bill would remove the requirement that the orientation program be 6 months, and would further require the orientation program to include electronic medical records systems utilized by federally qualified health centers and standards for medical chart notations. The bill would also delete the requirement that the physicians participate in a 6-month externship. The bill would further delete provisions requiring an evaluation of the pilot program to be undertaken with funds provided from philanthropic foundations, and would make various other related changes to the program.Commencing January 1, 2025, the bill would require the Medical Board of California to permit each of the no more than 30 licensed physicians who were issued a 3-year license to practice medicine pursuant to the program to extend their license for 3 years on a one-time basis. Commencing January 1, 2025, and every 3 years thereafter, until January 1, 2041, the bill would require the board to permit no more ... (click bill link to see more).

Primary Sponsors
Eduardo Garcia

Bill Number	Last Action	Status	Position
AB 2885	**Re Referred To Com On P C P 2024 04 02**	**In Assembly**	**Monitor**

Title
Artificial intelligence.

Description
AB 2885, as amended, Bauer-Kahan. Artificial intelligence. Existing law establishes the Government Operations Agency, which is governed by the Secretary of Government Operations. Existing law requires the Secretary of Government Operations to develop a coordinated plan to, among other things, evaluate the impact of the proliferation of deepfakes, defined to mean audio or visual content that has been generated or manipulated by artificial intelligence that would falsely appear to be authentic or truthful and that features depictions of people appearing to say or do things they did not say or do without their consent, on state government, California-based businesses, and residents of the state.Existing law establishes within the Government Operations Agency the Department of Technology, which is supervised by the Director of Technology. Existing law requires the Department of Technology to conduct, in coordination with other interagency bodies as it deems appropriate, a comprehensive inventory of all high-risk automated decision systems that have been proposed for use, development, or procurement by, or are being used, developed, or procured by, any state agency. Existing law defines an “automated decision system” as a computational process derived from machine learning, statistical modeling, data analytics, or artificial intelligence that issues simplified output, including a score, classification, or recommendation, that is used to assist or replace human discretionary decisionmaking and materially impacts natural persons.Existing law requires each local agency, as defined, to provide specified information to the public before approving an economic development subsidy, as defined, within its jurisdiction, and to, among other things, hold hearings and issue annual reports on those subsidies, as provided. Existing law requires those reports to contain, among other things, information about any net job loss or replacement due to the use of automation, artificial intelligence, or other technologies, if known.Existing law establishes the California Online Community College, under the administration of the Board of Governors of the California Community Colleges, for purposes of creating an organized system of accessible, flexible, and high-quality online content, courses, and programs focused on providing industry-valued credentials compatible with the vocational and educational needs of Californians who are not currently accessing higher education. Existing law requires the California Online Community College to develop a Research and Development Unit to, among other things, focus on using technology, data science, behavioral science, machine learning, and artificial intelligence to build out student supports, as provided... (click bill link to see more).

Primary Sponsors
Rebecca Bauer-Kahan

Bill Number	Last Action	Status	Position
AB 2893	**Re Referred To Com On H C D 2024 04 01**	**In Assembly**	**Monitor**

Title
The Shared Recovery Housing Residency Program.

Description
AB 2893, as amended, Ward. The Shared Recovery Housing Residency Program. Existing law establishes the California Interagency Council on Homelessness to oversee the implementation of Housing First guidelines and regulations, and, among other things, identify resources, benefits, and services that can be accessed to prevent and end homelessness in California. Existing law requires a state agency or department that funds, implements, or administers a state program that provides housing or housing-related services to people experiencing homelessness or who are at risk of homelessness to revise or adopt guidelines and regulations to include enumerated Housing First policies. Existing law specifies the core components of Housing First, including services that are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives and where tenants are engaged in nonjudgmental communication regarding drug and alcohol use.This bill would authorize state programs to fund recovery housing, as defined, under these provisions as long as the state program uses at least 75% of its funds for housing or housing-based services using a harm-reduction model and the recovery housing meets certain requirements, including that core outcomes of the recovery housing emphasize long-term housing stability and minimize returns to homelessness. The bill would also prohibit eviction on the basis of relapse, as specified. Existing law requires the State Department of Health Care Services to license and regulate facilities that provide residential nonmedical services to adults who are recovering from problems related to alcohol, drug, or alcohol and drug misuse or abuse, and who need alcohol, drug, or alcohol and drug recovery treatment or detoxification services. Existing law also requires the department to certify alcohol and other drug treatment recovery services, as specified.This bill would require the department to oversee certification of recovery houses that serve individuals experiencing, or who are at risk of experiencing, homelessness or mental health issues, with a housing first model, as defined. The bill would require the department to establish criteria for certification of recovery houses in order to allow a recovery house to receive referrals from the department as available housing for persons experiencing, or at risk of experiencing, homelessness or mental health issues. The bill would prohibit recovery houses from providing any licensed services onsite, including, but not limited to, incidental medical services. The bill would authorize the department to charge a fee for certification of recovery houses in an amount not to exceed the reasonable cost of administering the progra... (click bill link to see more).

Primary Sponsors
Chris Ward

Bill Number	Last Action	Status	Position
AB 2914	**Re Referred To Com On Health 2024 04 11**	**In Assembly**	**Monitor**

Title
Health care coverage: essential health benefits.

Description
AB 2914, as amended, Bonta. Health care coverage: essential health benefits. 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. Existing law requires the Department of Insurance to regulate health insurers. 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, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Existing law requires a health care service plan contract or health insurance policy to cover the same health benefits that the benchmark plan, the Kaiser Foundation Health Plan Small Group HMO 30 plan, offered during the first quarter of 2014, as specified.This bill would express the intent of the Legislature to review California’s essential health benefits benchmark plan and establish a new benchmark plan for the 2027 plan year. The bill would limit the applicability of the current benchmark plan benefits to plan years on or before the 2027 plan year.

Primary Sponsors
Mia Bonta

Bill Number	Last Action	Status	Position
AB 2930	**Referred To Coms On P C P And Jud 2024 03 21**	**In Assembly**	**Monitor**

Title
Automated decision tools.

Description
AB 2930, as introduced, Bauer-Kahan. Automated decision tools. The Unruh Civil Rights Act provides that all persons within the jurisdiction of this state are free and equal and, regardless of their sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status, are entitled to the full and equal accommodations, advantages, facilities, privileges, or services in all business establishments of every kind whatsoever.The California Fair Employment and Housing Act establishes the Civil Rights Department within the Business, Consumer Services, and Housing Agency and requires the department to, among other things, bring civil actions to enforce the act.This bill would, among other things, require a deployer, as defined, and a developer of an automated decision tool, as defined, to, on or before January 1, 2026, and annually thereafter, perform an impact assessment for any automated decision tool the deployer uses that includes, among other things, a statement of the purpose of the automated decision tool and its intended benefits, uses, and deployment contexts. The bill would require a deployer or developer to provide the impact assessment to the Civil Rights Department within 7 days of a request by the department and would punish a violation of that provision with an administrative fine of not more than $10,000 to be recovered in an administrative enforcement action brought by the Civil Rights Department. The bill would, in complying with a request for public records, require the Civil Rights Department, or an entity with which an impact assessment was shared, to redact any trade secret from the impact assessment.This bill would require a deployer to, at or before the time an automated decision tool is used to make a consequential decision, as defined, notify any natural person that is the subject of the consequential decision that an automated decision tool is being used to make, or be a controlling factor in making, the consequential decision and to provide that person with, among other things, a statement of the purpose of the automated decision tool. The bill would, if a consequential decision is made solely based on the output of an automated decision tool, require a deployer to, if technically feasible, accommodate a natural person’s request to not be subject to the automated decision tool and to be subject to an alternative selection process or accommodation, as prescribed.This bill would prohibit a deployer from using an automated decision tool in a manner that results in algorithmic discrimination, which the bill would define to mean the condition in which an automated decision tool cont... (click bill link to see more).

Primary Sponsors
Rebecca Bauer-Kahan

Bill Number	Last Action	Status	Position
AB 2956	**Re Referred To Com On Health 2024 03 14**	**In Assembly**	**Monitor**

Title
Medi-Cal eligibility: redetermination.

Description
AB 2956, as amended, Boerner. Medi-Cal eligibility: redetermination. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law generally requires a county to redetermine a Medi-Cal beneficiary's eligibility to receive Medi-Cal benefits every 12 months and whenever the county receives information about changes in a beneficiary's circumstances that may affect their Medi-Cal eligibility. Existing law conditions implementation of the redetermination provisions on the availability of federal financial participation and receipt of any necessary federal approvals. Under existing law, if a county has facts clearly demonstrating that a Medi-Cal beneficiary cannot be eligible for Medi-Cal due to an event, such as death or change of state residency, Medi-Cal benefits are terminated without a redetermination.Existing law requires the department, subject to federal funding, to extend continuous eligibility to children 19 years of age or younger for a 12-month period, as specified. Under existing law, operative on January 1, 2025, or the date that the department certifies that certain conditions have been met, a child is continuously eligible for Medi-Cal up to 5 years of age. Under those provisions, a redetermination is prohibited during this time, unless certain circumstances apply, including, voluntary disenrollment, death, or change of state residency.This bill would require the department to seek federal approval to extend continuous eligibility to individuals over 19 years of age. Under the bill, subject to federal funding, and except as described above with regard to death, change of state residency, or other events, an individual would remain eligible from the date of a Medi-Cal eligibility determination until the end of a 12-month period, as specified.The bill would make various changes to the above-described redetermination procedures. The bill would, among other things, require the county, in the event of a loss of contact, to attempt communication with the intended recipient through all additionally available channels before completing a prompt redetermination. The bill would require the county to make another review of certain obtained information in an attempt to renew eligibility without needing a response from a beneficiary.The bill would require the county to complete a determination at renewal without requesting additional information or documentation if specified conditions are met, relating to, among other things, prior income verification and no contradictory informatio... (click bill link to see more).

Primary Sponsors
Tasha Boerner

Bill Number	Last Action	Status	Position
AB 2976	**From Printer May Be Heard In Committee March 18 2024 02 17**	**In Assembly**	**Monitor**

Title
Mental health care.

Description
AB 2976, as introduced, Jackson. Mental health care. Existing law establishes various state and local programs for the provision of mental health services within the jurisdiction of the State Department of Health Care Services, the State Department of Public Health, the California Behavioral Health Planning Council, the Department of Health Care Access and Information, and county public health or behavioral health departments, among other entities. Under existing law, those programs, services, and provisions include, among others, the Mental Health Services Act, the Lanterman-Petris-Short Act, the Children and Youth Behavioral Health Initiative, the Behavioral Health Continuum Infrastructure Program, the Licensed Mental Health Service Provider Education Program, and Medi-Cal specialty mental health services.This bill would state the intent of the Legislature to enact legislation relating to access to mental health care.

Primary Sponsors
Corey Jackson

Bill Number	Last Action	Status	Position
AB 2998	**Read Second Time And Amended 2024 04 11**	**In Assembly**	**Monitor**

Title
Opioid overdose reversal medications: pupil administration.

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

Primary Sponsors
Tina McKinnor

Bill Number	Last Action	Status	Position
AB 3030	**Read Second Time And Amended 2024 04 11**	**In Assembly**	**Monitor**

Title
Health care services: artificial intelligence.

Description
AB 3030, as amended, Calderon. Health care services: artificial intelligence. Existing law provides for the licensure and regulation of health facilities and clinics by the State Department of Public Health. A violation of these provisions is a crime.This bill would require an entity, including a health facility, clinic, physician’s office, or office of a group practice that uses a generative artificial intelligence tool to generate responses for health care providers to communicate with patients to ensure that those communications include both (1) a disclaimer that indicates to the patient that a communication was generated by artificial intelligence and (2) clear instructions for the patient to access direct communications with a health care provider, as specified. The bill would prohibit an entity or health care provider from being subject to any disciplinary action related to licensure or certification solely because of the entity’s or health care provider’s failure to comply with these provisions.

Primary Sponsors
Lisa Calderon

Bill Number	Last Action	Status	Position
AB 3050	**Referred To Coms On P C P And Jud 2024 03 21**	**In Assembly**	**Monitor**

Title
Artificial intelligence.

Description
AB 3050, as introduced, Low. Artificial intelligence. Existing law requires the Secretary of Government Operations to develop a coordinated plan to, among other things, investigate the feasibility of, and obstacles to, developing standards and technologies for state departments to determine digital content provenance. For the purpose of informing that coordinated plan, existing law requires the secretary to evaluate, among other things, the impact of the proliferation of deepfakes, as defined.This bill would require the Department of Technology to issue regulations to establish standards for watermarks to be included in covered AI-generated material, as defined. The bill would require the department’s standard to, at minimum, require an AI-generating entity to include digital content provenance in the watermarks. The bill would prohibit an AI-generating entity from creating covered AI-generated material unless the material includes a watermark that meets the standards established by the department. The bill would provide that the prohibition becomes operative on the date that is one year after the date on which the department issues the regulations to establish standards for watermarks.Under existing law, a person who knowingly uses another’s name, voice, signature, photograph, or likeness, in any manner, on or in products, merchandise, or goods, or for the purposes of advertising or selling, or soliciting purchases of, products, merchandise, goods, or services, without that person’s prior consent is liable for any damages sustained by the person or persons injured as a result thereof and for the payment to the injured party of any profits attributable to that unauthorized use.This bill would provide that an AI-generating entity or individual that creates a deepfake using a person’s name, voice, signature, photograph, or likeness, in any manner, without permission from the person being depicted in the deepfake, is liable for the actual damages suffered by the person or persons as a result of the unauthorized use.This bill would provide that an AI-generating entity that violates the provisions of this act is subject to a civil penalty assessed by the department in an amount, as determined by the department, not less than $250 or more than $500.

Primary Sponsors
Evan Low

Bill Number	Last Action	Status	Position
AB 3059	**Re Referred To Com On Health 2024 03 12**	**In Assembly**	**Monitor**

Title
Human milk.

Description
AB 3059, as amended, Weber. Human milk. Existing law licenses and regulates tissue banks and generally makes a violation of the requirements applicable to tissue banks a crime. Existing law exempts a “mothers’ milk bank,” as defined, from paying a licensing fee to be a tissue bank.This bill would specify that a general acute care hospital is not required to have a license to operate a tissue bank to store or distribute pasteurized human milk that was obtained from a mothers’ milk bank.Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Other existing law requires the Department of Insurance to regulate health insurers. Existing law requires health care service plans and health insurers, as specified, to provide certain health benefits and services, including, among others, maternity hospital stays, inpatient hospital and ambulatory maternity services, and maternal mental health programs. This bill would require a health care service plan contract or health insurance policy that is issued, amended, delivered, or renewed on or after January 1, 2025, to cover the same health benefits for human milk and human milk derivatives covered under the Medi-Cal program as of 1988.Because a violation of the bill’s provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Akilah Weber

Bill Number	Last Action	Status	Position
AB 3063	**From Committee Do Pass And Re Refer To Com On Appr Ayes 17 Noes 0 April 2 Re Referred To Com On Appr 2024 04 02**	**In Assembly**	**Monitor**

Title
Pharmacies: compounding.

Description
AB 3063, as introduced, McKinnor. Pharmacies: compounding. Existing law, the Pharmacy Law, requires the California State Board of Pharmacy to license and regulate the practice of pharmacy by pharmacists and pharmacy corporations in this state. Existing law prohibits a pharmacy from compounding sterile drug products unless the pharmacy has obtained a sterile compounding pharmacy license from the board. Existing law requires the compounding of drug preparations by a pharmacy for furnishing, distribution, or use to be consistent with standards established in the pharmacy compounding chapters of the current version of the United States Pharmacopeia-National Formulary, including relevant testing and quality assurance. Existing law authorizes the board to adopt regulations to impose additional standards for compounding drug preparations.This bill would, notwithstanding those provisions, specify that compounding does not include reconstitution of a drug pursuant to a manufacturer’s directions, the sole act of tablet splitting or crushing, capsule opening, or the addition of a flavoring agent to enhance palatability. The bill would require a pharmacy to retain documentation that a flavoring agent was added to a prescription and to make that documentation available to the board or its agent upon request. The bill would make those provisions operative until January 1, 2030.This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors
Tina McKinnor

Bill Number	Last Action	Status	Position
AB 3129	**Read Second Time And Amended 2024 04 11**	**In Assembly**	**Monitor**

Title
Health care system consolidation.

Description
AB 3129, as amended, Wood. Health care system consolidation. Existing law requires a nonprofit corporation that operates or controls a health facility or other facility that provides similar health care to provide written notice to, and to obtain the written consent of, the Attorney General prior to entering into any agreement or transaction to sell, transfer, lease, exchange, option, convey, or otherwise dispose of the asset, or to transfer control, responsibility, or governance of the asset or operation, to a for-profit corporation or entity, to a mutual benefit corporation or entity, or to a nonprofit corporation, as specified.This bill would require a private equity group or a hedge fund, as defined, to provide written notice to, and obtain the written consent of, the Attorney General prior to a change of control or an acquisition between the private equity group or hedge fund and a health care facility or provider group, as those terms are defined, except as specified. The bill would require the notice to be submitted at the same time that any other state or federal agency is notified pursuant to state or federal law, and otherwise at least 90 days before the change in control or acquisition. The bill would authorize the Attorney General to extend that 90-day period under certain circumstances. The bill would additionally require a private equity group or hedge fund to provide advance written notice to the Attorney General prior to a change of control or acquisition between a private equity group or hedge fund and a nonphysician provider, or a provider with specified annual revenue.The bill would authorize the Attorney General to give the private equity group or hedge fund a written waiver or the notice and consent requirements if specified conditions apply, including, but not limited to, that the party makes a written waiver request, the party’s operating costs have exceeded its operating revenue in the relevant market for 3 or more years and the party cannot meet its debts, and the acquisition or change of control will ensure continued health care access in the relevant markets. The bill would require the Attorney General to grant or deny the waiver within 60 days, as prescribed.The bill would authorize the Attorney General to grant, deny, or impose conditions to a change of control or an acquisition between a private equity group or hedge fund and a health care facility, provider group, or both, if the change of control or acquisition may have a substantial likelihood of anticompetitive effects or may create a significant effect on the access or availability of health care services to the affected community, applying a public interest standard, as defined. The bill would authorize any party to the acquisition or ... (click bill link to see more).

Primary Sponsors
Jim Wood

Bill Number	Last Action	Status	Position
AB 3130	**Re Referred To Com On L Gov Pursuant To Assembly Rule 96 2024 04 04**	**In Assembly**	**Monitor**

Title
County board of supervisors: disclosure.

Description
AB 3130, as amended, Quirk-Silva. County board of supervisors: disclosure. Existing law prohibits certain public officials, including, but not limited to, state, county, or district officers or employees, from being financially interested in any contract made by them in their official capacity, or by any body or board of which they are members, except as provided. A willful violation of these provisions is a crime.Existing law excepts from the above conflict-of-interest provisions certain remote interests, as described, including those of officers or employees of a nonprofit entity exempt from taxation or a nonprofit corporation, except as prescribed. Existing law requires a remote interest to be disclosed to the body or board of which the officer is a member and noted in its official records, and thereafter the body or board to authorize, approve, or ratify the contract in good faith by a vote of its membership sufficient for the purpose without counting the vote or votes of the officer or member with the remote interest.This bill would require a member of the board of supervisors to disclose a known family relationship with an officer or employee of a nonprofit entity before the board of supervisors appropriates money to that nonprofit entity.

Primary Sponsors
Sharon Quirk-Silva

Bill Number	Last Action	Status	Position
AB 3149	**Re Referred To Com On Health 2024 03 19**	**In Assembly**	**Support**

Title
Promotores Advisory and Oversight Workgroup.

Description
AB 3149, as amended, Garcia. Promotores Advisory and Oversight Workgroup. 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, which includes community health worker services.Existing law defines “community health worker” as a liaison, link, or intermediary between health and social services and the community to facilitate access to services and to improve the access and cultural competence of service delivery and who is a frontline health worker either trusted by, or who has a close understanding of, the community served. Existing law includes in the definition of community health worker Promotores, Promotores de Salud, Community Health Representatives, navigators, and other nonlicensed health workers with specified qualifications.This bill would require the department to, by no later than January 1, 2026, and until December 31, 2026, convene the Promotores Advisory and Oversight Workgroup to examine the implementation of the community health worker benefit under the Medi-Cal program. The bill would require the director to appoint no fewer than 9 individuals to the workgroup who have at least ten years experience working in California as, or with, Promotores. The bill would require the workgroup to be comprised of no less than 51% Promotores, as specified, and require the appointees to be from geographically diverse areas of the state. The bill would require the workgroup to advise the department to ensure that community health worker services are available to all eligible Medi-Cal beneficiaries who want those services, to ensure that community health worker training and outreach materials are culturally and linguistically appropriate, to make recommendations on outreach efforts, as specified, and to provide input on issues that should be informed by community representatives who have lived experience with using and navigating Promotores services and the Medi-Cal program.

Primary Sponsors
Eduardo Garcia, Eloise Reyes

Bill Number	Last Action	Status	Position
AB 3156	**Re Referred To Com On Health 2024 04 01**	**In Assembly**	**Monitor**

Title
Medi-Cal managed care plans: exemption from mandatory enrollment.

Description
AB 3156, as amended, Joe Patterson. Medi-Cal managed care plans: exemption from mandatory enrollment. Existing law, the Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services to contract with regional centers to provide community services and supports for persons with developmental disabilities and their families. The act generally requires a regional center to identify and pursue all possible sources of funding, including the Medi-Cal program, for consumers receiving regional center 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 the California Advancing and Innovating Medi-Cal (CalAIM) initiative, subject to receipt of any necessary federal approvals and the availability of federal financial participation, in order to, among other things, improve quality outcomes, reduce health disparities, and increase flexibility.Existing law authorizes the department to standardize those populations that are subject to mandatory enrollment in a Medi-Cal managed care plan across all aid code groups and Medi-Cal managed care models statewide, as specified, in accordance with the CalAIM Terms and Conditions. Existing law, if the department standardizes those populations subject to mandatory enrollment, exempts certain dual eligible and non-dual-eligible beneficiary groups from that mandatory enrollment. Under existing law, a dual eligible beneficiary is an individual 21 years of age or older who is enrolled for benefits under the federal Medicare Program and is eligible for medical assistance under the Medi-Cal program.This bill would exempt, from mandatory enrollment in a Medi-Cal managed care plan, dual eligible and non-dual-eligible beneficiaries who receive services from a regional center and use a Medi-Cal fee-for-service delivery system as a secondary form of health coverage. For purposes of this exemption, the bill would require the beneficiary to complete and submit an exemption form every 5 years.

Primary Sponsors
Joe Patterson, Stephanie Nguyen

Bill Number	Last Action	Status	Position
AB 3161	**From Committee Do Pass And Re Refer To Com On Jud Ayes 15 Noes 0 April 9 Re Referred To Com On Jud 2024 04 10**	**In Assembly**	**Monitor**

Title
Health and care facilities: patient safety and antidiscrimination.

Description
AB 3161, as amended, Bonta. Health and care facilities: patient safety and antidiscrimination. (1) Existing law provides for the licensure and regulation of health facilities by the State Department of Public Health. A violation of these provisions is a crime.Existing law allows for patients to submit complaints to the department regarding health facilities. Existing law also requires the department to establish a centralized consumer response unit within the Licensing and Certification Division of the department to respond to consumer inquiries and complaints.This bill would require the department to include a section for complaints involving specified health facilities to collect information about outlined demographic factors of affected patients. The bill would require the department to include a section on the Complaint Against a Health Care Facility/Provider form on the department’s internet website, and provide means for complaints submitted via mail, fax, or by telephone, for complaints involving specified health facilities. The bill would require the department to inform complainants that the information collected is voluntary, is to ensure patients receive the best care possible, and will not affect the department’s investigation. The bill would require that complainants shall be provided the option to refer the complaint to the Civil Rights Department, and the department will provide the complaint to the Civil Rights Department only when requested to do so by the complainant. The bill would require the department to develop an outreach program to provide patients, consumers, and members of the public with specified information regarding the complaint process.
(2) Existing law requires the department to prepare a staffing and systems analysis to ensure efficient and effective utilization of fees collected, proper allocation of departmental resources to licensing and certification activities, survey schedules, complaint investigations, enforcement and appeal activities, data collection and dissemination, surveyor training, and policy development. Existing law requires the analysis be made available to interested persons and include specified information.This bill would require the department, in preparing this report, to include demographic data from adverse events reported by health facilities and include the demographic data collected from complaints submitted, as specified.(3) Existing law requires a health facility to develop, implement, and comply with a patient safety plan to improve the health and safety of patients and to reduce preventable patient safety events. The patient safety plan requires specified elements, including, but not limited to, a reporting system for patient safety events that all... (click bill link to see more).

Primary Sponsors
Mia Bonta

Bill Number	Last Action	Status	Position
AB 3175	**From Printer May Be Heard In Committee March 18 2024 02 17**	**In Assembly**	**Monitor**

Title
Health care coverage: dental services.

Description
AB 3175, as introduced, Villapudua. Health care coverage: dental 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's requirements a crime. Existing law imposes specified coverage and disclosure requirements on health care service plans, including specialized plans, that cover dental services. Existing law, on and after January 1, 2025, prohibits a health care service plan from issuing, amending, renewing, or offering a plan contract that imposes a dental waiting period provision in a large group plan or preexisting condition provision for any plan.This bill would make technical, nonsubstantive changes to those provisions.

Primary Sponsors
Carlos Villapudua

Bill Number	Last Action	Status	Position
AB 3215	**From Printer May Be Heard In Committee March 18 2024 02 17**	**In Assembly**	**Monitor**

Title
Medi-Cal: mental health services for children.

Description
AB 3215, as introduced, Soria. Medi-Cal: mental health services for children. 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, specialty mental health services include federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided to eligible Medi-Cal beneficiaries under 21 years of age.This bill would express the intent of the Legislature to enact legislation to expand access to behavioral mental health services to children receiving Medi-Cal benefits.

Primary Sponsors
Esmeralda Soria

Bill Number	Last Action	Status	Position
AB 3221	**Re Referred To Com On Health 2024 04 02**	**In Assembly**	**Monitor**

Title
Department of Managed Health Care: review of records.

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

Primary Sponsors
Gail Pellerin

Organizational Notes

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

Bill Number	Last Action	Status	Position
AB 3245	**Referred To Com On Health 2024 03 11**	**In Assembly**	**Monitor**

Title
Coverage for colorectal cancer screening.

Description
AB 3245, as introduced, Joe Patterson. Coverage for colorectal cancer screening. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally requires a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2022, to provide coverage without cost sharing for a colorectal cancer screening test, and for a colorectal cancer screening examination in specified circumstances, assigned either a grade of A or a grade of B by the United States Preventive Services Task Force.This bill would additionally require that coverage if the test or screening examination is assigned either a grade of A or a grade of B by another accredited or certified guideline agency.

Primary Sponsors
Joe Patterson

Bill Number	Last Action	Status	Position
AB 3260	**Re Referred To Com On Health 2024 04 02**	**In Assembly**	**Monitor**

Title
Health care coverage: reviews and grievances.

Description
AB 3260, as amended, Pellerin. Health care coverage: reviews and grievances. (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 generally authorizes a health care service plan or disability insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law requires these decisions to be made within 30 days, or less than 72 hours when the enrollee faces an imminent and serious threat to their health. Existing law requires a health care service plan to establish a grievance system to resolve grievances within 30 days, but limits that timeframe to 3 days when the enrollee faces an imminent and serious threat to their health. Existing law requires a plan to provide a written explanation for its grievance decisions, as specified.This bill would require that utilization review decisions be made within 72 hours from the health care service plan’s receipt of the clinical information reasonably necessary to make the determination when the enrollee’s condition is urgent, and would make a determination of urgency by the enrollee’s health care provider binding on the health care service plan. If the plan lacks the information reasonably necessary to make a decision regarding an urgent request, the bill would require the plan to notify the enrollee and provider about the information necessary to complete the request within 24 hours of receiving the request. The bill would require the plan to notify the enrollee and the provider of the decision within a reasonable amount of time, but not later than 48 hours after specified circumstances occur. If a health care service plan fails to make a utilization review decision, or provide notice of a decision, within the specified timelines, the bill would require the health care service plan to treat the request for authorization as a grievance and provide notice with specified information to the enrollee that a grievance has commenced.This bill would require a plan’s grievance system to include expedited review of urgent grievances, as specified, and would make a determination of urgency by the enrollee’s health care provider binding on the health care service plan. The bill would require a plan to communicate its final grievance determination within 72 hours of receipt if urgent and 30 days if nonurgent, except as specified. If a plan fails to make a utilization review decision within the... (click bill link to see more).

Primary Sponsors
Gail Pellerin

Organizational Notes

Last edited by Joanne Campbell at Apr 10, 2024, 5:01 PM
California Association of Health Plans, Local Health Plans of California - Oppose

Bill Number	Last Action	Status	Position
AB 3275	**Re Referred To Com On Health 2024 04 02**	**In Assembly**	**Monitor**

Title
Health care coverage: claim reimbursement.

Description
AB 3275, as amended, Soria. Health care coverage: claim reimbursement. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health insurer or health care service plan, including a specialized health care service plan, to reimburse a claim or portion of a claim no later than 30 working days after receipt of the claim, unless the plan contests or denies the claim, in which case the plan is required to notify the claimant within 30 working days that the claim is contested or denied. Under existing law, if a claim or portion thereof is contested on the basis that a health insurer or health care service plan has not received all information necessary to determine payer liability for the claim or portion thereof and notice has been provided, the health insurer or health care service plan has 30 working days after receipt of the additional information to complete reconsideration of the claim. Existing law extends these timelines to 45 working days for a health care service plan that is a health maintenance organization. Under existing law, if a claim is not reimbursed, contested, or denied pursuant to these timelines, as specified, interest accrues at a rate of 15% per annum for a health care service plan and 10% per annum for a health insurer. This bill would increase that interest accrual rate for a health insurer to 15% per annum. The bill, notwithstanding the above-described timelines, would require a health care service plan or health insurer to reimburse a claim for a small and rural provider, critical access provider, or distressed provider within 10 business days after receipt of the claim, or, if the health care service plan or health insurer contests or denies the claim, to notify the claimant within 5 business days that the claim is contested or denied. Under the bill, if a claim for reimbursement to a small and rural provider, critical access provider, or distressed provider is contested on the basis that the health care service plan or health insurer has not received all information necessary to determine payer liability for the claim and notice has been provided, the health care service plan or health insurer would have 15 business days after receipt of the additional information to complete reconsideration of the claim. Under the bill, if a claim is not reimbursed, contested, or denied pursuant to these timelines, as specified, interest would accrue at a rate of 15% per annum for health care service plans and health insure... (click bill link to see more).

Primary Sponsors
Esmeralda Soria, Robert Rivas

Bill Number	Last Action	Status	Position
SB 70	**September 1 Hearing Held In Committee And Under Submission 2023 09 01**	**In Assembly**	**Monitor**

Title
Prescription drug coverage.

Description
SB 70, as amended, Wiener. 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 generally authorizes a health care service plan or health insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law prohibits a health care service plan contract that covers prescription drug benefits or a specified health insurance policy from limiting or excluding coverage for a drug on the basis that the drug is prescribed for a use that is different from the use for which it was approved by the federal Food and Drug Administration if specified conditions are met. Existing law also prohibits a health care service plan that covers prescription drug benefits from limiting or excluding coverage for a drug that was previously approved for coverage if an enrollee continues to be prescribed that drug, as specified.This bill would additionally prohibit limiting or excluding coverage of a drug, dose of a drug, or dosage form of a drug that is prescribed for off-label use if the drug has been previously covered for a chronic condition or cancer, as specified, regardless of whether or not the drug, dose, or dosage form is on the plan’s or insurer’s formulary. The bill would prohibit a health care service plan contract or health insurance policy from requiring additional cost sharing not already imposed for a drug that was previously approved for coverage. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Scott Wiener

Organizational Notes

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

Bill Number	Last Action	Status	Position
SB 106	**Ordered To Second Reading 2024 04 08**	**In Assembly**	**None**

Title
Budget Acts of 2022 and 2023.

Description
SB 106, as amended, Wiener. Budget Acts of 2022 and 2023. The Budget Act of 2022 and the Budget Act of 2023 made appropriations for the support of state government for the 2022–23 and 2023–24 fiscal years.This bill would amend the Budget Act of 2022 and the Budget Act of 2023 by amending, adding, and repealing items of appropriation and making other changes.This bill would declare that it is to take effect immediately as a Budget Bill.

Primary Sponsors
Scott Wiener

Bill Number	Last Action	Status	Position
SB 136	**Chaptered By Secretary Of State Chapter 6 Statutes Of 2024 2024 03 25**	**Enacted**	**Monitor**

Title
Medi-Cal: managed care organization provider tax.

Description
SB 136, Committee on Budget and Fiscal Review. Medi-Cal: managed care organization provider tax. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, one of the methods by which Medi-Cal services are provided is pursuant to contracts with various types of managed care plans.Existing law imposes a managed care organization (MCO) provider tax, administered and assessed by the department, on licensed health care service plans and managed care plans contracted with the department. Under existing law, all revenues, less refunds, derived from the taxes are deposited into the Managed Care Enrollment Fund, to be available to the department, upon appropriation, for the purpose of funding specified subcomponents to support the Medi-Cal program.Existing law sets forth certain taxing tiers and tax amounts for purposes of the tax periods of April 1, 2023, to December 31, 2023, inclusive, and the 2024, 2025, and 2026 calendar years. Under existing law, the Medi-Cal per enrollee tax amount for Medi-Cal taxing tier II, as defined, is $182.50 for the 2024 calendar year, $187.50 for the 2025 calendar year, and $192.50 for the 2026 calendar year.This bill would raise that tax amount for that tier to $205 for all 3 of those calendar years.This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors
Senate Budget and Fiscal Review Committee

Organizational Notes

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

Bill Number	Last Action	Status	Position
SB 238	**September 1 Hearing Held In Committee And Under Submission 2023 09 01**	**In Assembly**	**Monitor**

Title
Health care coverage: independent medical review.

Description
SB 238, as amended, Wiener. Health care coverage: independent medical review. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers by the Department of Insurance. Existing law establishes the Independent Medical Review System within each department, under which an enrollee or insured may seek review if a health care service has been denied, modified, or delayed by a health care service plan or disability insurer and the enrollee or insured has previously filed a grievance that remains unresolved after 30 days.This bill, commencing July 1, 2024, would require a health care service plan or a disability insurer that modifies, delays, or denies a health care service, based in whole or in part on medical necessity, to automatically submit within 24 hours a decision regarding a disputed health care service to the Independent Medical Review System, as well as the information that informed its decision, without requiring an enrollee or insured to submit a grievance, if the decision is to deny, modify, or delay specified services relating to mental health or substance use disorder conditions for an enrollee or insured up to 26 years of age. The bill would require a health care service plan or disability insurer, within 24 hours after submitting its decision to the Independent Medical Review System to provide notice to the appropriate department, the enrollee or insured or their representative, if any, and the enrollee’s or insured’s provider. The bill would require the notice to include notification to the enrollee or insured that they or their representative may cancel the independent medical review at any time before a determination, as specified.The bill would apply specified existing provisions relating to mental health and substance use disorders for purposes of its provisions, and would be subject to relevant provisions relating to the Independent Medical Review System that do not otherwise conflict with the express requirements of the bill. With respect to health care service plans, the bill would specify that its provisions do not apply to Medi-Cal managed care plan contracts. The bill would authorize the Insurance Commissioner to promulgate regulations subject to the Administrative Procedure Act to implement and enforce the bill, and to issue interim guidance, as specified. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse... (click bill link to see more).

Primary Sponsors
Scott Wiener

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 6:11 PM
Local Health Plans of California: Oppose California Association of Health Plans: Oppose

Bill Number	Last Action	Status	Position
SB 242	**Referred To Com On Hum S 2023 06 08**	**In Assembly**	**Monitor**

Title
California Hope, Opportunity, Perseverance, and Empowerment (HOPE) for Children Trust Account Program.

Description
SB 242, as amended, Skinner. California Hope, Opportunity, Perseverance, and Empowerment (HOPE) for Children Trust Account Program. Existing law establishes the California Hope, Opportunity, Perseverance, and Empowerment (HOPE) for Children Trust Account Program to provide a trust fund account to an eligible child, defined to include minor California residents who are specified dependents or wards under the jurisdiction of juvenile court in foster care with reunification services terminated by court order, or who have a parent, Indian custodian, or legal guardian who died due to COVID-19 during the federally declared COVID-19 public health emergency and meet the specified family household income limit. Under the program, all assets of the fund and moneys allocated to individual HOPE trust accounts shall be considered to be owned by the state until an eligible youth withdraws or transfers money from their HOPE trust account.Existing law establishes various means-tested public social services programs administered by counties to provide eligible recipients with certain benefits, including, but not limited to, cash assistance under the California Work Opportunity and Responsibility to Kids (CalWORKs) program, nutrition assistance under the CalFresh program, and health care services under the Medi-Cal program.This bill would, to the extent permitted by federal law, prohibit funds deposited and investment returns accrued in a HOPE trust fund account from being considered as income or assets when determining eligibility and benefit amount for any means-tested program until an eligible youth withdraws or transfers the funds from the HOPE trust fund account, as specified. The bill would make these provisions operative on July 1, 2024, or on the date that the State Department of Social Services notifies the Legislature that the Statewide Automated Welfare System can perform the necessary automation to implement these provisions or no automation is necessary, whichever date is later. To the extent this bill would expand county duties, 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
Nancy Skinner

Bill Number	Last Action	Status	Position
SB 282	**September 1 Hearing Held In Committee And Under Submission 2023 09 01**	**In Assembly**	**Support**

Title
Medi-Cal: federally qualified health centers and rural health clinics.

Description
SB 282, as amended, Eggman. Medi-Cal: federally qualified health centers and rural health clinics. 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 a patient of an FQHC or RHC and a physician or other specified health care professionals. Under existing law, “visit” also includes an encounter using video or audio-only synchronous interaction or an asynchronous store and forward modality, as specified.This bill would authorize reimbursement for a maximum of 2 visits that take place on the same day at a single site, whether through a face-to-face or telehealth-based encounter, if after the first visit the patient suffers illness or injury that requires additional diagnosis or treatment, or if the patient has a medical visit and either a mental health visit or a dental visit, as defined. The bill would require the department, by July 1, 2024, to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services reflecting those provisions.The bill would include a licensed acupuncturist within those health care professionals covered under the definition of a “visit.” The bill would also make a change to the provision relating to physicians and would make other technical changes.

Primary Sponsors
Susan Eggman, Mike McGuire, Cecilia Aguiar-Curry, Jim Wood

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 7:27 PM
Local Health Plans of California: Support L.A. Care: Support

Bill Number	Last Action	Status	Position
SB 294	**In Assembly Read First Time Held At Desk 2024 01 29**	**In Assembly**	**Monitor**

Title
Health care coverage: independent medical review.

Description
SB 294, as amended, Wiener. Health care coverage: independent medical review. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers by the Department of Insurance. Existing law establishes the Independent Medical Review System within each department, under which an enrollee or insured may seek review if a health care service has been denied, modified, or delayed by a health care service plan or disability insurer and the enrollee or insured has previously filed a grievance that remains unresolved after 30 days.This bill, commencing July 1, 2025, would require a health care service plan or a disability insurer that upholds its decision to modify, delay, or deny a health care service in response to a grievance or has a grievance that is otherwise pending or unresolved upon expiration of the relevant timeframe to automatically submit within 24 hours a decision regarding a disputed health care service to the Independent Medical Review System, as well as the information that informed its decision, if the decision is to deny, modify, or delay specified services relating to mental health or substance use disorder conditions for an enrollee or insured up to 26 years of age. The bill would require a health care service plan or disability insurer, within 24 hours after submitting its decision to the Independent Medical Review System to provide notice to the appropriate department, the enrollee or insured or their representative, if any, and the enrollee’s or insured’s provider. The bill would require the notice to include notification to the enrollee or insured that they or their representative may cancel the independent medical review at any time before a determination, as specified.This bill, commencing July 1, 2025, would require a health care service plan or disability insurer that provides coverage for mental health or substance use disorders to treat a modification, delay, or denial issued in response to an authorization request for coverage of treatment for a mental health or substance use disorder for an insured up to 26 years of age as if the modification, delay, or denial is also a grievance submitted by the enrollee or insured. The bill would require a plan or insurer to provide a written acknowledgment of a grievance that is automatically generated and would specify the circumstances under which that grievance is required to be submitted automatically to independent medical review.The bill would apply specified existing provisions relating to mental health and substance use disor... (click bill link to see more).

Primary Sponsors
Scott Wiener

Bill Number	Last Action	Status	Position
SB 324	**September 1 Hearing Held In Committee And Under Submission 2023 09 01**	**In Assembly**	**Monitor**

Title
Health care coverage: endometriosis.

Description
SB 324, as amended, Limón. Health care coverage: endometriosis. (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 generally authorizes a health care service plan or health insurer to use prior authorization and other utilization review functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity.This bill would prohibit a health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after January 1, 2024, from requiring prior authorization or other utilization review for any clinically indicated treatment for endometriosis, as determined by the treating physician and consistent with nationally recognized evidence-based clinical guidelines. 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 establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of benefits under the Medi-Cal program.This bill would add any clinically indicated treatment for endometriosis, as determined by the treating physician and consistent with nationally recognized evidence-based clinical guidelines, as a covered benefit under Medi-Cal without prior authorization or other utilization review.(3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Monique Limon

Organizational Notes

Last edited by Joanne Campbell at Apr 17, 2023, 4:45 PM
California Association of Health Plans: Oppose

Bill Number	Last Action	Status	Position
SB 339	**Chaptered By Secretary Of State Chapter 1 Statutes Of 2024 2024 02 06**	**Enacted**	**Monitor**

Title
HIV preexposure prophylaxis and postexposure prophylaxis.

Description
SB 339, Wiener. HIV preexposure prophylaxis and postexposure prophylaxis. Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy. Existing law authorizes a pharmacist to furnish at least a 30-day supply of HIV preexposure prophylaxis, and up to a 60-day supply of those drugs if certain conditions are met. Existing law also authorizes a pharmacist to furnish postexposure prophylaxis to a patient if certain conditions are met.This bill would authorize a pharmacist to furnish up to a 90-day course of preexposure prophylaxis, or preexposure prophylaxis beyond a 90-day course, if specified conditions are met. The bill would require the California State Board of Pharmacy to adopt emergency regulations to implement these provisions by October 31, 2024.Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law prohibits a health care service plan or health insurer from covering preexposure prophylaxis that has been furnished by a pharmacist in excess of a 60-day supply once every 2 years, except as specified.Existing law provides for the Medi-Cal program administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services pursuant to a schedule of benefits. The existing schedule of benefits includes coverage for preexposure prophylaxis as pharmacist services, limited to no more than a 60-day supply furnished by a pharmacist once every 2 years, and includes coverage for postexposure prophylaxis, subject to approval by the federal Centers for Medicare and Medicaid Services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.This bill would require a health care service plan and health insurer to cover preexposure prophylaxis and postexposure prophylaxis furnished by a pharmacist, including the pharmacist’s services and related testing ordered by the pharmacist, and to pay or reimburse for the service performed by a pharmacist at an in-network pharmacy or a pharmacist at an out-of-network pharmacy if the health care service plan or health insurer has an out-of-network pharmacy benefit, except as specified. The bill would include preexposure prophylaxis furnished by a pharmacist as pharmacist services on the Medi-Cal schedule of benefits. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated l... (click bill link to see more).

Primary Sponsors
Scott Wiener, Mike Gipson

Organizational Notes

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

Bill Number	Last Action	Status	Position
SB 340	**June 27 Set For First Hearing Canceled At The Request Of Author 2023 06 27**	**In Assembly**	**Monitor**

Title
Medi-Cal: eyeglasses: Prison Industry Authority.

Description
SB 340, as introduced, Eggman. 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 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
Susan Eggman, Scott Wilk

Bill Number	Last Action	Status	Position
SB 363	**September 1 Hearing Held In Committee And Under Submission 2023 09 01**	**In Assembly**	**Monitor**

Title
Facilities for inpatient and residential mental health and substance use disorder: database.

Description
SB 363, as amended, Eggman. Facilities for inpatient and residential mental health and substance use disorder: database. Existing law generally requires the State Department of Public Health to license, inspect, and regulate health facilities, defined to include, among other types of health facilities, an acute psychiatric hospital. Existing law generally requires the State Department of Social Services to license, inspect, and regulate various types of care facilities, including, among others, a community crisis home. Existing law requires the State Department of Health Care Services to license and regulate facilities that provide residential nonmedical services to adults who are recovering from problems related to alcohol, drug, or alcohol and drug misuse or abuse, and who need alcohol, drug, or alcohol and drug recovery treatment or detoxification services.This bill would require, by January 1, 2026, the State Department of Health Care Services, in consultation with the State Department of Public Health and the State Department of Social Services, and by conferring with specified stakeholders, to develop a real-time, internet-based database to collect, aggregate, and display information about beds in specified types of facilities, such as chemical dependency recovery hospitals, acute psychiatric hospitals, and mental health rehabilitation centers, among others, to identify the availability of inpatient and residential mental health or substance use disorder treatment. The bill would require the database to include a minimum of specific information, including the contact information for a facility’s designated employee, the types of diagnoses or treatments for which the bed is appropriate, and the target populations served at the facility, and have the capacity to, among other things, enable searches to identify beds that are appropriate for individuals in need of inpatient or residential mental health or substance use disorder treatment.This bill would authorize the department to impose a plan of correction or assess penalties against a facility that fails to submit data accurately, timely, or as otherwise required and would establish a process for facilities to appeal these penalties. The bill would create the Available Care for Inpatient and Residential Mental Health or Substance Use Disorder Treatment Database Maintenance and Oversight Fund for the receipt of any penalties. Because the bill would continuously appropriate moneys in the fund for administrative costs of implementing the database, it would create an appropriation.

Primary Sponsors
Susan Eggman

Bill Number	Last Action	Status	Position
SB 424	**Referred To Com On Health 2023 06 08**	**In Assembly**	**Monitor**

Title
Medi-Cal: Whole Child Model program.

Description
SB 424, as amended, Durazo. Medi-Cal: Whole Child Model program. Existing law establishes the California Children's Services (CCS) Program, administered by the State Department of Health Care Services and a designated agency of each county, to provide medically necessary services for persons under 21 years of age who have any of specified medical conditions and who meet certain financial eligibility requirements.Existing law establishes the Medi-Cal program, which is administered by the department and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department to establish a statewide Whole Child Model program stakeholder advisory group that includes specified persons, including CCS case managers, and to consult with that advisory group on prescribed matters. Existing law terminates the advisory group on December 31, 2023.This bill would extend the operation of the advisory group until December 31, 2026.

Primary Sponsors
Maria Durazo

Organizational Notes

Last edited by Joanne Campbell at Jul 17, 2023, 9:27 PM
Local Health Plans of California: Oppose Unless Amended (Removed)

Bill Number	Last Action	Status	Position
SB 427	**In Senate Concurrence In Assembly Amendments Pending 2024 04 11**	**Passed Assembly**	**Monitor**

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

Description
SB 427, as amended, Portantino. Health care coverage: antiretroviral drugs, drug devices, and drug products. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally prohibits a health care service plan, excluding a Medi-Cal managed care plan, or health insurer from subjecting antiretroviral drugs that are medically necessary for the prevention of HIV/AIDS, including preexposure prophylaxis or postexposure prophylaxis, to prior authorization or step therapy. Under existing law, a health care service plan or health insurer is not required to cover all the therapeutically equivalent versions of those drugs without prior authorization or step therapy if at least one is covered without prior authorization or step therapy.This bill would prohibit a health care service plan, excluding a Medi-Cal managed care plan, or health insurer from subjecting antiretroviral drugs, drug devices, or drug products that are either approved by the United States Food and Drug Administration (FDA) or recommended by the federal Centers for Disease Control and Prevention (CDC) for the prevention of HIV/AIDS, to prior authorization or step therapy, but would authorize prior authorization or step therapy if at least one therapeutically equivalent version is covered without prior authorization or step therapy and the plan or insurer provides coverage for a noncovered therapeutic equivalent antiretroviral drug, drug device, or drug product without cost sharing pursuant to an exception request. The bill would require a plan or insurer to provide coverage under the outpatient prescription drug benefit for those drugs, drug devices, or drug products, including by supplying participating providers directly with a drug, drug device, or drug product, as specified.This bill would require a nongrandfathered or grandfathered health care service plan contract or health insurance policy to provide coverage for antiretroviral drugs, drug devices, or drug products that are either approved by the FDA or recommended by the CDC for the prevention of HIV/AIDS, and would prohibit a nongrandfathered or grandfathered health care service plan contract or health insurance policy from imposing any cost-sharing or utilization review requirements for those drugs, drug devices, or drug products. The bill would exempt Medi-Cal managed care plans from these provisions and would delay the application of these provisions for an individual and small group health care service plan contract or ... (click bill link to see more).

Primary Sponsors
Anthony Portantino

Organizational Notes

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

Bill Number	Last Action	Status	Position
SB 516	**Re Referred To Com On Appr Pursuant To Assembly Rule 96 2023 09 14**	**Passed Assembly**	**Monitor**

Title
Health care coverage: prior authorization.

Description
SB 516, as amended, Skinner. Health care coverage: prior authorization. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use prior authorization and other utilization review or utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law requires a health care service plan or health insurer, including those plans or insurers that delegate utilization review or utilization management functions to medical groups, independent practice associations, or to other contracting providers, to comply with specified requirements and limitations on their utilization review or utilization management functions. Existing law requires the criteria or guidelines used to determine whether or not to authorize, modify, or deny health care services to be developed with involvement from actively practicing health care providers.On or after January 1, 2026, this bill would prohibit a health care service plan or health insurer from requiring a contracted health professional to complete or obtain a prior authorization for any covered health care services if the plan or insurer approved or would have approved not less than 90% of the prior authorization requests they submitted in the most recent completed one-year contracted period. The bill would set standards for this exemption and its denial, rescission, and appeal. The bill would authorize a plan or insurer to evaluate the continuation of an exemption not more than once every 12 months, and would authorize a plan or insurer to rescind an exemption only at the end of the 12-month period and only if specified criteria are met. The bill would require a plan or insurer to provide an electronic prior authorization process. The bill would also require a plan or insurer to have a process for annually monitoring prior authorization approval, modification, appeal, and denial rates to identify services, items, and supplies that are regularly approved, and to discontinue prior authorization on those services, items, and supplies that are approved 95% of the time. 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 Constit... (click bill link to see more).

Primary Sponsors
Nancy Skinner

Bill Number	Last Action	Status	Position
SB 537	**Ordered To Inactive File On Request Of Assembly Member Bryan 2023 09 14**	**In Assembly**	**Monitor**

Title
Open meetings: multijurisdictional, cross-county agencies: teleconferences.

Description
SB 537, as amended, Becker. Open meetings: multijurisdictional, cross-county agencies: teleconferences. Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body, as defined, of a local agency be open and public and that all persons be permitted to attend and participate. The act generally requires for teleconferencing that the legislative body of a local agency that elects to use teleconferencing post agendas at all teleconference locations, identify each teleconference location in the notice and agenda of the meeting or proceeding, and have each teleconference location be accessible to the public. Existing law also requires that, during the teleconference, at least a quorum of the members of the legislative body participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined.Existing law, until January 1, 2024, authorizes the legislative body of a local agency to use alternate teleconferencing provisions during a proclaimed state of emergency or in other situations related to public health that exempt a legislative body from the general requirements (emergency provisions) and impose different requirements for notice, agenda, and public participation, as prescribed. The emergency provisions specify that they do not require a legislative body to provide a physical location from which the public may attend or comment.Existing law, until January 1, 2026, authorizes the legislative body of a local agency to use alternative teleconferencing in certain circumstances related to the particular member if at least a quorum of its members participate from a singular physical location that is open to the public and situated within the agency’s jurisdiction and other requirements are met, including restrictions on remote participation by a member of the legislative body. These circumstances include if a member shows “just cause,” including for a childcare or caregiving need of a relative that requires the member to participate remotely. This bill would expand the circumstances of “just cause” to apply to the situation in which an immunocompromised child, parent, grandparent, or other specified relative requires the member to participate remotely. The bill would authorize the legislative body of a multijurisdictional, cross-county agency, as specified, to use alternate teleconferencing provisions if the eligible legislative body has adopted an authorizing resolution, as specified. The bill would also require the legislative body to provide a record of attendance of the members of the legislative body, the number of community me... (click bill link to see more).

Primary Sponsors
Josh Becker

Bill Number	Last Action	Status	Position
SB 598	**September 1 Hearing Held In Committee And Under Submission 2023 09 01**	**In Assembly**	**Monitor**

Title
Health care coverage: prior authorization.

Description
SB 598, as amended, Skinner. Health care coverage: prior authorization. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use prior authorization and other utilization review or utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law requires a health care service plan or health insurer, including those plans or insurers that delegate utilization review or utilization management functions to medical groups, independent practice associations, or to other contracting providers, to comply with specified requirements and limitations on their utilization review or utilization management functions. Existing law requires the criteria or guidelines used to determine whether or not to authorize, modify, or deny health care services to be developed with involvement from actively practicing health care providers.On or after January 1, 2026, this bill would prohibit a health care service plan or health insurer from requiring a contracted health professional to complete or obtain a prior authorization for any covered health care services if the plan or insurer approved or would have approved not less than 90% of the prior authorization requests they submitted in the most recent completed one-year contracted period. The bill would set standards for this exemption and its denial, rescission, and appeal. The bill would authorize a plan or insurer to evaluate the continuation of an exemption not more than once every 12 months, and would authorize a plan or insurer to rescind an exemption only at the end of the 12-month period and only if specified criteria are met. The bill would require a plan or insurer to provide an electronic prior authorization process. The bill would also require a plan or insurer to have a process for annually monitoring prior authorization approval, modification, appeal, and denial rates to identify services, items, and supplies that are regularly approved, and to discontinue prior authorization on those services, items, and supplies that are approved 95% of the time. 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 Constitut... (click bill link to see more).

Primary Sponsors
Nancy Skinner

Organizational Notes

Last edited by Joanne Campbell at Jun 5, 2023, 8:59 PM
Local Health Plans of California: Oppose Unless Amended

Last edited by Joanne Campbell at Apr 17, 2023, 4:46 PM
California Association of Health Plans: Oppose

Bill Number	Last Action	Status	Position
SB 607	**In Assembly Read First Time Held At Desk 2024 01 22**	**In Assembly**	**Monitor**

Title
Controlled substances.

Description
SB 607, as amended, Portantino. Controlled substances. Existing law requires a prescriber, with certain exceptions, before directly dispensing or issuing for a minor the first prescription for a controlled substance containing an opioid in a single course of treatment, to discuss specified information with the minor, the minor’s parent or guardian, or another adult authorized to consent to the minor’s medical treatment.This bill would extend that requirement for the prescriber by applying it to any patient, not only a minor, under those circumstances.

Primary Sponsors
Anthony Portantino

Bill Number	Last Action	Status	Position
SB 729	**September 1 Hearing Postponed By Committee 2023 09 01**	**In Assembly**	**Monitor**

Title
Health care coverage: treatment for infertility and fertility services.

Description
SB 729, as amended, Menjivar. Health care coverage: treatment for infertility and fertility services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers by the Department of Insurance. Existing law imposes various requirements and restrictions on health care service plans and disability insurers, including, among other things, a requirement that every group health care service plan contract or disability insurance policy that is issued, amended, or renewed on or after January 1, 1990, offer coverage for the treatment of infertility, except in vitro fertilization.This bill would require large and small group health care service plan contracts and disability insurance policies issued, amended, or renewed on or after January 1, 2024, to provide coverage for the diagnosis and treatment of infertility and fertility services. With respect to large group health care service plan contracts and disability insurance policies, the bill would require coverage for a maximum of 3 completed oocyte retrievals, as specified. The bill would revise the definition of infertility, and would remove the exclusion of in vitro fertilization from coverage. The bill would also delete a requirement that a health care service plan contract and disability insurance policy provide infertility treatment under agreed-upon terms that are communicated to all group contractholders and policyholders. The bill would prohibit a health care service plan or disability insurer from placing different conditions or coverage limitations on fertility medications or services, or the diagnosis and treatment of infertility and fertility services, than would apply to other conditions, as specified. The bill would make these requirements inapplicable to a religious employer, as defined, and specified contracts and policies.Because the violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Caroline Menjivar, Buffy Wicks

Organizational Notes

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

Bill Number	Last Action	Status	Position
SB 819	**Ordered To Inactive File On Request Of Assembly Member Bryan 2023 08 28**	**In Assembly**	**Monitor**

Title
Medi-Cal: certification.

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

Primary Sponsors
Susan Eggman

Bill Number	Last Action	Status	Position
SB 873	**September 1 Hearing Held In Committee And Under Submission 2023 09 01**	**In Assembly**	**Monitor**

Title
Prescription drugs: cost sharing.

Description
SB 873, as introduced, Bradford. Prescription drugs: cost sharing. (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 under authority of the Director of 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 under the authority of the Insurance Commissioner. 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.This bill, commencing no later than January 1, 2025, would require an enrollee’s or insured’s defined cost sharing for each prescription drug to be calculated at the point of sale based on a price that is reduced by an amount equal to 90% of all rebates received, or to be received, in connection with the dispensing or administration of the drug. The bill would require a health care service plan or health insurer to, among other things, pass through to each enrollee or insured at the point of sale a good faith estimate of the enrollee’s or insured’s decrease in cost sharing. The bill would require a health care service plan or health insurer to calculate an enrollee’s or insured’s defined cost sharing and provide that information to the dispensing pharmacy, as specified. The bill would require the department and the commissioner to submit an annual report on the impact of these provisions to the appropriate policy committees of the Legislature, as specified. The bill would make these provisions inoperative on January 1, 2027.(2) Existing law requires a health care service plan or health insurer that files certain rate information to report to the appropriate department specified cost information regarding covered prescription drugs, including generic drugs, brand name drugs, and specialty drugs, dispensed as provided.This bill, until January 1, 2027, would require a health care service plan or health insurer to report additional information on the above-described point of sale provision.(3) Because a willful violation of the bill’s provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Steve Bradford

Organizational Notes

Last edited by Joanne Campbell at Apr 17, 2023, 4:06 PM
California Association of Health Plans: Oppose

Bill Number	Last Action	Status	Position
SB 895	**Set For Hearing April 24 2024 04 11**	**In Senate**	**Monitor**

Title
Community colleges: Baccalaureate Degree in Nursing Pilot Program.

Description
SB 895, as amended, Roth. Community colleges: Baccalaureate Degree in Nursing Pilot Program. Existing law establishes the California Community Colleges, under the administration of the Board of Governors of the California Community Colleges. Existing law establishes community college districts throughout the state, under the administration of community college district governing boards, and authorizes these districts to provide instruction at the community college campuses they operate. Existing law establishes a statewide baccalaureate degree program that authorizes up to a total of 30 baccalaureate degree programs at community college districts to be approved per academic year, as provided.This bill would require the Chancellor of the California Community Colleges to develop a Baccalaureate Degree in Nursing Pilot Program that authorizes select community college districts to offer a Bachelor of Science in Nursing degree. The bill would limit the pilot program to 15 community college districts statewide and would require the chancellor to identify eligible community college districts based on specified criteria. The bill would require the Legislative Analyst’s Office to conduct an evaluation of the pilot program to determine the effectiveness of the program and the need to continue or expand the program. The bill would repeal these provisions as of January 1, 2031.

Primary Sponsors
Richard Roth, Anna Caballero

Bill Number	Last Action	Status	Position
SB 942	**Set For Hearing April 16 2024 04 05**	**In Senate**	**None**

Title
California AI Transparency Act.

Description
SB 942, as amended, Becker. California AI Transparency Act. Existing law requires the Secretary of Government Operations to develop a coordinated plan to, among other things, investigate the feasibility of, and obstacles to, developing standards and technologies for state departments to determine digital content provenance. For the purpose of informing that coordinated plan, existing law requires the secretary to evaluate, among other things, the impact of the proliferation of deepfakes, defined to mean audio or visual content that has been generated or manipulated by artificial intelligence that would falsely appear to be authentic or truthful and that features depictions of people appearing to say or do things they did not say or do without their consent, on state government, California-based businesses, and residents of the state.This bill, the California AI Transparency Act, would, among other things, require a covered provider, as defined, to create an AI detection tool by which a person can query the covered provider as to the extent to which text, image, video, audio, or multimedia content was created, in whole or in part, by a generative AI system, as defined, provided by the covered provider that meets certain criteria, including that the AI detection tool is publicly accessible and available via a uniform resource locator (URL) on the covered provider’s internet website and through its mobile application, as applicable. The act would also require a covered provider to include in AI-generated image, text, video, or multimedia content created by a generative AI system it provides a visible disclosure that, among other things, includes a clear and conspicuous notice, as appropriate for the medium of the content, that identifies the content as generated by AI, such that the disclosure is not avoidable, is understandable to a reasonable person, and is not contradicted, mitigated by, or inconsistent with anything else in the communication.The act would create the Generative AI Registry Fund and would require moneys in the fund to be made available, only upon appropriation by the Legislature, to the Department of Technology for the purposes of the act.The act would require a covered provider to register with the department and provide to the department a URL to any AI detection tool it has created. The act would authorize the department to charge a registration fee, which shall be deposited into the Generative AI Registry Fund, to a covered provider, as specified. The act would require the department to create and display on its internet website the Generative AI Registry that displays the name of any covered provider registered with the department and a link to the covered provider’s AI detection tool. The act wo... (click bill link to see more).

Primary Sponsors
Josh Becker

Bill Number	Last Action	Status	Position
SB 953	**April 8 Hearing Placed On Appr Suspense File 2024 04 08**	**In Senate**	**Monitor**

Title
Medi-Cal: menstrual products.

Description
SB 953, as amended, Menjivar. Medi-Cal: menstrual products. 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 covered benefits under the Medi-Cal program.This bill would add menstrual products, as defined, to that schedule of covered benefits. The bill would require the department to seek any necessary federal approvals to implement this coverage. The bill would require the department to seek, and would authorize the department to use, any and all available federal funding, as specified, to implement this coverage.

Primary Sponsors
Caroline Menjivar

Bill Number	Last Action	Status	Position
SB 957	**Set For Hearing April 15 2024 04 05**	**In Senate**	**Monitor**

Title
Data collection: sexual orientation and gender identity.

Description
SB 957, as introduced, Wiener. Data collection: sexual orientation and gender identity. (1) Existing law, the Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act, requires the State Department of Public Health, among other specified state entities, in the course of collecting demographic data directly or by contract as to the ancestry or ethnic origin of Californians, to collect voluntary self-identification information pertaining to sexual orientation, gender identity, and intersexuality.Existing law, as an exception to the provision above, authorizes those state entities, instead of requiring them, to collect the demographic data under either of the following circumstances: (a) pursuant to federal programs or surveys, whereby the guidelines for demographic data collection categories are defined by the federal program or survey; or (b) demographic data are collected by other entities, including other state agencies, surveys administered by third-party entities and the state department is not the sole funder, or third-party entities that provide aggregated data to a state department.This bill, notwithstanding the exception above, would require the State Department of Public Health to collect the demographic data from third parties, including, but not limited to, local health jurisdictions, on any forms or electronic data systems, unless prohibited by federal or state law. To the extent that the bill would create new duties for local officials in facilitating the department’s data collection, the bill would impose a state-mandated local program. Existing law requires the above-described state entities to report to the Legislature the data collected and the method used to collect the data, and to make the data available to the public, except for personally identifiable information. Existing law deems that personally identifiable information confidential and prohibits it disclosure. Existing law sets forth different deadlines, depending on the specified state entity, for complying with those requirements.This bill would require the State Department of Public Health, for purposes of the data collected by the department on sexual orientation, gender identity, and intersexuality, to comply with the above-described requirements by July 1, 2026.(2) Existing law authorizes local health officers and the State Department of Public Health to operate immunization information systems. Existing law requires health care providers and other certain agencies, including schools and county human services agencies, to disclose specified immunization and other information about the patient or client to local health departments and the State Department of Public Health. Existing law authorizes local health departments and the S... (click bill link to see more).

Primary Sponsors
Scott Wiener

Bill Number	Last Action	Status	Position
SB 966	**Set For Hearing April 15 2024 04 05**	**In Senate**	**Monitor**

Title
Pharmacy benefits.

Description
SB 966, as introduced, Wiener. Pharmacy benefits. Existing law, the Pharmacy Law, establishes the California State Board of Pharmacy in the Department of Consumer Affairs to license and regulate the practice of pharmacy. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (the Knox-Keene Act), a violation of which is a crime, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. The Knox-Keene Act requires a pharmacy benefit manager under contract with a health care service plan to, among other things, register with the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance.Existing law imposes requirements on audits of pharmacy services provided to beneficiaries of a health benefit plan, as specified, and prohibits those audit provisions from being construed to suggest or imply that the Department of Consumer Affairs or the California State Board of Pharmacy has any jurisdiction or authority over those audit provisions.This bill would delete the latter provision relating to the construction and jurisdiction over those provisions by the department and the board. This bill would require a pharmacy benefit manager, as defined by the bill, to apply for and obtain a license from the California State Board of Pharmacy to operate as a pharmacy benefit manager. The bill would establish application qualifications and requirements, and would establish an unspecified fee for initial licensure and renewal.This bill would require a pharmacy benefit manager, on or before April 1, 2027, and annually thereafter, to file with the board a report containing specified information. The bill would specify that the contents of the report shall not be disclosed to the public. The bill would require the board, on or before August 1, 2027, and annually thereafter, to submit a report to the Legislature based on the reports submitted by licensees, and would require the board to post the report on the board’s internet website.This bill would impose specified duties on pharmacy benefit managers and requirements for pharmacy benefit manager services and pharmacy benefit manager contracts, including prohibiting a pharmacy benefit manager from deriving income from pharmacy benefit management services, except as specified. The bill would make a violation of the above specified provisions subject to specified civil penalties. 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 for... (click bill link to see more).

Primary Sponsors
Scott Wiener

Bill Number	Last Action	Status	Position
SB 975	**Referred To Com On Rls 2024 02 14**	**In Senate**	**Monitor**

Title
Emergency medical services: community paramedicine.

Description
SB 975, as introduced, Ashby. Emergency medical services: community paramedicine. Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, governs local emergency medical services (EMS) systems.This bill would state the intent of the Legislature to enact legislation relating to the payment and reimbursement for mobile integrated health and community paramedicine programs.

Primary Sponsors
Angelique Ashby

Bill Number	Last Action	Status	Position
SB 980	**April 8 Hearing Placed On Appr Suspense File 2024 04 08**	**In Senate**	**Monitor**

Title
Medi-Cal: dental crowns and implants.

Description
SB 980, as amended, Wahab. Medi-Cal: dental crowns and implants. 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 dental services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, early and periodic screening, diagnostic, and treatment (EPSDT) services are covered under Medi-Cal for an individual under 21 years of age in accordance with certain federal provisions.Under existing law, for persons 21 years of age or older, laboratory-processed crowns on posterior teeth are a covered benefit when medically necessary to restore a posterior tooth back to normal function based on the criteria specified in the Medi-Cal Dental Manual of Criteria.This bill, for purposes of the above-described Medi-Cal coverage for laboratory-processed crowns, would remove the condition that the tooth be posterior and would apply the coverage to persons 13 years of age or older. Under the bill, this provision would not be construed to exclude Medi-Cal coverage for laboratory-processed crowns on teeth if otherwise required under EPSDT services. The bill would also add, as a covered Medi-Cal benefit for persons of any age, a dental implant if tooth extraction or removal is medically necessary or if the corresponding tooth is missing.

Primary Sponsors
Aisha Wahab

Organizational Notes

Last edited by Joanne Campbell at Mar 22, 2024, 6:07 PM
California Alliance for Retired Americans (sponsor) - Support

Bill Number	Last Action	Status	Position
SB 999	**From Committee With Authors Amendments Read Second Time And Amended Re Referred To Com On Health 2024 04 08**	**In Senate**	**Monitor**

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 maintaining telephone access and other direct communication access during California business hours for a health care provider to request authorization for mental health and substance use disorder care and conducting peer-to-peer discussions regarding specific patient issues related to treatment. 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
Dave Cortese

Organizational Notes

Last edited by Joanne Campbell at Mar 7, 2024, 9:19 PM
California Association of Health Plans - Oppose

Bill Number	Last Action	Status	Position
SB 1008	**Set For Hearing April 24 2024 04 05**	**In Senate**	**Monitor**

Title
Obesity Treatment Parity Act.

Description
SB 1008, as amended, Bradford. Obesity Treatment Parity Act. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act’s requirements a crime. Existing law provides for the regulation of disability and health insurers by the Department of Insurance. Existing law sets forth specified coverage requirements for plan contracts and insurance policies, and limits the copayment, coinsurance, deductible, and other cost sharing that may be imposed for specified health care services.This bill would require an individual or group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, to include comprehensive coverage for the treatment of obesity, including coverage for intensive behavioral therapy, bariatric surgery, and at least one FDA-approved antiobesity medication.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
Steve Bradford

Bill Number	Last Action	Status	Position
SB 1017	**Set For Hearing April 15 2024 04 05**	**In Senate**	**Monitor**

Title
Available facilities for inpatient and residential mental health or substance use disorder treatment.

Description
SB 1017, as introduced, Eggman. Available facilities for inpatient and residential mental health or substance use disorder treatment. Existing law generally requires the State Department of Public Health to license, inspect, and regulate health facilities, defined to include, among other types of health facilities, an acute psychiatric hospital. Existing law generally requires the State Department of Social Services to license, inspect, and regulate various types of care facilities, including, among others, a community crisis home. Existing law requires the State Department of Health Care Services to license and regulate facilities that provide residential nonmedical services to adults who are recovering from problems related to alcohol, drug, or alcohol and drug misuse or abuse, and who need alcohol, drug, or alcohol and drug recovery treatment or detoxification services.This bill would require the State Department of Health Care Services, in consultation with the State Department of Public Health and the State Department of Social Services, and by conferring with specified stakeholders, to develop a solution to collect, aggregate, and display information about beds in specified types of facilities, including licensed community care facilities and licensed residential alcoholism or drug abuse recovery or treatment facilities, to identify the availability of inpatient and residential mental health or substance use disorder treatment. The bill would require the solution to be operational by January 1, 2026, or the date the State Department of Health Care Services communicates to the Department of Finance in writing that the solution has been implemented to meet these provisions, whichever date is later.The bill would require the facilities subject to these provisions to submit accurate and timely data to the solution that includes, among other information, the facility’s license type, whether a bed is available, and the target population served at the facility. The bill would require the solution and information contained in the solution to be maintained in compliance with state and federal confidentiality laws. The bill would also prohibit the solution and information contained in the solution from being publically available.The bill would authorize the State Department of Health Care Services to impose a plan of correction against a facility that failed to comply with the requirements of the solution, and if a facility fails to complete a plan of correction, would further authorize the department to impose civil penalties, subject to an appeal and hearing process. The bill would create the Available Care for Inpatient and Residential Mental Health or Substance Use Disorder Treatment Solution Maintenance and Oversight Fu... (click bill link to see more).

Primary Sponsors
Susan Eggman

Organizational Notes

Last edited by Joanne Campbell at Mar 22, 2024, 6:09 PM
Psychiatric Physicians Alliance of California (sponsor) - Support Steinberg Institute - Support California Association of Alcohol and Drug Program Executives, Inc. - Oppose County Behavioral Health Directors Association of California - Oppose (unless amended)

Bill Number	Last Action	Status	Position
SB 1042	**Set For Hearing April 22 2024 04 12**	**In Senate**	**Monitor**

Title
Health facilities and clinics: clinical placements: nursing.

Description
SB 1042, as amended, Roth. Health facilities and clinics: clinical placements: nursing. Existing law establishes the Department of Health Care Access and Information (HCAI) to oversee health planning and health policy research, including the health care workforce research and data center. Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing within the Department of Consumer Affairs for the licensure and regulation of nurses. Existing law provides for the licensure and regulation of health facilities and clinics, as defined, by the State Department of Public Health.Existing law requires an organization that operates, conducts, owns, or maintains a health facility, and the officers thereof, to make and file with HCAI certain reports, including balance sheets and other financial statements. Existing law sets forth related reporting provisions for clinics.This bill would require a health facility or clinic that offers prelicensure clinical placement slots to meet with representatives from an approved school of nursing or approved nursing program, upon request by the school or program, to discuss the clinical placement needs of the school or program. The bill would require a nursing school or program to report to the board the beginning and end dates of the academic term for each clinical slot needed by a clinical group with content area and education level, and the number of clinical slots that the school or program has been unable to fill. The bill would require the board to submit that information to HCAI.The bill would require a health facility or clinic to prepare and submit to HCAI a report, with updates, on clinical placements for nursing students. Under the bill, the report would include, among other things, the estimated number of days and shifts available for student use for each type of licensed bed or unit. The bill would require HCAI to post the report on its internet website in a manner that allows for the information in the report to be cross-referenced against the above-described information from the nursing school or program.The bill would authorize the board, upon request by a nursing school or program, to assist in finding and securing clinical placement slots to meet the clinical placement needs of that school or program, by conferring with health facilities or clinics within the appropriate geographic region of each school or program in an attempt to match available clinical placement slots with needed slots and to create additional clinical placement slots to meet school or program demands. If the board attempts to meet clinical placement needs, the bill would require the board to prioritize the clinical placement needs of the approved nursing schools or programs of ... (click bill link to see more).

Primary Sponsors
Richard Roth

Bill Number	Last Action	Status	Position
SB 1099	**Set For Hearing April 24 2024 04 03**	**In Senate**	**Monitor**

Title
Newborn screening: genetic diseases: blood samples collected.

Description
SB 1099, as introduced, Nguyen. Newborn screening: genetic diseases: blood samples collected. Existing law requires the State Department of Public Health to administer a statewide program for prenatal testing for genetic disorders and birth defects, including, but not limited to, ultrasound, amniocentesis, chorionic villus sampling, and blood testing. Existing law requires the department to expand prenatal screening to include all tests that meet or exceed the current standard of care as recommended by national recognized medical or genetic organizations. Existing law establishes the continuously appropriated Birth Defects Monitoring Program Fund, consisting of fees paid for prenatal screening, and states the intent of the Legislature that all costs of the genetic disease testing program be fully supported by fees paid for prenatal screening tests, which are deposited in the fund. Existing law requires funds to be available, upon appropriation by the Legislature, in order to support pregnancy blood sample storage, testing, and research activities of the Birth Defects Monitoring Program.This bill would require the department, commencing January 1, 2026, and each January 1 thereafter, as part of its research activities, to report various data to the Legislature, including the number of research projects utilizing residual screening samples from the program and the number of inheritable conditions identified by the original screening tests the previous calendar year. The bill would also require the annual report to be made available to the public on the department’s internet website.This bill would make other conforming changes.

Primary Sponsors
Janet Nguyen

Bill Number	Last Action	Status	Position
SB 1112	**Set For Hearing April 15 2024 04 04**	**In Senate**	**Monitor**

Title
Medi-Cal: families with subsidized childcare.

Description
SB 1112, as amended, Menjivar. Medi-Cal: families with subsidized childcare. Existing law establishes a system of childcare and development services, administered by the State Department of Social Services, for children from infancy to 13 years of age. Existing law authorizes, upon departmental approval, the use of appropriated funds for alternative payment programs to allow for maximum parental choice. Existing law authorizes those programs to include, among other things, a subsidy that follows the family from one childcare provider to another, or choices among hours of service. Existing law requires the department to contract with local contracting agencies for alternative payment programs so that services are provided throughout the state.Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, through managed care or fee-for-service delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, early and periodic screening, diagnostic, and treatment (EPSDT) services are covered Medi-Cal benefits for individuals under 21 years of age.This bill, subject to any necessary federal approvals and the availability of federal funding, would require the State Department of Health Care Services and the State Department of Social Services to develop a model memorandum of understanding (MOU), and would require the department to require Medi-Cal managed care plans and alternative payment agencies to enter an MOU that includes, at a minimum, the provisions included in the model.For purposes of children of families receiving subsidized childcare services through an alternative payment program, and upon the consent of the parent or guardian, the bill would require the plans and agencies to collaborate on assisting the family with the Medi-Cal enrollment of a child who is eligible but not a beneficiary, and on referring a Medi-Cal beneficiary to developmental screenings that are available under EPSDT services and administered through the plan. The bill would authorize the agency to perform certain related functions.

Primary Sponsors
Caroline Menjivar

Organizational Notes

Last edited by Joanne Campbell at Mar 22, 2024, 6:14 PM
Child Care Resource Center (sponsor) - Support Child Care Alliance Los Angeles - Support Thriving Families California (formerly California Alternative Payment Program Association) - Support

Bill Number	Last Action	Status	Position
SB 1119	**Set For Hearing April 15 2024 04 05**	**In Senate**	**Monitor**

Title
Hospitals: seismic compliance.

Description
SB 1119, as introduced, Newman. Hospitals: seismic compliance. Existing law, the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983, establishes a program of seismic safety building standards for certain hospitals. Existing law requires hospitals that are seeking an extension for their buildings to submit an application to the Department of Health Care Access and Information by April 1, 2019, subject to certain exceptions. Existing law requires that final seismic compliance be achieved by July 1, 2022, if the compliance is based on a replacement or retrofit plan, or by January 1, 2025, if the compliance is based on a rebuild plan. Notwithstanding the above provisions, existing law authorizes the department to waive the requirements of the act for the O'Connor Hospital and Santa Clara Valley Medical Center in the City of San Jose if the hospital or medical center submits a plan for compliance by a specified date, and the department accepts the plan based on it being feasible to complete and promoting public safety. Existing law requires, if the department accepts the plan, the hospital or medical center to report to the department on its progress to timely complete the plan by specified dates. Existing law imposes penalties to a hospital that fails to meet its deadline.This bill would add Providence St. Joseph Hospital and Providence Eureka General Hospital in the City of Eureka, Providence St. Jude Medical Center in the City of Fullerton, and Providence Cedars-Sinai Tarzana Medical Center in the City of Tarzana to the hospitals for which the department may waive the requirements of the act. The bill would add additional dates for the hospital or medical center to report to the department on its progress.This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors
Josh Newman

Bill Number	Last Action	Status	Position
SB 1120	**From Committee Do Pass As Amended And Re Refer To Com On Appr Ayes 11 Noes 0 April 10 2024 04 11**	**In Senate**	**Monitor**

Title
Health care coverage: utilization review.

Description
SB 1120, as amended, Becker. Health care coverage: utilization review. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use prior authorization and other utilization review or utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law requires a health care service plan or health insurer, including those plans or insurers that delegate utilization review or utilization management functions to medical groups, independent practice associations, or to other contracting providers, to comply with specified requirements and limitations on their utilization review or utilization management functions. Existing law authorizes the Director of the Department of Managed Health Care or the Insurance Commissioner to assess an administrative penalty to a health care service plan or health insurer, as applicable, for failure to comply with those requirements. This bill would require a health care service plan or health insurer to ensure that a licensed physician supervises the use of artificial intelligence decisionmaking tools when those tools are used to inform decisions to approve, modify, or deny requests by providers for authorization prior to, or concurrent with, the provision of health care services to enrollees or insureds. The bill would require algorithms, artificial intelligence, and other software tools used for utilization review or utilization management decisions to comply with specified requirements, including that they be fairly and equitably applied. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Josh Becker

Bill Number	Last Action	Status	Position
SB 1131	**Set For Hearing April 15 2024 04 09**	**In Senate**	**Monitor**

Title
Medi-Cal providers.

Description
SB 1131, as amended, Gonzalez. Medi-Cal providers. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, services provided by a certified nurse practitioner are covered under the Medi-Cal program to the extent authorized by federal law, and existing law requires the department to permit a certified nurse practitioner to bill Medi-Cal independently for their services.This bill would similarly make services provided by a licensed physician assistant covered under the Medi-Cal program and would require the department to permit a certified nurse practitioner to bill Medi-Cal independently for their services. Existing law establishes the Family Planning, Access, Care, and Treatment (Family PACT) Program, administered by the Office of Family Planning, under which comprehensive clinical family planning services are provided as a benefit under the Medi-Cal program. Existing law also creates the State-Only Family Planning Program, under which family planning services are provided to eligible individuals. Existing law requires enrolled providers in each program to attend a specific orientation approved by the department and requires providers who conduct specified services to have prior training in those services.This bill would, for both of the above-described programs, require the department to allow a provider 6 months from the date of enrollment to complete the orientation. The bill would, for the Family PACT Program, require a site certifier of a primary care clinic or affiliate primary care clinic, as those terms are defined, to be a clinician who oversees the provision of Family PACT services and would authorize certain clinic corporations to enroll multiple service addresses under a single site certifier. The bill would require any orientation or training that the department requires of a site certifier to comply with specified requirements, such as being offered through a virtual platform and being offered at least once per month, among others.

Primary Sponsors
Lena Gonzalez

Bill Number	Last Action	Status	Position
SB 1180	**Set For Hearing April 24 2024 04 05**	**In Senate**	**Monitor**

Title
Health care coverage: emergency medical services.

Description
SB 1180, as introduced, Ashby. Health care coverage: emergency medical services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies to provide coverage for certain services and treatments, including medical transportation services. Existing law 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, including emergency medical transport. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law, until January 1, 2031, authorizes a local emergency medical services (EMS) agency to develop a community paramedicine or triage to alternate destination program that, among other things, provides case management services to frequent EMS users and triage paramedic assessments.This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, to include coverage for services provided by a community paramedicine program, a triage to alternate destination program, and a mobile integrated health program. The bill would require those plans and policies to require an enrollee or insured who receives covered services from a noncontracting program to pay no more than the same cost-sharing amount they would pay for the same covered services received from a contracting program. The bill would specify the reimbursement process and amount for a noncontracting program. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The bill would also make services provided by these programs covered benefits under the Medi-Cal program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Angelique Ashby

Bill Number	Last Action	Status	Position
SB 1184	**Set For Hearing April 30 2024 04 12**	**In Senate**	**Monitor**

Title
Mental health: involuntary treatment: antipsychotic medication.

Description
SB 1184, as amended, Eggman. Mental health: involuntary treatment: antipsychotic medication. Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment of persons who are a danger to themselves or others, or who are gravely disabled, due to a mental disorder or chronic alcoholism or drug abuse for 72 hours for evaluation and treatment, as specified. If certain conditions are met after the 72-hour detention, the act authorizes the certification of the person for a 14-day maximum period of intensive treatment and then another 14-day or 30-day maximum period of intensive treatment after the initial 14-day period of intensive treatment. Existing law, during the 30-day period of intensive treatment, as specified, also authorizes up to an additional 30 days of intensive treatment if certain conditions are met. Existing law authorizes the administration of antipsychotic medication to a person who is detained for evaluation and treatment for any of those detention periods, and establishes a process for hearings to determine the person’s capacity to refuse the treatment. Existing law requires a determination of a person’s incapacity to refuse treatment with antipsychotic medication to remain in effect only for the duration of the 72-hour period or initial 14-day intensive treatment period, or both, until capacity is restored, or by court determination.This bill would additionally require the determination of a person’s incapacity to refuse treatment with antipsychotic medication to remain in effect for the duration of the additional 14-day period or the additional 30-day period after the 14-day intensive treatment period, or the additional period of up to 30 days if certain conditions are met during the first 30-day period.

Primary Sponsors
Susan Eggman

Organizational Notes

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

Bill Number	Last Action	Status	Position
SB 1213	**From Committee With Authors Amendments Read Second Time And Amended Re Referred To Com On Appr 2024 04 08**	**In Senate**	**Monitor**

Title
Health care programs: cancer.

Description
SB 1213, as amended, Atkins. Health care programs: cancer. Existing law requires the State Department of Health Care Services to perform various health functions, including providing breast and cervical cancer screening and treatment for low-income individuals. Existing law provides that an individual is eligible to receive treatment services if, among other things, the individual has a family income at or below 200% of the federal poverty level as determined by the provider performing the screening and diagnosis.This bill would provide that an individual is eligible to receive treatment services if the individual has a family income at or below 300% of the federal poverty level as determined by the provider performing the screening and diagnosis.

Primary Sponsors
Toni Atkins, Anthony Portantino

Bill Number	Last Action	Status	Position
SB 1236	**Set For Hearing April 24 2024 04 05**	**In Senate**	**Monitor**

Title
Medicare supplement coverage: open enrollment periods.

Description
SB 1236, as introduced, Blakespear. Medicare supplement coverage: open enrollment periods. Existing federal law provides for the Medicare Program, which is a public health insurance program for persons 65 years of age and older and specified persons with disabilities who are under 65 years of age. Existing federal law specifies different parts of Medicare that cover specific services, such as Medicare Part B, which generally covers medically necessary services and supplies and preventive 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.Existing federal law additionally provides for the issuance of Medicare supplement policies or certificates, also known as Medigap coverage, which are advertised, marketed, or designed primarily as a supplement to reimbursements under the Medicare Program for the hospital, medical, or surgical expenses of persons eligible for the Medicare Program, including coverage of Medicare deductible, copayment, or coinsurance amounts, as specified. Existing law, among other provisions, requires supplement benefit plans to be uniform in structure, language, designation, and format with the standard benefit plans, as prescribed. Existing law prohibits an issuer from denying or conditioning the offering or effectiveness of any Medicare supplement contract, policy, or certificate available for sale in this state, or discriminating in the pricing of a contract, policy, or certificate because of the health status, claims experience, receipt of health care, or medical condition of an applicant in the case of an application that is submitted prior to or during the 6-month period beginning with the first day of the first month in which an individual is both 65 years of age or older and is enrolled for benefits under Medicare Part B.This bill, on and after January 1, 2025, would prohibit an issuer of Medicare supplement coverage in this state from denying or conditioning the issuance or effectiveness of any Medicare supplement coverage available for sale in the state, or discriminate in the pricing of that coverage because of the health status, claims experience, receipt of health care, medical condition, or age of an applicant, if an application for coverage is submitted during an open enrollment period, as specified in the bill. The bill would entitle an individual enrolled in Medicare Part B to a 90-day annual open enrollment period beginning on January 1 of each year, as specified, during which period the bill would require appli... (click bill link to see more).

Primary Sponsors
Catherine Blakespear

Bill Number	Last Action	Status	Position
SB 1238	**From Committee Do Pass And Re Refer To Com On Jud Ayes 11 Noes 0 April 10 Re Referred To Com On Jud 2024 04 11**	**In Senate**	**Monitor**

Title
Lanterman-Petris-Short Act: designated facilities.

Description
SB 1238, as amended, Eggman. Lanterman-Petris-Short Act: designated facilities. Under existing law, the Lanterman-Petris-Short Act (act), when a person, as a result of a mental health disorder, is a danger to others or to themselves, or gravely disabled, as defined, the person may, upon probable cause, be taken into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services.Existing law defines the above-described designated facility as a facility that is licensed or certified as a mental health treatment facility or a hospital by the State Department of Public Health, and may include, but is not limited to, a licensed psychiatric hospital, a licensed psychiatric health facility, and a certified crisis stabilization unit.This bill would expand the definition of a “facility designated by the county for evaluation and treatment” or “designated facility” by specifying that it may also include a facility that both (1) has appropriate services, personnel, and security to safely treat individuals being held involuntarily and (2) is licensed or certified as a skilled nursing facility, mental health rehabilitation center, social rehabilitation facility, or as a facility capable of providing treatment at American Society of Addiction Medicine levels of care 3.7 to 4.0, inclusive. The bill would authorize a county to designate a facility for the purpose of providing one or more specified treatments required by the act. Existing regulations prohibit a licensed psychiatric health facility or licensed mental health rehabilitation center from admitting an individual who is diagnosed only with a substance use disorder.This bill would require the State Department of Health Care Services to authorize licensed psychiatric health facilities and licensed mental health rehabilitation centers to admit an individual who is diagnosed only with a severe substance use disorder, as defined.Existing law requires a person admitted to a facility for 72-hour treatment and evaluation to receive an evaluation as soon as possible after the person is admitted and to receive whatever treatment and care the person’s condition requires for the full period that they are held, as specified.This bill would require the State Department of Health Care Services to ensure that designated facilities are reimbursed for evaluation and treatment of stand-alone substance use disorders at reimbursement rates equivalent to those provided for evaluation and treatment of mental health disorders.This bill would authorize the State Department of Health Care Services to im... (click bill link to see more).

Primary Sponsors
Susan Eggman

Bill Number	Last Action	Status	Position
SB 1249	**Set For Hearing April 23 2024 04 09**	**In Senate**	**Monitor**

Title
Mello-Granlund Older Californians Act.

Description
SB 1249, as introduced, Roth. Mello-Granlund Older Californians Act. Existing law, the Mello-Granlund Older Californians Act, establishes the California Department of Aging in the California Health and Human Services Agency, and sets forth its mission to provide leadership to the area agencies on aging in developing systems of home- and community-based services that maintain individuals in their own homes or the least restrictive homelike environments. Existing law requires the department to designate various private nonprofit or public agencies as area agencies on aging to work within a planning and service area and provide a broad array of social and nutritional services. Existing law includes various findings and declarations relating to the purposes of the act This bill would update and revise those legislative findings and declarations, including recognizing the state’s major demographic shift towards an older, more diverse population and declaring the intent to reform provisions of the act related to various functions of the area agencies on aging. The bill, within specified time periods, would require the department to take various actions to reform the act, including giving counties the option to petition the department to assume control of the area agency on aging that serves the local jurisdiction, developing core programs and services, and developing a statewide public awareness engagement strategy. The bill would authorize the department to enter into exclusive or nonexclusive contracts, as specified, for purposes of administering and implementing the act, and to implement, interpret, or make specific that authority by means of information notices, provider bulletins, or other similar instructions.

Primary Sponsors
Richard Roth

Bill Number	Last Action	Status	Position
SB 1257	**From Committee Do Pass As Amended And Re Refer To Com On Appr With Recommendation To Consent Calendar Ayes 11 Noes 0 April 10 2024 04 11**	**In Senate**	**Monitor**

Title
Geographic Managed Care Pilot Project: County of San Diego: CalAIM.

Description
SB 1257, as introduced, Blakespear. Geographic Managed Care Pilot Project: County of San Diego: CalAIM. 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, the California Advancing and Innovating Medi-Cal (CalAIM) Act, supports the stated goals of identifying and managing the risk and needs of Medi-Cal beneficiaries, transitioning and transforming the Medi-Cal program to a more consistent and seamless system, and improving quality outcomes.Existing law permits the department, upon approval by the board of supervisors of the County of San Diego, to establish a multiplan managed care pilot project for the provision of Medi-Cal services. Existing law authorizes the County of San Diego to establish 2 advisory boards to advise the Department of Health Services of the County of San Diego and review and comment on the implementation of the multiplan project. Existing law requires that at least one member of each board be appointed by the board of supervisors and requires the board of supervisors to establish the number of members on each board.This bill would instead authorize the County of San Diego to establish one board and require it to advise the Health and Human Services Agency of the County of San Diego and support the goals of CalAIM. The bill would require each supervisor of the board to appoint at least one member to the advisory board, with each supervisor appointing an equal number of members.

Primary Sponsors
Catherine Blakespear

Bill Number	Last Action	Status	Position
SB 1258	**Set For Hearing April 15 2024 04 09**	**In Senate**	**Monitor**

Title
Medi-Cal: unrecovered payments: interest rate.

Description
SB 1258, as amended, Dahle. Medi-Cal: unrecovered payments: interest rate. 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 the Director of Health Care Services to establish administrative appeal processes to review grievances or complaints arising from the findings of an audit or examination. Under existing law, if recovery of a disallowed payment has been made by the department, a provider who prevails in an appeal of that payment is entitled to interest at the rate equal to the monthly average received on investments in the Surplus Money Investment Fund, or simple interest at the rate of 7% per annum, whichever is higher. Under existing law, with exceptions, interest at that same rate is assessed against any unrecovered overpayment due to the department.In the case of an assessment against any unrecovered overpayment due to the department, this bill would authorize the department to waive the interest, as part of a repayment agreement entered into with the provider, if the unrecovered overpayment occurred 4 or more years before the issuance of the first statement of account status or demand for repayment, after taking into account specified factors, including the impact of the repayment amounts on the fiscal solvency of the provider, and whether the overpayment was caused by a policy change or departmental error that was not the fault of the billing provider.

Primary Sponsors
Brian Dahle

Bill Number	Last Action	Status	Position
SB 1268	**Set For Hearing April 24 2024 04 05**	**In Senate**	**Monitor**

Title
Medi-Cal managed care plans: contracts with safety net providers.

Description
SB 1268, as amended, Nguyen. Medi-Cal managed care plans: contracts with safety net providers. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, one of the methods by which Medi-Cal services are provided is pursuant to contracts between the department and various types of managed care plans and between those plans and providers of those services.In the case of a contract between a Medi-Cal managed care plan and a safety net provider, as defined, that furnishes Medi-Cal services, the bill would, to the extent not in conflict with federal law, prohibit the plan and the provider from terminating the contract during the contract period without first declaring the cause of termination. The bill would prohibit the declared cause of termination from being a material fact or condition that existed at the time that the contract was entered into by those parties, and of which both parties had knowledge at that time.

Primary Sponsors
Janet Nguyen

Bill Number	Last Action	Status	Position
SB 1269	**Set For Hearing April 24 2024 04 03**	**In Senate**	**Monitor**

Title
Safety net hospitals.

Description
SB 1269, as introduced, Padilla. Safety net hospitals. Existing law provides for the licensure and regulation of various types of health facilities, including hospitals, by the State Department of Public Health. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law sets forth various provisions relating to disproportionate share hospitals (DSH), which are hospitals providing acute inpatient services to Medi-Cal beneficiaries that meet the criteria for disproportionate share status, as specified; small and rural hospitals; and critical access hospitals, as certified by the Secretary of the United States Department of Health and Human Services under the federal Medicare rural hospital flexibility program.Existing law sets forth other provisions relating to safety net hospitals in different contexts, including among others, special health authorities and Medi-Cal reimbursement.This bill would establish a definition for “safety net hospital” and would state the intent of the Legislature that this definition serve as a recommended definition for policymakers to elect to utilize when crafting policy aimed at focusing on or supporting those hospitals. Under the bill, the definition would not be construed as affecting existing or new references to safety net hospitals, unless future legislation or other action expressly makes reference to this definition, as specified.Under the bill, “safety net hospital” would mean a Medicaid DSH-eligible hospital; a rural hospital, including a small and rural hospital and a critical access hospital, as specified; or a sole community hospital, as classified by the federal Centers for Medicare and Medicaid Services and in accordance with certain federal provisions.

Primary Sponsors
Steve Padilla

Bill Number	Last Action	Status	Position
SB 1278	**Set For Hearing April 23 2024 04 09**	**In Senate**	**Monitor**

Title
World AIDS Day.

Description
SB 1278, as amended, Laird. World AIDS Day. Existing law requires the Governor to proclaim various days as holidays and days of remembrance.This bill would require the Governor to annually proclaim December 1 as World AIDS Day.

Primary Sponsors
John Laird

Bill Number	Last Action	Status	Position
SB 1289	**From Committee With Authors Amendments Read Second Time And Amended Re Referred To Com On Health 2024 04 08**	**In Senate**	**Monitor**

Title
Medi-Cal: county call centers: data.

Description
SB 1289, as amended, Roth. Medi-Cal: county call centers: data. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth various responsibilities for counties relating to eligibility determinations and enrollment functions under the Medi-Cal program.Existing federal law sets forth Medicaid reporting requirements for each state during the period between April 1, 2023, and June 30, 2024, inclusive, relating to eligibility redeterminations, including, among other information, the total call-center volume, average wait times, and average abandonment rate for each call center of the state agency responsible for administering the state plan, as specified.This bill would require the department to establish statewide minimum standards for assistance provided by county call centers to applicants or beneficiaries applying for, renewing, or requesting help in obtaining or maintaining Medi-Cal coverage. The bill would require promulgation of the standards in regulation by July 1, 2026, as specified. The bill would authorize the department to develop alternate standards for a county that does not operate a call center for Medi-Cal applicants and beneficiaries.The bill would require a county to collect and submit to the department on April 1, 2025 and each quarter thereafter call-center data metrics, including, among other information, call volume, average call wait times by language, and callbacks. Commencing on July 1, 2025, and each quarter thereafter, the bill would require a county that does not operate a call center for Medi-Cal applicants and beneficiaries to collect and submit to the department approved alternative metrics. By creating new duties for counties relating to call data, the bill would impose a state-mandated local program.The bill would require the department to prepare a report, excluding any personally identifiable information, on county call data, identifying challenges and targets or standards for improvement. The bill would require the department to post the report on its internet website on a quarterly basis no later than 45 calendar days after the conclusion of each quarter. The bill would require the initial report on county call-center data from counties operating call centers to be due on May 15, 2025.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 Co... (click bill link to see more).

Primary Sponsors
Richard Roth

Bill Number	Last Action	Status	Position
SB 1290	**Set For Hearing April 22 2024 04 12**	**In Senate**	**Monitor**

Title
Health care coverage: essential health benefits.

Description
SB 1290, as introduced, Roth. Health care coverage: essential health benefits. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Other existing law requires the Department of Insurance to regulate health insurers. Existing law requires 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, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Existing law requires a health care service plan contract or health insurance policy to cover the same health benefits that the benchmark plan, the Kaiser Foundation Health Plan Small Group HMO 30 plan, offered during the first quarter of 2014, as specified.This bill would express the intent of the Legislature to review California’s essential health benefits benchmark plan and establish a new benchmark plan for the 2027 plan year. The bill would limit the applicability of the current benchmark plan benefits to plan years on or before the 2027 plan year.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
Richard Roth

Bill Number	Last Action	Status	Position
SB 1300	**Set For Hearing April 15 2024 04 09**	**In Senate**	**Monitor**

Title
Health facility closure: public notice: inpatient psychiatric and maternity services.

Description
SB 1300, as amended, Cortese. Health facility closure: public notice: inpatient psychiatric and maternity services. Existing law requires the State Department of Public Health to license, regulate, and inspect health facilities, as specified, including general acute care hospitals. A violation of these provisions is a crime. Under existing law, a general acute care hospital is required to provide certain basic services, including medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services. Existing law authorizes a general acute care hospital to provide various special or supplemental services if certain conditions are met. Existing regulations define a supplemental service as an organized inpatient or outpatient service that is not required to be provided by law or regulation. Existing law requires a health facility to provide 90 days of public notice of the proposed closure or elimination of a supplemental service, and 120 days of public notice of the proposed closure or elimination of an acute psychiatric hospital.This bill would change the notice period required before proposed closure or elimination of the supplemental service of inpatient psychiatric service or maternity service from 90 days to 120 days. By changing the definition of a crime, this bill would impose a state-mandated local program. The bill would authorize the hospital to close the inpatient psychiatric service or maternity service 90 days after providing public notice of the closure if the department determines that the use of resources to keep the inpatient psychiatric services or maternity services open for the full 120 days threatens the stability of the hospital or if the department cites the hospital for unsafe staffing practices related to these services.Before a health facility may provide notice of a proposed closure or elimination of an inpatient psychiatric service or maternity service, this bill would require the facility to provide an impact analysis report, as specified, regarding the impact on the health of the community resulting from the proposed elimination of the services. By changing the requirements on a health care facility, the violation of which is a crime, this bill would impose a state-mandated local program. The bill would require that the impact analysis report be delivered to the local county board of supervisors and to the department. The bill also would require the cost of preparing the impact analysis report to be borne by the hospital. The bill would strongly encourage the board of supervisors to hold a public hearing within 15 days of receipt of the report, as specified, and to post the impact analysis report on its internet website. The bill would require, if the loss of bed... (click bill link to see more).

Primary Sponsors
Dave Cortese

Bill Number	Last Action	Status	Position
SB 1319	**From Committee Do Pass As Amended And Re Refer To Com On L Gov With Recommendation To Consent Calendar Ayes 11 Noes 0 April 10 2024 04 11**	**In Senate**	**Monitor**

Title
Skilled nursing facilities: approval to provide therapeutic behavioral health programs.

Description
SB 1319, as amended, Wahab. Skilled nursing facilities: approval to provide therapeutic behavioral health programs. Existing law provides for the licensure and regulation of health facilities, including, but not limited to, skilled nursing facilities, by the State Department of Public Health. Existing law, the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983, establishes, under the jurisdiction of the Department of Health Care Access and Information (HCAI), a program of seismic safety building standards for certain hospitals constructed on and after March 7, 1973. The act requires the governing board or other governing authority of a hospital, before adopting plans for the hospital building, as defined, to submit to HCAI an application for approval, accompanied by the plans, as prescribed.Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services (DHCS), 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 authorizes DHCS to adopt regulations to certify providers enrolled in the Medi-Cal program, and applicants for enrollment as providers, including providers and applicants licensed as health care facilities.This bill would require a licensed skilled nursing facility that proposes to provide therapeutic behavioral health programs in an identifiable and physically separate locked unit of a skilled nursing facility, and that is required to submit an application and receive approvals from multiple departments, as specified above, to apply simultaneously to those departments for review and approval of application materials. The bill, when an applicant for approval from one of the specified departments is unable to complete the approval process because the applicant has not obtained required approvals and documentation from one or both of the other departments, would authorize the applicant to submit all available forms and supporting documentation, along with a letter estimating when the remaining materials will be submitted. The bill would require the receiving department to initiate review of the application, and would require final approval of the application to be granted only when all required documentation has been submitted by the applicant to each department from which approval is required. The bill would require the departments to work jointly to develop processes to allow applications to be reviewed simultaneously and in a coordinated manner, as specified.

Primary Sponsors
Aisha Wahab

Bill Number	Last Action	Status	Position
SB 1320	**Set For Hearing April 22 2024 04 12**	**In Senate**	**Monitor**

Title
Mental health and substance use disorder treatment.

Description
SB 1320, as amended, Wahab. Mental health and substance use disorder treatment. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers by the Department of Insurance. Existing law requires a health care service plan contract or disability insurance policy issued, amended, or renewed on or after January 1, 2021, to provide coverage for medically necessary treatment of mental health and substance use disorders, as defined, under the same terms and conditions applied to other medical conditions.This bill would require a plan or insurer subject to the above-described coverage requirement, and its delegates, to establish a process to reimburse providers for mental health and substance use disorder treatment services that are integrated with primary care services and provided under a contract or policy issued, amended, or renewed on or after July 1, 2025. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Aisha Wahab

Bill Number	Last Action	Status	Position
SB 1339	**Set For Hearing April 24 2024 04 05**	**In Senate**	**Monitor**

Title
Supportive community residences.

Description
SB 1339, as amended, Allen. Supportive community residences. Existing law generally requires the State Department of Public Health to license, inspect, and regulate health facilities, defined to include, among other types of health facilities, an acute psychiatric hospital. Existing law requires the State Department of Health Care Services to license and establish regulations for psychiatric residential treatment facilities.Existing law requires the State Department of Health Care Services to license and regulate facilities that provide residential nonmedical services to adults who are recovering from problems related to alcohol, drug, or alcohol and drug misuse or abuse, and who need alcohol, drug, or alcohol and drug recovery treatment or detoxification services. Existing law also requires the department to implement a voluntary certification program for alcohol and other drug treatment recovery services.Existing law, the California Community Care Facilities Act, generally provides for the licensing and regulation of community care facilities by the State Department of Social Services, to provide 24-hour nonmedical care of persons in need of personal services, supervision, or assistance. Existing regulation includes an adult residential facility as a community care facility for those purposes.This bill would require the State Department of Health Care Services (department), by January 1, 2027, and in consultation with relevant public agencies and stakeholders, to establish, and provide for the administration of, a voluntary certification program for supportive community residences. The bill would define a “supportive community residence” as a residential facility serving adults with a substance use disorder or mental health diagnosis that does not provide medical care or a level of support for activities of daily living that require state licensing. The bill would require the certification program to include standards and procedures for operation, such as levels and types of certifications needed and supportive services navigation, and procedures and penalties for enforcing laws and regulations governing supportive community residences. The bill also would require the department to create and maintain a searchable online database of certified facilities, which would include specified contact and complaint information for those residences.The bill would require the department to adopt or amend regulations to require referring entities to provide information relating to the license or certification status of community care facilities and supportive community residences to individuals with substance use disorders or mental health diagnoses, and to report any suspected fraudulent license or certification identified dur... (click bill link to see more).

Primary Sponsors
Ben Allen

Bill Number	Last Action	Status	Position
SB 1354	**Set For Hearing April 24 2024 04 03**	**In Senate**	**Monitor**

Title
Health facilities: payment source.

Description
SB 1354, as introduced, Wahab. Health facilities: payment source. Existing law prohibits a long-term health care facility that participates as a provider under the Medi-Cal program from transferring or seeking to evict out of the facility any resident as a result of the resident changing his or her manner of purchasing the services from private payment or Medicare to Medi-Cal benefits and for whom an eligibility determination has not yet been made, except as specified.This bill would require a long-term health care that participates as a provider under the Medi-Cal program to provide aid, care, service, or other benefits available under Medi-Cal to Medi-Cal beneficiaries in the same manner, by the same methods, and at the same scope, level, and quality as provided to the general public, regardless of payment source.

Primary Sponsors
Aisha Wahab

Bill Number	Last Action	Status	Position
SB 1355	**From Committee Do Pass As Amended And Re Refer To Com On G O Ayes 10 Noes 0 April 10 2024 04 11**	**In Senate**	**Monitor**

Title
Medi-Cal: in-home supportive services: redetermination.

Description
SB 1355, as amended, Wahab. Medi-Cal: in-home supportive services: redetermination. 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, including in-home supportive services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law generally requires a county to redetermine a Medi-Cal beneficiary's eligibility to receive Medi-Cal benefits every 12 months and whenever the county receives information about changes in a beneficiary's circumstances that may affect their eligibility for Medi-Cal benefits.Existing law provides for the In-Home Supportive Services (IHSS) program, administered by the State Department of Social Services and counties, under which qualified aged, blind, and disabled persons are provided with supportive services in order to permit them to remain in their own homes. Existing law authorizes certain Medi-Cal beneficiaries to receive IHSS as a covered Medi-Cal benefit.This bill would, to the extent that any necessary federal approvals are obtained, and federal financial participation is available and not otherwise jeopardized, require an IHSS recipient to be continuously eligible for Medi-Cal for 3 years, if they have a fixed income, and would prohibit a redetermination of Medi-Cal eligibility before 3 years, except as specified. The bill would make the implementation of its provisions contingent upon the department obtaining all necessary federal approvals, the department determining that systems have been programmed to implement these provisions, and the Legislature has appropriated funding to implement these provisions after a determination that ongoing General Fund resources are available to support the ongoing implementation of these provisions. To the extent the bill would increase county duties in administrating the IHSS program, 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
Aisha Wahab

Bill Number	Last Action	Status	Position
SB 1369	**From Committee With Authors Amendments Read Second Time And Amended Re Referred To Com On Health 2024 04 09**	**In Senate**	**Monitor**

Title
Dental providers: fee-based payments.

Description
SB 1369, as amended, Limón. Dental providers: fee-based payments. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law imposes specified coverage and disclosure requirements on health care service plans and health insurers, including specialized plans and insurers, that cover dental services.This bill would require a health care service plan contract or health insurance policy, as defined, issued, amended, or renewed on and after January 1, 2025, that provides payment directly or through a contracted vendor to a dental provider to have a non-fee-based default method of payment, as specified. The bill would require a health care service plan, health insurer, or contracted vendor to obtain a signed authorization from a dental provider opting in to a fee-based payment method before the plan or vendor provides a fee-based payment method to the provider and would authorize the dental provider to opt out of the fee-based payment method at any time by providing written notice to the health care service plan, health insurer, or contracted vendor.Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Monique Limon

Bill Number	Last Action	Status	Position
SB 1397	**From Committee Do Pass As Amended And Re Refer To Com On Appr Ayes 11 Noes 0 April 10 2024 04 11**	**In Senate**	**Monitor**

Title
Behavioral health services coverage.

Description
SB 1397, as amended, Eggman. Behavioral health services 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 and disability insurers by the Department of Insurance. Existing law requires a health care service plan contract or disability insurance policy to provide coverage for medically necessary treatment of mental health and substance use disorders.This bill would require a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after July 1, 2025, that covers medically necessary mental health and substance use disorder services to comply with rate and timely reimbursement requirements for services delivered by a county behavioral health agency, as specified. Unless an enrollee or insured is referred or authorized by the plan or insurer, the bill would require a county behavioral health agency to contact a plan or insurer before initiating services. The bill would authorize a plan or insurer to conduct a postclaim review to determine appropriate payment of a claim, and would authorize the use of prior authorization as permitted by the regulating department. The bill would require the departments to issue guidance to plans and insurers regarding compliance with these provisions no later than April 1, 2025. Because a willful violation of these provisions by a health care service plan would be a crime, and the bill would impose a higher level of service on a county behavioral health agency, 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, with regard to certain mandates, no reimbursement is required by this act for a specified reason.With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors
Susan Eggman

Organizational Notes

Last edited by Joanne Campbell at Mar 22, 2024, 6:17 PM
County Behavioral Health Directors Association (sponsor) - Support

Bill Number	Last Action	Status	Position
SB 1423	**From Committee With Authors Amendments Read Second Time And Amended Re Referred To Com On Health 2024 04 08**	**In Senate**	**Monitor**

Title
Medi-Cal: critical access hospitals.

Description
SB 1423, as amended, Dahle. Medi-Cal: critical access hospitals. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, each hospital designated by the department as a critical access hospital, and certified as such by the Secretary of the United States Department of Health and Human Services under the federal Medicare rural hospital flexibility program, is eligible for supplemental payments for Medi-Cal covered outpatient services rendered to Medi-Cal eligible persons. Existing law conditions those payments on receipt of federal financial participation and an appropriation in the annual Budget Act for the nonfederal share of those payments, with supplemental payments being apportioned among critical access hospitals based on their number of Medi-Cal outpatient visits.This bill would require that each critical access hospital that elects to participate be reimbursed at 100% of the hospital’s projected reasonable and allowable costs for covered Medi-Cal services, as defined, furnished in the Medi-Cal fee-for-service and managed care delivery systems for each subject calendar year, effective for dates of service on or after January 1, 2026. The bill would require the department to develop and maintain one or more reimbursement methodologies, or revise one or more existing reimbursement methodologies applicable to participating critical access hospitals, or both, to implement the minimum cost-based payment levels.The bill would set forth a timeline and a procedure for the department to notify each critical access hospital of the ability to elect to participate in those methodologies, and for a critical access hospital to inform the department of its election to participate, its discontinuance, or its later participation. Under the bill, these provisions would not be construed to preclude a participating critical access hospital from receiving any other Medi-Cal payment for which it is eligible, including, but not limited to, supplemental payments, with specified exceptions.The bill would require the department to determine the projected reasonable and allowable Medi-Cal costs prior to each applicable calendar year, as specified. The bill would require the department to require each applicable Medi-Cal managed care plan to reimburse a participating hospital for covered services, and would require the department to develop and pay actuarially sound capitation rates to each applicable managed care plan, as specified.The bill would require the department to promptly seek any fe... (click bill link to see more).

Primary Sponsors
Brian Dahle

Bill Number	Last Action	Status	Position
SB 1428	**Set For Hearing April 15 2024 04 05**	**In Senate**	**Monitor**

Title
Health care coverage: triggering events.

Description
SB 1428, as amended, Atkins. Health care coverage: triggering events. 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 a health insurer to allow an individual to enroll in or change individual health benefit plans as a result of specified triggering events, including a loss of minimum essential coverage, as defined, gaining a dependent or becoming a dependent, or being mandated to be covered as a dependent pursuant to a valid state or federal court order. Existing law allows an individual 60 days from the date of a triggering event to apply for subsequent coverage.This bill would allow an individual 60 days before and after the date of a triggering event to apply for subsequent coverage, to the extent no conflicts with the availability and length of specified special enrollment periods exist. 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
Toni Atkins

Bill Number	Last Action	Status	Position
SB 1492	**Set For Hearing April 24 2024 04 03**	**In Senate**	**Monitor**

Title
Medi-Cal reimbursement rates: private duty nursing.

Description
SB 1492, as introduced, Menjivar. Medi-Cal reimbursement rates: private duty nursing. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, one of the methods by which Medi-Cal services are provided is pursuant to contracts with various types of managed care plans. Existing law sets forth requirements for private duty nursing and home health care under the Medi-Cal program.Existing law imposes a managed care organization (MCO) provider tax, administered and assessed by the department, on licensed health care service plans and managed care plans contracted with the department to provide full-scope Medi-Cal services. Under existing law, proceeds from the MCO provider tax may be used, upon appropriation by the Legislature, for the increased costs incurred as a result of reimbursement requirements, among other things.This bill would provide that, for the above-described reimbursement purposes, private duty nursing services provided to a child under 21 years of age by a home health agency are considered specialty care services.

Primary Sponsors
Caroline Menjivar

Bill Number	Last Action	Status	Position
SB 1511	**From Committee With Authors Amendments Read Second Time And Amended Re Referred To Com On Health 2024 04 09**	**In Senate**	**Monitor**

Title
Health omnibus.

Description
SB 1511, as amended, Committee on Health. Health omnibus. (1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law defines a “group contract,” for purposes of the act, as a contract that by its terms limits the eligibility of subscribers and enrollees to a specified group.This bill would clarify that reference to a “group” in the act does not include a Medi-Cal managed care contract between a health care service plan and the State Department of Health Care Services to provide benefits to beneficiaries of the Medi-Cal program.(2) Existing law, the Compassionate Access to Medical Cannabis Act or Ryan’s Law, requires specified health care facilities to allow a terminally ill patient’s use of medicinal cannabis within the health care facility, as defined, subject to certain restrictions. Existing law requires the State Department of Public Health to enforce the act. Existing law prohibits a general acute care hospital, as specified, from permitting a patient with a chronic disease to use medicinal cannabis.This bill would authorize a general acute care hospital to allow a terminally ill patient, as defined, to use medicinal cannabis.(3) Existing law establishes the Distressed Hospital Loan Program, administered by the Department of Health Care Access and Information, in order to provide interest-free cashflow loans to not-for-profit hospitals and public hospitals in significant financial distress or to governmental entities representing a closed hospital, except as otherwise provided, to prevent the closure of, or facilitate the reopening of, those hospitals. Existing law establishes the Distressed Hospital Loan Program Fund, with moneys in the fund being continuously appropriated for the department. Existing law authorizes the Department of Finance to transfer up to $150,000,000 from the General Fund and $150,000,000 from the Medi-Cal Provider Payment Reserve Fund to the Distressed Hospital Loan Program Fund in state fiscal year 2023–24 to implement the program. Existing law requires any funds transferred to be available for encumbrance or expenditure until June 30, 2026.This bill would instead require any funds transferred to be available for encumbrance or expenditure until December 31, 2031. By extending the amount of time continuously appropriated funds are available for encumbrance and expenditure, this bill would make an appropriation.(4) Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed by, and f... (click bill link to see more).

Primary Sponsors
Senate Health Committee

L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: April 24, 2024 **Motion No. EXE 100.0524**

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

Requesting Department: Accounts & Finance Services

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

Issue: Acceptance of the Financial Reports for February 2024.

Background: N/A

Member Impact: N/A

Budget Impact: N/A

Motion: To accept the Financial Reports for February 2024, as submitted.

Financial Performance Highlights - Year-to-Date

February 2024

Overall (incl. HHIP/IPP)

L.A. Care total YTD combined member months are 13.4M, +3K favorable to forecast. February YTD financial performance resulted in a surplus of +$327M or 7.2% margin and is +$2M/+6bps favorable to forecast. The YTD favorability is driven by lower capitation expense +$23.7M and timing of provider incentives +$8.8M and Medical Admin expense +$2.8M; partially offset by lower revenue ($10.6M), higher operating expense ($7.6M), higher skilled nursing ($4.6M), inpatient ($3.6M) and outpatient ($3.5M) claims, and higher unrealized losses ($4M).

Medi-Cal

Medi-Cal consists of members through our contracted providers and our contracted health plans ("Plan Partners"). February YTD member months are 12.4M, (1K) unfavorable to forecast. February YTD financial performance resulted in a surplus of +$308M or 7.6% margin, +$58.3M/+142bps favorable to forecast, driven by lower capitation expense +$21.6M, lower operating expenses +$20.2M, timing of provider incentives +$12.4M, higher net interest income +$7.5M, and higher revenue +$6.2M; partially offset by higher outpatient ($5.5M) and skilled nursing ($3.9M) claims, and higher unrealized losses ($3.5M).

D-SNP

Effective February 1, 2023, members enrolled in CMC have been transitioned to our D-SNP plan. February YTD member months are 94K, +131 favorable to forecast. February YTD financial performance resulted in a surplus of +$2M or 1.3% margin, ($11.1M)/(831bps) unfavorable to forecast, primarily driven by higher shared risk ($8.5M) and higher operating expenses ($7.1M); partially offset by lower inpatient +$2.8M and outpatient +$1.3M claims.

Commercial

L.A. Care Commercial consists of LACC and PASC-SEIU. February YTD member months are 979K, favorable +4K to forecast. February YTD financial performance resulted in a deficit of ($10M) or (3.5%) margin, ($25M)/(910bps) unfavorable to forecast, driven by higher operating expenses ($19M), higher inpatient claims ($7.7M), and higher shared risk ($2.4M); partially offset by higher revenue +$4M.

Incentive Programs

L.A. Care Incentive Programs consist of CalAIM Incentive Payment Program (IPP) and Housing and Homelessness Incentive Program (HHIP). February YTD financial performance resulted in a surplus of +$37M, ($9.1M) unfavorable to forecast, primarily driven by the timing of revenue ($16.6M); partially offset by the timing of healthcare expenses $7.3M.

Consolidated Operations Income Statement ($ in thousands)

February 2024

MTD Actual	PMPM	MTD 4+8 Forecast	PMPM	MTD Fav/(Unfav)	PMPM		YTD Actual	PMPM	YTD 4+8 Forecast	PMPM	YTD Fav/(Unfav)	PMPM
						Membership						
2,598,113		2,594,782		3,331		Member Months	13,399,378		13,396,047		3,331	
						Revenue						
$ 872,409	$ 335.79	$ 882,976	$ 340.29	$ (10,567)	$ (4.50)	Capitation Revenue	$ 4,531,693	$ 338.20	$ 4,542,260	$ 339.07	$ (10,567)	$ (0.87)
$ 872,409	**$ 335.79**	**$ 882,976**	**$ 340.29**	**$ (10,567)**	**$ (4.50)**	**Total Revenues**	**$ 4,531,693**	**$ 338.20**	**$ 4,542,260**	**$ 339.07**	**$ (10,567)**	**$ (0.87)**
						Healthcare Expenses						
$ 440,799	$ 169.66	$ 464,478	$ 179.00	$ 23,679	$ 9.34	Capitation	$ 2,307,681	$ 172.22	$ 2,331,360	$ 174.03	$ 23,679	$ 1.81
$ 115,322	$ 44.39	$ 111,746	$ 43.07	$ (3,575)	$ (1.32)	Inpatient Claims	$ 500,620	$ 37.36	$ 497,044	$ 37.10	$ (3,575)	$ (0.26)
$ 114,602	$ 44.11	$ 111,085	$ 42.81	$ (3,516)	$ (1.30)	Outpatient Claims	$ 531,867	$ 39.69	$ 528,351	$ 39.44	$ (3,516)	$ (0.25)
$ 98,134	$ 37.77	$ 93,554	$ 36.05	$ (4,580)	$ (1.72)	Skilled Nurse Facility	$ 489,816	$ 36.56	$ 485,236	$ 36.22	$ (4,580)	$ (0.33)
$ 12,585	$ 4.84	$ 13,520	$ 5.21	$ 935	$ 0.37	Pharmacy	$ 71,456	$ 5.33	$ 72,391	$ 5.40	$ 935	$ 0.07
$ 19,049	$ 7.33	$ 27,846	$ 10.73	$ 8,797	$ 3.40	Provider Incentive and Shared Risk	$ 70,280	$ 5.25	$ 79,078	$ 5.90	$ 8,797	$ 0.66
$ 11,549	$ 4.45	$ 14,334	$ 5.52	$ 2,784	$ 1.08	Medical Administrative Expenses	$ 56,012	$ 4.18	$ 58,796	$ 4.39	$ 2,784	$ 0.21
$ 812,039	**$ 312.55**	**$ 836,563**	**$ 322.40**	**$ 24,524**	**$ 9.85**	**Total Healthcare Expenses**	**$ 4,027,732**	**$ 300.59**	**$ 4,052,256**	**$ 302.50**	**$ 24,524**	**$ 1.91**
93.1%		*94.7%*		*166bps*		*MCR (%)*	*88.9%*		*89.2%*		*33bps*	
$ 60,370	**$ 23.24**	**$ 46,413**	**$ 17.89**	**$ 13,957**	**$ 5.35**	**Operating Margin**	**$ 503,961**	**$ 37.61**	**$ 490,004**	**$ 36.58**	**$ 13,957**	**$ 1.03**
$ 47,566	**$ 18.31**	**$ 39,927**	**$ 15.39**	**$ (7,639)**	**$ (2.92)**	**Total Operating Expenses**	**$ 252,488**	**$ 18.84**	**$ 244,849**	**$ 18.28**	**$ (7,639)**	**$ (0.57)**
5.5%		*4.5%*		*(93bps)*		*Admin Ratio (%)*	*5.6%*		*5.4%*		*(18bps)*	
$ 12,804	**$ 4.93**	**$ 6,487**	**$ 2.50**	**$ 6,318**	**$ 2.43**	**Income (Loss) from Operations**	**$ 251,473**	**$ 18.77**	**$ 245,155**	**$ 18.30**	**$ 6,318**	**$ 0.47**
1.5%		*0.7%*		*73bps*		*Margin before Non-Operating Inc/(Exp) Ratio (%)*	*5.5%*		*5.4%*		*15bps*	
$ 13,586	$ 5.23	$ 15,702	$ 6.05	$ (2,116)	$ (0.82)	Interest Income,Net	$ 72,112	$ 5.38	$ 74,229	$ 5.54	$ (2,116)	$ (0.16)
$ (234)	$ (0.09)	$ (2,291)	$ (0.88)	$ 2,057	$ 0.79	Other Income (Expense),Net	$ (5,971)	$ (0.45)	$ (8,028)	$ (0.60)	$ 2,057	$ 0.15
$ (151)	$ (0.06)	$ -	$ -	$ (151)	$ (0.06)	Realized Gain/Loss	$ (1,138)	$ (0.08)	$ (987)	$ (0.07)	$ (151)	$ (0.01)
$ (3,948)	$ (1.52)	$ -	$ -	$ (3,948)	$ (1.52)	Unrealized Gain/Loss	$ 10,956	$ 0.82	$ 14,904	$ 1.11	$ (3,948)	$ (0.29)
$ 9,253	**$ 3.56**	**$ 13,412**	**$ 5.17**	**$ (4,159)**	**(1.61)**	**Total Non-Operating Income/(Expense)**	**$ 75,960**	**$ 5.67**	**$ 80,118**	**$ 5.98**	**$ (4,159)**	**$ (0.31)**
$ 22,057	**$ 8.49**	**$ 19,898**	**$ 7.67**	**$ 2,159**	**$ 0.82**	**Net Surplus/(Deficit)**	**$ 327,432**	**$ 24.44**	**$ 325,273**	**$ 24.28**	**$ 2,159**	**$ 0.16**
2.5%		*2.3%*		*27bps*		*Margin (%)*	*7.2%*		*7.2%*		*6bps*	

L.A. Care HEALTH PLAN

Total Medi-Cal Income Statement ($ in thousands)

February 2024

MTD Actual	PMPM	MTD 4+8 Forecast	PMPM	MTD Fav/(Unfav)	PMPM		YTD Actual	PMPM	YTD 4+8 Forecast	PMPM	YTD Fav/(Unfav)	PMPM
						Membership						
2,376,585		2,377,646		(1,061)		Member Months	12,420,122		12,421,183		(1,061)	
						Revenue						
$ 808,331	$ 340.12	$ 802,138	$ 337.37	$ 6,193	$ 2.76	Capitation Revenue	$ 4,081,053	$ 328.58	$ 4,074,860	$ 328.06	$ 6,193	$ 0.53
$ 808,331	**$ 340.12**	**$ 802,138**	**$ 337.37**	**$ 6,193**	**$ 2.76**	**Total Revenues**	**$ 4,081,053**	**$ 328.58**	**$ 4,074,860**	**$ 328.06**	**$ 6,193**	**$ 0.53**
						Healthcare Expenses						
$ 421,224	$ 177.24	$ 442,784	$ 186.23	$ 21,560	$ 8.99	Capitation	$ 2,178,373	$ 175.39	$ 2,199,932	$ 177.11	$ 21,560	$ 1.72
$ 93,956	$ 39.53	$ 94,904	$ 39.92	$ 948	$ 0.38	Inpatient Claims	$ 430,845	$ 34.69	$ 431,793	$ 34.76	$ 948	$ 0.07
$ 102,092	$ 42.96	$ 96,569	$ 40.62	$ (5,523)	$ (2.34)	Outpatient Claims	$ 478,981	$ 38.56	$ 473,458	$ 38.12	$ (5,523)	$ (0.45)
$ 97,454	$ 41.01	$ 93,554	$ 39.35	$ (3,901)	$ (1.66)	Skilled Nurse Facility	$ 485,853	$ 39.12	$ 481,952	$ 38.80	$ (3,901)	$ (0.32)
$ 55	$ 0.02	$ -	$ -	$ (55)	$ (0.02)	Pharmacy	$ 195	$ 0.02	$ 141	$ 0.01	$ (55)	$ (0.00)
$ 4,178	$ 1.76	$ 16,574	$ 6.97	$ 12,396	$ 5.21	Provider Incentive and Shared Risk	$ 43,097	$ 3.47	$ 55,493	$ 4.47	$ 12,396	$ 1.00
$ 10,338	$ 4.35	$ 12,693	$ 5.34	$ 2,355	$ 0.99	Medical Administrative Expenses	$ 51,320	$ 4.13	$ 53,675	$ 4.32	$ 2,355	$ 0.19
$ 729,297	**$ 306.87**	**$ 757,077**	**$ 318.41**	**$ 27,780**	**$ 11.55**	**Total Healthcare Expenses**	**$ 3,668,663**	**$ 295.38**	**$ 3,696,444**	**$ 297.59**	**$ 27,780**	**$ 2.21**
90.2%		*94.4%*		*416bps*		*MCR (%)*	*89.9%*		*90.7%*		*82bps*	
$ 79,034	**$ 33.26**	**$ 45,061**	**$ 18.95**	**$ 33,974**	**$ 14.30**	**Operating Margin**	**$ 412,390**	**$ 33.20**	**$ 378,417**	**$ 30.47**	**$ 33,974**	**$ 2.74**
$ 33,842	**$ 14.24**	**$ 54,003**	**$ 22.71**	**$ 20,162**	**$ 8.47**	**Total Operating Expenses**	**$ 184,690**	**$ 14.87**	**$ 204,852**	**$ 16.49**	**$ 20,162**	**$ 1.62**
4.2%		*6.7%*		*255bps*		*Admin Ratio (%)*	*4.5%*		*5.0%*		*50bps*	
$ 45,193	**$ 19.02**	**$ (8,942)**	**$ (3.76)**	**$ 54,135**	**$ 22.78**	**Income (Loss) from Operations**	**$ 227,700**	**$ 18.33**	**$ 173,565**	**$ 13.97**	**$ 54,135**	**$ 4.36**
5.6%		*-1.1%*		*671bps*		*Margin before Non-Operating Inc/(Exp) Ratio (%)*	*5.6%*		*4.3%*		*132bps*	
$ 11,908	$ 5.01	$ 4,429	$ 1.86	$ 7,479	$ 3.15	Interest Income,Net	$ 67,460	$ 5.43	$ 59,982	$ 4.83	$ 7,479	$ 0.60
$ 1,795	$ 0.76	$ 1,477	$ 0.62	$ 318	$ 0.13	Other Income (Expense),Net	$ 3,186	$ 0.26	$ 2,868	$ 0.23	$ 318	$ 0.03
$ (132)	$ (0.06)	$ -	$ -	$ (132)	$ (0.06)	Realized Gain/Loss	$ (1,072)	$ (0.09)	$ (940)	$ (0.08)	$ (132)	$ (0.01)
$ (3,462)	$ (1.46)	$ -	$ -	$ (3,462)	$ (1.46)	Unrealized Gain/Loss	$ 10,999	$ 0.89	$ 14,460	$ 1.16	$ (3,462)	$ (0.28)
$ 10,109	**$ 4.25**	**$ 5,906**	**$ 2.48**	**$ 4,203**	**1.77**	**Total Non-Operating Income/(Expense)**	**$ 80,573**	**$ 6.49**	**$ 76,370**	**$ 6.15**	**$ 4,203**	**$ 0.34**
$ 55,301	**$ 23.27**	**$ (3,036)**	**$ (1.28)**	**$ 58,338**	**$ 24.55**	**Net Surplus/(Deficit)**	**$ 308,273**	**$ 24.82**	**$ 249,935**	**$ 20.12**	**$ 58,338**	**$ 4.70**
6.8%		*-0.4%*		*722bps*		*Margin (%)*	*7.6%*		*6.1%*		*142bps*	

L.A. Care HEALTH PLAN

DSNP Income Statement ($ in thousands)

February 2024

MTD Actual	PMPM	MTD 4+8 Forecast	PMPM	MTD Fav/(Unfav)	PMPM		YTD Actual	PMPM	YTD 4+8 Forecast	PMPM	YTD Fav/(Unfav)	PMPM
						Membership						
19,392		19,261		131		Member Months	93,806		93,675		131	
						Revenue						
$ 27,524	$ 1,419.33	$ 27,909	$ 1,449.00	$ (385)	$ (29.67)	Capitation Revenue	$ 133,650	$ 1,424.75	$ 134,035	$ 1,430.86	$ (385)	$ (6.11)
$ 27,524	**$ 1,419.33**	**$ 27,909**	**$ 1,449.00**	**$ (385)**	**$ (29.67)**	**Total Revenues**	**$ 133,650**	**$ 1,424.75**	**$ 134,035**	**$ 1,430.86**	**$ (385)**	**$ (6.11)**
						Healthcare Expenses						
$ 9,683	$ 499.35	$ 10,521	$ 546.21	$ 837	$ 46.86	Capitation	$ 48,660	$ 518.73	$ 49,497	$ 528.39	$ 837	$ 9.66
$ 3,978	$ 205.11	$ 6,827	$ 354.43	$ 2,849	$ 149.32	Inpatient Claims	$ 25,647	$ 273.41	$ 28,496	$ 304.20	$ 2,849	$ 30.80
$ 3,150	$ 162.44	$ 4,464	$ 231.75	$ 1,314	$ 69.31	Outpatient Claims	$ 15,330	$ 163.42	$ 16,644	$ 177.67	$ 1,314	$ 14.25
$ 596	$ 30.74	$ -	$ -	$ (596)	$ (30.74)	Skilled Nurse Facility	$ 3,405	$ 36.29	$ 2,808	$ 29.98	$ (596)	$ (6.31)
$ 539	$ 27.79	$ 1,098	$ 57.00	$ 559	$ 29.20	Pharmacy	$ 6,190	$ 65.99	$ 6,749	$ 72.04	$ 559	$ 6.06
$ 10,784	$ 556.13	$ 2,315	$ 120.18	$ (8,470)	$ (435.95)	Provider Incentive and Shared Risk	$ 15,131	$ 161.30	$ 6,661	$ 71.11	$ (8,470)	$ (90.19)
$ 383	$ 19.75	$ 214	$ 11.12	$ (169)	$ (8.64)	Medical Administrative Expenses	$ 1,523	$ 16.24	$ 1,354	$ 14.45	$ (169)	$ (1.78)
$ 29,113	**$ 1,501.31**	**$ 25,438**	**$ 1,320.68**	**$ (3,676)**	**$ (180.63)**	**Total Healthcare Expenses**	**$ 115,885**	**$ 1,235.37**	**$ 112,209**	**$ 1,197.85**	**$ (3,676)**	**$ (37.51)**
105.8%		*91.1%*		*(1,463bps)*		*MCR (%)*	*86.7%*		*83.7%*		*(299bps)*	
$ (1,590)	**$ (81.98)**	**$ 2,471**	**$ 128.32**	**$ (4,061)**	**$ (210.30)**	**Operating Margin**	**$ 17,765**	**$ 189.38**	**$ 21,826**	**$ 233.00**	**$ (4,061)**	**$ (43.62)**
$ 2,449	**$ 126.30**	**$ (4,699)**	**$ (243.94)**	**$ (7,148)**	**$ (370.24)**	**Total Operating Expenses**	**$ 17,953**	**$ 191.38**	**$ 10,805**	**$ 115.35**	**$ (7,148)**	**$ (76.04)**
8.9%		*-16.8%*		*(2,573bps)*		*Admin Ratio (%)*	*13.4%*		*8.1%*		*(537bps)*	
$ (4,039)	**$ (208.28)**	**$ 7,170**	**$ 372.26**	**$ (11,209)**	**$ (580.54)**	**Income (Loss) from Operations**	**$ (188)**	**$ (2.00)**	**$ 11,021**	**$ 117.66**	**$ (11,209)**	**$ (119.66)**
-14.7%		*25.7%*		*(4,037bps)*		*Margin before Non-Operating Inc/(Exp) Ratio (%)*	*-0.1%*		*8.2%*		*(836bps)*	
$ 315	$ 16.22	$ 154	$ 8.00	$ 160	$ 8.22	Interest Income,Net	$ 1,670	$ 17.80	$ 1,510	$ 16.12	$ 160	$ 1.69
$ 0	$ 0.02	$ -	$ -	$ 0	$ 0.02	Other Income (Expense),Net	$ 1	$ 0.01	$ 1	$ 0.01	$ 0	$ 0.01
$ (3)	$ (0.18)	$ -	$ -	$ (3)	$ (0.18)	Realized Gain/Loss	$ (26)	$ (0.28)	$ (23)	$ (0.24)	$ (3)	$ (0.04)
$ (91)	$ (4.70)	$ -	$ -	$ (91)	$ (4.70)	Unrealized Gain/Loss	$ 253	$ 2.70	$ 344	$ 3.68	$ (91)	$ (0.98)
$ 220	**$ 11.35**	**$ 154**	**$ 8.00**	**$ 66**	**3.35**	**Total Non-Operating Income/(Expense)**	**$ 1,898**	**$ 20.23**	**$ 1,832**	**$ 19.56**	**$ 66**	**$ 0.68**
$ (3,819)	**$ (196.93)**	**$ 7,324**	**$ 380.26**	**$ (11,143)**	**$ (577.18)**	**Net Surplus/(Deficit)**	**$ 1,710**	**$ 18.23**	**$ 12,853**	**$ 137.21**	**$ (11,143)**	**$ (118.97)**
-13.9%		*26.2%*		*(4,012bps)*		*Margin (%)*	*1.3%*		*9.6%*		*(831bps)*	

L.A. Care HEALTH PLAN

Commercial Income Statement ($ in thousands)

February 2024

MTD Actual	PMPM	MTD 4+8 Forecast	PMPM	MTD Fav/(Unfav)	PMPM		YTD Actual	PMPM	YTD 4+8 Forecast	PMPM	YTD Fav/(Unfav)	PMPM
						Membership						
221,528		217,137		4,391		Member Months	979,256		974,865		4,391	
						Revenue						
$ 40,416	$ 182.44	$ 36,372	$ 167.51	$ 4,043	$ 14.93	Capitation Revenue	$ 276,522	$ 282.38	$ 272,479	$ 279.50	$ 4,043	$ 2.88
$ 40,416	**$ 182.44**	**$ 36,372**	**$ 167.51**	**$ 4,043**	**$ 14.93**	**Total Revenues**	**$ 276,522**	**$ 282.38**	**$ 272,479**	**$ 279.50**	**$ 4,043**	**$ 2.88**
						Healthcare Expenses						
$ 11,777	$ 53.16	$ 11,173	$ 51.46	$ (603)	$ (1.70)	Capitation	$ 82,285	$ 84.03	$ 81,681	$ 83.79	$ (603)	$ (0.24)
$ 17,670	$ 79.76	$ 10,016	$ 46.13	$ (7,654)	$ (33.64)	Inpatient Claims	$ 45,259	$ 46.22	$ 37,605	$ 38.57	$ (7,654)	$ (7.64)
$ 9,119	$ 41.16	$ 9,220	$ 42.46	$ 101	$ 1.30	Outpatient Claims	$ 37,470	$ 38.26	$ 37,571	$ 38.54	$ 101	$ 0.28
$ 111	$ 0.50	$ -	$ -	$ (111)	$ (0.50)	Skilled Nurse Facility	$ 692	$ 0.71	$ 581	$ 0.60	$ (111)	$ (0.11)
$ 11,989	$ 54.12	$ 12,423	$ 57.21	$ 434	$ 3.09	Pharmacy	$ 64,713	$ 66.08	$ 65,147	$ 66.83	$ 434	$ 0.74
$ 3,677	$ 16.60	$ 1,263	$ 5.82	$ (2,414)	$ (10.78)	Provider Incentive and Shared Risk	$ 5,895	$ 6.02	$ 3,482	$ 3.57	$ (2,414)	$ (2.45)
$ 828	$ 3.74	$ 1,426	$ 6.57	$ 598	$ 2.83	Medical Administrative Expenses	$ 3,169	$ 3.24	$ 3,767	$ 3.86	$ 598	$ 0.63
$ 55,170	**$ 249.04**	**$ 45,520**	**$ 209.64**	**$ (9,649)**	**$ (39.40)**	**Total Healthcare Expenses**	**$ 239,483**	**$ 244.56**	**$ 229,834**	**$ 235.76**	**$ (9,649)**	**$ (8.80)**
136.5%		*125.2%*		*(1,135bps)*		*MCR (%)*	*86.6%*		*84.3%*		*(226bps)*	
$ (14,754)	**$ (66.60)**	**$ (9,148)**	**$ (42.13)**	**$ (5,606)**	**$ (24.47)**	**Operating Margin**	**$ 37,039**	**$ 37.82**	**$ 42,645**	**$ 43.74**	**$ (5,606)**	**$ (5.92)**
$ 10,505	**$ 47.42**	**$ (8,447)**	**$ (38.90)**	**$ (18,952)**	**$ (86.32)**	**Total Operating Expenses**	**$ 46,606**	**$ 47.59**	**$ 27,654**	**$ 28.37**	**$ (18,952)**	**$ (19.23)**
26.0%		*-23.2%*		*(4,922bps)*		*Admin Ratio (%)*	*16.9%*		*10.1%*		*(671bps)*	
$ (25,259)	**$ (114.02)**	**$ (701)**	**$ (3.23)**	**$ (24,558)**	**$ (110.79)**	**Income (Loss) from Operations**	**$ (9,567)**	**$ (9.77)**	**$ 14,991**	**$ 15.38**	**$ (24,558)**	**$ (25.15)**
-62.5%		*-1.9%*		*(6,057bps)*		*Margin before Non-Operating Inc/(Exp) Ratio (%)*	*-3.5%*		*5.5%*		*(896bps)*	
$ 1	$ 0.00	$ 393	$ 1.81	$ (392)	$ (1.81)	Interest Income,Net	$ 1	$ 0.00	$ 393	$ 0.40	$ (392)	$ (0.40)
$ (17)	$ (0.08)	$ (17)	$ (0.08)	$ -	$ 0.00	Other Income (Expense),Net	$ (192)	$ (0.20)	$ (192)	$ (0.20)	$ -	$ 0.00
$ -	$ -	$ -	$ -	$ -	$ -	Realized Gain/Loss	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	Unrealized Gain/Loss	$ -	$ -	$ -	$ -	$ -	$ -
$ (17)	**$ (0.08)**	**$ 375**	**$ 1.73**	**$ (392)**	**(1.80)**	**Total Non-Operating Income/(Expense)**	**$ (191)**	**$ (0.19)**	**$ 201**	**$ 0.21**	**$ (392)**	**$ (0.40)**
$ (25,276)	**$ (114.10)**	**$ (326)**	**$ (1.50)**	**$ (24,950)**	**$ (112.60)**	**Net Surplus/(Deficit)**	**$ (9,758)**	**$ (9.96)**	**$ 15,193**	**$ 15.58**	**$ (24,950)**	**$ (25.55)**
-62.5%		*-0.9%*		*(6,164bps)*		*Margin (%)*	*-3.5%*		*5.6%*		*(910bps)*	

L.A. Care HEALTH PLAN

Incentive Programs Income Statement ($ in thousands)

February 2024

MTD Actual	PMPM	MTD 4+8 Forecast	PMPM	MTD Fav/(Unfav)	PMPM		YTD Actual	PMPM	YTD 4+8 Forecast	PMPM	YTD Fav/(Unfav)	PMPM
						Membership						
-		-		-		Member Months	-		-		-	
						Revenue						
$ -	$ -	$ 16,556	$ -	$ (16,556)	$ -	Capitation Revenue	$ 43,998	$ -	$ 60,554	$ -	$ (16,556)	$ -
$ -	**$ -**	**$ 16,556**	**$ -**	**$ (16,556)**	**$ -**	**Total Revenues**	**$ 43,998**	**$ -**	**$ 60,554**	**$ -**	**$ (16,556)**	**$ -**
						Healthcare Expenses						
$ -	$ -	$ -	$ -	$ -	$ -	Capitation	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	Inpatient Claims	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ 833	$ -	$ 833	$ -	Outpatient Claims	$ -	$ -	$ 833	$ -	$ 833	$ -
$ -	$ -	$ -	$ -	$ -	$ -	Skilled Nurse Facility	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -
$ 1,239	$ -	$ 7,694	$ -	$ 6,455	$ -	Provider Incentive and Shared Risk	$ 6,987	$ -	$ 13,442	$ -	$ 6,455	$ -
$ -	$ -	$ -	$ -	$ -	$ -	Medical Administrative Expenses	$ -	$ -	$ -	$ -	$ -	$ -
$ 1,239	**$ -**	**$ 8,528**	**$ -**	**$ 7,289**	**$ -**	**Total Healthcare Expenses**	**$ 6,987**	**$ -**	**$ 14,275**	**$ -**	**$ 7,289**	**$ -**
0.0%		*51.5%*		*5,151bps*		*MCR (%)*	*15.9%*		*23.6%*		*770bps*	
$ (1,239)	**$ -**	**$ 8,029**	**$ -**	**$ (9,268)**	**$ -**	**Operating Margin**	**$ 37,011**	**$ -**	**$ 46,279**	**$ -**	**$ (9,268)**	**$ -**
$ 184	**$ -**	**$ 327**	**$ -**	**$ 143**	**$ -**	**Total Operating Expenses**	**$ 442**	**$ -**	**$ 585**	**$ -**	**$ 143**	**$ -**
0.0%		*2.0%*		*197bps*		*Admin Ratio (%)*	*1.0%*		*1.0%*		*(4bps)*	
$ (1,423)	**$ -**	**$ 7,702**	**$ -**	**$ (9,125)**	**$ -**	**Income (Loss) from Operations**	**$ 36,569**	**$ -**	**$ 45,694**	**$ -**	**$ (9,125)**	**$ -**
0.0%		*46.5%*		*(4,652bps)*		*Margin before Non-Operating Inc/(Exp) Ratio (%)*	*83.1%*		*75.5%*		*766bps*	
$ -	$ -	$ -	$ -	$ -	$ -	Interest Income,Net	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	Other Income (Expense),Net	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	Realized Gain/Loss	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	Unrealized Gain/Loss	$ -	$ -	$ -	$ -	$ -	$ -
$ -	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**Total Non-Operating Income/(Expense)**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
$ (1,423)	**$ -**	**$ 7,702**	**$ -**	**$ (9,125)**	**$ -**	**Net Surplus/(Deficit)**	**$ 36,569**	**$ -**	**$ 45,694**	**$ -**	**$ (9,125)**	**$ -**
0.0%		*46.5%*		*(4,652bps)*		*Margin (%)*	*83.1%*		*75.5%*		*766bps*	

L.A. Care HEALTH PLAN

Balance Sheet ($ in thousands)

	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Assets					
Cash and Cash Equivalents	$ 1,215,928	$ 1,164,685	$ 1,050,823	$ 1,300,559	$ 1,457,922
Short Term Investments, at fair value	$ 1,858,223	$ 2,006,373	$ 2,298,594	$ 2,203,165	$ 2,494,863
Capitation Receivable	$ 3,182,445	$ 3,233,165	$ 3,152,661	$ 2,907,187	$ 3,022,046
Interest and Non-Operating Receivables	$ 40,813	$ 6,752	$ 423,494	$ 472,216	$ 515,539
Prepaids and Other Current Assets	$ 18,325	$ 16,145	$ 27,978	$ 33,486	$ 33,847
Current Assets	**$ 6,315,735**	**$ 6,427,120**	**$ 6,953,551**	**$ 6,916,612**	**$ 7,524,217**
Capitalized Assets - net	$ 168,137	$ 166,800	$ 163,264	$ 160,379	$ 161,628
Non-Current Assets	$ 3,071	$ 2,901	$ 2,744	$ 1,744	$ 1,765
Total Assets	**$ 6,486,942**	**$ 6,596,822**	**$ 7,119,560**	**$ 7,078,735**	**$ 7,687,611**
Liabilities & Equity					
Liabilities					
Accounts Payable and Accrued Liabilities	$ 175,928	$ 187,262	$ 551,099	$ 598,049	$ 489,004
Subcapitation Payable	$ 3,110,125	$ 3,153,507	$ 3,258,876	$ 3,194,511	$ 3,214,279
Accts Receivable - PP	$ 2	$ 2	$ 1	$ 1	$ 1
Reserve for Claims	$ 819,965	$ 827,368	$ 867,307	$ 851,802	$ 809,922
Accrued Medical Expenses	$ 271,671	$ 266,999	$ 269,172	$ 211,542	$ 212,239
Deferred Revenue	$ 69,446	$ 64,958	$ 38,107	$ 76,179	$ 138,196
Reserve for Provider Incentives	$ 109,889	$ 114,474	$ 78,126	$ 67,785	$ 60,283
Non-Operating Payables	$ 33,097	$ 29,341	$ 9,667	$ (19,112)	$ 645,902
Grants Payable	$ 18,094	$ 16,769	$ 17,968	$ 17,443	$ 16,955
Deferred Rent	$ 48,456	$ 45,243	$ 43,553	$ 41,868	$ 40,104
Total Current Liabilities	**$ 4,656,673**	**$ 4,705,923**	**$ 5,133,874**	**$ 5,040,067**	**$ 5,626,885**
Equity					
Invested in Capital Assets, Net of related de	$ 99,218	$ 99,259	$ 97,349	$ 99,507	$ 103,953
Restricted Equity	$ 600	$ 600	$ 600	$ 600	$ 600
Minimum Tangible Net Equity	$ 235,945	$ 235,089	$ 238,050	$ 236,840	$ 238,550
Board Designated Funds	$ 143,902	$ 142,476	$ 147,962	$ 145,172	$ 143,248
Unrestricted Net Assets	$ 1,350,604	$ 1,413,475	$ 1,501,725	$ 1,556,550	$ 1,574,375
Total Equity	**$ 1,830,268**	**$ 1,890,899**	**$ 1,985,685**	**$ 2,038,668**	**$ 2,060,725**
Total Liabilities & Equity	**$ 6,486,942**	**$ 6,596,822**	**$ 7,119,560**	**$ 7,078,735**	**$ 7,687,611**

L.A. Care HEALTH PLAN

Cash Flows Statement ($ in thousands) — February 2024

	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	YTD
Cash Flows from Operating Activities:						
Capitation Revenue	$ 841,537	$ 878,375	$ 1,020,197	$ 1,056,193	$ 814,382	$ 4,610,684
Other Income (Expense), net	$ 19,423	$ 8,321	$ 3,604	$ 13,760	$ 11,212	$ 56,320
Healthcare Expenses	$ (846,331)	$ (796,846)	$ (739,718)	$ (808,174)	$ (835,771)	$ (4,026,840)
Operating Expenses	$ (36,472)	$ (29,715)	$ (75,466)	$ (48,204)	$ (51,472)	$ (241,329)
Net Cash Provided By Operating Activities	**$ (21,843)**	**$ 60,135**	**$ 208,617**	**$ 213,575**	**$ (61,649)**	**$ 398,835**
Cash Flows from Investing Activities						
Purchase of investments - Net	$ (67,389)	$ (137,165)	$ (285,931)	$ 96,186	$ (295,798)	$ (690,097)
Purchase of Capital Assets	$ (3,065)	$ (2,368)	$ (161)	$ (4,646)	$ (5,605)	$ (15,845)
Net Cash Provided By Investing Activities	**$ (70,454)**	**$ (139,533)**	**$ (286,092)**	**$ 91,540**	**$ (301,403)**	**$ (705,942)**
Cash Flows from Financing Activities:						
Lease Payment - Capital & ROU	$ (1,546)	$ (1,377)	$ (1,505)	$ (1,502)	$ (1,367)	$ (7,297)
SBITA Liabilty	$ -	$ -	$ -	$ -	$ 188	$ 188
Gross Premium Tax (MCO Sales Tax) - Net		$ 33,288	$ (15,208)	$ (25,099)	$ (143,420)	$ (150,439)
Pass through transactions (AB 85, IGT, etc.)	$ (269,155)	$ (3,756)	$ (19,674)	$ (28,779)	$ 665,014	$ 343,650
Net Cash Provided By Financing Activities	**$ (270,701)**	**$ 28,155**	**$ (36,387)**	**$ (55,380)**	**$ 520,415**	**$ 186,102**
Net Increase in Cash and Cash Equivalents	**$ (362,998)**	**$ (51,243)**	**$ (113,862)**	**$ 249,735**	**$ 157,363**	**$ (121,005)**
Cash and Cash Equivalents, Beginning	$ 1,578,927	$ 1,215,929	$ 1,164,686	$ 1,050,824	$ 1,300,559	$ 1,578,927
Cash and Cash Equivalents, Ending	**$ 1,215,929**	**$ 1,164,686**	**$ 1,050,824**	**$ 1,300,559**	**$ 1,457,922**	**$ 1,457,922**
Reconciliation of Income from Operations to Net Cash Provided By (Used In) Operating Activities:						
Excess of Revenues over Expenses	**$ 96,976**	**$ 60,630**	**$ 94,786**	**$ 52,983**	**$ 22,057**	**$ 327,432**
Adjustments to Excess of Revenues Over Expenses:						
Depreciation	$ 4,181	$ 3,715	$ 3,697	$ 7,531	$ 4,356	$ 23,480
Realized and Unrealized (Gain)/Loss on Investments	$ 868	$ (7,749)	$ (6,291)	$ (756)	$ 4,099	$ (9,829)
Deferred Rent	$ 50	$ (6)	$ 50	$ 50		$ 144
Gross Premium Tax provision	$ (1)	$ (2)	$ 2	$ (1,187)	$ (1,765)	$ (2,953)
Loss on Disposal of Capital Assets		$ (10)	$ -	$ -	$ -	$ (10)
Total Adjustments to Excess of Revenues over Expenses	**$ 5,098**	**$ (4,052)**	**$ (2,542)**	**$ 5,638**	**$ 6,690**	**$ 10,832**
Changes in Operating Assets and Liabilities:						
Capitation Receivable	$ (92,525)	$ (53,272)	$ (1,340,639)	$ 1,635,640	$ (120,052)	$ 29,152
Interest and Non-Operating Receivables	$ 4,753	$ (2,462)	$ (7,465)	$ 1,386	$ 321	$ (3,467)
Prepaid and Other Current Assets	$ 4,508	$ 4,901	$ (12,882)	$ (5,512)	$ 4,812	$ (4,173)
Accounts Payable and Accrued Liabilities	$ 4,634	$ 9,503	$ (12,961)	$ 4,877	$ (8,089)	$ (2,036)
Subcapitation Payable	$ (13,634)	$ 43,487	$ 105,367	$ (30,666)	$ 19,768	$ 124,322
MediCal Adult Expansion Payable		$ (104)	$ -	$ -	$ -	$ (104)
Deferred Capitation Revenue	$ (18,967)	$ (3,952)	$ 1,377,508	$ (1,366,774)	$ 62,024	$ 49,839
Accrued Medical Expenses	$ 6,124	$ (5,208)	$ 2,656	$ (57,626)	$ 690	$ (53,364)
Reserve for Claims	$ (22,643)	$ 7,403	$ 39,939	$ (15,505)	$ (41,880)	$ (32,686)
Reserve for Provider Incentives	$ 5,038	$ 4,586	$ (36,349)	$ (10,341)	$ (7,502)	$ (44,568)
Grants Payable	$ (1,205)	$ (1,325)	$ 1,199	$ (525)	$ (488)	$ (2,344)
Net Changes in Operating Assets and Liabilities	**$ (123,917)**	**$ 3,557**	**$ 116,373**	**$ 154,954**	**$ (90,396)**	**$ 60,571**
Net Cash Provided By Operating Activities	**$ (21,843)**	**$ 60,135**	**$ 208,617**	**$ 213,575**	**$ (61,649)**	**$ 398,835**

DATE: April 24, 2024

TO: Finance & Budget Committee

FROM: Afzal Shah, *Chief Financial Officer*

SUBJECT: Monthly Investment Portfolio Securities Transaction Report for February, 2024

To keep the Committee apprised of L.A. Care's investment portfolios and to comply with California Government Code Section 53607, attached are the monthly investment transaction details from February 1 to February 29, 2024.

L.A. Care's investment market value as of February 29, 2024, was $4.1 billion. This includes our funds invested with the government pooled funds. L.A. Care has approximately $36 million invested with the statewide Local Agency Investment Fund (LAIF), and approximately $80 million invested with the Los Angeles County Pooled Investment Fund (LACPIF).

In February 2024, L.A. Care began investing in the BlackRock Liquity T-Fund, which is a money market fund that invests in US Treasury obligations. This money market fund is rated AAA by the credit agencies S&P and Moody's. As of February 29, 2024, L.A. Care had $125M invested in this fund.

The remainder as of February 29, 2024, of $3.86 billion is managed by two independent asset managers, 1) Payden & Rygel and 2) New England Asset Management (NEAM) and is divided into three portfolios based on investment style,

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

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

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

Account Name: L.A. CARE HEALTH PLAN

02/01/2024 through 02/29/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/01/24	02/01/24	Buy	20,000,000.000	FHLB DISCOUNT NOTE MAT 02/02/24 Cpn	313384SP5	(19,997,083.33)		0.00	0.00	(19,997,083.33)
02/01/24	02/01/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/02/24 Cpn	313384SP5	(49,992,708.33)		0.00	0.00	(49,992,708.33)
02/01/24	02/01/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/02/24 Cpn	313384SP5	(49,992,708.33)		0.00	0.00	(49,992,708.33)
02/01/24	02/01/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/02/24 Cpn	313384SP5	(49,992,708.33)		0.00	0.00	(49,992,708.33)
02/02/24	02/02/24	Buy	10,000,000.000	U.S. TREASURY BILL MAT 05/02/24 Cpn	912797HH3	(9,869,476.25)		0.00	0.00	(9,869,476.25)
02/02/24	02/02/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/02/24 Cpn	912797HH3	(49,347,381.25)		0.00	0.00	(49,347,381.25)
02/02/24	02/02/24	Buy	10,000,000.000	U.S. TREASURY BILL MAT 08/01/24 Cpn	912797JU2	(9,746,723.18)		0.00	0.00	(9,746,723.18)
02/02/24	02/02/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 08/01/24 Cpn	912797JU2	(48,733,615.90)		0.00	0.00	(48,733,615.90)
02/02/24	02/02/24	Buy	10,000,000.000	U.S. TREASURY BILL MAT 03/26/24 Cpn	912797JK4	(9,922,801.08)		0.00	0.00	(9,922,801.08)
02/02/24	02/02/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/26/24 Cpn	912797JK4	(49,614,005.42)		0.00	0.00	(49,614,005.42)
02/05/24	02/05/24	Buy	40,000,000.000	AUTOMATIC DATA CP 144A MAT 02/06/24 Cpn	0530A2B66	(39,994,111.11)		0.00	0.00	(39,994,111.11)
02/05/24	02/05/24	Buy	15,000,000.000	FHLB DISCOUNT NOTE MAT 02/06/24 Cpn	313384ST7	(14,997,812.50)		0.00	0.00	(14,997,812.50)
02/06/24	02/06/24	Buy	40,000,000.000	AUTOMATIC DATA CP 144A MAT 02/07/24 Cpn	0530A2B74	(39,994,122.22)		0.00	0.00	(39,994,122.22)

Account Name: L.A. CARE HEALTH PLAN

02/01/2024 through 02/29/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/06/24	02/06/24	Buy	20,000,000.000	U.S. TREASURY BILL MAT 04/02/24 Cpn	912797JL2	(19,836,184.44)		0.00	0.00	(19,836,184.44)
02/06/24	02/06/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/02/24 Cpn	912797JL2	(49,590,461.11)		0.00	0.00	(49,590,461.11)
02/06/24	02/06/24	Buy	20,000,000.000	U.S. TREASURY BILL MAT 05/02/24 Cpn	912797HH3	(19,750,504.44)		0.00	0.00	(19,750,504.44)
02/06/24	02/06/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/02/24 Cpn	912797HH3	(49,376,261.11)		0.00	0.00	(49,376,261.11)
02/06/24	02/06/24	Buy	20,000,000.000	U.S. TREASURY BILL MAT 08/01/24 Cpn	912797JU2	(19,504,842.50)		0.00	0.00	(19,504,842.50)
02/06/24	02/06/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 08/01/24 Cpn	912797JU2	(48,762,106.25)		0.00	0.00	(48,762,106.25)
02/06/24	02/06/24	Buy	30,000,000.000	CREDIT AGRICOLE CP MAT 02/07/24 Cpn	22533TB70	(29,995,608.33)		0.00	0.00	(29,995,608.33)
02/08/24	02/08/24	Buy	25,000,000.000	U.S. TREASURY BILL MAT 04/02/24 Cpn	912797JL2	(24,802,560.63)		0.00	0.00	(24,802,560.63)
02/08/24	02/08/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/02/24 Cpn	912797JL2	(49,605,121.25)		0.00	0.00	(49,605,121.25)
02/08/24	02/08/24	Buy	25,000,000.000	U.S. TREASURY BILL MAT 05/09/24 Cpn	912797HQ3	(24,669,777.43)		0.00	0.00	(24,669,777.43)
02/08/24	02/08/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/09/24 Cpn	912797HQ3	(49,339,554.86)		0.00	0.00	(49,339,554.86)
02/08/24	02/08/24	Buy	25,000,000.000	CREDIT AGRICOLE CP MAT 02/15/24 Cpn	22533TBF2	(24,974,284.72)		0.00	0.00	(24,974,284.72)
02/08/24	02/08/24	Buy	27,500,000.000	CATERPILLAR CP 144A MAT 02/09/24 Cpn	14912PB92	(27,495,951.39)		0.00	0.00	(27,495,951.39)

Account Name: L.A. CARE HEALTH PLAN

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/08/24	02/08/24	Buy	35,000,000.000	FHLB DISCOUNT NOTE MAT 02/09/24 Cpn 313384SW0	(34,994,915.28)		0.00	0.00	(34,994,915.28)
02/08/24	02/08/24	Buy	40,000,000.000	NESTLE CAPITAL CP 144A MAT 02/09/24 Cpn 64105GB94	(39,994,133.33)		0.00	0.00	(39,994,133.33)
02/09/24	02/09/24	Buy	15,000,000.000	FHLB DISCOUNT NOTE MAT 02/12/24 Cpn 313384SZ3	(14,993,475.00)		0.00	0.00	(14,993,475.00)
02/09/24	02/09/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/12/24 Cpn 313384SZ3	(49,978,250.00)		0.00	0.00	(49,978,250.00)
02/12/24	02/12/24	Buy	30,000,000.000	NESTLE CAPITAL CP 144A MAT 02/13/24 Cpn 64105GBD5	(29,995,600.00)		0.00	0.00	(29,995,600.00)
02/13/24	02/13/24	Buy	40,000,000.000	FHLB DISCOUNT NOTE MAT 02/14/24 Cpn 313384TB5	(39,994,194.44)		0.00	0.00	(39,994,194.44)
02/06/24	02/14/24	Buy	3,000,000.000	BMWLT 2024-1 A2A LEASE MAT 07/27/26 Cpn 5.10 05611UAB9	(2,999,938.50)		0.00	0.00	(2,999,938.50)
02/06/24	02/14/24	Buy	3,000,000.000	LADAR 2024-1A A2 CAR 144A MAT 11/16/26 Cpn 5.44 501689AB9	(2,999,875.50)		0.00	0.00	(2,999,875.50)
02/15/24	02/15/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/20/24 Cpn 912797JE8	(49,963,850.00)		0.00	0.00	(49,963,850.00)
02/15/24	02/15/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/20/24 Cpn 912797JE8	(49,963,850.00)		0.00	0.00	(49,963,850.00)
02/15/24	02/15/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/20/24 Cpn 912797JE8	(49,963,850.00)		0.00	0.00	(49,963,850.00)
02/15/24	02/15/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/22/24 Cpn 912796Z28	(49,949,337.50)		0.00	0.00	(49,949,337.50)
02/15/24	02/15/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/22/24 Cpn 912796Z28	(49,949,337.50)		0.00	0.00	(49,949,337.50)

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02/01/2024 through 02/29/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/15/24	02/15/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/22/24 Cpn	912796Z28	(49,949,337.50)		0.00	0.00	(49,949,337.50)
02/15/24	02/15/24	Buy	25,000,000.000	U.S. TREASURY BILL MAT 05/16/24 Cpn	912797FH5	(24,670,320.90)		0.00	0.00	(24,670,320.90)
02/15/24	02/15/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/16/24 Cpn	912797FH5	(49,340,641.81)		0.00	0.00	(49,340,641.81)
02/15/24	02/15/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/16/24 Cpn	912797FH5	(49,340,641.81)		0.00	0.00	(49,340,641.81)
02/15/24	02/15/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 06/11/24 Cpn	912797KE6	(49,153,131.25)		0.00	0.00	(49,153,131.25)
02/15/24	02/15/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 06/11/24 Cpn	912797KE6	(49,153,131.25)		0.00	0.00	(49,153,131.25)
02/15/24	02/15/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 08/15/24 Cpn	912797KB2	(48,709,076.53)		0.00	0.00	(48,709,076.53)
02/15/24	02/15/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 08/15/24 Cpn	912797KB2	(48,709,076.53)		0.00	0.00	(48,709,076.53)
02/15/24	02/15/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 08/15/24 Cpn	912797KB2	(48,709,076.53)		0.00	0.00	(48,709,076.53)
02/15/24	02/15/24	Buy	30,000,000.000	FHLB DISCOUNT NOTE MAT 02/16/24 Cpn	313384TD1	(29,995,700.00)		0.00	0.00	(29,995,700.00)
02/15/24	02/15/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/16/24 Cpn	313384TD1	(49,992,833.33)		0.00	0.00	(49,992,833.33)
02/15/24	02/15/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/16/24 Cpn	313384TD1	(49,992,833.33)		0.00	0.00	(49,992,833.33)
02/08/24	02/15/24	Buy	2,500,000.000	GMALT 2024-1 A2A LEASE MAT 06/22/26 Cpn 5.18	36269FAB2	(2,499,736.50)		0.00	0.00	(2,499,736.50)

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02/01/2024 through 02/29/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/15/24	02/15/24	Buy	25,000,000.000	NOVARTIS FINANCE CP 144A MAT 04/01/24 Cpn 6698M4D17	(24,830,694.44)		0.00	0.00	(24,830,694.44)
02/16/24	02/16/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/20/24 Cpn 912797JE8	(49,971,166.67)		0.00	0.00	(49,971,166.67)
02/16/24	02/16/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/20/24 Cpn 912797JE8	(49,971,166.67)		0.00	0.00	(49,971,166.67)
02/16/24	02/16/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/22/24 Cpn 912796Z28	(49,956,572.50)		0.00	0.00	(49,956,572.50)
02/20/24	02/20/24	Buy	9,000,000.000	AUTOMATIC DATA CP 144A MAT 02/21/24 Cpn 0530A2BM1	(8,998,675.00)		0.00	0.00	(8,998,675.00)
02/20/24	02/20/24	Buy	20,000,000.000	U.S. TREASURY BILL MAT 02/22/24 Cpn 912796Z28	(19,994,183.78)		0.00	0.00	(19,994,183.78)
02/20/24	02/20/24	Buy	45,000,000.000	CREDIT AGRICOLE CP MAT 02/21/24 Cpn 22533TBM7	(44,993,412.50)		0.00	0.00	(44,993,412.50)
02/20/24	02/20/24	Buy	35,000,000.000	CATERPILLAR CP 144A MAT 02/23/24 Cpn 14912PBP6	(34,984,541.67)		0.00	0.00	(34,984,541.67)
02/20/24	02/20/24	Buy	36,500,000.000	COLGATE-PALMOLIVE CP 144A MAT 02/21/24 Cpn 19416EBM8	(36,494,656.81)		0.00	0.00	(36,494,656.81)
02/20/24	02/20/24	Buy	40,000,000.000	NORDEA BANK CP 144A MAT 02/21/24 Cpn 65558JBM8	(39,994,122.22)		0.00	0.00	(39,994,122.22)
02/20/24	02/20/24	Buy	6,400,000.000	HYDRO-QUEBEC CP 144A MAT 02/26/24 Cpn 44881LBS3	(6,394,346.67)		0.00	0.00	(6,394,346.67)
02/20/24	02/20/24	Buy	10,000,000.000	TOTALENERGIES CAPITAL CP 144 MAT 02/21/24 Cpn 89152EBM9	(9,998,525.00)		0.00	0.00	(9,998,525.00)
02/20/24	02/20/24	Buy	30,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 02/27/24 Cpn 91058TBT2	(29,968,966.67)		0.00	0.00	(29,968,966.67)

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/21/24	02/21/24	Buy	29,000,000.000	CREDIT AGRICOLE CP MAT 02/22/24 Cpn 22533TBN5	(28,995,754.72)		0.00	0.00	(28,995,754.72)
02/20/24	02/21/24	Buy	10,300,000.000	FHLB DISCOUNT NOTE MAT 01/24/25 Cpn 313385AZ9	(9,837,263.92)		0.00	0.00	(9,837,263.92)
02/21/24	02/21/24	Buy	45,000,000.000	NORDEA BANK CP 144A MAT 02/22/24 Cpn 65558JBN6	(44,993,387.50)		0.00	0.00	(44,993,387.50)
02/21/24	02/21/24	Buy	21,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 03/05/24 Cpn 84243LC51	(20,959,505.00)		0.00	0.00	(20,959,505.00)
02/21/24	02/21/24	Buy	35,000,000.000	WAL-MART STORES CP 144A MAT 02/26/24 Cpn 93114EBS5	(34,974,381.94)		0.00	0.00	(34,974,381.94)
02/21/24	02/21/24	Buy	5,000,000.000	WAL-MART STORES CP 144A MAT 02/26/24 Cpn 93114EBS5	(4,996,340.28)		0.00	0.00	(4,996,340.28)
02/22/24	02/22/24	Buy	42,000,000.000	CREDIT AGRICOLE CP MAT 02/23/24 Cpn 22533TBP0	(41,993,851.67)		0.00	0.00	(41,993,851.67)
02/22/24	02/22/24	Buy	35,000,000.000	CANADIAN IMPERIAL BANK CP 144 MAT 02/29/24 Cpn 13608ABV7	(34,963,862.50)		0.00	0.00	(34,963,862.50)
02/22/24	02/22/24	Buy	34,000,000.000	FHLB DISCOUNT NOTE MAT 02/23/24 Cpn 313384TL3	(33,995,117.22)		0.00	0.00	(33,995,117.22)
02/22/24	02/22/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/23/24 Cpn 313384TL3	(49,992,819.44)		0.00	0.00	(49,992,819.44)
02/22/24	02/22/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/23/24 Cpn 313384TL3	(49,992,819.44)		0.00	0.00	(49,992,819.44)
02/22/24	02/22/24	Buy	27,000,000.000	FHLB DISCOUNT NOTE MAT 02/23/24 Cpn 313384TL3	(26,996,122.50)		0.00	0.00	(26,996,122.50)
02/22/24	02/22/24	Buy	42,000,000.000	NORDEA BANK CP 144A MAT 02/23/24 Cpn 65558JBP1	(41,993,828.33)		0.00	0.00	(41,993,828.33)

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/22/24	02/22/24	Buy	5,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 02/29/24 Cpn 91058TBV7	(4,994,827.78)		0.00	0.00	(4,994,827.78)
02/23/24	02/23/24	Buy	40,000,000.000	COMPASS GROUP CP 144A MAT 02/26/24 Cpn 20453PBS2	(39,982,333.33)		0.00	0.00	(39,982,333.33)
02/23/24	02/23/24	Buy	5,000,000.000	EMERSON ELECTRIC CP 144A MAT 02/27/24 Cpn 29101ABT0	(4,997,061.11)		0.00	0.00	(4,997,061.11)
02/15/24	02/23/24	Buy	5,000,000.000	INTL BANK RECON & DEVELOP SO MAT 02/23/27 Cpn 5.61 459058LD3	(5,000,000.00)		0.00	0.00	(5,000,000.00)
02/26/24	02/26/24	Buy	40,000,000.000	AUTOMATIC DATA CP 144A MAT 02/27/24 Cpn 0530A2BT6	(39,994,100.00)		0.00	0.00	(39,994,100.00)
02/26/24	02/26/24	Buy	10,000,000.000	TOTALENERGIES CAPITAL CP 144 MAT 02/27/24 Cpn 89152EBT4	(9,998,525.00)		0.00	0.00	(9,998,525.00)
02/27/24	02/27/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/05/24 Cpn 912797JG3	(49,949,006.94)		0.00	0.00	(49,949,006.94)
02/27/24	02/27/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/05/24 Cpn 912797JG3	(49,949,006.94)		0.00	0.00	(49,949,006.94)
02/27/24	02/27/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/05/24 Cpn 912797JG3	(49,949,006.94)		0.00	0.00	(49,949,006.94)
02/27/24	02/27/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/05/24 Cpn 912797JG3	(49,949,006.94)		0.00	0.00	(49,949,006.94)
02/27/24	02/27/24	Buy	25,000,000.000	FHLB DISCOUNT NOTE MAT 02/28/24 Cpn 313384TR0	(24,996,409.72)		0.00	0.00	(24,996,409.72)
02/27/24	02/27/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/28/24 Cpn 313384TR0	(49,992,819.44)		0.00	0.00	(49,992,819.44)
02/27/24	02/27/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/28/24 Cpn 313384TR0	(49,992,819.44)		0.00	0.00	(49,992,819.44)

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/27/24	02/27/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/28/24 Cpn	313384TR0	(49,992,819.44)		0.00	0.00	(49,992,819.44)
02/27/24	02/27/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/28/24 Cpn	313384TR0	(49,992,819.44)		0.00	0.00	(49,992,819.44)
02/27/24	02/27/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/28/24 Cpn	313384TR0	(49,992,819.44)		0.00	0.00	(49,992,819.44)
02/27/24	02/27/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/28/24 Cpn	313384TR0	(49,992,819.44)		0.00	0.00	(49,992,819.44)
02/27/24	02/27/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/28/24 Cpn	313384TR0	(49,992,819.44)		0.00	0.00	(49,992,819.44)
02/27/24	02/27/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/28/24 Cpn	313384TR0	(49,992,819.44)		0.00	0.00	(49,992,819.44)
02/27/24	02/27/24	Buy	32,000,000.000	TVA DISCOUNT NOTE MAT 02/29/24 Cpn	880592TS9	(31,990,613.33)		0.00	0.00	(31,990,613.33)
02/27/24	02/27/24	Buy	50,000,000.000	TVA DISCOUNT NOTE MAT 02/29/24 Cpn	880592TS9	(49,985,333.33)		0.00	0.00	(49,985,333.33)
02/27/24	02/28/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/12/24 Cpn	912797JH1	(49,904,892.36)		0.00	0.00	(49,904,892.36)
02/27/24	02/28/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/12/24 Cpn	912797JH1	(49,904,892.36)		0.00	0.00	(49,904,892.36)
02/27/24	02/28/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/12/24 Cpn	912797JH1	(49,904,892.36)		0.00	0.00	(49,904,892.36)
02/27/24	02/28/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/12/24 Cpn	912797JH1	(49,904,892.36)		0.00	0.00	(49,904,892.36)
02/28/24	02/28/24	Buy	20,000,000.000	CREDIT AGRICOLE CP MAT 02/29/24 Cpn	22533TBV7	(19,997,072.22)		0.00	0.00	(19,997,072.22)

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/27/24	02/28/24	Buy	35,000,000.000	CREDIT AGRICOLE CP MAT 03/05/24 Cpn 22533TC53	(34,969,141.67)		0.00	0.00	(34,969,141.67)
02/28/24	02/28/24	Buy	15,000,000.000	FFCB DISCOUNT NOTE MAT 03/04/24 Cpn 313312TW0	(14,989,208.33)		0.00	0.00	(14,989,208.33)
02/28/24	02/28/24	Buy	50,000,000.000	FFCB DISCOUNT NOTE MAT 03/04/24 Cpn 313312TW0	(49,964,027.78)		0.00	0.00	(49,964,027.78)
02/28/24	02/28/24	Buy	50,000,000.000	FFCB DISCOUNT NOTE MAT 03/04/24 Cpn 313312TW0	(49,964,027.78)		0.00	0.00	(49,964,027.78)
02/27/24	02/28/24	Buy	45,000,000.000	USAA CAPITAL CP MAT 03/06/24 Cpn 90328AC68	(44,953,537.50)		0.00	0.00	(44,953,537.50)
02/27/24	02/29/24	Buy	4,000,000.000	CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1	(3,941,875.00)	(6,175.56)	0.00	0.00	(3,948,050.56)
02/28/24	02/29/24	Buy	25,000,000.000	EMERSON ELECTRIC CP 144A MAT 03/12/24 Cpn 29101ACC6	(24,955,833.33)		0.00	0.00	(24,955,833.33)
02/29/24	02/29/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/01/24 Cpn 313384TT6	(49,992,847.22)		0.00	0.00	(49,992,847.22)
02/29/24	02/29/24	Buy	13,000,000.000	FHLB DISCOUNT NOTE MAT 03/01/24 Cpn 313384TT6	(12,998,140.28)		0.00	0.00	(12,998,140.28)
02/29/24	02/29/24	Buy	2,000,000.000	FLORIDA POWER & LIGHT CP MAT 03/06/24 Cpn 34108AC62	(1,998,226.67)		0.00	0.00	(1,998,226.67)
02/27/24	02/29/24	Buy	5,000,000.000	GALC 2022-1 A3 EQP 144A MAT 09/15/26 Cpn 5.08 39154TBW7	(4,979,296.88)	(9,877.78)	0.00	0.00	(4,989,174.66)

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
Fixed Income - cont.									
02/28/24	02/29/24	Buy	45,000,000.000	WAL-MART STORES CP 144A MAT 03/04/24 Cpn 93114EC47	(44,973,650.00)		0.00	0.00	(44,973,650.00)
			4,114,200,000.000		(4,097,064,946.05)	(16,053.34)	0.00	0.00	(4,097,080,999.39)
02/01/24	02/01/24	Coupon		FHLMC C 8/1/23 Q MAT 08/01/24 Cpn 5.05 3134GYFM9		126,250.00	0.00	0.00	126,250.00
02/07/24	02/07/24	Coupon		CCCIT 2023-A2 A2 CARD MAT 12/08/27 Cpn 5.94 17305EGX7		23,969.39	0.00	0.00	23,969.39
02/12/24	02/12/24	Coupon		INTER-AMERICAN DEV BANK FRN MAT 02/10/26 Cpn 5.54 4581X0DT2		140,253.75	0.00	0.00	140,253.75
02/12/24	02/12/24	Coupon		INTER-AMERICAN DEV BANK FRN MAT 02/10/26 Cpn 5.54 4581X0DT2		70,126.88	0.00	0.00	70,126.88
02/13/24	02/13/24	Coupon		MMAF 2023-A A1 EQP 144A MAT 08/09/24 Cpn 5.71 55317WAA9		3,271.04	0.00	0.00	3,271.04
02/13/24	02/13/24	Coupon		MMAF 2024-A A2 EQP 144A MAT 09/13/27 Cpn 5.20 55318CAB0		6,586.67	0.00	0.00	6,586.67
02/14/24	02/14/24	Coupon		CCG 2023-2 A1 EQP 144A MAT 11/14/24 Cpn 5.75 12511QAA7		19,083.96	0.00	0.00	19,083.96
02/15/24	02/15/24	Coupon		ALLYA 2022-2 A2 CAR MAT 10/15/25 Cpn 4.62 02008MAB5		3,842.86	0.00	0.00	3,842.86
02/15/24	02/15/24	Coupon		ARIFL 2023-B A1 FLEET 144A MAT 10/15/24 Cpn 5.92 04033GAA5		12,569.86	0.00	0.00	12,569.86
02/15/24	02/15/24	Coupon		BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4		23,027.52	0.00	0.00	23,027.52

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/15/24	02/15/24	Coupon		CARMX 2020-1 A4 CAR MAT 06/16/25 Cpn 2.03 14315XAD0		9,742.94	0.00	0.00	9,742.94
02/15/24	02/15/24	Coupon		CARMX 2020-3 A4 CAR MAT 03/16/26 Cpn 0.77 14315FAE7		2,156.47	0.00	0.00	2,156.47
02/15/24	02/15/24	Coupon		CARMX 2020-4 A3 CAR MAT 08/15/25 Cpn 0.50 14316HAC6		1,603.13	0.00	0.00	1,603.13
02/15/24	02/15/24	Coupon		CARMX 2020-4 A3 CAR MAT 08/15/25 Cpn 0.50 14316HAC6		143.14	0.00	0.00	143.14
02/15/24	02/15/24	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		1,866.15	0.00	0.00	1,866.15
02/15/24	02/15/24	Coupon		CARMX 2023-3 A1 CAR MAT 07/15/24 Cpn 5.63 14319BAA0		2,849.37	0.00	0.00	2,849.37
02/15/24	02/15/24	Coupon		CARMX 2023-4 A1 CAR MAT 10/15/24 Cpn 5.73 14318XAA3		20,639.43	0.00	0.00	20,639.43
02/15/24	02/15/24	Coupon		CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3		3,710.00	0.00	0.00	3,710.00
02/15/24	02/15/24	Coupon		FORDL 2022-A A3 LEASE MAT 05/15/25 Cpn 3.23 34528LAD7		3,741.60	0.00	0.00	3,741.60
02/15/24	02/15/24	Coupon		FORDL 2023-B A1 LEASE MAT 10/15/24 Cpn 5.69 34529NAA8		12,788.55	0.00	0.00	12,788.55
02/15/24	02/15/24	Coupon		FORDO 2020-C A3 MAT 07/15/25 Cpn 0.41 34533YAD2		607.95	0.00	0.00	607.95
02/15/24	02/15/24	Coupon		GALC 2023-1 A1 EQP 144A MAT 06/14/24 Cpn 5.52 39154TCA4		1,458.48	0.00	0.00	1,458.48
02/15/24	02/15/24	Coupon		GALC 2024-1 A2 EQP 144A MAT 08/17/26 Cpn 5.32 39154TCH9		5,172.22	0.00	0.00	5,172.22

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/15/24	02/15/24	Coupon		GSAR 2023-2A A1 CAR 144A MAT 10/15/24 Cpn 5.86 36269EAA7		3,872.26	0.00	0.00	3,872.26
02/15/24	02/15/24	Coupon		HALST 2024-A A2A LEASE 144A MAT 06/15/26 Cpn 5.15 448988AB1		6,008.33	0.00	0.00	6,008.33
02/15/24	02/15/24	Coupon		HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2		27,760.97	0.00	0.00	27,760.97
02/15/24	02/15/24	Coupon		HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6		1,886.49	0.00	0.00	1,886.49
02/15/24	02/15/24	Coupon		HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0		3,167.27	0.00	0.00	3,167.27
02/15/24	02/15/24	Coupon		HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3		16,348.33	0.00	0.00	16,348.33
02/15/24	02/15/24	Coupon		HART 2023-C A1 CAR MAT 11/15/24 Cpn 5.63 44918CAA0		11,288.26	0.00	0.00	11,288.26
02/15/24	02/15/24	Coupon		HART 2023-C A2A CAR MAT 01/15/27 Cpn 5.80 44918CAB8		9,666.67	0.00	0.00	9,666.67
02/15/24	02/15/24	Coupon		JOHN DEERE 2020-B A4 EQP MAT 06/15/27 Cpn 0.72 47787NAD1		1,609.34	0.00	0.00	1,609.34
02/15/24	02/15/24	Coupon		JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6		934.40	0.00	0.00	934.40
02/15/24	02/15/24	Coupon		KCOT 2023-2A A1 EQP 144A MAT 07/15/24 Cpn 5.62 500945AA8		2,289.44	0.00	0.00	2,289.44
02/15/24	02/15/24	Coupon		NALT 2022-A A3 LEASE MAT 05/15/25 Cpn 3.81 65480LAD7		21,689.76	0.00	0.00	21,689.76
02/15/24	02/15/24	Coupon		NAROT 2020-B A4 CAR MAT 02/16/27 Cpn 0.71 65479CAE8		1,610.89	0.00	0.00	1,610.89

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02/15/24	02/15/24	Coupon		TAOT 2022-C A2A CAR MAT 08/15/25 Cpn 3.83 89231CAB3		5,531.30	0.00	0.00	5,531.30
02/15/24	02/15/24	Coupon		TAOT 2023-D A2A CAR MAT 11/16/26 Cpn 5.80 89239FAB8		18,850.00	0.00	0.00	18,850.00
02/15/24	02/15/24	Coupon		WORLD OMNI 2020-C A4 CAR MAT 10/15/26 Cpn 0.61 98163CAF7		2,541.67	0.00	0.00	2,541.67
02/15/24	02/15/24	Coupon		WOART 2022-B A2A CAR MAT 10/15/25 Cpn 2.77 98163QAB5		1,670.24	0.00	0.00	1,670.24
02/15/24	02/15/24	Coupon		WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0		15,176.16	0.00	0.00	15,176.16
02/15/24	02/15/24	Coupon		WOART 2023-C A1 CAR MAT 08/15/24 Cpn 5.61 98164FAA0		5,100.79	0.00	0.00	5,100.79
02/16/24	02/16/24	Coupon		GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1		1,912.73	0.00	0.00	1,912.73
02/16/24	02/16/24	Coupon		GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2		3,187.40	0.00	0.00	3,187.40
02/16/24	02/16/24	Coupon		GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2		1,004.03	0.00	0.00	1,004.03
02/16/24	02/16/24	Coupon		GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3		12,939.33	0.00	0.00	12,939.33
02/16/24	02/16/24	Coupon		GMCAR 2024-1 A2B CAR MAT 02/16/27 Cpn 5.72 36268GAC9		6,224.83	0.00	0.00	6,224.83
02/20/24	02/20/24	Coupon		DLLMT 2023-1A A1 EQP 144A MAT 05/20/24 Cpn 5.53 232989AA1		2,312.71	0.00	0.00	2,312.71
02/20/24	02/20/24	Coupon		DLLST 2024-1A A2 EQP 144A MAT 01/20/26 Cpn 5.33 23346HAB3		2,961.11	0.00	0.00	2,961.11

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02/20/24	02/20/24	Coupon		ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2		365.15	0.00	0.00	365.15
02/20/24	02/20/24	Coupon		ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2		43.03	0.00	0.00	43.03
02/20/24	02/20/24	Coupon		EFF 2023-2 A1 FLEET 144A MAT 06/20/24 Cpn 5.79 29375NAA3		3,009.19	0.00	0.00	3,009.19
02/20/24	02/20/24	Coupon		GMALT 2022-3 A3 LEASE MAT 09/22/25 Cpn 4.01 380130AD6		15,344.58	0.00	0.00	15,344.58
02/20/24	02/20/24	Coupon		GMALT 2023-1 A2A LEASE MAT 06/20/25 Cpn 5.27 362541AB0		6,124.78	0.00	0.00	6,124.78
02/20/24	02/20/24	Coupon		HONDA 2020-3 A4 CAR MAT 04/19/27 Cpn 0.46 43813KAD4		1,642.25	0.00	0.00	1,642.25
02/20/24	02/20/24	Coupon		HPEFS 2023-2A A1 EQP 144A MAT 10/18/24 Cpn 5.76 44328UAA4		24,746.06	0.00	0.00	24,746.06
02/20/24	02/20/24	Coupon		SBALT 2024-A A2 LEASE 144A MAT 01/20/26 Cpn 5.45 78414SAC8		13,927.78	0.00	0.00	13,927.78
02/20/24	02/20/24	Coupon		SFAST 2024-1A A2 CAR 144A MAT 06/21/27 Cpn 5.35 78435VAB8		15,202.92	0.00	0.00	15,202.92
02/20/24	02/20/24	Coupon		SWEDBANK NY YCD FRN SOFRRA MAT 04/12/24 Cpn 5.84 87019WNH4		53,563.89	0.00	0.00	53,563.89
02/20/24	02/20/24	Coupon		TESLA 2023-B A1 LEASE 144A MAT 09/20/24 Cpn 5.68 88167QAA4		7,404.23	0.00	0.00	7,404.23
02/20/24	02/20/24	Coupon		TEVT 2023-1 A2B CAR 144A MAT 12/21/26 Cpn 5.84 881943AC8		24,096.44	0.00	0.00	24,096.44
02/20/24	02/20/24	Coupon		TLOT 2022-A A3 LEASE 144A MAT 02/20/25 Cpn 1.96 89238LAC4		4,017.93	0.00	0.00	4,017.93

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02/20/24	02/20/24	Coupon		TLOT 2022-A A3 LEASE 144A MAT 02/20/25 Cpn 1.96 89238LAC4		321.43	0.00	0.00	321.43
02/20/24	02/20/24	Coupon		VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4		6,808.05	0.00	0.00	6,808.05
02/20/24	02/20/24	Coupon		VZMT 2024-1 A1B PHONE MAT 12/20/28 Cpn 5.97 92348KCM3		10,444.20	0.00	0.00	10,444.20
02/22/24	02/22/24	Coupon		DEFT 2023-2 A1 EQP 144A MAT 06/24/24 Cpn 5.64 24703GAA2		2,966.08	0.00	0.00	2,966.08
02/25/24	02/25/24	Coupon		BMWLT 2022-1 A3 LEASE MAT 03/25/25 Cpn 1.10 05601XAC3		1,052.70	0.00	0.00	1,052.70
02/25/24	02/25/24	Coupon		BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6		23,833.33	0.00	0.00	23,833.33
02/25/24	02/25/24	Coupon		FHMS KF38 A MAT 09/25/24 Cpn 5.78 3137FBUC8		1,115.97	0.00	0.00	1,115.97
02/25/24	02/25/24	Coupon		FHMS KI06 A 1MOFRN CMBS MAT 03/25/25 Cpn 5.67 3137FVNA6		496.67	0.00	0.00	496.67
02/25/24	02/25/24	Coupon		FHMS KI07 A SOFRFRN MAT 09/25/26 Cpn 5.50 3137H3KA9		33,000.18	0.00	0.00	33,000.18
02/25/24	02/25/24	Coupon		FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 5.53 3137H4RC6		10,916.42	0.00	0.00	10,916.42
02/28/24	02/28/24	Coupon		FHLB C 8/28/24 Q MAT 08/28/25 Cpn 5.55 3130AWYQ		124,875.00	0.00	0.00	124,875.00
02/28/24	02/28/24	Coupon		FHLMC C 8/28/24 Q MAT 08/28/25 Cpn 5.57 3134H1AZ6		139,250.00	0.00	0.00	139,250.00
02/28/24	02/28/24	Coupon		FHLMC C 2/28/24 Q MAT 08/28/25 Cpn 5.75 3134H1BG7		284,305.56	0.00	0.00	284,305.56

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02/29/24	02/29/24	Coupon		CANADIAN IMPERIAL BANK YCD FR MAT 07/29/24 Cpn 5.97 13606KYN0		44,722.83	0.00	0.00	44,722.83
						1,536,602.72	0.00	0.00	1,536,602.72
02/01/24	02/01/24	Income	(8,134.590)	ADJ NET INT MAT Cpn USD		(8,134.59)	0.00	0.00	(8,134.59)
02/01/24	02/01/24	Income	580,284.880	stif int MAT Cpn USD		580,284.88	0.00	0.00	580,284.88
			572,150.290			572,150.29	0.00	0.00	572,150.29
02/15/24	02/15/24	Contributn	685,000,000.000	NM MAT Cpn USD	685,000,000.00		0.00	0.00	685,000,000.00
02/27/24	02/27/24	Contributn	680,000,000.000	NM MAT Cpn USD	680,000,000.00		0.00	0.00	680,000,000.00
			1,365,000,000.000		1,365,000,000.00		0.00	0.00	1,365,000,000.00
02/14/24	02/14/24	Sell Long	35,000,000.000	U.S. TREASURY BILL MAT 02/15/24 Cpn 912797GN1	34,784,487.50	210,466.67	87.50	0.00	34,994,954.17
02/18/24	02/18/24	Call	15,000,000.000	FHLMC C 8/18/23 Q MAT 06/14/24 Cpn 5.45 3134GYSH6	15,000,000.00	204,375.00	0.00	0.00	15,204,375.00
02/28/24	02/28/24	Call	10,000,000.000	FHLMC C 2/28/24 Q MAT 08/28/25 Cpn 5.75 3134H1BG7	10,000,000.00		0.00	0.00	10,000,000.00
			60,000,000.000		59,784,487.50	414,841.67	87.50	0.00	60,199,329.17

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/13/24	02/13/24	Pay Princpl	736,149.248	MMAF 2023-A A1 EQP 144A MAT 08/09/24 Cpn 5.71 55317WAA9	736,149.25		0.00	0.00	736,149.25
02/14/24	02/14/24	Pay Princpl	611,360.496	CCG 2023-2 A1 EQP 144A MAT 11/14/24 Cpn 5.75 12511QAA7	611,360.50		0.00	0.00	611,360.50
02/15/24	02/15/24	Pay Princpl	256,515.914	ALLYA 2022-2 A2 CAR MAT 10/15/25 Cpn 4.62 02008MAB5	256,515.91		0.00	4.79	256,515.91
02/15/24	02/15/24	Pay Princpl	385,312.339	ARIFL 2023-B A1 FLEET 144A MAT 10/15/24 Cpn 5.92 04033GAA5	385,312.34		0.00	0.00	385,312.34
02/15/24	02/15/24	Pay Princpl	416,185.835	BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4	416,185.84		11.56	0.00	416,185.84
02/15/24	02/15/24	Pay Princpl	1,088,272.514	CARMX 2020-1 A4 CAR MAT 06/16/25 Cpn 2.03 14315XAD0	1,088,272.51		3,898.14	0.00	1,088,272.51
02/15/24	02/15/24	Pay Princpl	544,687.192	CARMX 2020-3 A4 CAR MAT 03/16/26 Cpn 0.77 14315FAE7	544,687.19		7,219.19	0.00	544,687.19
02/15/24	02/15/24	Pay Princpl	1,009,479.775	CARMX 2020-4 A3 CAR MAT 08/15/25 Cpn 0.50 14316HAC6	1,009,479.78		8,574.27	0.00	1,009,479.78
02/15/24	02/15/24	Pay Princpl	90,132.123	CARMX 2020-4 A3 CAR MAT 08/15/25 Cpn 0.50 14316HAC6	90,132.12		712.15	0.00	90,132.12
02/15/24	02/15/24	Pay Princpl	303,791.776	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	303,791.78		7,975.27	0.00	303,791.78
02/15/24	02/15/24	Pay Princpl	569,418.075	CARMX 2023-3 A1 CAR MAT 07/15/24 Cpn 5.63 14319BAA0	569,418.08		0.00	0.00	569,418.08
02/15/24	02/15/24	Pay Princpl	1,414,532.840	CARMX 2023-4 A1 CAR MAT 10/15/24 Cpn 5.73 14318XAA3	1,414,532.84		0.00	0.00	1,414,532.84
02/15/24	02/15/24	Pay Princpl	414,458.692	FORDL 2022-A A3 LEASE MAT 05/15/25 Cpn 3.23 34528LAD7	414,458.69		2,621.40	0.00	414,458.69

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02/15/24	02/15/24	Pay Princpl	1,219,966.997	FORDL 2023-B A1 LEASE MAT 10/15/24 Cpn 5.69 34529NAA8	1,219,967.00		0.00	0.00	1,219,967.00
02/15/24	02/15/24	Pay Princpl	489,855.946	FORDO 2020-C A3 MAT 07/15/25 Cpn 0.41 34533YAD2	489,855.95		4,127.53	0.00	489,855.95
02/15/24	02/15/24	Pay Princpl	317,117.557	GALC 2023-1 A1 EQP 144A MAT 06/14/24 Cpn 5.52 39154TCA4	317,117.56		0.00	0.00	317,117.56
02/15/24	02/15/24	Pay Princpl	793,360.655	GSAR 2023-2A A1 CAR 144A MAT 10/15/24 Cpn 5.86 36269EAA7	793,360.66		0.00	0.00	793,360.66
02/15/24	02/15/24	Pay Princpl	458,390.626	HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2	458,390.63		17.87	0.00	458,390.63
02/15/24	02/15/24	Pay Princpl	258,329.731	HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6	258,329.73		6,789.88	0.00	258,329.73
02/15/24	02/15/24	Pay Princpl	73,988.665	HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0	73,988.67		206.63	0.00	73,988.67
02/15/24	02/15/24	Pay Princpl	180,556.687	HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3	180,556.69		2.48	0.00	180,556.69
02/15/24	02/15/24	Pay Princpl	653,934.393	HART 2023-C A1 CAR MAT 11/15/24 Cpn 5.63 44918CAA0	653,934.39		(0.00)	0.00	653,934.39
02/15/24	02/15/24	Pay Princpl	2,682,234.923	JOHN DEERE 2020-B A4 EQP MAT 06/15/27 Cpn 0.72 47787NAD1	2,682,234.92		11,135.11	0.00	2,682,234.92
02/15/24	02/15/24	Pay Princpl	464,333.334	JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6	464,333.33		7,952.31	0.00	464,333.33
02/15/24	02/15/24	Pay Princpl	345,851.978	KCOT 2023-2A A1 EQP 144A MAT 07/15/24 Cpn 5.62 500945AA8	345,851.98		0.00	0.00	345,851.98
02/15/24	02/15/24	Pay Princpl	1,381,968.289	NALT 2022-A A3 LEASE MAT 05/15/25 Cpn 3.81 65480LAD7	1,381,968.29		5,771.88	0.00	1,381,968.29

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/15/24	02/15/24	Pay Princpl	758,674.130	NAROT 2020-B A4 CAR MAT 02/16/27 Cpn 0.71 65479CAE8	758,674.13		4,318.35	0.00	758,674.13
02/15/24	02/15/24	Pay Princpl	311,180.653	TAOT 2022-C A2A CAR MAT 08/15/25 Cpn 3.83 89231CAB3	311,180.65		0.00	6.34	311,180.65
02/15/24	02/15/24	Pay Princpl	219,116.742	WOART 2022-B A2A CAR MAT 10/15/25 Cpn 2.77 98163QAB5	219,116.74		0.00	3.86	219,116.74
02/15/24	02/15/24	Pay Princpl	368,460.115	WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0	368,460.12		0.00	1.57	368,460.12
02/15/24	02/15/24	Pay Princpl	940,126.955	WOART 2023-C A1 CAR MAT 08/15/24 Cpn 5.61 98164FAA0	940,126.95		(0.00)	0.00	940,126.95
02/16/24	02/16/24	Pay Princpl	226,658.082	GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1	226,658.08		7,368.26	0.00	226,658.08
02/16/24	02/16/24	Pay Princpl	64,757.994	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	64,757.99		244.29	0.00	64,757.99
02/16/24	02/16/24	Pay Princpl	20,398.768	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	20,398.77		75.84	0.00	20,398.77
02/16/24	02/16/24	Pay Princpl	188,010.572	GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3	188,010.57		2.41	0.00	188,010.57
02/20/24	02/20/24	Pay Princpl	518,876.984	DLLMT 2023-1A A1 EQP 144A MAT 05/20/24 Cpn 5.53 232989AA1	518,876.98		(0.00)	0.00	518,876.98
02/20/24	02/20/24	Pay Princpl	274,148.196	ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2	274,148.20		2,607.64	0.00	274,148.20
02/20/24	02/20/24	Pay Princpl	32,304.554	ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2	32,304.55		307.27	0.00	32,304.55
02/20/24	02/20/24	Pay Princpl	513,759.452	EFF 2023-2 A1 FLEET 144A MAT 06/20/24 Cpn 5.79 29375NAA3	513,759.45		(0.00)	0.00	513,759.45

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/20/24	02/20/24	Pay Princpl	540,588.449	GMALT 2022-3 A3 LEASE MAT 09/22/25 Cpn 4.01 380130AD6	540,588.45		4,270.25	0.00	540,588.45
02/20/24	02/20/24	Pay Princpl	221,865.614	GMALT 2023-1 A2A LEASE MAT 06/20/25 Cpn 5.27 362541AB0	221,865.61		0.00	7.72	221,865.61
02/20/24	02/20/24	Pay Princpl	4,016,372.603	HONDA 2020-3 A4 CAR MAT 04/19/27 Cpn 0.46 43813KAD4	4,016,372.60		10,047.24	0.00	4,016,372.60
02/20/24	02/20/24	Pay Princpl	1,468,808.501	HPEFS 2023-2A A1 EQP 144A MAT 10/18/24 Cpn 5.76 44328UAA4	1,468,808.50		(0.00)	0.00	1,468,808.50
02/20/24	02/20/24	Pay Princpl	1,369,920.394	TESLA 2023-B A1 LEASE 144A MAT 09/20/24 Cpn 5.68 88167QAA4	1,369,920.39		(0.00)	0.00	1,369,920.39
02/20/24	02/20/24	Pay Princpl	625,290.038	TLOT 2022-A A3 LEASE 144A MAT 02/20/25 Cpn 1.96 89238LAC4	625,290.04		4,959.63	0.00	625,290.04
02/20/24	02/20/24	Pay Princpl	50,023.203	TLOT 2022-A A3 LEASE 144A MAT 02/20/25 Cpn 1.96 89238LAC4	50,023.20		400.20	0.00	50,023.20
02/20/24	02/20/24	Pay Princpl	103,762.668	VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4	103,762.67		3.44	0.00	103,762.67
02/22/24	02/22/24	Pay Princpl	427,982.862	DEFT 2023-2 A1 EQP 144A MAT 06/24/24 Cpn 5.64 24703GAA2	427,982.86		(0.00)	0.00	427,982.86
02/25/24	02/25/24	Pay Princpl	680,972.987	BMWLT 2022-1 A3 LEASE MAT 03/25/25 Cpn 1.10 05601XAC3	680,972.99		2,979.50	0.00	680,972.99
02/25/24	02/25/24	Pay Princpl	349,829.658	BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6	349,829.66		2.91	0.00	349,829.66

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
Fixed Income - cont.									
02/25/24	02/25/24	Pay Princpl	114.969	FHMS KF38 A MAT 09/25/24 Cpn 5.78 3137FBUC8	114.97		0.00	0.02	114.97
			31,452,191.743		31,452,191.75		104,602.89	24.31	31,452,191.75
02/01/24	02/01/24	Mature Long	7,500,000.000	U.S. TREASURY BILL MAT 02/01/24 Cpn 912797GE1	7,300,463.54	199,536.46	(0.00)	0.00	7,500,000.00
02/01/24	02/01/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/01/24 Cpn 912797GE1	48,669,756.94	1,330,243.06	0.00	0.00	50,000,000.00
02/01/24	02/01/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/01/24 Cpn 912797GE1	48,669,756.94	1,330,243.06	0.00	0.00	50,000,000.00
02/01/24	02/01/24	Mature Long	12,500,000.000	U.S. TREASURY BILL MAT 02/01/24 Cpn 912797GE1	12,335,234.38	164,765.62	0.00	0.00	12,500,000.00
02/01/24	02/01/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/01/24 Cpn 912797GE1	49,340,937.50	659,062.50	0.00	0.00	50,000,000.00
02/02/24	02/02/24	Mature Long	20,000,000.000	FHLB DISCOUNT NOTE MAT 02/02/24 Cpn 313384SP5	19,997,083.33	2,916.67	0.00	0.00	20,000,000.00
02/02/24	02/02/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/02/24 Cpn 313384SP5	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
02/02/24	02/02/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/02/24 Cpn 313384SP5	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
02/02/24	02/02/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/02/24 Cpn 313384SP5	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
02/02/24	02/02/24	Mature Long	10,000,000.000	NOVARTIS FINANCE CP 144A MAT 02/02/24 Cpn 6698M4B27	9,983,805.56	16,194.44	0.00	0.00	10,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/05/24	02/05/24	Mature Long	35,000,000.000	BRIGHTHOUSE FINANCIAL CP 144A MAT 02/05/24 Cpn 10924HB52	34,834,177.78	165,822.22	0.00	0.00	35,000,000.00
02/05/24	02/05/24	Mature Long	15,750,000.000	BMW US CAPITAL CP 144A MAT 02/05/24 Cpn 0556C2B51	15,687,157.50	62,842.50	0.00	0.00	15,750,000.00
02/05/24	02/05/24	Mature Long	35,000,000.000	METLIFE SHORT TERM FUND CP 1 MAT 02/05/24 Cpn 59157TB51	34,840,263.89	159,736.11	0.00	0.00	35,000,000.00
02/05/24	02/05/24	Mature Long	4,450,000.000	NOVARTIS FINANCE CP 144A MAT 02/05/24 Cpn 6698M4B50	4,428,956.44	21,043.56	0.00	0.00	4,450,000.00
02/05/24	02/05/24	Mature Long	22,000,000.000	NOVARTIS FINANCE CP 144A MAT 02/05/24 Cpn 6698M4B50	21,922,120.00	77,880.00	0.00	0.00	22,000,000.00
02/06/24	02/06/24	Mature Long	40,000,000.000	AUTOMATIC DATA CP 144A MAT 02/06/24 Cpn 0530A2B66	39,994,111.11	5,888.89	0.00	0.00	40,000,000.00
02/06/24	02/06/24	Mature Long	25,000,000.000	U.S. TREASURY BILL MAT 02/06/24 Cpn 912797JC2	24,565,596.88	434,403.12	0.00	0.00	25,000,000.00
02/06/24	02/06/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/06/24 Cpn 912797JC2	49,131,193.75	868,806.25	0.00	0.00	50,000,000.00
02/06/24	02/06/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/06/24 Cpn 912797JC2	49,589,683.33	410,316.67	0.00	0.00	50,000,000.00
02/06/24	02/06/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/06/24 Cpn 912797JC2	49,589,683.33	410,316.67	0.00	0.00	50,000,000.00
02/06/24	02/06/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/06/24 Cpn 912797JC2	49,589,683.33	410,316.67	0.00	0.00	50,000,000.00
02/06/24	02/06/24	Mature Long	15,000,000.000	FHLB DISCOUNT NOTE MAT 02/06/24 Cpn 313384ST7	14,997,812.50	2,187.50	0.00	0.00	15,000,000.00
02/07/24	02/07/24	Mature Long	40,000,000.000	AUTOMATIC DATA CP 144A MAT 02/07/24 Cpn 0530A2B74	39,994,122.22	5,877.78	0.00	0.00	40,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/07/24	02/07/24	Mature Long	30,000,000.000	CREDIT AGRICOLE CP MAT 02/07/24 Cpn 22533TB70	29,995,608.33	4,391.67	0.00	0.00	30,000,000.00
02/07/24	02/07/24	Mature Long	10,000,000.000	SUMITOMO MITSUI CP 144A MAT 02/07/24 Cpn 86563GB76	9,960,025.00	39,975.00	0.00	0.00	10,000,000.00
02/07/24	02/07/24	Mature Long	25,000,000.000	SUMITOMO MITSUI CP 144A MAT 02/07/24 Cpn 86563GB76	24,903,583.33	96,416.67	0.00	0.00	25,000,000.00
02/08/24	02/08/24	Mature Long	10,000,000.000	AIR PRODUCTS & CHEMICALS CP 1 MAT 02/08/24 Cpn 00915SB84	9,911,991.67	88,008.33	0.00	0.00	10,000,000.00
02/08/24	02/08/24	Mature Long	35,000,000.000	CATERPILLAR FIN CP MAT 02/08/24 Cpn 14912DB81	34,917,555.56	82,444.44	0.00	0.00	35,000,000.00
02/08/24	02/08/24	Mature Long	20,000,000.000	KENVUE CP 144A MAT 02/08/24 Cpn 49177FB82	19,911,666.67	88,333.33	0.00	0.00	20,000,000.00
02/08/24	02/08/24	Mature Long	35,000,000.000	MARS INC 144A MAT 02/08/24 Cpn 57167EB80	34,849,159.72	150,840.28	0.00	0.00	35,000,000.00
02/08/24	02/08/24	Mature Long	35,000,000.000	NATL SEC CLEARING CP 144A MAT 02/08/24 Cpn 63763PB81	34,818,972.22	181,027.78	0.00	0.00	35,000,000.00
02/08/24	02/08/24	Mature Long	22,735,000.000	SIEMENS CAPITAL CP 144A MAT 02/08/24 Cpn 82619TB89	22,634,587.08	100,412.92	0.00	0.00	22,735,000.00
02/09/24	02/09/24	Mature Long	27,500,000.000	CATERPILLAR CP 144A MAT 02/09/24 Cpn 14912PB92	27,495,951.39	4,048.61	0.00	0.00	27,500,000.00
02/09/24	02/09/24	Mature Long	35,000,000.000	FHLB DISCOUNT NOTE MAT 02/09/24 Cpn 313384SW0	34,994,915.28	5,084.72	0.00	0.00	35,000,000.00
02/09/24	02/09/24	Mature Long	12,600,000.000	KENVUE CP 144A MAT 02/09/24 Cpn 49177FB90	12,542,386.50	57,613.50	0.00	0.00	12,600,000.00
02/09/24	02/09/24	Mature Long	40,000,000.000	NESTLE CAPITAL CP 144A MAT 02/09/24 Cpn 64105GB94	39,994,133.33	5,866.67	0.00	0.00	40,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/12/24	02/12/24	Mature Long	15,000,000.000	FHLB DISCOUNT NOTE MAT 02/12/24 Cpn 313384SZ3	14,993,475.00	6,525.00	0.00	0.00	15,000,000.00
02/12/24	02/12/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/12/24 Cpn 313384SZ3	49,978,250.00	21,750.00	0.00	0.00	50,000,000.00
02/12/24	02/12/24	Mature Long	15,000,000.000	MITSUBISHI UFJ TRUST & BANK CP MAT 02/12/24 Cpn 60682WBC1	14,929,066.67	70,933.33	0.00	0.00	15,000,000.00
02/13/24	02/13/24	Mature Long	10,000,000.000	BAYERISCHE LANDESBANK CP MAT 02/13/24 Cpn 07274LBD8	9,813,333.33	186,666.67	0.00	0.00	10,000,000.00
02/13/24	02/13/24	Mature Long	30,000,000.000	NESTLE CAPITAL CP 144A MAT 02/13/24 Cpn 64105GBD5	29,995,600.00	4,400.00	0.00	0.00	30,000,000.00
02/14/24	02/14/24	Mature Long	40,000,000.000	FHLB DISCOUNT NOTE MAT 02/14/24 Cpn 313384TB5	39,994,194.44	5,805.56	0.00	0.00	40,000,000.00
02/15/24	02/15/24	Mature Long	15,000,000.000	U.S. TREASURY BILL MAT 02/15/24 Cpn 912797GN1	14,907,600.00	92,400.00	0.00	0.00	15,000,000.00
02/15/24	02/15/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/15/24 Cpn 912797GN1	49,692,000.00	308,000.00	0.00	0.00	50,000,000.00
02/15/24	02/15/24	Mature Long	25,000,000.000	CREDIT AGRICOLE CP MAT 02/15/24 Cpn 22533TBF2	24,974,284.72	25,715.28	0.00	0.00	25,000,000.00
02/15/24	02/15/24	Mature Long	15,000,000.000	EMERSON ELECTRIC CP 144A MAT 02/15/24 Cpn 29101ABF0	14,906,550.00	93,450.00	0.00	0.00	15,000,000.00
02/15/24	02/15/24	Mature Long	35,000,000.000	ELI LILLY & CO CP 144A MAT 02/15/24 Cpn 53245PBF4	34,876,100.00	123,900.00	0.00	0.00	35,000,000.00
02/16/24	02/16/24	Mature Long	30,000,000.000	FHLB DISCOUNT NOTE MAT 02/16/24 Cpn 313384TD1	29,995,700.00	4,300.00	0.00	0.00	30,000,000.00
02/16/24	02/16/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/16/24 Cpn 313384TD1	49,992,833.33	7,166.67	0.00	0.00	50,000,000.00

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Tr Date	*St Date*	*Transaction Type*	*Units*	*Description*	*Proceeds / (Cost)*	*Accrued Interest (Purch) or Sold*	*G/L < 1 Yr Amort Cost*	*G/L > 1 Yr Amort Cost*	*Total Amount*
02/16/24	02/16/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/16/24 Cpn 313384TD1	49,992,833.33	7,166.67	0.00	0.00	50,000,000.00
02/20/24	02/20/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/20/24 Cpn 912797JE8	49,963,850.00	36,150.00	0.00	0.00	50,000,000.00
02/20/24	02/20/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/20/24 Cpn 912797JE8	49,963,850.00	36,150.00	0.00	0.00	50,000,000.00
02/20/24	02/20/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/20/24 Cpn 912797JE8	49,963,850.00	36,150.00	0.00	0.00	50,000,000.00
02/20/24	02/20/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/20/24 Cpn 912797JE8	49,971,166.67	28,833.33	0.00	0.00	50,000,000.00
02/20/24	02/20/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/20/24 Cpn 912797JE8	49,971,166.67	28,833.33	0.00	0.00	50,000,000.00
02/21/24	02/21/24	Mature Long	9,000,000.000	AUTOMATIC DATA CP 144A MAT 02/21/24 Cpn 0530A2BM1	8,998,675.00	1,325.00	0.00	0.00	9,000,000.00
02/21/24	02/21/24	Mature Long	45,000,000.000	CREDIT AGRICOLE CP MAT 02/21/24 Cpn 22533TBM7	44,993,412.50	6,587.50	0.00	0.00	45,000,000.00
02/21/24	02/21/24	Mature Long	36,500,000.000	COLGATE-PALMOLIVE CP 144A MAT 02/21/24 Cpn 19416EBM8	36,494,656.81	5,343.19	0.00	0.00	36,500,000.00
02/21/24	02/21/24	Mature Long	40,000,000.000	NORDEA BANK CP 144A MAT 02/21/24 Cpn 65558JBM8	39,994,122.22	5,877.78	0.00	0.00	40,000,000.00
02/21/24	02/21/24	Mature Long	10,000,000.000	TOTALENERGIES CAPITAL CP 144 MAT 02/21/24 Cpn 89152EBM9	9,998,525.00	1,475.00	0.00	0.00	10,000,000.00
02/22/24	02/22/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/22/24 Cpn 912796Z28	49,685,263.89	314,736.11	0.00	0.00	50,000,000.00
02/22/24	02/22/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/22/24 Cpn 912796Z28	49,685,263.89	314,736.11	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/22/24	02/22/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/22/24 Cpn	912796Z28	49,685,263.89	314,736.11	0.00	0.00	50,000,000.00
02/22/24	02/22/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/22/24 Cpn	912796Z28	49,949,337.50	50,662.50	0.00	0.00	50,000,000.00
02/22/24	02/22/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/22/24 Cpn	912796Z28	49,949,337.50	50,662.50	0.00	0.00	50,000,000.00
02/22/24	02/22/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/22/24 Cpn	912796Z28	49,949,337.50	50,662.50	0.00	0.00	50,000,000.00
02/22/24	02/22/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/22/24 Cpn	912796Z28	49,956,572.50	43,427.50	0.00	0.00	50,000,000.00
02/22/24	02/22/24	Mature Long	20,000,000.000	U.S. TREASURY BILL MAT 02/22/24 Cpn	912796Z28	19,994,183.78	5,816.22	0.00	0.00	20,000,000.00
02/22/24	02/22/24	Mature Long	29,000,000.000	CREDIT AGRICOLE CP MAT 02/22/24 Cpn	22533TBN5	28,995,754.72	4,245.28	0.00	0.00	29,000,000.00
02/22/24	02/22/24	Mature Long	45,000,000.000	NORDEA BANK CP 144A MAT 02/22/24 Cpn	65558JBN6	44,993,387.50	6,612.50	0.00	0.00	45,000,000.00
02/23/24	02/23/24	Mature Long	42,000,000.000	CREDIT AGRICOLE CP MAT 02/23/24 Cpn	22533TBP0	41,993,851.67	6,148.33	0.00	0.00	42,000,000.00
02/23/24	02/23/24	Mature Long	35,000,000.000	CATERPILLAR CP 144A MAT 02/23/24 Cpn	14912PBP6	34,984,541.67	15,458.33	0.00	0.00	35,000,000.00
02/23/24	02/23/24	Mature Long	34,000,000.000	FHLB DISCOUNT NOTE MAT 02/23/24 Cpn	313384TL3	33,995,117.22	4,882.78	0.00	0.00	34,000,000.00
02/23/24	02/23/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/23/24 Cpn	313384TL3	49,992,819.44	7,180.56	0.00	0.00	50,000,000.00
02/23/24	02/23/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/23/24 Cpn	313384TL3	49,992,819.44	7,180.56	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/23/24	02/23/24	Mature Long	27,000,000.000	FHLB DISCOUNT NOTE MAT 02/23/24 Cpn 313384TL3	26,996,122.50	3,877.50	0.00	0.00	27,000,000.00
02/23/24	02/23/24	Mature Long	20,000,000.000	MITSUBISHI UFJ TRUST & BANK 14 MAT 02/23/24 Cpn 60682WBP2	19,908,377.78	91,622.22	0.00	0.00	20,000,000.00
02/23/24	02/23/24	Mature Long	42,000,000.000	NORDEA BANK CP 144A MAT 02/23/24 Cpn 65558JBP1	41,993,828.33	6,171.67	0.00	0.00	42,000,000.00
02/26/24	02/26/24	Mature Long	40,000,000.000	COMPASS GROUP CP 144A MAT 02/26/24 Cpn 20453PBS2	39,982,333.33	17,666.67	0.00	0.00	40,000,000.00
02/26/24	02/26/24	Mature Long	6,400,000.000	HYDRO-QUEBEC CP 144A MAT 02/26/24 Cpn 44881LBS3	6,394,346.67	5,653.33	0.00	0.00	6,400,000.00
02/26/24	02/26/24	Mature Long	35,000,000.000	WAL-MART STORES CP 144A MAT 02/26/24 Cpn 93114EBS5	34,974,381.94	25,618.06	0.00	0.00	35,000,000.00
02/26/24	02/26/24	Mature Long	5,000,000.000	WAL-MART STORES CP 144A MAT 02/26/24 Cpn 93114EBS5	4,996,340.28	3,659.72	0.00	0.00	5,000,000.00
02/27/24	02/27/24	Mature Long	40,000,000.000	AUTOMATIC DATA CP 144A MAT 02/27/24 Cpn 0530A2BT6	39,994,100.00	5,900.00	0.00	0.00	40,000,000.00
02/27/24	02/27/24	Mature Long	5,000,000.000	EMERSON ELECTRIC CP 144A MAT 02/27/24 Cpn 29101ABT0	4,997,061.11	2,938.89	0.00	0.00	5,000,000.00
02/27/24	02/27/24	Mature Long	10,000,000.000	TOTALENERGIES CAPITAL CP 144 MAT 02/27/24 Cpn 89152EBT4	9,998,525.00	1,475.00	0.00	0.00	10,000,000.00
02/27/24	02/27/24	Mature Long	30,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 02/27/24 Cpn 91058TBT2	29,968,966.67	31,033.33	0.00	0.00	30,000,000.00
02/28/24	02/28/24	Mature Long	25,000,000.000	FHLB DISCOUNT NOTE MAT 02/28/24 Cpn 313384TR0	24,996,409.72	3,590.28	0.00	0.00	25,000,000.00
02/28/24	02/28/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/28/24 Cpn 313384TR0	49,992,819.44	7,180.56	0.00	0.00	50,000,000.00

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Tr Date	*St Date*	*Transaction Type*	*Units*	*Description*	*Proceeds / (Cost)*	*Accrued Interest (Purch) or Sold*	*G/L < 1 Yr Amort Cost*	*G/L > 1 Yr Amort Cost*	*Total Amount*
02/28/24	02/28/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/28/24 Cpn 313384TR0	49,992,819.44	7,180.56	0.00	0.00	50,000,000.00
02/28/24	02/28/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/28/24 Cpn 313384TR0	49,992,819.44	7,180.56	0.00	0.00	50,000,000.00
02/28/24	02/28/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/28/24 Cpn 313384TR0	49,992,819.44	7,180.56	0.00	0.00	50,000,000.00
02/28/24	02/28/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/28/24 Cpn 313384TR0	49,992,819.44	7,180.56	0.00	0.00	50,000,000.00
02/28/24	02/28/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/28/24 Cpn 313384TR0	49,992,819.44	7,180.56	0.00	0.00	50,000,000.00
02/28/24	02/28/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/28/24 Cpn 313384TR0	49,992,819.44	7,180.56	0.00	0.00	50,000,000.00
02/28/24	02/28/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/28/24 Cpn 313384TR0	49,992,819.44	7,180.56	0.00	0.00	50,000,000.00
02/29/24	02/29/24	Mature Long	20,000,000.000	CREDIT AGRICOLE CP MAT 02/29/24 Cpn 22533TBV7	19,997,072.22	2,927.78	0.00	0.00	20,000,000.00
02/29/24	02/29/24	Mature Long	35,000,000.000	CANADIAN IMPERIAL BANK CP 144 MAT 02/29/24 Cpn 13608ABV7	34,963,862.50	36,137.50	0.00	0.00	35,000,000.00
02/29/24	02/29/24	Mature Long	32,000,000.000	TVA DISCOUNT NOTE MAT 02/29/24 Cpn 880592TS9	31,990,613.33	9,386.67	0.00	0.00	32,000,000.00
02/29/24	02/29/24	Mature Long	50,000,000.000	TVA DISCOUNT NOTE MAT 02/29/24 Cpn 880592TS9	49,985,333.33	14,666.67	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
Fixed Income - cont.									
02/29/24	02/29/24	Mature Long	5,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 02/29/24 Cpn 91058TBV7	4,994,827.78	5,172.22	0.00	0.00	5,000,000.00
			3,422,935,000.000		3,412,603,267.13	10,331,732.88	(0.00)	0.00	3,422,935,000.00
02/01/24	02/01/24	Withdrawal	(160,000,000.000)	WD MAT Cpn USD	(160,000,000.00)		(160,000,000.00)	0.00	(160,000,000.00)
02/02/24	02/02/24	Withdrawal	(50,000,000.000)	WD MAT Cpn USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
02/05/24	02/05/24	Withdrawal	(60,000,000.000)	WD MAT Cpn USD	(60,000,000.00)		(60,000,000.00)	0.00	(60,000,000.00)
02/08/24	02/08/24	Withdrawal	(50,000,000.000)	WD MAT Cpn USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
02/12/24	02/12/24	Withdrawal	(50,000,000.000)	WD MAT Cpn USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
02/14/24	02/14/24	Withdrawal	(40,000,000.000)	WD MAT Cpn USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
02/20/24	02/20/24	Withdrawal	(35,000,000.000)	WD MAT Cpn USD	(35,000,000.00)		(35,000,000.00)	0.00	(35,000,000.00)
02/22/24	02/22/24	Withdrawal	(160,000,000.000)	WD MAT Cpn USD	(160,000,000.00)		(160,000,000.00)	0.00	(160,000,000.00)
02/23/24	02/23/24	Withdrawal	(250,000,000.000)	WD MAT Cpn USD	(250,000,000.00)		(250,000,000.00)	0.00	(250,000,000.00)

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02/01/2024 through 02/29/2024

Tr Date	St Date	Transaction Type	Units	Description			Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
Cash - cont.											
02/29/24	02/29/24	Withdrawal	(50,000,000.000)	WD MAT	Cpn	USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
			(905,000,000.000)				(905,000,000.00)		(905,000,000.00)	0.00	(905,000,000.00)

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/06/24	02/14/24	Buy	700,000.000	BMWLT 2024-1 A3 LEASE MAT 03/25/27 Cpn 4.98 05611UAD5	(699,982.64)		0.00	0.00	(699,982.64)
02/27/24	02/28/24	Buy	2,320,000.000	U.S. TREASURY NOTE MAT 01/31/29 Cpn 4.00 91282CJW2	(2,286,559.38)	(7,138.46)	0.00	0.00	(2,293,697.84)
			3,020,000.000		(2,986,542.02)	(7,138.46)	0.00	0.00	(2,993,680.48)
02/01/24	02/01/24	Coupon		CA STWD CMTY DEV AUTH REV-CA MAT 02/01/25 Cpn 0.73 13080SZL1		2,745.00	0.00	0.00	2,745.00
02/01/24	02/01/24	Coupon		CA CONTRA COSTA CCD GO/ULT T MAT 08/01/24 Cpn 1.77 212204JE2		1,507.90	0.00	0.00	1,507.90
02/01/24	02/01/24	Coupon		CA COVINA-VALLEY USD GO/ULT T MAT 08/01/24 Cpn 2.03 223093VM4		2,533.75	0.00	0.00	2,533.75
02/01/24	02/01/24	Coupon		CA FRESNO USD GO/ULT TXB MAT 08/01/25 Cpn 0.87 3582326T8		2,607.00	0.00	0.00	2,607.00
02/01/24	02/01/24	Coupon		CA GARDEN GROVE USD GO/ULT T MAT 08/01/24 Cpn 1.97 365298Y51		3,882.85	0.00	0.00	3,882.85
02/01/24	02/01/24	Coupon		CA OAKLAND-ALAMEDA COLISEUM MAT 02/01/25 Cpn 3.64 672211BM0		16,848.88	0.00	0.00	16,848.88
02/01/24	02/01/24	Coupon		CA OAKLAND USD GO/ULT TXB MAT 08/01/25 Cpn 1.38 672325M95		2,900.10	0.00	0.00	2,900.10
02/12/24	02/12/24	Coupon		FHLB C 05/12/21 Q MAT 02/12/26 Cpn 0.60 3130AKXQ4		2,820.00	0.00	0.00	2,820.00
02/15/24	02/15/24	Coupon		BAAT 2023-2A A3 CAR 144A MAT 06/15/28 Cpn 5.74 06054YAC1		3,348.33	0.00	0.00	3,348.33
02/15/24	02/15/24	Coupon		BACCT 2023-A2 A2 CARD MAT 11/15/28 Cpn 4.98 05522RDH8		2,075.00	0.00	0.00	2,075.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/15/24	02/15/24	Coupon		CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8		148.25	0.00	0.00	148.25
02/15/24	02/15/24	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		236.38	0.00	0.00	236.38
02/15/24	02/15/24	Coupon		CARMX 2023-3 A3 CAR MAT 05/15/28 Cpn 5.28 14319BAC6		3,520.00	0.00	0.00	3,520.00
02/15/24	02/15/24	Coupon		CARMX 2023-4 A3 CAR MAT 07/17/28 Cpn 6.00 14318XAC9		1,500.00	0.00	0.00	1,500.00
02/15/24	02/15/24	Coupon		CARMX 2023-4 A3 CAR MAT 07/17/28 Cpn 6.00 14318XAC9		2,500.00	0.00	0.00	2,500.00
02/15/24	02/15/24	Coupon		CARMX 2024-A3 CAR MAT 10/16/28 Cpn 4.92 14318WAD9		1,722.00	0.00	0.00	1,722.00
02/15/24	02/15/24	Coupon		COPAR 2023-2 A3 CAR MAT 06/15/28 Cpn 5.82 14044EAD0		3,395.00	0.00	0.00	3,395.00
02/15/24	02/15/24	Coupon		FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9		2,870.00	0.00	0.00	2,870.00
02/15/24	02/15/24	Coupon		FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9		820.00	0.00	0.00	820.00
02/15/24	02/15/24	Coupon		FORDO 2023-B A3 CAR MAT 05/15/28 Cpn 5.23 344930AD4		2,615.00	0.00	0.00	2,615.00
02/15/24	02/15/24	Coupon		FORDO 2023-C A3 CAR MAT 09/15/28 Cpn 5.53 344940AD3		2,304.17	0.00	0.00	2,304.17
02/15/24	02/15/24	Coupon		GFORT 2023-1 A1 FLOOR 144A MAT 06/15/28 Cpn 5.34 361886CR3		4,005.00	0.00	0.00	4,005.00
02/15/24	02/15/24	Coupon		HART 2023-C A3 CAR MAT 10/16/28 Cpn 5.54 44918CAD4		1,385.00	0.00	0.00	1,385.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/15/24	02/15/24	Coupon		JDOT 2023-B A3 EQP MAT 03/15/28 Cpn 5.18 477920AC6		3,237.50	0.00	0.00	3,237.50
02/15/24	02/15/24	Coupon		KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2		263.00	0.00	0.00	263.00
02/15/24	02/15/24	Coupon		KCOT 2023-2A A3 EQP 144A MAT 01/18/28 Cpn 5.28 500945AC4		2,200.00	0.00	0.00	2,200.00
02/15/24	02/15/24	Coupon		TAOT 2023-D A3 CAR MAT 08/15/28 Cpn 5.54 89239FAD4		1,846.67	0.00	0.00	1,846.67
02/15/24	02/15/24	Coupon		WOART 2022-B A3 CAR MAT 03/15/28 Cpn 3.44 98163QAE9		1,433.33	0.00	0.00	1,433.33
02/16/24	02/16/24	Coupon		GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8		34.58	0.00	0.00	34.58
02/16/24	02/16/24	Coupon		GMCAR 2024-1 A3 CAR MAT 12/18/28 Cpn 4.85 36268GAD7		1,562.78	0.00	0.00	1,562.78
02/18/24	02/18/24	Coupon		HAROT 2023-3 A3 CAR MAT 02/18/28 Cpn 5.41 43815QAC1		1,127.08	0.00	0.00	1,127.08
02/20/24	02/20/24	Coupon		GMALT 2023-3 A3 LEASE MAT 11/20/26 Cpn 5.38 379929AD4		1,345.00	0.00	0.00	1,345.00
02/20/24	02/20/24	Coupon		TLOT 2023A A3 LEASE 144A MAT 04/20/26 Cpn 4.93 89239MAC1		2,054.17	0.00	0.00	2,054.17
02/25/24	02/25/24	Coupon		NAVMT 2023-1 A FLOOR 144A MAT 08/25/28 Cpn 6.18 63938PBU2		1,030.00	0.00	0.00	1,030.00
02/29/24	02/29/24	Coupon		FHLMC C 02/28/23 Q MAT 02/28/25 Cpn 4.00 3134GXS88		11,400.00	0.00	0.00	11,400.00
02/29/24	02/29/24	Coupon		FHLMC C 11/28/22 Q MAT 08/28/25 Cpn 4.05 3134GXR63		11,542.50	0.00	0.00	11,542.50

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Tr Date	St Date	Transaction Type	Units	Description			Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/29/24	02/29/24	Coupon		FHLMC C 11/28/2022 Q MAT 08/28/25	Cpn 4.20	3134GXS47		11,970.00	0.00	0.00	11,970.00
02/29/24	02/29/24	Coupon		U.S. TREASURY NOTE MAT 08/31/26	Cpn 0.75	91282CCW9		7,050.00	0.00	0.00	7,050.00
02/29/24	02/29/24	Coupon		U.S. TREASURY NOTE MAT 08/31/27	Cpn 3.13	91282CFH9		13,984.38	0.00	0.00	13,984.38
02/29/24	02/29/24	Coupon		U.S. TREASURY NOTE MAT 08/31/27	Cpn 3.13	91282CFH9		6,718.75	0.00	0.00	6,718.75
02/29/24	02/29/24	Coupon		U.S. TREASURY NOTE MAT 02/29/28	Cpn 4.00	91282CGP0		13,400.00	0.00	0.00	13,400.00
02/29/24	02/29/24	Coupon		U.S. TREASURY NOTE MAT 02/29/28	Cpn 4.00	91282CGP0		23,600.00	0.00	0.00	23,600.00
02/29/24	02/29/24	Coupon		U.S. TREASURY NOTE MAT 02/29/28	Cpn 4.00	91282CGP0		10,900.00	0.00	0.00	10,900.00
02/29/24	02/29/24	Coupon		U.S. TREASURY NOTE MAT 08/31/28	Cpn 4.38	91282CHX2		44,406.25	0.00	0.00	44,406.25
								239,395.60	0.00	0.00	239,395.60
02/01/24	02/01/24	Income	(0.010)	ADJ NET INT MAT	Cpn	USD		(0.01)	0.00	0.00	(0.01)
02/01/24	02/01/24	Income	10,510.280	STIF INT MAT	Cpn	USD		10,510.28	0.00	0.00	10,510.28
			10,510.270					10,510.27	0.00	0.00	10,510.27

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/27/24	02/28/24	Sell Long	470,000.000	U.S. TREASURY NOTE MAT 05/31/26 Cpn 0.75 91282CCF6	431,390.23	866.80	0.00	(37,136.46)	432,257.03
02/27/24	02/28/24	Sell Long	1,410,000.000	U.S. TREASURY NOTE MAT 01/31/26 Cpn 0.38 91282CBH3	1,298,466.80	406.73	0.00	(101,923.25)	1,298,873.53
			1,880,000.000		1,729,857.03	1,273.53	0.00	(139,059.71)	1,731,130.56
02/15/24	02/15/24	Pay Princpl	38,187.290	CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8	38,187.29		0.00	2.02	38,187.29
02/15/24	02/15/24	Pay Princpl	38,480.292	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	38,480.29		0.00	2.17	38,480.29
02/15/24	02/15/24	Pay Princpl	50,903.582	KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2	50,903.58		0.00	0.66	50,903.58
02/16/24	02/16/24	Pay Princpl	8,450.383	GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8	8,450.38		0.00	0.18	8,450.38
			136,021.547		136,021.54		0.00	5.02	136,021.54

LA CARE

Cash Activity by Transaction Type GAAP Basis

Accounting Period From 02/01/2024 To 02/29/2024

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/ Withdrawals	Total Amount
BUY										
02/09/24	02/07/24	02/09/24	TNT77	24422EXH7	JOHN DEERE CAPITAL CORP	2,500,000.00	(9,687.50)	(2,493,325.00)	0.00	(2,503,012.50)
02/09/24	02/07/24	02/09/24	TNT77	59217GFR5	MET LIFE GLOB FUNDING I	2,500,000.00	(10,440.97)	(2,493,950.00)	0.00	(2,504,390.97)
02/14/24	02/14/24	02/14/24	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	3,259,909.47	0.00	(3,259,909.47)	0.00	(3,259,909.47)
TOTAL BUY						8,259,909.47	(20,128.47)	(8,247,184.47)	0.00	(8,267,312.94)
DIVIDEND										
02/28/24	02/28/24	02/28/24	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	2,145,546.59	5,904.82	0.00	0.00	5,904.82
TOTAL DIVIDEND						2,145,546.59	5,904.82	0.00	0.00	5,904.82
INTEREST										
02/01/24	02/01/24	02/01/24	TNT77	31677QBR9	FIFTH THIRD BANK	5,000,000.00	56,250.00	0.00	0.00	56,250.00
02/01/24	02/01/24	02/01/24	TNT77	54438CYK2	LOS ANGELES CA CMNTY CLG DIST	1,100,000.00	4,251.50	0.00	0.00	4,251.50
02/01/24	02/01/24	02/01/24	TNT77	969268DG3	WILLIAM S HART CA UNION HIGH S	2,350,000.00	8,894.75	0.00	0.00	8,894.75
02/05/24	02/05/24	02/05/24	TNT77	458140BY5	INTEL CORP	5,000,000.00	93,750.00	0.00	0.00	93,750.00
02/12/24	02/12/24	02/12/24	TNT77	14913R3A3	CATERPILLAR FINL SERVICE	2,500,000.00	45,000.00	0.00	0.00	45,000.00
02/13/24	02/13/24	02/13/24	TNT77	89236TGT6	TOYOTA MOTOR CREDIT CORP	3,000,000.00	27,000.00	0.00	0.00	27,000.00
02/15/24	02/15/24	02/15/24	TNT77	384802AE4	WW GRAINGER INC	1,000,000.00	9,250.00	0.00	0.00	9,250.00
02/15/24	02/15/24	02/15/24	TNT77	576000ZE6	MASSACHUSETTS ST SCH BLDG AUTH	5,000,000.00	22,125.00	0.00	0.00	22,125.00
02/15/24	02/15/24	02/15/24	TNT77	756109BG8	REALTY INCOME CORP	5,000,000.00	98,750.00	0.00	0.00	98,750.00
02/15/24	02/15/24	02/15/24	TNT77	882508BV5	TEXAS INSTRUMENTS INC	5,000,000.00	115,000.00	0.00	0.00	115,000.00
02/15/24	02/15/24	02/15/24	TNT77	91324PEP3	UNITEDHEALTH GROUP INC	5,000,000.00	131,250.00	0.00	0.00	131,250.00
02/23/24	02/23/24	02/23/24	TNT77	037833BY5	APPLE INC	1,500,000.00	24,375.00	0.00	0.00	24,375.00
02/23/24	02/23/24	02/23/24	TNT77	69353REK0	PNC BANK NA	2,000,000.00	29,500.00	0.00	0.00	29,500.00
TOTAL INTEREST						43,450,000.00	665,396.25	0.00	0.00	665,396.25
SELL										
02/09/24	02/07/24	02/09/24	TNT77	254687FN1	WALT DISNEY COMPANY/THE	3,000,000.00	37,687.50	2,951,100.00	0.00	2,988,787.50
02/14/24	02/14/24	02/14/24	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	2,145,546.59	0.00	2,145,546.59	0.00	2,145,546.59
02/29/24	02/27/24	02/29/24	TNT77	035240AL4	ANHEUSER-BUSCH INBEV WOR	2,500,000.00	37,777.78	2,423,900.00	0.00	2,461,677.78
TOTAL SELL						7,645,546.59	75,465.28	7,520,546.59	0.00	7,596,011.87

LA CARE

Cash Activity by Transaction Type GAAP Basis

Accounting Period From 02/01/2024 To 02/29/2024

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/ Withdrawals	Total Amount
GRAND TOTAL						61,501,002.65	726,637.88	(726,637.88)	0.00	0.00
Avg Date 14										

L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: April 24, 2024 **Motion No. EXE 101.0524**

Committee: Executive **Chairperson:** Alvaro Ballesteros

Issue: Approval of delegated authority to secure a letter of credit (LC) from a financial institution that is cash collateralized to access the Tenant Improvement (TI) Allowance as part of the 1200 W. 7th Street (Garland) Building lease.

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

Background: L.A. Care previously presented FIN 104.0324 requesting delegated authority to contract with professional services to perform capital improvement construction as part of the hybrid workspace build-out in the 1200 W. 7th Street (Garland) Building. The overall construction cost, with contingency, was estimated to be $47,027,791.00. The lease provides TI Allowance of $24,300,401.00 but requires L.A. Care's portion to be delivered as an unconditional, clean, irrevocable LC.

L.A. Care is seeking authority to obtain an irrevocable LC from a financial institution (such as Wells Fargo Bank, N.A.) in the principal amount of $22,727,390 which will create access to the TI Allowance of $24,300,401. The LC shall be cash collateralized by pledging $22,727,390 in unrestricted cash to said financial institution by depositing said cash to a public funds interest bearing account with said financial institution. This will support the existing plan, previously approved, to perform capital improvements to build-out floors 1, 5, 6 and 7 in the 1700 W. 7th Street Building in an amount not to exceed $47,027,791.

Member Impact: N/A

Budget Impact: The fee for the LC is approximately 1% per year which will be offset by higher than anticipated interest income generated from L.A. Care's investment portfolio.

Motion:

To approve L.A. Care (a) obtaining a letter of credit from a financial institution (such as Wells Fargo Bank, N.A.) to be delivered to the landlord of the Garland building for tenant improvements, as required per L.A. Care's lease contract and (b) cash collateralizing the letter of credit by pledging $22,727,390 in unrestricted cash to said financial institution in exchange for the letter of credit and depositing said cash with said financial institution.

The Board of Governors have determined that pursuant to California Welfare & Institutions Code § 14087.9605 (b)(2)(d) and (c), L.A. Care is permitted to "contract for services required to meet its obligations" and to "acquire, possess, and dispose of real or personal property" and obtaining and securing the letter of credit in order to facilitate the Tenant Improvements will allow L.A. Care to meet its obligations.

Additionally the Board of Governors have determined that it may "dispose" of its personal property by cash collateralizing the letter of credit. Further, pursuant to California Welfare & Institutions Code § 14087.9665 (a) L.A. Care may borrow or receive funds from any person or entity as necessary to cover development costs and other actual or projected obligations of the local initiative and the Board of Governors have determined that obtaining and securing the letter of credit in order to facilitate the Tenant Improvements is necessary to cover actual or projected obligations of L.A. Care. The Board of Governors have identified $22,727,390 in unrestricted cash which may be used to cash collateralize the letter of credit by depositing said cash to a public funds interest bearing account with said financial institution providing such letter of credit.

The Chief Financial Officer, the Deputy Chief Financial Officer, or person duly appointed in writing to act in the stead of such officer (collectively, the "Responsible Officers"), is hereby authorized and directed for and in the name of and on behalf of L.A. Care to further negotiate the terms of the letter of credit and fees and security relating thereto and execute and deliver documents and instruments relating to the letter of credit and cash collateralizing and pledging funds to secure the letter of credit with such changes therein, deletions therefrom and additions thereto as may be approved (i) by any Responsible Officer, in such person's discretion, as being in the best interests of L.A. Care, and (ii) by L.A. Care's General Counsel, such approval to be conclusively evidenced by the execution and delivery thereof by the person executing the same on behalf of L.A. Care (the "LC Documents").

Further Actions. The Responsible Officers are, and each of them acting alone is, hereby authorized and directed to take such actions and to execute such documents and certificates as may be necessary to effectuate the purposes of this resolution, including the execution and delivery of the LC Documents, and execution and delivery of any and all memorandums of agreement or understanding, assignments, certificates, requisitions, agreements, notices, consents, instruments of conveyance, warrants and other documents, which they, or any of them, deem necessary or advisable in order to consummate the transactions and requirements as described herein.

All actions heretofore taken by any officer of L.A. Care with respect to the execution and delivery of LC Documents, and the cash collateralizing and pledging funds to secure the letter of credit described therein are hereby approved, confirmed and ratified.

Board of Governors
MOTION SUMMARY

Date: April 24, 2024 **Motion No. EXE 102.0524**

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

Requesting Department: Housing and Homelessness Incentive Program (HHIP)

Issue: Execute a contract with the Department of Health Services (DHS) Housing for Health in partnership with Brilliant Corners to provide support on accessibility improvements in Interim Housing facilities throughout Los Angeles County to ensure residents with disabilities are able to be safely housed in interim facilities, preventing returns to homelessness.

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

Background: As of 2022, L.A. Care opted to participate in the Department of Health Care Services (DHCS) Housing and Homelessness Incentive Program (HHIP), which has two (2) overarching goals:

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

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

In order to align with HHIP goals, L.A. Care staff requests approval to execute a contract with DHS Housing for Health in partnership with Brilliant Corners from September 1, 2024 to September 30, 2027 in the amount of $3,500,000. The investment will fund the delivery of accessibility improvements in Interim Housing facilities throughout Los Angeles County to ensure residents with disabilities are able to be safely housed in the facilities, preventing return to homelessness. Some of the types of improvements include installing or fixing/updating ramps, widening doorways for wheelchair access, elevator repairs, member closets/personal storage renovations, food service/dining area upgrades and laundry area/machine upgrades that meet ADA standard requirements.

L.A. Care selected the DHS Housing for Health in partnership with Brilliant Corners because of their experience providing and coordinating housing and homeless services, including physical plant improvements for interim housing facilities, for the County of Los Angeles, and position to quickly build capacity and coordinate the required services for vulnerable communities.

Member Impact: L.A Care members will benefit from this motion as it will help increase access to homelessness prevention services, including improving members experience and care in during the interim housing phase of their pursuit of permanent supportive housing and providing housing related community support services to support successfully maintaining members housed.

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

Motion: **To authorize staff to execute an Housing and Homelessness Incentive Program (HHIP) investment agreement in the amount of up to $3,500,000 with the Los Angeles County Department of Health Services in partnership with Brilliant Corners, to provide accessibility improvements in Interim Housing facilities throughout Los Angeles County to ensure residents with disabilities are able to be safely housed in the facilities from September 1, 2024 to September 30, 2027.**

L.A. Care HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: April 24, 2024 **Motion No. EXE A.0424**

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

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

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

Background: The revised policies are written to comply with changes to Regulatory, Legislative and Judicial changes, and reflect changes in L.A. Care's practices.

Policy Number	Policy	Section	Description of Modification
HR-108	Holidays	Benefits	Revision – Section 4.7 updated for Non-Exempt employees and added Make Up Time Request Form
HR-202	Anti-Discrimination	Employee Relations	Revision- Added section 3.6.2 and minor edits to sections 1.1 and 3.
HR-228	Non-Fraternization	Employee Relations	Transfer policy to new template and edit Section 4.1 to include non-management employees
HR-306	Equal Employment Opportunity	Employment	Revision- added DEI Statement and Cannabis use protection

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

Budget Impact: None

Motion: **To approve the Human Resources Policies HR 108 (Holidays), HR-202 (Anti-Discrimination), HR-228 (Non-Fraternization), and HR 306 (Equal Employment Opportunity), as presented.**

	HOLIDAYS	**HR-108**
DEPARTMENT	HUMAN RESOURCES	
Supersedes Policy Number(s)	6110	

DATES					
Effective Date	1/7/2002	Review Date	6/20/2023	Next Annual Review Date	6/20/2024
Legal Review Date	6/20/2023	Committee Review Date	6/28/2023		

LINES OF BUSINESS

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

DELEGATED ENTITIES / EXTERNAL APPLICABILITY

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

ACCOUNTABILITY MATRIX

ATTACHMENTS

Make Up Time Request Form

ELECTRONICALLY APPROVED BY THE FOLLOWING		
	OFFICER	**DIRECTOR**
NAME	Terry Brown	Sarah Viloria Diaz
DEPARTMENT	Human Resources	Human Resources
TITLE	Chief Human Resources Officer	Director, Human Resources Total Rewards

AUTHORITIES

> HR-501 Executive Committee of the Board: HR Roles and Responsibilities
> California Welfare & Institutions Code Section 14087.9605.

REFERENCES

HISTORY

REVISION DATE	DESCRIPTION OF REVISIONS
1/7/2002	Revision
3/25/2019	Revision, Eligible Employees defined; Procedure added for taking unscheduled PTO adjacent to a holiday; Holiday pay for alternative work schedule added.
11/3/2020	Review
6/17/2021	Added Juneteenth National Independence Day under Section 3
5/23/2023	Revision, Exempt staff required to work on a holiday under Section 4.5. Also added "up to eight hours" under Section 2.2 and Added Cesar Chavez Day and Veterans Day
9/19/2023	Added verbiage for employees on Alternative Work Schedule, Section 4.7
11/29/2023	Section 4.7 updated for Non-Exempt employees Make Up Time Request Form

DEFINITIONS

1.0 OVERVIEW:

1.1 L.A. Care Health Plan (L.A. Care) provides a work environment where time off is allowed for the observance of L.A. Care recognized holidays.

2.0 DEFINITIONS:

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

2.1 **Eligible Employees -** Employees in positions classified as "regular" or "assignment with limited duration" (ALD) who are scheduled to work 30 hours or more per week.

2.2 **Holiday Pay -** is the base regular hourly rate of pay that is paid to all Eligible Employees whose normal work schedule includes an L.A. Care recognized holiday. The amount paid is determined by multiplying the Eligible Employee's base hourly rate of pay by the number of hours normally scheduled to work on that day, up to eight hours.

3.0 POLICY:

3.1 L.A. Care observes the following 13 holidays when the offices are normally closed to official business:

3.1.1 New Years' Day
3.1.2 Martin Luther King Day
3.1.3 Presidents Day
3.1.4 Cesar Chavez Day
3.1.5 Memorial Day
3.1.6 Juneteenth National Independence Day
3.1.7 Independence Day
3.1.8 Labor Day
3.1.9 Veterans Day
3.1.10 Thanksgiving Day
3.1.11 Day after Thanksgiving Day
3.1.12 Christmas Eve
3.1.13 Christmas Day

4.0 PROCEDURES:

4.1 Holidays falling on Saturday are observed on the preceding Friday, and holidays falling on Sunday are observed on the following Monday.

4.2 Employees must be on active paid status on both the work day prior to the holiday and the work day after the holiday to be eligible to be paid for that holiday.

4.2.1 When an employee is on approved scheduled paid time off (PTO) in conjunction with a holiday, the employee must be at work both the work day prior to and after the approved scheduled PTO in order to be eligible for pay for that holiday. In such instances, an employee will not be charged against his/her available accrued unused PTO bank.

4.3 If the employee is not at work due to own illness, the work day prior and/or the work day after the holiday, nor the work day prior to and after the approved scheduled PTO in conjunction with the holiday, the employee may be eligible for pay for that holiday. The employee must present to his/her Human Resources Business Partner (HRBP) a valid healthcare provider's note excusing the employee for the specific day/s. Any employee who is on leave of absence (LOA), unscheduled PTO, or not at work the work day prior and/or the work day after the holiday is not eligible for pay for that holiday.

4.3.1 Employees may use their accrued unused PTO to make up the compensation they did not receive for that holiday.

4.4 Non-exempt employees who are required to work on the actual holiday when the offices are closed will receive Holiday Pay in addition to getting paid for all hours actually worked on a company recognized holiday. For example, a full-time non-exempt employee with a base hourly rate of pay of $23.00 who works four (4) hours on Thanksgiving Day will be paid eight (8) hours of Holiday Pay ($184.00) plus four (4) hours of their base hourly rate ($92.00). Advance supervisory approval is required for the holiday worked.

4.5 Exempt employees who are required to work on a holiday will receive Holiday Pay and will be permitted to take off another work day during the same pay period, where feasible. The employee's supervisor will ensure an alternate day off is scheduled within the same pay period.

4.6 If the holiday is observed on an employees' day off and that employee works an alternative schedule (i.e. 4/10), then the employee can take eight hours off another work day during the same week.

4.7 **Non-Exempt e**~~E~~mployees who work an alternative schedule (i.e. 4/10) will be paid Holiday pay up to the number of hours normally scheduled to work that day, up to 8 hours, and allowed to make up the additional hour/s or take PTO.

4.8 Part-time employees who are routinely off or normally scheduled off on L.A. Care recognized holiday are not eligible for Holiday Pay.

4.9 Individuals hired into a temporary employment status or per diem are not eligible for Holiday Pay.

5.0 MONITORING:

5.1 Human Resources has processes and guidelines in place for maintaining relevant information about concerns and complaints raised under this policy.

6.0 REPORTING:

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

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

Make Up Time Request Form

Requesting Employee	Employee Department
Employee Title	Employee Supervisor

I request the opportunity for time off at the following date and time for personal obligations. Employees may not work more than 11 hours in a day or 40 hours in a workweek as a result of making up time that was or will be lost due to personal obligations.

Date of Hours to be Missed	Day of the Week Hours Will be Missed
Hours Missed From (identify am or pm)	Hours Missed to (identify am or pm)

I will voluntarily make up time within the same workweek as follows. Employees may not work more than 11 hours in a day or 40 hours in a workweek as a result of making up time that was or will be lost due to a personal obligation

Date	Day of the Week	Make Up Hours From (am/pm)	Make Up Hours To (am/pm)

I understand that:

- Any make-up time I work will not be paid at an overtime rate;
- A separate written request is required for each occasion that I request make-up time;
- My make-up time request must be approved in writing before I take the requested time off or work make-up time;
- If I take time off and am unable to work the scheduled make-up time for any reason, the hours missed will be paid as PTO; if PTO is unavailable, the hours will be unpaid;
- If I work make-up time before I plant to take off, I must take that time off, even if I no longer need the time off for any reason
- The company does not encourage, discourage or solicit the use of make-up time;

Employee Signature _____ Date _____

Approval:

Supervisor Signature _____ Date _____

HRBP Signature _____ HRBP Name _____ Date _____

	ANTI-DISCRIMINATION/ANTI-HARASSMENT	**HR-202**

DEPARTMENT	HUMAN RESOURCES
Supersedes Policy Number(s)	6301

*

DATES					
Effective Date	5/30/1996	Review Date	~~5/9/2019~~4/17/2024	Next Annual Review Date	~~5/9/2020~~4/17/2025
Legal Review Date	4/15/2024	Committee Review Date			

LINES OF BUSINESS

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

DELEGATED ENTITIES / EXTERNAL APPLICABILITY

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

ACCOUNTABILITY MATRIX

ATTACHMENTS

ELECTRONICALLY APPROVED BY THE FOLLOWING

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

AUTHORITIES

- HR-501 Executive Committee of the Board: HR Roles and Responsibilities
- California Welfare & Institutions Code Section 14087.9605
- L.A. Care By-Laws, Section 10.1 Purchasing, Hiring, Personnel etc.
- Government Code 12950.1(g)(2)
- California Fair Employment and Housing Act(FEHA) Government Code §12926, et seq. and Government Code §12940, et seq.
- California Family Rights Act (CFRA)
- Civil Rights Act
- AB1825

REFERENCES

- HR-219 Standard of Conduct

HISTORY

REVISION DATE	DESCRIPTION OF REVISIONS
11/8/2016	Revisions
1/24/2018	Revisions
5/9/2019	Review
3/18/2024	Minor edits to sections 1.1 and 3.6. Added section 3.6.2

DEFINITIONS

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

1.0 OVERVIEW:

1.1 L.A. Care Health Plan (L.A. Care) maintains a strict policy prohibiting all forms of harassment, discrimination and/or inappropriate conduct to all employees, customers, vendors, contractors or any other individuals who conduct business with L.A. Care. This policy applies to conduct at all L.A. Care ~~offices~~, work locations, ~~family resource centers,~~ and during work-related activities outside the workplace, such as business trips, business-related trips and business-related social events.

1.2 All employees are required to cooperate with L.A. Care to promote equal opportunity and prevent harassment, discrimination, and inappropriate conduct and are expected to help create and maintain an atmosphere where concerns under this policy can be raised without fear of retaliation or intimidation. L.A. Care prohibits retaliation of any kind against individuals who file complaints in good faith, or who assist in an employer investigation.

2.0 DEFINITIONS:

2.1 N/A

3.0 POLICY:

3.1 L.A. Care prohibits discrimination, harassment, bias or prejudice based on race (including traits historically associated with race, such as hair texture and protective hairstyles, including braids, locks, and twists), color, religion, religious creed (including religious dress and grooming practices), religious affiliation, national origin (including language restrictions), ancestry, sex, pregnancy, child birth, breastfeeding and medical conditions related to pregnancy, child birth, and breastfeeding, maternity, caring responsibilities, marital status, civil partnership status, physical or mental disability, including HIV and AIDS, medical condition (including cancer and genetic characteristics), age, citizenship status, sexual orientation, sex/gender, gender identity, genetic information, gender expression, military or veteran status, family care or medical leave status (including denial of family and medical care leave), domestic violence victim status, political affiliation, use of cannabis off the job and away from the workplace, or any other protected category as identified by local, state or federal law, rule, ordinance or regulation. This policy applies to all employees, agents and third parties (e.g. vendors, customers, suppliers) of the organization. L.A. Care provides reasonable accommodations of applicants' and employees' known religious practices, beliefs and mental and physical disabilities unless undue hardship would result in accordance with applicable local, state, and federal law. In addition, L.A. Care will not penalize or retaliate against an employee who is a victim of domestic violence, sexual assault, or stalking for requesting leave time or accommodations in the workplace to ensure the employee's safety and well-being. Furthermore, this policy prohibits unlawful harassment in any form, including verbal, physical and visual harassment. Retaliation of any kind is also prohibited against

individuals who file complaints in good faith ~~make valid complaints~~[JG1] or who assist in an official L.A. Care investigation. Employees who violate this policy are subject to disciplinary action, up to and including immediate termination.

3.2 Harassment is any unwelcome and unlawful conduct (verbal, physical, visual or on-line (any form of social media)) that an individual considers violates his/her dignity, that creates a hostile or offensive environment, or that causes an individual to feel intimidated, threatened, bullied, humiliated, offended, denigrated or distressed. Everyone is expected to refrain from any behavior or conduct that could reasonably be interpreted as prohibited harassment. No employee, including the highest--ranking individuals at L.A. Care, is exempt from the requirements of this policy. The following is a non-exhaustive list of behavior prohibited by this policy:

3.2.1 Comments, jokes or negative stereotyping made through any form of communication that are insulting, degrading, exploitative, derogatory or discriminatory in nature;

3.2.2 Making threats or intimidating remarks or creating or circulating materials that denigrate or show hostility or aversion toward an individual or group of people based on a legally protected characteristic or classification;

3.2.3 Accessing, viewing, displaying or circulating discriminatory or sexually explicit or suggestive materials, including pornography, cartoons, calendars, drawings and e-mails;

3.2.4 Engaging in offensive, sexual, or overly-familiar touching or other inappropriate physical contact or interferences, with another individual;

3.2.5 Making sexual remarks, innuendos, propositions or advances, or repeatedly requesting a personal relationship when the recipient of the request has indicated it is unwelcome; or

3.2.6 Any inappropriate conduct that unreasonably interferes with another's work performance or creates an intimidating, offensive or hostile environment and which is inconsistent with L.A. Care's standards of professionalism, sound judgment and respect for employees and others with whom L.A. Care does business.

3.3 Unlawful Sexual Harassment is also prohibited and includes, but is not limited to, any behavior that includes unwelcome or unwanted sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature (regardless of how the overture is communicated) when:

3.3.1 Submission to, or rejection of such conduct is used as the basis for employment decisions that influence or affect an individual's career (such as compensation, promotions, terms and conditions of employment, and benefits affecting that individual);

3.3.2 Such conduct substantially interferes with an individual's job performance;

3.3.3 Creates an intimidating, hostile or offensive work environment;

3.3.4 All of the conduct described in section 3.2 above, when it is of a sexual nature;

3.3.5 Deliberate, repeated or unwelcome sexual advances; or

3.3.6 Offering employment benefits in exchange for sexual favors, or making threatening reprisals after a negative response to sexual advances.

3.4 **Reporting:** If an L.A. Care employee objects to or feels uncomfortable as a result of any inappropriate behavior or conduct, he/she may, but is not required to, inform the other party that the activity is unacceptable or unwelcome. The employee shall also report the incident, behavior or conduct immediately to his/her supervisor, the Senior Director, Business Supp Svcs, Learning Experience and Organizational Excellence~~Senior Director, Business Support Services~~, the Chief of Human Resources, Manager, Leave, Ergonomics, and Internal Investigation, ~~the Senior Director, Center for Organizational Excellence,~~ the HR Internal Investigator, ~~or t~~their Human Resources Business Partner, or ~~at myHRpartner@lacare.org or ext. 6947 (myHR),~~ Compliance Department, Compliance Officer or Compliance Helpline at (800) 400-4889.

3.4.1 Employees are required to report unlawful discrimination, retaliation, harassment or other inappropriate or unwelcome behavior or conduct to their supervisor, any member of the management or Leadership Team, any of L.A Care's Human Resources Business Partners in the Employee Business Support Services unit ~~or they may dial ext. 6947 (myHR) (confidential line)~~or by calling the ~~,~~ Compliance Department or Compliance Helpline at (800) 400-4889.

3.4.2 All supervisors and members of management are required to immediately report any complaint of misconduct or suspected misconduct under this policy to the Senior Director, Business Supp Svcs, Learning Experience and Organizational Excellence~~Senior Director, Business Support Services~~, the Chief of Human Resources, Manager, Leave, Ergonomics, and Internal Investigation, ~~the Senior Director, Center for Organizational Excellence, the~~ HR Internal Investigator, or their Human Resources Business ~~Partner at myHRpartner@lacare.org or ext. 6947 (myHR)~~. Complaints of misconduct or suspected misconduct against Human Resources staff should be directed to the Compliance Department, Compliance Officer or Compliance Helpline at (800) 400-4889.

3.4.3 Each employee has a personal responsibility not to make false harassment claims or claims that are made for ~~some~~ an ulterior purpose not related to stopping or preventing further harassment. Claims of harassment not made in good faith may result in disciplinary action, up to and including termination of employment of the accuser.

3.5 Any form of retaliation against individuals making complaints under this policy, or against witnesses, or against any other involved employees is strictly prohibited. Retaliation may include, but is not limited to, denial of job opportunities or advancement, derogatory comments, being subjected

to greater scrutiny at work without valid reason, being denied Personal Time Off (PTO) requests absent a legitimate reason, being given the silent treatment, physical contact or aggression. Retaliatory conduct will be subject to disciplinary action, up to and including termination of employment.

~~3.4.4 Any form of retaliation, which includes, but is not limited to, derogatory comments against individuals making complaints under this policy, or against witnesses, or against any other involved employee, is strictly prohibited. [2]Retaliatory conduct will be subject to disciplinary action, up to and including termination of employment. Refer to the Policy on Standards of Conduct (HR-219). L.A. Care prohibits coworkers, third parties, supervisors, and mangers from engaging in discriminatory, harassing, or retaliatory conduct. All employees who experience or witness any conduct they believe to be retaliatory should immediately follow the reporting procedures stated above.~~

~~3.5~~3.6 **Investigations:** All complaints and investigations will be kept confidential consistent with the need to conduct an adequate investigation, and to the extent permitted by law. All reports of conduct that are inconsistent with this policy will be addressed through a fair, timely, and thorough investigation. Complaints will be promptly investigated by impartial and qualified internal personnel unless external involvement is warranted. If an investigation reveals that a violation of this policy or other inappropriate or unlawful conduct has occurred, L.A. Care will take corrective action, including disciplinary action, up to and including immediate termination, as is appropriate under the circumstances, regardless of the positions of the parties involved. Additionally, under California law, employees may be held personally liable for harassing conduct that violates the California Fair Employment and Housing Act.

~~3.6~~3.7 **Training:** All ~~ma~~nagement and supervisory employees will receive specific training related to harassment as required by law.

3.7.1 Mandatory training is provided annually for all management staff with direct reports.

~~3.6.1~~3.7.2 Mandatory training is provided to non-management staff once every two years.

~~3.7~~3.8 It is the responsibility of all employees to follow this policy. Any employee who violates this policy and L.A. Care's commitment to equal employment opportunity will be subject to disciplinary action, up to and including termination of employment. Every employee at L.A. Care is required to report unlawful harassment, and no reprisals will be taken against any employees that make such a report in good faith or who partake in any employee investigations.

4.0 MONITORING:

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

5.0 REPORTING:

5.1 Reference section 3.4 of this policy.

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

	NON-FRATERNIZATION~~ENTER POLICY TITLE HERE~~	~~ABC-####~~HR-228

DEPARTMENT	~~DEPARTMENT/BUSINESS UNIT NAME HERE~~HUMAN RESOURCES
Supersedes Policy Number(s)	

DATES					
Effective Date	5/17/2012	Review Date	~~/1/2014~~3/1/~~2024~~4/17/2024	Next Annual Review Date	~~4/1/2015~~4/1/~~2015~~ 3/1/~~2026~~4/1/~~2025~~ 4/17/2025
Legal Review Date	04/15/204	Committee Review Date	Click here to enter a date.		

LINES OF BUSINESS			
Cal MediConnect	L.A. Care Covered	L.A. Care Covered Direct	MCLA
PASC-SEIU Plan	Internal Operations		

DELEGATED ENTITIES / EXTERNAL APPLICABILITY			
PP – Mandated	PP – Non-Mandated	PPGs/IPA	Hospitals
Specialty Health Plans	Directly Contracted Providers	Ancillaries	Other External Entities

ACCOUNTABILITY MATRIX			
Enter department here	Enter policy §§ here		

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

ELECTRONICALLY APPROVED BY THE FOLLOWING		
	OFFICER	**DIRECTOR**
NAME	Terry Brown	Jyl Russell
DEPARTMENT	Human Resources	Human Resources
TITLE	Chief Human Resources Officer	-Sr. Dir. HR Business Support, Learning Ex, Center of Excellence

AUTHORITIES
➢ Enter all authorities here. Authorities include all legal, regulatory, contractual, or accreditation requirements.

REFERENCES
➢ Enter all references, including policies and procedures, here.

HISTORY	
REVISION DATE	DESCRIPTION OF REVISIONS
3/1/2024	Transfer Policy to new template and Edit to 4.1 to include non-management employees

1.0 OVERVIEW:

1.1 To promote official business operations of L.A. Care and to avoid misunderstandings, actual or potential conflicts of interest, complaints of favoritism, possible claims of unlawful sexual harassment, employee morale and dissension problems or other problems of supervision that can result from personal or social relationships between employees of L.A. Care.

2.0 DEFINITIONS:

2.1 N/A

3.0 POLICY:

3.1 L.A. Care ~~wishes to p~~promote~~s~~ positive relations between its employees. ~~However,~~In promoting positive employee relations, L.A. Care has a significant interest in avoiding misunderstandings, complaints of favoritism, possible claims of sexual harassment or other unlawful harassment, as well as other problems that may

result from personal or social relationships involving managerial and supervisory employees, as well asand –non-management employees. Accordingly, all employees, both management and non-management, are discouraged from fraternizing or becoming romantically involved employees should refrain from engaging in a romantic or sexual relationship with other employees, when, in the sole opinion of L.A. Care, their personal relationship may create a conflict of interest, cause disruption, create a negative or unprofessional work environment or present concerns regarding supervision, safety, security or morale.

Managers, supervisors, directors and officers are prohibited from fraternizing or becoming romantically involvedengaging in a romantic or sexual relationship with one another or with any other subordinate employee of L.A. Care within their chain-of-command. It is also important for the managers and supervisors to avoid personal relationships with employees that could reduce their objectivity, fairness, or effectiveness as managers and supervisors.

It is not L.A. Care's intention to dictate choices made in an employee's personal life with this Policy. However, circumstances may change, and conduct that was previously welcome may become unwelcome. Even when both parties have consented at the outset to a romantic involvement, this past consent does not remove the basis for a complaint based upon subsequent unwelcome conduct. All employees are prohibited from engaging in unwelcome conduct.

All employees should also remember that L.A. Care maintains a strict policy against unlawful harassment of any kind, including sexual harassment.

If an actual, perceived or potential conflict exists, L.A. Care may take whatever action it deems appropriate according to the circumstances, up to and including transfer to eliminate the actual or potential conflict or discharge of employment. Failure to promptly disclose material facts or existence of a romantic relationship may lead to disciplinary action, up to and including termination. Co-employees who engage in a consensual romantic or sexual relationship are required at all times to conduct themselves in such a way that their actions do not become the object of gossip or a distraction or disruption in the workplace. All employees shall behave in a professional manner.

~~3.1~~

4.0 PROCEDURES:

4.1 Reporting of any actual, perceived or potential conflict or a romantic relationship between any manager, supervisor, director, or officer and his/her subordinate employee including any perceived or actual conflict between non-management employees, can be accomplished thorough Human Resources Business Partner, the confidential Compliance Helpline at (800) 400-4889, any management staff, or speaking to the employee's direct supervisor.

5.0 MONITORING:

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

~~**5.1**~~

6.0 REPORTING:

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

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

~~**6.1**~~

	EQUAL EMPLOYMENT OPPORTUNITY	HR-306
DEPARTMENT	HUMAN RESOURCES	
Supersedes Policy Number(s)		

DATES					
Effective Date	5/30/1996	Review Date	~~6/14/2023~~2/12/20~~24~~4/17/2024	Next Annual Review Date	~~6/14/2024~~4/17/2025
Legal Review Date	~~8/2/2022~~4/15/2024	Committee Review Date	~~6/28/2023~~		

LINES OF BUSINESS			
Cal MediConnect	L.A. Care Covered	L.A. Care Covered Direct	MCLA
PASC-SEIU Plan	Internal Operations		

DELEGATED ENTITIES / EXTERNAL APPLICABILITY			
PP – Mandated	PP – Non-Mandated	PPGs/IPA	Hospitals
Specialty Health Plans	Directly Contracted Providers	Ancillaries	Other External Entities

ACCOUNTABILITY MATRIX			

ATTACHMENTS

ELECTRONICALLY APPROVED BY THE FOLLOWING		
	OFFICER	**DIRECTOR**
NAME	Terry Brown	Michelle Li
DEPARTMENT	Human Resources	Talent Strategy & HR Technology
TITLE	Chief Human Resources Officer	Senior Director, Talent Strategy and Human Resources Technology

AUTHORITIES

- HR-501, "Executive Committee of the Board: HR Roles and Responsibilities"
- California Welfare & Institutions Code §14087.9605
- Title VII of the Civil Right Act of 1964
- Americans with Disabilities Act (ADA)
- California Fair Employment and Housing Commission (FEHC)
- Age Discrimination in Employment Act (ADEA)
- Rehabilitation Act of 1973
- Division of Labor Standards Enforcement (DLSE)

REFERENCES

HISTORY

REVISION DATE	DESCRIPTION OF REVISIONS
12/2/1996	Revision
4/1/2014	Review
1/25/2017	Revision
8/22/2018	Revision: protected classes expanded and updated. Means for reporting policy violations broadened.
6/14/2023	Review, DEI statement and Cannabis use protection added ~~added~~

DEFINITIONS

1.0 OVERVIEW:

1.1 L.A. Care Health Plan (L.A. Care) is an equal opportunity employer under applicable laws and is committed to valuing diversity, equity, and inclusion. In accordance with L.A. Care's Mission, Vision and Values, L.A. Care believes that all persons are entitled to equal employment opportunity in accordance with applicable federal, state, and local laws and is dedicated to ensuring that all terms, conditions and privileges of employment are in accordance with its principles of equal employment opportunity.

2.0 DEFINITIONS:

N/A

3.0 POLICY:

3.1 L.A. Care believes that all persons are entitled to equal employment opportunity and does not discriminate against qualified employees or applicants because of race (including traits historically associated with race, such as hair texture and protective hairstyles, including braids, locks, and twists), ethnicity, color, religion, religious creed (including religious dress and grooming practices), religious affiliation, national origin (including language restrictions), ancestry, sex, pregnancy, child birth, breastfeeding and medical conditions related to pregnancy, child birth, and breastfeeding, maternity, caring responsibilities, marital status, civil partnership status, physical or mental disability, (including HIV and AIDS), medical condition (including cancer and genetic characteristics), age, citizenship status, sexual orientation, sex/gender, gender identity, genetic information, gender expression, military or veteran status, family care or medical leave status (including denial of family and medical care leave), domestic violence victim status, political affiliation, use of cannabis off the job and away from the workplace, or any other protected category as identified by applicable local, state or federal law, rule, ordinance or regulation.

3.2 Equal employment opportunity will be extended to all persons in all aspects of the employment relationship, including without limitation recruitment, hiring, training, promotions, transfer, discipline, layoff, recall, or –termination, to the extent permitted by law.

3.3 It is L.A. Care's policy to recruit, employ, retain, promote, terminate, and otherwise treat all employees and job applicants on the basis of merit, qualifications and competence.

3.4 All job postings will include the applicable paygrade and the pay range L.A. Care reasonably expects to pay for the position.

~~**3.3**~~**3.5** All L.A. Care job descriptions are developed in a manner that they are gender neutral.

~~3.4~~3.6 L.A. CARE MISSION STATEMENT:

~~3.4.1~~3.6.1 L.A. Care's mission is to provide access to quality health care for Los Angeles County's vulnerable and low-income communities and residents and to support the safety net required to achieve that purpose.

~~3.5~~3.7 L.A. CARE VISION:

~~3.5.1~~3.7.1 A healthy community in which all have access to the health care they need.

~~3.6~~3.8 L.A. CARE VALUES:

~~3.6.1~~3.8.1 We are committed to the promotion of accessible, high quality health care that:

~~3.6.1.1~~3.8.1.1 Is accountable and responsive to the communities we serve and focuses on making a difference;

~~3.6.1.2~~3.8.1.2 Fosters and honors strong relationships with our health care providers and the safety net;

~~3.6.1.3~~3.8.1.3 Is driven by continuous improvement and innovation and aims for excellence and integrity;

~~3.6.1.4~~3.8.1.4 Reflects a commitment to cultural diversity and the knowledge necessary to serve our members with respect and competence;

~~3.6.1.5~~3.8.1.5 Empowers our members by providing health care choices and education and by encouraging their input as partners in improving their health;

~~3.6.1.6~~3.8.1.6 Demonstrates L.A. Care's leadership by active engagement in community, statewide and national collaborations and initiatives aimed at improving the lives of vulnerable low income individuals and families; and

~~3.6.1.7~~3.8.1.7 Puts people first, recognizing the centrality of our members and the staff who serve them.

4.0 PROCEDURES:

4.1 N/A

5.0 MONITORING:

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

6.0 REPORTING:

6.1 Any suspected violations to this policy should be reported to any member of the management or Leadership Team, any of L.A Care's Human Resources Business Partners, Compliance Officer or Compliance Department, or anonymously through Compliance Helpline at (800) 400-4889 or online portal at lacare.ethicspoint.com.

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

DATE: March 15, 2024

TO: Executive Committee

FROM: Terry Brown, *Chief Human Resources Officer*

SUBJECT: AB 2589 – Annual Disclosure of Broker Fees

To comply with the requirements of AB 2589 in reporting insurance broker fees associated with the various health and welfare benefits L.A. Care offers to its employees, identified below is the disclosure of the commission earned by Woodruff Sawyer, our broker of record for the majority of our various health and wellness insurers providing L.A. Care employee benefits for plan years 2023 and 2024. Commission is paid to Woodruff Sawyer on a monthly or annual basis, and the amount is based on the number of participants in the benefit program.

Line of Coverage	Carrier	Broker	2023 Base Commission	2024 Base Commission
Medical HMO	Kaiser	Woodruff Sawyer	1.5%	1.25%
Medical HMO and PPO	Blue Shield	Woodruff Sawyer	2%	2%
Dental HMO and PPO	Cigna Dental	Woodruff Sawyer	10% HMO $2.25 pepm	10% HMO $2.25 pepm
Vision	EyeMed	Woodruff Sawyer	$0.86 pepm	$0.86 pepm
EAP	Anthem Blue Cross	Woodruff Sawyer	0%	0%
Life, Long and Short-Term Disability	Unum	Woodruff Sawyer	10%	10%
Voluntary Benefits	Unum	Woodruff Sawyer	Varies by plan 70%-90% 1st year 2.5%-10% years 2+	Varies by plan 70%-90% 1st year 2.5%-10% years 2+
Pet Insurance	Nationwide	Woodruff Sawyer	10% new and 5% renewal	10% new and 5% renewal
Executive Disability	Unum	Woodruff Sawyer	50% 1st year 5% years 2-5 2.5% years 6-10 2% years 11+	50% 1st year 5% years 2-5 2.5% years 6-10 2% years 11+

Line of Coverage	Carrier	Broker	2023 Base Commission	2024 Base Commission
Executive Term Life (CEO only eff. 2/1/2021)	Banner/Dye & Eskin	Woodruff Sawyer	25% 1st year 4% years 2-5 2% years 6-10 .5% years 11+	25% 1st year 4% years 2-5 2% years 6-10 .5% years 11+
Executive Term Life	Protective/Dye & Eskin (eff. 2/1/2021)	Woodruff Sawyer	For Year 1 Ages 18-59: 40% Ages 60-62: 38 Ages 63-64: 36 Ages 65-69: 34 Ages 70+: 32 Years 2-10: 4% Years 11+: 1%	For Year 1 Ages 18-59: 40% Ages 60-62: 38 Ages 63-64: 36 Ages 65-69: 34 Ages 70+: 32 Years 2-10: 4% Years 11+: 1%
Universal Life (CEO)	John Hancock	Woodruff Sawyer	The rest of the residual target premium held from year 1 (total of 95% of target over 2 years) 1% years 3-10	The rest of the residual target premium held from year 1 (total of 95% of target over 2 years) 1% years 3-10

In addition to insurance placement, additional services provided by Woodruff Sawyer for the commission payment include:

- Woodruff Sawyer core consulting services
- Wellness consulting services & platform
- FSA/COBRA administration
- Assistance with development and updates to employee communications
- Self-funding actuarial reports, including reserve calculations & COBRA rates
- Compliance consulting
- Zywave online & telephonic support for Human Resources
- Employee Call Center

Our external consultant, Pearl Meyer, has reviewed the commission structures and found them to be reasonably positioned below the range of costs paid by similarly sized organizations in the state of California.

Pearl Meyer

HOUSTON
3 Riverway | Suite 1250 | Houston, TX 77056
Tel: 713.568.2200 **Fax:** 855.978.1640

houston@pearlmeyer.com
www.pearlmeyer.com

MEMORANDUM

Date: March 15, 2024

To: Terry Brown, Chief Human Resources Officer, L.A. Care

From: Mark Mundey, Principal

RE: Reasonableness of L.A. Care Employee Benefit Broker Commissions

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The broker costs (commissions and fees) levels paid by L.A. Care, as a percent of plan premiums for employee health insurance coverage during the 2024 plan year are reasonably positioned below the range of costs paid by similar-sized organizations in the state of California. In general, there is an inverse relationship between organization size (number of covered employees) and broker costs as a percent of plan premium. Larger organizations (such as L.A. Care) pay larger premiums, while the actual broker costs (commissions) are lower as a percentage of premiums paid. Broker costs as a percent of premium therefore are typically less for larger employers that than for smaller employers with less insured employees.

Observations

L.A. Care, with more than 2,000 covered employees enrolled in health insurance plans, paid 2024 plan year broker costs of **1.74%** of plan premiums across its lines of employee health insurance coverage and **2.59%** when including life and disability. 500 California employers with a median employee count of 2,014 paid a median broker cost (as a percent of premium) of **3.53%**.

While L.A. Care has a slightly smaller employee (enrollee) count for a number of its benefit coverages (Blue Shield with 866 enrollees, Pet Insurance with 188 enrollees), Pearl Meyer also evaluated a larger group of employers with smaller employee counts. 1,072 California employers with a median employee count of 984 paid a median broker cost (as a percent of premium) of **4.40%.**

Health insurance broker costs can vary widely, with a typical range of 3% to 6% of plan premiums for fully-insured plans. The California market observations in the current analysis are all based on data reflecting fully-insured plans. Market data reflecting broker costs as a percent of plan premium for self-funded health insurance plans is not as reliable. Brokers can increase other payments in order to decrease their costs as a percent of premium.

Methodology

Pearl Meyer gathered data for the state of California for all employers that filed Form 5500s in 2021, 2022 and 2023. Plan data reflects all benefit plans with at least 100 participants. The following summarizes our approach to analyzing the data:

1) Combined two data detail files from Zywave
2) Eliminated all records prior to 2023
3) Eliminated all records for self-funded plans
4) Eliminated all incomplete records
5) The previous three steps resulted in a database of 4,276 employers
6) Eliminated all records below the 75th percentile based on employee count (reduced the database to the top quartile of employer size), resulting in 1,326 employers
7) Calculated 25th, 50th, 75th percentiles and average broker costs as a percent of plan premium
8) Eliminated all but the 500 largest employers based on employee count
9) Calculated 25th, 50th, 75th percentiles and average broker costs as a percent of plan premium

Pearl Meyer

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MEMORANDUM

Date: April 5, 2023

To: Terry Brown, Chief Human Resources Officer, L.A. Care

From: Steven T. Sullivan, Managing Director
Mark Mundey, Principal

RE: Reasonableness of L.A. Care Employee Benefit Broker Commissions

---

The broker costs (commissions and fees) levels paid by L.A. Care, as a percent of plan premiums for employee health insurance coverage during the 2022/2023 plan year are reasonably positioned below the range of costs paid by similar-sized organizations in the state of California. In general, there is an inverse relationship between organization size (# covered employees) and broker costs as a percent of plan premium. Larger organizations (such as L.A. Care) pay larger premiums, while the actual broker costs remain relatively constant. Broker costs as a percent of premium therefore are typically less for larger employers that than for smaller employers with less insured employees.

Observations

L.A. Care, with as many as 1,900 covered employees enrolled in health insurance plans, paid 2022/2023 plan year broker costs of **1.88%** of plan premiums across its lines of employee health insurance coverage and **2.91%** when including life and disability. 500 California employers with a median (50th percentile) employee count of 1,974 paid a median broker cost (as a percent of premium) of **3.06%**.

Based on the fact that L.A. Care has a smaller employee (enrollee) count for a number of its benefit coverages (Blue Shield with 642 enrollees, Pet Insurance with 157 enrollees), Pearl Meyer also evaluated a larger group of employers with smaller employee counts. 1,326 California employers with a median employee count of 823 paid a median broker cost (as a percent of premium) of **4.10%.**

Generally across the U.S. marketplace, health insurance broker costs are 3% to 4% of plan premiums for fully-insured plans. The California market observations in the current analysis are all based on data reflecting fully-insured plans. Market data reflecting broker costs as a percent

of plan premium for self-funded health insurance plans is not as reliable. Brokers can increase other payments in order to decrease their costs as a percent of premium.

Methodology

Pearl Meyer gathered data for the state of California for all employers that filed Form 5500s in 2020, 2021 and 2022. Plan data reflects all benefit plans with at least 100 participants. The following summarizes our approach to analyzing the data:

1) Eliminated all incomplete records
2) Eliminated all records prior to 2022
3) Eliminated all records for self-funded plans
4) The previous three steps resulted in a database of 5,286 employers
5) Eliminated all records below the 75th percentile based on employee count (reduced the database to the top quartile of employer size), resulting in 1,326 employers
6) Calculated 25th, 50th, 75th percentiles and average broker costs as a percent of plan premium
7) Eliminated all but the 500 largest employers based on employee count
8) Calculated 25th, 50th, 75th percentiles and average broker costs as a percent of plan premium