EXECUTIVE COMMITTEE MEETING

Board of Governors

March 22, 2021 • 2:00 PM

L.A. Care Health Plan
1055 W. 7th Street, Los Angeles, CA 90017
California Governor issued Executive Orders No. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Accordingly, members of the public should now listen to this meeting via teleconference as follows:

To join and LISTEN ONLY via videoconference please register by using the link below:
https://lacare.webex.com/lacare/j.php?MTID=mda514bac7d0b568b99ca4fa2c047a328

To join and LISTEN ONLY via teleconference please dial: (213) 306-3065 or (415) 655-0002
Access code: 187 986 6406

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

The text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the Agenda item to which your comment relates.
Comments received by voicemail, email or text by 2:00 pm on March 22, 2021 will be provided in writing to the members of the Board of Governors that serve on the Executive Committee. Public comments submitted will be read for 3 minutes.

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

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

WELCOME

1. Approve today’s meeting Agenda Chair Hector De La Torre, Chair
2. Public Comment (please see instructions above) Chair
3. Approve February 22, 2021 Meeting Minutes p.4 Chair
4. Chair’s Report Chair
5. Chief Executive Officer Report Chair John Baackes Chief Executive Officer

COMMITTEE ITEMS

6. Government Affairs Update p.15 Cherie Compartore Senior Director, Government Affairs
7. Revisions to Communications Policy COMM-006 (Sponsorships) [EXE 100] p.59
   Francisco Oaxaca
   Chief of Communications & Community Relations

8. Approve the list of items that will be considered on a Consent Agenda for April 1, 2021
   Board of Governors Meeting
   - Minutes of March 4, 2021 Board of Governors Meeting
   - Revisions to Communications Policy COMM-006 (Sponsorships)
   Chair

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

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

10. REPORT INVOLVING TRADE SECRET
    Pursuant to Welfare and Institutions Code Section 14087.38(n)
    Discussion Concerning New Service, Program, Business Plan
    Estimated date of public disclosure: March 2023

11. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION
    Significant exposure to litigation pursuant to Section 54956.9(d) (2) of Ralph M. Brown Act
    Two Potential Cases

12. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
    Initiation of litigation pursuant to Section 54956.9(d)(4) of Ralph M. Brown Act:
    One Potential Case

13. CONFERENCE WITH LABOR NEGOTIATOR
    Section 54957.6 of the Ralph M. Brown Act
    Agency Designated Representative: Hector De La Torre
    Unrepresented Employee: John Baackes

RECONVENE IN OPEN SESSION

ADJOURN

The next Executive Committee is scheduled on Monday, April 26, 2021 at 2:00 p.m.
Chair

Public comments will be read for three minutes or less.

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

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

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats – i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care’s Board Services Department at (213) 694-1250. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.
CALL TO ORDER

Hector De La Torre, Chairperson, called to order the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee meetings at 2:07 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings.

- For those who provided public comment for this meeting by voice message or in writing, we are really glad that you provided input today. The Committee will hear your comments and we also have to finish the business on our Agenda today.
- If you have access to the internet, the materials for today’s meeting are available at the lacare.org website. If you need information about how to locate the meeting materials, please let us know.
- Information for public comment is on the Agenda available on the web site. Staff will read the comment from each person for up to three minutes.
- The Chairperson will invite public comment before the Committee starts to discuss the item. If the comment is not on a specific agenda item, it will be read at the general Public Comment item 2 on today’s agenda.
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<td>APPROVE MEETING AGENDA</td>
<td>The Agenda for today’s meeting was approved.</td>
<td>Approved unanimously by roll call. 6 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez and Perez)</td>
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| PUBLIC COMMENTS | Feb 13, 4:58 pm, via Text, sender not self-identified  
Public comment 2-22-2021 the summary of why I keep commenting at your meetings is because in 2014 after seeing my adult autistic daughter in a 10 day coma that could’ve been prevented I discover in early 2014 that Synermed was behind the harm done to her, so I go out of my way to report that fact to LA Care, much later in 2019 the DMHC verified that fraud and you f—/— idiots defended Synermed in response to my 2014 complaint and then you denied my daughter your services, so you discriminated against my autistic daughter and retaliated against us for telling you what I believe you already knew, that there was something wrong BIG TIME with those people!  
Now I notice that no one has formally notified us that our daughter is a victim, this tells me 1000s of people have no idea they are Synermed fraud victims, my focus isn’t the other affected HMOs, my focus is LA Care ignoring our very relevant grievances (I have 100s of copies) and not helping with our daughter post surgical care, she may have died anyway but I will never know of your help may have helped, in any event she had the right to your services, thats what my complaints are, I believe there are many other victims besides my child who have been contacting me. My number is 626-217-0549 bohindy@gmail.com if there a rule I can’t share my info show it to me! I don’t give a damn what else Synermed called themselves you know perfectly well what I’m talking about! | |
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| in jail I will do what I can to make it happen! My child is not the only victim, I know of a dead disabled person where a judge had agreed it was dependent adult abuse! | Feb 19, 5:09 am, via Text, sender not self-identified
More public comment 2-22-2021 meeting, I'm requesting formal notification that my daughter Vanessa is a Synermed fraud victim, the DMHC told you in (3 minutes expired, and the remainder of this person’s comments are included at the bottom of these minutes as an addendum). | Chairperson De La Torre stated that he interrupted the reading of public comment prior to the contact information being given because this particular submitter of public comment, who frequently submits public comment and to whom Chairperson De La Torre had personally expressed condolences for the loss of her daughter, had previously complained and filed complaints regarding her personal information being divulged through the public comment process. He does not want L.A. Care to be in a position of divulging her personal contact information in our meetings, even though she put it in her comments. All her comments were read as submitted except her phone number, because that is personal information, and he does not want L.A. Care in a position of divulging personal information through the public comments. |
| APPROVE MEETING MINUTES | The minutes of the January 25, 2021 meeting were approved with correction to delete question marks which were inserted as editor's notes. | Approved unanimously by roll call. 6 AYES |
| CHAIRPERSON’S REPORT | Chairperson De La Torre observed that unfortunately there are geographic pockets in Los Angeles County that do not have COVID-19 vaccination sites which limits access to the vaccine in those areas. He hopes that L.A. Care continues to push for expansion of vaccination sites, particularly throughout the underserved communities all over the county. Clearly, access to COVID-19 vaccine was missing in some communities. The vaccine must be easily accessible for all people. | |
| CHIEF EXECUTIVE OFFICER REPORT | John Baackes, Chief Executive Officer, reported:
- State of California has indefinitely postponed implementation of a new prescription drug plan for Medi-Cal beneficiaries. Governor Newsom had proposed in 2019 that the State would take over the purchase of prescription medications for Medi-Cal and the prescription drug benefits would be taken out of the Medi-Cal benefits currently |
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<td>administered by health plans. His proposal included creation of a new bureaucracy on the basis of cost savings. A contract was issued to Magellan, a pharmacy benefit management company (PBM), at the end of 2019. The new program was to begin January 1, 2021. In November 2020, the start was postponed to April 1, 2021. Last week an indefinite postponement was announced.</td>
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<td>• On January 4, 2021, it was announced that Magellan had been acquired by Centene Corporation, which also owns Health Net, a provider of health coverage for Medi-Cal in California. The request for proposals (RFP) for a PBM that was issued by the State of California stated that the PBMs owned by health plans doing business with the State of California would not be eligible to bid because of the inherent conflict of interest. The acquisition of Magellan after the selection process, by a corporation that also owns a health plan doing business with the State of California, seems to create that conflict of interest. Health plans have been informed that the conflict of interest could not be resolved in time for the new PBM administration to proceed on April 1, 2021, and that State representatives will continue to work with Magellan and Centene to resolve it, with a decision about pharmacy benefits for Medi-Cal expected in May, 2021.</td>
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<td>• The members of Local Health Plans of California (LHPC), a statewide trade association that represents all 16 local, not-for-profit health plans including L.A. Care, unanimously agreed and recommended in writing to the State of California that implementation of the new PBM be postponed until at least January 1, 2022, and that Magellan be stripped of the contract for administration of the new program. The contract could be awarded to the second choice PBM or a new RFP could be issued.</td>
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<td>• The postponement of a new PBM program avoided an impossible mess that could have resulted from the significant changes to Medi-Cal pharmacy benefits in the midst of a pandemic and distribution of critical COVID-19 vaccines.</td>
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<td>• L.A. Care is not an entity that will receive or distribute vaccines. L.A. Care is very concerned about making the vaccine readily accessible for its members and is working to address member concerns about the vaccines and is distributing information to reassure the community and encourage people to get vaccinated.</td>
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<td>o Work on overcoming inequity gaps in accessing vaccine sites.</td>
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<td>o Partnered with a variety of health systems with access to the vaccine to help identify eligible members and help them access a vaccine site.</td>
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<td>o Flu vaccine clinics at the end of 2019 were conducted in conjunction with the USC School of Pharmacy.</td>
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<td>o L.A. Care is working with USC School of Pharmacy to develop a distribution of vaccine at L.A. Care’s Community Resource Center locations. These will be open for walk-up.</td>
<td>These efforts are hampered by the insufficient supply of vaccine to meet the needs of Californians.</td>
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<td>•</td>
<td>The State of California issued a no-bid contract to Blue Shield of California to act as a third party administrator (TPA) in the distribution of the vaccine. The role of the TPA is not yet clear.</td>
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<td>The Federal Emergency Management Agency (FEMA) has announced vaccination sites at the California State University in Los Angeles and at the Oakland-Alameda Coliseum, in Oakland, California.</td>
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<td>The federal administration has stated it will deliver COVID-19 vaccines directly to Federally Qualified Health Centers (FQHC). The FQHCs know the patients who are eligible and most in need of vaccines. This will help address equity in distribution.</td>
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<td>•</td>
<td>CalAIM will begin January 1, 2022, and it will be a major change in the Medi-Cal program. CalAIM is a multi-year initiative by California Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of our population by implementing broad delivery system, program and payment reform across the Medi-Cal program. Two important aspects of the program are the enhanced care management benefit and an in lieu of services benefit. Both are modeled after successful ongoing components of previous waiver pilot programs: Whole Person Care (WPC) and Health Homes Program (HHP). WPC and HHP will terminate at the end of 2021. CalAIM will have financial and operational implications for L.A. Care, and will change the benefit programs, and implementation will be a challenge. Mr. Baackes noted that the changes are going in the right direction, and he will provide additional information at future meetings.</td>
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<td>•</td>
<td>L.A. Care’s Financial Report through January 2021 shows positive results. Performance is better than was forecast in the Budget approved by the Board in September 2020. Staff remains focused on reducing administrative cost and has started an internal program called, <em>Re-engineering for Efficiency</em>.</td>
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Member Gonzalez asked if vaccine outreach efforts were underway for L.A. Care’s members receiving the PASC-SEIU health plan.
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<td>Richard Seidman, MD, MPH, Chief Medical Officer, responded that those members have been in a tier eligible for the vaccine for the last month and outreach work is being conducted for those members. Most of them receive care through the Los Angeles County Department of Health Services (DHS) facilities. Dr. Seidman reviewed the groups that would become eligible for vaccine and cautioned that there may be a tightening of supply of the vaccine in the next few weeks. He noted that it is hoped that a third vaccine, from Johnson &amp; Johnson, will receive emergency authorization for us before the end of February.</td>
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<td>Member Booth asked if L.A. Care was working with other nonprofit medical groups such as Kaiser Permanente. Mr. Baackes indicated he will speak to that organization.</td>
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<td>FY 2019-20 Year-End Sponsorship Report</td>
<td>Mr. Baackes referred to the report included in the meeting materials (a copy of the report may be requested by contacting Board Services).</td>
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| Government Affairs Update | Feb 21, 9:04 am, via Text, sender not self-identified

Government Affairs agenda Public comment, I’m requesting LA Care notify Synermed victims pursuant to Dept Of Managed Healthcare corrective action that your attorney signed, it states affected enrollees are to be followed up with. People who were harmed have the right to know! I know Synermed used another name, people were still affected by Synermed and you know it, stop using the other name they used to justify not telling people! Anyone who feels they were affected by Synermed is welcome to call/text 626-413-0199, you are NOT alone, YOU HAVE RIGHTS! |  |
| Feb 22, 2:16 pm, via Text, sender not self-identified

Chair report Public comment, I consent to my phone number and email being published, what rule is there otherwise? Also you published grievances which were not public comment which had no reason to be published. I will be following up with Brown Ave office! Chair public comment If you edit my public comment I will report that as well, show me the rule I can’t share my contact info Request or asked for this to b read at govt affairs item |  |
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<td>Chairperson De La Torre stated that because there is a history of complaints for disclosing personal contact information, L.A. Care will not disclose personal contact information during public comment.</td>
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<td>Cherie Compartore, Senior Director, Government Affairs, reported:</td>
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<td>• At the federal level, this week the House of Representatives is expected to pass a $1.9 trillion COVID relief package that includes funding for policy changes in Medicaid, public health and funding for some states and localities. A $15 minimum wage increase is in that legislation. This bill is expected to pass the House on a party line vote. Some provisions may be changed by the Senate through the reconciliation process as a result of the Byrd Rule. Medicaid provisions are expected to remain in the bill. The minimum wage increase may be changed or removed. It is expected to be passed by the Senate in mid-March before the current federal unemployment payment increases end.</td>
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<td>• Some highlights of the Medicaid provisions in the COVID relief packet are:</td>
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<td>o Increased eligibility for Medicaid up to 12 months for mothers after giving birth. California has a similar law but it only impacts mothers with a post-partum diagnosis.</td>
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<td>o Provides Medicaid coverage to prisoners that meet eligibility requirements 30 days prior to release. This will remain in effect for 5 years.</td>
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<td>o Increases subsidies for health exchange coverage premiums.</td>
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<td>o Provides an addition $1,400 in stimulus payment for people with up to $75,000 in annual income.</td>
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<td>• A hearing on the nomination of Xavier Becerra, nominee for Health and Human Services Secretary, will be held on February 24. It is expected there will be significant opposition to the nomination by Republican lawmakers.</td>
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<td>• At the state level, Governor Newsom and the legislative leaders have reached agreement on a $9.6 billion COVID relief bill for Californians. It includes a one-time $600 stimulus payment for low-income residents who qualify and $2.1 billion in grants for small businesses.</td>
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<td>Mr. Baackes asked Ms. Compartore to comment on the number of bills that have been introduced so far in the current legislative session that may have an impact on L.A. Care.</td>
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<td>Mr. Baackes asked Ms. Compartore to comment on the number of bills that have been introduced so far in the current legislative session that may have an impact on L.A. Care.</td>
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<td>Ms. Compartore reported that staff is tracking over 200 healthcare related bills, which is surprising as the legislature is not holding in-person hearings. Despite the remote hearings, the public will be able to provide input in a variety of ways. There are a number of bills related to telehealth. Assembly Member Wood, Health Committee Chair, has introduced a package of healthcare bills that deal with cost containment and price transparency. There are also a number of bills that would make some of the COVID relief measures permanent or more expansive. The California Nurses Association will re-introduce single payer legislation. The deadline for bill introduction was February 19. Staff will provide information on the proposed legislation at future meetings.</td>
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<td>Chairperson De La Torre noted that the large number of bills is to be expected given the reduction in bills introduced last year due to the pandemic and budget uncertainty. Ms. Compartore noted that the expected shortfall in revenue did not occur. The COVID-19 relief package may use some of those funds. Chairperson De La Torre noted that the revenue is more than $10 billion higher than expected.</td>
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<td>Member Booth asked about AB 890. Ms. Compartore responded that a planned meeting on this did not occur. At this moment there are no scope of practice bills.</td>
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<td><strong>Revised Communications Policy COMM 006 (Sponsorships)</strong></td>
<td><em>This item was not discussed and will be brought to a future Committee meeting for consideration.</em></td>
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<td><strong>L.A. Care Cash Balance Plan Restatement</strong></td>
<td>Terry Brown, <em>Chief Human Resources Officer</em>, summarized the amendments to L.A. Care Cash Balance Plan (the “Plan”), a tax-qualified supplemental retirement plan for senior executives which was established on January 1, 2006, and was most recently restated effective January 1, 2017. The Plan recently received a favorable determination letter from the Internal Revenue Service regarding the Plan’s tax-qualified status, which is conditioned on restating the Plan to incorporate these Plan amendments. The proposed restated Plan would also amend the Plan to increase the age at which participants must generally begin receiving distributions from the Plan from age 70½ to age 72 in accordance with the Setting Every Community Up for Retirement Enhancement Act (the “SECURE Act”). Mr. Brown introduced Ed Bernard, a consultant in this area, who is available to answer any questions.</td>
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<td>Member Booth asked about some items in this document:</td>
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<td>• On page 34 of the packet under Benefit Service, there is a statement that earning 2,280 hours of service. She asked why this number is used when a regular work year is usually 2,080. Mr. Brown responded that under this plan the monthly equivalency is 190 hours, so that results in the annual number of 2,280 hours. This is driven by Internal Revenue Service code. • There is a schedule 6 that shows $1 per year. Member Booth asked if this was for employees who became eligible after January 1, 2013. Mr. Bernard responded that schedule is to establish those employees as participants in the plan, as a placeholder. Mr. Brown noted that Public Employee Pension Reform Act changed L.A. Care’s ability to use plans such as the Cash Balance Plan. • Member Booth asked about how a participants age impacts participation in the plan. Mr. Brown noted that vesting occurs over three years, and employee contributions are fully vested. • Member Booth asked about the statement in section 5.1 regarding attainment of normal retirement age. Mr. Bernard responded that under the IRS rules, a participant will become fully vested upon attaining normal retirement age during the vesting period. Mr. Brown clarified that vesting occurs when a participant attains normal retirement age as an employee or achieves three years of service, whichever occurs first.</td>
<td>Motion EXE A.0221 1. To approve the adoption of the restated L.A. Care Cash Balance Plan, in the form attached hereto, to accomplish the aforementioned purposes, effective as of the dates set forth in the restatement; and, 2. To authorize and direct L.A. Care's General Counsel to execute the restated Plan. Approved unanimously by roll call. 6 AYES</td>
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<td>Approve the Consent Agenda for March 4, 2021 Board of Governors meeting</td>
<td>Approve the list of items that will be considered on a Consent Agenda for March 4, 2021 Board of Governors Meeting. • Minutes of February 4, 2021 Board of Governors Meeting • TransUnion Contract Amendment</td>
<td>Approved unanimously by roll call. 6 AYES</td>
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<td>PUBLIC COMMENTS</td>
<td>There were no public comments for the closed session items.</td>
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<td><strong>ADJOURN TO CLOSED SESSION</strong></td>
<td>Augustavia J. Haydel, Esq., General Counsel, announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 3:04 p.m.</td>
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<td><strong>CONTRACT RATES</strong></td>
<td>Pursuant to Welfare and Institutions Code Section 14087.38(m)</td>
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<td>• Plan Partner Rates</td>
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<td>Discussion Concerning New Service, Program, Business Plan</td>
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<td>Estimated date of public disclosure: February 2023</td>
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<td><strong>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION</strong></td>
<td>Significant exposure to litigation pursuant to Section 54956.9(d) (2) of Ralph M. Brown Act</td>
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<td>Three Potential Cases</td>
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<td><strong>CONFERENCE WITH LABOR NEGOTIATOR</strong></td>
<td>Section 54957.6 of the Ralph M. Brown Act</td>
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<td>Agency Designated Representative: Hector De La Torre</td>
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<td>Unrepresented Employee: John Baackes</td>
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<td><strong>PUBLIC EMPLOYEE PERFORMANCE EVALUATION</strong></td>
<td>Section 54957 of the Ralph M. Brown Act</td>
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<td>Title: Chief Executive Officer</td>
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| RECONVENE IN OPEN SESSION | The meeting reconvened in open session at 5:21 pm. No reportable actions were taken during the closed session. |  |
| ADJOURNMENT | The meeting adjourned at 5:21 p.m. |  |

Respectfully submitted by:

Linda Merkens, Senior Manager, Board Services
Malou Balones, Board Specialist III, Board Services
Victor Rodriguez, Board Specialist II, Board Services

APPROVED BY:

Hector De La Torre, Chair
Date:
Public comments not ready during the meeting

(continued from above) ... the corrective action to follow up with affected enrollees, your agency is withholding my dead autistic daughters protected health info from us by not notifying us, I don’t care who is related to who, I don’t care what else they called themselves! You have our conservator papers on file, your supposed to keep them 7 yrs! My signature requesting my child’s records is attached.

Feb 19, 5:45 am Text, sender not self-identified
Public comment, you people are the villains, not me, you violated my dead adult autistic daughters rights, along with the rights of 1,000s of enrollees who aren’t being notified they are Synemed fraud victims.
Last comment is 2-22-2021

Feb 19, 5:56 am Text, sender not self-identified
DMHC corrective action says to follow up with Synemed victims, I have not been formally notified my dead daughter is a victim!
Stop withholding our daughter medical info from us! And other people

Feb 19, 6:44 am Text, sender not self-identified
Public comment 2-22-21 I don’t want my comments read for me, you have no reason other than controlling comments and trying to see them before your meetings!

Feb 21, 10:12 am, Text, sender not self-identified
Public comment governance, 2-22-21 your attorney needs to read DMHC documents that they sign! I have never been “followed up with” in reference to Synemed. I’m starting to wonder if LA Care kept records of complaints but never actually followed regarding grievances because 100s of my grievances were not acknowledged!

Feb 21, 1:25 pm, Text, sender not self-identified
Public comment 2-22-2021 please add to last public comment, or maybe didn’t keep records, but I did!
2-22-21 Public comment governance, please affirm you can’t hear me in my home, you were able to hear me in my home and record me before without my knowledge.

February 22, 2:05pm, via Text, sender not self identified
2-22-21 comment I just noticed no Spanish translation today with the usual toll free number, do you expect Spanish speakers not to know about your committee meetings? Also it’s stated there may be a toll call for English speakers unlike the usual toll free for Spanish speakers, some people still use pay phones

February 22, 4:53pm, via Text, sender not self identified
Public comment at 2-22-21 meeting I was unable to hear the adjournment and kept being told I’m not allowed Access and then hung up on 3-4 times. I just made a Brown Act complaint, also I reported not being allowed to share my pone and email but not being told there is a rule that I can’t do so.
Matrix
The following is a list of legislation currently tracked by Government Affairs that has been introduced during the 2021-2022 Legislative Session and is of interest to L.A. Care. This matrix not only includes priority bills that could have a direct impact on L.A. Care but also has a list of all the bills that may not have a direct impact, but do have the possibility to be amended in the future to do so. Some of the bills included are spot bills, legislative place holders, in code sections that could have a policy impact on L.A. Care. If there are any questions, please contact Cherie Compartore, Government Affairs at ccompartore@lacare.org or 916.216.7963.

Bills by Issue
2021 Legislation (169)
Medi-Cal: eligibility.

AB 4, as introduced, Arambula. Medi-Cal: eligibility. 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. The federal Medicaid program provisions prohibit payment to a state for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Existing law requires individuals under 19 years of age enrolled in restricted-scope Medi-Cal at the time the Director of Health Care Services makes a determination that systems have been programmed for implementation of these provisions to be enrolled in the full scope of Medi-Cal benefits, if otherwise eligible, pursuant to an eligibility and enrollment plan, and extends eligibility for full scope Medi-Cal benefits to individuals who are under 25 years of age, and who are otherwise eligible for those benefits but for their immigration status. Existing law makes the effective date of enrollment for those individuals the same day that systems are operational to begin processing new applications pursuant to the director’s determination. Existing law requires an individual eligible for Medi-Cal under these provisions to enroll in a Medi-Cal managed care health plan. Existing law provides that Medi-Cal benefits for individuals who are 65 years of age or older, and who do not have satisfactory immigration statuses or are unable to establish satisfactory immigration statuses, as specified, are to be prioritized in the Budget Act for the upcoming fiscal year if the Department of Finance projects a positive ending balance in the Special Fund for Economic Uncertainties for the upcoming fiscal year and each of the ensuing 3 fiscal years that exceeds the cost of providing those individuals full scope Medi-Cal benefits. Effective January 1, 2022, this bill would instead extend eligibility for full scope Medi-Cal benefits to anyone regardless of age, and who is otherwise eligible for those benefits but for their immigration status, pursuant to an eligibility and enrollment plan. The bill would delete the above-specified provisions regarding individuals who are under 25 years of age or 65 years of age or older and delaying implementation until the director makes the determination described above. The bill would require the eligibility and enrollment plan to ensure that an individual maintains continuity of care with respect to their primary care provider, as prescribed, would provide that an individual is not limited in their ability to select a different health c... (click bill link to see more).

Primary Sponsors
Joaquin Arambula, Rob Bonta, David Chiu, Mike Gipson, Lorena Gonzalez, Eloise Reyes, Miguel Santiago

AB 6, as introduced, Levine. Health facilities: pandemics and emergencies: best practices. Existing law generally requires the State Department of Public Health to license, inspect, and regulate health facilities, including skilled nursing facilities, intermediate care facilities, and congregate living health facilities, all of which provide skilled nursing and supportive care. This bill would require, by July 1, 2022, the State Department of Public Health and the State Department of Social Services to collaborate to create health and safety guidelines and a description of best practices for use by skilled nursing facilities, intermediate care facilities, and congregate living health facilities that are providing post-acute care during a pandemic, public health crisis, or other emergency.

Primary Sponsors
Marc Levine
Title
Emergency ambulance employees: subsidized protective gear.

Description
AB 7, as introduced, Rodriguez. Emergency ambulance employees: subsidized protective gear. Existing law establishes a statewide system for emergency medical services 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, the California Occupational Safety and Health Act of 1973, imposes safety responsibilities on employers and employees, including requirements that every employer furnish and use safety devices and safeguards, and adopt and use practices that are reasonably adequate to render the employment and place of employment safe and healthful. Existing law makes a violation of those requirements a crime. This bill would require an emergency ambulance provider to establish a voluntary personal protective equipment (PPE) program that allows for the purchase of subsidized multithreat body protective gear that is bullet, strike, slash, and stab resistant by an emergency ambulance employee pursuant to an employer-funded stipend, and authorize an employee to voluntarily participate in a PPE program and to wear the PPE while on duty. The bill would require a provider to inform an employee of the opportunity to purchase subsidized multithreat body protective gear through a PPE program. By creating new duties for emergency ambulance providers, a violation of which would be a crime, the bill would impose a state-mandated local program. The bill would not apply to the state or a political subdivision of the state. 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
Freddie Rodriguez
Personal rights: automated decision systems.

AB 13, as introduced, Chau. Personal rights: automated decision systems. Existing law establishes the Department of Financial Protection and Innovation, headed by the Commissioner of Financial Protection and Innovation. Under existing law, the department has charge of the execution of specified laws relating to various financial institutions and financial services. Existing law, the California Fair Employment and Housing Act, protects and safeguards the right and opportunity of all persons to seek, obtain, and hold employment without discrimination, abridgment, or harassment on account of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status. Existing law regulates the use of personal information, including the California Consumer Privacy Act of 2018, which grants a consumer various rights with regard to personal information relating to that consumer that is held by a business. The act requires a business that collects personal information about a consumer to disclose the consumer's right to delete personal information in a form that is reasonably accessible to consumers and in accordance with a specified process. This bill would enact the Automated Decision Systems Accountability Act of 2021. The bill would require a business in California that provides a person, as defined, with a program or device that uses an automated decision system (ADS) to take affirmative steps to ensure that there are processes in place to continually test for biases during the development and usage of the ADS, conduct an ADS impact assessment on its program or device to determine whether the ADS has a disproportionate adverse impact on a protected class, as specified, examine if the ADS in question serves reasonable objectives and furthers a legitimate interest, and compare the ADS to alternatives or reasonable modifications that may be taken to limit adverse consequences on protected classes. The bill would require a business, by March 1, 2023, and annually thereafter, to submit a report to the Department of Financial Protection and Innovation providing specified information about its ADS impact assessment. The bill would also require a business, if it makes any significant modification to an ADS, to reconduct an ADS impact assessment under these circumstances. The bill would require the department, by January 1, 2023, to develop a procedure for businesses to use in making the required reports and to make general information on the reporting process available on its internet website. The bill would require the department, if a business fails to... (click bill link to see more).

Primary Sponsors
Ed Chau
Communications: broadband services: California Advanced Services Fund.

Description
AB 14, as introduced, Aguiar-Curry. Communications: broadband services: California Advanced Services Fund. (1) Existing law establishes the State Department of Education in state government, and vests the department with specified powers and duties relating to the state's public school system. This bill would authorize local educational agencies to report to the department their pupils' estimated needs for computing devices and internet connectivity adequate for at-home learning. The bill would require the department, in consultation with the Public Utilities Commission, to compile that information and to annually post that compiled information on the department's internet website. (2) Existing law expressly authorizes a county service area to acquire, construct, improve, maintain, and operate broadband internet access services, and requires a county service area that does so to take certain actions regarding the accessing of content on the internet by end users of that service. This bill would similarly authorize the board of supervisors of a county to acquire, construct, improve, maintain, or operate broadband internet access service, and any other communications service necessary to obtain federal or state support for the acquisition, construction, improvement, maintenance, or operation of broadband internet access service, and would require a board that does so to take certain actions regarding the accessing of content on the internet by end users of that service. (3) Existing law establishes the Governor's Office of Business and Economic Development, known as "GO-Biz," within the Governor's office to serve the Governor as the lead entity for economic strategy and the marketing of California on issues relating to business development, private sector investment, and economic growth. This bill would require the office, on or before June 30, 2022, to develop recommendations and a model for streamlined local land use approval and construction permit processes for projects related to broadband infrastructure deployment and connectivity and to adopt, and post on its internet website, the recommendations and model, as specified. (4) Under existing law, the Public Utilities Commission has regulatory authority over public utilities, including telephone corporations. Existing law requires the commission to develop, implement, and administer the California Advanced Services Fund (CASF) program to encourage deployment of high-quality advanced communications services to all Californians that will promote economic growth, job creation, and the substantial social benefits of advanced information and communications technologies. Existing law requires the commission, in approving CASF infrastructure projects, to give preference to proj... (click bill link to see more).

Primary Sponsors
Title

Description
AB 15, as introduced, Chiu. COVID-19 relief: tenancy: Tenant Stabilization Act of 2021. (1) Existing law, the COVID-19 Tenant Relief Act of 2020, establishes certain procedural requirements and limitations on evictions for nonpayment of rent due to COVID-19 rental debt, as defined. The act, among other things, prohibits a tenant that delivers a declaration, under penalty of perjury, of COVID-19-related financial distress from being deemed in default with regard to the COVID-19 rental debt, as specified. Existing law defines COVID-19 rental debt as unpaid rent or any other unpaid financial obligation of a tenant that came due between March 1, 2020, and January 31, 2021. Existing law repeals the act on February 1, 2025. This bill would extend the definition of “COVID-19 rental debt” as unpaid rent or any other unpaid financial obligation of a tenant that came due between March 1, 2020, and December 31, 2021. The bill would also extend the repeal date of the act to January 1, 2026. The bill would make other conforming changes to align with these extended dates. By extending the repeal date of the act, the bill would expand the crime of perjury and create a state-mandated local program. Existing law authorizes a landlord to require a high-income tenant, as defined, to submit additional documentation supporting the claim that the tenant has suffered COVID-19-related financial distress if the landlord provides the tenant with a specified notice. This bill would provide that a tenant is not required to submit that additional supporting documentation unless the landlord provides the tenant with a copy of the proof of income that demonstrates that the tenant qualifies as a high-income tenant. Existing law prohibits a landlord from interrupting or terminating utility service furnished to a tenant with the intent to terminate the occupancy of the tenant, and imposes specified penalties on a landlord who violates that prohibition. Existing law, until February 1, 2021, imposes additional damages in an amount of at least $1,000, but not more than $2,500, on a landlord that violates that prohibition, if the tenant has provided a declaration of COVID-19 financial distress, as specified. This bill would extend the imposition of those additional damages to January 1, 2022, and would remove the condition that the tenant provide a declaration of COVID-19 financial distress. This bill would additionally prohibit a landlord from taking certain actions with respect to a tenant’s COVID-19 rental debt, including, among others, charging or attempting to collect late fees, providing different terms or conditions of tenancy, or withholding a service or amenity. Existing law, until February 1, 2021, prohibits a landlord from bringing an action for unlawf... (click bill link to see more).

Primary Sponsors
David Chiu, Rob Bonta, Lorena Gonzalez, Sharon Quirk-Silva, Miguel Santiago, Buffy Wicks, Maria Durazo, Laura Friedman, Alex Lee, Luz Rivas, Scott Wiener

Description
AB 16, as amended, Chiu. Tenancies: COVID-19 Tenant, Small Landlord, and Affordable Housing Provider Stabilization Act of 2021. Existing law, the COVID-19 Tenant Relief Act of 2020, establishes certain procedural requirements and limitations on evictions for nonpayment of rent due to COVID-19 rental debt, as defined. The act prohibits a tenant that delivers a declaration of COVID-19-related financial distress from being deemed in default with regard to the COVID-19 rental debt, as specified. Existing law defines COVID-19 rental debt as unpaid rent or any other unpaid financial obligation of a tenant that came due between March 1, 2020, and January 31, 2021. Existing law repeals the act on February 1, 2025. This bill would establish the Tenant, Small Landlord, and Affordable Housing Provider Stabilization Program. The bill would authorize the Director of Housing and Community Development to direct an existing office or program within the Department of Housing and Community Development to implement the program. The bill would establish in the State Treasury the COVID-19 Tenant, Small Landlord, and Affordable Housing Provider Stabilization Fund, and, upon appropriation by the Legislature, distribute all moneys in the fund to the department to carry out the purposes of the program. The bill would require the program be implemented only to the extent that funding is made available through the Budget Act. The bill would specify that it is the intent of the Legislature to prioritize the use of available federal funds before using General Fund moneys for the program.

Primary Sponsors
David Chiu
Sexual assault forensic evidence: testing.

AB 18, as introduced, Lackey. Sexual assault forensic evidence: testing. Existing law requires law enforcement agencies to either submit sexual assault forensic evidence received on or after January 1, 2016, to a crime lab within 20 days after it is booked into evidence or to ensure that a rapid turnaround deoxyribonucleic acid (DNA) program is in place, as specified. Existing law also requires a crime lab that receives sexual assault forensic evidence on or after January 1, 2016, to either process the evidence, create DNA profiles when able, and upload qualifying DNA profiles into the Combined DNA Index System, as specified, or transmit the sexual assault forensic evidence to another crime lab as soon as practically possible, but no later than 30 days after receiving the evidence, for processing of the evidence for the presence of DNA. This bill would require a law enforcement agency, for any sexual assault forensic evidence received by the law enforcement agency prior to January 1, 2016, to submit that evidence to the crime lab on or before January 31, 2023. The bill would additionally require a crime lab, for any sexual assault evidence kit received by a law enforcement agency prior to January 1, 2016, and submitted to the crime lab on or after January 1, 2022, to process that evidence kit no later than January 31, 2024, except as specified. Because the bill would impose a higher level of service on local law enforcement agencies in processing that evidence, it 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
Tom Lackey
Title

Description
(1) Existing law provides for the payment of unemployment compensation benefits to eligible persons who are unemployed through no fault of their own through a federal-state unemployment insurance program administered by the Employment Development Department. Unemployment compensation benefits are paid from the Unemployment Fund, which is continuously appropriated for this purpose. Under existing law, unemployment compensation benefits are based on wages paid in a base period that is calculated according to the month within which the benefit year begins. Existing law provides that a weekly unemployment compensation benefit amount may be paid to an individual whose highest wages in the quarter of their base period exceeded $900, but a weekly benefit amount may not exceed $450. Existing law requires the Director of Employment Development to maintain a separate reserve account for each employer, and to charge unemployment compensation benefits paid to an unemployed individual during any benefit year against the reserve account of that individual's employer during the individual's base period. Existing law, the federal Coronavirus Aid, Relief, and Economic Security Act (CARES Act), temporarily provides for expanded unemployment benefits through the federal Pandemic Unemployment Assistance (PUA) and Pandemic Emergency Unemployment Compensation (PEUC) provisions of the CARES Act. This bill would require the department to provide, until July 1, 2022, following the termination of assistance pursuant to PUA and PEUC or any other federal or state supplemental unemployment compensation payments for unemployment due to the COVID-19 pandemic, in addition to an individual's weekly benefit amount as otherwise provided for by existing unemployment compensation law, unemployment compensation benefits equivalent to the terminated federal or state supplemental unemployment compensation payments for the remainder of the duration of time the individual is unemployed due to the COVID-19 pandemic, notwithstanding the weekly benefit cap. The bill would prohibit any unemployment compensation benefits authorized by the bill from being charged against the reserve account of any employer. Because this bill would authorize additional benefits to be paid from the Unemployment Fund, which is continuously appropriated, it would make an appropriation. (2) The Dymally-Alatorre Bilingual Services Act, among other things, generally requires every state agency, as defined, directly involved in certain activities involving contact with a substantial number of non-English-speaking people, including administering state benefits, to employ a sufficient nu... (click bill link to see more).

Primary Sponsors
Miguel Santiago, David Chiu, Ash Kalra
Title
Homeless children and youths and unaccompanied youths: reporting.

Description
AB 27, as introduced, Luz Rivas. Homeless children and youths and unaccompanied youths: reporting. (1) Existing federal law, the McKinney-Vento Homeless Assistance Act, provides grants to states to carry out activities relating to the education of homeless children and youths, as defined, including, among others, providing services and activities to improve the identification of homeless children and youths and to enable them to enroll in, attend, and succeed in school. The act requires a state plan submitted for the receipt of the grant to include assurances that local educational agencies will designate an appropriate staff person to act as a local educational agency liaison for homeless children and youths and a description of how the state will ensure that local educational agencies and their liaisons will comply with specified requirements of the act, including the identification of homeless children and youths. Under existing state law, public schools, including charter schools, and county offices of education are required to immediately enroll a homeless child or youth seeking enrollment, except as specified. Existing law requires a local educational agency liaison for homeless children and youths to ensure that public notice of the educational rights of homeless children and youths is disseminated in schools within the liaison's local educational agency that provide services pursuant to the act. This bill would require a local educational agency to ensure that each school within the local educational agency identifies all homeless children and youths and unaccompanied youths, as defined, enrolled at the school, administer a housing questionnaire, as specified, for purposes of identifying homeless children and youths and unaccompanied youths, and annually provide the housing questionnaire to all parents or guardians of pupils and unaccompanied youths of the local educational agency. This bill would require a school district, charter school, or county office of education to create an internet web page or post on its internet website a list of the local educational agency liaisons for homeless children and youths and unaccompanied youths in that school district, charter school, or county office of education, respectively, the contact information for those liaisons, and specific information regarding the educational rights and resources available to persons experiencing homelessness. The bill would require a school to post on its internet website the contact information for the liaison, if available. The bill would also require, if a school has an employee or person under contract whose duties include assisting the liaison in completing the liaison's duties under the federal act, the school to post on its internet website... (click bill link to see more).

Primary Sponsors
Luz Rivas, David Chiu, Sharon Quirk-Silva, Kevin McCarty
AB 32, as amended, Aguiar-Curry. Telehealth. 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. Under existing law, Medi-Cal services may be provided pursuant to contracts with various types of managed care health plans, including through a county organized health system. Under existing law, in-person contact between a health care provider and a patient is not required under the Medi-Cal program for services appropriately provided through telehealth. Existing law provides that neither face-to-face contact nor a patient's physical presence on the premises of an enrolled community clinic is required for services provided by the clinic to a Medi-Cal beneficiary during or immediately following a proclamation declaring a state of emergency. Existing law defines "immediately following" for this purpose to mean up to 90 days following the termination of the proclaimed state of emergency, unless there are extraordinary circumstances. 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. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a contract issued, amended, or renewed on or after January 1, 2021, between a health care service plan or health insurer and a health care provider to require the plan or insurer to reimburse the provider for the diagnosis, consultation, or treatment of an enrollee, subscriber, insured, or policyholder appropriately delivered through telehealth services on the same basis and to the same extent as the same service through in-person diagnosis, consultation, or treatment. Existing law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to specify that coverage is provided for health care services appropriately delivered through telehealth on the same basis and to the same extent as in-person diagnosis, consultation, or treatment. Existing law exempts Medi-Cal managed care plans that contract with the State Department of Health Care Services under the Medi-Cal program from these provisions, and generally exempts county organized health systems that provide services under the Medi-Cal program from Knox-Keene. This bill would delete the above-described references to contracts issued, amended, or renewed on or after January 1, 2021, would require these provisions to apply to the plan or insurer’... (click bill link to see more).

Primary Sponsors
Aguiar-Curry

Organizational Notes
Last edited by Joanne Campbell at Mar 12, 2021, 10:12 PM
Support: California Association of Public Hospitals and Health Systems (CAPH) (Sponsor) California Health+ Advocates/California Primary Care Association (CPCA) (Sponsor) California Medical Association (CMA) (Sponsor) Essential Access Health (EAH) (Sponsor) Planned Parenthood Affiliates of California (PPAC) (Sponsor)
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**Title**

Communications: Broadband for All Act of 2022.

**Description**

AB 34, as introduced, Muratsuchi. Communications: Broadband for All Act of 2022. Under existing law, the Public Utilities Commission has regulatory authority over public utilities, including telephone corporations. Existing law requires the commission to develop, implement, and administer the California Advanced Services Fund program to encourage deployment of high-quality advanced communications services to all Californians. Existing law provides that the goal of the program is to, no later than December 31, 2022, approve funding for infrastructure projects that will provide broadband access to no less than 98% of California households, as provided. This bill would declare the intent of the Legislature to enact legislation that would enact the Broadband for All Act of 2022, to become operative only if approved by the voters at the November 8, 2022, statewide general election, to authorize the issuance of state general obligation bonds to fund increased access to broadband services to rural, urban, suburban, and tribal unserved and underserved communities.

**Primary Sponsors**

Al Muratsuchi, Eduardo Garcia, Miguel Santiago, Steve Glazer

**Title**

Social media platforms: false information.

**Description**

AB 35, as introduced, Chau. Social media platforms: false information. Existing law prohibits a person, among others, from making or disseminating in any advertising device, or in any manner or means whatever, including over the internet, any statement concerning real or personal property or services that is untrue or misleading, as specified. Existing law defines libel as a false and unprivileged publication, including by writing, printing, or picture, that exposes any person to hatred, contempt, and ridicule, among other things. This bill would require a person that operates a social media platform, as defined, to disclose whether or not that social media platform has a policy or mechanism in place to address the spread of misinformation, as specified. The bill would require the disclosure to be made easily accessible on the social media platform's website and mobile application. The bill would authorize the Attorney General or any district attorney, county counsel, or city attorney to enforce violations of its provisions and would subject a person to a civil penalty of $1,000 for each day the person is in violation of the bill's provisions.

**Primary Sponsors**

Ed Chau
Pupil health: suicide prevention policies and training: school-based health programs: pilot program.

Description
AB 58, as introduced, Salas. Pupil health: suicide prevention policies and training: school-based health programs: pilot program.
(1) Existing law requires the governing board or body of a county office of education, school district, state special school, or charter school that serves pupils in kindergarten and grades 1 to 12, inclusive, to adopt a policy on pupil suicide prevention that specifically addresses, among other things, procedures relating to suicide prevention, intervention, and postvention, and any training on suicide awareness and prevention to be provided to teachers of pupils in all of the grades served by the local educational agency.
Existing law requires the State Department of Education to develop and maintain a model policy in accordance with these provisions to serve as a guide for local educational agencies in developing policies for pupil suicide prevention. This bill would require a local educational agency, on or before June 1, 2022, to review and update its policy on pupil suicide prevention, and revise its training materials, to incorporate best practices identified by the department in the department's model policy. The bill would require a local educational agency, commencing with the 2022–23 school year, to provide suicide awareness and prevention training, at the beginning of each school year, to teachers of pupils in all of the grades served by the local educational agency. By imposing additional duties on local educational agencies, the bill would impose a state-mandated local program. The bill would require the department, on or before June 1, 2022, to complete the development of, and issue to local educational agencies, resources and guidance on how to conduct suicide awareness and prevention training remotely.
(2) Existing law requires the State Department of Public Health, in cooperation with the State Department of Education, to establish a Public School Health Center Support Program to perform specified functions relating to the establishment, retention, or expansion of school health centers in California. Existing law authorizes a school health center, as defined, to conduct routine physical health, mental health, and oral health assessments, and provide for any services not offered onsite or through a referral process. Existing law requires the State Department of Public Health, to the extent funds are appropriated to the department for implementation of the Public School Health Center Support Program, to establish a grant program to provide technical assistance, and funding for the expansion, renovation, and retrofitting of existing school health centers, and the development of new school health centers, in accordance with specified procedures. Existing law requires the department... (click bill link to see more).

Primary Sponsors
Rudy Salas
Title
Income taxes: credits: costs to comply with COVID-19 regulations.

Description
AB 62, as introduced, Gray. Income taxes: credits: costs to comply with COVID-19 regulations. The Personal Income Tax Law and the Corporation Tax Law allow various credits against the taxes imposed by those laws. Existing law requires any bill authorizing a new tax credit to contain, among other things, specific goals, purposes, and objectives that the tax credit will achieve, detailed performance indicators, and data collection requirements. This bill would allow a credit against those taxes for each taxable year beginning on or after January 1, 2021, to a qualified taxpayer, as defined, in an amount equal to the total amount paid or incurred during the taxable year by the qualified taxpayer to comply with the regulations adopted by the Occupational Safety and Health Standards Board on November 19, 2020, relating to COVID-19 prevention and approved by the Office of Administrative Law. The bill also would state the intent of the Legislature to comply with the additional information requirement for any bill authorizing a new income tax credit. This bill would take effect immediately as a tax levy.

Primary Sponsors
Adam Gray

Title
Affordable housing: California State Auditor's Report.

Description
AB 68, as introduced, Salas. Affordable housing: California State Auditor's Report. Existing law establishes various programs intended to promote the development of affordable housing, including the Multifamily Housing Program, under which the Department of Housing and Community Development provides financial assistance in the form of deferred payment loans to pay for the eligible costs of certain housing development activities. Existing law requires the California State Auditor to conduct any audit of a state or local agency or any other publicly created entity that is requested by the Joint Legislative Audit Committee, as provided. This bill would state the intent of the Legislature to enact legislation that would implement recommendations made in the California State Auditor's Report 2020-108, issued on November 17, 2020, relating to affordable housing.

Primary Sponsors
Rudy Salas
Title
Gene synthesis providers.

Description
AB 70, as introduced, Salas. Gene synthesis providers. Existing law requires the State Department of Public Health to establish an advisory committee to advise the Legislature and the Governor on human cloning and other issues relating to human biotechnology. This bill would additionally require the department to develop gene sequence and customer screening guidelines for gene synthesis providers and manufacturers of gene synthesis equipment with the purpose of increasing gene synthesis security and improving biosecurity efforts relating to the misuse of gene synthesis products. The bill would require the department to create a process to certify that gene synthesis providers and manufacturers of gene synthesis equipment are in compliance with the guidelines and would require, beginning January 1, 2024, a gene synthesis provider operating in California to be certified. The bill would also require, beginning January 1, 2024, any entity that is the recipient of state resources to purchase gene synthesis products from a gene synthesis provider, and gene synthesis equipment from a manufacturer of gene synthesis equipment, that is certified. The bill would specify the penalties to be imposed for failure to comply with those requirements and require the department to develop an appeals process to appeal the imposition of those penalties.

Primary Sponsors
Rudy Salas

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Title
Homelessness funding: Bring California Home Act.

Description
AB 71, as amended, Luz Rivas. Homelessness funding: Bring California Home Act. (1) The Personal Income Tax Law, in conformity with federal income tax law, generally defines gross income as income from whatever source derived, except as specifically excluded, and provides various exclusions from gross income. Existing federal law, for purposes of determining a taxpayer’s gross income for federal income taxation, requires that a person who is a United States shareholder of any controlled foreign corporation to include in their gross income the global low-taxed income for that taxable year, as provided. This bill, for taxable years beginning on or after January 1, 2022, would include a taxpayer’s global low-taxed income in their gross income for purposes of the Personal Income Tax Law, in modified conformity with the above-described federal provisions. The bill would exempt any standard, criterion, procedure, determination, rule, notice, or guideline established or issued by the Franchise Tax Board to implement its provisions from the rulemaking provisions of the Administrative Procedure Act. The Corporation Tax Law imposes,
among other taxes, taxes according to or measured by the net income of the taxpayer for the taxable year at a rate of 8.84%, or 10.84% for financial institutions, but not less than the minimum franchise tax of $800, as specified. This bill, for taxable years beginning on or after January 1, 2022, and with respect to taxpayers with taxable income under the Corporation Tax Law greater than $5,000,000 for the taxable year, would increase these tax rates from 8.84% to 9.6%, or 10.84% to 11.6% for financial institutions, unless the minimum franchise tax is greater. The Corporation Tax Law, when the income of a taxpayer subject to tax under that law is derived from or attributable to sources both within and without the state, generally requires that the tax be measured by the net income derived from or attributable to sources within this state, as provided. Notwithstanding this requirement, the Corporation Tax Law authorizes a qualified taxpayer, as defined, to elect to determine its income derived from or attributable to sources within this state pursuant to a water’s-edge election, as provided. Existing law requires that a water’s-edge election be made by contract with the Franchise Tax Board, with an initial term of 84 months, except as specified, and provides for annual renewal of that contract unless the taxpayer provides written notice of nonrenewal at least 90 days before the renewal date. This bill would require that a taxpayer that makes a water’s-edge election under these provisions take into account 50% of the global low-taxed income and 40% of the repatriation income of its affiliated corporat... (click bill link to see more).

Primary Sponsors
Luz Rivas, Richard Bloom, David Chiu, Buffy Wicks

Organizational Notes
Last edited by Joanne Campbell at Mar 12, 2021, 10:04 PM
Support: United Way of Greater Los Angeles, HOPICS, CSH, Housing California, All Home, Los Angeles Homeless Service Authority, Brilliant Corners, NPH, Steinburg Institute, The City and County of San Francisco, City of Los Angeles, County of Los Angeles, ECS, National Alliance to End Homelessness
Title
Substance use disorder treatment services.

Description
AB 77, as introduced, Petrie-Norris. Substance use disorder treatment services. Existing law consolidated within the State Department of Health Care Services all substance use disorder functions and programs from the former State Department of Alcohol and Drug Programs. 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 for various benefits under the Medi-Cal program, including substance use disorder treatment and mental health services that are delivered through the Drug Medi-Cal Treatment Program, the Drug Medi-Cal organized delivery system, and the Medi-Cal Specialty Mental Health Services Program. This bill would declare the intent of the Legislature to enact Jarrod's Law, a licensure program for inpatient and outpatient programs providing substance use disorder treatment services, under the administration of the department.

Primary Sponsors
Cottie Petrie-Norris, Henry Stern

Title
Pandemics: priority for medical treatment: food supply industry workers.

Description
AB 93, as introduced, Eduardo Garcia. Pandemics: priority for medical treatment: food supply industry workers. Existing law requires various public safety protocols and protections for workers in response to the 2019 novel coronavirus disease, also known as COVID-19. These protocols include, among others, contact tracing and wearing face coverings under specified conditions, except as specified. This bill would state the intent of the Legislature to enact legislation to prioritize workers in the food supply industry, including, but not limited to, field workers and grocery workers, for rapid testing and vaccination programs in response to pandemics, including COVID-19.

Primary Sponsors
Eduardo Garcia, Robert Rivas
Title
Health care coverage: insulin affordability.

Description
AB 97, as amended, Nazarian. Health care coverage: insulin affordability. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or disability insurance policy issued, amended, delivered, or renewed on or after January 1, 2000, that covers prescription benefits to include coverage for insulin, if it is determined to be medically necessary. This bill would prohibit a health care service plan contract or a health insurance policy issued, amended, delivered, or renewed on or after January 1, 2022, from imposing a deductible on an insulin prescription drug. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Adrin Nazarian
Title
Health care: medical goods: reuse and redistribution.

Description
AB 98, as introduced, Frazier. Health care: medical goods: reuse and redistribution. Existing law, the Mello-Granlund Older Californians Act, reflects the policy mandates and directives of the Older Americans Act of 1965, as amended, and sets forth the state's commitment to its older population and other populations served by the programs administered by the California Department of Aging. This bill would require the department, upon appropriation by the Legislature, to establish a comprehensive 3-year pilot program in the Counties of Contra Costa, Napa, and Solano to facilitate the reuse and redistribution of durable medical equipment and other home health supplies. The bill would require the department to contract in each county with a local nonprofit agency to oversee the program and would require the contracting nonprofit agency to, at a minimum, develop a computerized system to track the inventory of equipment and supplies available for reuse and redistribution and organize pickup and delivery of equipment and supplies.

Primary Sponsors
Jim Frazier

Introduction Date: 2020-12-09
Title
Medi-Cal eligibility.

Description
AB 112, as introduced, Holden. Medi-Cal eligibility. 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 for the suspension of Medi-Cal benefits to an inmate of a public institution, which ends on the date they are no longer an inmate of a public institution or one year from the date they become an inmate of a public institution, whichever is sooner. Existing federal law prohibits a state from terminating Medi-Cal eligibility for an eligible juvenile if they are an inmate of a public institution, authorizes the suspension of Medicaid benefits to that eligible juvenile, and requires a state to conduct a redetermination of Medicaid eligibility or process an application for medical assistance under the Medicaid program for an eligible juvenile who is an inmate of a public institution. Under existing state law, the suspension of Medi-Cal benefits to an inmate of a public institution who is a juvenile, as defined in federal law, ends when the individual is no longer an eligible juvenile pursuant to federal law or one year from the date the individual becomes an inmate of a public institution, whichever is later. This bill would instead require the suspension of Medi-Cal benefits to an inmate of a public institution who is not a juvenile to end on the date they are no longer an inmate of a public institution or 3 years from the date they become an inmate of a public institution, whichever is sooner. The bill would also require the suspension of Medi-Cal benefits to an inmate of a public institution who is a juvenile on the date that the individual is no longer an inmate of a public institution or 3 years after the date the individual is no longer an eligible juvenile under federal law, whichever is sooner.

Primary Sponsors
Chris Holden
Title
Medi-Cal benefits: rapid Whole Genome Sequencing.

Description
AB 114, as amended, Maienschein. Medi-Cal benefits: rapid Whole Genome Sequencing. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. The Budget Act of 2018 appropriates $2,000,000 for the Whole Genome Sequencing Pilot Project, and requires the department to provide a grant to a state nonprofit organization for the execution of a one-time pilot project to investigate the potential clinical and programmatic value of utilizing clinical Whole Genome Sequencing in the Medi-Cal program. This bill would expand the Medi-Cal schedule of benefits to include rapid Whole Genome Sequencing, as specified, for any Medi-Cal beneficiary who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit. The bill would authorize the department to implement this provision by various means without taking regulatory action.

Primary Sponsors
Brian Maienschein
Planning and zoning: commercial zoning: housing development.

Description
AB 115, as introduced, Bloom. Planning and zoning: commercial zoning: housing development. Existing law, the Planning and Zoning Law, requires that the legislative body of each county and each city adopt a comprehensive, long-term general plan for the physical development of the county and city, and specified land outside its boundaries, that includes, among other mandatory elements, a housing element. Existing law authorizes the legislative body of any county or city, pursuant to specified procedures, to adopt ordinances that, among other things, regulate the use of buildings, structures, and land as between industry, business, residences, open space, and other purposes. This bill, notwithstanding any inconsistent provision of a city's or county's general plan, specific plan, zoning ordinance, or regulation, would require that a housing development be an authorized use on a site designated in any local agency's zoning code or maps for commercial uses if certain conditions apply. Among these conditions, the bill would require that the housing development be subject to a recorded deed restriction requiring that at least 20% of the units have an affordable housing cost or affordable rent for lower income households, as those terms are defined, and located on a site that satisfies specified criteria. The bill would require the city or county to apply certain height, density, and floor area ratio standards to a housing development that meets these criteria. The bill would deem a housing development consistent, compliant, and in conformity with local development standards, zoning codes or maps, and general plan if it meets the requirements of the bill. The bill would require a jurisdiction to comply with these requirements only until it has completed the rezoning, required as described above, for the 6th revision of its housing element. The bill would repeal these provisions as of January 1, 2031. The bill would include findings that changes proposed by this bill address a matter of statewide concern rather than a municipal affair and, therefore, apply to all cities, including charter cities. By adding to the duties of local planning officials, 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
Richard Bloom
Title
Emergency services: community response: grant program.

Description
AB 118, as introduced, Kamlager. Emergency services: community response: grant program. Existing law creates the Office of Emergency Services (office) within the office of the Governor. The office is responsible for the state's emergency and disaster response services for natural, technological, or man-made disasters and emergencies. Existing law requires the office to establish by rule and regulation various classes of disaster service workers, the scope of the duties of each class, and to adopt rules and regulations for the registration of each class of these workers. Existing law requires the office to work with advocacy groups representing the deaf and hard of hearing for the purpose of improving accessibility to emergency information and services for the populations that they serve. Existing law requires the office to develop a plan for state and local utilization of volunteers during a state of emergency. This bill would, until January 1, 2026, enact the Community Response Initiative to Strengthen Emergency Systems Act or the C.R.I.S.E.S. Act for the purpose of creating, implementing, and evaluating the 3-year C.R.I.S.E.S. Grant Pilot Program, which the act would establish. The bill would require the office to establish rules and regulations for the program with the goal of making grants to community organizations, over 3 years, for the purpose of expanding the participation of community organizations in emergency response for specified vulnerable populations. The bill would require that grantees receive a minimum award of $250,000 per year. The bill would require a community organization receiving funds pursuant to the program to use the grant to stimulate and support involvement in emergency response activities that do not require a law enforcement officer, as specified. The bill would require the Director of Emergency Services (director) to assemble staff and resources to carry out certain duties in support of the program. The bill would require the office to support an 11-member C.R.I.S.E.S. Committee, selected by the Governor, the Chair of the Senate Committee on Rules, and the Speaker of the Assembly, as specified, to be inclusive of community organizations with a proven history of leadership and partnership on emergency response. The committee's duties would include, among other things, establishing grant application criteria and parameters for eligible community organizations, reviewing and deciding upon grant proposals, ensuring grants are adhering to standards, and making recommendations to the office on program development, implementation, and oversight. The bill would also establish the Community Response Initiative to Strengthen Emergency Systems Program Fund in the State Treasury in support of the program... (click bill link to see more).

Primary Sponsors
Sydney Kamlager
Title
Special education programs: Family Empowerment Centers on Disability.

Description
AB 126, as introduced, Eduardo Garcia. Special education programs: Family Empowerment Centers on Disability. Existing law requires the State Department of Education to award grants for the establishment of Family Empowerment Centers on Disability in 32 regions in the state to provide training and services to children and young adults with disabilities and their families. Existing law establishes a minimum base rate of $150,000 for each center awarded a grant and requires a center that receives a grant to complete specified actions related to providing that training and those services. Existing law establishes a Family Empowerment and Disability Council composed of the executive directors of the centers and certain other members, establishes a base amount of $150,000 to be made available annually to the council, and requires the council to, among other actions, develop a uniform tracking and data collection system to be used by each center. This bill would revise and recast the provisions related to Family Empowerment Centers on Disability, including requiring the department to give priority to grant applicants in those of the 32 regions in the state that do not have a center, increasing the minimum base rate for each center awarded a grant from $150,000 to $237,000 commencing with the start of the fiscal year after a center has been established in each of the 32 regions, and, commencing with the 2024–25 fiscal year, providing for an annual cost-of-living adjustment of the grant amount, as specified. The bill would also increase the base amount to be made available annually to the council from $150,000 to $237,000. The bill would impose additional requirements on centers as a condition of receiving a grant and would require the department, among other actions, to, on or before June 30, 2023, develop a data collection template for use by centers and provide guidance to centers on how to define and report data. The bill would make implementation of the bill’s provisions contingent upon an appropriation being made in the annual Budget Act or another statute for its purposes.

Primary Sponsors
Eduardo Garcia, Patrick O’Donnell, Bill Quirk
**Title**

**Description**
AB 214, as introduced, Ting. Budget Act of 2021. This bill would make appropriations for the support of state government for the 2021–22 fiscal year. This bill would declare that it is to take effect immediately as a Budget Bill.

**Primary Sponsors**
Phil Ting

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**Title**
Housing element.

**Description**
AB 215, as introduced, Chiu. Housing element. Existing law, the Planning and Zoning Law, requires a city or county to adopt a general plan for land use development within its boundaries that includes, among other things, a housing element. That law requires the Department of Housing and Community Development (HCD) to determine whether the housing element is in substantial compliance with specified provisions of that law. That law also requires HCD to notify a city, county, or city and county, and authorizes HCD to notify the office of the Attorney General, that the city, county, or city and county is in violation of state law if HCD finds that the housing element or an amendment to the housing element does not substantially comply with specified provisions of the Planning and Zoning Law, or that the local government has taken action or failed to act in violation of specified provisions of law. This bill would add the Housing Crisis Act of 2019 to those specified provisions of law.

**Primary Sponsors**
David Chiu
Title
Emergency food assistance.

Description
AB 221, as introduced, Santiago. Emergency food assistance. Existing law establishes and requires the State Department of Social Services to administer the CalFood Program to provide food and funding to food banks whose primary function is to facilitate the distribution of food to low-income households, as specified. This bill would require the department to provide a food assistance benefit statewide to low-income California residents, regardless of their immigration status, upon the appropriation of funds by the Legislature for this purpose or a determination by the Governor that specified funds available to the Governor may be used for this purpose. The bill would provide that a person is eligible for this benefit if they are an adult who self-attests to eligibility for at least one of 3 prescribed benefits, including the Federal Emergency Food Assistance Program, and that this benefit is a disaster benefit rather than a public social service. The bill would require the department to commission a study to provide recommendations and solutions to a permanent food assistance program for low-income California residents experiencing food insecurity, to complete that study by January 1, 2023, and to submit a copy of that study to the Legislature. This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors
Miguel Santiago, David Chiu, Robert Rivas, Susan Rubio
Title
Local health department workforce assessment.

Description
AB 240, as introduced, Rodriguez. Local health department workforce assessment. Existing law establishes the State Department of Public Health to implement various programs throughout the state relating to public health, including licensing and regulating health facilities, control of infectious diseases, and implementing programs relating to chronic health issues. Existing law authorizes the department to implement the required programs through, or with the assistance of, local health departments. Existing law requires the department, after consultation with and approval by the California Conference of Local Health Officers, to establish standards of education and experience for professional and technical personnel employed in local health departments and for the organization and operation of the local health departments. This bill would require the department to contract with an appropriate and qualified entity to conduct an evaluation of the adequacy of the local health department infrastructure and to make recommendations for future staffing, workforce needs, and resources, in order to accurately and adequately fund local public health. The bill would exempt the department from specific provisions relating to public contracting with regard to this requirement. The bill would require the department to report the findings and recommendations of the evaluation to the appropriate policy and fiscal committees of the Legislature on or before July 1, 2024. The bill would also require the department to convene an advisory group, composed of representatives from public, private, and tribal entities, as specified, to provide input on the selection of the entity that would conduct the evaluation. The bill would further require the advisory group to provide technical assistance and subject matter expertise to the selected entity. The bill would make its provisions contingent on sufficient funding and repeal its provisions on January 1, 2026.

Primary Sponsors
Freddie Rodriguez
Title
Personal income tax: deduction: medical expenses.

Description
AB 243, as introduced, Choi. Personal income tax: deduction: medical expenses. The Personal Income Tax Law, in conformity or modified conformity with federal income tax laws, allows various deductions in computing the income that is subject to the taxes imposed by that law, including a deduction for the medical and dental expenses paid during the taxable year, not compensated for by insurance or otherwise, for the medical or dental care of the taxpayer, spouse, or a dependent, to the extent that such expenses exceed 7.5% of federal adjusted gross income. This bill would instead allow that deduction to the extent that those medical and dental expenses exceed 4% of federal adjusted gross income. Existing law requires any bill expanding an existing tax deduction to contain, among other things, specific goals, purposes, and objectives that the tax credit will achieve, detailed performance indicators, and data collection requirements. The bill would provide findings and declarations relating to the goals of the expansion of the deduction for medical and dental expenses. This bill would take effect immediately as a tax levy.

Primary Sponsors
Steve Choi
Affordable housing cost study: housing plan addendum.

Existing law establishes various programs and funding sources to enable the development of affordable housing, including the low-income housing credit, the Building Homes and Jobs Act, the Veterans and Affordable Housing Bond Act of 2018, the Affordable Housing and Sustainable Communities Program, and the Multifamily Housing Program. Existing law charges various agencies with the administration of these programs, including the California Tax Credit Allocation Committee, the Department of Housing and Community Development, and the California Housing Finance Agency. This bill would require the California Tax Credit Allocation Committee, the Department of Housing and Community Development, the California Housing Finance Agency, and the California Debt Limit Allocation Committee to conduct an affordable housing cost study that measures the factors that influence the cost of building affordable housing, breaks down total development costs for affordable housing, and enables the state to maximize resources allocated for affordable housing. The bill would require the study to consider data from projects that have received funding from the various programs and funding sources described above. The bill would require the development of the cost study only as existing resources permit without restructuring funding priorities, or as private resources are made available. The bill would require the California Tax Credit Allocation Committee to publish the study by January 1, 2028. Existing law establishes the California Statewide Housing Plan, which is required to incorporate a statement of housing goals, policies, and objectives, as well as specified segments. Existing law requires the Department of Housing and Community Development to update and provide a revision of the California State Housing Plan to the Legislature every 4 years, as specified. This bill would also require the department to prepare and provide an annual addendum to the California Housing Plan to the Legislature by January 1, 2023, and each January 1, thereafter. The bill would require the addendum to identify specified information, including all of the financial resources the state possesses for the development of affordable housing and outcomes to measure the success of the state's investments in housing.

Primary Sponsors
Blanca Rubio
Title
Guardianships.

Description
AB 260, as introduced, Stone. Guardianships. Existing law establishes the jurisdiction of the juvenile court, under which a minor may be adjudged to be a dependent of the court if the minor has been abused or neglected, as specified. Other existing law, the Guardianship-Conservatorship Law, authorizes a probate court, upon hearing of a petition by a parent, relative, or other person, to appoint a guardian of a minor in accordance with specified provisions of law governing the custody of a minor child. Existing law authorizes a court hearing a guardianship petition, if the proposed ward is or may be abused or neglected, to refer the matter to the local child welfare services agency to initiate an investigation to determine whether proceedings in juvenile court should be commenced. This bill would require the court to have good cause to waive the investigation and would prohibit the guardianship proceedings from being completed until the investigation is completed and a report is provided to the juvenile court. Existing law requires a proceeding in the juvenile court to declare a child to be a dependent child of the court to be commenced by a social worker's filing of a petition with the court. Under existing law, if a person applies to a social worker to commence juvenile court proceedings and the social worker fails to file a petition within 3 weeks after the application, the person may, within one month after making the application, apply to the juvenile court to review the decision of the social worker, and the court may either affirm the decision of the social worker or order the social worker to commence juvenile court proceedings. If the probate court has referred the matter to juvenile court, this bill would require the juvenile court to review the decision of a social worker not to file a petition within 3 weeks of the referral. Existing law authorizes a juvenile court, if the court finds that the child is abused or neglected, and the parent has advised the court that the parent is not interested in family maintenance or family reunification services, in addition to or in lieu of adjudicating the child a dependent child of the court, to order a legal guardianship and appoint a legal guardian, as specified. Existing law establishes the state-funded Kinship Guardianship Assistance Payment Program (Kin-GAP), which provides aid on behalf of eligible children who are placed in the home of a relative guardian. Existing law requires aid in the form of state-funded Kin-GAP to be provided on behalf of any child under 18 years of age and to any eligible youth under 19 years of age who has had a kinship guardianship established, as described above, and who meets other requirements, including that the child or youth has been adj... (click bill link to see more).

Primary Sponsors
Mark Stone
Title
Medi-Cal: reimbursement rates.

Description
AB 265, as introduced, Petrie-Norris. Medi-Cal: reimbursement rates. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including clinical laboratory or laboratory services. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Existing law requires the department to develop, subject to federal approval, reimbursement rates for clinical or laboratory services according to specified standards, such as requiring that reimbursement to providers for those services not exceed the lowest of enumerated criteria, including 80% of the lowest maximum allowance established by the federal Medicare Program for the same or similar services. This bill would delete provisions relating to the above-specified 80% standard and would make conforming changes.

Primary Sponsors
Cottie Petrie-Norris
Core Behavioral Health Crisis Services System.

Description
AB 270, as introduced, Ramos. Core Behavioral Health Crisis Services System. Existing law, the Warren-911-Emergency Assistance Act, requires every local public agency, as defined, to have an emergency communication system and requires the digits “911” to be the primary emergency telephone number within the system. Existing law 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. Existing law specifies that county mental health services should be organized to provide immediate response to individuals in precrisis and crisis and to members of the individual’s support system, on a 24-hour, 7-day-a-week basis and authorizes provision of crisis services offsite as mobile services. Existing federal law, the National Suicide Hotline Designation Act, designated the three-digit telephone number “988” as the universal number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operating through the National Suicide Prevention Lifeline maintained by the Assistant Secretary for Mental Health and Substance Abuse and the Veterans Crisis Line maintained by the Secretary of Veterans Affairs. This bill would create the Core Behavioral Health Crisis Services System, using the digits “988” for the 988 Suicide Prevention and Behavioral Health Crisis Hotline, in compliance with existing federal law and standards governing the National Suicide Prevention Lifeline. The bill would require the department, as defined, to take specified actions to implement the hotline system. The bill would require the department to charge a fee on each resident of the state that is a subscriber of commercial mobile or IP-enabled voice services to pay for the costs of the program. The bill would create the 988 Fund, a new continuously appropriated fund, and would require the fees to be deposited along with other specified moneys into the 988 Fund. By creating a new continuously appropriated fund and establishing a fee as a new source of revenue for the continuously appropriated fund, the bill would make an appropriation. The bill would also require local jurisdictions, in collaboration with the department, to create Mobile Crisis Teams, as specified, to provide onsite response services to crisis calls made through the hotline. By imposing this new requirement on local jurisdictions, 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... (click bill link to see more).

Primary Sponsors
James Ramos
**Title**
Ovarian and cervical cancer.

**Description**
AB 276, as introduced, Voepel. Ovarian and cervical 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. This bill would additionally require the department to post on its internet website information and resources on ovarian and cervical cancer, and on the importance of screening for those cancers. The bill would require the information posted to be available in English and in the top 15 languages spoken by limited-English-proficient individuals in California, as determined by the department.

**Primary Sponsors**
Randy Voepel
**Title**
Medi-Cal: podiatric services.

**Description**
AB 278, as introduced, Flora. Medi-Cal: podiatric services. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including podiatric services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law does not require prior authorization for podiatric services provided on an outpatient or inpatient basis, but podiatric services are subject to the same Medi-Cal billing and services policies as required for a physician and surgeon, including a maximum numerical service limitation in any one calendar month. Existing law requires a health care provider applying for enrollment as a Medi-Cal services provider or a current Medi-Cal services provider applying for continuing enrollment, or a current Medi-Cal services provider applying for enrollment at a new location or a change in location, to submit a complete application package. Under existing law, a licensed physician and surgeon practicing as an individual physician practice or a licensed dentist practicing as an individual dentist practice, who is in good standing and enrolled as a Medi-Cal services provider, and who is changing the location of that individual practice within the same county, is eligible to instead file a change of location form in lieu of submitting a complete application package. This bill would make conforming changes to the provisions that govern applying to be a provider in the Medi-Cal program, or for a change of location by an existing provider, to include a doctor of podiatric medicine licensed by the California Board of Podiatric Medicine.

**Primary Sponsors**
Heath Flora
Title
Intermediate care facilities and skilled nursing facilities.

Description
AB 279, as introduced, Muratsuchi. Intermediate care facilities and skilled nursing facilities. (1) Existing law requires the State Department of Public Health to license, inspect, and regulate intermediate care facilities (ICF) and skilled nursing facilities (SNF). Existing law generally requires an ICF or SNF to comply with certain procedures and disclosures when transferring ownership or management of the facility, as specified. Existing law imposes criminal penalties on a person who violates the requirements imposed on these facilities. This bill would prohibit the owner of an ICF or SNF from ceasing to deliver or making significant changes to the nature of residential care services, or from transferring a resident to another facility, during any declared state of emergency relating to the coronavirus disease 2019 (COVID-19), except if the owner files for bankruptcy. The bill would require, upon termination of the same type of state of emergency, the owner of an ICF or SNF to issue a 6-month advance notice of any proposed sale or termination of the licensed operation of the facility to each resident before the sale or termination goes into effect. The bill would also prohibit during the same type of state of emergency, any changes in all conditions for the sale of assets imposed by the Attorney General, except if the owner of an ICF or SNF files for bankruptcy. By expanding the requirements and prohibitions imposed on a licensee of ICF or SNF, the failure to comply with would be a crime, this bill would impose a state-mandated local program. The bill would repeal these provisions on January 1, 2026.
(2) 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.
(3) This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors
Al Muratsuchi, Miguel Santiago
Title
State Department of Education: state school nurse consultant.

Description
AB 285, as amended, Holden. State Department of Education: state school nurse consultant. Existing law establishes in the state government a State Department of Education and the department is responsible for various ongoing activities involving the public schools. Existing law requires the Commission on Teacher Credentialing to, among other duties, establish standards for the issuance and renewal of credentials, certificates, and permits. Existing law sets forth the minimum requirements for a services credential with a specialization in health for a school nurse, as provided. Existing law requires the governing board of a school district to give diligent care to the health and physical development of pupils, and authorizes the governing board of a school district to employ properly certified persons for that work. Existing law authorizes a school nurse, subject to approval by the governing board of the school district, to perform various pupil health care services. This bill would require the department to appoint a state school nurse consultant to be housed within the department. The bill would require the state school nurse consultant to be a school nurse credentialled by the commission, as specified, who has a minimum of 5 years of experience in school health program management. The bill would require the state school nurse consultant to work with school districts and school nurses to promote quality school nursing services and school health programs that address the broad health needs of pupils, among other responsibilities. The bill would require the state school nurse consultant to annually report to the Governor and the Legislature a summary of the year’s activities and specific recommendations, as provided. This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors
Chris Holden
Title
Pupil mental health: model referral protocols.

Description
AB 309, as introduced, Gabriel. Pupil mental health: model referral protocols. Existing law requires the governing board of a school district to give diligent care to the health and physical development of pupils and authorizes the governing board of a school district to employ properly certified persons for this purpose. Existing law requires a school of a school district or county office of education and a charter school to notify pupils and parents or guardians of pupils no less than twice during the school year on how to initiate access to available pupil mental health services on campus or in the community, or both, as provided. This bill would require the State Department of Education to develop model referral protocols, as provided, for addressing pupil mental health concerns. The bill would require the department to consult with various entities in developing the protocols, including current classroom teachers and administrators. The bill would require the department to post the model referral protocols on its internet website. The bill would make these provisions contingent upon funds being appropriated for its purpose in the annual Budget Act or other legislation, or state, federal, or private funds being allocated for this purpose.

Primary Sponsors
Jesse Gabriel, Patrick O'Donnell
Long-term health facilities.

Description
AB 323, as introduced, Kalra. Long-term health facilities. The Long-Term Care, Health, Safety, and Security Act of 1973 generally requires the State Department of Public Health to license and regulate long-term health care facilities and to establish an inspection and reporting system to ensure that long-term health care facilities are in compliance with state statutes and regulations. The term "long-term health care facility" includes, among other types of facilities, a skilled nursing facility and intermediate care facility. The act defines a class "A" violation as a violation that the department determines presents either (1) imminent danger that death or serious harm to the patients or residents of the long-term health care facility would result therefrom, or (2) substantial probability that death or serious physical harm to patients or residents of the long-term health care facility would result therefrom. The act defines a class "AA" violation as a class "A" violation that the department determines to have been a direct proximate cause of death of a patient or resident of the facility. The act defines a class "B" violation as a violation that the department determines has a direct or immediate relationship to the health, safety, or security of long-term health care facility patients or residents, other than class "AA" or "A" violations. Class "B" violations are also, unless otherwise determined by the department to be a class "A" violation, any violation of a patient's rights as set forth in specified regulations that is determined by the department to cause, or under circumstances likely to cause, significant humiliation, indignity, anxiety, or other emotional trauma to a patient. The act requires the department to prove specific elements to enforce a citation for a class "AA" violation, including the element that death resulted from an occurrence of a nature that the regulation was designed to prevent. This bill would redefine a class "AA" violation as a class "A" violation that the department determines to have been a substantial factor, as described, in the death of a resident of a long-term health care facility. The bill would increase the civil penalties for a class "A," "AA," or "B" violation by a skilled nursing facility or intermediate care facility, as specified. The bill would delete numerous references to the "patients" of a long-term health care facility.

Primary Sponsors
Ash Kalra
Bill Number: AB 326

Title: Health care service plans: Consumer Participation Program.

Description: AB 326, as introduced, Luz Rivas. Health care service plans: Consumer Participation Program. Existing law, until January 1, 2024, requires the Director of the Department of Managed Health Care to establish the Consumer Participation Program, which allows the director to award reasonable advocacy and witness fees to a person or organization that represents consumers and has made a substantial contribution on behalf of consumers to the adoption of a regulation or with regard to an order or decision impacting a significant number of enrollees. This bill would extend the operation of that program indefinitely.

Primary Sponsors: Luz Rivas

Introduction Date: 2021-01-26

Labels: Commercial

Bill Number: AB 328

Title: Reentry Housing Program.

Description: AB 328, as introduced, Chiu. Reentry Housing Program. Existing law establishes the Department of Housing and Community Development in the Business, Consumer Services, and Housing Agency and makes the department responsible for administering various housing programs throughout the state, including, among others, the Multifamily Housing Program, the Housing for a Healthy California Program, and the California Emergency Solutions Grants Program. This bill would establish the Reentry Housing Program. The bill would require the department to, on or before July 1, 2022, take specified actions to, upon appropriation by the Legislature, provide grants to counties and continuums of care, as defined, for evidence-based housing and housing-based services interventions to allow people with recent histories of incarceration to exit homelessness and remain stably housed. The bill would require the department to score applicants to the program competitively according to specified criteria. The bill would require recipients of funds from the program to use those funds for, among other things, long-term rental assistance in permanent housing, incentives to landlords, and services to assist participants in accessing permanent supportive housing. The bill would require the department to distribute funds allocated by executing contracts with awarded entities for a term of 5 years. The bill would require a recipient of the program to submit an annual report to the department. The bill would require the department to hire an independent evaluator to assess outcomes from the program and would require the department to submit that analysis to specified committees of the Legislature.

Primary Sponsors: David Chiu, Ash Kalra, Buffy Wicks

Introduction Date: 2021-01-26

Labels: Housing/Homelessness
Health care coverage: colorectal cancer: screening and testing.

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 individual and group health care service plan contracts and health insurance policies to provide coverage for all generally medically accepted cancer screening tests and requires those contracts and policies to also provide coverage for the treatment of breast cancer. Existing law requires an individual or small group health care service plan contract or health insurance policy to, at a minimum, include coverage for essential health benefits, which include preventive services, pursuant to the federal Patient Protection and Affordable Care Act. This bill would require a health care service plan contract or a health insurance policy, except as specified, that is issued, amended, or renewed on or after January 1, 2022, to provide coverage for colorectal cancer screening examinations and laboratory tests, as specified. The bill would require the coverage to include additional colorectal cancer screening examinations as listed by the United States Preventive Services Task Force as a recommended screening strategy and at least at the frequency established pursuant to regulations issued by the federal Centers for Medicare and Medicaid Services for the Medicare program if the individual is at high risk for colorectal cancer. The bill would prohibit a health care service plan contract or a health insurance policy from imposing cost sharing on an individual who is between 50 and 75 years of age for colonoscopies conducted for specified purposes. The bill would also provide that it does not require a health care service plan or health insurer to provide benefits for items or services delivered by an out-of-network provider and does not preclude a health care service plan or health insurer from imposing cost-sharing requirements for items or services that are delivered by an out-of-network provider. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Mike Gipson
Title
Health care coverage: step therapy.

Description
AB 347, as introduced, Arambula. Health care coverage: step therapy. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes a health insurer to require step therapy if there is more than one drug that is appropriate for the treatment of a medical condition, and authorizes a health care service plan to utilize step therapy consistent with Knox-Keene. Under existing law, if a health care service plan, health insurer, or contracted physician group fails to respond to a completed prior authorization request from a prescribing provider within a specified timeframe, the prior authorization request is deemed to have been granted. This bill would clarify that a health care service plan may require step therapy if there is more than one drug that is appropriate for the treatment of a medical condition. The bill would require a health care service plan or health insurer to expeditiously grant a step therapy exception if specified criteria are met. The bill would authorize an enrollee or insured or their designee, guardian, primary care physician, or health care provider to file an appeal of a prior authorization or the denial of a step therapy exception request, and would require a health care service plan or health insurer to designate a clinical peer to review those appeals. The bill would require a health care service plan, health insurer, or utilization review organization to annually report specified information about their step therapy exception requests and prior authorization requests to the Department of Managed Health Care or the Department of Insurance, as appropriate. The bill would require a prior authorization request or step therapy exception request to be deemed to have been granted if a health care service plan, health insurer, or contracted physician group fails to send an approval or denial within a specified timeframe. Because a willful violation of the bill’s requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Joaquin Arambula
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<th>Title</th>
<th>Affordable housing: annual expenditure report.</th>
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<td>Description</td>
<td>AB 348, as introduced, Villapudua. Affordable housing: annual expenditure report. Existing law requires the Department of Housing and Community Development to submit an annual report to the Governor and both houses of the Legislature on the operations and accomplishments during the previous fiscal year of the housing programs administered by the department. Existing law requires that the report include, among other things, the number of units assisted by those programs and the number of individuals and households served and their income level. This bill would require the department, by March 1 of each year, to develop an annual summary report that discloses the amount of state, federal, and private funding spent on the development of affordable housing within the state, each city, and each county in the preceding calendar year. The bill would require the department to post the annual summary report on its internet website and make the report available to the public by March 15 of each year.</td>
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<tr>
<td>Primary Sponsors</td>
<td>Carlos Villapudua</td>
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<td>Description</td>
<td>AB 357, as introduced, Kamlager. Affordable housing. Existing law, the Planning and Zoning Law, requires each city, county, and city and county to prepare and adopt a general plan that contains certain mandatory elements, including a housing element. This bill would declare the intent of the Legislature to enact legislation that would address the need to build more affordable housing units.</td>
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<tr>
<td>Primary Sponsors</td>
<td>Sydney Kamlager</td>
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Title
Medically supportive food.

Description
AB 368, as introduced, Bonta. Medically supportive food. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including enteral nutrition products, pursuant to a schedule of benefits, and subject to utilization controls, such as prior authorization. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department to establish a Medically Tailored Meals Pilot Program to operate for a period of 4 years from the date the program is established, or until funding is no longer available, whichever date is earlier, in specified counties, including the Counties of Alameda and Sonoma, to provide medically tailored meal intervention services to Medi-Cal participants with specified health conditions, such as diabetes and renal disease. This bill would require the department to establish, no earlier than January 1, 2022, a pilot program for a 2-year period in 3 counties, including the County of Alameda, to provide food prescriptions for medically supportive food, such as healthy food vouchers or renewable food prescriptions, to eligible Medi-Cal beneficiaries, including individuals who have a specified chronic health condition, such as diabetes and hypertension, when utilizing evidence-based practices that demonstrate the prevention, reduction, or reversal of those specified diseases. The bill would authorize the department, in consultation with stakeholders, to establish utilization controls, including the limitation on the number of services, and to enter into contracts for purposes of implementing the pilot program. The bill would require the department to evaluate the pilot program upon its conclusion, to report to the Legislature on those findings, and to implement these provisions by various means, including provider bulletins, without taking regulatory action. The bill would repeal these provisions on January 1, 2027. This bill would make legislative findings and declarations as to the necessity of a special statute for the County of Alameda, County of XXX, and County of XXX.

Primary Sponsors
Rob Bonta
Board of Governors
MOTION SUMMARY

**Date:** March 22, 2021  
**Motion No.:** EXE 100.0421

**Committee:** Executive  
**Chairperson:** Hector De La Torre

**Issue:** Approve revision of Sponsorships policy COMM-006.

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

**Background:** L.A. Care staff requests approval to execute a policy revision to the attached COMM-006 (Sponsorships). The revision provides for an update to the most current policy template, which includes the addition of a policy summary (sec. 3.0), and section 5.0- Monitoring and section 6.0- Reporting. An edit in section 4.2 to the internal administrative approval process is also included, to reflect recent updates to the review and approval process. The electronic approval process section was also updated so that Francisco Oaxaca, Chief of Communications and Community Relations, may approve updates to the policy on Compliance 360.

**Member Impact:** No anticipated member impact.

**Budget Impact:** No anticipated budget impact.

**Motion:** To approve revisions to Communications Policy COMM-006 (Sponsorships) as submitted.
SPONSORSHIPS

DEPARTMENT | COMMUNICATIONS AND COMMUNITY RELATIONS

Supersedes Policy Number(s)

DATES

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<th>Effective Date</th>
<th>Review Date</th>
<th>Next Annual Review Date</th>
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Legal Review Date

Committee Review Date 4/4/2019

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 Hospitals  ☑ PP – Non-Mandated  ☐ PPGs/IPA  ☐

☐ Specialty Health Plans  ☐ Directly Contracted Providers  ☐ Ancillaries  ☐ Other External Entities

ACCOUNTABILITY MATRIX

Enter department here

Communications

Legal Counsel 3.1, 4.2.2, 5.1

ATTACHMENTS

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

ELECTRONICALLY APPROVED BY THE FOLLOWING

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<th>OFFICER</th>
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<tr>
<td>NAME</td>
<td>John Baackes, Francisco Oaxaca</td>
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<td>Communications and Community Relations</td>
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<td>TITLE</td>
<td>Chief, Communications and Community Relations, Executive Officer</td>
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SPONSORSHIPS

1.0 OVERVIEW:

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

2.0 DEFINITIONS:

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

2.2 Sponsorship Request: A request from an outside organization for monetary support or in-kind contribution for a specific event or purpose. Examples of Sponsorship Requests include, but are not limited to, sponsoring conferences and events, fundraising, purchasing tables at events for health related programs.
2.3 Booth Fee: A request from an outside organization for a specific dollar amount that will cover the cost of L.A. Care participating in their event with a booth.

3.0 POLICY:

3.1 L.A. Care may approve Sponsorships for projects, events, or activities or organizations if the expenditure of such funds furthers L.A. Care's legislative mandate of (1) establishing, implementing, maintaining and continuing the Local Initiative for Medi-Cal managed care beneficiaries in Los Angeles County; (2) operating health plans for members of publicly funded health care programs, individuals employed by public agencies and businesses, and uninsured or indigent patients; and/or (3) furthers L.A. Care’s mission and/or strategic vision. All awarded Sponsorships must comply with the guidelines set forth in Policy 603-Grants and Sponsorships.

4.0 PROCEDURES:

4.1 L.A. Care's Communications and Community Relations Department (Communications) provides Sponsorship funds from the enterprise budget. 

4.1.1 A formal letter signed by a member of an organization soliciting Sponsorship dollars or an in-kind donation must be submitted to the Communications Department for processing.

4.1.2 The letter must include a description of the organization, along with information on how the funds will be used. The letter must include a list of benefits that L.A. Care will receive for awarding the sponsorship.

4.1.3 L.A. Care's Communications Department will do an analysis of the Sponsorship Request using and completing the Sponsorship Evaluation Criteria Form:

4.1.3.1 Determine if the request is for Sponsorship of an event, donation of promotional items, a Booth Fee, or a combination of these items.

4.1.3.2 If the request is for a Booth Fee, Communications has an agreement in place with the Finance Department to ensure that if appropriate, Communications can approve the event and complete the check request process for funding. Other departments may work directly with Finance for the approval of a Booth Fee.

4.1.3.3 If the request is for Sponsorship of an event, Communications then assesses the name, date, time and location of the event, the type of event, the activities planned and how the requesting organization will use the funds provided.

4.1.3.4 Based on Policy 603, Communications determines which, if the sponsorship request meets the sponsorship criteria outlined in Policy 603, section of the policy the Sponsorship Request falls under.

4.1.3.5 Communications also determines how and from whom the Sponsorship Request came to L.A. Care, if there is any
relationship between the requesting organization and L.A. Care, and if the requesting organization is associated with an L.A. Care Board Member or employee.

4.1.3.6 Communications will identify the tax status of the requesting organization, other endorsers, sponsors, participants, and anticipated attendees, potential staff required at the event, history of participation in previous events and the benefit of L.A. Care's participation.

4.1.3.7 Based in findings from 3.1.3.1 through 3.1.3.6, and Communications Department Sponsorship Guidelines, Communications makes a recommendation as to whether or not to proceed with Sponsorship, and at what level of funding L.A. Care should sponsor.

4.2 Once the evaluation criteria form is completed, the review and approval process is initiated. It is forwarded to the Communications Director for review.

4.2.1 The request is forwarded to the Communications Director or appointed designee for review. The Communications Director or appointed designee reviews the recommendation. Once the Communications Director or appointed designee approves and signs the request, and if the recommendation is approved, it is forwarded to L.A. Care Legal Counsel for potential conflict of interest review. The Senior Director of Communications and Community Relations (Senior Director) or appointed designee for approval and signature.

4.2.2 Once the Senior Director L.A. Care Legal Counsel has approved and signed the request, it is forwarded to the CEO or appointed designee for final review. The current appointed designee is L.A. Care Legal Counsel the Chief of Communications and Community Relations or appointed designee for review.

4.2.3 Once L.A. Care Legal Counsel the CEO or appointed designee has approved and signed the request, the it is forwarded to the CEO or appointed designee for approval and signature. All Sponsorship funding amounts are final, unless he/she the CEO makes a decision to decrease or increase the recommended funding levels.

4.2.3 Communication may decrease or halt the approved funding amount upon receipt of new information about the organization and/or event in question.

4.3 Communications then coordinates logistics for the event, ensuring that all details of the Sponsorship Request are adhered to and that adequate staffing/attendance will be present to represent L.A. Care.

4.4 Communications will receive a copy of the original proposal and completed evaluation form and will log the Sponsorship information into a database.

4.4.5 If the request fails to receive approval at any point during this process, the request is returned to Communications. Communications will notify the requesting organization that their sponsorship request has been declined.

5.0 MONITORING:
5.1 Every Sponsorship request will be reviewed by the Communications Director, L.A. Care Legal Counsel, and the CEO, or any appointed designees to ensure adherence to this policy, before final approval and disbursement of Sponsorship funds.

6.0 REPORTING:

6.1 Reporting requirements shall be as follows:

6.1.1 Monthly Sponsorship reports, which include funding recipient, amount, date, and event name, shall be presented to the Board.

6.1.2 Annual Sponsorship reports, which include funding recipient, amount, date, and event name, shall be presented to the Board within one hundred twenty (120) days of the end of each fiscal year.