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

BOARD OF GOVERNORS MEETING

April 4, 2024 • 1:00 PM

L.A. Care Health Plan

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

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

About L.A. Care Health Plan

Statement

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

Overview

Committed to the promotion of accessible, affordable and high quality health care, L.A. Care Health Plan (Local Initiative Health Authority of Los Angeles County) is an independent local public agency created by the State of California to provide health coverage to low-income Los Angeles County residents. Serving more than 2.6 million members in four product lines, L.A. Care is the nation's largest publicly operated health plan.

L.A. Care Health Plan is governed by 13 board members representing specific stakeholder groups, including consumer members, physicians, federally qualified health centers, children's health care providers, local hospitals and the Los Angeles County Department of Health Services.

L.A. Care advances individual and community health through a variety of targeted activities including a Community Health Investment Fund and sponsorships program that have awarded more than $180 million throughout the years to support the health care safety net and expand health coverage. The patient-centered health plan has a robust system of consumer advisory groups, including 11 Regional Community Advisory Committees (governed by an Executive Community Advisory Committee), 35 health promoters and nine Resource Centers that offer free health education and exercise classes to the community, and has made significant investments in Health Information Technology for the benefit of the more than 10,000 doctors and other health care professionals who serve L.A. Care members.

Programs

- **Medi-Cal** – In addition to offering a direct Medi-Cal line of business, L.A. Care works with three subcontracted health plans to provide coverage to Medi-Cal members. These partners are Anthem Blue Cross, Blue Shield of California Promise Health Plan and Kaiser Permanente. Medi-Cal beneficiaries represent a vast majority of L.A. Care members.

- **L.A. Care Covered™** – As a state selected Qualified Health Plan, L.A. Care provides the opportunity for all members of a family to receive health coverage under one health plan in the Covered California state exchange.

- **L.A. Care Medicare Plus** – L.A. Care Medicare Plus provides complete care that coordinates Medicare and Medi-Cal benefits for Los Angeles County seniors and people with disabilities, helps with access to resources like housing and food, and offers benefits and services like care managers and 24/7 customer service at no cost.

- **PASC-SEIU Homecare Workers Health Care Plan** – L.A. Care provides health coverage to Los Angeles County's In-Home Supportive Services (IHSS) workers, who enable our most vulnerable community members to remain safely in their homes by providing services such as meal preparation and personal care services.

L.A. Care Membership by Product Line – As of February 2024	
Medi-Cal	**2,351,085**
L.A. Care Covered	**168,816**
D-SNP	**18,949**
PASC-SEIU	**48,530**
Total membership	**2,587,380**
L.A. Care Providers – As of April 2022	
Physicians	**5,709**
Specialists	**13,534**
Both	**364**
Hospitals, clinics and other health care professionals	**14,276**
Financial Performance (FY 2023-2024 budget)	
Revenue	**$11B**
Fund Equity	**$1,779,445**
Net Operating Surplus	**$103.9M**
Administrative cost ratio	**5.1%**
Staffing highlights	
Full-time employees (Actual as of September 2023)	**2,269**
Projected full-time employees (FY 2023-2024 budget)	**2,407**

AGENDA
BOARD OF GOVERNORS MEETING
L.A. Care Health Plan
Thursday, April 4, 2024, 1:00 P.M.

L.A. Care Health Plan, 1055 W. 7th Street, Conference Room 100, 1st Floor
Los Angeles, CA 90017

DRAFT

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

To listen to the meeting via videoconference please register by using the link below:
https://lacare.webex.com/lacare/j.php?MTID=m4382deea7ca3f5b113d5adaf77309cf4

To listen to the meeting via teleconference please dial: +1-213-306-3065
English Meeting Access Number: 2491 427 6851 Password: lacare
Spanish Meeting Access Number: 2488 294 9125 Password: lacare

Supervisor Hilda L. Solis
500 West Temple Street, Room 856
Los Angeles, CA 90012

For those not attending the meeting in person, public comments on Agenda items can be submitted in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420.

If we receive your comments by 1:00 P.M. on April 4, 2024, it will be provided to the members of the Board in writing at the beginning of the meeting. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must include the name of the item to which your comment relates. If your public comment is not related to any of the agenda item topics, it will be read in the general public comment agenda item.

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

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

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

Welcome — Alvaro Ballesteros, MBA, *Chair*

1. Approve today's agenda — *Chair*
2. Public Comment *(Please read instructions above.)* — *Chair*

ADJOURN TO CLOSED SESSION (Estimated time: 60 minutes) — *Chair*

3. REPORT INVOLVING TRADE SECRET
   Pursuant to Welfare and Institutions Code Section 14087.38(n)
   Discussion Concerning new Service, Program, Marketing Strategy, Business Plan or Technology
   Estimated date of public disclosure: *April 2026*
4. CONTRACT RATES
   Pursuant to Welfare and Institutions Code Section 14087.38(m)
   - Plan Partner Rates, • Provider Rates, DHCS Rates

5. THREAT TO PUBLIC SERVICES OR FACILITIES
Government Code Section 54957
Consultation with: Tom MacDougall, *Chief Information & Technology Officer*

6. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:
Four Potential Cases

7. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
L.A. Care Health Plan's Notice of Contract Dispute under Contract No. 04-36069
Department of Health Care Services (Case No. Unavailable)

8. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
- Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680
- Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF

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

RECONVENE IN OPEN SESSION *Chair*

10. Public Comment *(Please read instructions above.)* *Chair*

11. Consideration of Chief Executive Officer's Compensation and Employment Agreement *Chair*

12. Approve Consent Agenda Items *Chair*
(A consent agenda is a way the Board of Governors can approve many motions at the same time to improve efficiency at the meeting. Most motions on a consent agenda have already been discussed at a previous Board Committee meeting. According to the Brown Act [California Government Code Section 54954.3(a)], the agenda need not provide an opportunity for public comment on any item that has already been considered by a committee. Sometimes routine motions are placed on the consent agenda by staff, and those have motion numbers that start with "BOG".)
- March 7, 2024 meeting minutes p.18
- Contract with Microsoft (via SHI International) to provide product support services for Information Technology staff supporting critical virtual production infrastructure **(FIN 100)** p.50
- Faneuil, Inc. Contract Extension and Funding for Customer Service Center **(FIN 101)** p.51

13. Chairperson's Report *Chair*

14. Chief Executive Officer Report p.54 John Baackes
Chief Executive Officer
- Monthly Grants & Sponsorship Reports p.60
- Government Affairs Update p.61 Cherie Compartore
Senior Director, Government Affairs

15. Chief Medical Officer Report — Sameer Amin, MD, *Chief Medical Officer*

Public Advisory Committee Reports

16. Executive Community Advisory Committee — Fatima Vazquez / Layla Gonzalez, *Consumer member and Advocate member*

17. Children's Health Consultant Advisory Committee — Tara Ficek, MPH, *Committee Chair*

Board Committee Reports

18. Executive Committee — *Chair*

- Catalina Island Health Grant to support safety net access to health care for L.A. Care members living on Catalina Island **(EXE 100)** p.267 — John Baackes

19. Finance & Budget Committee — Stephanie Booth, MD, *Committee Chair*

Chief Financial Officer Report p.274 — Afzal Shah, *Chief Financial Officer*

- Financial Report – January 2024 **(FIN 102)** p.290
- FY 2023-24 4+8 Forecast — Jeffrey Ingram, *Deputy Chief Financial Officer*
- Monthly Investment Transactions Reports – January 2024 p.297

20. Compliance & Quality Committee — Stephanie Booth, MD, *Committee Chair*

21. Provider Relations Advisory Committee — John Raffoul, *Committee Member*

ADJOURN TO CLOSED SESSION (if needed) — *Chair*

RECONVENE IN OPEN SESSION — *Chair*

Adjournment — *Chair*

The next meeting is scheduled on May 2, 2024 at 1 PM, it may be conducted as a teleconference meeting.
The order of items appearing on the agenda may change during the meeting.

THE PUBLIC MAY SUBMIT COMMENTS TO THE BOARD OF GOVERNORS BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO BoardServices@lacare.org. Please follow additional instructions on the first page of this Agenda.
ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Govt Code Section 54954.2 (a)(3) and Section 54954.3.
AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION 72 HOURS BEFORE THE MEETING:

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

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda and meeting materials have been posted will be available for public inspection by email request to BoardServices@lacare.org
An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.
Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats - i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care's Board Services Department at (213) 628 6420. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.

SCHEDULE OF MEETINGS

Schedule of Meetings
April 2024

L.A. Care HEALTH PLAN

Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3	4 ***Board of Governors Meeting*** ***1 pm*** *(for approx. 6 hours)*	5
8	9	10 ***TTECAC Meeting*** *10 AM* *(for approx. 3 hours)*	11 ***TAC Meeting*** *2 PM* *(for approx. 2 hours*	12
15	16	17 ***RCAC 6*** *10 AM* *(for approx. 2-1/2 hours)*	18 ***Compliance & Quality Committee Meeting*** *2 PM* *(for approx. 2 hours)* ***RCAC 10*** *2 PM* *(for approx. 2-1/2 hours)*	19 ***RCAC 1*** *10:30 AM* *(for approx. 2-1/2 hours)*
22	23	24 ***Finance & Budget Committee Meeting*** *1 PM* *(for approx. 1 hour)* ***Executive Committee Meeting*** *2 PM* *(for approx. 2 hours)*	25	26
29	30			

For information on the current month's meetings, check calendar of events at www.lacare.org. Meetings may be cancelled or rescheduled at the last moment. To check on a particular meeting, please call (213) 694-1250 or send email to boardservices@lacare.org.

Prepared by mhbalones/printed on 03/20/24

L.A. Care HEALTH PLAN
1055 W. 7th Street, 1st Floor, Los Angeles, **CA 90017**
Tel. (213) 694-1250 / Fax (213) 438-5728

BOARD OF GOVERNORS & PUBLIC ADVISORY COMMITTEES
2024 MEETING SCHEDULE / MEMBER LISTING

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
BOARD OF GOVERNORS	**1st Thursday** 1:00 PM *(for approximately 3 hours)* L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250 ** Meeting 4th Thursday due to summer holiday schedule* ***All Day Retreat. Location TBD* ****Placeholder meeting*	April 4 May 2 June 6 July 25 * *No meeting in August* September 5 ** October 3 *** November 7 December 5	Alvaro Ballesteros, MBA, *Chairperson* Ilan Shapiro, MD, *Vice Chairperson* Stephanie Booth, MD, *Treasurer* John G. Raffoul, *Secretary* Jackie Contreras, PhD Hector De La Torre Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda L. Solis Nina Vaccaro, MPH Fatima Vazquez **Staff Contact:** John Baackes *Chief Executive Officer, x4102* Linda Merkens *Senior Manager, Board Services, x4050*
BOARD COMMITTEES			
EXECUTIVE COMMITTEE	**4th Wednesday of the month** 2:00 PM *(for approximately 2 hours)* L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250 **3rd Wednesday due to Thanksgiving holiday*	April 24 May 22 June 26 *No meeting in July* August 28 September 25 October 23 November 20 * *No meeting in December*	Alvaro Ballesteros, MBA, *Chairperson* Ilan Shapiro, MD, *Vice Chairperson* Stephanie Booth, MD, *Treasurer* John G. Raffoul, *Secretary* *Governance Committee Chair* *Compliance & Quality Committee Chair* **Staff Contact:** Linda Merkens *Senior Manager, Board Services, x4050* Malou Balones *Board Specialist III, Board Services x4183*

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BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2024 MEETING SCHEDULE / MEMBER LISTING

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
COMPLIANCE & QUALITY COMMITTEE	**3rd Thursday of the month** 2:00 PM *(for approximately 2 hours)* L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250	April 18 May 16 June 20 *No meeting in July* August 15 September 19 October 17 November 21 *No meeting in December*	Stephanie Booth, MD, *Chairperson* Alvaro Ballesteros, MBA G. Michael Roybal, MD, MPH Fatima Vazquez **Staff Contact:** Victor Rodriguez *Board Specialist II, Board Services x 5214*
FINANCE & BUDGET COMMITTEE	**4th Wednesday of the month** 1:00 PM *(for approximately 1 hour)* L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250 **3rd Wednesday due to Thanksgiving holiday*	April 24 May 22 June 26 *No meeting in July* August 28 September 25 October 23 November 20 * *No meeting in December*	Stephanie Booth, MD, *Treasurer* Al Ballesteros, MBA G. Michael Roybal, MD, MPH Nina Vaccaro **Staff Contact:** Malou Balones *Board Specialist III, Board Services x4183*
PROVIDER RELATIONS ADVISORY COMMITTEE	**Meets Quarterly** **3rd Wednesday of meeting month** 9:30 AM *(for approximately 2 hours)* L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250	May 15 August 21 November 20	George Greene, Esq., *Chairperson* **Staff Contact:** Linda Merkens *Senior Manager, Board Services, x4050*

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BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2024 MEETING SCHEDULE / MEMBER LISTING

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
AUDIT COMMITTEE	L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250 **MEETS AS NEEDED**		Hector De La Torre, *Chairperson* Layla Gonzalez George Greene **Staff Contact** Malou Balones *Board Specialist III, Board Services, x 4183*
GOVERNANCE COMMITTEE	L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250 **MEETS AS NEEDED**		Chairperson - **VACANT** Stephanie Booth, MD Layla Gonzalez Nina Vaccaro, MPH **Staff Contact:** Malou Balones *Board Specialist III, Board Services/x 4183*
SERVICE AGREEMENT COMMITTEE	L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250 **MEETS AS NEEDED**		Layla Gonzalez, *Chairperson* George W. Greene **Staff Contact** Malou Balones *Board Specialist III, Board Services/x 4183*

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L.A. CARE COMMUNITY HEALTH PLAN	**Meets Annually or as needed** L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250		Alvaro Ballesteros, MBA, *Chairperson* Ilan Shapiro, MD, *Vice Chairperson* Stephanie Booth, MD, *Treasurer* John G. Raffoul, *Secretary* Jackie Contreras, PhD Hector De La Torre Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda Solis Nina Vaccaro, MPH Fatima Vazquez **Staff Contact:** John Baackes, *Chief Executive Officer, x4102* Linda Merkens, *Senior Manager, Board Services, x4050*
L.A. CARE JOINT POWERS AUTHORITY	L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250 ** Offsite meeting. Location TBD* *** Meeting 4th Thursday due to summer holiday schedule* ****All Day Retreat. Location TBD* *****Placeholder meeting*	April 4 May 2 June 6 * July 25 ** *No meeting in August* September 5 *** October 3 **** November 7 December 5	Alvaro Ballesteros, MBA, *Chairperson* Ilan Shapiro, MD, *Vice Chairperson* Stephanie Booth, MD, *Treasurer* John G. Raffoul, *Secretary* Jackie Contreras, PhD Hector De La Torre Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda Solis Nina Vaccaro, MPH Fatima Vazquez **Staff Contact:** John Baackes, *Chief Executive Officer, x4102* Linda Merkens, *Senior Manager, Board Services, x4050*

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BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2024 MEETING SCHEDULE / MEMBER LISTING

PUBLIC ADVISORY COMMITTEES			
CHILDREN'S HEALTH CONSULTANT ADVISORY COMMITTEE GENERAL MEETING	**3rd Tuesday of every other month** 8:30 AM *(for approximately 2 hours)* L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250	May 21 August 20 October 15	**Tara Ficek, MPH,** *Chairperson* **Staff Contact:** Victor Rodriguez *Board Specialist II, Board Services/x 5214*
EXECUTIVE COMMUNITY ADVISORY COMMITTEE	**2nd Wednesday of the month** 10:00 AM *(for approximately 3 hours)* L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250	April 10 May 8 June 12 July 10 *No meeting in August* September 11 October 9 November 13 December 11	**Ana Rodriguez,** *Chairperson* **Staff Contact:** Idalia Chitica**,** *Community Outreach & Education, Ext. 4420*
TECHNICAL ADVISORY COMMITTEE	**Meets Quarterly 2nd Thursday of meeting month** 2:00 PM *(for approximately 2 hours)* L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250	April 11 August 8 October 10	Alex Li, MD, *Chairperson* **Staff Contact:** Victor Rodriguez *Board Specialist II, Board Services/x 5214*

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REGIONAL COMMUNITY ADVISORY COMMITTEES			
REGION 1 **ANTELOPE VALLEY**	**3rd Friday of every other month** 10:30 AM *(for approximately 2-1/2 hours)* L.A. Care Family Resource Center 2072 E. Palmdale Blvd. Palmdale, CA 93550 (213) 438-5580	April 19	**Roger Rabaja,** *Chairperson* **Staff Contact:** Kristina Chung, Field Specialist Cell Phone (213) 905-8502 *Community Outreach & Education*
REGION 2 **SAN FERNANDO VALLEY**	**3rd Monday of every other month** 10:00 *(for approximately 2-1/2 hours)* L.A. Care Family Resource Center 10807 San Fernando Rd. Pacoima, CA 91331 (844) 858-9942		**Ana Rodriguez,** *Chairperson* **Staff Contact:** Martin Vicente, Field Specialist Cell Phone (213) 503-6199 *Community Outreach & Education*
REGION 3 **ALHAMBRA, PASADENA AND FOOTHILL**	**3rd Tuesday of every other month** 10:00 AM *(for approximately 2-1/2 hours)* Robinson Park Recreation Center 1081 N. Fair Oaks Ave. Pasadena, CA 91103 (626) 744-7330	TBD	**Lidia Parra,** *Chairperson* **Staff Contact:** Frank Meza, Field Specialist Cell phone (323) 541-7900 *Community Outreach & Education*
REGION 4 **HOLLYWOOD-WILSHIRE, CENTRAL L.A. AND GLENDALE**	**3rd Wednesday of every other month** 10:00 AM *(for approximately 2-1/2 hours)* Community Resource Center Metro LA 1233 S. Western Ave. Los Angeles, CA 90006 (213) 428-1457		**Sylvia Poz,** *Chairperson* **Staff Contact:** Kristina Chung, Field Specialist Cell Phone (213) 905-8502 *Community Outreach & Education*

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REGION 5 **CULVER CITY, VENICE, SANTA MONICA, MALIBU, WESTCHESTER**	**3rd Monday of every other month** 10:00 AM *(for approximately 2-1/2 hours)* Veterans Memorial Bldg Multipurpose Room 4117 Overland Avenue Culver City, CA 90230 (310) 253-6625		**Maria Sanchez,** *Chairperson* **Staff Contact:** Cindy Pozos, Field Specialist Cell phone (213) 545-4649 *Community Outreach & Education*
REGION 6 **COMPTON, INGLEWOOD, WATTS, GARDENA, HAWTHORNE**	**3rd Thursday of every other month** 10:00 AM *(for approximately 2-1/2 hours)* Community Resource Center Inglewood 2864 W. Imperial Highway Inglewood, CA 90303 (310) 330-3130	April 17	**Joyce Sales,** *Chairperson* **Staff Contact:** Frank Meza, Field Specialist Cell phone (323) 541-7900 *Community Outreach & Education*
REGION 7 **HUNTINGTON PARK, BELLFLOWER, NORWALK, CUDAHY**	**3rd Thursday of every other month** 10:00 AM *(for approximately 2-1/2 hours)* Community Resource Center Norwalk 11721 Rosecrans Ave. Norwalk, CA 90650 (562) 651-6060		**Maritza LeBron,** *Chairperson* **Staff Contact:** Martin Vicente, Field Specialist Cell Phone (213) 503-6199 *Community Outreach & Education*
REGION 8 **CARSON, TORRANCE, SAN PEDRO, WILMINGTON**	**3rd Friday of every other month** 10:30 AM *(for approximately 2-1/2 hours)* Community Resource Center Wilmington 911 N. Avalon Ave. Wilmington, CA 90744 (213) 428-1490		**Ana Romo – *Chairperson*** **Staff Contact:** Hilda Herrera, *Field Specialist* Cell phone (213) 605-4197 *Community Outreach & Education*

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BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES AND REGIONAL COMMUNITY ADVISORY COMMITTEES
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REGION 9 **LONG BEACH**	**3rd Monday of every other month** 11:00 AM *(for approximately 2-1/2 hours)* Community Resource Center Long Beach 5599 Atlantic Ave. Long Beach, CA 90805 (213) 905-8502		**Tonya Byrd**, *Chairperson* **<u>Staff Contact</u>:** Kristina Chung, Field Specialist Cell Phone (213) 905-8502 *Community Outreach & Education*
REGION 10 **EAST LOS ANGELES, WHITTIER AND HIGHLAND PARK**	**3rd Thursday of every other month** 2:00 PM *(for approximately 2-1/2 hours)* L.A. Care East L.A. Family Resource Center 4801 Whittier Blvd Los Angeles, CA 90022 (213) 438-5570	April 18	**Damares Hernández de Cordero,** *Chairperson* **<u>Staff Contact</u>:** Hilda Herrera, *Field Specialist* Cell phone (213) 605-4197 *Community Outreach & Education*
REGION 11 **POMONA AND EL MONTE**	**3rd Thursday of every other Month** 10:00 AM *(for approximately 2-1/2 hours)* Pomona Community Resource Center 696 W. Holt Street Pomona, CA 91768 (909) 620-1661		**Maria Angel Refugio,** *Chairperson* **<u>Staff Contact</u>:** Frank Meza, Field Specialist Cell phone (323) 541-7900 *Community Outreach & Education*

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CONSENT AGENDA

Board of Governors
Regular Meeting Minutes #325
March 7, 2024

L.A. Care Health Plan, 1055 W. 7th Street, Los Angeles, CA 90017

Members

Alvaro Ballesteros, MBA, *Chairperson*
Ilan Shapiro, MD, *Vice Chairperson**
Stephanie Booth, MD, *Treasurer*
John G. Raffoul, *Secretary*
Jackie Contreras, PhD
Hector De La Torre
Christina R. Ghaly, MD
Layla Gonzalez*
George W. Greene, Esq.*
Supervisor Hilda Solis **
G. Michael Roybal, MD, MPH
Nina Vaccaro, MPH
Fatima Vazquez

**Absent*

*** Via teleconference*

Management

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

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
WELCOME	Alvaro Ballesteros, *Board Chairperson,* called to order at 1:04 pm the regular and special meetings of L.A. Care Health Plan Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors. The meetings were held simultaneously. Board Chairperson Ballesteros welcomed everyone. • Everyone's time is valuable. Recently, a few meetings have lasted more than three hours so L.A. Care will make some changes to improve meeting efficiency. • The public comment time may be adjusted to a shorter time limit during the meeting to keep the meeting on schedule and allow more people to comment. • Please be respectful of everyone at the meeting. Comments should end at 3 minutes. That's a lot of time – more time than is given for public comment at other meetings. Commenters do not have to use the full three minutes if their views can be expressed in less time. There is no need to wait for the clock to countdown the full 3 minutes. Get your points across quickly and step away from the microphone even if there is still time on the clock so others can be heard. Those attending the meeting in person who wish to submit a public comment should use the form provided. For those with access to the internet, the materials for today's meeting are available on the L.A. Care website. He thanked those who have submitted public comment by voice mail, text or email. He informed participants that for those using the video software during the meetings; the "chat"	

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	function will be available to provide live and direct public comment to everyone participating in the virtual meeting. The Chat feature will be open throughout the meeting for public comment. All are welcome to provide input.	
APPROVAL OF MEETING AGENDA	**The meeting Agendas were approved.**	**Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, Contreras, De La Torre, Ghaly, Raffoul, Roybal, Solis, Vaccaro and Vazquez)**
PUBLIC COMMENTS	There were no public comments.	
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Board of Directors meeting adjourned at 1:12 pm. Augustavia J. Haydel, Esq., *General Counsel*, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 1:12 pm. No report was anticipated from the closed session. 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 2026* THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Tom MacDougall, *Chief Technology and Information* CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act	

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	L.A. Care Health Plan's Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable) CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR Sections 54957 and 54957.6 of the Ralph M. Brown Act Title: CEO Agency Designated Representative: Alvaro Ballesteros, MBA Unrepresented Employee: John Baackes CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act 1) *Glendale Adventist Medical Center dba Adventist Health Glendale v. Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan,* JAMS 1220072832; 2) *Glendale Adventist Medical Center dba Adventist Health Glendale and White Memorial Center dba Adventist Health White Memorial v. Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan,* JAMS 1220074035; 3) *Glendale Adventist Medical Center dba Adventist Health Glendale v. Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan,* JAMS 1220074776; 4) *Glendale Adventist Medical Center dba Adventist Health Glendale and White Memorial Center dba Adventist Health White Memorial v. Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan,* JAMS 1220075383; 5) *White Memorial Center dba Adventist Health White Memorial v. Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan,* JAMS 1220072839; 6) *White Memorial Center dba Adventist Health White Memorial v. Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan,* JAMS 1220072273; 7) *White Memorial Center dba Adventist Health White Memorial v. Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan,* JAMS 1220074774; *8) San Joaquin Community Hospital dba Adventist Health Bakersfield; and Simi Valley Hospital and Health Care Services dba Adventist Health Simi Valley Hospital v. L.A. Care Health Plan,* L.A.S.C. case no. 22STCV30779*;* 9) *San Joaquin Community Hospital dba Adventist Health Bakersfield; Simi Valley Hospital and Health Care Services dba Adventist Health Simi Valley Hospital; Adventist Health Medical Center Tehachapi dba Adventist Health Tehachapi Valley; and Hanford Community Hospital dba Adventist Health Hanford v. L.A. Care Health Plan,* L.A.S.C. case no. 23STCV10175.	

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RECONVENE IN OPEN SESSION	The L.A. Care Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors reconvened in open session at 2:10 pm. There was no report from closed session.	
APPROVE CONSENT AGENDA ITEMS	• February 1, 2024 meeting minutes • Quarterly Investment Report **Motion FIN 100.0324** **To accept the Quarterly Investment Report for the quarter ending December 31, 2023, as submitted.** • Approve Accounting & Financial Services Policies AFS-027 (Travel Expenses and Other Expenses), and retirement of AFS-004 (Non-Travel & Other Related Expenses) **Motion FIN 101.0324** **To approve Accounting & Financial Services Policies AFS-027 (Travel Expenses and Other Expenses), and retirement of AFS-004 (Non-Travel & Other Related Expenses) as submitted.** • Contract Amendment with Metcalfe Security **Motion FIN 102.0324** **To authorize staff to amend Metcalfe Security contract and extend it for 5 years in an amount not to exceed $8,982,675.** • Contract Amendment with Solugenix, Infosys and Cognizant for Information Technology staff augmentation services through September 30, 2024 **Motion FIN 103.0324** **To authorize staff to amend a contract with Solugenix, Infosys and Cognizant in the amount of $6 million (total contract not to exceed $23,340,000) for Information Technology staff augmentation services through September 30, 2024.** • Delegation to Chief Executive Officer to enter into contractual agreements for professional services to perform tenant improvements in the 1200 W. 7th Street building **Motion FIN 104.0324** **To delegate to John Baackes, Chief Executive Officer, discretionary authority to approve vendors and enter into contractual agreements for certain professional services to perform capital improvements and purchase equipment to build-out floors 1, 5, 6 and 7 in the 1200 W. 7th Street building in an amount not to exceed $47,027,791 which includes a 10% contingency for potential unknown conditions.**	**Unanimously approved by roll call. 10 AYES**

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	• 2024 Compliance Program Work Plan **(COM 100)** **Motion COM 100.0324** **To approve the 2024 Compliance Work Plan, as submitted.**	
CHAIRPERSON'S REPORT	**PUBLIC COMMENT** *Andria McFerson wished everyone Happy March. She said it is very important that we address the homeless issue, so with the chair report, maybe for next month, we actually talk about how we can address the homeless issue. She wrote something down basically on how many homeless people are in L.A., 75,000 people are homeless on any given night per LA Times paper last year. L.A. Care can have RCAC members who are willing to volunteer of course, and in any given instance, help someone. Of course, to make sure it is safe to work around a shelter, work at your own risk. People are willing to do so much, they are ready. It would be great if we can talk about that next month about how the RCACs can give back. They have been together for 25 years, and do not want that opportunity to be taken away. Peer on peer communication is very important. It makes people feel welcomed. It makes people feel understood. And the people who are giving to the homeless, have been there. Whether it be health wise, financially or going through different instances - she guesses they are not instances, they affect you for the rest of your life. Domestic violence, rape, child rape, those are the topics that are not being discussed openly. That is why she is openly discussing it right now. If you have a volunteer, not just a focus group of people who are being talked at, but an open conversation with people who are just like them, would make it so that a lot of people help fight that homelessness and get people off the streets. It is not something that's just going to go away. It is something that we need to address openly. People who have been through it are just like the homeless people. We have RCAC members that are homeless now, she was homeless. She had epilepsy, had brain surgery, had a lot of different things going on with her, and she's willing to help. There are many other people who are willing to help and make it so that L.A. Care understands that RCACs have a purpose, and members are willing to give back as volunteers. It is not like hiring new staff and spending hundreds of thousands of dollars. A reimbursement for the time that they give to the community could be made. They will still do it, no matter what. There are people who are willing to be there for people in need, saving lives.* Chairperson Ballesteros commented that the Regional Community Advisory Committees (RCACs) and the involvement of the consumers is a tremendous asset for L.A. Care health plan. L.A. Care is doing a lot for homeless individuals now and has plans for future support. Mr. Baackes noted there are 40 to 50,000 L.A. Care members living in homelessness, whether they are in a car, a shelter, or on the street. Many of the efforts under the California Advancing and Innovating Medi-Cal (CalAIM) benefits provide new resources and tools to address that. L.A. Care is working with Los Angeles County on homelessness issues, and with LA Homeless	

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	Services Agency (LHASA). L.A. Care also works with Los Angeles City on the Inside Safe program, bringing people from encampments into hotels. L.A. Care is identifying members or members of the other health plans, and works to get them into enhanced care management as quickly as possible. That is launching now and L.A. Care is excited about the program. Feedback on the efforts addressing homelessness can be presented, and then perhaps talk about how to incorporate volunteers. L.A. Care has an initiative on supporting street medicine, which is an important thing. At an L.A. Care Community Resource Center (CRC) recently, the manager told him that people walk in who are homeless. If the person is an L.A. Care member, the CRC works on helping that person go to a primary care physician. Sometimes, the person does not want to go. It could be better to have street medicine capabilities to serve members in this situation. *Ms. McFerson noted that she brought a motion about this at one of her first ECAC meetings and it would be good for L.A. Care to get involved for example with Med-Tents in different areas with RCAC members would be great.* *Joyce Sales is RCAC 6 co-chair, and she asked about Proposition 1 on the March 5 ballot.* Board member De La Torre responded that the votes are still being counted and the results are too close to call. *Ms. Sales would like to find out what the procedure is to make a motion or a vote or however, it goes to get this meeting returned to the public attendance at 1:00 p.m.* Augustavia Haydel, *General Counsel,* responded that a RCAC member can take the idea to a RCAC, and the RCAC could bring it forward, or a member can bring it forward to the Executive Community Advisory Committee (ECAC) as a motion for the Board to consider. The Community Outreach & Engagement (CO&E) staff can help you with that. *Ms. Sales noted that unfortunately they are not having the RCAC meetings at this time, so she could bring it to ECAC.* Ms. Haydel indicated that a member could take the item to the ECAC. ECAC would have to vote to bring it as a motion to the Board. Then the Board would consider it, they might take a vote or they might take some other action. John Baackes, *Chief Executive Officer,* added that there is an ECAC meeting on Wednesday, March 13. Board Chairperson Ballesteros reported that he attended the last ECAC meeting. He appreciated the invitation. He noted there was a lot of discussion, and he took many notes. He understands things a little bit more. He has shared the notes with management and he will continue to do so. He met the members that attend the meetings and he appreciates that experience.	

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	He has a tremendous group of consumer members participating, they are very engaged, very passionate and care about the health plan and care about the community. He wants to thank members for allowing him to be there and learn from the members.	
CHIEF EXECUTIVE OFFICER REPORT	**PUBLIC COMMENT** *Andria McFerson thinks it is important to comment on the RCAC meetings, how they are giving back to the public and let people know specifically what is going on with RCACs post-COVID. It is important to give information to everyone here, along with the Board of Supervisors, on better ways to reach out to people and make it so that people are not scared to go back to the doctors. A lot of people lost people, so that counseling and different things having to do with outreach and engagement is very important. It is more important than a lot of other things. Someone she knows, a family member, died 10 years ago today. But it still hurts. Every time she gets to this point, and it is her brother. Then she found out that a family member tried to kill themselves today. They had a long conversation over the phone. She hopes that people understand that they are important. There is a right way of conversating with someone who has been there, that you love, that you have a lot of things they're familiar with. There is absolutely no way we should go without making sure that we have that outreach and engagement. It's been here for 25 years, more than that, actually. RCACs helped L.A. Care grow into the largest public insurance company in the nation. But now, when she talks to people, they are not happy with their coverage because they feel as though they are being treated as someone that's a beggar on the street. They would rather not even go to the doctor at this point. When the doctor's office finds out that they have public insurance, they treat them differently. The Board would find out way more if it heard from the people who are suffering from that. She thinks it is very important that the Board talk about that, bring the RCACs back and let them have a voice. It is more than just important. It is life saving.* Chairperson Ballesteros expressed his sympathy for her pain in the loss of a family member. Mr. Baackes reported that on February 21 there was a cyberattack on L.A. Care's claims processor, Change Healthcare. Change Healthcare is the largest clearinghouse for medical claims in the United States, processing $15 billion claims a year. Claims could not be processed through Change Healthcare as of February 21. Most medical expenses are paid by L.A. Care to providers through monthly capitation payments that do not require the submission of claims by providers to be reimbursed. L.A. Care immediately notified the provider network and provided a pathway to submit paper claims, which are quickly scanned and digitally processed. L.A. Care has been working with the Change Healthcare, owned by Optum. United Healthcare, one of the largest medical conglomerates in the United States, owns Optum. L.A. Care is	

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	working with Optum on a bridge to another clearinghouse and it is expected that within a week electronic claims submissions can again be received from many hospitals. During the COVID pandemic, L.A. Care began advancing hundreds of millions of dollars to providers. Those advances were based on quality payments to which the providers would be entitled. The smaller community based organizations who do not have cash reserves are a major concern for L.A. Care now, as those may be unable to meet payroll. L.A. Care is working through the various trade associations to offer cash advances to the providers that are going to have a problem meeting payroll in the next month. Cash advances sound great but can be difficult to reconcile and L.A. Care is working to enable electronic claims again. L.A. Care has not been asked to do many advances yet, but is prepared to do as many as necessary. L.A. Care is preparing to examine carefully Change Healthcare's capacity and reliability once it is back online, and is reviewing alternative clearinghouse entities to build redundancy for the future. Tom MacDougall, *Chief Information and Technology Officer,* reported that L.A. Care's cyber defense operations center is a team of staff working 7 days a week, 24 hours a day, looking at all incoming and outgoing traffic to block any attempts to break in to L.A. Care's systems. After notification from Change Healthcare, L.A. Care immediately cut all connections with their systems, scanned all services to look for an indicator of compromise (IOC), and found no IOCs. L.A. Care is diligently watching all endpoints, making sure that there is no aberrant traffic. Unfortunately, in today's electronic world, there are constant attempts to compromise systems, and it is important to be constantly vigilant. L.A. Care updated its technology in the last year to make sure it is as current as possible. There have been attempts discovered and repelled. L.A. Care will continue to protect its systems. Mr. Baackes noted that L.A. Care is responding to all inquiries from parties impacted by the cyberattack. He recommended a March 6, 2024 article in the *Atlantic* (The U.S. Health System's Single Point of Failure - The Atlantic) regarding the vulnerability of the US healthcare system. An email from the California Department of Health Care Services (DHCS) was received on February 2, informing L.A. Care that the 2023 revenue from Medi-Cal would be retroactively reduced by 1.5%, total of $84 million. The rationale was explained as decreased acuity among the Medi-Cal members dis-enrolled through the eligibility redetermination process, which indicates Medi-Cal health plans were paid for services that were not necessary, and that the distribution of members had been more favorable to health plans than was anticipated. DHCS also indicated that, while not an explicit driver of the retroactive adjustment, the financial reports from health plans for calendar year 2023 show strong profit margins. Mr. Baackes stated that L.A. Care would not retroactively adjust its payments to health care providers in 2023 even after the DHCS claw-back, despite L.A. Care's deficit budget in 2024. He acknowledged that L.A. Care financial reports showed a positive performance in 2023,	

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	following three years of very poor financial performance. L.A. Care has sufficient reserves for the retroactive adjustment in rates, which will affect 2024 financial performance. He restated that L.A. Care would not retroactively adjust the 2023 payments to health care services providers. In response to a comment from Board Member Roybal, Mr. Baackes noted that the retroactive negative adjustments to 2023 by DHCS would apply to all health plans, for-profit and non-profit. Mr. Baackes reported that the managed care organization (MCO) tax was reinstated in the California State Budget and revenue will begin accruing in 2024. DHCS has announced the revenue will be allocated to providers through the health plans to providers in a targeted rate increase (TRI) for care and services limited to at least 791 specific aid codes for primary care, behavioral health and obstetrics and gynecology (OB/GYN). L.A. Care and other health plans with a highly capitated model have not received guidance about distribution of TRI to providers. L.A. Care has received many provider inquiries about TRI payments. Town hall meetings with providers have been scheduled to address questions about the Change Healthcare cyber-attack and interim electronic claims processes, retroactive adjustments to rates and TRI. Similar meetings were held with providers in 2020 after the public health emergency was declared. Afzal Shah, *Chief Financial Officer,* commented that L.A. Care has received some draft rate information and funds from DHCS. DHCS requested supplemental data from health plans for all provider contracts and payments made in prior periods and has not responded to a request from health plans for information about the calculation of rates. DHCS will provide revised rates to health plans in April.	

Mr. Baackes displayed a chart showing the results of Medi-Cal eligibility redetermination as of March 1, 2024:

The left column shows L.A. Care Medi-Cal enrollment by plan partner at the start of the redetermination in June 2023. The changes as of March 1, 2024 are in the middle column. He noted that the DHCS direct contract with Kaiser was effective on January 1, 2024, and members in Kaiser were removed from L.A. Care's enrollment. Over the nine months of redetermination, L.A. Care Medi-Cal enrollment is down 4%, or approximately 100,000 members. The right column shows the distribution of L.A. Care's enrollment, with almost 460,000 new members since June 2023, including 155,000 members eligible through the expansion of eligibility to undocumented adults 26-49 years old. 1,549,887 L.A. Care members have had eligibility for Medi-Cal confirmed, and they continue as L.A. Care members. There are approximately 340,000 Medi-Cal members remaining to have eligibility redetermined in April and May. There is a 90-day grace period for submission of the eligibility redetermination paperwork. It is estimated that about 6% of those will remain covered by Medi-Cal and enrolled with L.A. Care.

L.A. Care is working with Los Angeles County Department of Public and Social Services (DPSS) to determine if the new Medi-Cal members previously had Medi-Cal coverage and completed new paperwork instead of using the eligibility redetermination process.

Overall, the enrollment information indicates that L.A. Care may have a lower financial impact than previously estimated. There may be a financial impact to L.A. Care from new membership rate categories for satisfactory immigration status (SIS) and unsatisfactory immigration status

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	(UIS). Health plans will receive lower rates from DHCS for the UIS category. Mr. Shah will provide more information in the financial report later in this meeting. Mr. Baackes reported that under the direction of Phinney Ahn, *Executive Director for Medi-Cal*, L.A. Care follows up with members in the 90-day grace period to make sure that every effort is made to get to keep those members enrolled if still eligible for Medi-Cal benefits. He noted that L.A. Care's Covered California enrollment is up 36%, which could indicate that some of those members determined to be ineligible for Medi-Cal may have enrolled in Covered California, particularly if their incomes rose above the ceiling of 138% of the federal poverty level for Medi-Cal eligibility. He commended everyone who is working to provide health care benefits for all who are eligible. Board Member and Supervisor Solis asked about trends in the information about Latino members who are disenrolled. Mr. Baackes responded that L.A. Care could provide detailed information for her. He noted that in Los Angeles County' First District, 53,000 enrolled in Medi-Cal under the expansion, which is 35% of the total enrollment for L.A. Care. Supervisor Solis asked about the two new rate categories. Mr. Baackes reported that prior to 2024, health plans were paid for actual Medi-Cal enrollment. Going forward, the rate methodology was changed. Mr. Shah responded that the Centers for Medicare and Medicaid Services (CMS) issued a corrective action plan to DHCS for not differentiating between UIS and SIS members, because federal regulations apply to funding mechanisms for Medicaid. CMS funds support the cost for SIS members. Costs for UIS members are paid by the State of California as federal funds cannot be used for UIS. DHCS began paying separate rates in 2023. There have been issues in correctly identifying UIS and SIS members. DHCS decreased the rates for UIS in 2024, and many health plans contested the severity of the decrease. DHCS has agreed to use a risk corridor on the UIS members and rates will be adjusted based on actual experience of health plans for those members. Mr. Baackes noted that California expanded benefits for UIS and is responsible for all of the costs. DHCS is therefore watching the cost more carefully for those newly eligible for Medi-Cal and differentiating between SIS and UIS. Chairperson Ballesteros asked about DHCS rates based on experience for members previously enrolled through My Health LA. Mr. Baackes responded that the data was not shared with health plans, the health plans objected and DHCS created a risk corridor. Chairperson Ballesteros asked If the projections for lower utilization for those members will there be adjustments if it is not confirmed by data on actual utilization. Mr. Shah noted that DHCS may have some data on emergency care or pregnancy-related care, DHCS is making some assumptions and many health plans challenged those assumptions. The rates will be adjusted through a risk corridor for the first year. The challenge is that health plans pay capitation without differentiating between UIS and SIS, except for Plan Partners. When there is a risk	

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	corridor, health plans pay capitation to providers for both categories. Health plans have questions on how the payment methodology will work. Health plans do not provide member-level information to providers to protect member privacy. Mr. Baackes noted that if there were a differentiation in payments to providers it could reduce provider revenue. Sameer Amin, MD, *Chief Medical Officer*, commented that as time goes on and these members become more comfortable in seeking care, utilization may increase. The new members may only be accessing services for acute care, which can be more expensive. This may be the reason health plans requested a risk corridor until actual utilization could be established. Board Member Booth noted that there should be data in Medi-Cal for mothers and children in this category. Reportedly, pregnant women immigrate prior to birth so the child will be a US citizen, and there should be sufficient related data. Chairperson Ballesteros noted that he is informed by staff in health centers that some individuals are not enrolling in Medi-Cal for fear of potential consequences related to immigration. He thinks that it is sad because those who are eligible could benefit from health coverage, and he would like to see efforts to make them more comfortable with enrollment. Mr. Baackes noted that this issue also arose after changes in the public charge regulations. A problem may be that even though health plans were assured enrollment in Medicaid was shielded from reporting to the Immigration and Naturalization Service (INS), the trust factor is not an issue that health plans alone can overcome. Health plans need to partner with government agencies to try and help people become more comfortable in enrolling in programs for which they are eligible, so they can seek health care services without retribution. Supervisor Solis noted that trends indicate that there are fewer males, Latino males in this case, coming forward. She thinks that we are not reaching them. If these men are working two or three jobs, they have limited time to review information that may not be provided to them in an accessible manner. L.A. Care should be using the CRCs with health navigators, and working alongside Los Angeles County to reach potential members. These programs are made available for them and underutilization should be addressed. Mr. Baackes commented that L.A. Care saw reluctance during the vaccination program when the uptake was under 70%. Distrust must be overcome. L.A. Care is working to ensure that CRCs become a reliable place for people to have questions answered and act on that information. Board Member Vaccaro asked about the extent L.A. Care is utilizing the network Promotoras to help community members learn about enrollment and immigration. Mr. Baackes responded that L.A. Care would grow the Promotoras program, which currently has about 35 members. Community Outreach & Engagement staff is working on how it can begin to expand Promotoras.	

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	(*Board Member Vazquez' commented in Spanish and this summary is the professional simultaneous English interpretation of her comments.*) Board Member Vazquez commented regarding the information that goes to the community. Culturally speaking, we know that men tend not to participate in their own healthcare, as was mentioned, due to the work that they do. Probably L.A. Care could do some events to address these working people. The health promoters are effectively working in their communities. The CRCs are providing different types of events to the community and these events could add elements specifically to reach the men, and also teenagers or adolescents, to encourage them to attend doctor visits as they go through the process of growing up. L.A. Care should continue sharing about all of these changes. Board Member de La Torre noted that a relevant experience was when Massachusetts launched a health care program called Romney Care (before Obama Care) it was discovered that men were not signing up. Research was conducted using focus groups, and it was proposed that Tom Brady narrate commercials to encourage men to enroll. It was found that none of that worked. The only thing that worked was to encourage moms to get men to enroll. If L.A. Care is going to do something, it needs to target the moms, not the wives or the sisters. The strategy should be to get moms to be the intermediary. Chairperson Ballesteros stated that Ms. Sales wanted him to communicate that the RCACs could be a mechanism of getting information out once RCAC meetings are held more regularly.	
• Monthly Grants and Sponsorships Reports	*Mr. Baackes referred Board Members to the written reports included in the meeting materials.* Board Member Booth asked about L.A. Care's sponsorship of Angel City Football Club. Mr. Baackes responded that additional information would be provided.	
• Government Affairs Update	Cherie Compartore, *Senior Director, Government Affairs*, reported: • The US House of Representatives passed a package of six pieces of legislation on March 6, and one of those does concern some health related items. The deadline for this part of the continuing resolution expires March 8 at midnight. A continuing resolution was passed in the House and it appears that the Senate will also pass the continuing resolution, funding the government through 2024. • The reconciliation package includes impacts to Health and Human Services with a deadline of March 22 for passage. Last year, a 3.34% physician payment reduction was proposed for Medicare providers and was implemented on January 1, 2024. The legislation expected to pass contains a prospective rate cut that will actually be 1.69%. It will increase funding for the Women, Infants and Children (WIC) by $1 billion with total funding at $7 billion under the Federal Drug Administration. There is additional funding for community health	

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	centers. A Disproportionate Share Hospital (DSH) cut in funding will be delayed until January 2025. • In California, Proposition 1 on the March 5 ballot contains changes in mental health services; the vote is at nearly a 50-50 split now, too close to call. The Secretary of State has until April 12 to finalize the vote. It will likely be a couple of weeks before results are announced. Earlier today, Ms. Compartore checked on past failed ballot initiatives that were placed on a subsequent ballot and found that there is no will among legislators to do that. Board member De La Torre noted that there are two bond measures on the November ballot, so Proposition 1 probably would not be added to the November ballot if it fails. • The deadline for submitting bills has passed, and L.A. Care staff is monitoring over 150 state bills. When the content of spot bills becomes clear, there will be fewer bills. The Legislature is at the end of a two-year cycle and some bills remain from last year. • Staff will report on some of the bills at the Board's May meeting. • California's Legislative Analyst Office projects the state budget deficit is $73 billion, which is significantly more than projected in January and a far cry from the Governor's estimated budget deficit. That is not stopping the Legislature from entering and passing spending bills. • Budget hearings are at a high level at this point, and no action will be taken until after the Governor's May Budget Revise is released. • There is going to be a hearing on Monday regarding hospital financing and closures, and maternity board issues. L.A. Care will not be on the panel. Trade association representatives from Local Health Plans of California and the California Association of Health Plans will be on the panel, as well as representatives for individual hospitals. • The Assembly Budget Subcommittee held a high-level hearing on the MCO tax last week. The hearing went through the information and heard public comment. Hearings will continue on hospitals as well as MCO tax issues. Board Member Booth asked about AB815, credentialing of providers. It suggests making private and public entities, instead of the health plans, responsible for credentialing. It appears to be another carve-out that has been tried before. The intent is to have a central credentialing system. It sounds great in concept but in practice it is more difficult because of the variation among providers. Staff will continue to monitor this. Joanne Campbell, *Health Care Policy Specialist*, commented that amendments are expected on this bill, which currently seems to be a spot bill.	

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	Board Member Booth asked about AB2200, Guaranteed Health Care for All. Ms. Compartore responded that bill is not expected to progress due to a lack of funding.	
CHIEF MEDICAL OFFICER	Dr. Amin presented a health services retrospective overview of 2023, reviewing six items (*a copy of his presentation can be obtained by contacting Board Services*): • Redesigning the Health Services department • Enhancing employee engagement • Accelerating operational excellence • Reaching strategic milestones • Strengthening relationships with regulators. • 2024 focus areas Health services has been redesigned with a new organizational framework that: • Creates a robust Medical Management vertical by absorbing Utilization Management (UM) and Care Management (CM) into Health Services that includes informatics, accreditation, practice transformation and facility site review. • Pharmacy is a third department • Community health is a new department with a whole person care approach to manage our member behavioral and social health needs, bringing housing and community support services under one vertical. • Forms a new leadership and strategy team and fills it with new and existing top-talent. The new structure 1. Empowers staff to take responsibility and draws clearer lines of accountability to reduce wasted time and effort 2. Fosters partnership between the clinical and operational experts within functional areas 3. Promotes cross-functional collaboration across the department and with external business units 4. Reinforces communication and transparency through a refined cadence of internal leadership meetings After the redesign was done, health services includes • 738 total FTEs, about 31% of L.A. Care's total employee base • $126 million dollar budget, which is about 23% of total budget • 18 health services cost centers. Enhancing Employee Engagement • Achieved a 4.22/5 in Employee Engagement Indicator Score	

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	• Measuring intent to stay, willingness to recommend, and overall pride and satisfaction in the organization • +0.13 over the overall organizational score • +0.04 over the National Corporate Healthcare Average • A vast majority of HS staff are engaged or highly engaged • Leaders are effective at driving trust, productivity and improvement; teams are equipped to take accountability, execute on responsibilities, and support improvement efforts Accelerating Operational Excellence • 33% improvement in our urgent hospital care decisions • 60% faster than regular regulatory timelines by the end of 2023 • 80% faster in terms of the decisions for our skilled nursing facility (SNF) referrals Overall performance measures above 95% for Medi-Cal, L.A. Care Covered (LACC) and the In-Home Supportive Services Workers healthcare coverage through PASC. For L.A. Care's Direct Network only (Medi-Cal): 20/20 measures above 95%. For the Dual Special Needs Plan (DSNP): • Two measures at 100%; and two measures at 99% • Two measures above 90% (93.6% and 91.8%, both of which improved from November to December) L.A. Care has expanded UM and CM auditing, training, and quality assurance, vastly improving performance and are meeting goals in over 100 measured categories including appeals adjudication and notification letters. Reaching Strategic Milestones	

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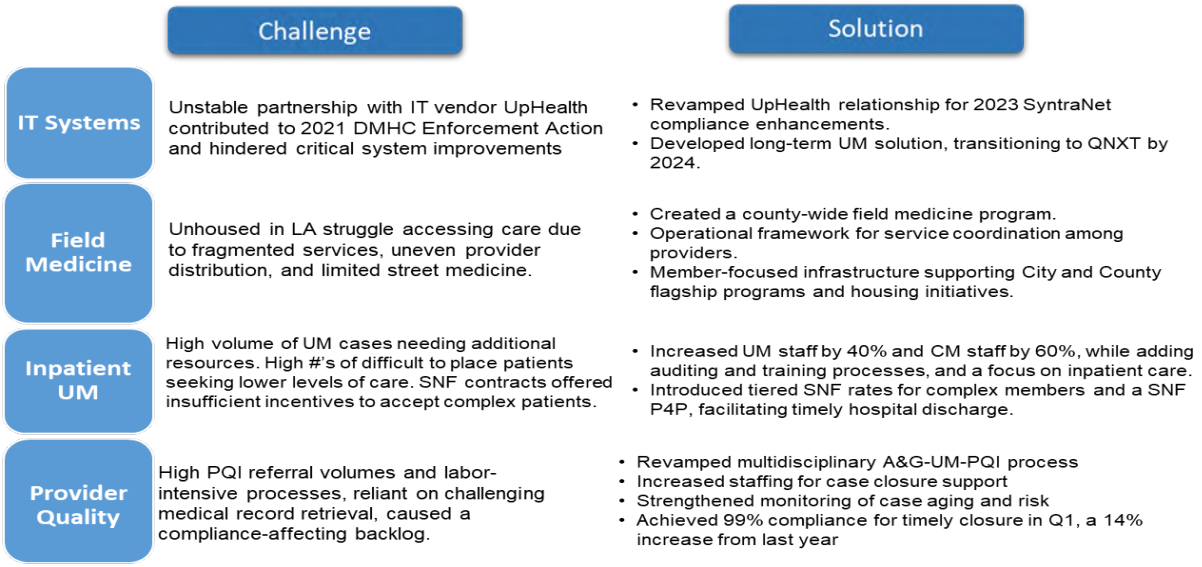

Dr. Amin showed details of L.A. Care achievements in the CalAIM programs. There are 18,692 L.A. Care members receiving CalAIM community support (CS) services. L.A. Care provided over $80.9 million in community support services over the past year and the CS programs will be fully implemented by July 2024. There are 35,000 L.A. Care members who received enhanced care management (ECM) services. We have 75 contracted ECM providers. L.A. Care is the leader in implementing CalAIM programs. Earlier during this meeting, there was discussion about housing and the homeless population, or unhoused population. In housing navigation and tenancy support services, L.A. Care has served 14,939 members, has given out 276 housing deposits, which average over $2,000 each.

Strengthening Relationships with Regulators

- L.A. Care achieved "Accredited" health plan status for Medicaid, Medicare and LACC lines of business; and predicts a 94% assessment score, meeting the 80% minimum pass threshold for Health Equity Accreditation
- Health Services leadership worked collaboratively with DHCS to promote the adoption of a new, accurate methodology, effectively shifting default member enrollment rates from 52% to 64% and maintaining a competitive market share in Los Angeles County.
- We clarified transitional care services (TCS) requirements with DHCS, leading to revisions of the Population Health Management Policy Guide. Health plans no longer need to fulfill all TCS requirements directly but can coordinate with discharging facilities. We also standardized the rule for addressing TCS Low Risk Members through a centralized TCS phone number, instead of individually assigning care managers. In line with 2024 guidance,

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	LAC launched a new TCS Central Line for referrals from any member experiencing a care transition, including low-risk members seeking extra support. Planning for the near term with a focus in 2024 • Compliance: ensure regulatory audit engagement and minimize future operational findings, applying best practices in project management and process improvement to implement corrective action plans and streamline cross-functional collaboration to achieve common goals. • Delegation oversight: collaborating closely with Delegation Oversight to enhance delegate reporting, scorecards, and feedback mechanisms to improve communication with delegates. We are also conducting Quality Improvement meetings for both the direct network and PPGs, implementing a new process for Over/Under Utilization, and enhancing communication regarding available Plan resources. • Information technology: advancing technology to enhance operational performance by transitioning UM from Syntranet to Cognizant, developing a new provider portal, creating a PQI platform, and upgrading the case management platform. Board Member Booth commented that in redesigning health services, there should specifically be arrows to Compliance and IT. Dr. Amin responded that staff has close connections with all other departments, including IT, Compliance and Finance. There are frequent meetings. Board Member Booth noted that his report made her very proud to be on the Board. Board Member De La Torre asked about an update on field medicine. Dr. Amin noted that the Agenda includes an item that was carried over from the last meeting, and he will provide an update on field medicine. Board Member De La Torre commented on the field medicine effort in Montebello, where there is a tiny home complex for transitional housing. Most of the people in that transition housing have been there over a year, and that is not transitional. Those individuals need services. L.A. Care collaborated with the provider in the tiny home complex, and they are launching an initiative to work with those members, get them the services they need and once they are stable, get them into permanent supportive housing or permanent housing. That is a unique model that can be replicated in other places. He acknowledged this is a promising path to help folks stuck in transitional housing. Dr. Amin thanked him and reported that the field medicine program is a much larger program. He highlighted three elements: 1. At the Montebello tiny homes, L.A. Care is sending social workers out to help unhoused member or members in temporary housing, to make sure they are getting ECM and CS services and are enrolled in Medicaid. This is also being done for L.A. Care members	

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	residing in temporary housing in hotels through Los Angeles Homeless Services Authority (LAHSA). 2. L.A. Care started sending assistance for the first time earlier this week. It was a huge achievement to enroll people for the right services, including housing deposits, ensuring that they are on a pathway to permanent housing and intense case management resources. 3. L.A. Care is working with the care collaborative on skid row, to make sure that we are having allies working together to deliver resources. L.A. Care is planning to make a significant financial contribution to that project that is moving along quite well. Chairperson Ballesteros appreciates the staff Health Services division Charles Robinson and Michael Brodsky. Dr. Amin noted that Mr. Robinson and Dr. Brodsky are leaders of the Community Health department in Health Services. Chairperson Ballesteros noted that they have invested a lot of time to understand the needs downtown, to understand the needs in the new Los Angeles County Department of Health Services (DHS) project on Crocker Street and the collective efforts of other organizations working in the area. Chairperson Ballesteros expressed his appreciation for the time invested. Dr. Amin will inform them about those kind words. Dr. Amin noted that he has emphasized that staff learns about members. He has encouraged team members to visit the community resource centers, go to skid row and walk the streets, go into the clinics and meet L.A. Care members and talk to them to see what their needs are. He credited staff that has been doing that, and it is one of the key cultural elements in health services. Supervisor Solis thanked Dr. Amin for the presentation. She is excited about all the things that are being done with CalAIM funding. She knows L.A. Care is working closely with DHS and Los Angeles County Department of Mental Health (DMH). She is interested in street medicine, not just at the Crocker Center that Los Angeles County is going to be transposing, she looks forward to seeing more support there and collaboration with all of our partners. She noted the restorative care village concept and the program ongoing at LA General Hospital and programs that are coming up for the unhoused treatment and recuperative care beds. She is wondering what else can be done to utilize CalAIM funds to help with the recuperative beds that are being created, as well as subacute beds, and trying to figure out how to more cooperatively enhance services there. That is something that is missing and could help get people who become self-sufficient to step down to other housing, jobs and assistance for rentals, so they can leave the more intensive facilities and go to a permanent setting. Dr. Amin noted L.A. Care has the ability to support these programs through CalAIM and he highlighted other programs in line to contribute to the system. 1. Short term post-hospitalization housing will come online at L.A. Care in July 2024. In initial conversations with Mr. Baackes, to his credit, he decided it was a moral obligation to	

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	develop programs for all community supports elements. L.A. Care implemented every community support program in CalAIM. Short-term post hospitalization housing provides services to get people into temporary housing, particularly after a hospital visit. 2. There is also recuperative care, and L.A. Care has served about 2000 members, and provided about 37,000 days in recuperative care beds. L.A. Care would be happy to increase that number, and the number is increasing each month. That is part of the $81 million dollars used to support these services. L.A. Care plans to continue to support these programs. Supervisor Solis spoke about an initiative that Los Angeles County and L.A. Care are working on, as well around the Justice Involved Initiative (JI) proposed by DHCS, a prerelease initiative intended to provide incarcerated individuals with medical coverage for 90 days before release from jails. Dr. Amin noted that this is a complicated program because there are data gaps, but L.A. Care is involved. Board Member Ghaly thanked Supervisor Solis for raising this topic. This complicated program has a broader mandated scope by DHCS than what Counties initially anticipated. The JI program was envisioned as a transition from whole person care. DHS, DMH, Los Angeles County Department of Public Health (DPH) and likely probation and sheriff departments are struggling with how to implement JI within the broad scope that is now mandated to be implemented by the County. There is uncertainty about the timeline for implementation and the funding path for the broad set of services and supports for JI. To name one of multiple problems with the program, no rates have been released by DHCS despite an implementation plan now due in three weeks. It is impossible to develop any sort of an implementation plan for a program for which we do not know the funding. DHS appreciates the collaboration with L.A. Care and other health plans on this. It is not clear among other partners in the County, which are really struggling with this right now, what a pathway to implementation may look like. Dr. Amin responded that DHCS has been at L.A. Care for the last three days in conversations around the ECM, CS and transitions of care. This is one point that he brought up in those meetings, and L.A. Care discussed it with the statewide trade association. It is a major issue, and the program will be very hard to implement without understanding the funding streams. Another area of concern is the expansive view of the potential population. He does not know that the program could be implemented as proposed. Dr. Ghaly thinks that originally it was anticipated that the 90-day prerelease was going to provide an additional revenue source for services that were already being supplied in the jail, and would replace the whole person care revenue and sustain those services. However, it is clear that the scope of services is much broader than those that existed in the whole person care program. This is a fundamental disconnect, as we have seen in CS programs. DHS is	

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	struggling on the sustainability of ECM and trying to cover costs, given some of the rules. She asked if L.A. Care has heard from other providers, or if you feel like you have a stable network for ECM. CS is a different topic. She thanked L.A. Care for the partnership on homelessness and support for the Crocker project. DHS is grateful for the support that L.A. Care has provided to help get the Crocker project off the ground on Skid Row. For those not familiar with the project, it is part of DHS' Skid Row Action Plan to bring a host of supportive services to the community. There is so much potential, and so much engagement among residents of Skid Row and residents want to build it up as a place that can support their lives, livelihoods, health and wellness. Regarding ECM, Dr. Amin noted there was a lengthy conversation specifically around payments regarding ECM in the lobby during closed session. L.A. Care is working through the issues with its provider network and will gather more information. There is a lot of regulatory pressure for L.A. Care to expand the population receiving ECM services. That is a great idea, but ECM is supposed to be a very intense service for the sickest of the sick. There is an expansion of the number of people receiving services. Providers need to be supported financially to care for a huge influx of members. At the same time, L.A. Care is receiving signals that the finances will be more tightly controlled by DHCS. L.A. Care is working to develop a financial model that will allow both those diametrically opposite things. Dr. Amin noted that as part of developing tighter regulatory relationships, he actually went up to the chief medical officer of DHCS and asked her to meet with providers in person to have a conversation about the struggle and the conflicting signals on ECM and she committed to return for that. We hope to schedule that soon. Mr. Baackes noted that L.A. Care's 75 ECM providers are not equal in ability to provide services. DHCS wants the program to grow faster. Half of the ECM cases in the state are L.A. Care members. DHCS wants services to be more intensive and face-to-face. Many providers were serving members with a phone call. L.A. Care needs to encourage providers to do more intense work, which will require more resources than a phone call. L.A. Care is developing a reimbursement model to incentivize providers to provide more intense contact, within the funding provided by DHCS. Dr. Amin agreed that DHCS asks for more intense care from licensed individuals, meaning less community health workers (CHWs) and more licensed nurses (RNs) and doctors in that program. DHCS wants fewer phone calls and more in-person care. DHCS also wants the program to expand dramatically, although L.A. Care provides care for more than half of the states Medi-Cal members in ECM. It is anticipated that DHCS will cut rates. Not all of those things line up into a sensible plan. Dr. Ghaly agrees and DHS has struggled with some of that. The DHCS expectations fly in the face of other messaging or pressure that comes from the state regulators. DHS believes the	

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	providers are well-intentioned in shifting toward the use of less licensed staff, a licensed individual is not always needed to perform services for patients; CHWs, Promotoras and other unlicensed staff could be effective. That is not the direction from DHCS. Providers will be able to use CHWs and Promotoras less, despite conversations with some of the same people about a desire to use CHWs and Promotoras more. The model does not support that. The face-to-face services become another challenge. There are fewer individuals actually signing up than might be eligible for ECM and are willing to be part of the program. It is a challenge to get people to understand and engage. Many hours of time from providers and teams go into enrollment. Medical homes try to conduct outreach and engagement with members, but reimbursement is not associated with the outreach and engagement effort. That is where a huge portion of losses is. Dr. Amin noted that L.A. Care had that discussion too, and stated it would like to be able to pay providers an administrative rate for engagement and outreach costs in order to enroll more people. DHCS has not provided the ability to do that. L.A. Care has asked for a code to be able to provide reimbursement and was given a code that was relatively useless. It is a challenge. Mr. Baackes stated that this is an area where collaboration would be very important, particularly with the federally qualified health centers (FQHCs) and community clinics that are ECM providers. He suggested a joint team to describe for DHCS what providers are asking for. If DHCS wants more licensed clinicians, there will be entities competing with providers to hire those licensed individuals. Regulators need to recognize that the CHWs should be considered clinical providers so their services can be counted as an intervention. Dr. Ghaly worries about L.A. Care's ability to maintain a network. DHS is not unique in not being able to continue as a provider because of financial concerns, and DHS can take a loss on it for a while because it is in the best interest of patients. At some point, DHS will not be able to continue operating the program at a loss. If other providers are experiencing something similar and cannot continue to participate there will be a smaller network. Dr. Amin stated that L.A. Care would engage with providers before making any big changes to the financial model. It will be a partnership between Health Services and Finance departments to make sure that L.A. Care does it in the right way. The conversation is ongoing and it is going to be tough. Finance is getting a completely different answer from DHCS than what Dr. Ghaly and he are getting. DHCS actuaries are saying the payments to health plans include using licensed providers for ECM. Mr. Shah reported that the capitated rates division and Mercer actuaries at DHCS have communicated that payment needs to be related to encounters per member per month (PMPM) or encounters per member per year (PMPY). An example of paying rates per utilizer per month (PUPM) is that if there was a $400 dollar PUPM and the member has only one visit for 15	

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	minutes or a phone call, DHCS would not consider that an ECM service for the member. L.A. Care will work to align a model with feedback received from the provider community. Board Member Ghaly thanked L.A. Care for implementing a post-short term hospitalization community support. DHS advocated for this. She would like a presentation with information about how acute care providers can use eligible unlicensed lower levels of care and move non-acute patients out of the hospital. There is a list of different services, such as Medi-Cal Managed Long-Term Services & Supports (MLTSS) or short-term hospitalization or recuperative care, which have overlapping eligibility, rules and regulations, and it can be confusing to determine where there are gaps or opportunities. When the program goes live in July it would help to outline ways that providers can maximize the benefits for patients at the appropriate level of care. Dr. Amin responded that a presentation would be done, and he has spoken with L.A. Care's community health department. It is a great idea to target information for acute care facilities. There will be a menu of step down options for discharged unhoused members. L.A. Care is committed to getting the short term housing post-hospitalization community supports benefit online, and it will be a significant cost for the health plan. L.A. Care is discussing the funding with DHCS, and will continue to advocate for the benefit. DHCS has not provided clarity on the benefit. Mr. Baackes commented regarding the ability to maintain a provider network. He advocates for L.A. Care to do some of this work in house, because there is a tremendous amount of administrative time and money spent in recruiting, monitoring and assisting the small community based organizations (CBOs) in becoming a contractor. L.A. Care has enough overhead and could absorb more of that cost than they can. DHCS has said L.A. Care must use CBOs and cannot bring services in-house. L.A. Care would love to have DHS support in advocating for internal services. Dr. Amin added that he also spoke with DHCS, and although he thought the negotiation went well, the final response from DHCS was No. He responded to DHCS that another local health plan had gotten an authorization to do a pilot program, and DHCS shut down the pilot program. If health plans and providers work together, it could yet become a possibility. Board Member Contreras echoed Dr. Booth's earlier comments. The focus on progress in Health Services is very impressive, and she thanked Dr. Amin. She asked about the 4.22 out of 5 on employee engagement that Dr. Amin said was better than the organization as a whole, what's the rating for the organization as a whole. Dr. Amin responded that the organization as a whole was 4.13, and he noted the significance of every decimal. Dr. Contreras commented that a vast majority of children and youth in the child welfare system are in fee for service (FFS) Medi-Cal. Los Angeles County Department of Public and Social Services (DPSS) and child welfare have received information around the potential for CalAIM benefits. She asked if there	

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	have been conversations with Los Angeles County Department of Child and Family Services (DFCS) in that regard for beneficiaries in out of home care, the vast majority of whom are enrolled in FFS Medi-Cal. She noted that decision was made years ago to offer flexibility in medical services for children coming in and out of care or changing residence. She thinks the environment has changed. She is wondering if there have been conversations with DCFS about CalAIM benefits. Alex Li, *Chief Health Equity Officer*, responded that L.A. Care recently hosted a round table attended by DCFS and DPSS staff and other participants. This is a conundrum around whether the children should be in managed care or FFS. He noted that foster youth was given an option to have the children enrolled in FFS in part because their residence changes. In a managed care model, the children could be too far away from the providers and services network. The group is trying to figure out the next best step to signal to the community. Dr. Contreras commented that it has come up in that space because in talking about individuals who are higher need, and need more intensive services, that population always comes up. Dr. Li noted there are disadvantages in not being able to benefit from DHS services as well.	
ADVISORY COMMITTEE REPORT		
Executive Community Advisory Committee (ECAC)	**PUBLIC COMMENT** *Andria McFerson when she first became a chair of ECAC she filed a motion. The motion basically stated housing and other homeless solutions, and that shelters should have standards and better housing opportunities. These certain reasonable and important things should be a part of every single shelter. And with that, she said that definitely she would still be in her car if she did not speak up and speak out. The board of supervisor at that particular point in time, heard her and bettered the services in Santa Monica. She came up with a motion. Basically she has seen many different situations, but overall homeless people need to find a housing program that will help keep them housed, because there are a lot of homeless people that have received housing, but are back now on the street because they were misunderstood. If a program specifically has a mental evaluation from a medical professional, a psychiatrist, psychologist, whatever the case may be. If they are evaluated mentally to see their life and their capabilities, then put them in a program. That program should adhere to their necessities and what they are capable of doing. That was her motion. It was almost as if that whole program could not only help house them. It would house the developmentally delayed and receive services while they are housed to make sure that they pay bills and pay their rent, keep their house together and themselves. Everyone does not have family. Then, she said that if there are people who lost their job they can have training, CNA training, forklift training, anything having to do with training for people who may not be educated enough to finish college. And also people who are domestic violence victims, molestation victims, and all kinds of different things like that to have support for them in one tier. First the mental evaluation, second the housing according*	

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	to their own necessities. Then you have the program that best suits them, and then housing. Housing would be a great opportunity if it adhered to that person and what they are capable of doing. Also, of course, you can have training, job training, that they are capable of doing. Sometimes people do not have family and some people have mental disparities that keep them from their own capabilities. She had a motion. Francisco Oaxaca, she is talked about him before, he basically said for 20 minutes, how it was a bad idea, and people should just call 211. But with that, please understand that they do have great ways of giving back to the community and great ideas for the Board. *Joyce Sales doesn't know when the opportunity for questions come, that's why she asserts herself. It is all very confusing. Dr. Amin's presentation was extremely well put together, quite informational, but speaking for herself, not being in the medical industry using the acronyms misses the mark with her as a layman. She came in contact, not more than maybe about three days ago with a woman, single parent of 3 or 4 year old twins. She is on the verge of losing her housing and she knows that Ms. Sales is a community advocate. She came to Ms. Sales asking about financial support in getting her kids another home. Dr. Amin mentioned the $2000 financial housing deposits. Ms. Sales asked if one has to be an L.A. Care member and how can Ms. Sales get information to her to see if she qualifies for the help that she needs.* Dr. Amin noted he is happy to define acronyms that may have been in his report and he apologized for not making it more layperson friendly. He offered to speak with Ms. Sales outside of the Board meeting *(Board Member Ghaly left the meeting.)* Board Member Fatima Vazquez, *Consumer Representative*, reported that TTECAC met on February 14, 2024. She thanked members that attended the TTECAC in person and to those present today: 1. Elizabeth Cooper (R2) 2. Ana Rodriguez (R2) 3. Silvia Poz (R4) 4. Joyce Sales (R6) 5. Ana Romo (R8) 6. Deaka McClain (R9) 7. Damares O Hernandez de Cordero (R10) • Mr. Ballesteros attended TTECAC as a Special Guest. He talked about the importance of the Board's connection with the members and the public and recognized the unique aspect of RCAC member involvement at L.A. Care. He apologized for the long closed session at the Board meeting. He assured members that future meetings would strictly adhere to the	

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	posted agenda time. He shared his personal involvement with a nonprofit health organization serving L.A. Care members, the under- and un-insured. He shares a background with other board members, and he emphasized the valuable perspectives they bring to their role. He spoke about his belief that L.A. Care provides opportunities for meeting the needs of members and Los Angeles County residents. Mr. Ballesteros expressed a commitment to integrating community ideas, suggestions, and issues into board-level discussions and stressed the importance of community involvement to improve services for members. He committed to engaging with the community and dedicating time to listen to and support their needs. • Mr. Baackes provided an update to ECAC members, highlighting progress in Medi-Cal eligibility redetermination and support for individuals during the process. He announced initiation of a $450,000 accessibility equipment fund to supply clinics with tables and scales for individuals with disabilities, expected to launch by month-end. Addressing member concerns about changes to RCACs under a new state contract, he outlined a comprehensive engagement plan with presentations, getting member feedback, and consideration of recommendations to ensure stakeholder input in decisions, despite a potential delay in meeting the state's deadline. • Dr. Amin gave an update on COVID-19. He spoke about the importance of booster shots and highlighted a surge in cases between November and December 2023, followed by a gradual decrease in infection rates in January and February. He noted L.A. Care's health education efforts and the integration of COVID-19 information into L.A. Care's flu campaign across various platforms, including community resource centers. • Mr. Oaxaca provided an update on the scheduling of RCAC meetings through March and April. These meetings will be held primarily at local community resource centers, with an aim to engage members and their representatives. • Rudy Martinez led TTECAC on L.A. Care's Emergency Preparedness Training. Board Member Vazquez reported that ECAC members were happy to have Mr. Ballesteros at the meeting, and members appreciate how he started and everything he has done for the community. He was invited to come back at a future meeting. Chairperson Ballesteros allowed additional public comment. **PUBLIC COMMENT** *Andria McFerson attended a RCAC meeting and it was uneventful just due to the fact that they were told that the funding that they had or that the state is mandating the new rules that they have as RCAC members. And they were told that focus groups are better and the RCACs would be better with a smaller population. She does not think that that's okay, to be told that each RCAC meeting needs Brown Act, Robert's Rules of Order, and they were*	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	being told that the changes were going to happen. So with that, she thinks that they need to be able to vote on things. They need to be able to make sure that they have a right to speak up and speak out. And then, the Agendas are premade. They are not made by the public, they are not made by the RCAC members and that's kind of frustrating. Just due to the fact that you feel as though you are going there just to sit down and listen to Francisco Oaxaca. She does not know why he is still here. He needs to be able to go to another department that is not Outreach and Engagement, because they are doing the opposite. They do not need any segregation, they need to stay together. With that she knows she sounds redundant. But it is worth more to her and to the people that she speaks to about how they need to voice their disparities. And there was someone there and she didn't understand why she couldn't speak up and speak out. She felt horrible. But with that, that's how we help save people's lives. Doing things like that. But neither here nor there, she even had someone talk about whistleblowing, because they have a budget and for years now they have not used that budget. She asked where is that budget for the fiscal year. It is hard for her to speak about it but she participates as a stakeholder for a major county stakeholder group. And they use their budget to outreach and to do necessary stuff and not just look like they're on the outside looking in. They are on the inside looking out, helping people. And she thinks that needs to be evaluated. Where is our budget before the end of the fiscal year. Mr. Baackes stated that he went to the RCAC 5 meeting on Monday and presented the plan to be compliant with the state. He introduced concepts for the RCAC members to consider. Mr. Oaxaca only participated by answering questions in Spanish, since Mr. Baackes is not fluent in Spanish. He offered to share the presentation with the Board at another time, as this meeting is running late.	
BOARD COMMITTEE REPORTS		
Executive Committee	Chairperson Ballesteros reported that the Executive committee met on February 28, 2024 (*approved minutes can be obtained by contacting Board Services and will be available on the L.A. Care website).*	
Finance & Budget Committee	**PUBLIC COMMENT** *Andria McFerson stated she wants to be compliant. Definitely. And with that, she just wants to follow proper protocol. She does not want to seem as though she is being defiant or confrontational. She just want to make sure that we use the funding for the stakeholder groups properly. And so that they can have a voice, legally, and all the different things that are back us up as stakeholders to make it so that they can have RCAC meetings. They had two months of RCAC meetings, that is it. So, with that being said, are there any other RCAC meetings throughout the year? Will they be smaller, or still have 11 RCACs or whatever the case may be, or will there be a smaller number of people. Why ca not they have focus and RCAC at the same time?*	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Mr. Baackes responded that as was stated the meeting last Monday for RCAC 5, and was repeated at other meetings, the budget allocation for each RCAC that was not spent during the pandemic has accumulated. RCAC members will decide how to spend that money in their regions when RCACs resume a regular schedule. It was explained that once the realignment process is completed and compliant with the new state contract, there would be a regular schedule of RCAC meetings. Board Treasurer Booth reported that the Committee met on February 28, 2024 (*approved minutes can be obtained by contacting Board Services).* The Committee reviewed and approved motions for Broadcom (VMware) Contract to provide product support services and Toney Healthcare Consulting Contract for Utilization Management Services. These motions do not require full Board approval.	
Chief Financial Officer Report	Mr. Shah reported on the December 2023 Financial Performance reports *(a copy of the report can be obtained by contacting Board Services).* The reports include results for the month of December and for December year to date, which is combined information for October, November and December Overall, L.A. Care is 2000 members under budget, which is less than 0.01% variance. He noted that earlier Mr. Baackes presented membership for 2024, but these numbers are as of December 2023. A drop in membership is expected, driven primarily by removing the Kaiser members. There will be a smaller increase in enrollment for the expansion of Medi-Cal to undocumented adults ages 26 to 49. For the month of December, L.A. Care has a $52.8 million net surplus, which is $31 million favorable to budget forecast. Healthcare cost are favorable, driven by incurred claims, which were favorable by $25 million. Results for three months ended December 2023 show an overall net surplus of $212 million, and $153 million favorable to the budget. There was $53 million net surplus for December 2023, when funds for Housing and Homelessness Incentive Program (HHIP) and Incentive Payment Program (IPP) were excluded. Results for medical care ratios (MCR) by line of business include Medi-Cal performing better than budget by 300 basis points, primarily due to favorable 2023 rates. DSNP and LACC show favorability but these MCRs are expected to increase. There will be a breakeven for LACC because of high administrative expense driven partly by commissions. Administrative expense is the high 77-78 range, for DSNP and Medi-Cal, the percentages are much higher, and the overall performance at 89.1% is about 4 percentage points better than budgeted.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	The only ratio that is higher than budget is administrative expense ratio, driven by a variety of factors including the hiring rate, adding a new employees faster and at higher cost than what was anticipated in the budget. Drivers of administrative expense will be discussed in the coming months. Staff will monitor the administrative expense ratio and look carefully at the administrative expenses by the various departments. The tangible net equity continues to build due to strong surplus positions and is now at 834% of required TNE, and there are 92 days' cash on hand. **Motion FIN 105.0324** **To accept the Financial Reports for December 2023, as submitted.**	**Unanimously approved by roll call. 9 AYES (Ballesteros, Booth, Contreras, DeLaTorre, Raffoul, Roybal, Solis, Vaccaro and Vazquez)**
• Monthly Investments Transactions Report	Mr. Shah referred to the investment transactions reports included in the meeting materials (a *copy of the reports can be obtained by contacting Board Services).* This report is provided to comply with the California Government Code and is presented as an informational item. L.A. Care's total investment market value as of December 31, 2023 was $3.4 billion. • $3.3 billion managed by Payden & Rygel and New England Asset Management (NEAM) • $35 million in Local Agency Investment Fund • $79 million in Los Angeles County Pooled Investment Fund	
Compliance & Quality Committee	**PUBLIC COMMENT** *Andria McFerson referred to her written comment regarding legal Title 11 section 312.1 and Chapter 15, section 999.5 of Government Code. Just basically, if a person or entity subject to the supervision of trustees and fundraisers, and for charitable purposes, submit false misleading information or fail Provide required information it's not okay. She thinks that John Baackes is doing a great job, but under him, as far as outreach and engagement goes, I think we need to do better.* Committee Chairperson Booth reported that the Compliance & Quality Committee met on February 15. Approved meeting minutes from the January meeting can be obtained by contacting Board Services and are also available on L.A. Care's website. Mr. Gower and the Compliance Department presented the Chief Compliance Officer report. The report provided an overview of the compliance activities including the 2023 year in review, 2024 compliance work plan, training updates, delegation oversight, and auditing. The report outlined changes in the compliance structure, including a reconstitution of enterprise process optimization as well as the separation of internal audit from compliance. There is an excellent written report, 2023 year-end review that describes the functions of compliance departments very thoroughly. She invited interested Board members to read that. The report emphasized a	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	focus on stabilizing and maturing compliance processes, especially Medicare awareness and delegation oversight in 2024. The committee approved the 2024 Compliance Work Plan. Dr. Amin presented the Chief Medical Officer report. He gave an overview of quality initiatives related to compliance along with the caps that were working on in their programs provider, quality review and regarding case timeliness issues, and how the whole grievances and appeals and potential quality issues process has been improved markedly. We also reviewed the new DHCS policies and the financial risks inherently associated with them. We heard updates on the DHCS and DMHC audit findings (DMHCfindings included both the local initiative and JPA). Details are in the C&Q meeting packet. Dr. Li gave a Quality Improvement Health Equity Committee (QIHEC) Update. The committee is part of the new 2024 DHCS and California Managed Care Plan Contracts and reports to the Board or its appropriate delegate. • The committee held the first meeting and approved a charter on November 1, 2023. • The committee is not only oriented to quality, but it is also oriented to the 2023-25 L.A. Care Health Equity and Disparities Mitigation Plan. For example, the committee will work to identify opportunities to address disparities by stratifying L.A. Care's performance measures and other key reports by race/ethnicity and geography	
Provider Relations Advisory Committee	*The report was postponed to the April Board meeting.*	
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Board of Directors meeting adjourned at 4:35 pm. Augustavia J. Haydel, Esq., *General Counsel*, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 4:35 pm. No report was anticipated from the closed session. 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 2026* THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Tom MacDougall, *Chief Technology and Information* CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• DHCS Rates CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act L.A. Care Health Plan's Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable) CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR Sections 54957 and 54957.6 of the Ralph M. Brown Act Title: CEO Agency Designated Representative: Alvaro Ballesteros, MBA Unrepresented Employee: John Baackes CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act 10) *Glendale Adventist Medical Center dba Adventist Health Glendale v. Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan,* JAMS 1220072832; 11) *Glendale Adventist Medical Center dba Adventist Health Glendale and White Memorial Center dba Adventist Health White Memorial v. Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan,* JAMS 1220074035; 12) *Glendale Adventist Medical Center dba Adventist Health Glendale v. Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan,* JAMS 1220074776; 13) *Glendale Adventist Medical Center dba Adventist Health Glendale and White Memorial Center dba Adventist Health White Memorial v. Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan,* JAMS 1220075383; 14) *White Memorial Center dba Adventist Health White Memorial v. Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan,* JAMS 1220072839; 15) *White Memorial Center dba Adventist Health White Memorial v. Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan,* JAMS 1220072273; 16) *White Memorial Center dba Adventist Health White Memorial v. Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan,* JAMS 1220074774;	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	17) San Joaquin Community Hospital dba Adventist Health Bakersfield; and Simi Valley Hospital and Health Care Services dba Adventist Health Simi Valley Hospital v. L.A. Care Health Plan, L.A.S.C. case no. 22STCV30779*;* 18) *San Joaquin Community Hospital dba Adventist Health Bakersfield; Simi Valley Hospital and Health Care Services dba Adventist Health Simi Valley Hospital; Adventist Health Medical Center Tehachapi dba Adventist Health Tehachapi Valley; and Hanford Community Hospital dba Adventist Health Hanford v. L.A. Care Health Plan,* L.A.S.C. case no. 23STCV10175.	
RECONVENE IN OPEN SESSION	The L.A. Care Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors reconvened in open session at 5:21 pm. There was no report from closed session.	
ADJOURNMENT	The meeting was adjourned at 5:21 pm.	

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

APPROVED BY:

_____
John G. Raffoul, *Board Secretary*
Date Signed _____

Board of Governors
MOTION SUMMARY

Date: April 4, 2024 **Motion No. FIN 100.0424**

Committee: Finance & Budget **Chairperson:** Stephanie Booth, MD

Requesting Department: Information Technology

Issue: Execute a contract with Microsoft (via SHI International) to provide product support services for L.A. Care Information Technology (IT) staff supporting critical virtual production infrastructure.

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

Background: L.A. Care IT staff requests approval to execute a renewal contract with Microsoft (via SHI) from May 2024 to May 2027 in the amount of $9,500,000. L.A. Care IT uses Microsoft products to provide application services and cloud based software to support critical infrastructure and desktop services such as Microsoft Office providing IT staff access to Microsoft for product support and critical patches. This contract was expanded to include additional compliance tooling to protect L.A. Care data in the Microsoft 365 Cloud by moving from the Government G3 to the G5 subscription. The Microsoft 365 license count was increased from 2500 to 3500 seats. This resulted in a $3,500,000 increase in cost over the 3 year term.

L.A. Care was able to realize approximately $748,000 over 3 years by removing support for software that will be retired using new solutions. An additional $155,000 was saved using the Server and Cloud Computing contract (SCE) for a total of $903,000.

L.A. Care has received Government Level D pricing piggybacking off Riverside County MSA.

Member Impact: By contracting with Microsoft for software services and product support enables L.A. Care IT staff to keep critical infrastructure highly available as well as perform important patching keeping L.A. Care's member data secure.

Budget Impact: The cost was anticipated and included in the approved budget for the IT department in this fiscal year. We will budget the balance in future fiscal years.

Motion: **To authorize staff to execute a contract in the amount of $9,500,000 with Microsoft to provide product support services for the period of May 2024 to May 2027.**

Board of Governors
MOTION SUMMARY

Date: April 4, 2024 **Motion No. FIN 101.0424**

Committee: Finance & Budget **Chairperson:** Stephanie Booth, MD

Requesting Department: Customer Solution Call Center

Issue: Amend a contract with Faneuil Inc. to provide call center services.

☐ **New Contract** ☒ **Amendment** ☐ **Sole Source** ☐ **RFP/RFQ was conducted in** 2021

Background: The current Faneuil, Inc. contract Amendment 1 to SOW 2 is $22,000,000 and is effective until March 31, 2025.

L.A. Care staff requests approval to amend the existing Faneuil, Inc. contract, entering into Amendment #2 to SOW2, extending the contract term through March 31, 2027 (an incremental term of 2 years) and increasing the overall contract amount from $22,000,000 to $64,287,729 (an incremental increase of $42,287,729).

The vendor will continue providing L.A. Care with support to existing members, prospective members, and providers for all call center services. Additionally, the vendor will provide incremental staffing (depicted in the chart below). This will allow the L.A. Care Call Center to meet Key Performance Indicators and regulatory requirements1 for the applicable product lines.

An RFP was conducted in October 2021, for call center services. We have used Faneuil Inc. since January 14, 2022, and are pleased with their performance.

	Amendment #1 to SOW #2 Contract Staffing Level	Amendment #2 to SOW #2 Contract Staffing Level (Effective 5/1/2024)	Incremental Staffing (Effective 5/1/2024)	% of (Supplemental/ Faneuil) Staffing Increase
Normal State (March - November)	87	150	63	72%
Peak State (December - February)	122	200	78	64%

Member Impact: Positively impacts the continuation of call center services to address member, prospective member, provider needs, and ensures continuous productivity, by eliminating disruption in services to our members, due to leaves of absence or other staffing deficiencies within the internal staff.

Budget Impact: Sufficient funds are budgeted in FY 2023-24. Additional funds will be requested for subsequent fiscal years.

1 D-SNP - 42 CFR §§ 422.111(h)(1); 423.128(d)(1)

L.A. Care Covered - Covered California 2023-2025 Individual Market QHP Issuer Contract – 2024 Plan Year Amendment Attachment 3-3

Medi-Cal - DHCS Medi-Cal Agreement 23-30232 Exhibit A, Attachment III (5.25)(3)

Board of Governors
MOTION SUMMARY

Motion: **To authorize the staff to enter into Amendment 2 for SOW 2 with Faneuil, Inc., increasing the overall contract amount from $22,000,000 to $64,287,729, an incremental increase of $42,287,729, and increasing the contract terms from January 14, 2022 - March 31, 2025, to April 1, 2025 - March 31, 2027, an incremental term of 2 years. This amendment will allow Faneuil, Inc. to continue to support L.A. Care with 24/7 call center operations through March 31, 2027.**

CHIEF EXECUTIVE OFFICER REPORT

March 25, 2024

TO: Board of Governors

FROM: John Baackes, *Chief Executive Officer*

SUBJECT: CEO Report – April 2024

Nine years ago this March, I walked through the doors as L.A. Care's CEO. When I arrived, we had 1.7 million lives; and today, we are responsible for 2.6 million lives. Throughout these last nine years, our mission has gone beyond just the safety net provider community and our members. This reflects in the wide variety of grantees in our Community Health Investment Fund, our innovative Elevating the Safety Net programs, and the expansion of our Community Resource Centers. I want to thank everyone who has contributed to our mission. I am humbled and proud to be your CEO as I enter my tenth year of service.

I am also excited to announce that this month L.A. Care achieved Health Equity Accreditation status with an impressive 98% score from the National Committee for Quality Assurance (NCQA). The NCQA Health Equity Accreditation gives health care organizations an actionable framework for improving health equity, focusing on the work that builds an internal culture, which supports the health plan's external health equity work. This will strengthen the work of our Health Equity Department as they build bridges in the L.A. County ecosystem to address disparities.

Last but certainly not least, I had the pleasure of attending Match Day at Charles R. Drew University of Medicine and Science (CDU). It's a ceremony held simultaneously across the country on the third Friday of March each year; graduating medical students find out where they will be doing their residency training in the specialty area of their choice. All of our Elevating the Safety Net scholarship recipients successfully matched with residency programs in Los Angeles. This is great news and makes it highly likely that they will practice medicine here in Los Angeles.

Following are the cumulative totals for some of our community- and provider-focused work.

	Since Last CEO Report	**As of 03/25/24**
Provider Recruitment Program Physicians hired under PRP[1]	—	185
Provider Loan Repayment Program Active grants for medical school loan repayment[1]	4	192
Medical School Scholarships Grants for medical school scholarships[2]	—	48
Elevating Community Health Home care worker graduates from CCA's IHSS training program	—	6,677

Notes:
1. Effective January 2024, this table will provide cumulative (since program inception) award counts, and will no longer provide "active" award counts.
2. The count includes scholarships that have been awarded and announced, not prospective scholar seats.

Below please find organizational updates for March.

From Encampments to Apartments
L.A. Care's collaborative efforts with L.A. County's Pathway Home Program helped 27 formerly unhoused individuals successfully transition from encampments to apartments. Our Housing and Homelessness Incentive Program provided some of the funding needed for Los Angeles Homeless Services Authority (LAHSA) to master lease apartments. L.A. Care recognizes that health care is more than a plastic ID card inside a wallet, which is why we are proud be a part of this investment effort in housing that ends someone's homeless experience and opens the opportunity for a healthier life.

L.A. Care Partners 46 Local Primary Care Practices Serving Medi-Cal Patients to Advance Health Equity
L.A. Care is proud to welcome 46 local practices accepted into the California Department of Health Care Services' (DHCS) $700 million Equity and Practice Transformation Program, one of the largest investments of its kind to address health inequities. L.A. Care will support these practices as they develop or strengthen their practice infrastructures and technologies and improve access to care. Each practice in the program will focus on a specific population, such as adults with chronic conditions, adults with preventive care needs, and children and youth.

L.A. Care Leaders Support a Measure that Would Open Covered California to All, Regardless of Immigration Status
L.A. Care's Chief Health Equity Officer and Executive Director for Commercial & Group Products wrote a letter to the Chair of the California Senate Appropriations Committee to express support for Assembly Bill (AB 4), which would allow undocumented Californians to purchase health care coverage through the state's Exchange. In the letter, our two leaders maintained that AB4 would help reduce healthcare disparities. This position aligns with our commitment to health equity, which means everyone has a fair and just opportunity to be as healthy as possible.

L.A. Care Partners with Angel City FC
L.A. Care is partnering with Angel City FC, the National Women's Soccer League Team, to promote healthy lifestyles and youth sports for girls in Los Angeles County. Recent research shows that only one-third of girls (ages 6 to 11) meet health physical guidelines, and this number only declines as girls get older. L.A. Care will share health plan information and support youth soccer skills clinics (led by Girls Play Los Angeles) at 13 Angel City FC home games.

Attachments
From Encampments to Apartments
AB 4 Support Letter from L.A. Care

FEBRUARY 27, 2024

FROM ENCAMPMENTS TO APARTMENTS

Los Angeles County Supervisor Holly J. Mitchell led a “Welcome Home” celebration for 27 formerly homeless individuals who successfully transitioned from encampments to apartments, thanks to LA County’s Pathway Home program.

After years living in tents or RVs in unincorporated Lennox, Walnut Park and Firestone Park, and the City of Hawthorne, all 27 people recently moved into a new apartment complex called The Dalton, thanks in part to a newly expanded effort to increase the affordable housing stock countywide through master leasing.

“We are using every tool in our toolbox to support the transition of people experiencing homeless into permanent housing,” Supervisor Holly J. Mitchell said. “We get the best outcomes when we collaborate and coordinate with County departments, cities, and our nonprofit and healthcare partners. Master leasing, combined with our successful Pathway Home effort, are game changers when it comes to getting people to come into homes more quickly.”

Pathway Home is a full-circle solution designed to improve flow within the homeless services system by bringing people off the streets, directly into immediately available interim housing accompanied by a suite of supportive services and, ultimately, into safe, permanent homes. It is a critical component of LA County’s comprehensive response to the local

emergency on homelessness adopted by the Board of Supervisors in early 2023.

“Pathway Home is an all-hands-on-deck effort to connect with our unsheltered neighbors on their journey to long-term housing stability,” LA County Homeless Initiative executive director Cheri Todoroff said. “Thanks to the master leasing program, we’ve ended homelessness for 27 people at The Dalton. Now, we are working on bringing even more units online that will end homelessness for hundreds more individuals this year.”

L.A. Care Health Plan and Health Net, LA County’s largest local Medi-Cal managed care health plans, provided funding through the Housing and Homelessness Incentive Program that enabled the Los Angeles Homeless Services Authority (LAHSA) to master lease The Dalton. By master leasing entire buildings, LAHSA can secure apartments on the private rental market and lease them directly to people experiencing homelessness, including those with tenant-based rental subsidies who struggle to lease up with traditional landlords.

“L.A. Care recognizes that health care is more than a plastic ID card in your wallet, which is why we are proud to invest in housing that permanently ends someone’s homeless experience,” said John Baackes, L.A. Care CEO. “This collaborative effort with the County is an important step to ensuring that unhoused people have a place to make a home, and that will mean an opportunity for a healthier life.”

“Our joint collaboration at the state, county and local level is demonstrating tangible results that are altering the lives of California’s most vulnerable residents,” said Martha Santana-Chin, Medi-Cal and Medicare president, Health Net. ” We strive to transform the health of the communities we

serve, one person at a time, and this is what we're doing together with the Los Angeles County Homeless Initiative and L.A. Care Health Plan.

"LAHSA could not be prouder of its master leasing partnership with the County and the managed health care plans," said Dr. Va Lecia Adams Kellum, CEO of LAHSA. "This partnership paves the way to increase our rehousing system's efficiency by creating more options for our unhoused neighbors. Master leasing is a critical program for ending homelessness in LA County, and we look forward to working together to scale the program to meet our community's housing needs."

LA County partnered with the nonprofit service providers PATH and St. Joseph Center to assist Pathway Home clients during their stays in interim and permanent housing, respectively. Both organizations will provide case management and connections to crucial supportive services, such as health care, benefits enrollment, life skills training, and more.

"St. Joseph Center is excited to continue our partnership with Supervisor Holly Mitchell's office as we welcome our unhoused neighbors home by way of the Pathway Home initiative," said St. Joseph Center interim CEO LaTonya Smith. "This is a significant milestone for our community, and we are proud to provide the services needed to keep people safe, healthy, and housed."

During the Welcome Home celebration, Supervisor Mitchell provided housewarming presents and L.A. Care Health Plan and Health Net hosted a luncheon for the Pathway Home participants who are new tenants at The Dalton.

https://homeless.lacounty.gov/success-stories/from-encampments-to-apartments/

March 12, 2024

The Honorable Anna M. Caballero
Chair, Senate Appropriations Committee
State Capitol, Room 412
Sacramento, CA 95814

Re: Support - AB 4 (Arambula) Covered California: Expansion

Dear Senator Anna M. Caballero,

L.A. Care Health Plan – the nation's largest public plan with more than 2.6 million Medi-Cal, Medicare Plus (Dual Eligibles), PASC- SEIU Homecare Workers, and Covered California enrollees — writes in support of AB 4 – which would require Covered California to develop options for expanding access to affordable health care coverage to Californians regardless of immigration status.

Undocumented Californians are overtly and unfairly excluded from accessing and purchasing health care coverage plans through Covered California, the state's marketplace established under the federal Affordable Care Act (ACA). AB 4 would address this exclusion by taking the first step toward allowing undocumented Californians to buy health plans through Covered California. California has demonstrated principled leadership in extending healthcare coverage to all Medi-Cal eligible individuals, regardless of immigration status. Removing barriers to the state-based exchange is the next logical move, takes our great state one step closer to universal health coverage, and ensures that no Californian is barred from access to health care because of their immigration status.

The UC Berkeley Labor Center estimated that by 2024, only about 520,000 undocumented Californians would remain uninsured after the January 2024 Medi-Cal expansion for those 26 to 49 years of age, regardless of immigration status. Many of these half a million Californians would be eligible to purchase plans on Covered California if AB 4 is passed. The Labor Center also estimates that there are an additional 110,000 undocumented individuals who pay the full cost of health care plans on the private market but would otherwise be able to purchase coverage on Covered California. Passing AB 4 would be a significant step to ensuring that nearly all Californians have access to health care coverage, can live a healthy life, and can access health care without fear of medical debt.

L.A. Care strongly supports AB 4, which would reduce healthcare inequities as many of these undocumented individuals are people of color and have limited income. The bill helps build a more universal, efficient, and equitable health care system for all who call California home. California is stronger when everyone has access to health care. For these reasons, we support AB 4 and respectfully request your "aye" vote on this much needed legislation.

Dr. Alex Li
Chief Health Equity Officer

Cristina Inglese
Executive Director, Commercial Products

February 2024
Grants & Sponsorships Report
April 2024 Board of Governors Meeting

#	Organization Name	Organization Name	Grant/ Sponsorship Aproval Date	Grant Category/ Sponsorship	Grant Amount*	Sponsorship Amount	FY CHIF & Sponsorships Cummulative Total
1	**It's Bigger Than Us**	It's Bigger Than Us Food and Resource Distributions - three months	2/12/2024	Sponsorship	$ -	$ 50,000	$ 50,000
2	**Hospital Association of Southern California**	2024 HASC Annual Meeting	2/12/2024	Sponsorship	$ -	$ 10,000	$ 10,000
3	**Speak Up Empowerment Foundation, Inc.**	8th Annual Ms. Single Mom Empowerment Forum	2/9/2024	Sponsorship	$ -	$ 2,500	$ 2,500
4	**Hollenbeck Police Business Council and Inner-City Games**	Health Care Workshop Series	2/9/2024	Sponsorship	$ -	$ 5,000	$ 5,000
5	**Justice In Aging**	Celebrate Justice in Aging	2/9/2024	Sponsorship	$ -	$ 2,500	$ 2,500
6	**Eriksson Ad Venture**	Central American Health Fair	2/9/2024	Sponsorship	$ -	$ 3,500	$ 3,500
	Golden Future Expos Inc.	Four Golden Future 50+ Senior Expo - LA North, East LA, Long Beach, West LA	2/12/2024	Sponsorship	$ -	$ 20,000	$ 20,000
	Charles R. Drew University of Medicine and Science	President's Breakfast and Jazz at Drew	2/12/2024	Sponsorship	$ -	$ 50,000	$ 50,000
	Peggy Beatrice Foundation	Serve-A-Soul weekly Homeless feeding program	2/27/2024	Sponsorship	$ -	$ 5,000	$ 5,000
				Total of grants and sponsorships approved in February 2024	**$ -**	**$ 73,500**	**$ 67,500**

* No grants approved in February 2024.

Legislative Matrix

Last Updated: March 22, 2024

Bills by Issue

2024 Legislation (183)

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

Title
Covered California: expansion.

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

Primary Sponsors
Joaquin Arambula, Sabrina Cervantes, Maria Durazo

Organizational Notes

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

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

Title
Medi-Cal: managed care organization provider tax.

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

Primary Sponsors
House Budget Committee

Organizational Notes

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

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

Title
Health care coverage: provider directories.

Description
AB 236, as amended, Holden. Health care coverage: provider directories. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan and a health insurer that contracts with providers for alternative rates of payment to publish and maintain a provider directory or directories with information on contracting providers that deliver health care services enrollees or insureds, and requires a health care service plan and health insurer to regularly update its printed and online provider directory or directories, as specified. Existing law authorizes the departments to require a plan or insurer to provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on materially inaccurate, incomplete, or misleading information contained in a health plan’s provider directory or directories.This bill would require a plan or insurer to annually verify and delete inaccurate listings from its provider directories, and would require a provider directory to be 60% accurate on July 1, 2025, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before July 1, 2028. The bill would subject a plan or insurer to administrative penalties for failure to meet the prescribed benchmarks. If a plan or insurer has not financially compensated a provider in the prior year, the bill would require the plan or insurer to delete the provider from its directory beginning July 1, 2025, unless specified criteria applies. The bill would require a plan or insurer to arrange care and provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on inaccurate, incomplete, or misleading information contained in a health plan or policy’s provider directory or directories and to reimburse the provider the contracted amount for those services. The bill would prohibit a provider from collecting an additional amount from an enrollee or insured other than the applicable in-network cost sharing. The bill would require a plan or insurer to provide information about in-network providers to enrollees and insureds upon request, and would limit the cost-sharing amounts an enrollee or insured is required to pay for services from those providers under specified circumstances.This bill would authorize the Department of Managed Health Care and the Department of Insurance to develop uniform formats for pl... (click bill link to see more).

Primary Sponsors
Chris Holden

Organizational Notes

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

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

Title
Medi-Cal: diabetes management.

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

Primary Sponsors
Cecilia Aguiar-Curry

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

Title
Distressed Hospital Loan Program.

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

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

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

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

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

Primary Sponsors
Gail Pellerin

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

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

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

Primary Sponsors
Steve Bennett

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

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

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

Primary Sponsors
Carlos Villapudua

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

Title
Health care coverage: provider credentials.

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

Primary Sponsors
Jim Wood

Organizational Notes

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

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

Title
Open meetings: teleconferencing: subsidiary body.

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

Primary Sponsors
Blanca Pacheco

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

Title
Hospitals: seismic safety compliance.

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

Primary Sponsors
Jim Wood, Eduardo Garcia

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

Title
Kern County Hospital Authority.

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

Primary Sponsors
Jasmeet Bains

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

Title
Social care: data privacy.

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

Primary Sponsors
Akilah Weber

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

Title
Health care service plans: consolidation.

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

Primary Sponsors
Jim Wood

Organizational Notes

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

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

Title
Public health: adverse childhood experiences.

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

Primary Sponsors
Joaquin Arambula

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

Title
Hospice agency licensure.

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

Primary Sponsors
Jacqui Irwin

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

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

Description
AB 1157, as amended, Ortega. Rehabilitative and habilitative services: durable medical equipment and services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Other existing law requires the Department of Insurance to regulate health insurers. Existing law requires an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2017, to include, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Under existing law, essential health benefits includes, among other things, rehabilitative and habilitative services. Existing law requires habilitative services and devices to be covered under the same terms and conditions applied to rehabilitative services and devices under the plan contract or policy, and defines habilitative services to mean health care services and devices that help a person keep, learn, or improve skills and functioning for daily living.This bill would specify that coverage of rehabilitative and habilitative services and devices under a health care service plan or health insurance policy includes durable medical equipment, services, and repairs, if the equipment, services, or repairs are prescribed or ordered by a physician, surgeon, or other health professional acting within the scope of their license. The bill would define “durable medical equipment” to mean devices, including replacement devices, that are designed for repeated use, and that are used for the treatment or monitoring of a medical condition or injury in order to help a person to partially or fully acquire, improve, keep, or learn, or minimize the loss of, skills and functioning of daily living. The bill would prohibit coverage of durable medical equipment and services from being subject to financial or treatment limitations, as specified.The bill would require the Secretary of California Health and Human Services to communicate to the federal Center for Consumer Information and Insurance Oversight that the coverage of durable medical equipment is necessary to comply with federal requirements for purposes of being considered essential health benefits not subject to defrayal payments. If the center overrules the state’s determination that the additional coverage subjects the state to defrayal payments, the bill would require the secretary to reevaluate California’s essential health benefits benchmark plan to incorporate the coverage without triggering the defrayal requirement. The bill would require the secretary, no later than one year... (click bill link to see more).

Primary Sponsors
Liz Ortega, Lori Wilson

Organizational Notes

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

Bill Number	Last Action	Status	Position
AB 1241	**Chaptered By Secretary Of State Chapter 172 Statutes Of 2023 2023 09 08**	**Enacted**	**Monitor**

Title
Medi-Cal: telehealth.

Description
AB 1241, Weber. Medi-Cal: telehealth. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Under existing law, in-person, face-to-face contact is not required when covered health care services are provided by video synchronous interaction, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when those services and settings meet certain criteria.Existing law requires a provider furnishing services through video synchronous interaction or audio-only synchronous interaction, by a date set by the department, no sooner than January 1, 2024, to also either offer those services via in-person contact or arrange for a referral to, and a facilitation of, in-person care, as specified.This bill would instead require, under the above-described circumstance, a provider to maintain and follow protocols to either offer those services via in-person contact or arrange for a referral to, and a facilitation of, in-person care. The bill would specify that the referral and facilitation arrangement would not require a provider to schedule an appointment with a different provider on behalf of a patient.

Primary Sponsors
Akilah Weber

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

Title
Mental health: impacts of social media.

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

Primary Sponsors
Josh Lowenthal

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

Title
Emergency services: psychiatric emergency medical conditions.

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

Primary Sponsors
Jacqui Irwin, Chris Ward

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

Title
California Health and Human Services Data Exchange Framework.

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

Primary Sponsors
Jim Wood

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

Title
Paid sick days: health care employees.

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

Primary Sponsors
Pilar Schiavo

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

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

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

Primary Sponsors
Sharon Quirk-Silva

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

Title
Skilled nursing facilities: direct care spending requirement.

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

Primary Sponsors
Jim Wood

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

Title
Health care: immigration.

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

Primary Sponsors
Bill Essayli

Bill Number	Last Action	Status	Position
AB 1842	**From Committee Do Pass And Re Refer To Com On Appr Ayes 13 Noes 0 March 19 Re Referred To Com On Appr 2024 03 19**	**In Assembly**	**Monitor**

Title
Health care coverage: Medication-assisted treatment.

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

Primary Sponsors
Eloise Reyes

Organizational Notes

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

Bill Number	Last Action	Status	Position
AB 1876	**Referred To Coms On Hum S And Jud 2024 02 05**	**In Assembly**	**Monitor**

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

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

Primary Sponsors
Corey Jackson

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

Title
Public health: maternity ward closures.

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

Primary Sponsors
Akilah Weber

Bill Number	Last Action	Status	Position
AB 1926	**Re Referred To Com On Health 2024 03 20**	**In Assembly**	**Monitor**

Title
Health care coverage: regional enteritis.

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

Primary Sponsors
Damon Connolly

Organizational Notes

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

Bill Number	Last Action	Status	Position
AB 1936	**Re Referred To Com On Health 2024 03 12**	**In Assembly**	**Monitor**

Title
Maternal mental health screenings.

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

Primary Sponsors
Sabrina Cervantes

Bill Number	Last Action	Status	Position
AB 1943	**Referred To Coms On Health And P C P 2024 02 20**	**In Assembly**	**Monitor**

Title
Health information.

Description
AB 1943, as introduced, Weber. Health information. Existing law establishes the California Health and Human Services Agency, which includes departments charged with the administration of health, social, and other human services. Existing law establishes the Center for Data Insights and Innovation within the California Health and Human Services Agency to ensure the enforcement of state law mandating the confidentiality of medical information. Existing law requires the center to develop tools and education related to improvement of consumer access to care, quality of care, and addressing the disparities in quality of care related to socioeconomic status. Existing law also establishes the State Department of Health Care Services and requires the department, among other things, to administer the Medi-Cal program.This bill would require the department, in collaboration with the agency, to collect appropriate data and identify indicators for tracking telehealth outcomes associated with impacting individual patient outcomes and overall population health. The bill would require the department to use the data collected to measure health outcomes of populations, as specified. The bill would make a related intent statement.

Primary Sponsors
Akilah Weber

Organizational Notes

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

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

Title
Individualized investigational treatment.

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

Primary Sponsors
Marie Waldron

Bill Number	Last Action	Status	Position
AB 1970	**Referred To Com On Health 2024 02 12**	**In Assembly**	**Monitor**

Title
Mental Health: Black Mental Health Navigator Certification Pilot Program.

Description
AB 1970, as introduced, Jackson. Mental Health: Black Mental Health Navigator Certification Pilot Program. Existing law authorizes the State Department of State Hospitals, the State Department of Health Care Services, and other departments as necessary to perform various tasks relating to mental health services, including, among others, disseminating educational information relating to the prevention, diagnosis, and treatment of mental illness and, upon request, advising all public officers, organizations, and agencies interested in the mental health of the people of the state.This bill would, commencing July 1, 2025, establish, until June 30, 2028, the Black Mental Health Navigator Certification Pilot Program, to be administered by the State Department of Health Care Services, to provide comprehensive training in mental health resources and awareness, as specified. This bill would require the department to collect specific data and submit a report to the Legislature and the relevant policy committees on or before December 31, 2028. The bill would make those provisions contingent upon appropriation and would repeal those provisions on January 1, 2030.

Primary Sponsors
Corey Jackson

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

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

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

Primary Sponsors
Mia Bonta

Bill Number	Last Action	Status	Position
AB 1977	**Referred To Com On Health 2024 02 12**	**In Assembly**	**Monitor**

Title
Health care coverage: behavioral diagnoses.

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

Primary Sponsors
Tri Ta

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

Title
Health care facilities: small and rural hospitals.

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

Primary Sponsors
Bill Essayli

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

Title
Medical loss ratios.

Description
AB 2028, as introduced, Ortega. Medical loss ratios. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. The federal Patient Protection and Affordable Care Act requires a health insurance issuer to comply with minimum medical loss ratios (MLRs) and to provide an annual rebate to each insured if the MLR of the amount of the revenue expended by the issuer on costs to the total amount of premium revenue is less than a certain percentage, as specified. Existing law requires health care service plans and health insurers that issue, sell, renew, or offer a contract or policy, excluding specialized dental and vision contracts and policies, to comply with a minimum MLR of 85% and provide specified rebates. Existing law requires a health care service plan or health insurer that issues, sells, renews, or offers a contract or policy covering dental services to annually report MLR information to the appropriate department.This bill would require a health care service plan or health insurer that issues, sells, renews, or offers a specialized dental health care service plan contract or specialized dental health insurance policy to comply with a minimum MLR of 85% and to provide a specified rebate to an enrollee or insured. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Liz Ortega

Bill Number	Last Action	Status	Position
AB 2043	**Referred To Com On Health 2024 02 12**	**In Assembly**	**Monitor**

Title
Medi-Cal: nonmedical and nonemergency medical transportation.

Description
AB 2043, as introduced, Boerner. Medi-Cal: nonmedical and nonemergency medical transportation. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, through managed care or fee-for-service delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law covers emergency or nonemergency medical transportation, and nonmedical transportation, under the Medi-Cal program, as specified.This bill would require the department to require Medi-Cal managed care plans that are contracted to provide nonemergency medical transportation or nonmedical transportation to contract with public paratransit service operators who are enrolled Medi-Cal providers, for the purpose of establishing reimbursement rates for those transportation trips provided by a public paratransit service operator. The bill would require that the rates be based on the department’s fee-for-service rates for the transportation service, as specified.The bill would condition implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation.

Primary Sponsors
Tasha Boerner

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

Title
Health care coverage.

Description
AB 2063, as introduced, Maienschein. Health care coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law exempts a health care service plan from the requirements of the act if the plan is operated by a city, county, city and county, public entity, political subdivision, or public joint labor management trust that satisfies certain criteria, including that the plan requires providers to be reimbursed solely on a fee-for-service basis. Existing law authorizes the Director of the Department of Managed Health Care, no later than May 1, 2021, to authorize 2 pilot programs, one in northern California and one in southern California, under which providers approved by the department may undertake risk-bearing arrangements with a voluntary employees' beneficiary association with enrollment of more than 100,000 lives, notwithstanding the fee-for-service requirement described above, or a trust fund that is a welfare plan and a multiemployer plan with enrollment of more than 25,000 lives, for independent periods of time beginning no earlier than January 1, 2022, to December 31, 2025, inclusive, if certain criteria are met. Existing law requires the association or trust fund and each health care provider participating in each pilot program to report to the department information regarding cost savings and clinical patient outcomes compared to a fee-for-service payment model, and requires the department to report those findings to the Legislature no later than January 1, 2027. Existing law repeals these provisions on January 1, 2028. This bill would extend that repeal date to January 1, 2030. The bill would extend the period of time authorized for those pilot programs to operate from December 31, 2025, to December 31, 2027. The bill would extend the deadline for the department to report the findings to the Legislature from January 1, 2027, to January 1, 2029.

Primary Sponsors
Brian Maienschein

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

Title
Group health care coverage: biomedical industry.

Description
AB 2072, as introduced, Weber. Group health care coverage: biomedical industry. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law provides for the regulation of individual, small employer, grandfathered small employer, and nongrandfathered small employer health care service plan contracts and health insurance policies, as defined.Existing federal law, the federal Employee Retirement Income Security Act of 1974 (ERISA), authorizes multiple employer welfare arrangements (MEWAs) in which 2 or more employers join together to provide health care coverage for employees or to their beneficiaries. Under existing state law, the status of each distinct member of an association determines whether that member’s association coverage is individual, small group, or large group health coverage.Existing law, until January 1, 2026, authorizes an association of employers to offer a large group health care service plan contract or large group health insurance policy to small group employer members of the association consistent with ERISA if certain requirements are met, including that the association is the sponsor of a MEWA that has offered a large group health care service plan contract since January 1, 2012, in connection with an employee welfare benefit plan under ERISA, provides a specified level of coverage, and includes coverage for common law employees, and their dependents, who are employed by an association member in the biomedical industry with operations in California. This bill would repeal the sunset date of January 1, 2026, for the authorization of this type of health care service plan and insurance policy, thereby authorizing these plans and policies indefinitely. By indefinitely extending the authorization for a specific type of health care service plan, this bill would correspondingly extend the applicability of the crime for a violation of Knox-Keene, thereby imposing a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Akilah Weber

Bill Number	Last Action	Status	Position
AB 2105	**Referred To Com On Health 2024 02 20**	**In Assembly**	**Monitor**

Title
Coverage for PANDAS and PANS.

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

Primary Sponsors
Josh Lowenthal

Organizational Notes

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

Bill Number	Last Action	Status	Position
AB 2110	**Referred To Com On Health 2024 02 20**	**In Assembly**	**Monitor**

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

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

Primary Sponsors
Joaquin Arambula

Bill Number	Last Action	Status	Position
AB 2115	**In Committee Hearing Postponed By Committee 2024 03 21**	**In Assembly**	**Monitor**

Title
Controlled substances: clinics.

Description
AB 2115, as introduced, Haney. Controlled substances: clinics. Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy and makes a violation of the act a crime. Under existing law, specified clinics, including surgical clinics, may purchase drugs at wholesale for administration or dispensing to the clinic’s patients. Existing law requires these clinics to maintain certain records and to obtain a license from the board. Existing law prohibits specified substances from being dispensed by a nonprofit or free clinic, as defined.This bill would authorize a nonprofit or free clinic to dispense a narcotic drug for the purpose of relieving acute withdrawal symptoms while arrangements are being made for referral for treatment, as described, and would require the clinic dispensing the narcotic to be subject to specified labeling and recordkeeping requirements. Because the bill would specify additional requirements under the Pharmacy Law, a violation of which would be a crime, it would impose a state-mandated local program.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
Matt Haney

Bill Number	Last Action	Status	Position
AB 2129	**Referred To Com On Health 2024 02 20**	**In Assembly**	**Monitor**

Title
Immediate postpartum contraception.

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

Primary Sponsors
Cottie Petrie-Norris

Bill Number	Last Action	Status	Position
AB 2132	**From Committee Do Pass And Re Refer To Com On Appr Ayes 13 Noes 1 March 19 Re Referred To Com On Appr 2024 03 19**	**In Assembly**	**Monitor**

Title
Health care services.

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

Primary Sponsors
Evan Low

Bill Number	Last Action	Status	Position
AB 2161	**From Committee Chair With Authors Amendments Amend And Re Refer To Com On Health Read Second Time And Amended 2024 03 21**	**In Assembly**	**Monitor**

Title
The Early Psychosis Intervention Plus Program.

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

Primary Sponsors
Joaquin Arambula

Bill Number	Last Action	Status	Position
AB 2169	**From Committee Chair With Authors Amendments Amend And Re Refer To Com On Health Read Second Time And Amended 2024 03 21**	**In Assembly**	**Monitor**

Title
Prescription drug coverage: dose adjustments.

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

Primary Sponsors
Rebecca Bauer-Kahan

Organizational Notes

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

Bill Number	Last Action	Status	Position
AB 2180	**Referred To Com On Health 2024 02 26**	**In Assembly**	**Monitor**

Title
Health care coverage: cost sharing.

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

Primary Sponsors
Akilah Weber

Bill Number	Last Action	Status	Position
AB 2198	**Referred To Com On Health 2024 02 26**	**In Assembly**	**Monitor**

Title
Health information.

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

Primary Sponsors
Heath Flora

Bill Number	Last Action	Status	Position
AB 2200	**Referred To Com On Health 2024 03 21**	**In Assembly**	**Monitor**

Title
Guaranteed Health Care for All.

Description
AB 2200, as introduced, Kalra. Guaranteed Health Care for All. Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. PPACA defines a “qualified health plan” as a plan that, among other requirements, provides an essential health benefits package. Existing state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA.Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.This bill, the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state. The bill, among other things, would provide that CalCare cover a wide range of medical benefits and other services and would incorporate the health care benefits and standards of other existing federal and state provisions, including the federal Children’s Health Insurance Program, Medi-Cal, ancillary health care or social services covered by regional centers for persons with developmental disabilities, Knox-Keene, and the federal Medicare program. The bill would make specified persons eligible to enroll as CalCare members during the implementation period, and would provide for automatic enrollment. The bill would require the board to seek all necessary waivers, approvals, and agreements to allow various existing federal health care payments to be paid to CalCare, which would then assume responsibility for all benefits and services previously paid for with those funds.This bill would create the CalCare Board to govern CalCare, made up of 9 voting members with demonstrated and acknowledged expertise in health care, and appointed as provided, plus the Secretary of California Health and Human Services or their designee as a nonvoting, ex officio member. The bill would provide the board with all the p... (click bill link to see more).

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

Bill Number	Last Action	Status	Position
AB 2237	**Re Referred To Com On Health 2024 03 19**	**In Assembly**	**Monitor**

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

Description
AB 2237, as amended, Aguiar-Curry. Children and youth: transfer of specialty mental health services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services (department), under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, specialty mental health services include federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided to eligible Medi-Cal beneficiaries under 21 years of age.This bill would require, when a child or youth 18 years of age or younger changes residence from one county to another, the receiving county to provide specialty mental health services while the receiving county conducts its investigation and casework transfer process, if specified conditions are met, including, but not limited to, that the child or youth has been identified by the county of original residence as high risk or coming from a vulnerable population. The bill also would require the State Department of Health Care Services and the State Department of Social Services to collaborate to create a system of standardized communication between counties that respects the procedures of the receiving county and the needs of the child that is without mental health services, and require the State Department of Social Services to establish care teams to help counties coordinate and expedite the transfer between counties. By increasing duties of counties administering the Medi-Cal program, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Cecilia Aguiar-Curry

Bill Number	Last Action	Status	Position
AB 2250	**Referred To Com On Health 2024 02 26**	**In Assembly**	**Monitor**

Title
Social determinants of health: screening and outreach.

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

Primary Sponsors
Akilah Weber

Bill Number	Last Action	Status	Position
AB 2258	**Referred To Com On Health 2024 02 26**	**In Assembly**	**Monitor**

Title
Health care coverage: cost sharing.

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

Primary Sponsors
Rick Zbur

Organizational Notes

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

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

Title
Coverage for naloxone hydrochloride.

Description
AB 2271, as introduced, Ortega. Coverage for naloxone hydrochloride. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, the pharmacist service of furnishing naloxone hydrochloride is a covered Medi-Cal benefit. The Medi-Cal program also covers certain medications to treat opioid use disorders as part of narcotic treatment program services, or as part of medication-assisted treatment services within the Drug Medi-Cal Treatment Program, as specified.Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law sets forth specified coverage requirements for health care service plan contracts and health insurance policies.Under this bill, prescription or nonprescription naloxone hydrochloride or another drug approved by the FDA for the complete or partial reversal of an opioid overdose would be a covered benefit under the Medi-Cal program. The bill would require a health care service plan contract or health insurance policy, as specified, to include coverage for the same medications under the same conditions. The bill would prohibit a health care service plan contract or health insurance policy from imposing any cost-sharing requirements for that coverage exceeding $10 per package of medication, and would prohibit a high deductible health plan from imposing cost sharing, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The bill would make implementation of its provisions contingent on funding from the Naloxone Distribution Project. The bill’s provisions would be inoperative when the state records 500 or fewer opioid deaths in a calendar year, and the bill would repeal these provisions on the following January 1.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Liz Ortega

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

Title
Joint powers agreements: health care services.

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

Primary Sponsors
Devon Mathis

Bill Number	Last Action	Status	Position
AB 2297	**Referred To Coms On Health And Jud 2024 02 26**	**In Assembly**	**Monitor**

Title
Hospital and Emergency Physician Fair Pricing Policies.

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

Primary Sponsors
Laura Friedman

Bill Number	Last Action	Status	Position
AB 2300	**Re Referred To Com On Health 2024 03 07**	**In Assembly**	**Monitor**

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

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

Primary Sponsors
Lori Wilson

Bill Number	Last Action	Status	Position
AB 2302	**Referred To Com On L Gov 2024 02 26**	**In Assembly**	**Monitor**

Title
Open meetings: local agencies: teleconferences.

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

Primary Sponsors
Dawn Addis

Bill Number	Last Action	Status	Position
AB 2303	**In Committee Hearing Postponed By Committee 2024 03 18**	**In Assembly**	**Monitor**

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

Description
AB 2303, as introduced, Juan Carrillo. Health and care facilities: prospective payment system rate increase. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides that federally qualified health center services and rural health clinic services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis and at a per-visit prospective payment system rate, as defined.Existing law establishes 5 separate minimum wage schedules for covered health care employees, as defined, depending on the nature of the employer and includes increases beginning on June 1, 2024. Existing law generally requires the State Department of Public Health to license, regulate, and inspect health and care facilities.This bill would require the State Department of Health Care Services, on or before April 1, 2025, to submit a request for approval to the federal Centers for Medicare and Medicaid Services to authorize a waiver for specified health care facilities to request a change in its prospective payment system rate.

Primary Sponsors
Juan Carrillo

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

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

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

Primary Sponsors
Josh Lowenthal

Bill Number	Last Action	Status	Position
AB 2319	**From Committee Chair With Authors Amendments Amend And Re Refer To Com On Health Read Second Time And Amended 2024 03 21**	**In Assembly**	**Monitor**

Title
California Dignity in Pregnancy and Childbirth Act.

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

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

Bill Number	Last Action	Status	Position
AB 2327	**Referred To Com On B P 2024 02 26**	**In Assembly**	**Monitor**

Title
Optometry: mobile optometric offices: regulations.

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

Primary Sponsors
Wendy Carrillo

Bill Number	Last Action	Status	Position
AB 2332	**From Committee Chair With Authors Amendments Amend And Re Refer To Com On Pub S Read Second Time And Amended 2024 03 21**	**In Assembly**	**Monitor**

Title
Corrections: health care.

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

Primary Sponsors
Damon Connolly

Bill Number	Last Action	Status	Position
AB 2339	**Referred To Com On Health 2024 02 26**	**In Assembly**	**Monitor**

Title
Medi-Cal: telehealth.

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

Primary Sponsors
Cecilia Aguiar-Curry

Bill Number	Last Action	Status	Position
AB 2340	**Referred To Com On Health 2024 02 26**	**In Assembly**	**Monitor**

Title
Medi-Cal: EPSDT services.

Description
AB 2340, as introduced, Bonta. Medi-Cal: EPSDT services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive medically necessary health care services, through fee-for-service or managed care delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, early and periodic screening, diagnostic, and treatment (EPSDT) services are covered under Medi-Cal for an individual under 21 years of age in accordance with certain federal provisions.Under existing law, for an individual under 21 years of age, a service is medically necessary if the service meets the standards set forth in one of those federal EPSDT provisions, including the correction or amelioration of defects and physical and mental illnesses and conditions discovered by the screening services, whether or not those services are covered under the state plan. Existing law sets forth other provisions on medical necessity standards for covered benefits provided in a Medi-Cal behavioral health delivery system.This bill would prohibit limits on EPSDT services when those services are medically necessary. The bill would require a Medi-Cal managed care plan to cover all medically necessary EPSDT services, unless otherwise carved out of the contract between the managed care plan and the department, regardless of whether those services are covered under the Medi-Cal State Plan.The bill would establish definitions for “EPSDT services” and “medically necessary” by making references to the above-described provisions. The bill would specify that EPSDT services also include all age-specific assessments and services listed under the most current periodicity schedule by the American Academy of Pediatrics (AAP) and Bright Futures, and any other medically necessary assessments and services that exceed those listed by AAP and Bright Futures.The bill would require the department and its contractors to accurately reflect these provisions in any model evidence-of-coverage documents, beneficiary handbooks, and related material.

Primary Sponsors
Mia Bonta

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

Title
Medi-Cal: critical access hospitals: islands.

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

Primary Sponsors
Josh Lowenthal

Bill Number	Last Action	Status	Position
AB 2352	**From Committee Chair With Authors Amendments Amend And Re Refer To Com On Jud Read Second Time And Amended 2024 03 21**	**In Assembly**	**Monitor**

Title
Behavioral health and psychiatric advance directives.

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

Primary Sponsors
Jacqui Irwin

Bill Number	Last Action	Status	Position
AB 2356	**Referred To Com On Health 2024 02 26**	**In Assembly**	**Monitor**

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

Description
AB 2356, as introduced, Wallis. Medi-Cal: monthly maintenance amount: personal and incidental needs. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. Qualified individuals under the Medi-Cal program include medically needy persons and medically needy family persons who meet the required eligibility criteria, including applicable income requirements.Existing law requires the department to establish income levels for maintenance need at the lowest levels that reasonably permit a medically needy person to meet their basic needs for food, clothing, and shelter, and for which federal financial participation will still be provided under applicable federal law. In calculating the income of a medically needy person in a medical institution or nursing facility, or a person receiving institutional or noninstitutional services from a Program of All-Inclusive Care for the Elderly organization, the required monthly maintenance amount includes an amount providing for personal and incidental needs in the amount of not less than $35 per month while a patient. Existing law authorizes the department to increase, by regulation, this amount as necessitated by increasing costs of personal and incidental needs.This bill would increase the monthly maintenance amount for personal and incidental needs from $35 to $50, and would require that the amount be increased annually, as specified. The bill would make these changes subject to receipt of necessary federal approvals.

Primary Sponsors
Greg Wallis

Bill Number	Last Action	Status	Position
AB 2376	**From Committee Chair With Authors Amendments Amend And Re Refer To Com On Health Read Second Time And Amended 2024 03 21**	**In Assembly**	**Monitor**

Title
Chemical dependency recovery hospitals.

Description
AB 2376, as amended, Bains. Chemical dependency recovery hospitals. Existing law provides for the licensure and regulation by the State Department of Public Health of certain health facilities, including a chemical dependency recovery hospital, which is defined to mean a health facility that provides 24-hour inpatient care for persons who have a dependency on alcohol or other drugs, or both alcohol and other drugs. Existing law requires all beds in a chemical dependency recovery hospital to be designated for chemical dependency recovery services, as specified. Existing law authorizes chemical dependency recovery services to be provided in a freestanding facility, within a hospital building that only provides chemical recovery services, or within a distinct part of a hospital, as defined. Existing law also authorizes chemical dependency recovery services to be provided within a hospital building that has been removed from general acute care use. Existing law requires chemical dependency recovery services to comply with specified regulatory requirements for basic services, and optional services if the facility is approved by the department to provide them. Existing law only authorizes the colocation of chemical dependency recovery services as a distinct part with other services or distinct parts of its parent hospital, as specified. Existing law requires a separately licensed chemical dependency recovery hospital that is not a distinct part of a general acute care hospital to have agreements with one or more general acute care hospitals to provide specified additional services.This bill would expand the definition of “chemical dependency recovery services” to include medications for addiction treatment and medically managed voluntary inpatient detoxification. The bill would delete the requirement for chemical dependency recovery as a supplemental service to be provided in a distinct part of a general acute care hospital or acute psychiatric hospital, and instead would authorize those facilities to provide chemical dependency recovery services as a supplemental service within the same building or in a separate building on campus that meets specified structural requirements of a freestanding chemical dependency recovery hospital. The bill would delete the requirements for chemical dependency services to be provided in a hospital building that provides only chemical dependency recovery services, or has been removed from general acute care use.

Primary Sponsors
Jasmeet Bains

Bill Number	Last Action	Status	Position
AB 2411	**Referred To Com On Health 2024 02 26**	**In Assembly**	**Monitor**

Title
Local Youth Mental Health Boards.

Description
AB 2411, as introduced, Wendy Carrillo. Local Youth Mental Health Boards. Existing law, the Bronzan-McCorquodale Act, contains provisions governing the operation and financing of community mental health services for the mentally disordered in every county through locally administered and locally controlled community mental health programs. This bill would require each community mental health service to have a local youth mental health board (board), appointed as specified, consisting of members between 15 and 23 years of age, inclusive, at least 1/2 of whom are, to the extent possible, mental health consumers who are receiving, or have received, mental health services, or siblings or close family members of mental health consumers and 1/2 of whom are, to the extent possible, enrolled in schools in the county. The bill would require the board, among other duties, to review and evaluate the local public mental health system and advise the governing body and school district governing bodies on mental health services related to youth that are delivered by the local mental health agency or local behavioral health agency, school districts, or others, as applicable. The bill, upon appropriation by the Legislature, would require the governing body to provide a budget for the board sufficient to facilitate the purposes, duties, and responsibilities of the board. By increasing the duties of local governments, this bill would impose a state-mandated local program.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
Wendy Carrillo, Dave Cortese

Bill Number	Last Action	Status	Position
AB 2428	**Referred To Com On Health 2024 02 26**	**In Assembly**	**Monitor**

Title
Medi-Cal: Community-Based Adult Services.

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

Primary Sponsors
Lisa Calderon, Bill Dodd

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

Title
Health care coverage: multiple employer welfare arrangements.

Description
AB 2434, as amended, Grayson. Health care coverage: multiple employer welfare arrangements. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance.Existing federal law, the federal Employee Retirement Income Security Act of 1974 (ERISA), authorizes multiple employer welfare arrangements (MEWAs) in which 2 or more employers join together to provide health care coverage for employees or to their beneficiaries. Existing law authorizes an association of employers to offer a large group health care service plan contract or large group health insurance policy, consistent with ERISA, if certain requirements are met. Until January 1, 2026, existing law also authorizes an association of employers to offer a large group health care service plan contract or large group health insurance policy to small group employer members of the association, consistent with ERISA, if certain requirements are met, including that the association is headquartered in this state, was established before March 23, 2010, and is the sponsor of a MEWA, and that the contract or policy includes coverage of employees of an association member in the biomedical industry.This bill would authorize an association of employers to offer a large group health care service plan contract or large group health insurance policy to small group employer members of the association, consistent with ERISA, if certain requirements are met, including that the association was established before January 1, 1966, and is the sponsor of a MEWA, and that the contract or policy includes coverage of employees of an association member in the engineering, surveying, or design industry. The bill, on or after June 1, 2025, would prohibit a plan or insurer from marketing, issuing, amending, renewing, or delivering large employer coverage to an association or MEWA that provides a benefit to a resident in this state unless the association and MEWA have registered and are in compliance with the requirements described above, or have filed applications for registration, as specified, that are pending with the department. The bill would authorize the Department of Managed Health Care and the Department of Insurance to issue guidance to health care service plans and health insurers regarding these requirements, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse loca... (click bill link to see more).

Primary Sponsors
Tim Grayson

Bill Number	Last Action	Status	Position
AB 2435	**Referred To Com On Health 2024 02 26**	**In Assembly**	**Monitor**

Title
California Health Benefit Exchange.

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

Primary Sponsors
Brian Maienschein

Bill Number	Last Action	Status	Position
AB 2442	**Referred To Com On B P 2024 03 04**	**In Assembly**	**Monitor**

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

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

Primary Sponsors
Rick Zbur

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

Title
Prescriptions: personal use pharmaceutical disposal system.

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

Primary Sponsors
Greg Wallis

Bill Number	Last Action	Status	Position
AB 2446	**Re Referred To Com On Health 2024 03 20**	**In Assembly**	**Monitor**

Title
Medi-Cal: diapers.

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

Primary Sponsors
Liz Ortega

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

Title
Health care coverage: qualified autism service providers.

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

Primary Sponsors
Tri Ta

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

Title
Medi-Cal managed care: network adequacy standards.

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

Primary Sponsors
Wendy Carrillo

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

Title
Health care coverage for menopause.

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

Primary Sponsors
Rebecca Bauer-Kahan

Organizational Notes

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

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

Title
Incarcerated persons: health records.

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

Primary Sponsors
James Ramos

Bill Number	Last Action	Status	Position
AB 2494	**Re Referred To Com On L E 2024 03 19**	**In Assembly**	**Monitor**

Title
Employer notification: continuation coverage.

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

Primary Sponsors
Lisa Calderon

Bill Number	Last Action	Status	Position
AB 2526	**Re Referred To Com On B P 2024 03 19**	**In Assembly**	**Monitor**

Title
Dentistry: deep sedation and general anesthesia: dedicated permitted anesthesia provider.

Description
AB 2526, as amended, Gipson. Dentistry: deep sedation and general anesthesia: dedicated permitted anesthesia provider. Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists by the Dental Board of California within the Department of Consumer Affairs. Under existing law, a dentist is required to possess certain permits, as prescribed, to administer or order the administration of deep sedation or general anesthesia, as those terms are defined, on an outpatient basis for dental patients. Existing law requires a dentist who desires to administer or order the administration of deep sedation or general anesthesia to apply to the board on an application form prescribed by the board. As part of their application, existing law requires a dentist to submit an application fee and produce evidence showing that they have successfully completed specified requirements.This bill would revise existing permit requirements to require a dentist to possess, among other things, a general anesthesia administration or ordering permit issued by the board for the purpose of administering or ordering the administration of deep sedation or general anesthesia by a dedicated permitted anesthesia provider, as defined. For a permit to order the administration of deep sedation or general anesthesia by a dedicated permitted anesthesia provider, the bill would require a dentist to apply to the board on the appropriate application form prescribed by the board, submit an application fee, and include documentation that required equipment and drugs are on the premises. The bill would, in addition to any other requirement imposed by law, provide that a dedicated permitted anesthesia provider, other than the operating dentist, who administers deep sedation or general anesthesia to dental patients under seven years of age, provide proof of specified information.Existing law requires any dentist that holds a general anesthesia permit to maintain specified information, including medical history and general anesthesia records as required by board regulations.This bill would provide, in addition to any dentist that holds a general anesthesia permit, that any dentist whose office administers deep sedation or general anesthesia is also required to maintain the specified information.Existing law makes a violation of specified provisions grounds for suspension or revocation of a physician and surgeon’s permit issued as specified. Existing law requires the board to refer a violation by a physician and surgeon to the Medical Board of California, as specified.This bill would delete the provision that requires the board to refer a violation by a physician and surgeon to the Medical Board of California, make a violation of specified ... (click bill link to see more).

Primary Sponsors
Mike Gipson

Bill Number	Last Action	Status	Position
AB 2556	**Referred To Com On Health 2024 03 04**	**In Assembly**	**Monitor**

Title
Behavioral health and wellness screenings: notice.

Description
AB 2556, as introduced, Jackson. Behavioral health and wellness screenings: notice. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. This bill would require a health care service plan or insurer to provide to each legal guardian of a patient, enrollee, or insured, 10 to 18 years of age, a written or electronic notice regarding the benefits of a behavioral health and wellness screening, as defined. The bill would require a health care service plan or insurer to provide the notice at least once every 2 years in the preferred method of the legal guardian. Because a violation of the bill’s requirements relative to a health care service plan would be crimes, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Corey Jackson

Organizational Notes

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

Bill Number	Last Action	Status	Position
AB 2563	**Referred To Com On Health 2024 03 04**	**In Assembly**	**Monitor**

Title
Newborn screening program.

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

Primary Sponsors
Bill Essayli

Bill Number	Last Action	Status	Position
AB 2578	**From Committee Chair With Authors Amendments Amend And Re Refer To Com On B P Read Second Time And Amended 2024 03 21**	**In Assembly**	**Monitor**

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

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

Primary Sponsors
Heath Flora

Bill Number	Last Action	Status	Position
AB 2636	**From Committee Chair With Authors Amendments Amend And Re Refer To Com On Aging L T C Read Second Time And Amended 2024 03 21**	**In Assembly**	**Monitor**

Title
Mello-Granlund Older Californians Act.

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

Primary Sponsors
Jasmeet Bains

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

Title
Coverage for cranial prostheses.

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

Primary Sponsors
Marc Berman

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

Title
Medical Board of California: appointments: removal.

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

Primary Sponsors
Marc Berman

Bill Number	Last Action	Status	Position
AB 2699	**From Committee Chair With Authors Amendments Amend And Re Refer To Com On E S T M Read Second Time And Amended 2024 03 21**	**In Assembly**	**Monitor**

Title
Hazardous materials: reporting: civil liability.

Description
AB 2699, as amended, Wendy Carrillo. Hazardous materials: reporting: civil liability. (1) Existing law requires the Secretary for Environmental Protection to implement a unified hazardous waste and hazardous materials management regulatory program, known as the unified program. Existing law requires every county to apply to the secretary to be certified to implement the unified program, and authorizes a city or local agency that meets specified requirements to apply to the secretary to be certified to implement the unified program, as a certified unified program agency. Existing law authorizes a state or local agency that has a written agreement with a certified unified program agency, and is approved by the secretary, to implement or enforce one or more of the unified program elements as a participating agency. Existing law defines “unified program agency” to mean a certified unified program agency or its participating agencies, as provided.Existing law requires a business that handles a hazardous material, or an employee, authorized representative, agent, or designee of that business, to, upon discovery, immediately report any release or threatened release of a hazardous material, or an actual release of a hazardous substance, as defined, to the unified program agency and the Office of Emergency Services, as provided. Existing law requires the Office of Emergency Services, on or before January 1, 2022, to adopt regulations to implement these reporting requirements.This bill would require this reporting to be made to the California Environmental Protection Agency instead of the Office of Emergency Services. The bill would delete the requirement on the Office of Emergency Services to adopt regulations, and would instead require the California Environmental Protection Agency, on or before January 1, 2028, to review and revise the regulations that implement the reporting requirements.This bill would require the Office of Administrative Law, on or before January 1, 2025, to report to the Legislature on whether the Office of Emergency Services has adopted certain regulations, as specified. The bill would define certain terms for purposes of the regulations that implement the reporting requirements if the Office of Administrative Law’s report indicates that those regulations have not been adopted by the Office of Emergency Services. The bill would authorize the California Environmental Protection Agency to revise those definitions by revising the regulations.(2) Existing law requires the unified program agency to maintain one or more nonemergency contact numbers for release reports that do not require immediate agency response and requires the unified program agency to promptly communicate changes to this contact info... (click bill link to see more).

Primary Sponsors
Wendy Carrillo

Bill Number	Last Action	Status	Position
AB 2701	**Referred To Com On Health 2024 03 04**	**In Assembly**	**Monitor**

Title
Medi-Cal: dental cleanings and examinations.

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

Primary Sponsors
Carlos Villapudua

Bill Number	Last Action	Status	Position
AB 2703	**Referred To Com On Health 2024 03 04**	**In Assembly**	**Monitor**

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

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

Primary Sponsors
Cecilia Aguiar-Curry

Bill Number	Last Action	Status	Position
AB 2715	**Referred To Com On L Gov 2024 03 04**	**In Assembly**	**Monitor**

Title
Ralph M. Brown Act: closed sessions.

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

Primary Sponsors
Tasha Boerner

Bill Number	Last Action	Status	Position
AB 2726	**Re Referred To Com On Health 2024 03 19**	**In Assembly**	**Monitor**

Title
Specialty care network: telehealth and other virtual services.

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

Primary Sponsors
Heath Flora

Bill Number	Last Action	Status	Position
AB 2749	**Re Referred To Com On Health 2024 03 19**	**In Assembly**	**Monitor**

Title
California Health Benefit Exchange: financial assistance.

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

Primary Sponsors
Jim Wood

Bill Number	Last Action	Status	Position
AB 2753	**Referred To Com On Health 2024 03 04**	**In Assembly**	**Monitor**

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

Description
AB 2753, as introduced, Ortega. Rehabilitative and habilitative services: durable medical equipment and services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Other existing law requires the Department of Insurance to regulate health insurers. Existing law requires an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2017, to include, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Under existing law, essential health benefits include, among other things, rehabilitative and habilitative services. Existing law requires habilitative services and devices to be covered under the same terms and conditions applied to rehabilitative services and devices under the plan contract or policy, and defines habilitative services to mean health care services and devices that help a person keep, learn, or improve skills and functioning for daily living.This bill would specify that coverage of rehabilitative and habilitative services and devices under a health care service plan or health insurance policy includes durable medical equipment, services, and repairs, if the equipment, services, or repairs are prescribed or ordered by a physician, surgeon, or other health professional acting within the scope of their license. The bill would define “durable medical equipment” to mean devices, including replacement devices, that are designed for repeated use, and that are used for the treatment or monitoring of a medical condition or injury in order to help a person to partially or fully acquire, improve, keep, or learn, or minimize the loss of, skills and functioning of daily living. The bill would prohibit coverage of durable medical equipment and services from being subject to financial or treatment limitations, as specified.The bill would make related findings and declarations, including that coverage of durable medical equipment is necessary to comply with federal requirements for purposes of being considered essential health benefits not subject to defrayal payments. Because a violation of the bill’s provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Liz Ortega

Bill Number	Last Action	Status	Position
AB 2756	**Referred To Com On Health 2024 03 04**	**In Assembly**	**Monitor**

Title
Pelvic Floor and Core Conditioning Pilot Program.

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

Primary Sponsors
Tasha Boerner

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

Title
Financial Solvency Standards Board: membership.

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

Primary Sponsors
Miguel Santiago

Bill Number	Last Action	Status	Position
AB 2775	**Referred To Com On Health 2024 03 11**	**In Assembly**	**Monitor**

Title
Community paramedicine.

Description
AB 2775, as introduced, Gipson. Community paramedicine. Existing law establishes, until January 1, 2031, the Community Paramedicine or Triage to Alternate Destination Act of 2020. Existing law states that it is the intent of the Legislature, among other things, that local emergency medical services (EMS) agencies be authorized to develop a community paramedicine or triage to alternate destination program to improve patient care and community health. Existing law states that it is the intent of the Legislature to monitor and evaluate implementation of community paramedicine and triage to alternate destination programs by local EMS agencies in California and determine whether these programs should be modified or extended before the program ends.This bill would make a technical conforming change to these provisions.

Primary Sponsors
Mike Gipson

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

Title
Mental health.

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

Primary Sponsors
Miguel Santiago

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

Title
Health care coverage: rape and sexual assault.

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

Primary Sponsors
Cottie Petrie-Norris

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

Title
Emergency medical technicians: peer support.

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

Primary Sponsors
Jim Patterson

Bill Number	Last Action	Status	Position
AB 2860	**Referred To Com On B P 2024 03 04**	**In Assembly**	**Monitor**

Title
Licensed Physicians and Dentists from Mexico programs.

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

Primary Sponsors
Eduardo Garcia

Bill Number	Last Action	Status	Position
AB 2885	**From Committee Chair With Authors Amendments Amend And Re Refer To Com On P C P Read Second Time And Amended 2024 03 21**	**In Assembly**	**Monitor**

Title
Coordinated plan: deepfake technology.

Description
AB 2885, as amended, Bauer-Kahan. Coordinated plan: deepfake technology. Existing law requires the Secretary of Government Operations to develop a coordinated plan to, among other things, investigate the feasibility of, and obstacles to, developing standards and technologies for state departments to determine digital content provenance. For the purpose of informing that coordinated plan, existing law requires the secretary to evaluate, among other things, the impact of the proliferation of deepfakes, defined to mean audio or visual content that has been generated or manipulated by artificial intelligence that would falsely appear to be authentic or truthful and that features depictions of people appearing to say or do things they did not say or do without their consent, on state government, California-based businesses, and residents of the state. Existing law requires the secretary to, on or before October 1, 2024, make a report to the Legislature on the potential uses and risks of deepfake technology to the state government and California-based businesses that includes the coordinated plan described above.This bill would define the term ”artificial intelligence” for the purposes of that provision to mean an engineered or machine-based system that, for explicit or implicit objectives, infers from the input it receives how to generate outputs that can influence physical or virtual environments. The bill would also extend the due date for the report to the Legislature to January 31, 2025.

Primary Sponsors
Rebecca Bauer-Kahan

Bill Number	Last Action	Status	Position
AB 2893	**From Committee Chair With Authors Amendments Amend And Re Refer To Com On H C D Read Second Time And Amended 2024 03 21**	**In Assembly**	**Monitor**

Title
The Shared Recovery Housing Residency Program.

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

Primary Sponsors
Chris Ward

Bill Number	Last Action	Status	Position
AB 2914	**Re Referred To Com On Health 2024 03 19**	**In Assembly**	**Monitor**

Title
Health care service plan alternative standards of accessibility.

Description
AB 2914, as amended, Bonta. Health care service plan alternative standards of accessibility. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law requires a plan to annually report to the department on its compliance with network adequacy standards. Existing regulations authorize a health care service plan to propose to the department alternative standards of accessibility if access requirements are unreasonably restrictive for a portion of a service area or if specified criteria are met for a portion of a service area.This bill would require the department to report to the Legislature on or before April 1, 2025, and on or before each April 1 thereafter, regarding alternative access proposals approved by the department in the prior year.

Primary Sponsors
Mia Bonta

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

Title
Automated decision tools.

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

Primary Sponsors
Rebecca Bauer-Kahan

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

Title
Medi-Cal eligibility: redetermination.

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

Primary Sponsors
Tasha Boerner

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

Title
Mental health care.

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

Primary Sponsors
Corey Jackson

Bill Number	Last Action	Status	Position
AB 2998	**Referred To Coms On Health And Jud 2024 03 11**	**In Assembly**	**Monitor**

Title
Minors: consent to medical care.

Description
AB 2998, as introduced, McKinnor. Minors: consent to medical care. Existing law authorizes a minor who is 12 years of age or older to consent to medical care and counseling relating to the diagnosis and treatment of a drug- or alcohol-related problem. Existing law exempts replacement narcotic abuse treatment, except as specified, from these provisions.This bill would authorize a minor to consent to receiving, and to carry and administer, naloxone hydrochloride or other opioid antagonist if approved by a physician and surgeon or physician assistant, as specified. The bill would prohibit a minor permitted to carry and administer naloxone hydrochloride pursuant to these provisions from being held liable in a civil action or from being subject to a criminal prosecution if they administer naloxone hydrochloride or other opioid antagonist in good faith and not for compensation to a person who appears to be experiencing an opioid overdose.

Primary Sponsors
Tina McKinnor

Bill Number	Last Action	Status	Position
AB 3030	**From Committee Chair With Authors Amendments Amend And Re Refer To Com On Health Read Second Time And Amended 2024 03 21**	**In Assembly**	**Monitor**

Title
Health care services: artificial intelligence.

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

Primary Sponsors
Lisa Calderon

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

Title
Artificial intelligence.

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

Primary Sponsors
Evan Low

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

Title
Human milk.

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

Primary Sponsors
Akilah Weber

Bill Number	Last Action	Status	Position
AB 3063	**Referred To Com On B P 2024 03 11**	**In Assembly**	**Monitor**

Title
Pharmacies: compounding.

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

Primary Sponsors
Tina McKinnor

Bill Number	Last Action	Status	Position
AB 3129	**Referred To Coms On Health And Jud 2024 03 11**	**In Assembly**	**Monitor**

Title
Health care system consolidation.

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

Primary Sponsors
Jim Wood

Bill Number	Last Action	Status	Position
AB 3130	**From Committee Chair With Authors Amendments Amend And Re Refer To Com On Elections Read Second Time And Amended 2024 03 21**	**In Assembly**	**Monitor**

Title
Public officers: contracts: financial interest.

Description
AB 3130, as amended, Quirk-Silva. Public officers: contracts: financial interest. (1) Existing law prohibits Members of the Legislature, and state, county, district, judicial district, and city officers or employees from being financially interested in a contract, as specified, made by them in their official capacity or by any body or board of which they are members, subject to specified exceptions. Existing law identifies certain remote interests that are not subject to this prohibition and other situations in which an official is not deemed to be financially interested in a contract, including, among others, that of a parent in the earnings of their minor child for personal services. Existing law makes a willful violation of this prohibition a crime.This bill would instead include within the definition of remote interests that of a public officer who is an elected member of any state or local body, board, or commission, if that public officer’s spouse, child, parent, sibling, or the spouse of the child, parent, or sibling, has a financial interest in any contract made by that public officer in their official capacity, or by any body, board, or commission of which that public officer is a member.(2) Existing law imposes a criminal penalty for every officer or person who willfully violates the prohibitions against making or being financially interested in contracts, as specified.This bill would additionally provide that a member who knows and willfully fails to disclose the fact of their remote interest in a contract, as described, is subject to criminal penalty. By expanding these prohibitions, the bill would create a new crime, and thus, would impose a state-mandated local program.(3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Sharon Quirk-Silva

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

Title
Promotores Advisory and Oversight Workgroup.

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

Primary Sponsors
Eduardo Garcia, Eloise Reyes

Bill Number	Last Action	Status	Position
AB 3156	**From Committee Chair With Authors Amendments Amend And Re Refer To Com On Health Read Second Time And Amended 2024 03 21**	**In Assembly**	**Monitor**

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

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

Primary Sponsors
Joe Patterson, Stephanie Nguyen

Bill Number	Last Action	Status	Position
AB 3161	**Referred To Coms On Health And Jud 2024 03 11**	**In Assembly**	**Monitor**

Title
Health and care facilities: patient safety and antidiscrimination.

Description
AB 3161, as introduced, Bonta. Health and care facilities: patient safety and antidiscrimination. (1) Existing law provides for the licensure and regulation of health facilities by the State Department of Public Health. A violation of these provisions is a crime. Existing law requires health facilities, including general acute care hospitals, acute psychiatric hospitals, and special hospitals, to report specified events, including adverse events and cases of health-care-associated MRSA bloodstream infection, health-care-associated clostridium difficile infection, and health-care-associated Vancomycin-resistant enterococcal bloodstream infection, as specified. Existing law authorizes the department to assess a licensed health care facility a civil penalty not to exceed $100 per day for each day that the adverse event was not reported, and provides for a process for the licensee to request a hearing if it disputes a determination by the department regarding an alleged failure to report.This bill would require that the affected health facility also collect and provide to the department prescribed demographic information.(2) Existing law allows for patients to submit complaints to the department regarding health facilities. Existing law also requires the department to establish a centralized consumer response unit within the Licensing and Certification Division of the department to respond to consumer inquiries and complaints.This bill would require the department to include a section for complaints involving specified health facilities to collect information about outlined demographic factors of affected patients. The bill would require the department to inform complainants that the information collected is voluntary, is collected for statistics only, is to ensure patients receive the best care possible, and will not affect the department’s investigation. The bill would require that complainants shall be provided the option to refer the complaint to the Civil Rights Department, and the department will provide the complaint to the Civil Rights Department only when requested to do so by the complainant. The bill would require the department to develop an outreach program to provide patients, consumers, and members of the public with specified information regarding the complaint process.
(3) Existing law requires the department to prepare a staffing and systems analysis to ensure efficient and effective utilization of fees collected, proper allocation of departmental resources to licensing and certification activities, survey schedules, complaint investigations, enforcement and appeal activities, data collection and dissemination, surveyor training, and policy development. Existing law requires the analysis be made available to... (click bill link to see more).

Primary Sponsors
Mia Bonta

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

Title
Health care coverage: dental services.

Description
AB 3175, as introduced, Villapudua. Health care coverage: dental services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law imposes specified coverage and disclosure requirements on health care service plans, including specialized plans, that cover dental services. Existing law, on and after January 1, 2025, prohibits a health care service plan from issuing, amending, renewing, or offering a plan contract that imposes a dental waiting period provision in a large group plan or preexisting condition provision for any plan.This bill would make technical, nonsubstantive changes to those provisions.

Primary Sponsors
Carlos Villapudua

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

Title
Medi-Cal: mental health services for children.

Description
AB 3215, as introduced, Soria. Medi-Cal: mental health services for children. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, specialty mental health services include federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided to eligible Medi-Cal beneficiaries under 21 years of age.This bill would express the intent of the Legislature to enact legislation to expand access to behavioral mental health services to children receiving Medi-Cal benefits.

Primary Sponsors
Esmeralda Soria

Bill Number	Last Action	Status	Position
AB 3221	**Referred To Com On Health 2024 03 11**	**In Assembly**	**Monitor**

Title
Department of Managed Health Care: review of records.

Description
AB 3221, as introduced, Pellerin. Department of Managed Health Care: review of records. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law requires the records, books, and papers of a health care service plan and other specified entities to be open to inspection by the director of the department during normal business hours.This bill would instead require the records, books, and papers of a health care service plan and other specified entities to be open to inspection by the director, including through electronic means. The bill would require a plan and other specified entities to furnish in electronic media records, books, and papers that are possessed in electronic media and to conduct a diligent review of records, books, and papers and make every effort to furnish those responsive to the director’s request. The bill would require records, books, and papers to be furnished in a format that is digitally searchable, to the greatest extent feasible. The bill would authorize the director to inspect and copy these records, books, and papers, and to seek relief in an administrative law proceeding if, in the director’s determination, a plan or other specified entity fails to fully or timely respond to a duly authorized request for production of records, books, and papers. Because a willful violation of these requirements would be a crime, the bill would impose a state-mandated local program.Existing law requires the department to conduct periodically an onsite medical survey of the health delivery system of each plan. Existing law requires the director to publicly report survey results no later than 180 days following the completion of the survey, and requires a final report to be issued after public review of the survey. Existing law requires the department to conduct a followup review to determine and report on the status of the plan’s efforts to correct deficiencies no later than 18 months following release of the final report.This bill would instead make the above-described followup review optional.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
Gail Pellerin

Organizational Notes

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

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

Title
Coverage for colorectal cancer screening.

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

Primary Sponsors
Joe Patterson

Bill Number	Last Action	Status	Position
AB 3260	**Referred To Com On Health 2024 03 11**	**In Assembly**	**Monitor**

Title
Health care coverage: reviews and grievances.

Description
AB 3260, as introduced, Pellerin. Health care coverage: reviews and grievances. (1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law generally authorizes a health care service plan or disability insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law requires these decisions to be made within 30 days, or less than 72 hours when the enrollee faces an imminent and serious threat to their health. Existing law requires a health care service plan to establish a grievance system to resolve grievances within 30 days, but limits that timeframe to 3 days when the enrollee faces an imminent and serious threat to their health. Existing law requires a plan to provide a written explanation for its grievance decisions, as specified.This bill would require that utilization review decisions be made within 72 hours when the enrollee’s condition is urgent, and would make a determination of urgency by a referring or treating health care provider binding on the health care service plan. If a health care service plan fails to make a utilization review decision within the applicable 72-hour or 30-day timeline, the bill would automatically entitle an enrollee to proceed with a grievance.This bill would require a plan’s grievance system to include expedited review of urgent grievances, as specified, and would make a determination of urgency by a referring or treating health care provider binding on the health care service plan. The bill would require a plan to communicate its final grievance determination within 72 hours of receipt if urgent and 30 days if nonurgent. If a plan fails to make a utilization review decision within the applicable 72-hour or 30-day timeline, the bill would require a grievance to be automatically resolved in favor of the enrollee. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.(2) Existing law establishes the Independent Medical Review System in the Department of Managed Health Care to review grievances involving a disputed health care service.This bill would require the department to provide specified correspondence and documents to an enrollee and their representative, if applicable, if the enrollee has submitted a grievance for review under the Independent Medical Review System. The bill would require the departme... (click bill link to see more).

Primary Sponsors
Gail Pellerin

Organizational Notes

Last edited by Joanne Campbell at Mar 18, 2024, 5:30 PM
California Association of Health Plans - Oppose

Bill Number	Last Action	Status	Position
AB 3275	**Referred To Com On Health 2024 03 11**	**In Assembly**	**Monitor**

Title
Health care service plans: claim reimbursement.

Description
AB 3275, as introduced, Soria. Health care service plans: claim reimbursement. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law requires a health care service plan, including a specialized health care service plan, to reimburse a claim or portion of a claim no later than 30 working days after receipt of the claim, unless the plan contests or denies the claim, in which case the plan is required to notify the claimant within 30 working days that the claim is contested or denied. Existing law extends these timelines to 45 working days for a health care service plan that is a health maintenance organization.This bill would delete the provisions that extend the timelines for a health maintenance organization.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
Esmeralda Soria, Robert Rivas

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

Title
Prescription drug coverage.

Description
SB 70, as amended, Wiener. Prescription drug coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law prohibits a health care service plan contract that covers prescription drug benefits or a specified health insurance policy from limiting or excluding coverage for a drug on the basis that the drug is prescribed for a use that is different from the use for which it was approved by the federal Food and Drug Administration if specified conditions are met. Existing law also prohibits a health care service plan that covers prescription drug benefits from limiting or excluding coverage for a drug that was previously approved for coverage if an enrollee continues to be prescribed that drug, as specified.This bill would additionally prohibit limiting or excluding coverage of a drug, dose of a drug, or dosage form of a drug that is prescribed for off-label use if the drug has been previously covered for a chronic condition or cancer, as specified, regardless of whether or not the drug, dose, or dosage form is on the plan’s or insurer’s formulary. The bill would prohibit a health care service plan contract or health insurance policy from requiring additional cost sharing not already imposed for a drug that was previously approved for coverage. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Scott Wiener

Organizational Notes

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

Bill Number	Last Action	Status	Position
SB 136	**Enrolled And Presented To The Governor At 2 P M 2024 03 21**	**Passed Assembly**	**Monitor**

Title
Medi-Cal: managed care organization provider tax.

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

Primary Sponsors
Senate Budget and Fiscal Review Committee

Organizational Notes

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

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

Title
Health care coverage: independent medical review.

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

Primary Sponsors
Scott Wiener

Organizational Notes

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

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

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

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

Primary Sponsors
Nancy Skinner

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

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

Description
SB 282, as amended, Eggman. Medi-Cal: federally qualified health centers and rural health clinics. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, to the extent that federal financial participation is available, FQHC and RHC services are reimbursed on a per-visit basis, as specified. “Visit” is defined as a face-to-face encounter between a patient of an FQHC or RHC and a physician or other specified health care professionals. Under existing law, “visit” also includes an encounter using video or audio-only synchronous interaction or an asynchronous store and forward modality, as specified.This bill would authorize reimbursement for a maximum of 2 visits that take place on the same day at a single site, whether through a face-to-face or telehealth-based encounter, if after the first visit the patient suffers illness or injury that requires additional diagnosis or treatment, or if the patient has a medical visit and either a mental health visit or a dental visit, as defined. The bill would require the department, by July 1, 2024, to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services reflecting those provisions.The bill would include a licensed acupuncturist within those health care professionals covered under the definition of a “visit.” The bill would also make a change to the provision relating to physicians and would make other technical changes.

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

Organizational Notes

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

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

Title
Health care coverage: independent medical review.

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

Primary Sponsors
Scott Wiener

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

Title
Health care coverage: endometriosis.

Description
SB 324, as amended, Limón. Health care coverage: endometriosis. (1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use prior authorization and other utilization review functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity.This bill would prohibit a health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after January 1, 2024, from requiring prior authorization or other utilization review for any clinically indicated treatment for endometriosis, as determined by the treating physician and consistent with nationally recognized evidence-based clinical guidelines. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.(2) Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of benefits under the Medi-Cal program.This bill would add any clinically indicated treatment for endometriosis, as determined by the treating physician and consistent with nationally recognized evidence-based clinical guidelines, as a covered benefit under Medi-Cal without prior authorization or other utilization review.(3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Monique Limon

Organizational Notes

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

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

Title
HIV preexposure prophylaxis and postexposure prophylaxis.

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

Primary Sponsors
Scott Wiener, Mike Gipson

Organizational Notes

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

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

Title
Medi-Cal: eyeglasses: Prison Industry Authority.

Description
SB 340, as introduced, Eggman. Medi-Cal: eyeglasses: Prison Industry Authority. Existing law establishes the Prison Industry Authority within the Department of Corrections and Rehabilitation and authorizes it to operate industrial, agricultural, and service enterprises that provide products and services needed by the state, or any political subdivision of the state, or by the federal government, or any department, agency, or corporation of the federal government, or for any other public use. Existing law requires state agencies to purchase these products and services at the prices fixed by the authority. Existing law also requires state agencies to make maximum utilization of these products and consult with the staff of the authority to develop new products and adapt existing products to meet their needs.Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including certain optometric services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.This bill, for purposes of Medi-Cal reimbursement for covered optometric services, would authorize a provider to obtain eyeglasses from a private entity, as an alternative to a purchase of eyeglasses from the Prison Industry Authority. The bill would condition implementation of this provision on the availability of federal financial participation.The bill, notwithstanding the above-described requirements, would authorize a provider participating in the Medi-Cal program to obtain eyeglasses from the authority or private entities, based on the optometrist’s needs and assessment of quality and value.

Primary Sponsors
Susan Eggman, Scott Wilk

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

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

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

Primary Sponsors
Susan Eggman

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

Title
Medi-Cal: Whole Child Model program.

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

Primary Sponsors
Maria Durazo

Organizational Notes

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

Bill Number	Last Action	Status	Position
SB 427	**Ordered To Third Reading 2024 02 26**	**In Assembly**	**Monitor**

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

Description
SB 427, as amended, Portantino. Health care coverage: antiretroviral drugs, drug devices, and drug products. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally prohibits a health care service plan or health insurer from subjecting antiretroviral drugs that are medically necessary for the prevention of HIV/AIDS, including preexposure prophylaxis or postexposure prophylaxis, to prior authorization or step therapy. Under existing law, a health care service plan or health insurer is not required to cover all the therapeutically equivalent versions of those drugs without prior authorization or step therapy if at least one is covered without prior authorization or step therapy.This bill would prohibit a health care service plan or health insurer from subjecting antiretroviral drugs, drug devices, or drug products that are either approved by the United States Food and Drug Administration (FDA) or recommended by the federal Centers for Disease Control and Prevention (CDC) for the prevention of HIV/AIDS, to prior authorization or step therapy, but would authorize prior authorization or step therapy if at least one therapeutically equivalent version is covered without prior authorization or step therapy and the plan or insurer provides coverage for a noncovered therapeutic equivalent antiretroviral drug, drug device, or drug product without cost sharing pursuant to an exception request. The bill would require a plan or insurer to provide coverage under the outpatient prescription drug benefit for those drugs, drug devices, or drug products, including by supplying participating providers directly with a drug, drug device, or drug product, as specified.This bill would require a nongrandfathered or grandfathered health care service plan contract or health insurance policy to provide coverage for antiretroviral drugs, drug devices, or drug products that are either approved by the FDA or recommended by the CDC for the prevention of HIV/AIDS, and would prohibit a nongrandfathered or grandfathered health care service plan contract or health insurance policy from imposing any cost-sharing or utilization review requirements for those drugs, drug devices, or drug products. The bill would delay the application of these provisions for an individual and small group health care service plan contract or health insurance policy until January 1, 2025. Because a willful violation of these provisions by a health care service plan would be a crime, this b... (click bill link to see more).

Primary Sponsors
Anthony Portantino

Organizational Notes

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

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

Title
Health care coverage: prior authorization.

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

Primary Sponsors
Nancy Skinner

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

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

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

Primary Sponsors
Josh Becker

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

Title
Health care coverage: prior authorization.

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

Primary Sponsors
Nancy Skinner

Organizational Notes

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

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

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

Title
Controlled substances.

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

Primary Sponsors
Anthony Portantino

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

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

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

Primary Sponsors
Caroline Menjivar, Buffy Wicks

Organizational Notes

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

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

Title
Medi-Cal: certification.

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

Primary Sponsors
Susan Eggman

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

Title
Prescription drugs: cost sharing.

Description
SB 873, as introduced, Bradford. Prescription drugs: cost sharing. (1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care under authority of the Director of the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance under the authority of the Insurance Commissioner. Existing law limits the maximum amount an enrollee or insured may be required to pay at the point of sale for a covered prescription drug to the lesser of the applicable cost-sharing amount or the retail price.This bill, commencing no later than January 1, 2025, would require an enrollee’s or insured’s defined cost sharing for each prescription drug to be calculated at the point of sale based on a price that is reduced by an amount equal to 90% of all rebates received, or to be received, in connection with the dispensing or administration of the drug. The bill would require a health care service plan or health insurer to, among other things, pass through to each enrollee or insured at the point of sale a good faith estimate of the enrollee’s or insured’s decrease in cost sharing. The bill would require a health care service plan or health insurer to calculate an enrollee’s or insured’s defined cost sharing and provide that information to the dispensing pharmacy, as specified. The bill would require the department and the commissioner to submit an annual report on the impact of these provisions to the appropriate policy committees of the Legislature, as specified. The bill would make these provisions inoperative on January 1, 2027.(2) Existing law requires a health care service plan or health insurer that files certain rate information to report to the appropriate department specified cost information regarding covered prescription drugs, including generic drugs, brand name drugs, and specialty drugs, dispensed as provided.This bill, until January 1, 2027, would require a health care service plan or health insurer to report additional information on the above-described point of sale provision.(3) Because a willful violation of the bill’s provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Steve Bradford

Organizational Notes

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

Bill Number	Last Action	Status	Position
SB 942	**From Committee With Authors Amendments Read Second Time And Amended Re Referred To Com On Rls 2024 03 20**	**In Senate**	**None**

Title
California AI Transparency Act.

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

Primary Sponsors
Josh Becker

Bill Number	Last Action	Status	Position
SB 953	**Read Second Time And Amended Re Referred To Com On Appr 2024 03 21**	**In Senate**	**Monitor**

Title
Medi-Cal: menstrual products.

Description
SB 953, as amended, Menjivar. Medi-Cal: menstrual products. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of covered benefits under the Medi-Cal program.This bill would add menstrual products, as defined, to that schedule of covered benefits. The bill would require the department to seek any necessary federal approvals to implement this coverage. The bill would require the department to seek, and would authorize the department to use, any and all available federal funding, as specified, to implement this coverage.

Primary Sponsors
Caroline Menjivar

Bill Number	Last Action	Status	Position
SB 957	**From Committee Do Pass And Re Refer To Com On Jud Ayes 9 Noes 2 March 20 Re Referred To Com On Jud 2024 03 20**	**In Senate**	**Monitor**

Title
Data collection: sexual orientation and gender identity.

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

Primary Sponsors
Scott Wiener

Bill Number	Last Action	Status	Position
SB 966	**Referred To Coms On B P E D And Health 2024 02 14**	**In Senate**	**Monitor**

Title
Pharmacy benefits.

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

Primary Sponsors
Scott Wiener

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

Title
Emergency medical services: community paramedicine.

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

Primary Sponsors
Angelique Ashby

Bill Number	Last Action	Status	Position
SB 980	**Read Second Time And Amended Re Referred To Com On Appr 2024 03 21**	**In Senate**	**Monitor**

Title
Medi-Cal: dental crowns and implants.

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

Primary Sponsors
Aisha Wahab

Organizational Notes

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

Bill Number	Last Action	Status	Position
SB 999	**March 20 Hearing Postponed By Committee 2024 03 20**	**In Senate**	**Monitor**

Title
Health coverage: mental health and substance use disorders.

Description
SB 999, as amended, Cortese. Health coverage: mental health and substance use disorders. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Existing law also requires the Department of Insurance to regulate health insurers. Existing law requires a health care service plan or disability insurer, as specified, to base medical necessity determinations and the utilization review criteria the plan or insurer, and any entity acting on the plan's or insurer's behalf, applies to determine the medical necessity of health care services and benefits for the diagnosis, prevention, and treatment of mental health and substance use disorders, on current generally accepted standards of mental health and substance use disorder care.This bill would require a health care service plan and a disability insurer, and an entity acting on a plan's or insurer's behalf, to ensure compliance with specific requirements for utilization review, including maintaining telephone access and other direct communication access during California business hours for a health care provider to request authorization for mental health and substance use disorder care and conducting peer-to-peer discussions regarding specific patient issues related to treatment. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Dave Cortese

Organizational Notes

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

Bill Number	Last Action	Status	Position
SB 1008	**From Committee With Authors Amendments Read Second Time And Amended Re Referred To Com On Health 2024 03 14**	**In Senate**	**Monitor**

Title
Obesity Treatment Parity Act.

Description
SB 1008, as amended, Bradford. Obesity Treatment Parity Act. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act’s requirements a crime. Existing law provides for the regulation of disability and health insurers by the Department of Insurance. Existing law sets forth specified coverage requirements for plan contracts and insurance policies, and limits the copayment, coinsurance, deductible, and other cost sharing that may be imposed for specified health care services.This bill would require an individual or group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, to include comprehensive coverage for the treatment of obesity, including coverage for intensive behavioral therapy, bariatric surgery, and at least one FDA-approved antiobesity medication.Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Steve Bradford

Bill Number	Last Action	Status	Position
SB 1017	**From Committee Do Pass And Re Refer To Com On Jud Ayes 11 Noes 0 March 20 Re Referred To Com On Jud 2024 03 20**	**In Senate**	**Monitor**

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

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

Primary Sponsors
Susan Eggman

Organizational Notes

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

Bill Number	Last Action	Status	Position
SB 1042	**Referred To Coms On Health And B P E D 2024 02 14**	**In Senate**	**Monitor**

Title
General acute care hospitals: clinical placements: nursing.

Description
SB 1042, as introduced, Roth. General acute care hospitals: clinical placements: nursing. Existing law establishes the Department of Health Care Access and Information in the Health and Welfare Agency to oversee health planning and health policy research, such as the health care workforce research and data center. Existing law, the Nursing Practice Act, establishes the Board of Registered Nurses within the Department of Consumer Affairs for the licensure and regulation of the practice of nursing.This bill would require a health facility, as defined, that offers prelicensure clinical placement slots upon the request of an approved school of nursing or an approved nursing program, as defined, and regardless of whether the school or program is public or private, to meet with representatives of the school or program to discuss the clinical placement needs of the school or program. The bill would require an approved school of nursing or an approved nursing program, regardless of whether the school or program is public or private, to notify the department and the board of the beginning and end dates of the academic term for each clinical slot needed by a clinical group with content area and education level and the number of clinical slots that the school or program has been unable to fill by March 1 of each year.Existing law requires an organization that operates, conducts, owns, or maintains a health facility, and the officers thereof, to make and file with the department specified reports, including, among others, balance sheets detailing the assets, liabilities, and net worth of the health facility at the end of its fiscal year.This bill would further require a report on clinical placement date that includes specified information, including, among other things, the estimated number of days and shifts available for student use for each type of licensed bed or unit. The bill would require the department to post the data in this report with the information required in the March 1 report described above on the department’s internet website in a manner that allows for specified information in both reports to be cross-referenced against each other.The bill would also require the department and board to utilize the data in both reports described above to work to meet the clinical placement needs of approved schools of nursing or approved nursing programs, regardless of whether the school or program is public or private, by conferring with health facilities within the appropriate geographic region of each school or program in an attempt to match available clinical placement slots with needed slots and to create additional clinical placement slots to meet school or program demands. In meeting these requirements, the bill would requi... (click bill link to see more).

Primary Sponsors
Richard Roth

Bill Number	Last Action	Status	Position
SB 1099	**Referred To Com On Health 2024 02 21**	**In Senate**	**Monitor**

Title
Newborn screening: genetic diseases: blood samples collected.

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

Primary Sponsors
Janet Nguyen

Bill Number	Last Action	Status	Position
SB 1112	**Read Second Time And Amended Re Referred To Com On Human S 2024 03 21**	**In Senate**	**Monitor**

Title
Medi-Cal: families with subsidized childcare.

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

Primary Sponsors
Caroline Menjivar

Organizational Notes

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

Bill Number	Last Action	Status	Position
SB 1119	**Set For Hearing April 3 2024 03 14**	**In Senate**	**Monitor**

Title
Hospitals: seismic compliance.

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

Primary Sponsors
Josh Newman

Bill Number	Last Action	Status	Position
SB 1120	**Set For Hearing April 3 2024 03 14**	**In Senate**	**Monitor**

Title
Health care coverage: utilization review.

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

Primary Sponsors
Josh Becker

Bill Number	Last Action	Status	Position
SB 1131	**Set For Hearing April 3 2024 03 14**	**In Senate**	**Monitor**

Title
Medi-Cal providers.

Description
SB 1131, as introduced, Gonzalez. Medi-Cal providers.
Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, services provided by a certified nurse practitioner are covered under the Medi-Cal program to the extent authorized by federal law, and existing law requires the department to permit a certified nurse practitioner to bill Medi-Cal independently for their services.This bill would similarly make services provided by a licensed physician assistant covered under the Medi-Cal program and would require the department to permit a certified nurse practitioner to bill Medi-Cal independently for their services. Existing law establishes the Family Planning, Access, Care, and Treatment (Family PACT) Program, administered by the Office of Family Planning, under which comprehensive clinical family planning services are provided as a benefit under the Medi-Cal program. Existing law also creates the State-Only Family Planning Program, under which family planning services are provided to eligible individuals. Existing law requires enrolled providers in each program to attend a specific orientation approved by the department and requires providers who conduct specified services to have prior training in those services.This bill would, for both of the above-described programs, require the department to allow a provider 6 months from the date of enrollment to complete the orientation. The bill would, for the Family PACT Program, state that a site certifier of a primary care clinic or affiliate primary care clinic, as those terms are defined, is not required to be a clinician and that certain clinic corporations can enroll multiple service addresses under a single site certifier. The bill would require any orientation or training that the department requires of a site certifier to comply with specified requirements, such as being offered in person and through a virtual platform and being offered at least once per month, among others.

Primary Sponsors
Lena Gonzalez

Bill Number	Last Action	Status	Position
SB 1180	**Referred To Com On Health 2024 02 21**	**In Senate**	**Monitor**

Title
Health care coverage: emergency medical services.

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

Primary Sponsors
Angelique Ashby

Bill Number	Last Action	Status	Position
SB 1184	**Read Second Time And Amended Re Referred To Com On Jud 2024 03 21**	**In Senate**	**Monitor**

Title
Mental health: involuntary treatment: antipsychotic medication.

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

Primary Sponsors
Susan Eggman

Organizational Notes

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

Bill Number	Last Action	Status	Position
SB 1213	**From Committee With Authors Amendments Read Second Time And Amended Re Referred To Com On Health 2024 03 21**	**In Senate**	**Monitor**

Title
Health care programs: cancer.

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

Primary Sponsors
Toni Atkins, Anthony Portantino

Bill Number	Last Action	Status	Position
SB 1236	**Referred To Com On Health 2024 02 29**	**In Senate**	**Monitor**

Title
Medicare supplement coverage: open enrollment periods.

Description
SB 1236, as introduced, Blakespear. Medicare supplement coverage: open enrollment periods. Existing federal law provides for the Medicare Program, which is a public health insurance program for persons 65 years of age and older and specified persons with disabilities who are under 65 years of age. Existing federal law specifies different parts of Medicare that cover specific services, such as Medicare Part B, which generally covers medically necessary services and supplies and preventive services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance.Existing federal law additionally provides for the issuance of Medicare supplement policies or certificates, also known as Medigap coverage, which are advertised, marketed, or designed primarily as a supplement to reimbursements under the Medicare Program for the hospital, medical, or surgical expenses of persons eligible for the Medicare Program, including coverage of Medicare deductible, copayment, or coinsurance amounts, as specified. Existing law, among other provisions, requires supplement benefit plans to be uniform in structure, language, designation, and format with the standard benefit plans, as prescribed. Existing law prohibits an issuer from denying or conditioning the offering or effectiveness of any Medicare supplement contract, policy, or certificate available for sale in this state, or discriminating in the pricing of a contract, policy, or certificate because of the health status, claims experience, receipt of health care, or medical condition of an applicant in the case of an application that is submitted prior to or during the 6-month period beginning with the first day of the first month in which an individual is both 65 years of age or older and is enrolled for benefits under Medicare Part B.This bill, on and after January 1, 2025, would prohibit an issuer of Medicare supplement coverage in this state from denying or conditioning the issuance or effectiveness of any Medicare supplement coverage available for sale in the state, or discriminate in the pricing of that coverage because of the health status, claims experience, receipt of health care, medical condition, or age of an applicant, if an application for coverage is submitted during an open enrollment period, as specified in the bill. The bill would entitle an individual enrolled in Medicare Part B to a 90-day annual open enrollment period beginning on January 1 of each year, as specified, during which period the bill would require appli... (click bill link to see more).

Primary Sponsors
Catherine Blakespear

Bill Number	Last Action	Status	Position
SB 1238	**Set For Hearing April 10 2024 03 20**	**In Senate**	**Monitor**

Title
Lanterman-Petris-Short Act.

Description
SB 1238, as amended, Eggman. Lanterman-Petris-Short Act. Under existing law, the Lanterman-Petris-Short Act, when a person, as a result of a mental health disorder, is a danger to others or to themselves, or gravely disabled, as defined, the person may, upon probable cause, be taken into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services. The act also authorizes a conservator of the person, of the estate, or of both, to be appointed for a person who is gravely disabled as a result of a mental health disorder. Existing law requires the Director of Health Care Services to administer the act and to adopt rules, regulations, and standards as necessary.This bill would authorize the State Department of Health Care Services to implement, interpret, or make specific the act, in whole or in part, by means of information notices, provider bulletins, or other similar instructions, without taking any further regulatory action.Existing law defines the above-described designated facility as a facility that is licensed or certified as a mental health treatment facility or a hospital by the State Department of Public Health, and may include, but is not limited to, a licensed psychiatric hospital, a licensed psychiatric health facility, and a certified crisis stabilization unit.This bill would expand the definition of a “facility designated by the county for evaluation and treatment” or “designated facility” by specifying that it may also include a facility that both (1) has appropriate services, personnel, and security to safely treat individuals being held involuntarily and (2) is licensed or certified as a skilled nursing facility, mental health rehabilitation center, or as a facility capable of providing treatment at American Society of Addiction Medicine levels of care 3.7 to 4.0, inclusive.Existing regulations prohibit a licensed psychiatric health facility or licensed mental health rehabilitation center from admitting an individual who is diagnosed only with a substance use disorder.This bill would require the State Department of Health Care Services to authorize licensed psychiatric health facilities and licensed mental health rehabilitation centers to admit those individuals.Existing law requires a person admitted to a facility for 72-hour treatment and evaluation to receive an evaluation as soon as possible after the person is admitted and to receive whatever treatment and care the person’s condition requires for the full period that they are held, as specified.This bill would require the State Department of Health ... (click bill link to see more).

Primary Sponsors
Susan Eggman

Bill Number	Last Action	Status	Position
SB 1257	**Set For Hearing April 10 2024 03 20**	**In Senate**	**Monitor**

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

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

Primary Sponsors
Catherine Blakespear

Bill Number	Last Action	Status	Position
SB 1258	**Set For Hearing April 3 2024 03 14**	**In Senate**	**Monitor**

Title
Medi-Cal: unrecovered payments: interest rate.

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

Primary Sponsors
Brian Dahle

Bill Number	Last Action	Status	Position
SB 1268	**From Committee With Authors Amendments Read Second Time And Amended Re Referred To Com On Rls 2024 03 20**	**In Senate**	**Monitor**

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

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

Primary Sponsors
Janet Nguyen

Bill Number	Last Action	Status	Position
SB 1269	**March 20 Set For First Hearing Canceled At The Request Of Author 2024 03 12**	**In Senate**	**Monitor**

Title
Safety net hospitals.

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

Primary Sponsors
Steve Padilla

Bill Number	Last Action	Status	Position
SB 1278	**From Committee With Authors Amendments Read Second Time And Amended Re Referred To Com On Rls 2024 03 18**	**In Senate**	**Monitor**

Title
World AIDS Day.

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

Primary Sponsors
John Laird

Bill Number	Last Action	Status	Position
SB 1289	**From Committee With Authors Amendments Read Second Time And Amended Re Referred To Com On Rls 2024 03 18**	**In Senate**	**Monitor**

Title
Medi-Cal: county call centers: data.

Description
SB 1289, as amended, Roth. Medi-Cal: county call centers: data. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth various responsibilities for counties relating to eligibility determinations and enrollment functions under the Medi-Cal program.Existing federal law sets forth Medicaid reporting requirements for each state during the period between April 1, 2023, and June 30, 2024, inclusive, relating to eligibility redeterminations, including, among other information, the total call-center volume, average wait times, and average abandonment rate for each call center of the state agency responsible for administering the state plan, as specified.This bill would require the department to establish statewide minimum standards for assistance provided by county call centers to applicants or beneficiaries applying for, renewing, or requesting help in obtaining or maintaining Medi-Cal coverage. The bill would require promulgation of the standards in regulation by July 1, 2026, as specified.The bill would require a county to collect and submit to the department call-center data metrics, including, among other information, call volume, average call wait times by language, and callbacks. By creating new duties for counties relating to call-center data, the bill would impose a state-mandated local program.The bill would require the department to prepare a report, excluding any personally identifiable information, on county call-center data, identifying challenges and targets or standards for improvement. The bill would require the department to post the report on its internet website on a quarterly basis no later than 45 calendar days after the conclusion of each quarter, with the initial report due on May 15, 2025.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors
Richard Roth

Bill Number	Last Action	Status	Position
SB 1290	**Read Second Time Ordered To Third Reading 2024 03 21**	**In Senate**	**Monitor**

Title
Health care coverage: essential health benefits.

Description
SB 1290, as introduced, Roth. Health care coverage: essential health benefits. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Other existing law requires the Department of Insurance to regulate health insurers. Existing law requires an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2017, to include, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Existing law requires a health care service plan contract or health insurance policy to cover the same health benefits that the benchmark plan, the Kaiser Foundation Health Plan Small Group HMO 30 plan, offered during the first quarter of 2014, as specified.This bill would express the intent of the Legislature to review California’s essential health benefits benchmark plan and establish a new benchmark plan for the 2027 plan year. The bill would limit the applicability of the current benchmark plan benefits to plan years on or before the 2027 plan year.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Richard Roth

Bill Number	Last Action	Status	Position
SB 1300	**From Committee With Authors Amendments Read Second Time And Amended Re Referred To Com On Health 2024 03 19**	**In Senate**	**Monitor**

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

Description
SB 1300, as amended, Cortese. Health facility closure: public notice: inpatient psychiatric and maternity services. Existing law requires the State Department of Public Health to license, regulate, and inspect health facilities, as specified, including general acute care hospitals. A violation of these provisions is a crime. Under existing law, a general acute care hospital is required to provide certain basic services, including medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services. Existing law authorizes a general acute care hospital to provide various special or supplemental services if certain conditions are met. Existing regulations define a supplemental service as an organized inpatient or outpatient service that is not required to be provided by law or regulation. Existing law requires a health facility to provide 90 days of public notice of the proposed closure or elimination of a supplemental service, and 120 days of public notice of the proposed closure or elimination of an acute psychiatric hospital.This bill would change the notice period required before proposed closure or elimination of the supplemental service of inpatient psychiatric service or maternity service from 90 days to 120 days. By changing the definition of a crime, this bill would impose a state-mandated local program.Before a health facility may provide notice of a proposed closure or elimination of an inpatient psychiatric service or maternity service, this bill would require the facility to provide an impact analysis report, as specified, regarding the impact on the health of the community resulting from the proposed elimination of the services. The bill would require the health facility to provide the impact analysis report to the Department of Health Care Access and Information for review and certification. By changing the requirements on a health care facility, the violation of which is a crime, this bill would impose a state-mandated local program. The bill would require, after certification, that the impact analysis report be delivered to the local county board of supervisors and to the department. The bill also would require the cost of preparing the impact analysis report to be borne by the hospital. The bill would strongly encourage the board of supervisors to hold a public hearing within 15 days of receipt of the report, as specified, and to post the impact analysis report on its internet website. The bill would require, if the loss of beds will have an impact to on the health of the community, that the State Department of Public Health prioritize and expedite the licensing of additional beds to replace the number of lost beds necessary to mitigate the negative impacts identified in t... (click bill link to see more).

Primary Sponsors
Dave Cortese

Bill Number	Last Action	Status	Position
SB 1306	**From Committee With Authors Amendments Read Second Time And Amended Re Referred To Com On Rls 2024 03 18**	**In Senate**	**Monitor**

Title
Recycling: rare earth metals: report.

Description
SB 1306, as amended, Skinner. Recycling: rare earth metals: report. Existing law establishes the Governor’s Office of Business and Economic Development 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, in consultation with the Department of Resources Recycling and Recovery and the Department of Toxic Substances Control, to draft and submit a report to the Legislature relating to the in-state collection, recycling, reuse, and stockpiling for domestic consumption of rare earth elements contained within products in the state, as specified. The bill would require the office to provide opportunities for public input and to perform outreach to potentially interested parties, as specified.

Primary Sponsors
Nancy Skinner

Bill Number	Last Action	Status	Position
SB 1319	**From Committee With Authors Amendments Read Second Time And Amended Re Referred To Com On Health 2024 03 21**	**In Senate**	**Monitor**

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

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

Primary Sponsors
Aisha Wahab

Bill Number	Last Action	Status	Position
SB 1320	**April 3 Hearing Postponed By Committee 2024 03 21**	**In Senate**	**Monitor**

Title
Mental health and substance use disorder treatment.

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

Primary Sponsors
Aisha Wahab

Bill Number	Last Action	Status	Position
SB 1339	**From Committee With Authors Amendments Read Second Time And Amended Re Referred To Com On Rls 2024 03 20**	**In Senate**	**Monitor**

Title
Supportive community residences.

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

Primary Sponsors
Ben Allen

Bill Number	Last Action	Status	Position
SB 1354	**Referred To Com On Health 2024 02 29**	**In Senate**	**Monitor**

Title
Health facilities: payment source.

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

Primary Sponsors
Aisha Wahab

Bill Number	Last Action	Status	Position
SB 1355	**Referred To Coms On Health And G O 2024 03 13**	**In Senate**	**Monitor**

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

Description
SB 1355, as introduced, Wahab. Medi-Cal: in-home supportive services: redetermination. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including in-home supportive services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law generally requires a county to redetermine a Medi-Cal beneficiary’s eligibility to receive Medi-Cal benefits every 12 months and whenever the county receives information about changes in a beneficiary’s circumstances that may affect their eligibility for Medi-Cal benefits.Existing law provides for the In-Home Supportive Services (IHSS) program, administered by the State Department of Social Services and counties, under which qualified aged, blind, and disabled persons are provided with supportive services in order to permit them to remain in their own homes. Existing law authorizes certain Medi-Cal beneficiaries to receive IHSS as a covered Medi-Cal benefit.This bill would, to the extent that any necessary federal approvals are obtained, and federal financial participation is available and not otherwise jeopardized, require an IHSS recipient to be continuously eligible for Medi-Cal for 3 years, and would prohibit a redetermination of Medi-Cal eligibility before 3 years, except as specified. The bill would make the implementation of its provisions contingent upon the department obtaining all necessary federal approvals, the department determining that systems have been programmed to implement these provisions, and the Legislature has appropriated funding to implement these provisions after a determination that ongoing General Fund resources are available to support the ongoing implementation of these provisions. To the extent the bill would increase county duties in administrating the IHSS program, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors
Aisha Wahab

Bill Number	Last Action	Status	Position
SB 1369	**Referred To Com On Health 2024 02 29**	**In Senate**	**Monitor**

Title
Dental providers: fee-based payments.

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

Primary Sponsors
Monique Limon

Bill Number	Last Action	Status	Position
SB 1397	**From Committee With Authors Amendments Read Second Time And Amended Re Referred To Com On Health 2024 03 20**	**In Senate**	**Monitor**

Title
Behavioral health services coverage.

Description
SB 1397, as amended, Eggman. Behavioral health services coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health and disability insurers by the Department of Insurance. Existing law requires a health care service plan contract or disability insurance policy to provide coverage for medically necessary treatment of mental health and substance use disorders.This bill would require a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after July 1, 2025, that covers medically necessary mental health and substance use disorder services to comply with rate and timely reimbursement requirements for services delivered by a county behavioral health agency, as specified. Unless an enrollee or insured is referred or authorized by the plan or insurer, the bill would require a county behavioral health agency to contact a plan or insurer before initiating services. The bill would authorize a plan or insurer to conduct a postclaim review to determine appropriate payment of a claim, and would authorize the use of prior authorization as permitted by the regulating department. The bill would require the departments to issue guidance to plans and insurers regarding compliance with these provisions no later than April 1, 2025. Because a willful violation of these provisions by a health care service plan would be a crime, and the bill would impose a higher level of service on a county behavioral health agency, this bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that, with regard to certain mandates, no reimbursement is required by this act for a specified reason.With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors
Susan Eggman

Organizational Notes

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

Bill Number	Last Action	Status	Position
SB 1423	**Referred To Com On Health 2024 02 29**	**In Senate**	**Monitor**

Title
Medi-Cal: critical access hospitals.

Description
SB 1423, as introduced, Dahle. Medi-Cal: critical access hospitals. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, each hospital designated by the department as a critical access hospital, and certified as such by the Secretary of the United States Department of Health and Human Services under the federal Medicare rural hospital flexibility program, is eligible for supplemental payments for Medi-Cal covered outpatient services rendered to Medi-Cal eligible persons. Existing law conditions those payments on receipt of federal financial participation and an appropriation in the annual Budget Act for the nonfederal share of those payments, with supplemental payments being apportioned among critical access hospitals based on their number of Medi-Cal outpatient visits.This bill would remove the provisions relating to supplemental payments and would instead require the reimbursement to a critical access hospital for Medi-Cal covered outpatient services at a rate equal to the actual cost to the hospital of providing the services or the amount charged by the hospital for the services, whichever is less. The bill would also require reimbursement to those hospitals, under the same terms, for swing-bed services, relating to beds licensed for general acute care that may be used as skilled nursing beds.Existing law sets forth various Medi-Cal payment reductions by specified percentages for certain providers, including rural swing-bed facilities.This bill would make an exception to those payment reductions for rural-swing bed facilities in the case of critical access hospitals under the above-described reimbursement provisions.

Primary Sponsors
Brian Dahle

Bill Number	Last Action	Status	Position
SB 1428	**From Committee With Authors Amendments Read Second Time And Amended Re Referred To Com On Health 2024 03 18**	**In Senate**	**Monitor**

Title
Health care coverage: triggering events.

Description
SB 1428, as amended, Atkins. Health care coverage: triggering events. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or a health insurer to allow an individual to enroll in or change individual health benefit plans as a result of specified triggering events, including a loss of minimum essential coverage, as defined, gaining a dependent or becoming a dependent, or being mandated to be covered as a dependent pursuant to a valid state or federal court order. Existing law allows an individual 60 days from the date of a triggering event to apply for subsequent coverage.This bill would allow an individual 60 days before and after the date of a triggering event to apply for subsequent coverage, to the extent no conflicts with the availability and length of specified special enrollment periods exist. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Toni Atkins

Bill Number	Last Action	Status	Position
SB 1492	**Referred To Com On Health 2024 02 29**	**In Senate**	**Monitor**

Title
Medi-Cal reimbursement rates: private duty nursing.

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

Primary Sponsors
Caroline Menjivar

Bill Number	Last Action	Status	Position
SB 1511	**Referred To Com On Health 2024 02 29**	**In Senate**	**Monitor**

Title
Health omnibus.

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

Primary Sponsors
Senate Health Committee

TEMPORARY TRANSITIONAL EXECUTIVE COMMUNITY ADVISORY

Board of Governors

Temporary Transitional Executive Community Advisory Committee (TTECAC)

Special Meeting Minutes – January 22, 2024

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

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
Roger Rabaja, RCAC 1 Chair *	Deb Bowen, Captioner	Fatima Vazquez, Member, Board of Governors
Ana Rodriguez, TTECAC Chair and RCAC 2 Chair	Izmir Coello, Interpreter	Layla Gonzalez, Advocate, Board of Governors
Lidia Parra, RCAC 3 Chair	Henry Cordero, Interpreter	Francisco Oaxaca, Chief of Communication and Community Relations
Silvia Poz, RCAC 4 Chair	Isaac Ibarlucea, Interpreter	Malou Balones, Board Specialist, Board Services ***
Maria Sanchez, RCAC 5 Chair	Eduardo Kogan, Interpreter	Idalia De La Torre, Field Specialist Supervisor, CO&E
Joyce Sales, RCAC 6 Chair	Alex Mendez, Interpreter	Auleria Eakins, Manager, CO&E
Martiza Lebron, RCAC 7 Chair	Andrew Yates, Interpreter	Hilda Herrera, Community Outreach Field Specialist, CO&E
Ana Romo, RCAC 8 Chair	PUBLIC ATTENDEES	Christopher Maghar, Community Outreach Field Specialist, CO&E
Tonya Byrd, RCAC 9 Chair	Elizabeth Cooper, Public	Rudy Martinez, Safety & Security Program Manager III, Facilities Services
Damares O Hernández de Cordero, RCAC 10 Chair	Lynnea Johnson, Public ***	Frank Meza, Community Outreach Field Specialist, CO&E
Maria Angel Refugio, RCAC 11 Chair	Estela Lara, Public ***	Cindy Pozos, Community Outreach Field Specialist, CO&E
Lluvia Salazar, At-Large Member	Diana Leff, Public ***	Victor Rodriquez, Board Specialist, Board Services ***
Deaka McClain, TTECAC Vice-Chair and At Large Member	Russel Mahler, Public	Farid Seyed, Lead Unified Communication Mobility Engineer, IT Operations & Infrastructure
	Adriana Martinez, Public ***	Martin Vicente, Community Outreach Field Specialist, CO&E
* Excused Absent ** Absent	Andria McFerson, Public	
*** Via teleconference	Demetria Saffore, Public	
	Dazzlin Sanchez, Public	
	Issac Sanchez, Public	
	Ricardo Sanchez, Public	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Chairperson Ana Rodriguez welcomed everyone and apologized for technical difficulties. She explained the process for making public comments via Zoom chat and a toll-free line for WebEx bridge line listeners. She also mentioned that public members could submit	

	comment cards and that they would be allowed time to speak during the appropriate agenda items. Ana Rodriguez called the meeting to order at 10:00am NOTICE IS HEREBY GIVEN that the Chairperson of the Temporary Transitional Executive Community Advisory Committee (TTECAC) has called a Special Meeting to be held as indicated above for conducting business listed in this Notice of Special Meeting and Agenda. No business shall be conducted at this meeting other than that indicated below. Please recheck these directions for updates prior to the start of the meeting. This meeting will be conducted in accordance with the provisions of the Ralph M. Brown Act, allowing members of the public and L.A. Care staff to participate via teleconference because State and Local officials are recommending measures to promote social distancing. Members of the Temporary Transitional Executive Community Advisory Committee (TTECAC), L.A. Care staff, and the public can attend the meeting in-person at the address listed above. Public comment can be made live and in-person at the meeting. A form will be available to submit public comments. Accordingly, members of the public should join this meeting via teleconference as follows: https://us06web.zoom.us/j/84588643466 Teleconference Call –In information/Site Call-in number: 1-415-655-0002 Participants Access Code: 2487 498 6914 (English) Call-in number: 1-415-655-0002 Participants Access Code: 2495 818 9662 (Spanish) For those not attending the meeting in person, public comments on Agenda items can be submitted in writing by email to COEpubliccomments@lacare.org or by calling the CO&E toll- free line at 1-888-522-2732 and leaving a voicemail. Attendees who log on to lacare.zoom using the URL above will be able to use "chat" during the meeting for public comment. You must be logged into Zoom to use the "chat" feature. The log in information is at the top of the meeting Agenda. This is a new function during the meeting so public comments can be made live and direct. 1. The "chat" will be available during the public comment periods before each item. 2. To use the "chat" during public comment periods, look at the bottom of your screen for the icon that has the word, "chat" on it. 3. Click on the chat icon. It will open a window. 4. Select "Everyone" in the to: window. 5. Type your public comment in the box. 6. When you hit the enter key, your message is sent and everyone can see it. 7. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates. 8. L.A. Care staff will read the chat messages for up to three minutes during public	

	comment so people who are on the phone can hear the comment. Your comments can also be sent by voicemail or email. If we receive your comments by 10:00 a.m. on January 22, 2024, it will be provided to the members of the Temporary Transitional Executive Community Advisory Committee at the beginning of the meeting. The chat message, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates. Once the meeting has started, public comments should be submitted prior to the time the Chair announces public comments for each agenda item and staff will read those public comments for up to three (3) minutes. Chat messages submitted during the public comment period for each agenda item will be read for up to three (3) minutes. If your public comment agenda is not related to any of the agenda item topics, your public comment will be read for up to 3 minutes at item IV Public Comments on the agenda. These are extraordinary circumstances, and the process for public comment is evolving and may change at future meetings. We thank you for your patience. Please note that there may be a delay in the digital transmittal of emails and voicemails. The Chair will announce when the public comment period is over for each item. If your public comments are not received on time for the specific agenda item you want to address, your public comments will be read at the public comment section of the agenda. The purpose of public comment is that it is an opportunity for members of the public to inform the governing body about their views. The Temporary Transitional Executive Community Advisory Committee appreciates hearing the input as it considers the business on the Agenda. All votes in a teleconferenced meeting shall be conducted by roll call. If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act please contact the Community Outreach & Engagement staff prior to the meeting for assistance by calling out toll-free line at 1-888-522-2732 or by email to COEpubliccomments@lacare.org. SB 1100 was signed by Governor in August 2022, and added a short section to the Brown Act as Govt. Code Section 54957.95 to supplement language already part of the Brown Act: (a) In addition to authority exercised pursuant to Sections 54954.3 and 54957.9, the presiding member of the legislative body conducting a meeting may remove an individual for disrupting the meeting. (b) As used in this section, "disrupting" means engaging in behavior during a meeting of a legislative body that actually disrupts, disturbs, impedes, or renders infeasible the orderly conduct of the meeting and includes, but is not limited to, both of the following: (1) A failure to comply with reasonable and lawful regulations adopted by a legislative body pursuant to Section 54954.3 or 54957.9 or any other law. (2) Engaging in behavior that includes use of force or true threats of force.	

	(54954.3 contains provisions related to public comment time restrictions, and 54957.9 allows the presider to clear the room if the meeting can't continue.) AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION BEFORE THE MEETING AT L.A. Care's Offices at 1055 W. 7th Street, Los Angeles, CA 90017 through the Reception Area in the Building Lobby.	
APPROVE MEETING AGENDA	**The Agenda for today's meeting was approved.**	**Approved by roll call. 12 AYES (Byrd, Cordero, Lebron, Parra, Poz, McClain, Refugio, Rodriguez, Romo, Salazar, Sales, and Sanchez)**
NEW BUSINESS		
COMMUNITY ENGAGEMENT MODEL DISCUSSION AND UPDATES	PUBLIC COMMENT **Andria McFerson, RCAC 5 Member** *Andria McFerson expressed her concern that filibustering should not discourage stakeholder participation, emphasizing the need to focus on ways to enhance stakeholder voices in the agenda. She criticized the lengthy staff discussions without providing stakeholders the opportunity to speak and suggested placing public comments after presentations. McFerson highlighted the significant financial contributions by L.A. Care to various organizations and questioned the representation and funding received by the RCACs, urging these topics to be included on the agenda for discussion.* **Elizabeth Cooper, RCAC 2 Member** *Elizabeth Cooper expressed her concerns during the public comment session, addressing the board and ECAC members. She apologized for any potential remarks but emphasized her deep concern about the legitimacy of how the meetings are being conducted. Ms. Cooper announced her intention to inquire with the State of California regarding the matter, citing the enabling legislation under the Governor. She expressed disappointment at the lack of notice for the meeting and emphasized the importance of communication. Ms. Cooper, a long-time member, acknowledged her respect for the representatives but emphasized their responsibility to keep the community informed. She voiced worries about the current meeting, questioning its structure and expressing concerns about public participation and knowledge dissemination. Ms. Cooper urged recognition*	

	of the state legislation, specifically SB 2092, and emphasized the impact on everyone present, highlighting the importance of public input and democracy. Francisco Oaxaca, *Chief, Communication and Community Relations,* gave the following update: Mr. Oaxaca expressed gratitude to the committee and extended New Year wishes to everyone present. He acknowledged the anticipation regarding the meeting agenda, assuring attendees that he would not occupy an extensive amount of time. Mr. Oaxaca emphasized that the purpose of the meeting was to present changes to how RCACs and ECAC operate in response to the new contract for providing Medi-Cal coverage in Los Angeles County. He explained the challenges faced due to the broad requirements outlined in the lengthy state contract, comparing it to being told to travel from Los Angeles to Florida without specific instructions on the route. He shared that staff had to determine the best changes to comply with the Department of Health Care Services (DHCS) expectations, ensuring the well-being of members, the health plan and staff, while staying compliant. Among the proposed changes, Mr. Oaxaca highlighted the recommendation for main advisory committee meetings to occur quarterly, aligning with DHCS' expectation for efficiency and productivity. He discussed the need to transition from 11 RCAC regions to eight, mirroring the county's service planning areas for better data utilization and discussions on local healthcare needs. Mr. Oaxaca touched upon the proposal to limit main advisory committee membership to 20 individuals, aligning with the effective size for productive meetings. He explained DHCS' specific roles and functions for the consumer advisory committees, including the need for diverse engagement approaches. Staff proposed Community Roundtables and focus groups to address this requirement effectively. He discussed DHCS' new requirement for health plans to develop an advisory member diversity and recruitment plan, with staff proposing term limits and a selection committee. Mr. Oaxaca mentioned the expectation for compensating committee members for their time, leading staff to propose adjustments to the stipend structure. Lastly, he introduced proposals not directly aligned with DHCS but essential for operational smoothness. This included aligning ECAC meeting schedules with the Board of Governors and pausing the annual work plan process until the proposed changes are implemented. Mr. Oaxaca emphasized the importance of feedback and discussion from the members and assured that no vote would be taken that day, allowing sufficient time for further deliberation. <u>PUBLIC COMMENT</u> *Elizabeth Cooper expressed her gratitude for the presentation but conveyed deep concerns regarding the DHCS. She emphasized the lack of consumer input from DHCS, highlighting the need for legal representation for consumers during the decision-making process. Ms. Cooper questioned the level of awareness*	

	among consumers, stating that many are uninformed about the changes and suggested that a lawyer should have been involved. She raised concerns about the communication between board members and consumers, questioning how many Chairs have attended RCAC meetings to explain ongoing developments. Ms. Cooper expressed her commitment to advocacy and voiced worries about the proposed elimination of the Brown Act, stating its impact on the Board of Governors' decisions. She urged members to consider the implications of such changes and questioned whether they have adequately informed their respective RCACs. Ms. Cooper also touched upon the importance of diversity and shared her personal concerns as an African American. She called for attention to staff advocacy and emphasized the significance of diversity in decision-making. In conclusion, she underscored her concerns and urged members to consider the broader impact of the proposed changes. *Andria McFerson expressed gratitude for the opportunity to speak, emphasizing her advocacy for better healthcare as the primary reason for her presence. She highlighted the importance of stakeholders receiving information in a timely, understandable, and comprehensive manner, emphasizing the need for transparency. Ms. McFerson expressed concerns about potential misconduct and corruption within the organization, linking these issues to the transformation of stakeholders. She asserted that decisions should only involve the RCAC and ECAC members, cautioning against transforming them into focus groups without the rights afforded by the Brown Act or Robert's Rules of Order. She raised concerns about the proposed changes by Francisco Oaxaca, stating that focus groups lacking these rights might lead to arbitrary dismissals. Ms. McFerson pointed out the limited freedom of speech and emphasized the two-year term limit proposed. She underscored the importance of stakeholders having the right to vote and convene for a specific purpose. Ms. McFerson questioned the involvement of L.A. Care's 13 board members and various stakeholder groups, asserting that committees and stakeholders are legally allowed. She urged members not to allow staff to take over and change established practices, emphasizing the importance of engaging members and stakeholders for environmental sustainability and better healthcare. She concluded by highlighting the responsibility to address problems worsening with healthcare and promoting sustainable developmental goals. Ms. McFerson insisted that discussions on such topics should remain on the agenda, asserting that no state contract mandates the elimination of the RCAC.*	

	Demetria Saffore stated that she is concerned that they're going to lose their voices in this situation. She would like a copy of the 700-page document so she can read it herself. *Russell Mahler greeted everyone and extended New Year wishes. He asked Mr. Oaxaca about the impact of Roundtables on the RCACs. Mr. Mahler inquired whether new members would be sought to replace those leaving the RCACs and if the opportunity would be extended to individuals interested in joining the RCACs when the Roundtables are implemented.* Mr. Oaxaca responded, stating that the Roundtables would be open to both existing RCAC members and other community members interested in serving. *Diana Leff extended New Year greetings and reflected on the challenges of 2023. Expressing her commitment to the RCAC, she voiced concern for ex-military individuals, citing a distressing case of an 82-year-old veteran sleeping in a tent due to insufficient income. Ms. Leff emphasized the plight of military families, including women with children, facing homelessness. She urged California, with its wealth, to provide housing solutions. Ms. Leff also addressed the prolonged military presence in Afghanistan, advocating for adequate housing for returning veterans. She underscored the importance of RCACs in achieving various healthcare initiatives, such as dental and eye care.* Member Salazar raised several points during the session. She inquired about the status of the work plan, seeking clarity on when it would resume and expressing a desire to move forward with campaigns and services. Member Salazar questioned the recent change in the term limit to two years and asked if there was a possibility of renewal beyond that period. She emphasized the need for realistic discussions on this matter. Member Salazar urged staff to remind all attendees of the importance of adhering to the established rules and emphasized the significance of following these rules for effective participation in the sessions. Mr. Oaxaca responded to Member Salazar's concerns about the work plan, stating that there is a pause until May of the current year due to the deadline to show compliance with the new DHCS contract. He mentioned that the plan is expected to restart in June or July after the Board approves any changes, allowing time for implementation and the formation of new committees and RCACs. Regarding the term limits, Mr. Oaxaca explained that the structure would align with the current Board's term limits, allowing up to two two-year terms, providing an opportunity for renewal. He emphasized the importance of tracking member participation and engagement through a dashboard and outlined the reappointment process, including applications and a selection committee for new members.	

	Member Byrd expressed concerns about the data collection process at the RCAC meetings. She recalled bringing community complaints to the meetings, where a person from L.A. Care would be present to address the issues. Member Byrd was under the impression that data was not collected during these discussions. She expressed confusion and unease about the revelation that data should be collected, given her five-year tenure, implying surprise that such information might not have been collected in the past. She requested clarification on this matter. Dr. Eakins clarified the confusion, confirming the existence of data. She explained the current effective method of collecting issues raised in RCAC meetings. A dedicated VIP line is utilized to document these issues, which are then forwarded to member services for resolution. The outcomes are provided in written form, creating accountability for both the members and the organization. This approach allows for tracking and reporting the number of issues submitted on a monthly basis. She committed to sharing that data with members and finding resolutions to those issues. Member Byrd asked who would be on the selection committee and how would they be selected. Mr. Oaxaca outlined the proposed composition of the selection committee for the new committees. The committee is envisioned to include a combination of individuals and stakeholders, following the guidance from DHCS. It is expected to consist of CO&E staff, members from the health equity team, and the community benefits program, which provides grants to community-based organizations. Representation from a community-based organization involved in healthcare advocacy and a health plan member, similar to Member Gonzalez's role representing stakeholder groups on the Board, is considered for inclusion in the committee. The aim is to have a diverse group that includes individuals familiar with the current RCAC members and those who bring a fresh perspective but work with or represent the community in various capacities. Member Romo stated that she has many questions and she can speak to Mr. Oaxaca after if possible. She would like to know what will happen to the three RCACs that will be removed. She said if there are fewer RCACs with less members fewer issues will be brought forward. She also had concerns about member stipends. She noted that stipends have not increased in 20 years. She questioned how stipends will be given to new members if the stipends have not been increased for current members. She asked if RCAC members will also be able to participate in roundtable discussions. Mr. Oaxaca addressed several key points, including term limits, committee restructuring, stipend adjustments, and member participation. He clarified that the proposed term limits mirror those of the Board, allowing for a two-year term with the potential for renewal, totaling four years. The goal is to balance the involvement of existing engaged members and newcomers to ensure a diversity of voices. Regarding the reduction from 11 to 8 RCACs, Mr. Oaxaca explained that existing members could apply to a new RCAC corresponding to their current region, maintaining continuity in	

	representation. The stipend adjustments are ntended to reflect increased expectations and align with current standards for compensating committee volunteers. Emphasizing the importance of members not serving on both RCACs and Roundtables, Mr. Oaxaca highlighted the need to open up positions to as many individuals as possible, fostering diverse perspectives. The proposed structure actually provides more positions than the historical average across RCACs. Regarding meeting schedules, Mr. Oaxaca stressed the significance of having productive discussions over simply increasing the number of meetings. The approach aligns with DHCS requirements, offering multiple engagement opportunities for members to discuss issues and bring them to the Board of Governors' attention. The overall aim is to enhance the effectiveness of member participation and representation. Member Sales expressed concern about the term limits and sought clarification on whether, at the end of the two years, members would undergo an election or simply reapply. She inquired about the data collection process, particularly regarding the three districts not mentioned during the meeting. She sought information on where the data from these districts would be sourced. Member Sales personally favored the idea of roundtables focused on specific topics to address community needs more effectively. She emphasized the importance of understanding who the term "we" refers to and whether it includes the community in decision-making processes. Member Sales highlighted the recurring concerns regarding the Brown Act, seeking clarification on the pros and cons associated with its application in the context of the proposed changes. Mr. Oaxaca addressed Member Sales' questions. He explained that the 11 regions and 8 service planning areas (SPAs) both cover the entire county. The difference lies in how data is collected, with L.A. Care working with the county and community-based organizations to gather data based on the 8 SPAs. He emphasized that the 11 regions are smaller divisions but together constitute the whole county. The proposed structure would allow for more focused discussions with members. Mr. Oaxaca agreed with the idea of specific topics for roundtables, ensuring that each roundtable covers an area of importance to its members. This approach aims to provide opportunities for members to engage in topics that matter to them. Regarding term limits, Mr. Oaxaca clarified that members would submit another application at the end of the two years. A selection committee, including L.A. Care staff from various departments, would review applications, conduct interviews, and decide whether a member can continue for another two years. The selection committee would not include RCAC members, and the process aligns with DHCS guidelines. Member Poz inquired about the communication strategy for disseminating information to the members. She expressed concerns about members being confused and reaching out with questions regarding the apparent plan to resume activities in January and the lack of notifications. Her question aimed to understand how the organization is addressing and	

	communicating with the members amid the changes. Dr. Eakins explained that the restructuring involves various elements, including communication and approvals. She highlighted the time constraints imposed by the state, emphasizing the need to implement changes within a specific timeframe. Dr. Eakins acknowledged ongoing conversations and listening sessions with members but stressed the urgency of making decisions to avoid non-compliance with state requirements. She encouraged members to provide feedback on the presented proposals and assured them that their input would be taken into consideration as part of the decision-making process. Dr. Eakins clarified that the goal was to meet both state and DHCS requirements and emphasized the importance of arriving at a final decision to prevent the health plan from falling out of compliance. Member Poz if it is possible to begin with DHCS' requirements first and then staff proposals. Mr. Oaxaca responded by emphasizing that the proposed changes presented in his earlier presentation focused on the "how" rather than the "what." He explained that DHCS provided specific requirements and expectations, leaving it to the health plan to determine the implementation details. Mr. Oaxaca clarified that two of the proposed changes, adjusting the ECAC meeting schedule to match the Board's and pausing the work plan process, were directly tied to meeting the set deadline. He highlighted that other proposed changes were a result of extensive thought and collaboration with the community, mentioning Dr. Eakins' involvement in a statewide advisory committee to gather input on structuring advisory committees. Mr. Oaxaca emphasized that the proposed changes should be considered as a comprehensive package, as compliance necessitates adjustments in how RCACs operate and are structured. Member Lebron thanked the committee for their time and wished them a happy New Year. She stated that she prefers that the RCACs do not follow the Brown Act. She said it would help the presentations and participation is more fluid. She asked for more information regarding the work plans. Mr. Oaxaca explained that the work plan is an annual fund allocation to each RCAC, functioning like a grant program. The funds support organizations addressing significant community needs. He clarified that the proposed pause in the work plan process wouldn't alter RCAC operations but was intended to facilitate the implementation of various changes. If the restructuring, including the division into eight service planning areas, is approved, it would allow new RCACs to assess their regions and utilize available data to identify organizations addressing regional needs for support. In the past $5,000 per RCAC was allocated and that amount may be adjusted. Dr. Eakins explained that the RCACs would cover broader information and confirm collected data during their meetings. She highlighted that roundtables and focus groups would allow for more dedicated time to delve into specific subjects, providing an opportunity for deeper and longer conversations compared to the structured RCAC meetings. Dr. Eakins emphasized that these discussions would help address issues experienced by members, such as concerns related to access and treatment at healthcare	

	providers. She underscored the importance of having open conversations, like the one happening in the current meeting, to gather high-quality feedback and make improvements for the benefit of the over 2,000,000 members served. Mr. Oaxaca explained that the proposed changes would not disrupt the existing connections. He mentioned that the current flow of issues goes from the RCACs to the ECAC and then to the Board of Governors. The proposed addition of roundtables and focus groups would continue to beconnected through the RCACs, ensuring that the flow of information and concerns remains intact from the grassroots level to the highest decision-making body, the Board of Governors.	
PUBLIC COMMENTS		
	Lynnea Johnson submitted the following public comment via chat box: RCAC MEMBERS who were interested to continue on with your NEW Forum 2024 by completing an application after we had voted for the BOG Member Candidacy in 2023, don't the members who have volunteered their services for years, would be selected favored rather than a New member who has not been involved with the issues affecting our Community? *Maria Montes submitted the following public comment via chat box: Maria Montes: My question is very confusing and it would be good to find a simple way and little by little to understand the changes.* *Elizabeth Cooper addressed the issue of term limits for RCAC members and referred to a legal counsel's advice to the Board of Governors in 2009, stating there were no term limits for RCAC members but only for the board. She emphasized the importance of considering legislative processes for implementing changes, suggesting that DHCS would need legislative approval. She urged the ECAC members to invite the Department of Managed Care to provide a presentation, expressing concern about the lack of input from the department and calling for a motion to invite them. She emphasized the need for the ECAC to engage with those who would make decisions. Ms. Cooper highlighted the importance of following the law and involving legislators in decisions affecting the RCACs. She encouraged members to contact their legislators, emphasizing that legislators would have the final say, and suggested that some members might want to seek legislative input. Her comments conveyed a call for legal adherence and legislative involvement in decisions affecting the RCACs.*	

	Ms. McFerson raised concerns about what she perceived as misconduct and corruption within the organization. She emphasized the need for thorough investigation of such issues. Ms. McFerson expressed her intent to record and share the proceedings with the state to shed light on how participants are treated. As a co-Chair with the Department of Mental Health, Ms. McFerson asserted her role in directing staff and influencing decisions related to RCACs and ECACs. She emphasized that decisions about having an RCAC or maintaining the ECAC were within their purview as co-Chairs. Ms. McFerson asserted her authority to dictate staff actions, including the establishment and continuation of advisory committees. She concluded her comment by highlighting her role in organizing events, presenting a flyer as evidence of her involvement. Throughout her statement, Ms. McFerson asserted her position as a co-Chair and the authority she believed she and other co-Chairs held in decision-making processes. *Ms. Saffore supported Ms. Cooper's assertion that term limits did not apply to RCACs based on her participation in the process in 2009. Additionally, she addressed Francisco's discussion on inclusivity, suggesting the creation of a committee specifically for individuals with disabilities who are not on Medicare. Ms. Saffore highlighted the importance of considering the unique needs and perspectives of this particular demographic within the advisory committees.* *Ms. McFerson emphasized her understanding of the advisory committee's rights and the utilization of their budget. She highlighted their authority to request various items and activities for community events using the allocated funds. Ms. McFerson expressed concerns about the decision-making process related to the budget over the past three years, seeking transparency and accountability for the fiscal year's expenditures. She also mentioned the possibility of forming more RCACs, increasing stipends, and maintaining regular meetings to address stakeholders' needs effectively.*	
ADJOURNMENT		
ADJOURNMENT	The meeting was adjourned at 1:20 p.m.	

RESPECTFULLY SUBMITTED BY:
Victor Rodriguez, *Board Specialist II, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY

Ana Rodriguez, ECAC Chair _____
Date 3/13/24

Board of Governors

Temporary Transitional Executive Community Advisory Committee (TTECAC)

Meeting Minutes – February 14, 2024

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

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
Roger Rabaja, RCAC 1 Chair *	Izmir Coello, Interpreter	Alvaro Ballesteros, Board Chairperson, Board of Governors
Ana Rodriguez, TTECAC Chair and RCAC 2 Chair	Henry Cordero, Interpreter	Layla Gonzalez, Advocate, Board of Governors
Lidia Parra, RCAC 3 Chair	Isaac Ibarlucea, Interpreter	Fatima Vazquez, Member, Board of Governors
Silvia Poz, RCAC 4 Chair	Eduardo Kogan, Interpreter	John Baackes, Chief Executive Office, L.A. Care
Maria Sanchez, RCAC 5 Chair	Adriana Martinez, Interpreter	Sameer Amin, MD, Chief Medical Officer, L.A. Care
Joyce Sales, RCAC 6 Chair	Katelynn Mory, Captioner	Francisco Oaxaca, Chief of Communication and Community Relations
Martiza Lebron, RCAC 7 Chair	Andrew Yates, Interpreter	Tyonna Baker, Community Outreach Field Specialist, CO&E
Ana Romo, RCAC 8 Chair		Malou Balones, Board Specialist, Board Services ***
Tonya Byrd, RCAC 9 Chair	<u>PUBLIC COMMENT</u>	Kristina Chung, Community Outreach Field Specialist, CO&E
Damares O Hernández de Cordero, RCAC 10 Chair	JoAnn Cannon, Public ***	Idalia De La Torre, Field Specialist Supervisor, CO&E
Maria Angel Refugio, RCAC 11 Chair	Elizabeth Cooper, Public	Auleria Eakins, Manager, CO&E
Lluvia Salazar, At-Large Member	Nereyda Ibarra, Public ***	Hilda Herrera, Community Outreach Field Specialist, CO&E
Deaka McClain, TTECAC Vice-Chair and At Large Member	Estela Lara, Public ***	Christopher Maghar, Community Outreach Field Specialist, CO&E
	Russel Mahler, Public	Rudy Martinez, Safety & Security Program Manager III, Facilities Services
	Adriana Martinez, Public ***	Linda Merkens, Senior Manager, Board Services
	Kimberly Martinez, Public	Frank Meza, Community Outreach Field Specialist, CO&E
	Pedro Martinez, Public ***	Cindy Pozos, Community Outreach Field Specialist, CO&E
	Andria McFerson, Public	Victor Rodriquez, Board Specialist, Board Services ***
	Maria Montes, Public ***	Farid Seyed, Lead Unified Communication Mobility Engineer, IT Operations & Infrastructure ***
	Raul Montes, Public ***	Prity Thanki, Local Government Advisor, Government Affairs ***
	Demetria Saffore, Public	Martin Vicente, Community Outreach Field Specialist, CO&E
	Dazzling Sanchez, Public	Shavonda Webber-Christmas, Director, Community Benefits, Community Benefit Program ***

* Excused Absent ** Absent
*** Via teleconference

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Ana Rodriguez, *TTECAC Chairperson*, explained the process for making public comments via Zoom chat and a toll-free line for WebEx bridge line listeners. She also mentioned that public members could submit comment cards and that they would be allowed time to speak during the appropriate agenda items. Ms. De La Torre welcomed L.A. Care staff and the public to the meeting and encouraged L.A. Care members with healthcare issues to contact the Member Services Department. Members of the Temporary Transitional Executive Community Advisory Committee (TTECAC), L.A. Care staff, and the public can attend the meeting in-person at the address listed above. Public comment can be made live and in-person at the meeting. A form will be available to submit public comments. Accordingly, members of the public should join this meeting via teleconference as follows: https://us06web.zoom.us/j/81355205145 Teleconference Call –In information/Site Call-in number: 1-415-655-0002 Participants Access Code: 2493 314 7631 (English) Call-in number: 1-415-655-0002 Participants Access Code: 2499 728 9601 (Spanish) For those not attending the meeting in person, public comments on Agenda items can be submitted in writing by email to COEpubliccomments@lacare.org or by calling the CO&E toll- free line at 1-888-522-2732 and leaving a voicemail. Attendees who log on to lacare.zoom using the URL above will be able to use "chat" during the meeting for public comment. You must be logged into Zoom to use the "chat" feature. The log in information is at the top of the meeting Agenda. This is a new function during the meeting so public comments can be made live and direct. 1. The "chat" will be available during the public comment periods before each item. 2. To use the "chat" during public comment periods, look at the bottom of your screen for the icon that has the word, "chat" on it. 3. Click on the chat icon. It will open a window. 4. Select "Everyone" in the to: window. 5. Type your public comment in the box. 6. When you hit the enter key, your message is sent and everyone can see it. 7. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates. 8. L.A. Care staff will read the chat messages for up to three minutes during public comment so people who are on the phone can hear the comment.	

	Your comments can also be sent by voicemail or email. If we receive your comments by 10:00 a.m. on February 14, 2024, it will be provided to the members of the Temporary Transitional Executive Community Advisory Committee at the beginning of the meeting. The chat message, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates. Once the meeting has started, public comments should be submitted prior to the time the Chair announces public comments for each agenda item and staff will read those public comments for up to three (3) minutes. Chat messages submitted during the public comment period for each agenda item will be read for up to three (3) minutes. If your public comment agenda is not related to any of the agenda item topics, your public comment will be read for up to three (3) minutes at item IX Public Comments on the agenda. Please note that there may be a delay in the digital transmittal of emails and voicemails. The Chair will announce when the public comment period is over for each item. If your public comments are not received on time for the specific agenda item you want to address, your public comments will be read at the public comment section of the agenda. The purpose of public comment is that it is an opportunity for members of the public to inform the governing body about their views. The Temporary Transitional Executive Community Advisory Committee appreciates hearing the input as it considers the business on the Agenda. The process for public comment is evolving and may change at future meetings. We thank you for your patience. All votes in a teleconferenced meeting shall be conducted by roll call. If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act please contact the Community Outreach & Engagement staff prior to the meeting for assistance by calling our toll-free line at 1-888-522-2732 or by email to COEpubliccomments@lacare.org. SB 1100 was signed by Governor in August 2022, and added a short section to the Brown Act as Govt Code Section 54957.95 to supplement language already part of the Brown Act : (a) In addition to authority exercised pursuant to Sections 54954.3 and 54957.9, the presiding member of the legislative body conducting a meeting may remove an individual for disrupting the meeting. (b) As used in this section, "disrupting" means engaging in behavior during a meeting of a legislative body that actually disrupts, disturbs, impedes, or renders infeasible the orderly conduct of the meeting and includes, but is not limited to, both of the following: (1) A failure to comply with reasonable and lawful regulations adopted by a legislative body pursuant to Section 54954.3 or 54957.9 or any other law. (2) Engaging in behavior that includes use of force or true threats of force.	

	(54954.3 contains provisions related to public comment time restrictions, and 54957.9 allows the presider to clear the room if the meeting can't continue.) AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION BEFORE THE MEETING AT L.A. Care's Offices at 1055 W. 7th Street, Los Angeles, CA 90017 through the Reception Area in the Building Lobby. Chairperson Rodriguez called the meeting to order at 10:09 A.M.	
APPROVE MEETING AGENDA	Chairperson Rodriguez announced that Al Ballesteros, *Board of Governors, Chairperson*, will give his update before John Baackes, *Chief Executive Officer*. **The Agenda for today's meeting was approved.**	**Approved Unanimously. 11 AYES (Byrd, Cordero, Lebron, Parra, Poz, McClain, Refugio, Rodriguez, Romo, Salazar, and Sanchez)**
APPROVE MEETING MINUTES	Member Deaka McClain stated that at the bottom of page 4 of the November 8, 2023 meeting minutes, the date should read October 3 should be October 13. **The November 8, 2023 meeting minutes were approved with the changes noted above.** **The December 13, 2023 meeting minutes were approved as submitted.**	**Approved Unanimously. 11 AYES** **Approved Unanimously. 11 AYES**
STANDING ITEMS		
SPECIAL GUEST	(*Member Sales arrived at 10:19 A.M.*) Member McClain introduced herself and wished everyone a Happy Valentine's Day. She reminded the public that they have three minutes for their public comment. Alvaro Ballesteros, *Board of Governors, Chairperson*, thanked TTECAC for the opportunity to address and listen to the group. He emphasized the importance of the Board's connection with the public and acknowledged the significance of consumer involvement in L.A. Care Health Plan, considering it a unique feature in Los Angeles. He apologized for a previous meeting where an unplanned closed session ran longer than expected, causing inconvenience to those waiting. Mr. Ballesteros assured that future meetings would adhere	

	to the posted agenda time to prevent such issues. Providing some personal background, he shared his involvement with a nonprofit health organization that caters to LA Care members, the poor, the homeless, and those affected by mental illness and substance abuse. Growing up in Los Angeles, his family relied on Medi-Cal and Medicaid, instilling in him a commitment to improving the healthcare system. Reflecting on the challenges faced by his family, particularly his mother's dependence on Medi-Cal and county hospitals, Mr. Ballesteros expressed a desire to see the healthcare system become more efficient and less challenging for individuals. He noted that many board members share similar backgrounds, bringing valuable perspectives to their roles. As a board member and community member, he highlighted his belief that LA Care Health Plan offers the best opportunity for Medicaid-dependent individuals to have their needs met. He expressed a commitment to incorporating ideas, suggestions, and issues from the community into board-level discussions to better serve the plan's members. Mr. Ballesteros acknowledged the robust structure of LA Care in gathering input from its members, making it uniquely positioned to respond quickly to community needs. He concluded by stating his intention to attend future meetings, engage with the community, and spend time listening to and supporting their needs. <u>PUBLIC COMMENT</u> *Elizabeth Cooper acknowledged Member McClain's reference to the song "What's Love Got to Do with It," stating that business is also a crucial aspect. She then responded to Mr. Ballesteros, noting her past role as one of the Vice Chairs before L.A. Care transitioned to a government entity. Ms. Cooper expressed concern about the lack of public comment and emphasized the importance of respecting the opinions of the people actively participating. She highlighted the need for more opportunities for public input, as the current situation leaves attendees uninformed about committee decisions. Stressing fairness under the enabling legislation, she urged for increased efforts to involve the public in shaping committee meetings. Ms. Cooper underscored the significance of being heard and urged Mr. Ballesteros to take notice of the public's concerns. She specifically addressed the government committee, suggesting that they should be more attentive to the enabling legislation and involve the public in decisions regarding major changes. In conclusion, she thanked the audience and urged greater acknowledgment and consideration for the public's perspective.* *Ms. McFerson expressed gratitude to the Chair for a decision that she appreciated, emphasizing the need for comfortable and accessible meetings for the public. She sought an additional minute for her comment. Ms. McFerson*	

	acknowledged Black History Month and reminisced about past events and outreach efforts related to each region. She expressed concern about the discontinuation of such activities, especially considering the ongoing challenges, including the prevalence of COVID-19 and related deaths in Los Angeles County. Advocating for more events, particularly in Regional Community Advisory Committees (RCACs), she highlighted the importance of providing essential information to save lives. Ms. McFerson praised the warmth of the Chair and stressed the significance of empathy and understanding in healthcare decision-making. She urged the inclusion of RCACs in discussions and criticized the apparent absence of democratic processes, citing a lack of motions and decisions related to the TTECAC. Expressing alarm over the changes that have disrupted open conversations and functional collaboration, Ms. McFerson questioned when the collaborative system, with mutual support and input, would be reinstated. She called for a return to open discussions and collaborative decision-making processes involving the board. Member Lluvia Salazar raised a concern during her public comment, focusing on a healthcare rights issue affecting undocumented Deferred Action for Childhood Arrivals (DACA) recipients. These individuals, known as DACA recipients, were removed from Medi-Cal when their income exceeded $300, which Member Salazar argued is still considered low income. After the supposed transition to Covered California, it was revealed that Covered California does not accept DACA recipients. Ms. Salazar, a single parent, college student, and DACA recipient herself, shared her personal experience of being transferred to Covered California despite qualifying and subsequently being charged. To complicate matters, she received a letter stating that she did not qualify. She highlighted this significant problem, affecting numerous college students and young adults without health insurance who turn to LA Care Health Plan for assistance. Ms. Salazar urged the implementation of proactive measures to address this issue and provide support to the vulnerable population of DACA recipients within the community. Mr. John Baackes acknowledged the identified gap created by the state of California when extending Medi-Cal coverage to undocumented residents. He explained that undocumented individuals can qualify for Medi-Cal if their income is below 138 percent of the federal poverty level. However, if they don't meet this criteria, they are placed on Covered California. The challenge arises because undocumented individuals can't access Covered California due to federal dollars being involved in subsidies, and the federal government does not support undocumented residents being in Medicaid. Mr. Baackes clarified that for California to address this issue, the state would need to pass a law and allocate money to subsidize Covered California with state dollars, as the problem lies in the lack of state funding for the subsidy in Covered California. Unfortunately, as a qualified health plan in Covered	

	California, LA Care Health Plan must adhere to the rules set by the program. He expressed the difficulty in addressing this situation but acknowledged the gap identified by Member Salazar. Mr. Baackes mentioned ongoing efforts to lobby for changes in Sacramento, emphasizing that it's a state-level problem rather than a federal one. He mentioned the need for federal government support for undocumented residents in Medicaid. In closing, he clarified that New York and California are among the few states paying for undocumented residents to be in Medicaid or Medi-Cal, and he expressed the need for broader access to address this challenge. Member Salazar responded by acknowledging the complexity of the issue raised by Mr. Baackes. She noted her involvement in fighting for the law that extended health insurance coverage to undocumented adults aged 50 and over in Sacramento. Drawing on this experience, she expressed a determination to advocate for the cause, emphasizing that undocumented immigrants do qualify for Medi-Cal. Member Salazar stressed the personal impact of this issue on herself and many DACA recipients who currently lack health insurance. She highlighted the productivity of these individuals and affirmed her commitment to fighting for their access to health coverage. Her involvement in past advocacy efforts served as a motivating factor for her continued commitment to addressing the healthcare coverage challenges faced by the undocumented population. Mr. Baackes agreed, acknowledging the state's liberal approach to extending coverage to the undocumented population. He suggested that the current gap might be an oversight as it involves a relatively recent cohort. Mr. Baackes expressed a commitment to continue lobbying for the issue, assuring that they would represent this position in Sacramento. In a lighthearted manner, he suggested involving Member Salazar in the advocacy efforts, humorously mentioning the possibility of her joining them with "pitchforks and torches" to emphasize the urgency of the cause. Mr. Ballesteros asked Mr. Baackes if other health plans that are similar to L.A. Care also have this on their radar. Mr. Baackes asserted L.A. Care's leadership role in addressing the healthcare coverage issue for undocumented residents. Highlighting the substantial population and enrollment in LA Care, he stated that about 18 percent of the total enrollment consists of undocumented residents, making it the largest cohort in a Medi-Cal managed plan in the state, both in terms of percentage and numbers. Mr. Baackes emphasized the need to communicate this information to other stakeholders and encourage their advocacy, considering the impact of coalition efforts, such as during the MCO tax discussions. He highlighted the importance of educating others about the stranded population of undocumented residents and mentioned ongoing efforts to gather data on the cohort's size. He expressed confidence that presenting this data to legislators, demonstrating the number of individuals left without coverage, would help garner support for addressing the issue. Mr. Ballesteros stated that Member Salazar's brings a valid point that can be brought up to the Board for support.	

	Member Refugio expressed gratitude to Mr. Ballesteros for his presence and shared appreciation for the significance of his involvement in the L.A. Care meetings, considering him an important figure. She thanked him for sharing his childhood experiences, believing that it helps him understand the needs of L.A. Care members, most of whom are low-income individuals under Medi-Cal. Member Refugio acknowledged the ability of undocumented individuals in California to access medical services, expressing confidence that Mr. Ballesteros understands their needs. She highlighted the challenges faced by L.A. Care members and requested Mr. Ballesteros's support in voting against reducing the RCAC meetings from 11 to 8 and changing their frequency to quarterly instead of every 2 months. She hoped that his vote would contribute to improvements benefiting all L.A. Care members. Member Refugio also expressed a desire to see Mr. Ballesteros more frequently, similar to Mr. Baackes, and thanked him for being present at the meeting. Member Byrd expressed her perspective on the Medi-Cal system, describing it as broken, emphasizing the challenges faced by recipients. Member Byrd shared her personal experience, noting that even her dentist dropped her due to low insurance payments, which she found insulting. As the Chair of RCAC 9, Member Byrd highlighted the large Cambodian community she represents. She expressed concerns about the lack of clarity regarding Mr. Ballesteros' planned visits to the RCACs, pointing out that there are no scheduled RCAC meetings until June. She conveyed a growing sense of urgency in addressing systemic racism within Medi-Cal, specifically mentioning the disparities faced by Black African Americans, Black women, and communities like Hispanic and Cambodian. Member Byrd sought clarity on the timeline for upcoming events and emphasized the need to address and stop the systemic racism present in the Medi-Cal system. Mr. Ballesteros responded to Member Byrd's concerns by expressing gratitude for her comments and acknowledging that the challenges within the community are not always smooth. He mentioned Mr. Baackes might provide additional insights into the issues being discussed. Mr. Ballesteros agreed with Member Byrd, recognizing that challenges persist in the community, and he expressed regret over hearing about her negative experiences. Mr. Ballesteros, speaking from his role as the head of an agency, encouraged individuals to keep working towards addressing these challenges. He suggested that, when facing issues with providers, it is essential to communicate experiences to bring attention to the problems. While recognizing that not all providers may be open to feedback, he emphasized the importance of individuals with challenges being the most significant contributors to improving the system. Mr. Ballesteros expressed his appreciation for Member Byrd's comments and reiterated the commitment to making healthcare services better by addressing and learning from the challenges faced by the community. Mr. Baackes responded to Member Byrd's comments, addressing specific concerns she raised. He acknowledged the issue of providers dropping patients due to low compensation from	

	Medi-Cal, recognizing that the reimbursement rates are considerably lower than those of Medicare or commercial insurance. Mr. Baackes highlighted L.A. Care's role as an advocate for providers, striving to ensure they receive fair compensation. He informed Member Byrd that L.A. Care had undertaken efforts to increase Medi-Cal funding, and through leadership in the state budget, a process had been initiated. This process, though unfolding over three years, represents the first increase in Medi-Cal funding in California in 25 years. Mr. Baackes emphasized the organization's commitment to addressing issues like low compensation and working towards improving the situation for both providers and members. Regarding providers' behavior, Mr. Baackes acknowledged that within L.A. Care's extensive network of 19,000 providers, there might be instances of a lack of empathy or inappropriate conduct. He assured Member Byrd that L.A. Care takes such cases seriously and would take action against providers displaying egregious behavior, including removing them from the network if necessary. Mr. Baackes expressed appreciation for Member Byrd's comments, emphasizing L.A. Care's commitment to hearing and addressing the concerns of its members. Member McClain expressed gratitude to the Chair for attending the meeting, appreciating the symbolic significance of his presence as a demonstration that he sees and values the community. She acknowledged the Chair's active engagement, emphasizing the importance of actions aligning with words. Member McClain, also part of RCAC 9 in Long Beach, echoed concerns raised by another member about the challenges faced by individuals having both Medi-Cal and Medicare but not having them integrated under L.A. Care. She highlighted issues where some doctors may not accept Medi-Cal, causing difficulties for individuals in accessing care. Member McClain recognized that this might not be directly within Mr. Ballesteros' purview but suggested that L.A. Care could play a role in addressing these challenges. She brought attention to the perceived systemic issues, describing instances where individuals with dual coverage face judgment or different treatment, emphasizing the need for equal and unbiased care regardless of insurance status. Member McClain raised a logistical concern about the order of closed sessions during board meetings, proposing the possibility of allowing community members to enter after the closed session to avoid extended waiting times. She acknowledged that the inconvenience wasn't the Chair's fault but wanted to highlight it for consideration. Mr. Ballesteros took responsibility for the inconvenience caused during the closed session, acknowledging that he could have managed it better. He expressed a commitment to address the issue, stating that they will assess the agenda items for the first closed session hour and continue any unfinished business at the next meeting to avoid inconveniencing attendees. Member McClain raised a concern about the need for additional time during medical appointments for individuals with disabilities and seniors. She emphasized that these groups often feel rushed during visits and suggested that LA Care could play a role in facilitating	

	more time for patients to ensure they feel heard by their healthcare providers. Mr. Baackes responded to Member McClain's concerns by addressing the issue of dual eligible and the challenges they face with separate plans. He explained that LA Care is actively working to address this problem and aims to have all eligible individuals enrolled in a single plan for both Medicare and Medi-Cal. He provided information about the scheduling of meetings, suggesting that participants can join at 2:00 P.M. to avoid inconveniences during the initial closed session. Mr. Ballesteros emphasized the importance of treating everyone with respect, especially individuals seeking medical services. He expressed his commitment to ensuring that people receive care with dignity and respect, acknowledging the significance of addressing the needs of those seeking help without making them feel neglected or unimportant.	
UPDATE FROM CHIEF EXECUTIVE OFFICER	Mr. Baackes provided several updates during the meeting, highlighting important points. He acknowledged Chairman Ballesteros' extensive experience as the CEO of the JWCH system, emphasizing the value of his insights. Mr. Baackes informed the ECAC about the ongoing redetermination process, noting that a significant number of individuals have been recertified or exited the process. He discussed the initiation of an accessible equipment fund, addressing the need for equipment for individuals with disabilities in clinics. This fund, amounting to $450,000, aims to provide accessible tables and scales for approximately 0.45 sites. The launch of this fund is expected by the end of the month. Additionally, Mr. Baackes addressed concerns about changes to RCACs dictated by a new contract with the state. He outlined a comprehensive plan to engage with RCACs, seeking their input on the proposed changes. The process involves presentations at each RCAC meeting, with members providing feedback, forwarding comments to the ECAC through their Chairs, and ultimately considering recommendations before reaching the Board of Governors. While acknowledging a potential delay in meeting the state's deadline, Mr. Baackes emphasized the importance of getting stakeholders' input to make informed decisions. <u>PUBLIC COMMENT</u> *Elizabeth Cooper addressed Mr. Baackes during her public comment, expressing concern about the lack of input from the Governance Committee and emphasizing the role of the committee in overseeing matters affecting the RCAC. She called for evaluations of staff members after each meeting, emphasizing the importance of assessing their performance in dealing with members' concerns. Ms. Cooper pointed out instances where senior staff failed to return calls, highlighting the need for improved communication. She acknowledged Mr. Baackes as a popular CEO for his listening skills but stressed the importance of staff understanding their role and being available to address members' needs. Ms. Cooper concluded her comment by expressing her expectation for a*	

	response from Mr. Baackes and ensuring the record reflected her concerns under the ADA. Mr. Baackes responded, acknowledging Ms. Cooper's concerns and informing her that the RCAC meetings would be reinstated over the next two months to review the proposal. He explained that once the new changes were adopted and incorporated, the RCAC meetings would return to their regular routine session. Member McClain made an announcement addressing concerns related to accommodating the ADA (Americans with Disabilities Act). She clarified that the delay in providing accommodations is not intentional but is due to time constraints during the meetings. McClain emphasized the challenge of managing time while ensuring ADA accommodations and expressed her intention to bring attention to the matter. *Ms. McFerson discussed the challenges faced by members with chronic illnesses and the importance of peer-to-peer communication within RCACs. She highlighted the need for discussions beyond financial matters, focusing on the healthcare needs of individuals with various ailments. Ms. McFerson questioned the decision to have only two RCACs this year and sought clarification on the authority making such decisions, emphasizing the impact on life-saving access and the decisions affecting members' lives.* Mr. Baackes responded to Ms. McFerson, expressing responsibility for the actions of the 2100 employees at L.A. Care. He assured her that he was attentive to the concerns raised and mentioned the reinstatement of RCACs in their original format. Mr. Baackes emphasized that these forums provided an opportunity for members to voice their community's concerns, emphasizing the importance of representing the broader community rather than personal experiences. He acknowledged the state requirements that LA Care needed to address and committed to making clear proposals during the RCAC meetings. Mr. Baackes highlighted the presence of senior executives at these meetings to ensure diverse perspectives in presenting the proposed changes. *Ms. McFerson highlighted LA Care's growth into the largest public insurance company through the advocacy facilitated by the RCACs. She emphasized the importance of discussing personal illnesses within the limited time provided during the meetings.*	

	Mr. Baackes explained that the time limits for public comments during regular RCAC meetings could be determined by the RCAC members themselves, allowing more flexibility compared to the constraints imposed by the Brown Act during public meetings. Member McClain expressed gratitude for the reinstatement of RCACs and appreciated Mr. Baackes' willingness to take the necessary steps, even if it means informing the state about missing deadlines. She emphasized the importance of continuing the conversation after the RCAC meetings in the upcoming months, where members can gather information, vote, and contribute to the decision-making process.	
UPDATE FROM CHIEF MEDICAL OFFICER	Sameer Amin, *MD*, gave the following update: Dr. Amin delivered a detailed update on the COVID-19. He acknowledged the importance of booster shots and provided an overview of the infection rate in Los Angeles County. Dr. Amin highlighted a significant surge in COVID cases between November and December of 2023 but assured the audience that the infection rate was gradually decreasing in January, with an anticipated continuation in February. The health education efforts were emphasized, with COVID-19 vaccination information being incorporated into various touchpoints of L.A. Care's flu campaign, including calls to businesses, email blasts to exchange members, social media campaigns, and the member newsletter. The fight against the flu web page was also utilized to disseminate information. Community Resource Centers (CRC) played a crucial role, serving as places for both information and vaccination. L.A. Care organized flu events, distributing COVID-19 vaccines alongside providing free COVID-19 test kits at many community resource centers. The pharmacy network collaboration was highlighted, ensuring vaccine promotion through fliers, texting, and phone calls. Dr. Amin detailed the efforts made through the nurse advice line, addressing respiratory issues related to COVID-19. Monitoring calls in November and December, the team engaged with members, directing them to urgent care or primary care based on the severity of symptoms. Dr. Amin spoke about ongoing efforts to strategize and address the pandemic and noted a meeting with the Los Angeles County Department of Health on January 10 that was meant to focus on these efforts. Coordination with the Department of Public Health, leveraging their messages through LA Care's channels, was highlighted. Future campaigns were being updated to address COVID-19, flu, and other respiratory viruses collectively. Additional interventions were presented, focusing on community centers for boosters, messages in renewal postcards, targeted text messages to unvaccinated members, and website updates. A new public education campaign, involving Star Trek, was in the works, with Dr. Amin expressing enthusiasm for its potential impact on encouraging vaccinations. <u>PUBLIC COMMENT</u>	

	Elizabeth Cooper expressed gratitude for Dr. Amin's presentation but shared a heartfelt concern about her developmentally disabled son, an L.A. Care member who has been unwell. She tearfully mentioned her struggle to obtain a COVID-19 shot for him, as his current doctor is unwilling to provide it. Due to her son's seizures, most pharmacies are hesitant to administer the vaccine. Ms. Cooper mentioned her plan to take her son to Kendra, a pharmacy known for its positive approach to such cases. She emphasized the urgency of the situation, seeking guidance on what steps she could take to ensure her son receives the COVID-19 shot. Dr. Amin responded that he will reach out to the Case Management team to help her. *Andria McFerson expressed gratitude for the updates and shared a positive experience related to a previous discussion about a CPAP machine during the Board of Governors meeting. She highlighted a friend with a mental illness who struggled with expressing himself and obtaining medication coverage for his lung disease. Despite frequent hospitalizations and life-threatening situations, the medical team initially deemed his life over and rendered him unresponsive with anesthesia. Ms. McFerson passionately recounted how she fought for her friend's voice, staying by his side even amid the risk of contracting COVID-19. Eventually, L.A. Care's decision to cover the CPAP machine proved to be life-saving, providing essential oxygen accessibility and demonstrating the crucial impact of coverage decisions on individuals' lives.* Dr. Amin expressed gratitude for the positive comment and acknowledged L.A. Care's ongoing transformational change in health services. He highlighted the dedication to improving healthcare quality and ensuring timely decisions on prior authorizations. Dr. Amin mentioned significant increases in staffing within the utilization management and case management teams to address the specific issues raised. The establishment of a new division for transition of care aims to provide necessary medications and durable medical equipment, including CPAP machines, as members leave the hospital. Dr. Amin emphasized the substantial efforts being made, comparing L.A. Care to a large ocean liner, where changes may not be immediately apparent, but over time, positive movement becomes evident. He expressed optimism about L.A. Care's course and commitment to positive change. Member Sales expressed concern about a documentary, "Anecdotal," showcased at the Pan African Film Festival, directed by Jennifer Shot. The film highlighted individuals facing health issues after taking the Pfizer vaccine, with some experiencing severe consequences like loss of livelihoods, becoming wheelchair-bound, and deteriorating nervous systems.	

	Sales emphasized the struggles depicted, including one woman's mention of contemplating suicide due to overwhelming pain and illness. The concern raised involved these individuals reaching out to medical authorities and facing censorship or being labeled unethical for expressing their health concerns. Sales sought thoughts on these challenges, referencing reactions from medical professionals, political figures, and vaccine advocates. Dr. Amin acknowledged the importance of not silencing voices and recognized the diverse experiences within the medical community. Dr. Amin emphasized that nothing in the world, including medical treatments, is 100% safe, and decisions are based on whether the benefits outweigh the risks. He explained that physicians consider the overall population health and recommend treatments when they believe the majority will benefit, even though individual cases may experience adverse effects. The key criterion is assessing whether the benefits of a treatment outweigh the potential risks on a population scale	
BOARD MEMBERS REPORT	Ms. Vazquez and Ms. Gonzalez gave a Board Members Report. They began by thanking all the ECAC and RCAC members here today. They hope that they all had a happy holiday season and happy New Year. They wish everyone a Happy Lunar New Year, Valentine's Day and Black History Month. The Board of Governors met on February 1. Approved meeting minutes for previous Board meetings can be obtained by contacting Board Services and meeting materials are available on L.A. Care's website. The list of motions approved at that board meeting can be obtained from CO&E. Thank you to the RCAC members that joined the Board Meeting in person or virtually. We were happy to see members there and we appreciated hearing their public comments. Public comment gives Board Members the opportunity to hear from members and helps improve services for members. These members attended the Board Meeting in person: 1. Ana Rodriguez (R2) 2. Silvia Poz (R4) 3. Hercilia Salvatorre (R4) 4. Demetria Saffore (R4) 5. Russell Mahler (R4) 6. Joyce Sales (R6) 7. Maritza Lebron (R7) 8. Deaka McClain (R9) 9. Damares O Hernandez de Cordero 10. Lynnea Johnson (R5) o In his CEO report, John Baackes gave an update on redetermination-process. He also gave an update on Medí-Cal expansion to undocumented adults 24-49. o Cherie Compatore gave an update on current legislation. She stated that the MCO tax is now in the next phase to gather signatures to be placed on the ballot.	

	○ Dr. Amin gave a Chief Medical Officer report, he encouraged members to get their booster shot to bolster the immune system for COVID-19, the flu, and RSV. He gave an update earlier today. ○ Dr. Brodsky gave a presentation about field medicine and the steps L.A. Care is making in a joint initiative. The collaboration led to identifying key areas of focus and efforts to expand access to longitudinal primary care. ○ Various members gave their comments on how difficult it was to understand the upcoming changes to the RCAC structure and made their wishes known that they would like the RCAC's to continue meeting to have their voices heard. PUBLIC COMMENT *Ms. Cooper expressed gratitude to the board members for their report. She specifically thanked Layla and the two other board members, appreciating the representation on the board regardless of agreement or disagreement. Ms. Cooper thanked the chair and noted her appreciation for the lollipop, humorously mentioning that it was the only Valentine's gift she received.* *Andria McFerson encouraged the Board representatives to attend RCAC meetings and ensure a comfortable environment for members to speak up and make decisions. She emphasized the importance of understanding the Brown Act and Robert's Rule of Order and expressed concerns about feeling reluctant to voice opinions or ask questions during previous sessions. Ms. McFerson highlighted the need for RCAC members to feel respected and encouraged staff to honor their right to speak and vote, sharing her commitment to speaking up for the benefit of all members.*	
COMMUNICATION AND COMMUNITY RELATIONS DEPARTMENT **Community Engagement Model Discussion and Updates**	Francisco Oaxaca, *Chief, Communication and Community Relations* gave a Community and Community Relations Department update. Mr. Oaxaca began speaking about the scheduling of RCAC (Regional Community Advisory Committee) meetings. These meetings are scheduled to take place at the end of the current month and extend into March and April. Members and their representatives will receive information about the specific dates for these meetings. Mr. Oaxaca mentioned that the RCAC meetings will mostly be held at local community resource centers, similar to previous arrangements. He expressed anticipation in seeing all the members and their representatives at these meetings over the next two months. He concluded his update by opening the floor for any questions, mentioning that he would be available until 12:10 for inquiries. PUBLIC COMMENT	

	Elizabeth Cooper expressed gratitude for the information provided during the meeting, particularly about the RCACs and their upcoming activities. She thanked all those involved, including the ECAC, the public, and the leadership, for the efforts in reinstating the RCACs. Ms. Cooper emphasized the importance of these committees in discussing community issues. Despite keeping her comment brief, she conveyed the significance of having a platform for addressing and discussing relevant matters within the community. *Andria McFerson expressed appreciation for Francisco Oaxaca's presence and responsiveness. She raised important questions about the upcoming RCAC meetings, specifically inquiring whether members would have access to the Brown Act and Robert's Rules of Order. Ms. McFerson emphasized the need for RCACs to actively participate in decision-making regarding their future, ensuring access to intercommunication rather than merely having listening sessions. She highlighted concerns about the effectiveness of previous listening sessions and stressed the importance of RCACs having a voice and a role in the decision-making process. Ms. McFerson questioned whether RCACs would be scheduled for the rest of the year and if members would have access to agendas. She also requested dedicated time on the agenda for discussing personal issues, health matters, and member concerns. She advocated for Chairs to have the authority to make agenda decisions, emphasizing the significance of allowing RCAC members to actively contribute to discussions and decisions.* Mr. Oaxaca clarified that the RCAC meetings would adhere to the Brown Act and Robert's Rules of Order, maintaining the same process as in the past. He acknowledged the importance of raising issues, but cautioned against discussing individual personal matters due to privacy concerns. Mr. Oaxaca emphasized that while individual issues might not be suitable for public forums, participants were encouraged to share broader experiences related to their communities and lived experiences. He assured the attendees that the LA Care team is eager to address issues affecting members and communities, urging participants to bring up concerns that could lead to positive changes. Mr. Oaxaca reiterated the need to maintain privacy and confidentiality while discussing health-related matters, emphasizing that the RCAC meetings would continue to provide a platform for addressing broader community issues. Member Refugio asked Mr. Oaxaca if the Chairs would receive everything in writing so they can share this information with their RCAC members. Mr. Oaxaca responded that staff will be sharing that information.	

	Ms. Gonzalez inquired about the possibility of having a representative from the call center present at each RCAC meeting. Her question aimed to explore the option of addressing members' issues promptly during the meetings by having a direct point of contact from the call center available. Mr. Oaxaca responded by explaining the current process, stating that having staff members present at all ECAC meetings is not feasible. However, there is a VIP line available specifically for ECAC members during their advisory meetings. This line serves as a direct connection to members of the customer service center, allowing immediate addressing of any issues raised during the meetings. Member McClain asked for clarification on the assistance available to members during RCAC meetings. She highlighted the effectiveness of having help navigators present during meetings, providing one-on-one support to address concerns. Member McClain emphasized the importance of bringing back help navigators for future meetings, both during temporary situations and regular sessions, to ensure continued support for members in navigating their healthcare needs. Mr. Oaxaca assured Member McClain that moving forward, all RCAC meetings would take place at local community resource centers, each equipped with a full-time customer service center Health Navigator. This arrangement ensures that members attending RCAC meetings will have direct access to on-site customer service representatives for immediate assistance with their healthcare-related inquiries. Ms. De La Torre provided information about a new process implemented during the period when meetings were on hold. Health navigators have established a VIP email address for CO&E, facilitating a streamlined approach for members to address personal issues. Members can contact their assigned field specialist, share relevant information, and have the health navigators connect with them via email. This method ensures a documented record of concerns raised through the advisory committee, offering a more organized approach to addressing member issues. Ms. De La Torre emphasized the ongoing encouragement for members to attend CRCs but highlighted this additional avenue for those seeking assistance or facing challenges.	
MEMBER ISSUES	<u>PUBLIC COMMENT</u> *Elizabeth Cooper voiced her concerns during the meeting, emphasizing the need for increased focus on developmentally disabled individuals within the L.A. Care membership. As a single parent of an adult with developmental disabilities, she urged the TTECAC members to pay attention to the unique challenges faced by parents and family members of developmentally disabled individuals. Ms. Cooper called for greater advocacy and support for these issues, expressing the expectation that TTECAC members would represent and address the specific needs of this community. She requested that this matter be included on the agenda for future discussions.*	

	Andria McFerson spoke about her personal experience with the pandemic by wearing a shirt that reads "I survived." She emphasized the importance of discussing such issues openly within the public domain and advocated for diverse conversations with LA Care's Outreach and Engagement Department and the RCACs (Regional Community Advisory Committees). Ms. McFerson proposed the idea of LA Care organizing events in each region to celebrate the resilience of the community throughout the pandemic. She stressed the significance of recognizing people's strength and importance regardless of their experiences. Moreover, McFerson emphasized the role of outreach in providing essential medical information, particularly for undocumented individuals who may lack access to such resources. She drew attention to the need for disseminating new information to the undocumented population and highlighted various resources available for the homeless and those dealing with chronic illnesses and mental health issues. McFerson specifically pointed out the challenges faced by the Black community in these aspects. Ms. McFerson expressed her willingness to speak up for important issues, commending the LA Care team for dealing directly with member issues. She reiterated her commitment to advocacy and thanked the team for their efforts. *Demetria Saffore addressed a critical aspect of member issues during her public comment. She expressed concern about the limited size of the provider network, noting that L.A. Care currently has slightly over 5,500 providers to serve nearly 3 million people. Saffore emphasized that this small network poses a significant obstacle to providing adequate care for all members. She highlighted the importance of addressing this issue, asserting that customer service solutions alone would not resolve problems related to access to care. Ms. Saffore concluded by seeking information on L.A. Care's plans to broaden the provider network and alleviate the challenges associated with access to healthcare services.* Silvia Poz raised a concern during the meeting related to Call the Car. She shared an incident involving a member who had an appointment scheduled on a Saturday, but Call the Car indicated a different address. Despite the member confirming the address, there was a discrepancy, leading to confusion. The member had to wait until Monday to contact L.A. Care and inquire about the issue. Additionally, when expressing the desire to file a grievance, the caller card representatives claimed to be unaware of the matter, stating they had no record of the member's concern. Member Poz highlighted this incident as a point of concern regarding the accuracy and effectiveness of the caller card system. Ms. De La Torre	

	asked that she reach out to her Field Specialist so they can get assistance with using the VIP member service line. Ms. Vazquez expressed gratitude to LA Care Health Plan for implementing measures to assist members with visual impairments, such as providing cards with larger letters for easier readability. She also commended the plan for distributing new cards to members and emphasized the importance of ensuring that all members receive their LA Care cards promptly. Ms. Vazquez appreciated LA Care's efforts to inform individuals aged 26 to 49 about the various coverage options available for applying for medical insurance. She highlighted the need for effective communication channels, including online platforms, to reach a broader audience within the community. Ms. Vazquez inquired about the availability of special tables for people with disabilities and requested a list of clinics offering such services in the county, seeking information on their locations.	
OLD BUSINESS		
L.A. CARE'S EMERGENCY PREPAREDNESS TRAINING	Rudy Martinez, *Safety & Security Program Manager III, Facilities*, gave an Emergency Preparedness Training (*a copy of the full written presentation can be obtained from CO&E*). PUBLIC COMMENT ***Elizabeth Cooper expressed gratitude for the presentation and emphasized the need for attention to her comments. She directed her remarks to Board Chair, Mr. Ballesteros, advocating for each RCAC member to receive funds for emergency kits, particularly for situations like earthquakes. Cooper highlighted the financial constraints faced by many low-income members who may struggle to afford such kits on their own. She requested the board to set aside money under CEO direction to ensure that each RCAC member has access to an emergency kit, contributing to their safety and well-being.*** Mr. Martinez expressed agreement with Mr. Cooper's suggestion regarding emergency kits for RCAC members. He acknowledged that this idea had been raised before and emphasized its importance, particularly given his background in safety and security. Mr. Martinez encouraged immediate action on this proposal, highlighting the limited number of individuals who currently have emergency kits at home. He committed to working on the initiative and, if possible, incorporating it into the budget. Member Salazar asked what staff and members would do if there was an earthquake and bridges collapsed. Mr. Martinez responded by saying everyone may have to pivot and come up with a plan B. The point is they want meet up to ensure everybody is okay and got out of the building, those are the two biggest concerns that everybody is okay and got out of the building.	

	Member Sales suggested expanding the focus beyond earthquake kits and proposed incorporating CPR training and certification for RCAC members upon their return. She acknowledged that this might have been done previously but emphasized the importance of staying current due to expiration dates on completion cards. Additionally, Sales raised a concern about seniors lacking emergency contacts, particularly those without family members or spouses. She sought suggestions for optional emergency contacts in such situations, acknowledging that many of the older population might have lost friends. Mr. Martinez acknowledged the challenge posed by the lack of emergency contacts for some seniors. He highlighted Ms. McFerson's example of assisting a neighbor without an emergency contact. Mr. Martinez encouraged individuals in such situations to consider reaching out to neighbors or contacting resource centers for guidance, expressing the need for further thought on this challenging issue. PUBLIC COMMENT *Andria McFerson expressed gratitude for the information provided during the meeting and emphasized the importance of sharing personal stories to improve health outcomes. Despite her reluctance to use the word "I," she encouraged individuals to speak openly. McFerson suggested the implementation of bracelets by LA Care with personal information such as the wearer's name, doctor's details, and emergency contact information. These bracelets would aid in emergencies, especially for individuals with specific health conditions, facilitating communication and assistance. She recommended discussing this idea in the RCAC and incorporating it into the agenda for further consideration.* Member McClain raised concerns about accessibility, highlighting issues with heavy doors that cannot be easily opened and the absence of push-button doors, particularly emphasizing the lack of accessibility features for individuals with disabilities. Ms. McClain urged further investigation into funding sources for installing push-button doors. Additionally, she expressed worry about the need for more wheelchairs in emergencies, especially considering potential challenges posed by a bridge. The member suggested obtaining additional wheelchairs and emphasized the importance of addressing concerns related to evacuation chairs, urging L.A. Care to make them available and ensure staff is trained in their use to enhance safety for people with disabilities and seniors during emergencies. Rudy Martinez responded to Member McClain's concerns by explaining that all public meetings are now held on the ground floor for accessibility. He assured that the new building is also being designed to prioritize accessibility. Regarding evacuation chairs, Martinez mentioned ongoing discussions, noting that there is currently no code requirement	

	for them. He acknowledged concerns about potential litigation issues and emphasized the importance of considering all feedback before making a final decision on implementing evacuation chairs and mandatory training.	
	FUTURE AGENDA ITEM IDEAS	
	Member Deaka McClain suggested a future agenda item, proposing that the state representatives visit the RCAC meetings to discuss and address the changes and concerns raised during the meetings. She emphasized the importance of seeking input from the state and determining the best course of action moving forward.	
	PUBLIC COMMENTS	
	Elizabeth Cooper expressed concern about the lack of reference to public comments made by ECAC members in the discussions. She recommended that ECAC members take note of these public comments and consider incorporating relevant items into future agenda discussions. Ms. Cooper specifically suggested discussing the possibility of inviting representatives from the Department of Managed Care to hear consumer perspectives, emphasizing the importance of state input before implementing changes. *Andria McFerson highlighted the need for TTECAC members to have time for suggesting future agenda items. She emphasized the importance of raising motions and discussing proposals related to the new proposal presented at the RCACs. Ms. McFerson suggested that even if a motion is tabled, it allows for open conversation on the topic. Additionally, she brought attention to the idea of emergency bracelets, proposing various options for discussion, such as velcro patches or phone attachments. Ms. McFerson stressed the importance of open conversations during RCAC meetings to address various suggestions from attendees, including parents and individuals with children.*	
	ADJOURNMENT	
ADJOURNMENT	Member Refugio thanked Mr. Ballesteros for attending and that she hopes he visits TTECAC and RCAC meetings often. The meeting was adjourned at 1:20 P.M.	

RESPECTFULLY SUBMITTED BY:
Victor Rodriguez, *Board Specialist II, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY

Ana Rodriguez, ECAC Chair
Date 3/13/24

EXECUTIVE COMMITTEE

Board of Governors
MOTION SUMMARY

Date: April 4, 2024 **Motion No. EXE 100.0424**

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

Requesting Department: Strategic Planning

Issue: To approve delegated authority to the Chief Executive Officer, John Baackes, to issue up to $2 million in Elevating the Safety Net funds to Catalina Island Health (CIH) to support safety net access to health care for L.A. Care members.

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

Background: L.A. Care is responsible for serving its members who live on Catalina Island. Catalina Island Health (CIH) is the sole hospital, emergency room, and primary care clinic on the island. Without this facility, residents and visitors to the island must travel by helicopter or boat to access care. CIH is currently facing financial hardship due to significant inflation, low Medi-Cal reimbursement, and ineligibility for meaningful Medi-Cal supplemental payments. They are facing potential insolvency and may be forced to cease operations as soon as June 2024. Closure or reduction in service would have the worst impact on those in poor health, seniors, and people experiencing poverty. This grant will assist CIH in providing continuity of service for its vulnerable Medi-Cal patients while it develops longer-term financial solutions.

Member Impact: Supporting CIH is consistent with L.A. Care's mission of ensuring access and providing high quality care to vulnerable and low-income populations in underserved areas.

Budget Impact:

Motion: **To approve delegated authority to Chief Executive Officer, John Baackes, to issue up to a $2 million award to Catalina Island Health to support safety net access to health care for L.A. Care members living on Catalina Island.**

BOARD OF GOVERNORS
Executive Committee
Meeting Minutes – February 28, 2024

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

Members

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

Management/Staff

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

**Absent ** Via Teleconference*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Ilan Shapiro, MD, *Vice-Chairperson,* called to order the regular meetings of the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee regular meetings at 2:10 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, L.A. Care is glad that they provided input today. The Committee will hear their comments and the Committee also needs to finish the business on the Agenda today. • For people who have access to the internet, the meeting materials are available at the lacare.org website. If anyone needs information about how to locate the meeting materials, they can reach out to L.A. Care staff. • Information for public comment is on the Agenda available on the web site. Staff will read the comment received in writing from each person for up to three minutes. • Public comment will be heard before the Committee discusses an item. If the comment is not on a specific agenda item, it will be read at the general Public Comment. He provided information on how to submit a comment in-person, or using the "chat" feature.	
APPROVE MEETING AGENDA	The Agenda for today's meeting was approved.	**Approved unanimously.**

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
		3 AYES (Booth, Raffoul and Shapiro)
PUBLIC COMMENT	There were no public comments.	
APPROVE MEETING MINUTES	Committee Member Booth inquired about information regarding the proposed restructure of the consumer advisory committees that was to be provided to the Committee. Noah Paley, *Chief of Staff*, responded that work is ongoing to adjust and refine the proposal. Meetings are scheduled with the Regional Consumer Advisory Committee members to communicate and get feedback on the current refined changes. After that process is complete, the changes will be reviewed by the Executive Community Advisory Committee (ECAC). ECAC can then send a recommended motion to the Board of Governors. Committee Member Booth asked about information related to California Department of Health Care Services (DHCS) contractual mandates and staff recommendations. Mr. Paley indicated that staff has prepared a chart showing the DHCS mandates and staff recommendations to operationalize the DHCS contractual requirements that will be available for review by the Board members and the consumer advisory committee members. The minutes of the January 24, 2024 meeting were approved as submitted.	**Approved unanimously.** **3 AYES**
CHAIRPERSON'S REPORT	Vice Chairperson Shapiro noted that the redetermination of eligibility for Medi-Cal is ongoing and Medi-Cal eligibility has been expanded to undocumented California residents ages 26 to 49 years old. L.A. Care continues to transmit a message to the community that it will help with enrollment and make sure health care is accessible by supporting the provider community and increasing the provider work force that is caring for members.	
CHIEF EXECUTIVE OFFICER REPORT	There was no report from the Chief Executive Officer.	
• Government Affairs Update	Cherie Compartore, *Senior Director, Government Affairs*, reported: The deadline recently passed for introduction of bills at the state legislature. Government Affairs staff is monitoring about 125 bills that may affect L.A. Care. The legislature is engaged in healthcare issues in spite of the looming massive budget deficit.	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Some proposed bills are spot bills and more detail will emerge over time. Government Affairs staff is reaching out to the legislative offices and bill sponsors, gathering information and holding preliminary conversations. Budget committee hearings have begun at a very high level and detail of the programs will not be released before the May Budget Revise comes out. Government Affairs will continue to monitor and participate in discussoins into March and April and will provide recommendations to the Board on L.A. Care's positions at a future Board meeting. The first legislative matrix will be included in the March meeting materials and will be lengthy. The bills will narrow down as the session continues. The budget deficit is increasing by billions of dollars. The latest update from the Legislative Analyst Office (LAO) earlier this week indicated that the budget deficit is projected to be $73 billion, $15 billion more than the LAO deficit projection of $58 billion in January. There is a vast difference between the projections by the Department of Finance (LAO) and the Governor. The May Budget Revise will include tax revenue received. The assembly budget committee recently held a hearing focused on the managed care organization (MCO) tax proposal. The legislation has nothing to do with the proposition proposed for the November ballot. The Governor wants the legislature to act earlier to obtain approval to collect $1.5 billion additional revenue retroactively from Centers for Medicare and Medicaid Services (CMS). Local Health Plans of California, a trade association of which L.A. Care is a member along with other public health plans, some provider representatives such as California Medical Association (CMA) and others, participated on a panel for this hearing. The messaging in this hearing is support for the concept of MCO. Details on rates have not been determined. There will be more activity behind the scenes with various interest groups trying to make changes in the actual rate increases, but for now there appears to be support for MCO initiative. It seems that Sacramento will need to determine the roots of the $58 billion budget deficit. The deficit will effect health plans, including L.A. Care. The state cannot technically reduce rates, because rates have to be actuarially sound. They cannot usually solve a budget problem with reducing rates. Many states have had lawsuits related to that exact issue. The last time this happened in 2008, benefits were reduced and reductions were made to rates for primary care and specialty pharmacy, resulting in litigation. Payments to health plans could be delayed. L.A. Care has about 90 days of reserve funds.	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
COMMITTEE ISSUES		
Approve Consent Agenda	Approve the list of items that will be considered on a Consent Agenda for March 7, 2024 Board of Governors Meeting. • February 1, 2024 meeting minutes • Quarterly Investment Report • Contract Amendment with Metcalfe Security • Approve Accounting & Financial Services Policies AFS-027 (Travel Expenses and Other Expenses), and retirement of AFS-004 (Non-Travel & Other Related Expenses) • Contract Amendment with Solugenix, Infosys and Cognizant for Information Technology staff augmentation services through September 30, 2024 • 2024 Compliance Program Work Plan Board Member Booth asked that clarification on the contract amount for Solugenix be provided at the March 7 Board meeting.	**Approved unanimously.** **3 AYES**
PUBLIC COMMENTS	There were no public comments.	
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Executive Committee meeting adjourned at 2:29 pm. Augustavia J. Haydel, Esq., *General Counsel* announced the items for discussion in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 2:30pm. 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: *February 2026* CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Three Potential Cases CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act L.A. Care Health Plan's Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable) CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR Sections 54957 and 54957.6 of the Ralph M. Brown Act Title: Chief Executive Officer Agency Designated Representative: Alvaro Ballesteros, MBA Unrepresented Employee: John Baackes	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 2:50 pm. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 2:52 pm.	

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

APPROVED BY:
DocuSigned by:
AA470E43B1BB4A1...
Alvaro Ballesteros, MBA, *Board Chairperson*
Date: 3/28/2024 | 9:22 AM PDT

APPROVED

FINANCE
&
BUDGET
COMMITTEE

L.A. Care HEALTH PLAN

Financial Update

Board of Governors Meeting

April 4, 2024

HEALTH PLAN NCQA ACCREDITATION ACCREDITED

Agenda

Financial Performance – January 2024 YTD

- Membership
- Consolidated Financial Performance
- Operating Margins by Segment
- Key Financial Ratios
- Tangible Net Equity & Days of Cash On-Hand Comparison

FY 2023-24 4+8 Forecast

- Membership
- Consolidated Financial Performance
- Margin Variance Walk – Budget to Forecast
- Operating Margin & MCR by Segment

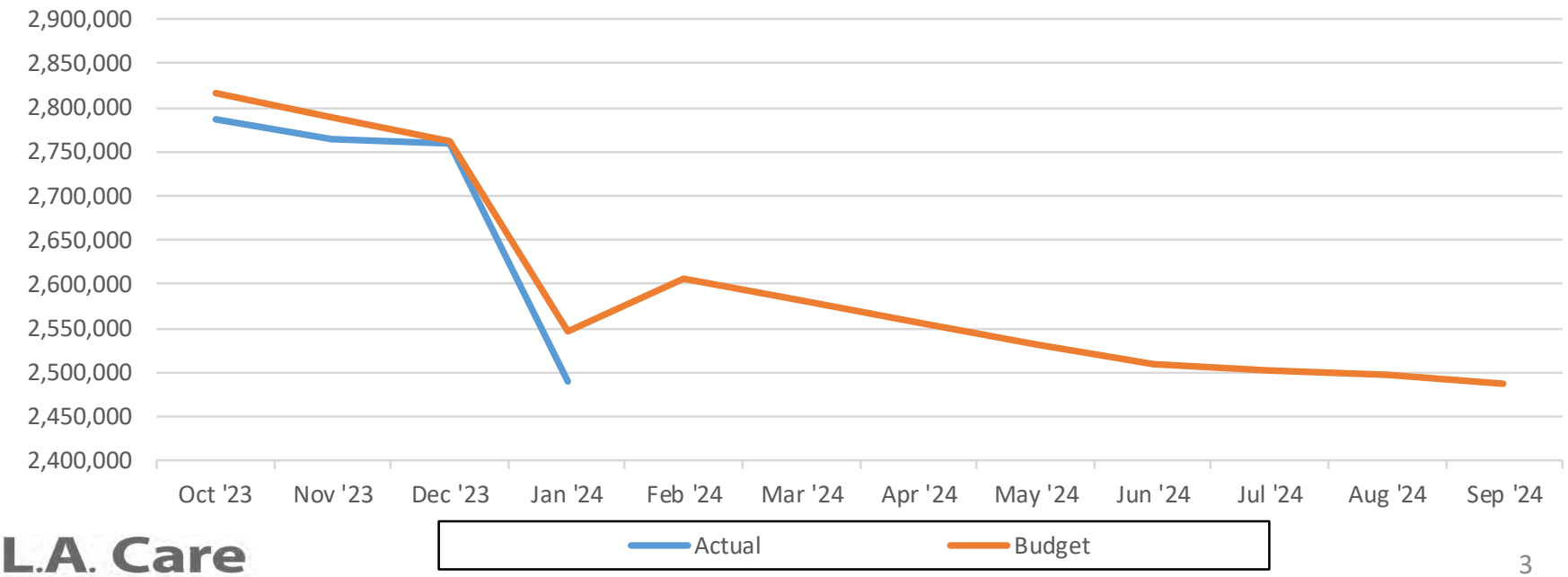
Financial Informational Updates

- Investment Transactions

Membership
for the 4 months ended January 2024

	January 2024			Year-to-Date		
Sub-Segment	**Actual**	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
Medi-Cal	2,281,801	2,360,470	(78,669)	10,043,537	10,182,616	(139,079)
D-SNP	19,224	18,926	298	74,414	73,529	885
LACC	160,251	137,775	22,476	564,502	536,736	27,766
PASC	48,383	48,673	(290)	193,226	195,112	(1,886)
***Elimination**	(19,224)	(18,926)	(298)	(74,414)	(73,529)	(885)
Consolidated	**2,490,435**	**2,546,918**	**(56,483)**	**10,801,265**	**10,914,464**	**(113,199)**

***D-SNP members included in MCLA membership under CCI beginning in January 2023**



Consolidated Financial Performance

for the month of January 2024

($ in Thousands)	Actual	Budget	Variance
Member Months	2,490,435	2,546,918	(56,483)
Total Revenues	$787,328	$900,561	($113,233)
Total Healthcare Expenses	$693,034	$838,940	$145,907
Operating Margin	$94,294	$61,621	$32,674
Operating Margin (excl HHIP/IPP)	$96,719	$53,592	$43,127
Total Admin Expenses	$56,363	$48,240	($8,122)
Income/(Loss) from Operations	$37,932	$13,381	$24,551
Non-Operating Income (Expense)	$15,051	$1,970	$13,081
Net Surplus	**$52,983**	**$15,351**	**$37,632**
Net Surplus (excl HHIP/IPP)	***$55,473***	***$7,409***	***$48,064***

Consolidated Financial Performance

for the 4 months ended January 2024

($ in Thousands)	Actual	Budget	Variance
Member Months	10,801,265	10,914,464	(113,199)
Total Revenues	$3,659,284	$3,750,420	($91,136)
Total Healthcare Expenses	$3,215,693	$3,473,120	$257,427
Operating Margin	$443,591	$277,300	$166,291
Operating Margin (excl HHIP/IPP)	*$405,341*	*$245,185*	*$160,156*
Total Admin Expenses	$204,923	$187,089	($17,834)
Income/(Loss) from Operations	$238,668	$90,211	$148,457
Non-Operating Income (Expense)	$66,707	$7,961	$58,746
Net Surplus	**$305,375**	**$98,172**	**$207,203**
Net Surplus (excl HHIP/IPP)	***$267,384***	***$66,407***	***$200,977***

L.A. Care HEALTH PLAN®

Operating Margin by Segment

for the 4 months ended January 2024

($ in Thousands)

	Medi-Cal	D-SNP	LACC	PASC	Total	Total *(excl HHIP/IPP)*
Revenue	$3,272,722	$106,126	$175,052	$61,054	$3,659,284	$3,615,286
Healthcare Exp.	$2,939,366	$86,771	$122,970	$61,343	$3,215,693	$3,209,945
Operating Margin	$333,356	$19,355	$52,082	($289)	$443,591	$405,341
MCR %	89.8%	81.8%	70.2%	100.5%	87.9%	88.8%
Budget %	93.6%	89.5%	83.7%	109.2%	92.6%	93.3%

Key Financial Ratios

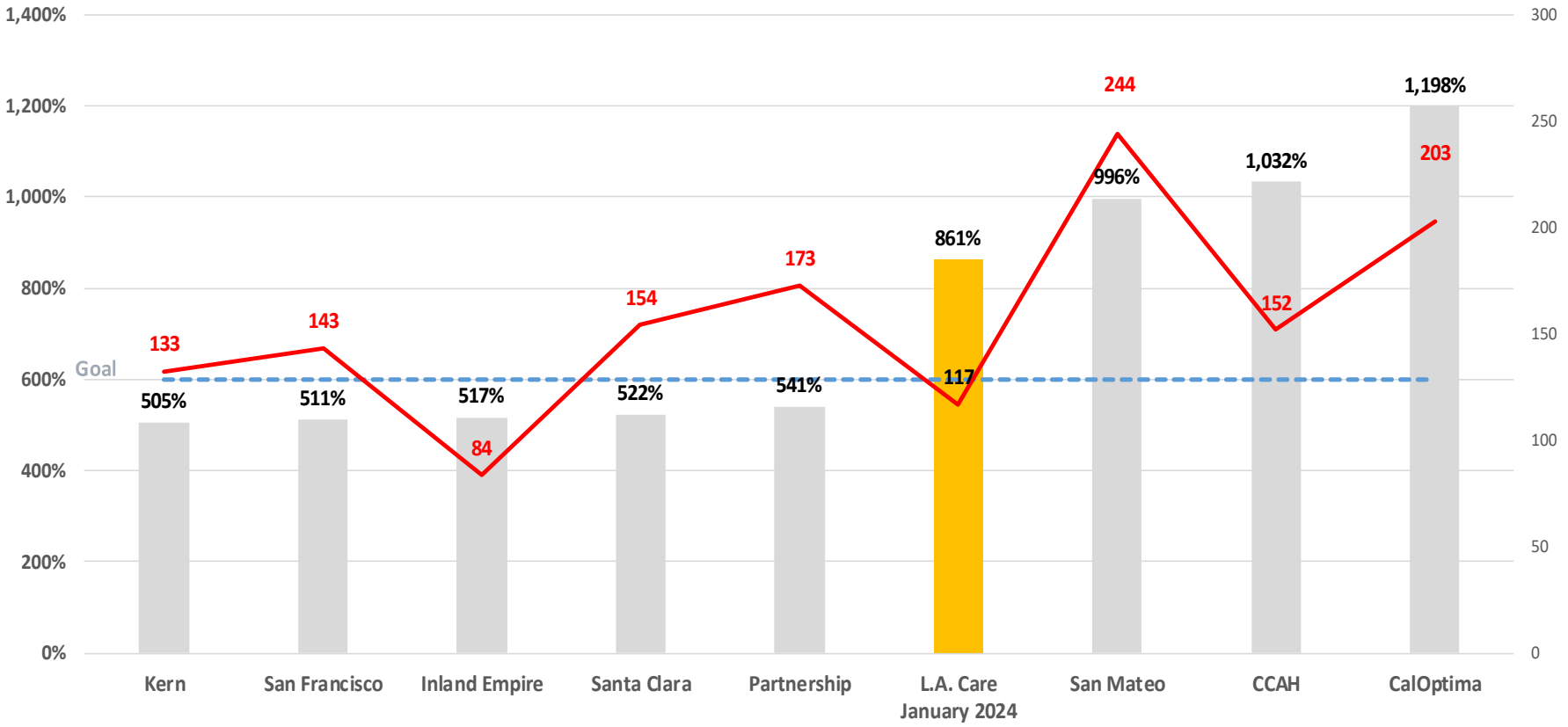
for the 4 months ended January 2024

(Excl. HHIP/IPP)	Actual		Budget	
MCR	88.8%	vs.	93.3%	✔
Admin Ratio	5.7%	vs.	5.1%	✘

	Actual		Benchmark	
Working Capital	1.38	vs.	1.00+	✔
Cash to Claims	0.87	vs.	0.75+	✔
Tangible Net Equity	8.61	vs.	1.30+	✔

Tangible Net Equity & Days of Cash On-Hand

for the 4 months ended January 2024

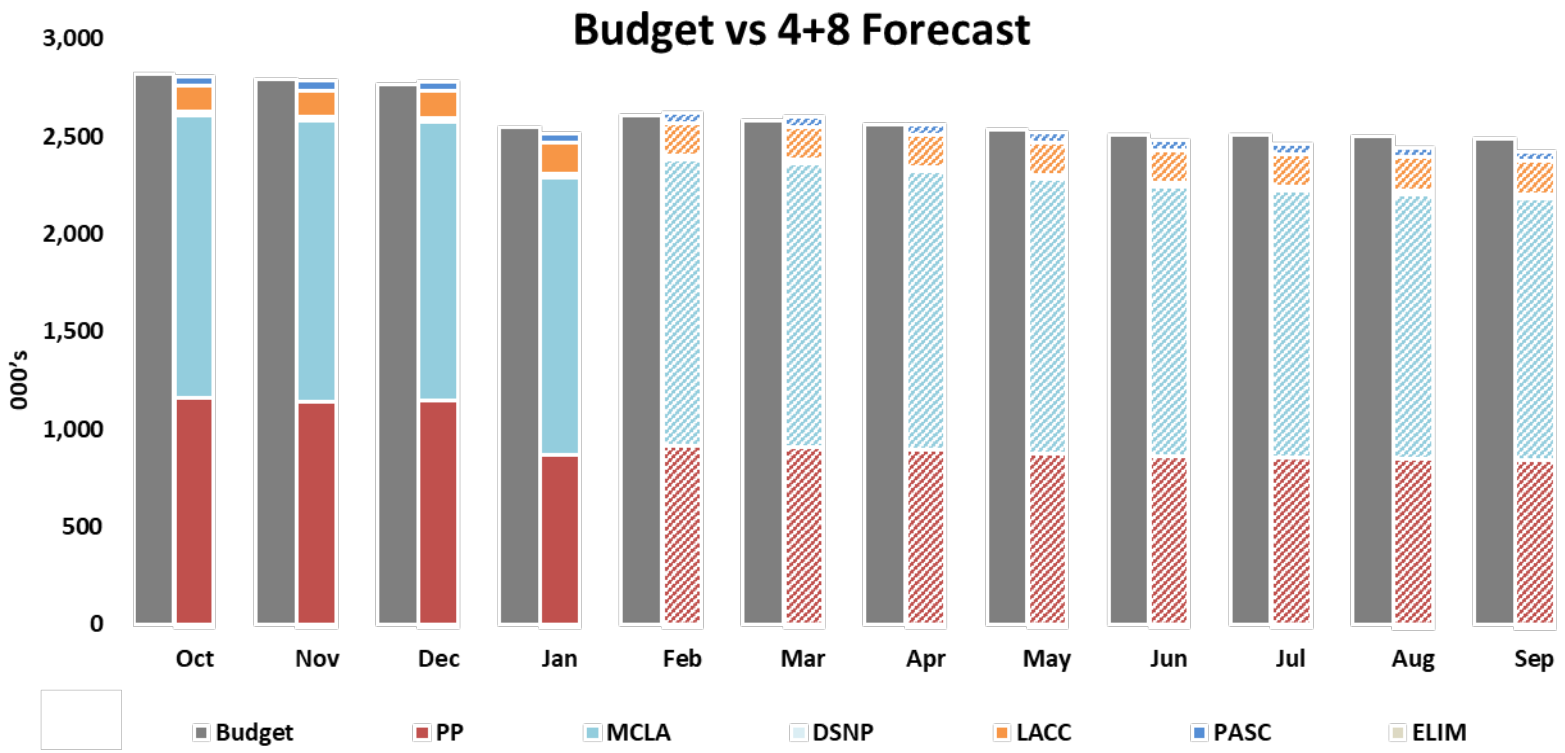


• As of December 2023 Quarterly filings, unless noted otherwise.

L.A. Care HEALTH PLAN

FY 2023-24 4+8 Forecast Update

FY 2023-24 4+8 Forecast – Membership



LOB	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total	YoY Change
PP	1,158,320	1,141,389	1,143,404	869,469	911,984	906,633	891,216	875,760	860,302	852,423	844,664	837,023	11,292,586	-27.74%
MCLA	1,449,021	1,438,142	1,431,460	1,412,332	1,465,662	1,451,120	1,426,779	1,402,189	1,377,379	1,365,022	1,352,787	1,340,671	16,912,564	-7.48%
DSNP	18,380	18,382	18,428	19,224	19,261	19,273	19,285	19,393	19,493	19,591	19,735	19,876	230,319	8.14%
LACC	130,959	135,810	137,482	160,251	168,879	168,177	168,491	168,986	169,291	170,284	171,398	171,548	1,921,555	30.99%
PASC	48,361	48,207	48,275	48,383	48,258	48,133	48,008	47,884	47,760	47,636	47,513	47,390	575,808	-2.01%
ELIM	(18,380)	(18,382)	(18,428)	(19,224)	(19,261)	(19,273)	(19,285)	(19,393)	(19,493)	(19,591)	(19,735)	(19,876)	(230,319)	8.14%
Total	**2,786,661**	**2,763,548**	**2,760,621**	**2,490,435**	**2,594,782**	**2,574,063**	**2,534,494**	**2,494,819**	**2,454,732**	**2,435,366**	**2,416,361**	**2,396,632**	**30,702,513**	**-14.00%**
MoM		(23,113)	(2,927)	(270,186)	104,347	(20,719)	(39,569)	(39,676)	(40,087)	(19,366)	(19,005)	(19,729)		
MoM %		-0.83%	-0.11%	-9.79%	4.19%	-0.80%	-1.54%	-1.57%	-1.61%	-0.79%	-0.78%	-0.82%		
Var to Budget	(29,042)	(25,656)	(2,019)	(56,483)	(11,732)	(6,673)	(21,873)	(37,658)	(53,920)	(67,411)	(90,082)	(90,912)	(483,460)	

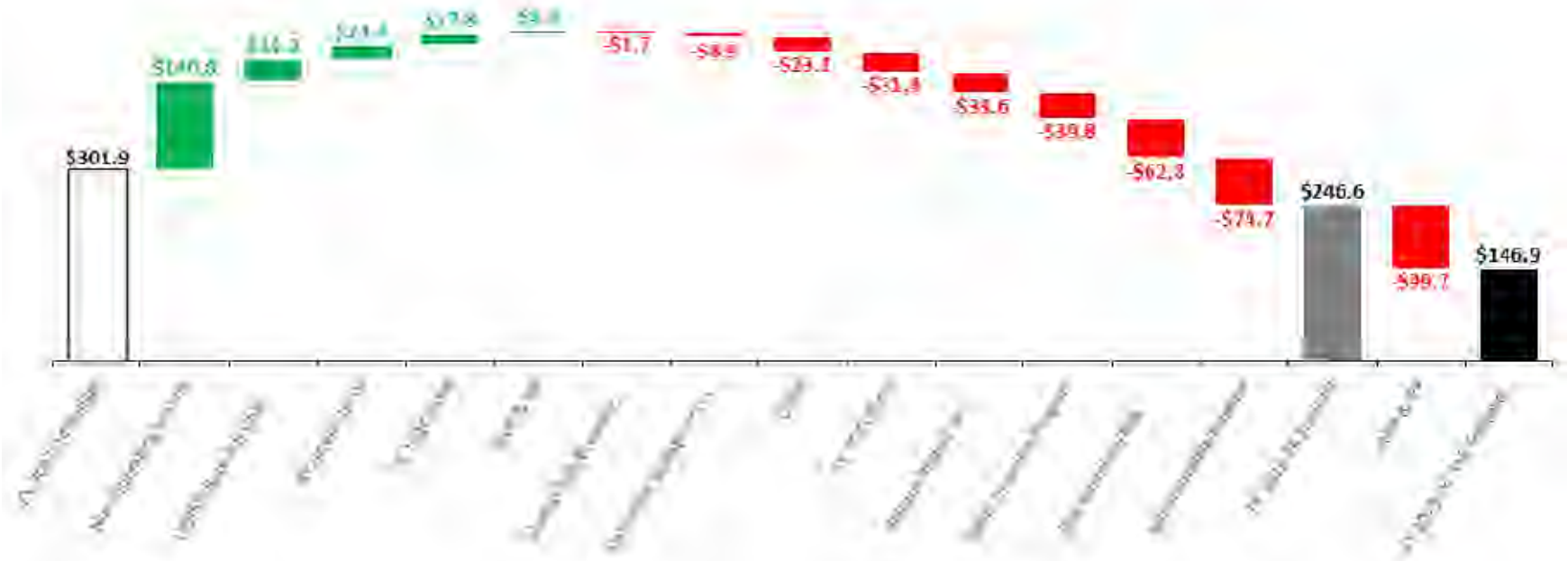
FY 2023-24 4+8 Forecast vs Budget P&L – L.A. Care (excl. HHIP/IPP)

	Current 4+8 Forecast	PMPM	Current Budget	PMPM	Current Fav/(Unfav)	PMPM
Membership						
Member Months	30,702,513		31,185,973		(483,460)	
Revenue						
Capitation Revenue	$ 10,441,716	$ 340.09	$ 10,836,914	$ 347.49	$ (395,198)	$ (7.40)
Total Revenues	**$ 10,441,716**	**$ 340.09**	**$ 10,836,914**	**$ 347.49**	**$ (395,198)**	**$ (7.40)**
Healthcare Expenses						
Capitation	$ 5,397,474	$ 175.80	$ 5,668,251	$ 181.76	$ 270,777	$ 5.96
Inpatient Claims	$ 1,322,142	$ 43.06	$ 1,481,472	$ 47.50	$ 159,331	$ 4.44
Outpatient Claims	$ 1,218,305	$ 39.68	$ 1,206,771	$ 38.70	$ (11,534)	$ (0.99)
Skilled Nurse Facility	$ 1,177,024	$ 38.34	$ 1,125,698	$ 36.10	$ (51,325)	$ (2.24)
CBAS	$ 222,497	$ 7.25	$ 200,519	$ 6.43	$ (21,978)	$ (0.82)
Multipurpose Senior Services Program	$ (16)	$ (0.00)	$ -	$ -	$ 16	$ 0.00
Pharmacy	$ 179,862	$ 5.86	$ 162,148	$ 5.20	$ (17,714)	$ (0.66)
Shared Risk	$ 33,074	$ 1.08	$ 21,350	$ 0.68	$ (11,724)	$ (0.39)
Provider Incentive	$ 136,668	$ 4.45	$ 110,636	$ 3.55	$ (26,031)	$ (0.90)
Medical Administrative Expenses	$ 140,042	$ 4.56	$ 119,604	$ 3.84	$ (20,438)	$ (0.73)
Total Healthcare Expenses	**$ 9,827,070**	**$ 320.07**	**$ 10,096,449**	**$ 323.75**	**$ 269,379**	**$ 3.68**
MCR (%)	*94.1%*		*93.2%*		*(95bps)*	
Operating Margin	**$ 614,646**	**$ 20.02**	**$ 740,465**	**$ 23.74**	**$ (125,818)**	**$ (3.72)**

FY 2023-24 4+8 Forecast vs Budget P&L – L.A. Care (excl. HHIP/IPP)

	Current 4+8 Forecast	PMPM	Current Budget	PMPM	Current Fav/(Unfav)	PMPM
Operating Expenses						
Salaries and Benefits	$ 361,976	$ 11.79	$ 316,519	$ 10.15	$ (45,457)	$ (1.64)
Temporary Labor and Recruitment	$ 2,777	$ 0.09	$ 2,902	$ 0.09	$ 125	$ 0.00
Professional Fees	$ 32,377	$ 1.05	$ 25,719	$ 0.82	$ (6,658)	$ (0.23)
Purchased Services	$ 171,511	$ 5.59	$ 156,554	$ 5.02	$ (14,957)	$ (0.57)
Advertising and Promotions	$ 14,540	$ 0.47	$ 12,670	$ 0.41	$ (1,870)	$ (0.07)
Business Fees and Insurance	$ 60,235	$ 1.96	$ 58,738	$ 1.88	$ (1,496)	$ (0.08)
Occupancy and Leases	$ 8,045	$ 0.26	$ 7,807	$ 0.25	$ (238)	$ (0.01)
Supplies and Other	$ 55,172	$ 1.80	$ 49,462	$ 1.59	$ (5,711)	$ (0.21)
Medical Administration Expenses - Admin	$ (133,842)	$ (4.36)	$ (112,548)	$ (3.61)	$ 21,294	$ 0.75
Depreciation and Amortization	$ 59,108	$ 1.93	$ 40,400	$ 1.30	$ (18,708)	$ (0.63)
Corporate Allocation	$ -	$ -	$ (1,048)	$ (0.03)	$ (1,048)	$ (0.03)
Total Operating Expenses	**$ 631,900**	**$ 20.58**	**$ 557,176**	**$ 17.87**	**$ (74,724)**	**$ (2.72)**
Admin Ratio (%)	*6.1%*		*5.1%*		*(91bps)*	
Income (Loss) from Operations	**$ (17,254)**	**$ (0.56)**	**$ 183,289**	**$ 5.88**	**$ (200,543)**	**$ (6.44)**
Margin before Non-Operating Inc/(Exp) Ratio (%)	*-0.2%*		*1.7%*		*(186bps)*	
Interest Income,Net	$ 184,649	$ 6.01	$ 59,707	$ 1.91	$ 124,942	$ 4.10
Other Income (Expense),Net	$ (34,453)	$ (1.12)	$ (36,378)	$ (1.17)	$ 1,925	$ 0.04
Realized Gain/Loss	$ (977)	$ (0.03)	$ -	$ -	$ (977)	$ (0.03)
Unrealized Gain/Loss	$ 14,904	$ 0.49	$ -	$ -	$ 14,904	$ 0.49
Total Non-Operating Income/(Expense)	**$ 164,124**	**$ 5.35**	**$ 23,329**	**$ 0.75**	**$ 140,795**	**4.60**
Net Surplus/(Deficit)	**$ 146,870**	**$ 4.78**	**$ 206,618**	**$ 6.63**	**$ (59,748)**	**$ (1.84)**
Margin (%)	*1.4%*		*1.9%*		*(50bps)*	

FY 2023-24 4+8 Forecast vs Budget – Variance Walk



Highlights

Drivers

- Admin Expense: **($75M)** primarily driven by higher S&B, Dep & Amort, and Contracted Services
- Risk Corridors/Risk adjustment: **($63M)** primarily driven by LACC RAF update from 0.70 to 0.66
- Timing of SBHIP: **($40M)**
- Membership Impact: **($34M)**
- CY23 Rate**:**
  - **$22M** favorable for UIS/SIS assumptions
  - **($54M)** net acuity adjustment after global capitation impact

Offsets

- Non-Operating Income: **+$141M** primarily driven by favorable interest rate environment
- Prior period UIS/SIS rate adjustment (Jul'19 – Dec'22): **+$34M**
- Incurred Claims: **+$23M**

FY 2023-24 4+8 Forecast vs Budget – Operating Margin & MCR

($ in Thousands)

	Medi-Cal	D-SNP	LACC	PASC	Total	Total *(excl HHIP/IPP)*
Revenue	$9,366,623	$332,035	$560,781	$181,946	$10,618,166	$10,441,717
Healthcare Exp.	$8,900,425	$300,967	$442,887	$183,298	$9,901,040	$9,827,070
Operating Margin	$466,198	$31,068	$117,894	($1,352)	$717,126	$614,647
4+8 Forecast MCR %	95.0%	90.6%	79.0%	100.7%	93.2%	94.1%
Budget MCR %	93.7%	89.2%	82.0%	102.5%	92.4%	93.2%

Questions & Consideration

Motion

- To accept the Financial Reports for the four months ended January 31, 2024, as submitted.

Informational Items

Investment Transactions

- As of January 31, 2024, L.A. Care's total investment market value was $3.5B
  - $3.4B managed by Payden & Rygel and New England Asset Management (NEAM)
  - $80M in Los Angeles County Pooled Investment Fund
  - $35M in Local Agency Investment Fund

L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: April 4, 2024 **Motion No. FIN 103.0424**

Committee: Finance & Budget **Chairperson:** Stephanie Booth, MD

Requesting Department: Accounts & Finance Services

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

Issue: Acceptance of the Financial Reports for January 2024.

Background: N/A

Member Impact: N/A

Budget Impact: N/A

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

Financial Performance Highlights - Year-to-Date

January 2024

Overall (incl. HHIP/IPP)

L.A. Care total YTD combined member months are 10.8M, (113K) unfavorable to budget. January YTD financial performance resulted in a surplus of +$305.4M or 8.4% margin and is +$207.2M/+573bps favorable to budget. The YTD favorability is driven by lower capitation expense +$107.6M, lower inpatient +$107.6M and outpatient +$35.6M claims, higher net interest income +$38.6M, timing of provider incentives +$23.5M, and net unrealized/realized gains +$14M; partially offset by lower revenue ($91.1M), higher operating expense ($17.8M), and higher pharmacy costs ($7.8M).

Medi-Cal

Medi-Cal consists of members through our contracted providers and our contracted health plans ("Plan Partners"). January YTD member months are 10M, (139K) unfavorable to budget. January YTD financial performance resulted in a surplus of +$253M or 7.7% margin, +$177.6M/+547bps favorable to budget, driven by lower capitation expense +$85.1M, lower inpatient claims +$86.2M, higher net interest income +$37.8M, and lower outpatient claims +$18.7M; partially offset by timing of lower revenue ($62M).

D-SNP

Effective January 1, 2023, members enrolled in CMC have been transitioned to our D-SNP plan. January YTD member months are 74K, +1K favorable to budget. January YTD financial performance resulted in a surplus of +$5.5M or 5.2% margin, +$0.9M/+90bps favorable to budget, primarily driven by lower inpatient +$5.5M and outpatient +$4.3M claims, and lower capitation expense +$2.1M; partially offset by higher operating expense ($8.3M) and higher skilled nurse facility costs ($2.8M).

Commercial

L.A. Care Commercial consists of LACC and PASC-SEIU. January YTD member months are 758K, favorable +26K to budget. January YTD financial performance resulted in a surplus of +$15.5M or 6.6% margin, +$14.3M/+609bps favorable to budget, driven by lower capitation expense +$20.7M, lower inpatient +$15.1M and outpatient +$9.2M claims; partially offset by higher operating expense ($14.0M), lower revenue ($6.9M), and higher pharmacy costs ($6.3M).

Incentive Programs

L.A. Care Incentive Programs consist of CalAIM Incentive Payment Program (IPP) and Housing and Homelessness Incentive Program (HHIP). January YTD financial performance resulted in a surplus of +$38M, +$6.2M favorable to budget, primarily driven by the timing of health care expenditures +$28.4M; partially offset by the timing of revenue ($22.2M).

Consolidated Operations Income Statement ($ in thousands)

January 2024

	Current Actual	PMPM	Current Budget	PMPM	Current Fav/(Unfav)	PMPM	YTD Actual	PMPM	YTD Budget	PMPM	YTD Fav/(Unfav)	PMPM
Membership												
Member Months	2,490,435		2,546,918		(56,483)		10,801,265		10,914,464		(113,199)	
Revenue												
Capitation Revenue	$ 787,328	$ 316.14	$ 900,561	$ 353.59	$ (113,233)	$ (37.45)	$ 3,659,284	$ 338.78	$ 3,750,420	$ 343.62	$ (91,136)	$ (4.84)
Total Revenues	**$ 787,328**	**$ 316.14**	**$ 900,561**	**$ 353.59**	**$ (113,233)**	**$ (37.45)**	**$ 3,659,284**	**$ 338.78**	**$ 3,750,420**	**$ 343.62**	**$ (91,136)**	**$ (4.84)**
Healthcare Expenses												
Capitation	$ 370,347	$ 148.71	$ 463,979	$ 182.17	$ 93,632	$ 33.47	$ 1,866,882	$ 172.84	$ 1,974,531	$ 180.91	$ 107,649	$ 8.07
Inpatient Claims	$ 94,511	$ 37.95	$ 124,212	$ 48.77	$ 29,701	$ 10.82	$ 385,298	$ 35.67	$ 492,945	$ 45.16	$ 107,647	$ 9.49
Outpatient Claims	$ 97,055	$ 38.97	$ 113,429	$ 44.54	$ 16,373	$ 5.56	$ 417,266	$ 38.63	$ 452,856	$ 41.49	$ 35,590	$ 2.86
Skilled Nurse Facility	$ 102,073	$ 40.99	$ 95,522	$ 37.50	$ (6,551)	$ (3.48)	$ 391,683	$ 36.26	$ 385,364	$ 35.31	$ (6,319)	$ (0.96)
Pharmacy	$ 15,065	$ 6.05	$ 13,040	$ 5.12	$ (2,026)	$ (0.93)	$ 58,870	$ 5.45	$ 51,113	$ 4.68	$ (7,757)	$ (0.77)
Provider Incentive and Shared Risk	$ 4,505	$ 1.81	$ 18,693	$ 7.34	$ 14,189	$ 5.53	$ 51,232	$ 4.74	$ 74,773	$ 6.85	$ 23,542	$ 2.11
Medical Administrative Expenses	$ 9,476	$ 3.81	$ 10,065	$ 3.95	$ 589	$ 0.15	$ 44,462	$ 4.12	$ 41,538	$ 3.81	$ (2,925)	$ (0.31)
Total Healthcare Expenses	**$ 693,034**	**$ 278.28**	**$ 838,940**	**$ 329.39**	**$ 145,907**	**$ 51.12**	**$ 3,215,693**	**$ 297.71**	**$ 3,473,120**	**$ 318.21**	**$ 257,427**	**$ 20.50**
MCR (%)	*88.0%*		*93.2%*		*5.1%*		*87.9%*		*92.6%*		*4.7%*	
Operating Margin	**$ 94,294**	**$ 37.86**	**$ 61,621**	**$ 24.19**	**$ 32,674**	**$ 13.67**	**$ 443,591**	**$ 41.07**	**$ 277,300**	**$ 25.41**	**$ 166,291**	**$ 15.66**
Total Operating Expenses	**$ 56,363**	**$ 22.63**	**$ 48,240**	**$ 18.94**	**$ (8,122)**	**$ (3.69)**	**$ 204,923**	**$ 18.97**	**$ 187,089**	**$ 17.14**	**$ (17,834)**	**$ (1.83)**
Admin Ratio (%)	*7.2%*		*5.4%*		*-1.8%*		*5.6%*		*5.0%*		*-0.6%*	
Income (Loss) from Operations	**$ 37,932**	**$ 15.23**	**$ 13,381**	**$ 5.25**	**$ 24,551**	**$ 9.98**	**$ 238,668**	**$ 22.10**	**$ 90,211**	**$ 8.27**	**$ 148,457**	**$ 13.83**
Margin before Non-Operating Inc/(Exp) Ratio (%)	*4.8%*		*1.5%*		*-3.3%*		*6.5%*		*2.4%*		*-4.1%*	
Interest Income,Net	$ 16,005	$ 6.43	$ 4,976	$ 1.95	$ 11,029	$ 4.47	$ 58,526	$ 5.42	$ 19,902	$ 1.82	$ 38,624	$ 3.59
Other Income (Expense),Net	$ (1,709)	$ (0.69)	$ (3,006)	$ (1.18)	$ 1,296	$ 0.49	$ (5,737)	$ (0.53)	$ (11,942)	$ (1.09)	$ 6,204	$ 0.56
Realized Gain/Loss	$ (240)	$ (0.10)	$ -	$ -	$ (240)	$ 0.10	$ (987)	$ (0.09)	$ -	$ -	$ (987)	$ 0.09
Unrealized Gain/Loss	$ 996	$ 0.40	$ -	$ -	$ 996	$ 0.40	$ 14,904	$ 1.38	$ -	$ -	$ 14,904	$ 1.38
Total Non-Operating Income/(Expense)	**$ 15,051**	**$ 6.04**	**$ 1,970**	**$ 0.77**	**$ 13,081**	**5.46**	**$ 66,707**	**$ 6.18**	**$ 7,961**	**$ 0.73**	**$ 58,746**	**$ 5.63**
Net Surplus/(Deficit)	**$ 52,983**	**$ 21.27**	**$ 15,351**	**$ 6.03**	**$ 37,632**	**$ 15.44**	**$ 305,375**	**$ 28.27**	**$ 98,172**	**$ 8.99**	**$ 207,203**	**$ 19.46**
Margin (%)	*6.7%*		*1.7%*		*5.0%*		*8.3%*		*2.6%*		*5.7%*	

Total Medi-Cal Income Statement ($ in thousands)

January 2024

	Current Actual	PMPM	Current Budget	PMPM	Current Fav/(Unfav)	PMPM	YTD Actual	PMPM	YTD Budget	PMPM	YTD Fav/(Unfav)	PMPM
Membership												
Member Months	2,281,801		2,360,470		(78,669)		10,043,537		10,182,616		(139,079)	
Revenue												
Capitation Revenue	$ 693,898	$ 304.10	$ 786,548	$ 333.22	$ (92,650)	$ (29.12)	$ 3,272,722	$ 325.85	$ 3,334,717	$ 327.49	$ (61,995)	$ (1.64)
Total Revenues	**$ 693,898**	**$ 304.10**	**$ 786,548**	**$ 333.22**	**$ (92,650)**	**$ (29.12)**	**$ 3,272,722**	**$ 325.85**	**$ 3,334,717**	**$ 327.49**	**$ (61,995)**	**$ (1.64)**
Healthcare Expenses												
Capitation	$ 343,681	$ 150.62	$ 425,156	$ 180.11	$ 81,475	$ 29.50	$ 1,757,148	$ 174.95	$ 1,842,280	$ 180.92	$ 85,132	$ 5.97
Inpatient Claims	$ 81,269	$ 35.62	$ 106,349	$ 45.05	$ 25,080	$ 9.44	$ 336,889	$ 33.54	$ 423,106	$ 41.55	$ 86,216	$ 8.01
Outpatient Claims	$ 86,802	$ 38.04	$ 98,786	$ 41.85	$ 11,984	$ 3.81	$ 376,889	$ 37.53	$ 395,586	$ 38.85	$ 18,697	$ 1.32
Skilled Nurse Facility	$ 101,069	$ 44.29	$ 95,522	$ 40.47	$ (5,547)	$ (3.83)	$ 388,399	$ 38.67	$ 385,364	$ 37.85	$ (3,035)	$ (0.83)
Pharmacy	$ 14	$ 0.01	$ -	$ -	$ (14)	$ (0.01)	$ 141	$ 0.01	$ -	$ -	$ (141)	$ (0.01)
Provider Incentive and Shared Risk	$ 798	$ 0.35	$ 8,886	$ 3.76	$ 8,088	$ 3.41	$ 38,919	$ 3.88	$ 35,544	$ 3.49	$ (3,375)	$ (0.38)
Medical Administrative Expenses	$ 9,572	$ 4.20	$ 9,815	$ 4.16	$ 243	$ (0.04)	$ 40,982	$ 4.08	$ 40,548	$ 3.98	$ (433)	$ (0.10)
Total Healthcare Expenses	**$ 623,205**	**$ 273.12**	**$ 744,514**	**$ 315.41**	**$ 121,309**	**$ 42.29**	**$ 2,939,366**	**$ 292.66**	**$ 3,122,428**	**$ 306.64**	**$ 183,062**	**$ 13.98**
MCR (%)	*89.8%*		*94.7%*		*4.8%*		*89.8%*		*93.6%*		*3.8%*	
Operating Margin	**$ 70,693**	**$ 30.98**	**$ 42,034**	**$ 17.81**	**$ 28,659**	**$ 13.17**	**$ 333,356**	**$ 33.19**	**$ 212,289**	**$ 20.85**	**$ 121,066**	**$ 12.34**
Total Operating Expenses	**$ 40,659**	**$ 17.82**	**$ 38,973**	**$ 16.51**	**$ (1,686)**	**$ (1.31)**	**$ 150,849**	**$ 15.02**	**$ 154,588**	**$ 15.18**	**$ 3,739**	**$ 0.16**
Admin Ratio (%)	*5.9%*		*5.0%*		*-0.9%*		*4.6%*		*4.6%*		*0.0%*	
Income (Loss) from Operations	**$ 30,034**	**$ 13.16**	**$ 3,061**	**$ 1.30**	**$ 26,973**	**$ 11.87**	**$ 182,507**	**$ 18.17**	**$ 57,702**	**$ 5.67**	**$ 124,805**	**$ 12.50**
Margin before Non-Operating Inc/(Exp) Ratio (%)	*4.3%*		*0.4%*		*-3.9%*		*5.6%*		*1.7%*		*-3.8%*	
Interest Income,Net	$ 14,013	$ 6.14	$ 4,429	$ 1.88	$ 9,584	$ 4.27	$ 55,553	$ 5.53	$ 17,716	$ 1.74	$ 37,837	$ 3.79
Other Income (Expense),Net	$ 1,370	$ 0.60	$ -	$ -	$ 1,370	$ 0.60	$ 1,382	$ 0.14	$ -	$ -	$ 1,391	$ 0.14
Realized Gain/Loss	$ (210)	$ (0.09)	$ -	$ -	$ (210)	$ (0.09)	$ (940)	$ (0.09)	$ -	$ -	$ (940)	$ (0.09)
Unrealized Gain/Loss	$ 873	$ 0.38	$ -	$ -	$ 873	$ 0.38	$ 14,460	$ 1.44	$ -	$ -	$ 14,460	$ 1.44
Total Non-Operating Income/(Expense)	**$ 16,047**	**$ 7.03**	**$ 4,429**	**$ 1.88**	**$ 11,618**	**5.16**	**$ 70,464**	**$ 7.01**	**$ 17,716**	**$ 1.74**	**$ 52,749**	**$ 5.28**
Net Surplus/(Deficit)	**$ 46,081**	**$ 20.19**	**$ 7,490**	**$ 3.17**	**$ 38,590**	**$ 17.02**	**$ 252,971**	**$ 25.19**	**$ 75,418**	**$ 7.41**	**$ 177,554**	**$ 17.78**
Margin (%)	*6.6%*		*1.0%*		*5.7%*		*7.7%*		*2.3%*		*5.5%*	

DSNP Income Statement ($ in thousands)

January 2024

	Current Actual	PMPM	Current Budget	PMPM	Current Fav/(Unfav)	PMPM	YTD Actual	PMPM	YTD Budget	PMPM	YTD Fav/(Unfav)	PMPM
Membership												
Member Months	19,224		18,926		298		74,414		73,529		885	
Revenue												
Capitation Revenue	$ 26,371	$ 1,371.79	$ 27,364	$ 1,445.84	$ (993)	$ (74.05)	$ 106,126	$ 1,426.16	$ 106,510	$ 1,448.54	$ (383)	$ (22.38)
Total Revenues	**$ 26,371**	**$ 1,371.79**	**$ 27,364**	**$ 1,445.84**	**$ (993)**	**$ (74.05)**	**$ 106,126**	**$ 1,426.16**	**$ 106,510**	**$ 1,448.54**	**$ (383)**	**$ (22.38)**
Healthcare Expenses												
Capitation	$ 10,040	$ 522.24	$ 10,447	$ 552.00	$ 408	$ 29.76	$ 38,976	$ 523.78	$ 41,027	$ 557.98	$ 2,051	$ 34.20
Inpatient Claims	$ 7,231	$ 376.14	$ 6,988	$ 369.25	$ (243)	$ (6.89)	$ 21,670	$ 291.20	$ 27,150	$ 369.25	$ 5,481	$ 78.05
Outpatient Claims	$ 4,507	$ 234.45	$ 4,264	$ 225.30	$ (243)	$ (9.15)	$ 12,180	$ 163.68	$ 16,439	$ 223.57	$ 4,259	$ 59.89
Skilled Nurse Facility	$ 850	$ 44.22	$ -	$ -	$ (850)	$ (44.22)	$ 2,808	$ 37.74	$ -	$ -	$ (2,808)	$ (37.74)
Pharmacy	$ 1,518	$ 78.97	$ 1,196	$ 63.20	$ (322)	$ (15.77)	$ 5,651	$ 75.94	$ 4,647	$ 63.20	$ (1,004)	$ (12.74)
Provider Incentive and Shared Risk	$ 1,036	$ 53.87	$ 1,417	$ 74.87	$ 381	$ 21.01	$ 4,346	$ 58.41	$ 5,668	$ 77.09	$ 1,322	$ 18.68
Medical Administrative Expenses	$ (146)	$ (7.58)	$ 97	$ 5.14	$ 243	$ 12.73	$ 1,140	$ 15.32	$ 384	$ 5.22	$ (756)	$ (10.10)
Total Healthcare Expenses	**$ 25,036**	**$ 1,302.31**	**$ 24,410**	**$ 1,289.77**	**$ (625)**	**$ (12.54)**	**$ 86,771**	**$ 1,166.06**	**$ 95,316**	**$ 1,296.30**	**$ 8,544**	**$ 130.24**
MCR (%)	*94.9%*		*89.2%*		*-5.7%*		*81.8%*		*89.5%*		*7.7%*	
Operating Margin	**$ 1,336**	**$ 69.48**	**$ 2,954**	**$ 156.07**	**$ (1,618)**	**$ (86.59)**	**$ 19,355**	**$ 260.10**	**$ 11,194**	**$ 152.24**	**$ 8,161**	**$ 107.86**
Total Operating Expenses	**$ 4,685**	**$ 243.69**	**$ 1,811**	**$ 95.69**	**$ (2,874)**	**$ (148.00)**	**$ 15,504**	**$ 208.34**	**$ 7,217**	**$ 98.16**	**$ (8,286)**	**$ (110.18)**
Admin Ratio (%)	*17.8%*		*6.6%*		*-11.1%*		*14.6%*		*6.8%*		*-7.8%*	
Income (Loss) from Operations	**$ (3,349)**	**$ (174.20)**	**$ 1,143**	**$ 60.38**	**$ (4,492)**	**$ (234.59)**	**$ 3,851**	**$ 51.76**	**$ 3,976**	**$ 54.08**	**$ (125)**	**$ (2.32)**
Margin before Non-Operating Inc/(Exp) Ratio (%)	*-12.7%*		*4.2%*		*16.9%*		*3.6%*		*3.7%*		*0.1%*	
Interest Income,Net	$ 373	$ 19.42	$ 154	$ 8.14	$ 219	$ 11.28	$ 1,356	$ 18.22	$ 617	$ 8.39	$ 739	$ 9.83
Other Income (Expense),Net	$ 0	$ 0.01	$ -	$ -	$ 0	$ 0.01	$ 0	$ 0.00	$ -	$ -	$ 0	$ 0.01
Realized Gain/Loss	$ (6)	$ (0.29)	$ -	$ -	$ (6)	$ (0.29)	$ (23)	$ (0.31)	$ -	$ -	$ (23)	$ (0.31)
Unrealized Gain/Loss	$ 23	$ 1.20	$ -	$ -	$ 23	$ 1.20	$ 344	$ 4.63	$ -	$ -	$ 344	$ 4.63
Total Non-Operating Income/(Expense)	**$ 391**	**$ 20.34**	**$ 154**	**$ 8.14**	**$ 237**	**12.20**	**$ 1,677**	**$ 22.54**	**$ 617**	**$ 8.39**	**$ 1,061**	**$ 14.16**
Net Surplus/(Deficit)	**$ (2,958)**	**$ (153.86)**	**$ 1,297**	**$ 68.53**	**$ (4,255)**	**$ (222.39)**	**$ 5,529**	**$ 74.30**	**$ 4,593**	**$ 62.46**	**$ 936**	**$ 11.84**
Margin (%)	*-11.2%*		*4.7%*		*-16.0%*		*5.2%*		*4.3%*		*0.9%*	

L.A. Care HEALTH PLAN

Commercial Income Statement ($ in thousands)

January 2024

	Current Actual	PMPM	Current Budget	PMPM	Current Fav/(Unfav)	PMPM	YTD Actual	PMPM	YTD Budget	PMPM	YTD Fav/(Unfav)	PMPM
Membership												
Member Months	208,634		186,448		22,186		757,728		731,848		25,880	
Revenue												
Capitation Revenue	$ 67,243	$ 322.30	$ 70,093	$ 375.94	$ (2,850)	$ (53.64)	$ 236,106	$ 311.60	$ 242,967	$ 331.99	$ (6,861)	$ (20.39)
Total Revenues	**$ 67,243**	**$ 322.30**	**$ 70,093**	**$ 375.94**	**$ (2,850)**	**$ (53.64)**	**$ 236,106**	**$ 311.60**	**$ 242,967**	**$ 331.99**	**$ (6,861)**	**$ (20.39)**
Healthcare Expenses												
Capitation	$ 16,627	$ 79.69	$ 28,377	$ 152.20	$ 11,750	$ 72.50	$ 70,508	$ 93.05	$ 91,223	$ 124.65	$ 20,715	$ 31.60
Inpatient Claims	$ 7,099	$ 34.03	$ 10,875	$ 58.33	$ 3,776	$ 24.30	$ 27,589	$ 36.41	$ 42,689	$ 58.33	$ 15,099	$ 21.92
Outpatient Claims	$ 5,696	$ 27.30	$ 9,545	$ 51.20	$ 3,850	$ 23.90	$ 28,351	$ 37.42	$ 37,498	$ 51.24	$ 9,147	$ 13.82
Skilled Nurse Facility	$ 153	$ 0.73	$ -	$ -	$ (153)	$ (0.73)	$ 581	$ 0.77	$ -	$ -	$ (581)	$ (0.77)
Pharmacy	$ 13,084	$ 62.71	$ 11,843	$ 63.52	$ (1,241)	$ 0.81	$ 52,724	$ 69.58	$ 46,466	$ 63.49	$ (6,258)	$ (6.09)
Provider Incentive and Shared Risk	$ 246	$ 1.18	$ 696	$ 3.73	$ 450	$ 2.55	$ 2,219	$ 2.93	$ 2,783	$ 3.80	$ 564	$ 0.87
Medical Administrative Expenses	$ 50	$ 0.24	$ 152	$ 0.82	$ 102	$ 0.58	$ 2,341	$ 3.09	$ 606	$ 0.83	$ (1,735)	$ (2.26)
Total Healthcare Expenses	**$ 42,954**	**$ 205.88**	**$ 61,488**	**$ 329.79**	**$ 18,534**	**$ 123.90**	**$ 184,313**	**$ 243.24**	**$ 221,265**	**$ 302.34**	**$ 36,952**	**$ 59.09**
MCR (%)	*63.9%*		*87.7%*		*23.8%*		*78.1%*		*91.1%*		*13.0%*	
Operating Margin	**$ 24,288**	**$ 116.42**	**$ 8,604**	**$ 46.15**	**$ 15,684**	**$ 70.27**	**$ 51,793**	**$ 68.35**	**$ 21,702**	**$ 29.65**	**$ 30,091**	**$ 38.70**
Total Operating Expenses	**$ 10,199**	**$ 48.88**	**$ 5,536**	**$ 29.69**	**$ (4,663)**	**$ (19.20)**	**$ 36,101**	**$ 47.64**	**$ 22,103**	**$ 30.20**	**$ (13,998)**	**$ (17.44)**
Admin Ratio (%)	*15.2%*		*7.9%*		*-7.3%*		*15.3%*		*9.1%*		*-6.2%*	
Income (Loss) from Operations	**$ 14,089**	**$ 67.53**	**$ 3,069**	**$ 16.46**	**$ 11,020**	**$ 51.07**	**$ 15,692**	**$ 20.71**	**$ (401)**	**$ (0.55)**	**$ 16,093**	**$ 21.26**
Margin before Non-Operating Inc/(Exp) Ratio (%)	*21.0%*		*4.4%*		*-16.6%*		*6.6%*		*-0.2%*		*-6.8%*	
Interest Income,Net	$ 0	$ 0.00	$ 393	$ 2.11	$ (392)	$ (2.10)	$ 1	$ 0.00	$ 1,570	$ 2.15	$ (1,570)	$ (2.14)
Other Income (Expense),Net	$ (174)	$ (0.84)	$ -	$ -	$ (174)	$ (0.84)	$ (174)	$ (0.23)	$ -	$ -	$ (174)	$ (0.23)
Realized Gain/Loss	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Unrealized Gain/Loss	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Non-Operating Income/(Expense)	**$ (174)**	**$ (0.83)**	**$ 393**	**$ 2.11**	**$ (567)**	**(2.94)**	**$ (174)**	**$ (0.23)**	**$ 1,570**	**$ 2.15**	**$ (1,744)**	**$ (2.37)**
Net Surplus/(Deficit)	**$ 13,915**	**$ 66.70**	**$ 3,461**	**$ 18.56**	**$ 10,454**	**$ 48.13**	**$ 15,518**	**$ 20.48**	**$ 1,169**	**$ 1.60**	**$ 14,349**	**$ 18.88**
Margin (%)	*20.7%*		*4.9%*		*15.8%*		*6.6%*		*0.5%*		*6.1%*	

Incentive Programs Income Statement ($ in thousands)

January 2024

	Current Actual	PMPM	Current Budget	PMPM	Current Fav/(Unfav)	PMPM	YTD Actual	PMPM	YTD Budget	PMPM	YTD Fav/(Unfav)	PMPM
Membership												
Member Months	-		-		-		-		-		-	
Revenue												
Capitation Revenue	$ -	$ -	$ 16,556	$ -	$ (16,556)	$ -	$ 43,998	$ -	$ 66,226	$ -	$ (22,228)	$ -
Total Revenues	**$ -**	**$ -**	**$ 16,556**	**$ -**	**$ (16,556)**	**$ -**	**$ 43,998**	**$ -**	**$ 66,226**	**$ -**	**$ (22,228)**	**$ -**
Healthcare Expenses												
Capitation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Inpatient Claims	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Outpatient Claims	$ -	$ -	$ 833	$ -	$ 833	$ -	$ -	$ -	$ 3,333	$ -	$ 3,333	$ -
Skilled Nurse Facility	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Provider Incentive and Shared Risk	$ 2,425	$ -	$ 7,694	$ -	$ 5,269	$ -	$ 5,748	$ -	$ 30,778	$ -	$ 25,030	$ -
Medical Administrative Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Healthcare Expenses	**$ 2,425**	**$ -**	**$ 8,528**	**$ -**	**$ 6,103**	**$ -**	**$ 5,748**	**$ -**	**$ 34,111**	**$ -**	**$ 28,363**	**$ -**
MCR (%)	*0.0%*		*51.5%*		*51.5%*		*13.1%*		*51.5%*		*38.4%*	
Operating Margin	**$ (2,425)**	**$ -**	**$ 8,029**	**$ -**	**$ (10,454)**	**$ -**	**$ 38,250**	**$ -**	**$ 32,115**	**$ -**	**$ 6,135**	**$ -**
Total Operating Expenses	**$ 66**	**$ -**	**$ 87**	**$ -**	**$ 22**	**$ -**	**$ 258**	**$ -**	**$ 349**	**$ -**	**$ 91**	**$ -**
Admin Ratio (%)	*0.0%*		*0.5%*		*0.5%*		*0.6%*		*0.5%*		*-0.1%*	
Income (Loss) from Operations	**$ (2,491)**	**$ -**	**$ 7,941**	**$ -**	**$ (10,432)**	**$ -**	**$ 37,992**	**$ -**	**$ 31,765**	**$ -**	**$ 6,226**	**$ -**
Margin before Non-Operating Inc/(Exp) Ratio (%)	*0.0%*		*48.0%*		*48.0%*		*86.3%*		*48.0%*		*-38.4%*	
Interest Income,Net	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other Income (Expense),Net	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Realized Gain/Loss	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Unrealized Gain/Loss	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Non-Operating Income/(Expense)	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Net Surplus/(Deficit)	**$ (2,491)**	**$ -**	**$ 7,941**	**$ -**	**$ (10,432)**	**$ -**	**$ 37,992**	**$ -**	**$ 31,765**	**$ -**	**$ 6,226**	**$ -**
Margin (%)	*0.0%*		*48.0%*		*-48.0%*		*86.3%*		*48.0%*		*38.4%*	

DATE: March 27, 2024

TO: Finance & Budget Committee

FROM: Afzal Shah, *Chief Financial Officer*

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

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

L.A. Care's investment market value as of January 31, 2024, was $3.5 billion. This includes our funds invested with the government pooled funds. L.A. Care has approximately $35 million invested with the statewide Local Agency Investment Fund (LAIF), and approximately $80 million invested with the Los Angeles County Pooled Investment Fund (LACPIF).

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

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

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

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

Account Name: L.A. CARE HEALTH PLAN

01/01/2024 through 01/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/02/24	01/02/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/16/24 Cpn 912797HZ3	(49,897,420.83)		0.00	0.00	(49,897,420.83)
01/02/24	01/02/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/16/24 Cpn 912797HZ3	(49,897,420.83)		0.00	0.00	(49,897,420.83)
01/02/24	01/02/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/16/24 Cpn 912797HZ3	(49,897,420.83)		0.00	0.00	(49,897,420.83)
01/02/24	01/02/24	Buy	18,000,000.000	FHLB DISCOUNT NOTE MAT 01/03/24 Cpn 313384RH4	(17,997,350.00)		0.00	0.00	(17,997,350.00)
01/02/24	01/02/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/03/24 Cpn 313384RH4	(49,992,638.89)		0.00	0.00	(49,992,638.89)
01/02/24	01/02/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/03/24 Cpn 313384RH4	(49,992,638.89)		0.00	0.00	(49,992,638.89)
01/02/24	01/02/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/03/24 Cpn 313384RH4	(49,992,638.89)		0.00	0.00	(49,992,638.89)
01/02/24	01/02/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/03/24 Cpn 313384RH4	(49,992,638.89)		0.00	0.00	(49,992,638.89)
01/02/24	01/02/24	Buy	12,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 01/05/24 Cpn 84243LA53	(11,994,660.00)		0.00	0.00	(11,994,660.00)
01/02/24	01/02/24	Buy	35,000,000.000	SUMITOMO MITSUI CP 144A MAT 01/09/24 Cpn 86563GA93	(34,963,930.56)		0.00	0.00	(34,963,930.56)
01/03/24	01/03/24	Buy	23,000,000.000	FHLB DISCOUNT NOTE MAT 01/04/24 Cpn 313384RJ0	(22,996,626.67)		0.00	0.00	(22,996,626.67)
01/03/24	01/03/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/04/24 Cpn 313384RJ0	(49,992,666.67)		0.00	0.00	(49,992,666.67)
01/03/24	01/03/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/04/24 Cpn 313384RJ0	(49,992,666.67)		0.00	0.00	(49,992,666.67)

Account Name: L.A. CARE HEALTH PLAN

01/01/2024 through 01/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/03/24	01/03/24	Buy	30,000,000.000	FHLB DISCOUNT NOTE MAT 01/04/24 Cpn 313384RJ0	(29,995,600.00)		0.00	0.00	(29,995,600.00)
01/03/24	01/03/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/04/24 Cpn 313384RJ0	(49,992,666.67)		0.00	0.00	(49,992,666.67)
01/03/24	01/04/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/15/24 Cpn 912797GN1	(49,692,000.00)		0.00	0.00	(49,692,000.00)
01/03/24	01/04/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/15/24 Cpn 912797GN1	(49,692,000.00)		0.00	0.00	(49,692,000.00)
01/03/24	01/04/24	Buy	5,000,000.000	U.S. TREASURY BILL MAT 04/04/24 Cpn 912797GZ4	(4,933,810.14)		0.00	0.00	(4,933,810.14)
01/03/24	01/04/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/04/24 Cpn 912797GZ4	(49,338,101.39)		0.00	0.00	(49,338,101.39)
01/04/24	01/04/24	Buy	35,000,000.000	BRIGHTHOUSE FINANCIAL CP 144A MAT 02/05/24 Cpn 10924HB52	(34,834,177.78)		0.00	0.00	(34,834,177.78)
01/04/24	01/04/24	Buy	32,000,000.000	CREDIT AGRICOLE CP MAT 01/05/24 Cpn 22533TA55	(31,995,315.56)		0.00	0.00	(31,995,315.56)
01/04/24	01/04/24	Buy	15,000,000.000	EMERSON ELECTRIC CP 144A MAT 02/15/24 Cpn 29101ABF0	(14,906,550.00)		0.00	0.00	(14,906,550.00)
01/04/24	01/04/24	Buy	43,000,000.000	FHLB DISCOUNT NOTE MAT 01/05/24 Cpn 313384RK7	(42,993,705.28)		0.00	0.00	(42,993,705.28)
01/04/24	01/04/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/05/24 Cpn 313384RK7	(49,992,680.56)		0.00	0.00	(49,992,680.56)
01/04/24	01/04/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/05/24 Cpn 313384RK7	(49,992,680.56)		0.00	0.00	(49,992,680.56)
01/04/24	01/04/24	Buy	4,450,000.000	NOVARTIS FINANCE CP 144A MAT 02/05/24 Cpn 6698M4B50	(4,428,956.44)		0.00	0.00	(4,428,956.44)

Account Name: L.A. CARE HEALTH PLAN

01/01/2024 through 01/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/04/24	01/04/24	Buy	35,000,000.000	NATL SEC CLEARING CP 144A MAT 02/08/24 Cpn 63763PB81	(34,818,972.22)		0.00	0.00	(34,818,972.22)
01/05/24	01/05/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/08/24 Cpn 313384RN1	(49,978,041.67)		0.00	0.00	(49,978,041.67)
01/05/24	01/05/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/08/24 Cpn 313384RN1	(49,978,041.67)		0.00	0.00	(49,978,041.67)
01/05/24	01/05/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/08/24 Cpn 313384RN1	(49,978,041.67)		0.00	0.00	(49,978,041.67)
01/04/24	01/05/24	Buy	35,000,000.000	METLIFE SHORT TERM FUND CP 1 MAT 02/05/24 Cpn 59157TB51	(34,840,263.89)		0.00	0.00	(34,840,263.89)
01/08/24	01/08/24	Buy	25,000,000.000	CATERPILLAR CP 144A MAT 01/23/24 Cpn 14912PAP7	(24,944,791.67)		0.00	0.00	(24,944,791.67)
01/08/24	01/08/24	Buy	25,000,000.000	FHLB DISCOUNT NOTE MAT 01/09/24 Cpn 313384RP6	(24,996,347.22)		0.00	0.00	(24,996,347.22)
01/08/24	01/08/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/09/24 Cpn 313384RP6	(49,992,694.44)		0.00	0.00	(49,992,694.44)
01/09/24	01/09/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/18/24 Cpn 912797GD3	(49,934,375.00)		0.00	0.00	(49,934,375.00)
01/09/24	01/09/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/18/24 Cpn 912797GD3	(49,934,375.00)		0.00	0.00	(49,934,375.00)
01/09/24	01/09/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/18/24 Cpn 912797GD3	(49,934,375.00)		0.00	0.00	(49,934,375.00)
01/09/24	01/09/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/18/24 Cpn 912797GD3	(49,934,375.00)		0.00	0.00	(49,934,375.00)
01/09/24	01/09/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/18/24 Cpn 912797GD3	(49,934,375.00)		0.00	0.00	(49,934,375.00)

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/09/24	01/09/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/18/24 Cpn 912797GD3	(49,934,375.00)		0.00	0.00	(49,934,375.00)
01/09/24	01/09/24	Buy	15,750,000.000	BMW US CAPITAL CP 144A MAT 02/05/24 Cpn 0556C2B51	(15,687,157.50)		0.00	0.00	(15,687,157.50)
01/09/24	01/09/24	Buy	10,000,000.000	CATERPILLAR FIN CP MAT 01/18/24 Cpn 14912DAJ8	(9,986,775.00)		0.00	0.00	(9,986,775.00)
01/09/24	01/09/24	Buy	7,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	(6,998,977.22)		0.00	0.00	(6,998,977.22)
01/09/24	01/09/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	(49,992,694.44)		0.00	0.00	(49,992,694.44)
01/09/24	01/09/24	Buy	40,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	(39,994,155.56)		0.00	0.00	(39,994,155.56)
01/09/24	01/09/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	(49,992,694.44)		0.00	0.00	(49,992,694.44)
01/09/24	01/09/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	(49,992,694.44)		0.00	0.00	(49,992,694.44)
01/09/24	01/09/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	(49,992,694.44)		0.00	0.00	(49,992,694.44)
01/09/24	01/09/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	(49,992,694.44)		0.00	0.00	(49,992,694.44)
01/09/24	01/09/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	(49,992,694.44)		0.00	0.00	(49,992,694.44)
01/09/24	01/09/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	(49,992,694.44)		0.00	0.00	(49,992,694.44)
01/09/24	01/09/24	Buy	39,580,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	(39,574,216.92)		0.00	0.00	(39,574,216.92)

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Tr Date	*St Date*	*Transaction Type*	*Units*	*Description*		*Proceeds / (Cost)*	*Accrued Interest (Purch) or Sold*	*G/L < 1 Yr Amort Cost*	*G/L > 1 Yr Amort Cost*	*Total Amount*
01/09/24	01/09/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn	313384RQ4	(49,992,694.44)		0.00	0.00	(49,992,694.44)
01/09/24	01/09/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn	313384RQ4	(49,992,694.44)		0.00	0.00	(49,992,694.44)
01/09/24	01/09/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn	313384RQ4	(49,992,694.44)		0.00	0.00	(49,992,694.44)
01/09/24	01/09/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn	313384RQ4	(49,992,694.44)		0.00	0.00	(49,992,694.44)
01/09/24	01/09/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn	313384RQ4	(49,992,694.44)		0.00	0.00	(49,992,694.44)
01/09/24	01/09/24	Buy	20,000,000.000	KENVUE CP 144A MAT 02/08/24 Cpn	49177FB82	(19,911,666.67)		0.00	0.00	(19,911,666.67)
01/09/24	01/09/24	Buy	12,600,000.000	KENVUE CP 144A MAT 02/09/24 Cpn	49177FB90	(12,542,386.50)		0.00	0.00	(12,542,386.50)
01/09/24	01/09/24	Buy	22,735,000.000	SIEMENS CAPITAL CP 144A MAT 02/08/24 Cpn	82619TB89	(22,634,587.08)		0.00	0.00	(22,634,587.08)
01/10/24	01/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/22/24 Cpn	912796Z28	(49,685,263.89)		0.00	0.00	(49,685,263.89)
01/10/24	01/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/22/24 Cpn	912796Z28	(49,685,263.89)		0.00	0.00	(49,685,263.89)
01/10/24	01/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/22/24 Cpn	912796Z28	(49,685,263.89)		0.00	0.00	(49,685,263.89)
01/10/24	01/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/11/24 Cpn	912797HF7	(49,333,063.89)		0.00	0.00	(49,333,063.89)
01/10/24	01/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/11/24 Cpn	912797HF7	(49,333,063.89)		0.00	0.00	(49,333,063.89)

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/10/24	01/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/11/24 Cpn	912797HF7	(49,333,063.89)		0.00	0.00	(49,333,063.89)
01/10/24	01/10/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/11/24 Cpn	313384RR2	(49,992,708.33)		0.00	0.00	(49,992,708.33)
01/10/24	01/10/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/11/24 Cpn	313384RR2	(49,992,708.33)		0.00	0.00	(49,992,708.33)
01/10/24	01/10/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/11/24 Cpn	313384RR2	(49,992,708.33)		0.00	0.00	(49,992,708.33)
01/10/24	01/10/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/11/24 Cpn	313384RR2	(49,992,708.33)		0.00	0.00	(49,992,708.33)
01/10/24	01/10/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/11/24 Cpn	313384RR2	(49,992,708.33)		0.00	0.00	(49,992,708.33)
01/10/24	01/10/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/11/24 Cpn	313384RR2	(49,992,708.33)		0.00	0.00	(49,992,708.33)
01/10/24	01/10/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/11/24 Cpn	313384RR2	(49,992,708.33)		0.00	0.00	(49,992,708.33)
01/10/24	01/10/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/11/24 Cpn	313384RR2	(49,992,708.33)		0.00	0.00	(49,992,708.33)
01/10/24	01/10/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/11/24 Cpn	313384RR2	(49,992,708.33)		0.00	0.00	(49,992,708.33)
01/10/24	01/10/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/11/24 Cpn	313384RR2	(49,992,708.33)		0.00	0.00	(49,992,708.33)
01/10/24	01/10/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/11/24 Cpn	313384RR2	(49,992,708.33)		0.00	0.00	(49,992,708.33)
01/10/24	01/10/24	Buy	35,000,000.000	MARS INC 144A MAT 02/08/24 Cpn	57167EB80	(34,849,159.72)		0.00	0.00	(34,849,159.72)

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/10/24	01/10/24	Buy	12,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 01/24/24 Cpn 84243LAQ7	(11,975,126.67)		0.00	0.00	(11,975,126.67)
01/10/24	01/11/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/16/24 Cpn 912797HZ3	(49,963,402.78)		0.00	0.00	(49,963,402.78)
01/10/24	01/11/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/16/24 Cpn 912797HZ3	(49,963,402.78)		0.00	0.00	(49,963,402.78)
01/10/24	01/11/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/16/24 Cpn 912797HZ3	(49,963,402.78)		0.00	0.00	(49,963,402.78)
01/10/24	01/11/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/23/24 Cpn 912797JA6	(49,912,375.00)		0.00	0.00	(49,912,375.00)
01/10/24	01/11/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/23/24 Cpn 912797JA6	(49,912,375.00)		0.00	0.00	(49,912,375.00)
01/10/24	01/11/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/23/24 Cpn 912797JA6	(49,912,375.00)		0.00	0.00	(49,912,375.00)
01/10/24	01/11/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/25/24 Cpn 912796ZY8	(49,897,819.44)		0.00	0.00	(49,897,819.44)
01/10/24	01/11/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/25/24 Cpn 912796ZY8	(49,897,819.44)		0.00	0.00	(49,897,819.44)
01/10/24	01/11/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/25/24 Cpn 912796ZY8	(49,897,819.44)		0.00	0.00	(49,897,819.44)
01/11/24	01/11/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/12/24 Cpn 313384RS0	(49,992,736.11)		0.00	0.00	(49,992,736.11)
01/11/24	01/11/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/12/24 Cpn 313384RS0	(49,992,736.11)		0.00	0.00	(49,992,736.11)
01/11/24	01/11/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/12/24 Cpn 313384RS0	(49,992,736.11)		0.00	0.00	(49,992,736.11)

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01/11/24	01/11/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/12/24 Cpn 313384RS0	(49,992,736.11)		0.00	0.00	(49,992,736.11)
01/10/24	01/11/24	Buy	15,000,000.000	MITSUBISHI UFJ TRUST & BANK CP MAT 02/12/24 Cpn 60682WBC1	(14,929,066.67)		0.00	0.00	(14,929,066.67)
01/11/24	01/11/24	Buy	10,000,000.000	SUMITOMO MITSUI CP 144A MAT 02/07/24 Cpn 86563GB76	(9,960,025.00)		0.00	0.00	(9,960,025.00)
01/12/24	01/12/24	Buy	25,000,000.000	FHLB DISCOUNT NOTE MAT 01/16/24 Cpn 313384RW1	(24,985,416.67)		0.00	0.00	(24,985,416.67)
01/12/24	01/12/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/16/24 Cpn 313384RW1	(49,970,833.33)		0.00	0.00	(49,970,833.33)
01/12/24	01/12/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/16/24 Cpn 313384RW1	(49,970,833.33)		0.00	0.00	(49,970,833.33)
01/12/24	01/12/24	Buy	22,000,000.000	NOVARTIS FINANCE CP 144A MAT 02/05/24 Cpn 6698M4B50	(21,922,120.00)		0.00	0.00	(21,922,120.00)
01/12/24	01/12/24	Buy	25,000,000.000	SUMITOMO MITSUI CP 144A MAT 02/07/24 Cpn 86563GB76	(24,903,583.33)		0.00	0.00	(24,903,583.33)
01/16/24	01/16/24	Buy	13,535,000.000	FHLB DISCOUNT NOTE MAT 01/17/24 Cpn 313384RX9	(13,533,026.15)		0.00	0.00	(13,533,026.15)
01/16/24	01/16/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/24 Cpn 313384RX9	(49,992,708.33)		0.00	0.00	(49,992,708.33)
01/16/24	01/16/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/24 Cpn 313384RX9	(49,992,708.33)		0.00	0.00	(49,992,708.33)
01/16/24	01/16/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/24 Cpn 313384RX9	(49,992,708.33)		0.00	0.00	(49,992,708.33)
01/16/24	01/16/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/24 Cpn 313384RX9	(49,992,708.33)		0.00	0.00	(49,992,708.33)

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01/16/24	01/16/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/24 Cpn 313384RX9	(49,992,708.33)		0.00	0.00	(49,992,708.33)
01/16/24	01/16/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/24 Cpn 313384RX9	(49,992,708.33)		0.00	0.00	(49,992,708.33)
01/16/24	01/16/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/24 Cpn 313384RX9	(49,992,708.33)		0.00	0.00	(49,992,708.33)
01/16/24	01/16/24	Buy	40,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/24 Cpn 313384RX9	(39,994,166.67)		0.00	0.00	(39,994,166.67)
01/17/24	01/17/24	Buy	10,000,000.000	FHLB DISCOUNT NOTE MAT 01/18/24 Cpn 313384RY7	(9,998,538.89)		0.00	0.00	(9,998,538.89)
01/17/24	01/17/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/18/24 Cpn 313384RY7	(49,992,694.44)		0.00	0.00	(49,992,694.44)
01/17/24	01/17/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/18/24 Cpn 313384RY7	(49,992,694.44)		0.00	0.00	(49,992,694.44)
01/17/24	01/17/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/18/24 Cpn 313384RY7	(49,992,694.44)		0.00	0.00	(49,992,694.44)
01/17/24	01/17/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/18/24 Cpn 313384RY7	(49,992,694.44)		0.00	0.00	(49,992,694.44)
01/17/24	01/17/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/18/24 Cpn 313384RY7	(49,992,694.44)		0.00	0.00	(49,992,694.44)
01/17/24	01/17/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/18/24 Cpn 313384RY7	(49,992,694.44)		0.00	0.00	(49,992,694.44)
01/17/24	01/17/24	Buy	15,000,000.000	FHLB DISCOUNT NOTE MAT 01/18/24 Cpn 313384RY7	(14,997,808.33)		0.00	0.00	(14,997,808.33)
01/17/24	01/17/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/18/24 Cpn 313384RY7	(49,992,694.44)		0.00	0.00	(49,992,694.44)

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01/17/24	01/17/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/18/24 Cpn 313384RY7	(49,992,694.44)		0.00	0.00	(49,992,694.44)
01/09/24	01/17/24	Buy	1,300,000.000	GMCAR 2024-1 A2B CAR MAT 02/16/27 Cpn 5.75 36268GAC9	(1,300,000.00)		0.00	0.00	(1,300,000.00)
01/09/24	01/17/24	Buy	3,100,000.000	SFAST 2024-1A A2 CAR 144A MAT 06/21/27 Cpn 5.35 78435VAB8	(3,099,809.66)		0.00	0.00	(3,099,809.66)
01/18/24	01/18/24	Buy	4,000,000.000	FHLB DISCOUNT NOTE MAT 01/19/24 Cpn 313384RZ4	(3,999,416.67)		0.00	0.00	(3,999,416.67)
01/18/24	01/18/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/19/24 Cpn 313384RZ4	(49,992,708.33)		0.00	0.00	(49,992,708.33)
01/18/24	01/18/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/19/24 Cpn 313384RZ4	(49,992,708.33)		0.00	0.00	(49,992,708.33)
01/18/24	01/18/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/19/24 Cpn 313384RZ4	(49,992,708.33)		0.00	0.00	(49,992,708.33)
01/17/24	01/18/24	Buy	9,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/24 Cpn 313384SC4	(8,994,750.00)		0.00	0.00	(8,994,750.00)
01/17/24	01/18/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/24 Cpn 313384SC4	(49,970,833.33)		0.00	0.00	(49,970,833.33)
01/17/24	01/18/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/24 Cpn 313384SC4	(49,970,833.33)		0.00	0.00	(49,970,833.33)
01/17/24	01/18/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/24 Cpn 313384SC4	(49,970,833.33)		0.00	0.00	(49,970,833.33)
01/17/24	01/18/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/24 Cpn 313384SC4	(49,970,833.33)		0.00	0.00	(49,970,833.33)
01/17/24	01/18/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/24 Cpn 313384SC4	(49,970,833.33)		0.00	0.00	(49,970,833.33)

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01/17/24	01/18/24	Buy	35,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/24 Cpn 313384SC4	(34,979,583.33)		0.00	0.00	(34,979,583.33)
01/18/24	01/18/24	Buy	21,460,000.000	ROCHE HOLDINGS CP 144A MAT 01/19/24 Cpn 77119LAK5	(21,456,846.57)		0.00	0.00	(21,456,846.57)
01/09/24	01/18/24	Buy	1,900,000.000	VZMT 2024-1 A1B PHONE MAT 12/20/28 Cpn 6.00 92348KCM3	(1,900,000.00)		0.00	0.00	(1,900,000.00)
01/17/24	01/18/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 07/18/24 Cpn 912797JS7	(48,734,594.44)		0.00	0.00	(48,734,594.44)
01/17/24	01/18/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 07/18/24 Cpn 912797JS7	(48,734,594.44)		0.00	0.00	(48,734,594.44)
01/22/24	01/22/24	Buy	45,000,000.000	AUTOMATIC DATA CP 144A MAT 01/23/24 Cpn 0530A2AP5	(44,993,375.00)		0.00	0.00	(44,993,375.00)
01/22/24	01/22/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/18/24 Cpn 912796CX5	(49,369,914.58)		0.00	0.00	(49,369,914.58)
01/22/24	01/22/24	Buy	10,000,000.000	BMW US CAPITAL CP 144A MAT 01/30/24 Cpn 0556C2AW3	(9,988,244.44)		0.00	0.00	(9,988,244.44)
01/22/24	01/22/24	Buy	35,000,000.000	CREDIT AGRICOLE CP MAT 01/30/24 Cpn 22533TAW6	(34,958,855.56)		0.00	0.00	(34,958,855.56)
01/22/24	01/22/24	Buy	8,000,000.000	EMERSON ELECTRIC CP 144A MAT 01/23/24 Cpn 29101AAP9	(7,998,828.89)		0.00	0.00	(7,998,828.89)
01/22/24	01/22/24	Buy	25,000,000.000	FLORIDA POWER & LIGHT CP MAT 01/23/24 Cpn 34108AAP2	(24,996,326.39)		0.00	0.00	(24,996,326.39)
01/22/24	01/22/24	Buy	7,500,000.000	ILLINOIS TOOL WORKS CP 144A MAT 01/23/24 Cpn 4523ELAP0	(7,498,900.00)		0.00	0.00	(7,498,900.00)
01/22/24	01/22/24	Buy	35,000,000.000	ELI LILLY & CO CP 144A MAT 02/15/24 Cpn 53245PBF4	(34,876,100.00)		0.00	0.00	(34,876,100.00)

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01/22/24	01/22/24	Buy	10,000,000.000	NOVARTIS FINANCE CP 144A MAT 02/02/24 Cpn 6698M4B27	(9,983,805.56)		0.00	0.00	(9,983,805.56)
01/22/24	01/23/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/30/24 Cpn 912797JB4	(49,949,055.56)		0.00	0.00	(49,949,055.56)
01/22/24	01/23/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/30/24 Cpn 912797JB4	(49,949,055.56)		0.00	0.00	(49,949,055.56)
01/22/24	01/23/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/30/24 Cpn 912797JB4	(49,949,055.56)		0.00	0.00	(49,949,055.56)
01/23/24	01/23/24	Buy	35,000,000.000	CATERPILLAR FIN CP MAT 02/08/24 Cpn 14912DB81	(34,917,555.56)		0.00	0.00	(34,917,555.56)
01/23/24	01/23/24	Buy	17,000,000.000	EMERSON ELECTRIC CP 144A MAT 03/01/24 Cpn 29101AC10	(16,904,535.56)		0.00	0.00	(16,904,535.56)
01/23/24	01/23/24	Buy	25,000,000.000	FLORIDA POWER & LIGHT CP MAT 01/30/24 Cpn 34108AAW7	(24,974,236.11)		0.00	0.00	(24,974,236.11)
01/23/24	01/23/24	Buy	20,000,000.000	MITSUBISHI UFJ TRUST & BANK 14 MAT 02/23/24 Cpn 60682WBP2	(19,908,377.78)		0.00	0.00	(19,908,377.78)
01/23/24	01/23/24	Buy	19,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 01/24/24 Cpn 91058TAQ9	(18,997,197.50)		0.00	0.00	(18,997,197.50)
01/17/24	01/24/24	Buy	1,200,000.000	CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3	(1,199,949.84)		0.00	0.00	(1,199,949.84)
01/17/24	01/24/24	Buy	2,000,000.000	HALST 2024-A A2A LEASE 144A MAT 06/15/26 Cpn 5.15 448988AB1	(1,999,994.40)		0.00	0.00	(1,999,994.40)
01/17/24	01/24/24	Buy	2,400,000.000	MMAF 2024-A A2 EQP 144A MAT 09/13/27 Cpn 5.20 55318CAB0	(2,399,993.52)		0.00	0.00	(2,399,993.52)
01/23/24	01/24/24	Buy	25,000,000.000	USAA CAPITAL CP MAT 01/31/24 Cpn 90328AAX1	(24,974,187.50)		0.00	0.00	(24,974,187.50)

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01/16/24	01/25/24	Buy	800,000.000	DLLST 2024-1A A2 EQP 144A MAT 01/20/26 Cpn 5.33 23346HAB3	(799,997.36)		0.00	0.00	(799,997.36)
01/25/24	01/25/24	Buy	20,000,000.000	FHLB DISCOUNT NOTE MAT 01/26/24 Cpn 313384SG5	(19,997,094.44)		0.00	0.00	(19,997,094.44)
01/25/24	01/25/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/26/24 Cpn 313384SG5	(49,992,736.11)		0.00	0.00	(49,992,736.11)
01/25/24	01/25/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/26/24 Cpn 313384SG5	(49,992,736.11)		0.00	0.00	(49,992,736.11)
01/26/24	01/26/24	Buy	21,000,000.000	FHLB DISCOUNT NOTE MAT 01/29/24 Cpn 313384SK6	(20,990,847.50)		0.00	0.00	(20,990,847.50)
01/26/24	01/26/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/29/24 Cpn 313384SK6	(49,978,208.33)		0.00	0.00	(49,978,208.33)
01/26/24	01/26/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/29/24 Cpn 313384SK6	(49,978,208.33)		0.00	0.00	(49,978,208.33)
01/29/24	01/29/24	Buy	24,000,000.000	FHLB DISCOUNT NOTE MAT 01/30/24 Cpn 313384SL4	(23,996,513.33)		0.00	0.00	(23,996,513.33)
01/29/24	01/29/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/30/24 Cpn 313384SL4	(49,992,736.11)		0.00	0.00	(49,992,736.11)
01/23/24	01/30/24	Buy	4,600,000.000	SBALT 2024-A A2 LEASE 144A MAT 01/20/26 Cpn 5.45 78414SAC8	(4,599,726.30)		0.00	0.00	(4,599,726.30)
01/23/24	01/31/24	Buy	2,500,000.000	GALC 2024-1 A2 EQP 144A MAT 08/17/26 Cpn 5.32 39154TCH9	(2,499,783.25)		0.00	0.00	(2,499,783.25)
			6,383,410,000.000		(6,371,549,411.63)		0.00	0.00	(6,371,549,411.63)

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01/03/24	01/03/24	Coupon		INTL FINANCE CORP FRN SOFRRA MAT 04/03/24 Cpn 5.44 45950VQM1		104,167.00	0.00	0.00	104,167.00
01/05/24	01/05/24	Coupon		INTER-AMERICAN DEV BANK FRN MAT 10/05/28 Cpn 5.70 45828RAA3		113,520.31	0.00	0.00	113,520.31
01/09/24	01/09/24	Coupon		CCCIT 2023-A2 A2 CARD MAT 12/08/27 Cpn 5.95 17305EGX7		23,985.42	0.00	0.00	23,985.42
01/10/24	01/10/24	Coupon		CRVNA 2023-P3 A1 CAR 144A MAT 08/10/24 Cpn 5.66 14688GAA2		118.32	0.00	0.00	118.32
01/10/24	01/10/24	Coupon		FHLB C 7/10/23 Q MAT 01/10/24 Cpn 5.00 3130AUGN8		187,500.00	0.00	0.00	187,500.00
01/10/24	01/10/24	Coupon		TORONTO-DOMINION NY YCD FRN MAT 04/01/24 Cpn 5.84 89115BRU6		138,444.24	0.00	0.00	138,444.24
01/15/24	01/15/24	Coupon		ALLYA 2022-2 A2 CAR MAT 10/15/25 Cpn 4.62 02008MAB5		4,788.59	0.00	0.00	4,788.59
01/15/24	01/15/24	Coupon		BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4		24,291.67	0.00	0.00	24,291.67
01/15/24	01/15/24	Coupon		CARMX 2020-1 A4 CAR MAT 06/16/25 Cpn 2.03 14315XAD0		11,648.86	0.00	0.00	11,648.86
01/15/24	01/15/24	Coupon		CARMX 2020-3 A4 CAR MAT 03/16/26 Cpn 0.77 14315FAE7		2,493.62	0.00	0.00	2,493.62
01/15/24	01/15/24	Coupon		CARMX 2020-4 A3 CAR MAT 08/15/25 Cpn 0.50 14316HAC6		2,007.84	0.00	0.00	2,007.84
01/15/24	01/15/24	Coupon		CARMX 2020-4 A3 CAR MAT 08/15/25 Cpn 0.50 14316HAC6		179.27	0.00	0.00	179.27
01/15/24	01/15/24	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		2,001.31	0.00	0.00	2,001.31

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01/15/24	01/15/24	Coupon		FORDL 2022-A A3 LEASE MAT 05/15/25 Cpn 3.23 34528LAD7		4,661.31	0.00	0.00	4,661.31
01/15/24	01/15/24	Coupon		FORDO 2020-C A3 MAT 07/15/25 Cpn 0.41 34533YAD2		767.36	0.00	0.00	767.36
01/15/24	01/15/24	Coupon		HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2		28,177.08	0.00	0.00	28,177.08
01/15/24	01/15/24	Coupon		HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6		2,043.92	0.00	0.00	2,043.92
01/15/24	01/15/24	Coupon		HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0		3,495.60	0.00	0.00	3,495.60
01/15/24	01/15/24	Coupon		HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3		16,348.33	0.00	0.00	16,348.33
01/15/24	01/15/24	Coupon		HART 2023-C A2A CAR MAT 01/15/27 Cpn 5.80 44918CAB8		9,666.67	0.00	0.00	9,666.67
01/15/24	01/15/24	Coupon		JOHN DEERE 2020-B A4 EQP MAT 06/15/27 Cpn 0.72 47787NAD1		1,810.24	0.00	0.00	1,810.24
01/15/24	01/15/24	Coupon		JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6		1,093.99	0.00	0.00	1,093.99
01/15/24	01/15/24	Coupon		NALT 2022-A A3 LEASE MAT 05/15/25 Cpn 3.81 65480LAD7		25,363.24	0.00	0.00	25,363.24
01/15/24	01/15/24	Coupon		NAROT 2020-B A4 CAR MAT 02/16/27 Cpn 0.71 65479CAE8		2,056.92	0.00	0.00	2,056.92
01/15/24	01/15/24	Coupon		TAOT 2022-C A2A CAR MAT 08/15/25 Cpn 3.83 89231CAB3		6,487.14	0.00	0.00	6,487.14
01/15/24	01/15/24	Coupon		TAOT 2023-D A2A CAR MAT 11/16/26 Cpn 5.80 89239FAB8		18,850.00	0.00	0.00	18,850.00

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01/15/24	01/15/24	Coupon		WORLD OMNI 2020-C A4 CAR MAT 10/15/26 Cpn 0.61 98163CAF7		2,541.67	0.00	0.00	2,541.67
01/15/24	01/15/24	Coupon		WOART 2022-B A2A CAR MAT 10/15/25 Cpn 2.77 98163QAB5		2,157.29	0.00	0.00	2,157.29
01/15/24	01/15/24	Coupon		WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0		16,642.66	0.00	0.00	16,642.66
01/16/24	01/16/24	Coupon		ARIFL 2023-B A1 FLEET 144A MAT 10/15/24 Cpn 5.92 04033GAA5		15,384.21	0.00	0.00	15,384.21
01/16/24	01/16/24	Coupon		CARMX 2023-3 A1 CAR MAT 07/15/24 Cpn 5.63 14319BAA0		5,729.03	0.00	0.00	5,729.03
01/16/24	01/16/24	Coupon		CARMX 2023-4 A1 CAR MAT 10/15/24 Cpn 5.73 14318XAA3		28,851.26	0.00	0.00	28,851.26
01/16/24	01/16/24	Coupon		CCG 2023-2 A1 EQP 144A MAT 11/14/24 Cpn 5.75 12511QAA7		25,306.22	0.00	0.00	25,306.22
01/16/24	01/16/24	Coupon		CNH 2023-A A1 EQP MAT 05/15/24 Cpn 5.43 12664QAA2		5,156.00	0.00	0.00	5,156.00
01/16/24	01/16/24	Coupon		FORDL 2023-B A1 LEASE MAT 10/15/24 Cpn 5.69 34529NAA8		19,772.64	0.00	0.00	19,772.64
01/16/24	01/16/24	Coupon		GALC 2023-1 A1 EQP 144A MAT 06/14/24 Cpn 5.52 39154TCA4		3,248.65	0.00	0.00	3,248.65
01/16/24	01/16/24	Coupon		GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1		2,041.23	0.00	0.00	2,041.23
01/16/24	01/16/24	Coupon		GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2		3,463.74	0.00	0.00	3,463.74
01/16/24	01/16/24	Coupon		GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2		1,091.08	0.00	0.00	1,091.08

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01/16/24	01/16/24	Coupon		GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3		13,393.33	0.00	0.00	13,393.33
01/16/24	01/16/24	Coupon		GSAR 2023-2A A1 CAR 144A MAT 10/15/24 Cpn 5.86 36269EAA7		7,772.57	0.00	0.00	7,772.57
01/16/24	01/16/24	Coupon		HART 2023-C A1 CAR MAT 11/15/24 Cpn 5.63 44918CAA0		15,166.64	0.00	0.00	15,166.64
01/16/24	01/16/24	Coupon		KCOT 2023-2A A1 EQP 144A MAT 07/15/24 Cpn 5.62 500945AA8		4,225.98	0.00	0.00	4,225.98
01/16/24	01/16/24	Coupon		MMAF 2023-A A1 EQP 144A MAT 08/09/24 Cpn 5.71 55317WAA9		5,621.75	0.00	0.00	5,621.75
01/16/24	01/16/24	Coupon		WOART 2023-C A1 CAR MAT 08/15/24 Cpn 5.61 98164FAA0		9,747.14	0.00	0.00	9,747.14
01/18/24	01/18/24	Coupon		HONDA 2020-3 A4 CAR MAT 04/19/27 Cpn 0.46 43813KAD4		1,619.58	0.00	0.00	1,619.58
01/18/24	01/18/24	Coupon		SWEDBANK NY YCD FRN SOFRRA MAT 04/12/24 Cpn 5.84 87019WNH4		50,536.11	0.00	0.00	50,536.11
01/20/24	01/20/24	Coupon		ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3		185.80	0.00	0.00	185.80
01/20/24	01/20/24	Coupon		ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3		123.72	0.00	0.00	123.72
01/20/24	01/20/24	Coupon		ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3		390.76	0.00	0.00	390.76
01/20/24	01/20/24	Coupon		ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2		465.82	0.00	0.00	465.82
01/20/24	01/20/24	Coupon		ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2		54.89	0.00	0.00	54.89

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01/20/24	01/20/24	Coupon		EFF 2023-2 A1 FLEET 144A MAT 06/20/24 Cpn 5.79 29375NAA3		4,975.32	0.00	0.00	4,975.32
01/20/24	01/20/24	Coupon		GMALT 2022-3 A3 LEASE MAT 09/22/25 Cpn 4.01 380130AD6		16,482.90	0.00	0.00	16,482.90
01/20/24	01/20/24	Coupon		GMALT 2023-1 A2A LEASE MAT 06/20/25 Cpn 5.27 362541AB0		6,986.44	0.00	0.00	6,986.44
01/20/24	01/20/24	Coupon		TLOT 2022-A A3 LEASE 144A MAT 02/20/25 Cpn 1.96 89238LAC4		4,952.24	0.00	0.00	4,952.24
01/20/24	01/20/24	Coupon		TLOT 2022-A A3 LEASE 144A MAT 02/20/25 Cpn 1.96 89238LAC4		396.18	0.00	0.00	396.18
01/20/24	01/20/24	Coupon		VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4		7,247.45	0.00	0.00	7,247.45
01/22/24	01/22/24	Coupon		DEFT 2023-2 A1 EQP 144A MAT 06/24/24 Cpn 5.64 24703GAA2		4,512.83	0.00	0.00	4,512.83
01/22/24	01/22/24	Coupon		DLLMT 2023-1A A1 EQP 144A MAT 05/20/24 Cpn 5.53 232989AA1		6,101.50	0.00	0.00	6,101.50
01/22/24	01/22/24	Coupon		HPEFS 2023-2A A1 EQP 144A MAT 10/18/24 Cpn 5.76 44328UAA4		32,472.15	0.00	0.00	32,472.15
01/22/24	01/22/24	Coupon		TESLA 2023-A A1 LEASE 144A MAT 07/22/24 Cpn 5.63 88167PAA6		289.62	0.00	0.00	289.62
01/22/24	01/22/24	Coupon		TESLA 2023-B A1 LEASE 144A MAT 09/20/24 Cpn 5.68 88167QAA4		15,650.75	0.00	0.00	15,650.75
01/22/24	01/22/24	Coupon		TEVT 2023-1 A2B CAR 144A MAT 12/21/26 Cpn 5.87 881943AC8		27,386.15	0.00	0.00	27,386.15
01/25/24	01/25/24	Coupon		BMWLT 2021-2 A4 LEASE MAT 01/27/25 Cpn 0.43 09690AAD5		933.17	0.00	0.00	933.17

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/25/24	01/25/24	Coupon		BMWLT 2022-1 A3 LEASE MAT 03/25/25 Cpn 1.10 05601XAC3		1,741.05	0.00	0.00	1,741.05
01/25/24	01/25/24	Coupon		BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6		23,833.33	0.00	0.00	23,833.33
01/25/24	01/25/24	Coupon		FHMS KF38 A MAT 09/25/24 Cpn 5.79 3137FBUC8		1,113.97	0.00	0.00	1,113.97
01/25/24	01/25/24	Coupon		FHMS KI06 A 1MOFRN CMBS MAT 03/25/25 Cpn 5.68 3137FVNA6		495.51	0.00	0.00	495.51
01/25/24	01/25/24	Coupon		FHMS KI07 A SOFRFRN MAT 09/25/26 Cpn 5.51 3137H3KA9		32,920.40	0.00	0.00	32,920.40
01/25/24	01/25/24	Coupon		FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 5.54 3137H4RC6		10,890.18	0.00	0.00	10,890.18
01/25/24	01/25/24	Coupon		FNMA C 7/25/23 1X MAT 01/25/24 Cpn 5.05 3135GADV0		189,375.00	0.00	0.00	189,375.00
01/29/24	01/29/24	Coupon		CANADIAN IMPERIAL BANK YCD FR MAT 07/29/24 Cpn 5.97 13606KYN0		44,882.33	0.00	0.00	44,882.33
01/31/24	01/31/24	Coupon		U.S. TREASURY FRN MAT 07/31/25 Cpn 5.42 91282CHS3		139,469.31	0.00	0.00	139,469.31
01/31/24	01/31/24	Coupon		U.S. TREASURY FRN MAT 10/31/25 Cpn 5.46 91282CJD4		703,186.55	0.00	0.00	703,186.55
						2,252,952.35	0.00	0.00	2,252,952.35

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/01/24	01/01/24	Income	385.830	ADJ NET INT MAT Cpn USD		385.83	0.00	0.00	385.83
01/01/24	01/01/24	Income	632,555.400	STIF INT MAT Cpn USD		632,555.40	0.00	0.00	632,555.40
			632,941.230			632,941.23	0.00	0.00	632,941.23
01/09/24	01/09/24	Contributn	1,110,000,000.000	NM MAT Cpn USD	1,110,000,000.00		0.00	0.00	1,110,000,000.00
01/25/24	01/25/24	Contributn	75,000,000.000	NM MAT Cpn USD	75,000,000.00		0.00	0.00	75,000,000.00
			1,185,000,000.000		1,185,000,000.00		0.00	0.00	1,185,000,000.00
01/17/24	01/18/24	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 06/13/24 Cpn 912797FS1	48,711,270.83	251,562.50	19,395.83	0.00	48,962,833.33
01/17/24	01/18/24	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 06/13/24 Cpn 912797FS1	48,711,270.83	251,562.50	19,395.83	0.00	48,962,833.33
01/31/24	01/31/24	Sell Long	42,500,000.000	U.S. TREASURY BILL MAT 02/01/24 Cpn 912797GE1	41,369,473.43	1,124,493.93	180.04	0.00	42,493,967.36
			142,500,000.000		138,792,015.09	1,627,618.93	38,971.70	0.00	140,419,634.02
01/10/24	01/10/24	Pay Princpl	25,072.458	CRVNA 2023-P3 A1 CAR 144A MAT 08/10/24 Cpn 5.66 14688GAA2	25,072.46		0.00	0.00	25,072.46
01/15/24	01/15/24	Pay Princpl	245,643.867	ALLYA 2022-2 A2 CAR MAT 10/15/25 Cpn 4.62 02008MAB5	245,643.87		0.00	5.54	245,643.87
01/15/24	01/15/24	Pay Princpl	260,200.716	BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4	260,200.72		7.72	0.00	260,200.72

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/15/24	01/15/24	Pay Princpl	1,126,653.343	CARMX 2020-1 A4 CAR MAT 06/16/25 Cpn 2.03 14315XAD0	1,126,653.34		6,120.69	0.00	1,126,653.34
01/15/24	01/15/24	Pay Princpl	525,436.052	CARMX 2020-3 A4 CAR MAT 03/16/26 Cpn 0.77 14315FAE7	525,436.05		7,977.58	0.00	525,436.05
01/15/24	01/15/24	Pay Princpl	971,308.153	CARMX 2020-4 A3 CAR MAT 08/15/25 Cpn 0.50 14316HAC6	971,308.15		9,943.76	0.00	971,308.15
01/15/24	01/15/24	Pay Princpl	86,723.942	CARMX 2020-4 A3 CAR MAT 08/15/25 Cpn 0.50 14316HAC6	86,723.94		825.89	0.00	86,723.94
01/15/24	01/15/24	Pay Princpl	294,884.720	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	294,884.72		8,235.23	0.00	294,884.72
01/15/24	01/15/24	Pay Princpl	341,686.095	FORDL 2022-A A3 LEASE MAT 05/15/25 Cpn 3.23 34528LAD7	341,686.10		2,529.24	0.00	341,686.10
01/15/24	01/15/24	Pay Princpl	466,576.637	FORDO 2020-C A3 MAT 07/15/25 Cpn 0.41 34533YAD2	466,576.64		4,601.01	0.00	466,576.64
01/15/24	01/15/24	Pay Princpl	92,298.571	HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2	92,298.57		3.83	0.00	92,298.57
01/15/24	01/15/24	Pay Princpl	255,297.837	HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6	255,297.84		7,199.64	0.00	255,297.84
01/15/24	01/15/24	Pay Princpl	75,914.144	HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0	75,914.14		233.62	0.00	75,914.14
01/15/24	01/15/24	Pay Princpl	334,834.967	JOHN DEERE 2020-B A4 EQP MAT 06/15/27 Cpn 0.72 47787NAD1	334,834.97		1,868.84	0.00	334,834.97
01/15/24	01/15/24	Pay Princpl	531,967.354	JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6	531,967.35		9,953.70	0.00	531,967.35
01/15/24	01/15/24	Pay Princpl	1,157,003.104	NALT 2022-A A3 LEASE MAT 05/15/25 Cpn 3.81 65480LAD7	1,157,003.10		5,448.76	0.00	1,157,003.10

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/15/24	01/15/24	Pay Princpl	753,846.536	NAROT 2020-B A4 CAR MAT 02/16/27 Cpn 0.71 65479CAE8	753,846.54		5,768.84	0.00	753,846.54
01/15/24	01/15/24	Pay Princpl	299,481.152	TAOT 2022-C A2A CAR MAT 08/15/25 Cpn 3.83 89231CAB3	299,481.15		0.00	7.36	299,481.15
01/15/24	01/15/24	Pay Princpl	210,997.577	WOART 2022-B A2A CAR MAT 10/15/25 Cpn 2.77 98163QAB5	210,997.58		0.00	4.48	210,997.58
01/15/24	01/15/24	Pay Princpl	339,731.027	WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0	339,731.03		1.56	0.00	339,731.03
01/16/24	01/16/24	Pay Princpl	375,321.919	ARIFL 2023-B A1 FLEET 144A MAT 10/15/24 Cpn 5.92 04033GAA5	375,321.92		0.00	0.00	375,321.92
01/16/24	01/16/24	Pay Princpl	537,366.923	CARMX 2023-3 A1 CAR MAT 07/15/24 Cpn 5.63 14319BAA0	537,366.92		(0.00)	0.00	537,366.92
01/16/24	01/16/24	Pay Princpl	1,342,354.870	CARMX 2023-4 A1 CAR MAT 10/15/24 Cpn 5.73 14318XAA3	1,342,354.87		(0.00)	0.00	1,342,354.87
01/16/24	01/16/24	Pay Princpl	680,985.600	CCG 2023-2 A1 EQP 144A MAT 11/14/24 Cpn 5.75 12511QAA7	680,985.60		0.00	0.00	680,985.60
01/16/24	01/16/24	Pay Princpl	1,069,217.175	CNH 2023-A A1 EQP MAT 05/15/24 Cpn 5.43 12664QAA2	1,069,217.18		0.00	0.00	1,069,217.18
01/16/24	01/16/24	Pay Princpl	1,212,720.906	FORDL 2023-B A1 LEASE MAT 10/15/24 Cpn 5.69 34529NAA8	1,212,720.91		0.00	0.00	1,212,720.91
01/16/24	01/16/24	Pay Princpl	345,091.867	GALC 2023-1 A1 EQP 144A MAT 06/14/24 Cpn 5.52 39154TCA4	345,091.87		0.00	0.00	345,091.87
01/16/24	01/16/24	Pay Princpl	226,774.842	GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1	226,774.84		7,768.13	0.00	226,774.84
01/16/24	01/16/24	Pay Princpl	65,020.664	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	65,020.66		264.58	0.00	65,020.66

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/16/24	01/16/24	Pay Princpl	20,481.509	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	20,481.51		82.14	0.00	20,481.51
01/16/24	01/16/24	Pay Princpl	94,914.146	GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3	94,914.15		1.29	0.00	94,914.15
01/16/24	01/16/24	Pay Princpl	699,578.045	GSAR 2023-2A A1 CAR 144A MAT 10/15/24 Cpn 5.86 36269EAA7	699,578.05		0.00	0.00	699,578.05
01/16/24	01/16/24	Pay Princpl	624,166.249	HART 2023-C A1 CAR MAT 11/15/24 Cpn 5.63 44918CAA0	624,166.25		0.00	0.00	624,166.25
01/16/24	01/16/24	Pay Princpl	356,972.486	KCOT 2023-2A A1 EQP 144A MAT 07/15/24 Cpn 5.62 500945AA8	356,972.49		0.00	0.00	356,972.49
01/16/24	01/16/24	Pay Princpl	305,763.313	MMAF 2023-A A1 EQP 144A MAT 08/09/24 Cpn 5.71 55317WAA9	305,763.31		(0.00)	0.00	305,763.31
01/16/24	01/16/24	Pay Princpl	864,023.838	WOART 2023-C A1 CAR MAT 08/15/24 Cpn 5.61 98164FAA0	864,023.84		0.00	0.00	864,023.84
01/18/24	01/18/24	Pay Princpl	208,627.397	HONDA 2020-3 A4 CAR MAT 04/19/27 Cpn 0.46 43813KAD4	208,627.40		1,239.51	0.00	208,627.40
01/20/24	01/20/24	Pay Princpl	365,502.756	ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3	365,502.76		1,583.82	0.00	365,502.76
01/20/24	01/20/24	Pay Princpl	243,378.420	ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3	243,378.42		1,030.07	0.00	243,378.42
01/20/24	01/20/24	Pay Princpl	768,716.138	ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3	768,716.14		3,007.36	0.00	768,716.14
01/20/24	01/20/24	Pay Princpl	274,575.187	ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2	274,575.19		3,000.94	0.00	274,575.19
01/20/24	01/20/24	Pay Princpl	32,354.869	ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2	32,354.87		353.62	0.00	32,354.87

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/20/24	01/20/24	Pay Princpl	394,139.269	EFF 2023-2 A1 FLEET 144A MAT 06/20/24 Cpn 5.79 29375NAA3	394,139.27		0.00	0.00	394,139.27
01/20/24	01/20/24	Pay Princpl	340,642.191	GMALT 2022-3 A3 LEASE MAT 09/22/25 Cpn 4.01 380130AD6	340,642.19		2,939.82	0.00	340,642.19
01/20/24	01/20/24	Pay Princpl	196,203.790	GMALT 2023-1 A2A LEASE MAT 06/20/25 Cpn 5.27 362541AB0	196,203.79		7.60	0.00	196,203.79
01/20/24	01/20/24	Pay Princpl	572,026.043	TLOT 2022-A A3 LEASE 144A MAT 02/20/25 Cpn 1.96 89238LAC4	572,026.04		5,197.49	0.00	572,026.04
01/20/24	01/20/24	Pay Princpl	45,762.083	TLOT 2022-A A3 LEASE 144A MAT 02/20/25 Cpn 1.96 89238LAC4	45,762.08		419.39	0.00	45,762.08
01/20/24	01/20/24	Pay Princpl	95,869.414	VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4	95,869.41		3.36	0.00	95,869.41
01/22/24	01/22/24	Pay Princpl	328,919.992	DEFT 2023-2 A1 EQP 144A MAT 06/24/24 Cpn 5.64 24703GAA2	328,919.99		(0.00)	0.00	328,919.99
01/22/24	01/22/24	Pay Princpl	684,120.681	DLLMT 2023-1A A1 EQP 144A MAT 05/20/24 Cpn 5.53 232989AA1	684,120.68		(0.00)	0.00	684,120.68
01/22/24	01/22/24	Pay Princpl	817,111.006	HPEFS 2023-2A A1 EQP 144A MAT 10/18/24 Cpn 5.76 44328UAA4	817,111.01		0.00	0.00	817,111.01
01/22/24	01/22/24	Pay Princpl	56,079.721	TESLA 2023-A A1 LEASE 144A MAT 07/22/24 Cpn 5.63 88167PAA6	56,079.72		(0.00)	0.00	56,079.72
01/22/24	01/22/24	Pay Princpl	1,388,668.725	TESLA 2023-B A1 LEASE 144A MAT 09/20/24 Cpn 5.68 88167QAA4	1,388,668.72		(0.00)	0.00	1,388,668.72
01/25/24	01/25/24	Pay Princpl	2,604,200.207	BMWLT 2021-2 A4 LEASE MAT 01/27/25 Cpn 0.43 09690AAD5	2,604,200.21		17,952.53	0.00	2,604,200.21
01/25/24	01/25/24	Pay Princpl	750,923.182	BMWLT 2022-1 A3 LEASE MAT 03/25/25 Cpn 1.10 05601XAC3	750,923.18		4,203.14	0.00	750,923.18

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/25/24	01/25/24	Pay Princpl	114.311	FHMS KF38 A MAT 09/25/24 Cpn 5.79 3137FBUC8	114.31		0.00	0.02	114.31
			27,384,247.986		27,384,248.01		119,774.72	17.40	27,384,248.01
01/02/24	01/02/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/02/24 Cpn 912797HX8	49,604,937.50	395,062.50	0.00	0.00	50,000,000.00
01/02/24	01/02/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/02/24 Cpn 912797HX8	49,604,937.50	395,062.50	0.00	0.00	50,000,000.00
01/02/24	01/02/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/02/24 Cpn 912797HX8	49,604,937.50	395,062.50	0.00	0.00	50,000,000.00
01/02/24	01/02/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/02/24 Cpn 912797HX8	49,604,937.50	395,062.50	0.00	0.00	50,000,000.00
01/02/24	01/02/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/02/24 Cpn 912797HX8	49,604,937.50	395,062.50	0.00	0.00	50,000,000.00
01/02/24	01/02/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/02/24 Cpn 912797HX8	49,604,937.50	395,062.50	0.00	0.00	50,000,000.00
01/02/24	01/02/24	Mature Long	42,000,000.000	FHLB DISCOUNT NOTE MAT 01/02/24 Cpn 313384RG6	41,975,733.33	24,266.67	0.00	0.00	42,000,000.00
01/02/24	01/02/24	Mature Long	12,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 01/02/24 Cpn 84243LA20	11,949,786.67	50,213.33	0.00	0.00	12,000,000.00
01/03/24	01/03/24	Mature Long	18,000,000.000	FHLB DISCOUNT NOTE MAT 01/03/24 Cpn 313384RH4	17,997,350.00	2,650.00	0.00	0.00	18,000,000.00
01/03/24	01/03/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/03/24 Cpn 313384RH4	49,992,638.89	7,361.11	0.00	0.00	50,000,000.00
01/03/24	01/03/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/03/24 Cpn 313384RH4	49,992,638.89	7,361.11	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/03/24	01/03/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/03/24 Cpn 313384RH4	49,992,638.89	7,361.11	0.00	0.00	50,000,000.00
01/03/24	01/03/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/03/24 Cpn 313384RH4	49,992,638.89	7,361.11	0.00	0.00	50,000,000.00
01/03/24	01/03/24	Mature Long	25,000,000.000	NATL SEC CLEARING CP 144A MAT 01/03/24 Cpn 63763PA33	24,892,861.11	107,138.89	0.00	0.00	25,000,000.00
01/04/24	01/04/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/04/24 Cpn 912797FW2	49,325,525.69	674,474.31	0.00	0.00	50,000,000.00
01/04/24	01/04/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/04/24 Cpn 912797FW2	49,332,437.50	667,562.50	0.00	0.00	50,000,000.00
01/04/24	01/04/24	Mature Long	40,000,000.000	U.S. TREASURY BILL MAT 01/04/24 Cpn 912797FW2	39,488,873.33	511,126.67	0.00	0.00	40,000,000.00
01/04/24	01/04/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/04/24 Cpn 912797FW2	49,370,763.89	629,236.11	0.00	0.00	50,000,000.00
01/04/24	01/04/24	Mature Long	23,000,000.000	FHLB DISCOUNT NOTE MAT 01/04/24 Cpn 313384RJ0	22,996,626.67	3,373.33	0.00	0.00	23,000,000.00
01/04/24	01/04/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/04/24 Cpn 313384RJ0	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
01/04/24	01/04/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/04/24 Cpn 313384RJ0	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
01/04/24	01/04/24	Mature Long	30,000,000.000	FHLB DISCOUNT NOTE MAT 01/04/24 Cpn 313384RJ0	29,995,600.00	4,400.00	0.00	0.00	30,000,000.00
01/04/24	01/04/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/04/24 Cpn 313384RJ0	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
01/04/24	01/04/24	Mature Long	25,000,000.000	MERCEDES-BENZ CP 144A MAT 01/04/24 Cpn 58768JA40	24,888,333.33	111,666.67	0.00	0.00	25,000,000.00

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Tr Date	*St Date*	*Transaction Type*	*Units*	*Description*	*Proceeds / (Cost)*	*Accrued Interest (Purch) or Sold*	*G/L < 1 Yr Amort Cost*	*G/L > 1 Yr Amort Cost*	*Total Amount*
01/05/24	01/05/24	Mature Long	32,000,000.000	CREDIT AGRICOLE CP MAT 01/05/24 Cpn 22533TA55	31,995,315.56	4,684.44	0.00	0.00	32,000,000.00
01/05/24	01/05/24	Mature Long	43,000,000.000	FHLB DISCOUNT NOTE MAT 01/05/24 Cpn 313384RK7	42,993,705.28	6,294.72	0.00	0.00	43,000,000.00
01/05/24	01/05/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/05/24 Cpn 313384RK7	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
01/05/24	01/05/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/05/24 Cpn 313384RK7	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
01/05/24	01/05/24	Mature Long	12,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 01/05/24 Cpn 84243LA53	11,994,660.00	5,340.00	0.00	0.00	12,000,000.00
01/08/24	01/08/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/08/24 Cpn 313384RN1	49,978,041.67	21,958.33	0.00	0.00	50,000,000.00
01/08/24	01/08/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/08/24 Cpn 313384RN1	49,978,041.67	21,958.33	0.00	0.00	50,000,000.00
01/08/24	01/08/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/08/24 Cpn 313384RN1	49,978,041.67	21,958.33	0.00	0.00	50,000,000.00
01/09/24	01/09/24	Mature Long	25,000,000.000	FHLB DISCOUNT NOTE MAT 01/09/24 Cpn 313384RP6	24,996,347.22	3,652.78	0.00	0.00	25,000,000.00
01/09/24	01/09/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/09/24 Cpn 313384RP6	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
01/09/24	01/09/24	Mature Long	25,000,000.000	MICROSOFT CP 144A MAT 01/09/24 Cpn 59515MA96	24,870,937.50	129,062.50	0.00	0.00	25,000,000.00
01/09/24	01/09/24	Mature Long	35,000,000.000	SUMITOMO MITSUI CP 144A MAT 01/09/24 Cpn 86563GA93	34,963,930.56	36,069.44	0.00	0.00	35,000,000.00
01/10/24	01/10/24	Mature Long	7,500,000.000	FHLB C 7/10/23 Q MAT 01/10/24 Cpn 5.00 3130AUGN8	7,500,000.00		0.00	0.00	7,500,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/10/24	01/10/24	Mature Long	7,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	6,998,977.22	1,022.78	0.00	0.00	7,000,000.00
01/10/24	01/10/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
01/10/24	01/10/24	Mature Long	40,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	39,994,155.56	5,844.44	0.00	0.00	40,000,000.00
01/10/24	01/10/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
01/10/24	01/10/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
01/10/24	01/10/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
01/10/24	01/10/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
01/10/24	01/10/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
01/10/24	01/10/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
01/10/24	01/10/24	Mature Long	39,580,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	39,574,216.92	5,783.08	0.00	0.00	39,580,000.00
01/10/24	01/10/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
01/10/24	01/10/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
01/10/24	01/10/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/10/24	01/10/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
01/10/24	01/10/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/24 Cpn 313384RQ4	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
01/10/24	01/10/24	Mature Long	20,000,000.000	JOHN DEERE CAPITAL CP 144A MAT 01/10/24 Cpn 24422LAA1	19,749,155.56	250,844.44	0.00	0.00	20,000,000.00
01/11/24	01/11/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/11/24 Cpn 912797GC5	48,683,350.69	1,316,649.31	0.00	0.00	50,000,000.00
01/11/24	01/11/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/11/24 Cpn 912797GC5	48,683,350.69	1,316,649.31	0.00	0.00	50,000,000.00
01/11/24	01/11/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/11/24 Cpn 313384RR2	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
01/11/24	01/11/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/11/24 Cpn 313384RR2	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
01/11/24	01/11/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/11/24 Cpn 313384RR2	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
01/11/24	01/11/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/11/24 Cpn 313384RR2	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
01/11/24	01/11/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/11/24 Cpn 313384RR2	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
01/11/24	01/11/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/11/24 Cpn 313384RR2	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
01/11/24	01/11/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/11/24 Cpn 313384RR2	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
01/11/24	01/11/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/11/24 Cpn 313384RR2	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/11/24	01/11/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/11/24 Cpn	313384RR2	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
01/11/24	01/11/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/11/24 Cpn	313384RR2	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
01/11/24	01/11/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/11/24 Cpn	313384RR2	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
01/11/24	01/11/24	Mature Long	25,000,000.000	KAISER FOUNDATION CP MAT 01/11/24 Cpn	48306AAB3	24,862,534.72	137,465.28	0.00	0.00	25,000,000.00
01/12/24	01/12/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/12/24 Cpn	313384RS0	49,992,736.11	7,263.89	0.00	0.00	50,000,000.00
01/12/24	01/12/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/12/24 Cpn	313384RS0	49,992,736.11	7,263.89	0.00	0.00	50,000,000.00
01/12/24	01/12/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/12/24 Cpn	313384RS0	49,992,736.11	7,263.89	0.00	0.00	50,000,000.00
01/12/24	01/12/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/12/24 Cpn	313384RS0	49,992,736.11	7,263.89	0.00	0.00	50,000,000.00
01/16/24	01/16/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/16/24 Cpn	912797HZ3	49,897,420.83	102,579.17	0.00	0.00	50,000,000.00
01/16/24	01/16/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/16/24 Cpn	912797HZ3	49,897,420.83	102,579.17	0.00	0.00	50,000,000.00
01/16/24	01/16/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/16/24 Cpn	912797HZ3	49,897,420.83	102,579.17	0.00	0.00	50,000,000.00
01/16/24	01/16/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/16/24 Cpn	912797HZ3	49,963,402.78	36,597.22	0.00	0.00	50,000,000.00
01/16/24	01/16/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/16/24 Cpn	912797HZ3	49,963,402.78	36,597.22	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/16/24	01/16/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/16/24 Cpn 912797HZ3	49,963,402.78	36,597.22	0.00	0.00	50,000,000.00
01/16/24	01/16/24	Mature Long	10,000,000.000	BAYERISCHE LANDESBANK CP MAT 01/16/24 Cpn 07274LAG2	9,860,813.89	139,186.11	0.00	0.00	10,000,000.00
01/16/24	01/16/24	Mature Long	25,000,000.000	FHLB DISCOUNT NOTE MAT 01/16/24 Cpn 313384RW1	24,985,416.67	14,583.33	0.00	0.00	25,000,000.00
01/16/24	01/16/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/16/24 Cpn 313384RW1	49,970,833.33	29,166.67	0.00	0.00	50,000,000.00
01/16/24	01/16/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/16/24 Cpn 313384RW1	49,970,833.33	29,166.67	0.00	0.00	50,000,000.00
01/16/24	01/16/24	Mature Long	20,000,000.000	MITSUBISHI UFJ TRUST & BANK CP MAT 01/16/24 Cpn 60682WAG	19,729,538.89	270,461.11	0.00	0.00	20,000,000.00
01/17/24	01/17/24	Mature Long	20,000,000.000	EMERSON ELECTRIC CP 144A MAT 01/17/24 Cpn 29101AAH7	19,871,716.67	128,283.33	0.00	0.00	20,000,000.00
01/17/24	01/17/24	Mature Long	13,535,000.000	FHLB DISCOUNT NOTE MAT 01/17/24 Cpn 313384RX9	13,533,026.15	1,973.85	0.00	0.00	13,535,000.00
01/17/24	01/17/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/24 Cpn 313384RX9	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
01/17/24	01/17/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/24 Cpn 313384RX9	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
01/17/24	01/17/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/24 Cpn 313384RX9	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
01/17/24	01/17/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/24 Cpn 313384RX9	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
01/17/24	01/17/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/24 Cpn 313384RX9	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00

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01/17/24	01/17/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/24 Cpn 313384RX9	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
01/17/24	01/17/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/24 Cpn 313384RX9	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
01/17/24	01/17/24	Mature Long	40,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/24 Cpn 313384RX9	39,994,166.67	5,833.33	0.00	0.00	40,000,000.00
01/17/24	01/17/24	Mature Long	22,500,000.000	FLORIDA POWER & LIGHT CP MAT 01/17/24 Cpn 34108AAH0	22,355,681.25	144,318.75	0.00	0.00	22,500,000.00
01/18/24	01/18/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/18/24 Cpn 912797GD3	49,934,375.00	65,625.00	0.00	0.00	50,000,000.00
01/18/24	01/18/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/18/24 Cpn 912797GD3	49,934,375.00	65,625.00	0.00	0.00	50,000,000.00
01/18/24	01/18/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/18/24 Cpn 912797GD3	49,934,375.00	65,625.00	0.00	0.00	50,000,000.00
01/18/24	01/18/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/18/24 Cpn 912797GD3	49,934,375.00	65,625.00	0.00	0.00	50,000,000.00
01/18/24	01/18/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/18/24 Cpn 912797GD3	49,934,375.00	65,625.00	0.00	0.00	50,000,000.00
01/18/24	01/18/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/18/24 Cpn 912797GD3	49,934,375.00	65,625.00	0.00	0.00	50,000,000.00
01/18/24	01/18/24	Mature Long	10,000,000.000	CATERPILLAR FIN CP MAT 01/18/24 Cpn 14912DAJ8	9,986,775.00	13,225.00	0.00	0.00	10,000,000.00
01/18/24	01/18/24	Mature Long	10,000,000.000	FHLB DISCOUNT NOTE MAT 01/18/24 Cpn 313384RY7	9,998,538.89	1,461.11	0.00	0.00	10,000,000.00
01/18/24	01/18/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/18/24 Cpn 313384RY7	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00

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Tr Date	*St Date*	*Transaction Type*	*Units*	*Description*	*Proceeds / (Cost)*	*Accrued Interest (Purch) or Sold*	*G/L < 1 Yr Amort Cost*	*G/L > 1 Yr Amort Cost*	*Total Amount*
01/18/24	01/18/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/18/24 Cpn 313384RY7	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
01/18/24	01/18/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/18/24 Cpn 313384RY7	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
01/18/24	01/18/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/18/24 Cpn 313384RY7	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
01/18/24	01/18/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/18/24 Cpn 313384RY7	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
01/18/24	01/18/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/18/24 Cpn 313384RY7	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
01/18/24	01/18/24	Mature Long	15,000,000.000	FHLB DISCOUNT NOTE MAT 01/18/24 Cpn 313384RY7	14,997,808.33	2,191.67	0.00	0.00	15,000,000.00
01/18/24	01/18/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/18/24 Cpn 313384RY7	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
01/18/24	01/18/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/18/24 Cpn 313384RY7	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
01/19/24	01/19/24	Mature Long	4,000,000.000	FHLB DISCOUNT NOTE MAT 01/19/24 Cpn 313384RZ4	3,999,416.67	583.33	0.00	0.00	4,000,000.00
01/19/24	01/19/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/19/24 Cpn 313384RZ4	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
01/19/24	01/19/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/19/24 Cpn 313384RZ4	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
01/19/24	01/19/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/19/24 Cpn 313384RZ4	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
01/19/24	01/19/24	Mature Long	21,460,000.000	ROCHE HOLDINGS CP 144A MAT 01/19/24 Cpn 77119LAK5	21,456,846.57	3,153.43	0.00	0.00	21,460,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/22/24	01/22/24	Mature Long	9,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/24 Cpn 313384SC4	8,994,750.00	5,250.00	0.00	0.00	9,000,000.00
01/22/24	01/22/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/24 Cpn 313384SC4	49,970,833.33	29,166.67	0.00	0.00	50,000,000.00
01/22/24	01/22/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/24 Cpn 313384SC4	49,970,833.33	29,166.67	0.00	0.00	50,000,000.00
01/22/24	01/22/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/24 Cpn 313384SC4	49,970,833.33	29,166.67	0.00	0.00	50,000,000.00
01/22/24	01/22/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/24 Cpn 313384SC4	49,970,833.33	29,166.67	0.00	0.00	50,000,000.00
01/22/24	01/22/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/24 Cpn 313384SC4	49,970,833.33	29,166.67	0.00	0.00	50,000,000.00
01/22/24	01/22/24	Mature Long	35,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/24 Cpn 313384SC4	34,979,583.33	20,416.67	0.00	0.00	35,000,000.00
01/23/24	01/23/24	Mature Long	45,000,000.000	AUTOMATIC DATA CP 144A MAT 01/23/24 Cpn 0530A2AP5	44,993,375.00	6,625.00	0.00	0.00	45,000,000.00
01/23/24	01/23/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/23/24 Cpn 912797JA6	49,912,375.00	87,625.00	0.00	0.00	50,000,000.00
01/23/24	01/23/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/23/24 Cpn 912797JA6	49,912,375.00	87,625.00	0.00	0.00	50,000,000.00
01/23/24	01/23/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/23/24 Cpn 912797JA6	49,912,375.00	87,625.00	0.00	0.00	50,000,000.00
01/23/24	01/23/24	Mature Long	25,000,000.000	CATERPILLAR CP 144A MAT 01/23/24 Cpn 14912PAP7	24,944,791.67	55,208.33	0.00	0.00	25,000,000.00
01/23/24	01/23/24	Mature Long	8,000,000.000	EMERSON ELECTRIC CP 144A MAT 01/23/24 Cpn 29101AAP9	7,998,828.89	1,171.11	0.00	0.00	8,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/23/24	01/23/24	Mature Long	25,000,000.000	FLORIDA POWER & LIGHT CP MAT 01/23/24 Cpn 34108AAP2	24,996,326.39	3,673.61	0.00	0.00	25,000,000.00
01/23/24	01/23/24	Mature Long	7,500,000.000	ILLINOIS TOOL WORKS CP 144A MAT 01/23/24 Cpn 4523ELAP0	7,498,900.00	1,100.00	0.00	0.00	7,500,000.00
01/24/24	01/24/24	Mature Long	12,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 01/24/24 Cpn 84243LAQ7	11,975,126.67	24,873.33	0.00	0.00	12,000,000.00
01/24/24	01/24/24	Mature Long	19,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 01/24/24 Cpn 91058TAQ9	18,997,197.50	2,802.50	0.00	0.00	19,000,000.00
01/25/24	01/25/24	Mature Long	40,000,000.000	U.S. TREASURY BILL MAT 01/25/24 Cpn 912796ZY8	39,458,477.78	541,522.22	0.00	0.00	40,000,000.00
01/25/24	01/25/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/25/24 Cpn 912796ZY8	49,897,819.44	102,180.56	0.00	0.00	50,000,000.00
01/25/24	01/25/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/25/24 Cpn 912796ZY8	49,897,819.44	102,180.56	0.00	0.00	50,000,000.00
01/25/24	01/25/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/25/24 Cpn 912796ZY8	49,897,819.44	102,180.56	0.00	0.00	50,000,000.00
01/25/24	01/25/24	Mature Long	7,500,000.000	FNMA C 7/25/23 1X MAT 01/25/24 Cpn 5.05 3135GADV0	7,500,000.00		0.00	0.00	7,500,000.00
01/26/24	01/26/24	Mature Long	20,000,000.000	FHLB DISCOUNT NOTE MAT 01/26/24 Cpn 313384SG5	19,997,094.44	2,905.56	0.00	0.00	20,000,000.00
01/26/24	01/26/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/26/24 Cpn 313384SG5	49,992,736.11	7,263.89	0.00	0.00	50,000,000.00
01/26/24	01/26/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/26/24 Cpn 313384SG5	49,992,736.11	7,263.89	0.00	0.00	50,000,000.00
01/29/24	01/29/24	Mature Long	21,000,000.000	FHLB DISCOUNT NOTE MAT 01/29/24 Cpn 313384SK6	20,990,847.50	9,152.50	0.00	0.00	21,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/29/24	01/29/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/29/24 Cpn 313384SK6	49,978,208.33	21,791.67	0.00	0.00	50,000,000.00
01/29/24	01/29/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/29/24 Cpn 313384SK6	49,978,208.33	21,791.67	0.00	0.00	50,000,000.00
01/30/24	01/30/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/30/24 Cpn 912797JB4	49,949,055.56	50,944.44	0.00	0.00	50,000,000.00
01/30/24	01/30/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/30/24 Cpn 912797JB4	49,949,055.56	50,944.44	0.00	0.00	50,000,000.00
01/30/24	01/30/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/30/24 Cpn 912797JB4	49,949,055.56	50,944.44	0.00	0.00	50,000,000.00
01/30/24	01/30/24	Mature Long	10,000,000.000	BMW US CAPITAL CP 144A MAT 01/30/24 Cpn 0556C2AW3	9,988,244.44	11,755.56	0.00	0.00	10,000,000.00
01/30/24	01/30/24	Mature Long	35,000,000.000	CREDIT AGRICOLE CP MAT 01/30/24 Cpn 22533TAW6	34,958,855.56	41,144.44	0.00	0.00	35,000,000.00
01/30/24	01/30/24	Mature Long	24,000,000.000	FHLB DISCOUNT NOTE MAT 01/30/24 Cpn 313384SL4	23,996,513.33	3,486.67	0.00	0.00	24,000,000.00
01/30/24	01/30/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/30/24 Cpn 313384SL4	49,992,736.11	7,263.89	0.00	0.00	50,000,000.00
01/30/24	01/30/24	Mature Long	25,000,000.000	FLORIDA POWER & LIGHT CP MAT 01/30/24 Cpn 34108AAW7	24,974,236.11	25,763.89	0.00	0.00	25,000,000.00
01/31/24	01/31/24	Mature Long	25,000,000.000	USAA CAPITAL CP MAT 01/31/24 Cpn 90328AAX1	24,974,187.50	25,812.50	0.00	0.00	25,000,000.00
			6,230,575,000.000		6,218,420,609.20	12,154,390.82	0.00	0.00	6,230,575,000.00

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Tr Date	St Date	Transaction Type	Units	Description			Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/01/24	01/01/24	Withdrawal	(17,125.000)	CUSTODY FEE MAT	Cpn	USD	(17,125.00)		(17,125.00)	0.00	(17,125.00)
01/04/24	01/04/24	Withdrawal	(40,000,000.000)	WD MAT	Cpn	USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
01/08/24	01/08/24	Withdrawal	(50,000,000.000)	WD MAT	Cpn	USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
01/11/24	01/11/24	Withdrawal	(40,000,000.000)	WD MAT	Cpn	USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
01/16/24	01/16/24	Withdrawal	(50,000,000.000)	WD MAT	Cpn	USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
01/18/24	01/18/24	Withdrawal	(300,000,000.000)	WD MAT	Cpn	USD	(300,000,000.00)		(300,000,000.00)	0.00	(300,000,000.00)
01/19/24	01/19/24	Withdrawal	(150,000,000.000)	WD MAT	Cpn	USD	(150,000,000.00)		(150,000,000.00)	0.00	(150,000,000.00)
01/22/24	01/22/24	Withdrawal	(55,000,000.000)	WD MAT	Cpn	USD	(55,000,000.00)		(55,000,000.00)	0.00	(55,000,000.00)
01/25/24	01/25/24	Withdrawal	(100,000,000.000)	WD MAT	Cpn	USD	(100,000,000.00)		(100,000,000.00)	0.00	(100,000,000.00)
01/29/24	01/29/24	Withdrawal	(50,000,000.000)	WD MAT	Cpn	USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
01/30/24	01/30/24	Withdrawal	(50,000,000.000)	WD MAT	Cpn	USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)

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01/01/2024 through 01/31/2024

Tr Date	St Date	Transaction Type	Units	Description			Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
Cash - cont.											
01/31/24	01/31/24	Withdrawal	(180,000,000.000)	WD MAT	Cpn	USD	(180,000,000.00)		(180,000,000.00)	0.00	(180,000,000.00)
			(1,065,017,125.000)				(1,065,017,125.00)		(1,065,017,125.00)	0.00	(1,065,017,125.00)

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/09/24	01/17/24	Buy	400,000.000	GMCAR 2024-1 A3 CAR MAT 12/18/28 Cpn 4.85 36268GAD7	(399,919.56)		0.00	0.00	(399,919.56)
01/19/24	01/23/24	Buy	500,000.000	CARMX 2023-4 A3 CAR MAT 07/17/28 Cpn 6.00 14318XAC9	(512,207.03)	(666.67)	0.00	0.00	(512,873.70)
01/19/24	01/23/24	Buy	500,000.000	WOART 2022-B A3 CAR MAT 03/15/28 Cpn 3.44 98163QAE9	(485,488.28)	(382.22)	0.00	0.00	(485,870.50)
01/17/24	01/24/24	Buy	600,000.000	CARMX 2024-A3 CAR MAT 10/16/28 Cpn 4.92 14318WAD9	(599,954.10)		0.00	0.00	(599,954.10)
01/30/24	01/31/24	Buy	2,100,000.000	U.S. TREASURY NOTE MAT 01/31/29 Cpn 4.00 91282CJW2	(2,101,476.56)		0.00	0.00	(2,101,476.56)
			4,100,000.000		(4,099,045.53)	(1,048.89)	0.00	0.00	(4,100,094.42)
01/01/24	01/01/24	Coupon		CA INFRA & ECON BANK-SCRIPPS MAT 07/01/25 Cpn 1.28 13034AN55		3,187.50	0.00	0.00	3,187.50
01/01/24	01/01/24	Coupon		CT STATE OF CONNECTICUT GO/U MAT 07/01/24 Cpn 2.00 20772KJW0		2,097.90	0.00	0.00	2,097.90
01/01/24	01/01/24	Coupon		CA CITY OF EL SEGUNDO POBS TX MAT 07/01/24 Cpn 0.63 284035AC6		1,565.00	0.00	0.00	1,565.00
01/01/24	01/01/24	Coupon		CA NORTHERN CA PUB POWER TX MAT 07/01/24 Cpn 4.32 664845EA8		8,856.00	0.00	0.00	8,856.00
01/01/24	01/01/24	Coupon		CA SOUTHERN CA PUBLIC POWER MAT 07/01/24 Cpn 0.73 842475P66		3,298.50	0.00	0.00	3,298.50
01/07/24	01/07/24	Coupon		FNMA MAT 01/07/25 Cpn 1.63 3135G0X24		7,637.50	0.00	0.00	7,637.50
01/15/24	01/15/24	Coupon		BAAT 2023-2A A3 CAR 144A MAT 06/15/28 Cpn 5.74 06054YAC1		3,348.33	0.00	0.00	3,348.33

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/15/24	01/15/24	Coupon		BACCT 2023-A2 A2 CARD MAT 11/15/28 Cpn 4.98 05522RDH8		2,144.17	0.00	0.00	2,144.17
01/15/24	01/15/24	Coupon		CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8		164.77	0.00	0.00	164.77
01/15/24	01/15/24	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		253.50	0.00	0.00	253.50
01/15/24	01/15/24	Coupon		CARMX 2023-3 A3 CAR MAT 05/15/28 Cpn 5.28 14319BAC6		3,520.00	0.00	0.00	3,520.00
01/15/24	01/15/24	Coupon		CARMX 2023-4 A3 CAR MAT 07/17/28 Cpn 6.00 14318XAC9		1,500.00	0.00	0.00	1,500.00
01/15/24	01/15/24	Coupon		COPAR 2023-2 A3 CAR MAT 06/15/28 Cpn 5.82 14044EAD0		3,395.00	0.00	0.00	3,395.00
01/15/24	01/15/24	Coupon		FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9		2,870.00	0.00	0.00	2,870.00
01/15/24	01/15/24	Coupon		FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9		820.00	0.00	0.00	820.00
01/15/24	01/15/24	Coupon		FORDO 2023-B A3 CAR MAT 05/15/28 Cpn 5.23 344930AD4		2,615.00	0.00	0.00	2,615.00
01/15/24	01/15/24	Coupon		FORDO 2023-C A3 CAR MAT 09/15/28 Cpn 5.53 344940AD3		2,304.17	0.00	0.00	2,304.17
01/15/24	01/15/24	Coupon		GFORT 2023-1 A1 FLOOR 144A MAT 06/15/28 Cpn 5.34 361886CR3		4,005.00	0.00	0.00	4,005.00
01/15/24	01/15/24	Coupon		HART 2023-C A3 CAR MAT 10/16/28 Cpn 5.54 44918CAD4		1,385.00	0.00	0.00	1,385.00
01/15/24	01/15/24	Coupon		JDOT 2023-B A3 EQP MAT 03/15/28 Cpn 5.18 477920AC6		3,237.50	0.00	0.00	3,237.50

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/15/24	01/15/24	Coupon		KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2		286.93	0.00	0.00	286.93
01/15/24	01/15/24	Coupon		KCOT 2023-2A A3 EQP 144A MAT 01/18/28 Cpn 5.28 500945AC4		2,200.00	0.00	0.00	2,200.00
01/15/24	01/15/24	Coupon		MA ST SPL OBLG REV-SOCIAL TXB MAT 07/15/27 Cpn 3.68 576004HD0		8,096.00	0.00	0.00	8,096.00
01/15/24	01/15/24	Coupon		MERCEDES 2021-B A3 LEASE MAT 11/15/24 Cpn 0.40 58769KAD6		18.03	0.00	0.00	18.03
01/15/24	01/15/24	Coupon		TAOT 2023-D A3 CAR MAT 08/15/28 Cpn 5.54 89239FAD4		1,846.67	0.00	0.00	1,846.67
01/16/24	01/16/24	Coupon		GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8		38.12	0.00	0.00	38.12
01/18/24	01/18/24	Coupon		HAROT 2023-3 A3 CAR MAT 02/18/28 Cpn 5.41 43815QAC1		1,127.08	0.00	0.00	1,127.08
01/20/24	01/20/24	Coupon		GMALT 2023-3 A3 LEASE MAT 11/20/26 Cpn 5.38 379929AD4		1,345.00	0.00	0.00	1,345.00
01/20/24	01/20/24	Coupon		TLOT 2023A A3 LEASE 144A MAT 04/20/26 Cpn 4.93 89239MAC1		2,054.17	0.00	0.00	2,054.17
01/21/24	01/21/24	Coupon		FHLMC MAT 07/21/25 Cpn 0.38 3137EAEU9		1,068.75	0.00	0.00	1,068.75
01/25/24	01/25/24	Coupon		NAVMT 2023-1 A FLOOR 144A MAT 08/25/28 Cpn 6.18 63938PBU2		1,030.00	0.00	0.00	1,030.00
01/31/24	01/31/24	Coupon		U.S. TREASURY NOTE MAT 01/31/26 Cpn 0.38 91282CBH3		2,643.75	0.00	0.00	2,643.75
01/31/24	01/31/24	Coupon		U.S. TREASURY NOTE MAT 07/31/26 Cpn 0.63 91282CCP4		1,468.75	0.00	0.00	1,468.75

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/31/24	01/31/24	Coupon		U.S. TREASURY NOTE MAT 07/31/26 Cpn 0.63	91282CCP4		5,875.00	0.00	0.00	5,875.00
01/31/24	01/31/24	Coupon		U.S. TREASURY NOTE MAT 07/31/27 Cpn 2.75	91282CFB2		27,156.25	0.00	0.00	27,156.25
01/31/24	01/31/24	Coupon		U.S. TREASURY NOTE MAT 01/31/28 Cpn 3.50	91282CGH8		34,125.00	0.00	0.00	34,125.00
01/31/24	01/31/24	Coupon		U.S. TREASURY NOTE MAT 07/31/28 Cpn 4.13	91282CHQ7		27,946.88	0.00	0.00	27,946.88
01/31/24	01/31/24	Coupon		U.S. TREASURY NOTE MAT 07/31/28 Cpn 4.13	91282CHQ7		49,500.00	0.00	0.00	49,500.00
							226,031.22	0.00	0.00	226,031.22
01/01/24	01/01/24	Income	12,653.650	STIF INT MAT Cpn	USD		12,653.65	0.00	0.00	12,653.65
01/29/24	01/30/24	Sell Long	2,570,000.000	U.S. TREASURY NOTE MAT 11/30/25 Cpn 0.38	91282CAZ4	2,391,003.52	1,606.25	0.00	(179,858.33)	2,392,609.77
01/30/24	01/31/24	Sell Long	235,000.000	U.S. TREASURY NOTE MAT 12/31/25 Cpn 0.38	91282CBC4	217,999.22	75.05	0.00	(16,522.34)	218,074.27
01/30/24	01/31/24	Sell Long	600,000.000	U.S. TREASURY NOTE MAT 11/30/25 Cpn 4.88	91282CJL6	604,945.31	4,954.92	(570.38)	0.00	609,900.23
			3,405,000.000			3,213,948.05	6,636.22	(570.38)	(196,380.67)	3,220,584.27

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/15/24	01/15/24	Pay Princpl	38,123.023	CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8	38,123.02		0.00	2.20	38,123.02
01/15/24	01/15/24	Pay Princpl	37,352.065	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	37,352.07		0.00	2.25	37,352.07
01/15/24	01/15/24	Pay Princpl	51,260.179	KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2	51,260.18		0.00	0.71	51,260.18
01/15/24	01/15/24	Pay Princpl	54,086.856	MERCEDES 2021-B A3 LEASE MAT 11/15/24 Cpn 0.40 58769KAD6	54,086.86		0.00	0.37	54,086.86
01/16/24	01/16/24	Pay Princpl	8,316.606	GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8	8,316.61		0.00	0.20	8,316.61
			189,138.729		189,138.74		0.00	5.72	189,138.74

LA CARE

Cash Activity by Transaction Type GAAP Basis

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

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/ Withdrawals	Total Amount
BUY										
01/11/24	01/09/24	01/11/24	TNT77	59217GFR5	MET LIFE GLOB FUNDING I	5,000,000.00	(2,020.83)	(4,995,800.00)	0.00	(4,997,820.83)
01/16/24	01/16/24	01/16/24	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	2,145,546.59	0.00	(2,145,546.59)	0.00	(2,145,546.59)
01/18/24	01/16/24	01/18/24	TNT77	58769JAR8	MERCEDES-BENZ FIN NA	5,000,000.00	(4,715.28)	(5,019,900.00)	0.00	(5,024,615.28)
TOTAL BUY						12,145,546.59	(6,736.11)	(12,161,246.59)	0.00	(12,167,982.70)
DIVIDEND										
01/31/24	01/31/24	01/31/24	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	636,060.66	4,205.02	0.00	0.00	4,205.02
TOTAL DIVIDEND						636,060.66	4,205.02	0.00	0.00	4,205.02
INTEREST										
12/30/23	12/30/23	12/30/23	TNT77	59217GFB0	MET LIFE GLOB FUNDING I	3,500,000.00	77,000.00	0.00	0.00	77,000.00
01/07/24	01/07/24	01/07/24	TNT77	02665WEM9	AMERICAN HONDA FINANCE	4,000,000.00	102,500.00	0.00	0.00	102,500.00
01/11/24	01/11/24	01/11/24	TNT77	57629WCG3	MASSMUTUAL GLOBAL FUNDIN	2,500,000.00	36,875.00	0.00	0.00	36,875.00
01/14/24	01/14/24	01/14/24	TNT77	24422EXB0	JOHN DEERE CAPITAL CORP	5,000,000.00	123,750.00	0.00	0.00	123,750.00
01/14/24	01/14/24	01/14/24	TNT77	641062AV6	NESTLE HOLDINGS INC	5,000,000.00	28,750.00	0.00	0.00	28,750.00
01/15/24	01/15/24	01/15/24	TNT77	278865BP4	ECOLAB INC	5,000,000.00	131,250.00	0.00	0.00	131,250.00
01/15/24	01/15/24	01/15/24	TNT77	64952WDW0	NEW YORK LIFE GLOBAL FDG	10,000,000.00	42,500.00	0.00	0.00	42,500.00
01/15/24	01/15/24	01/15/24	TNT77	756109AS3	REALTY INCOME CORP	3,750,000.00	56,250.00	0.00	0.00	56,250.00
01/15/24	01/15/24	01/15/24	TNT77	756109BH6	REALTY INCOME CORP	2,500,000.00	42,500.00	0.00	0.00	42,500.00
01/15/24	01/15/24	01/15/24	TNT77	927804FU3	VIRGINIA ELEC & POWER CO	5,000,000.00	78,750.00	0.00	0.00	78,750.00
01/16/24	01/16/24	01/16/24	TNT77	57629WDE7	MASSMUTUAL GLOBAL FUNDIN	5,000,000.00	30,000.00	0.00	0.00	30,000.00
01/20/24	01/20/24	01/20/24	TNT77	61747YEC5	MORGAN STANLEY	2,000,000.00	15,120.00	0.00	0.00	15,120.00
01/22/24	01/22/24	01/22/24	TNT77	06051GJS9	BANK OF AMERICA CORP	5,000,000.00	43,350.00	0.00	0.00	43,350.00
01/22/24	01/22/24	01/22/24	TNT77	69353RFJ2	PNC BANK NA	3,000,000.00	48,750.00	0.00	0.00	48,750.00
01/25/24	01/25/24	01/25/24	TNT77	46647PDG8	JPMORGAN CHASE & CO	5,000,000.00	121,275.00	0.00	0.00	121,275.00
01/27/24	01/27/24	01/27/24	TNT77	61761J3R8	MORGAN STANLEY	3,000,000.00	46,875.00	0.00	0.00	46,875.00
01/28/24	01/28/24	01/28/24	TNT77	06406RAQ0	BANK OF NY MELLON CORP	5,000,000.00	18,750.00	0.00	0.00	18,750.00
01/30/24	01/30/24	01/30/24	TNT77	74005PBQ6	LINDE INC/CT	2,250,000.00	36,000.00	0.00	0.00	36,000.00
TOTAL INTEREST						76,500,000.00	1,080,245.00	0.00	0.00	1,080,245.00
SELL										

NEAM New England Asset Management

LA CARE

Cash Activity by Transaction Type GAAP Basis

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

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/ Withdrawals	Total Amount
01/11/24	01/09/24	01/11/24	TNT77	05531FBH5	TRUIST FINANCIAL CORP	5,000,000.00	55,555.56	4,913,200.00	0.00	4,968,755.56
01/16/24	01/16/24	01/16/24	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	636,060.66	0.00	636,060.66	0.00	636,060.66
01/18/24	01/16/24	01/18/24	TNT77	61761JVL0	MORGAN STANLEY	3,000,000.00	26,208.33	2,963,430.00	0.00	2,989,638.33
01/18/24	01/16/24	01/18/24	TNT77	828807CS4	SIMON PROPERTY GROUP LP	2,500,000.00	25,078.13	2,464,000.00	0.00	2,489,078.13
TOTAL SELL						11,136,060.66	106,842.02	10,976,690.66	0.00	11,083,532.68
GRAND TOTAL						100,417,667.91	1,184,555.93	(1,184,555.93)	0.00	0.00

Avg Date 15

BOARD OF GOVERNORS

Finance & Budget Committee

Meeting Minutes – February 28, 2024

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

Members

Stephanie Booth, MD, *Chairperson*
Alvaro Ballesteros, MBA
G. Michael Roybal, MD **
Nina Vaccaro **

**Absent ** Via Teleconference*

Management/Staff

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

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Stephanie Booth, MD*, Committee Chairperson*, called the L.A. Care and JPA Finance & Budget Committee regular and special meetings to order at 1:02 p.m. The meetings were held simultaneously. She welcomed everyone and summarized the process for public comment during this meeting. • For those who provided public comment for this meeting by voice message or in writing, L.A. Care is glad that they provided input today. The Committee will hear their comments and the Committee needs to finish the business on the Agenda today. • For people who have access to the internet, the meeting materials are available at the lacare.org website. If anyone needs information about how to locate the meeting materials, they can reach out to L.A. Care staff. • 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. • Public comment will be made before the Committee starts to discuss an item. If the comment is not for a specific agenda item, it will be read at the general Public Comment. • Chairperson Booth provided information on how to submit a comment in-person, or live and directly using the "chat" feature.	
APPROVE MEETING AGENDA	The Agenda for today's meeting was approved.	**Approved unanimously by roll call. 3 AYES (Booth, Roybal, and Vaccaro)**

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
PUBLIC COMMENTS	There were no public comments.	
APPROVE CONSENT AGENDA	Chairperson Booth commented on Motion FIN 102.0324 revisions to Accounting & Financial Services Policies AFS-027 (Travel Expenses and Other Expenses), and retirement of AFS-004 (Non-Travel & Other Related Expenses). Comparing the two policies with their merged version, the travel expense policy is reflected in its entirety. She asked about the rules around non-travel expenses, which are not as specific as they used to be. Jeffrey Ingram, *Deputy Chief Financial Officer*, spoke with her at length, informing her that there are very tight controls on non-travel items that can be expensed and steps to obtain reimbursement. The rules were so tight it was difficult to have perfectly reasonable items reimbursed; for example, reimbursement food for on-site staff training activities. The revised policy is relaxing the rules so that the money can be used as intended. The culture of the work environment has changed and remote working is here to stay. However, there is still need for in-person interaction and for training and team-building activities. The non-travel expenditures are intended to help make staff feel good about occasionally being on-site for work. The new policy will allow an amount of money per person quarterly for the number of people currently, actively working in each department. The actual process around non-travel expenses remains quite tight and the Finance department plans to review the results of this policy change later in the year to ensure no gaps in the policy language are discovered; they will make corrections at that time if they find errors or common misunderstandings, etc. Meanwhile, the Board will see the variance report between the actual and budgeted costs (of travel and non-travel expenses) on a quarterly basis. Mr. Ingram added the current expense reporting is quarterly along with an annual report on budgeted categories. The Board will review monthly financial reports. Chairperson Booth commented on motion FIN 103.0324 for contract amendments with Solugenix, Infosys and Cognizant for IT staff augmentation services through September 2024. She asked about Infosys. It seems the total expense is slightly under $2 million off. Staff will look at this and report back to the Committee. The three companies have been sometimes linked together or separated in motion summaries. It is not clear how the total expense amount was calculated for this motion. Chairperson Booth requested to remove motions FIN 101 and FIN C from the Consent Agenda for further clarification. • January 24, 2024 meeting minutes	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Quarterly Investment Report **Motion FIN 100.0324** **To accept the Quarterly Investment Report for the quarter ending December 31, 2023, as submitted.** • Approve Accounting & Financial Services Policies AFS-027 (Travel Expenses and Other Expenses), and retirement of AFS-004 (Non-Travel & Other Related Expenses) **Motion FIN 102.0324** **To approve Accounting & Financial Services Policies AFS-027 (Travel Expenses and Other Expenses), and retirement of AFS-004 (Non-Travel & Other Related Expenses) as submitted.** • Contract Amendment with Solugenix, Infosys and Cognizant for Information Technology staff augmentation services through September 30, 2024 **Motion FIN 103.0324** **To authorize staff to amend a contract with Solugenix, Infosys and Cognizant in the amount of $6 million (total contract not to exceed $23,340,000) for Information Technology staff augmentation services through September 30, 2024.** • Broadcom (VMware) Contract to provide product support services **Motion FIN A.0224** **To authorize staff to execute a contract in the amount of $4.3 million with Broadcom (VMware) to provide product support services for the period of March 2024 to March 2027.** Chairperson Booth requested clarifications on the Metcalfe contract amendment, including history, and how the scope of work is changed. Lance MacLean, *Senior Director, Facilities Services*, noted that in September 2015, L.A. Care hired one security guard for the main lobby at the administrative offices. L.A. Care began using Universal Protection and Allied Security, firms that also provided security for the building at the time. This lasted for about three years. Due to performance issues, L.A. Care used a smaller local company called Metcalfe Security in September 2018 for one year for about $198,000. Because Metcalfe was a small business at the time, L.A. Care contracted with a larger company, United Guard Service, for about three years. In 2019, L.A. Care added security guards at all of its community resource centers (CRCs). Staff felt this company did not give provide the level of attention nor quality of security guard needed so	**The January 24, 2024,, FIN 100, FIN 102, FIN 103, FIN A were approved unanimously by roll call. 3 AYES**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	L.A. Care brought back Metcalfe. In September 2023, L.A. Care contracted with Metcalfe for $950,000 for approximately one year. This request is for a five-year contract for $8.9 million for security services for L.A. Care's 14 community resource centers and the administrative offices during business hours. The CRCs operate from 6 am to 7 pm. There are CRC special events that happen on weekends for distribution of food or backpacks to community members. The estimated cost is for security services needed in the next five years. • Contract Amendment with Metcalfe Security **Motion FIN 101.0324** **To authorize staff to amend Metcalfe Security contract and extend it for 5 years in an amount not to exceed $8,982,675.** Sameer Amin, MD, *Chief Medical Officer*, presented the motion for approval for a new contract with Toney Health Care Consulting. The current system that is used to process authorizations, SyntraNet, will be replaced on July 1, 2024 with a new system, QNXT. The Utilization Management (UM) team is developing intense testing and training programs to ensure that the transition is smooth, maintains compliance, and provides support to the team before, during, and after implementation. To address business needs, UM is requesting a new scope of work (SOW) to provide 50 supplemental staff (25 operations team members [non-clinical] and 25 nursing positions). The supplemental staff will be trained to process work with the current process and the new system, to allow current FTE to attend training and testing prior to roll out. Once the roll-out occurs, supplemental staff will assist in processing requests, as productivity is anticipated to drop due to a learning curve for the new system. The monthly cost will be $627,264, with no minimum length of contract, and a 30-day notice to end the contract. Supplemental staff will be released as soon as no longer required. Daily monitoring of productivity will be completed to ensure staff are working to their max potential **From Supplemental Special Meeting Agenda** • Toney Health Care Consulting **Motion FIN C.0224** **To authorize a new Scope of Work (SOW) with Toney Health Care Consulting for Utilization Management services for March 1, 2024 to August 30, 2024 at a cost not to exceed $3,763,584.**	**Motions FIN 101 and FIN C were approved unanimously by roll call. 3 AYES** **The Committee approved to include FIN 100, FIN 101, FIN 102 and FIN 103 to the Consent Agenda for March 7, 2024 Board of Governors meeting** **FIN A and FIN C do not require full board approval.**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIRPERSON'S REPORT	Chairperson Booth suggested that L.A. Care needs a 5 or 6 year plan. She thinks L.A. Care needs to invest in this company and set infrastructure goals for where it wants to be in 5 years, not by patching up things, but by planning for and building what it needs to reach the goals. She emphasized making the different systems work seamlessly together and creating a system that would continue to grow and be useful in the future. Dr. Booth continued, L.A. Care is not getting any appreciation for the work in saving money. Certain infrastructure has caused problems that resulted in regulatory issues and there is often no wiggle room for staying in compliance when even small errors are made. LA Care also wants to continue providing high-quality care for its members and the 5-year plan could take any potential for support from providers into consideration as well. She thinks L.A. Care needs to buy the equipment, hardware and software and hire the people necessary for completing the work.	
CHIEF EXECUTIVE OFFICER'S REPORT	There was no CEO Report.	
COMMITTEE ITEMS		
Chief Financial Officer's Report • Financial Report	Jeffrey Ingram, *Deputy Chief Financial Officer,* reported the December 2023 Financial Performance**.** *(A copy of the report can be obtained by contacting Board Services.)* <u>Membership</u> December 2023 total membership was 2.76 million, about 2,000 unfavorable to the budget. Year-to-date (YTD) was 8.3 million member months, almost 57,000 unfavorable to the budget. A reminder that membership as Finance reports it is on a reported basis, any retroactivity for prior periods is reported in the current month. In December 2023 there was some release from holds from October and November, making the month-to-date (MTD) total closer to the budget. L.A. Care Covered (LACC) was favorable by 2,700 members, driven by steady growth in SB260 effectuated members and the competitive pricing. These members have covered the normal loss of membership typically seen during the end of year Special Election Period. <u>Consolidated Financial Performance</u> There was $53 million net surplus for December 2023, $32 million favorable to the budget when Housing and Homelessness Incentive Program (HHIP) and Incentive Payment Program (IPP) were excluded.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Revenue of $42 million is ahead of budget: $27.4 million driven by HHIP/IPP funding received Program Year 3 funding in December 2023; $14 million driven by Calendar Year (CY) 2023 rate favorability. Healthcare Costs (HCC) are $19.3 million favorable to budget. Incurred claims are favorable to forecast roughly $25 million. Fee-for-Service (FFS) expenses continue to come in lower than anticipated, primarily in Inpatient Claims. The favorability is offset by timing of Student Behavioral Health Incentive Program (SBHIP) payment in December 2023. Administrative expense is unfavorable $10 million for the month. o $4 million in Purchased Services o $4 million in Supplies and Other o $2 million in Salaries & Benefits Items that are timing related include $2.7 million for Printing and Postage tied to open enrollment, and $2.0 million in computer supplies. Higher than budget items include hiring efforts that are outpacing the budget, and will be addressed in the 4+8 forecast. Non-operating expense was favorable $14.3 million, driven by the continued benefit of investments earning more in a higher rating environment and unrealized gains as market rates came down a bit in the 4th quarter. YTD net surplus was $211 million, $152 million favorable to the budget when HHIP and IPP were excluded. Revenue was $22.2 million behind budget: • HCC was $111.5 million favorable to budget • Administrative expense was $9.7 million unfavorable • Non-operating expense is favorable $45.7 million The drivers are timing of HHIP/IPP revenue, lower incurred FFS and higher interest rates driving interest income. <u>Operating Margin by Segment</u> • Overall Medical Cost Ratio (MCR) was 89.1% vs the budgeted 93.2% excluding HHIP/IPP • Medi-Cal performed closer to 90%, driven by the CY 2023 rates • Duals Special Needs Plan (DSNP) was 77.4% vs 89.6% • LACC was 77.0% vs 84.6%	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• PASC running at 101.9% vs the budgeted 114% As reported last month, for both DSNP and LACC, the fiscal year will start with lower MCRs due to prior year adjustments, but as the year progresses this will increase to budget expectation. Both segments were up from their November MCR's - 76.5% and 74%, respectively. <u>Key Financial Ratios</u> The Administrative Ratio was 5.3% vs budget of 5.0%. The assumptions for administrative expense will be increased in the 4+8 forecast. Balance sheet metrics are all healthy and there were no caveats this month for pass-through payments. <u>Tangible Net Equity (TNE)</u> TNE continues to build as the fiscal year finished in a strong surplus position. TNE was 834% with days of cash on-hand at 92. **<u>Motion FIN 104.0324</u>** **To accept the Financial Reports for December 2023, as submitted.**	**Approved unanimously by roll call. 3 AYES**
• Monthly Investment Transactions Reports	Mr. Ingram referred to the investment transactions reports included in the meeting materials (*a copy of the report is available by contacting Board Services).* This report is to comply with the California Government Code as an informational item. L.A. Care's total investment market value as of December 31, 2023 was $3.4 billion. • $3.3 billion managed by Payden & Rygel and New England Asset Management (NEAM) • $35 million in Local Agency Investment Fund • $79 million in Los Angeles County Pooled Investment Fund	
• Quarterly Internal Policy Reports	Mr. Ingram referred to the 1st Quarter Expenditure Reports required by L.A. Care Internal Policies for FY 2023-24 included in the meeting materials. (*A copy of the report is available by contacting Board Services).* L.A. Care internal policies require reports on expenditures for business related travel expenses incurred by employees, members of the Board of Governors, Stakeholder Committees, and members of the Public Advisory Committees. The Authorization and Approval Limits policy requires reports for executed vendor contracts for all expenditures and the Procurement Policy requires reports for all sole source purchases over $250,000. These are informational items, and do not require approval. • Policy AFS-004 (Non-Travel Expense Report) • Policy AFS-027 (Travel Expense Report)	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Policy AFS-006 (Authorization and Approval Limits) • Policy AFS-007 (Procurement)	
Approve delegation to Chief Executive Officer to enter into contractual agreements for tenant improvements in the 1200 W. 7th Street building	Mr. MacLean presented a motion requesting approval delegation to Chief Executive Officer to enter into contractual agreements for tenant improvements in the 1200 W. 7th Street building L.A. Care's lease in the 1055 building expires September 2024. In 2017, L.A. Care executed a 10-year lease effective March 1, 2024 at the 1200 W 7th Street Building to consolidate administrative operations into one building. Since the pandemic, the workplace environment has changed drastically. L.A. Care hired CBRE consultants to create a workplace strategy based on industry trends and best practices to address remote work, hybrid work strategy and collaborative space design. Staff engaged architectural firm Gensler, to design new hybrid workspace based on the workplace strategy study as well as input from the L.A. Care leadership team. Gensler has proposed a comprehensive design for floors 1, 5, 6 and 7 that will include permanent workspaces, hoteling spaces and numerous collaborative conferencing rooms. The Construction project encompassing 149,037sq/ft will be built by Sierra Pacific Constructors who won the competitive RFP process and is a preferred vendor that also builds L.A. Care's Community Resource Centers. Staff is seeking authority for the CEO, on a discretionary basis, to enter into contractual agreement(s) for certain professional services to perform capital improvement construction including the purchase of Information Technology (IT) audio-visual conferencing equipment to build out floors 1, 5, 6, and 7 in the 1200 7th Street Building. The cost to build-out the space includes a 10% contingency to cover potential unknown conditions that may surface during construction, is not to exceed $47,027,791. The L.A. Care lease provides for the landlord to pay a Tenant Improvement (TI) Allowance in the amount of $24,300,401 so the net expense to L.A. Care is $22,727,390. L.A. Care will contract with Sierra Pacific Constructors for the full cost of construction and receive the TI Allowance from the landlord as a reimbursement of expenses or as rent credit. **<u>Motion FIN 105.0324</u>** **To delegate to John Baackes, Chief Executive Officer, discretionary authority to approve vendors and enter into contractual agreements for certain professional services to perform capital improvements and purchase equipment to build-out floors 1, 5, 6 and 7 in the 1200 W. 7th Street building in an amount not to exceed $47,027,791 which includes a 10% contingency for potential unknown conditions.**	**Approved unanimously by roll call. 3 AYES** **The Committee approved to include FIN 105 to the Consent Agenda for March 7, 2024 Board of Governors meeting**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Public Comments on the Closed Session agenda items.	There were no public comments.	
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Finance & Budget Committee meeting adjourned at 1:34 p.m. Augustavia J. Haydel, Esq., *General Counsel*, announced the items that the Committee will discuss in closed session. There was no public comment on the Closed Session items, and the meeting adjourned to closed session at 1:35 p.m. REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Technology, Business Plan Estimated date of public disclosure: *February 2026* CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Tom MacDougall, *Chief Technology and Information Officer*	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 1:47 pm. Augustavia J. Haydel, Esq., *General Counsel*, advised the public that no reportable action from the closed session.	
ADJOURNMENT	The meeting adjourned at 1:48 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:

_____
Stephanie Booth, MD, *Chairperson*
Date Signed _____

APPROVED

COMPLIANCE
&
QUALITY
COMMITTEE

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – February 15, 2024

L.A. Care Health Plan CR 1017-1018, 1055 W. Seventh Street, Los Angeles, CA 90017

Members
Stephanie Booth, *MD, Chairperson*
Al Ballesteros, *MBA*
G. Michael Roybal, *MD*

Senior Management
Augustavia J. Haydel, *General Counsel*
Sameer Amin, *MD, Chief Medical Officer*
Terry Brown, *Chief of Human Resources*
Todd Gower, *Chief Compliance Officer*
Linda Greenfield, *Chief Product Officer*
Alex Li, *Chief Health Equity Officer*
Michael Sobetzko, *Senior Director, Risk Management and Operations Support*
Edward Sheen, MD, *Senior Quality, Population Health & Informatics Executive, Quality Improvement*

** Absent ** Via Teleconference*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Chairperson Stephanie Booth, *MD*, called the L.A. Care Compliance & Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance & Quality Committee meetings to order at 2:02 p.m. She announced that members of the public may address the Committee on each matter listed on the agenda before the Committee's consideration of the item by submitting their comments via text, voicemail, or email.	
APPROVAL OF MEETING AGENDA	**The meeting Agenda was approved as submitted.**	**Approved unanimously 3 AYES (Ballesteros, Booth, and Roybal)**
PUBLIC COMMENT	*There was no public comment.*	

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF MEETING MINUTES	Chairperson Booth stated that she will send Board Services staff her corrections to the meeting minutes. **The Janaury 18, 2024 meeting minutes were approved as submitted.**	**Approved unanimously.**
CHAIRPERSON REPORT • **Education Topics**	Chairperson Booth gave a Chairperson's Report. Chaiperson Booth spoke about the challenges of frequently diverting attention from planned tasks to address new regulations. She emphasizes the need to efficiently implement and adapt computer systems to comply with these regulations. She suggests that the organization should assess the time spent on planned tasks versus new directives and advocates for a proactive approach in preparing for future requirements. She recommends decisive action in acquiring necessary resources, including personnel and funding, to support the organization's goals. She proposes a strategic allocation of budgetary resources to address administrative needs and streamline processes. She noted the importance of developing a comprehensive plan for equipment and infrastructure to enhance the organization's operational efficiency and ability to adapt to new regulations seamlessly.	
COMPLIANCE & QUALITY COMMITTEE CHARTER UDPATE	Mr. Gower stated that revisions are still ongoing. He mentioned the need for further discussion and collaboration before finalizing the charter. Mr. Gower notes that some discrepancies between internal and external charters need resolution for clarity and understanding. He expresses confidence in resolving these differences and aims to align the charter with the functions of the compliance committee.	
CHIEF COMPLIANCE OFFICER REPORT	Todd Gower, *Chief Compliance Officer*, and Compliance Department staff presented the Chief Compliance Officer Report *(a copy of the full written report can be obtained from Board Services)*. Overview • 2023 Year End Review • 2024 Compliance Work Plan (COM 100) • Training Update • Issues Inventory • Delegation Oversight Auditing • Utilization Management Compliance • Quality Initiative Compliance 2023 Year End Review	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Mr. Gower reflected on the significant changes in compliance over the past year. These changes include the introduction of the Enterprise Performance Optimization (EPO) team, the retirement of the former chief compliance officer, and his own appointment to the role. Notably, the separation of internal audit from compliance aimed to enhance the organization's focus on its third-line defense. Mr. Gower emphasized the importance of ensuring that controls and processes are effectively in place while hiring full-time staff to stabilize and mature compliance functions. Regarding regulatory audits and monitoring, Mr. Gower discussed the division of responsibilities into regulatory operations and risk management. The focus on developing dashboards and Key Performance Indicators (KPIs) demonstrates a commitment to improving regulatory oversight. The organization has also seen progress in risk management, with increased documentation and follow-up on monitoring and mitigation activities. Additionally, initiatives such as new provider onboarding and training have been established, with plans to refine delegation oversight in the coming year. Looking ahead to 2024, Gower anticipates operationalizing plans developed in 2023 and further refining compliance processes. He highlights the ongoing commitment to enhancing audit services and mentions the approval of a work plan by the committee. 2024 Compliance Work Plan & Motion An effective compliance program promotes an organizational culture that supports integrity, accountability, and ethical behavior. Compliance is not just a set of policies and procedures in a binder but is dependent on the behavioral norms of the organization in much the same manner as quality. Compliance is not entirely subjective; it is bound by clearly defined regulatory and corporate integrity standards. The framework can be broken down into 7 key elements. The seven elements of an effective compliance program are: • Implementing written policies, procedures, and standards of conduct • Designating a compliance officer and compliance committee • Conducting effective training and education • Developing effective lines of communication • Conducting internal monitoring and auditing • Enforcing standards through well-publicized disciplinary guidelines • Responding promptly to detected offenses and undertaking corrective action Work Plan Status 2023 Overview: Twenty Projects. Many of the projects touched significant portions of the OIG 7 elements, but left gaps in the work plan to make sure there is an effective Compliance Program.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Completed (seven): We would need to validate these projects for effectiveness. These projects tie to investigatory processes, Delegation Oversight communication enhancements, Risk Management processes and Privacy BAA reviews. • Started (11): These projects have either started in 2024 or were part of projects from 2023. Key projects tie to expanding usage of the current compliance workflow engine (SAI GlobalC360), Business Continuity/Disaster Recovery, Delegation Oversight, Internal Audit maturity, and Regulatory Operations maturity • Planning (Two): The remaining projects, which are tied to privacy and regulatory operations maturity. We should start these projects in 2024. 2024 Draft Compliance Work Plan 2024 Overview: 28 Projects • Testing effectiveness (seven): Work with Audit Services to validate these completed projects for effectiveness. These projects tie to investigatory processes, Delegation Oversight communication enhancements, Risk Management processes and Privacy BAA reviews. • 2023 Rollover (13): These projects have either started in 2024 or were part of projects from 2023. • New Projects (eight): These projects focus on the OIG 7 elements, Medicare Compliance and overall Corporate Compliance Mr. Gower presented motion COM 100 ***To approve the 2024 Compliance Work Plan, as submitted.*** Mr. Sobetsko gave a Compliance Training Update.	**Approved unanimously 3 AYES (Ballesteros, Booth, and Roybal)**

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

January 2024

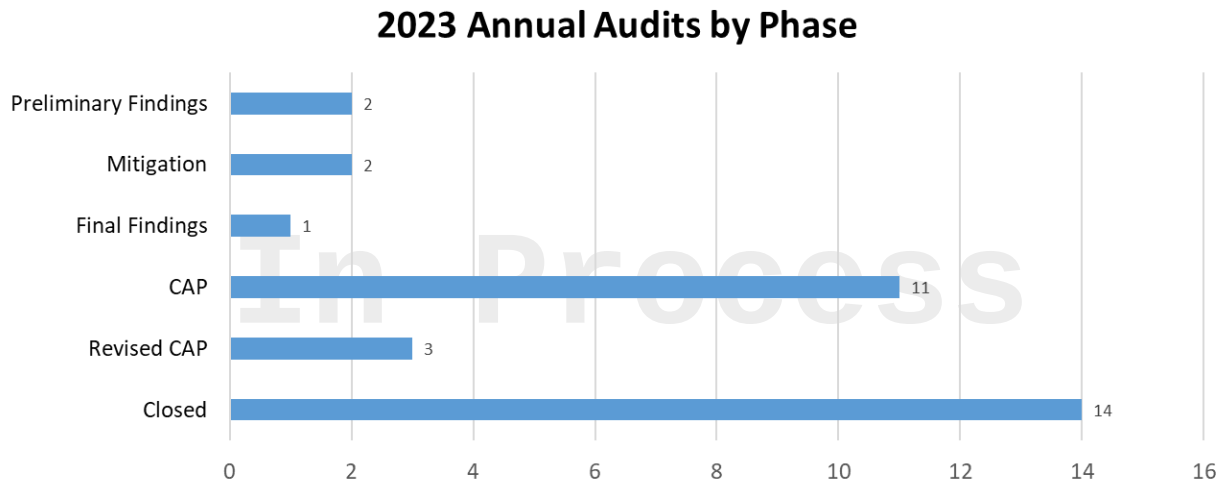
	2023 Annual Compliance Training			2024 New Hire Compliance Training		
	# Complete	# Incomplete	Percentage Completed	# Complete	# Incomplete	Percentage Completed
L.A. Care Employees	1832	3	99.80%	1116	40	96.50%
L.A. Care Contingent Workers	231	11	95.50%	526	41	92.80%
Board of Governors	13	0	100%	N/A	N/A	N/A

Note: 3 incomplete are EE's on LOA

Mr. Sobetsko gave an Issues Inventory update.

Status	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Reported	5												
Open	2												
Closed to inventory	1												
Deferred													
Remediated													
Tracking Only	2												
Monitoring Only													

- Open – Issues confirmed by Compliance Risk Operations that require oversight and monitoring with business units.
- Closed to Inventory – Issues in which business units' are seeking guidance about a regulation or best practice process.
- Deferred – Issues in which regulatory guidance (DHCS, DMHC, or CMS) is pending to resolve or issue resolution is dependent on another business units' implementation of a system or process.
- Remediated – Issues that require formal or informal corrective action plans for resolution.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Tracking Only – Issues managed by other Compliance areas (such as Regulatory Affairs, Audits, Analysis, Communication and Internal Audit In which the risk management staff is following up for current status updates to closure. • Monitoring Only – Issues in which corrective action plans are completed and monitoring is to be done by Compliance Marita Nazarian, *Director, Delegation Oversight Audit,* gave a Delegation Oversight Audit update. 2023  2023 Delegating Oversight – Correction Action Plans (CAP) Validations CAP Validation occurs 60 days after CAPs are accepted.	

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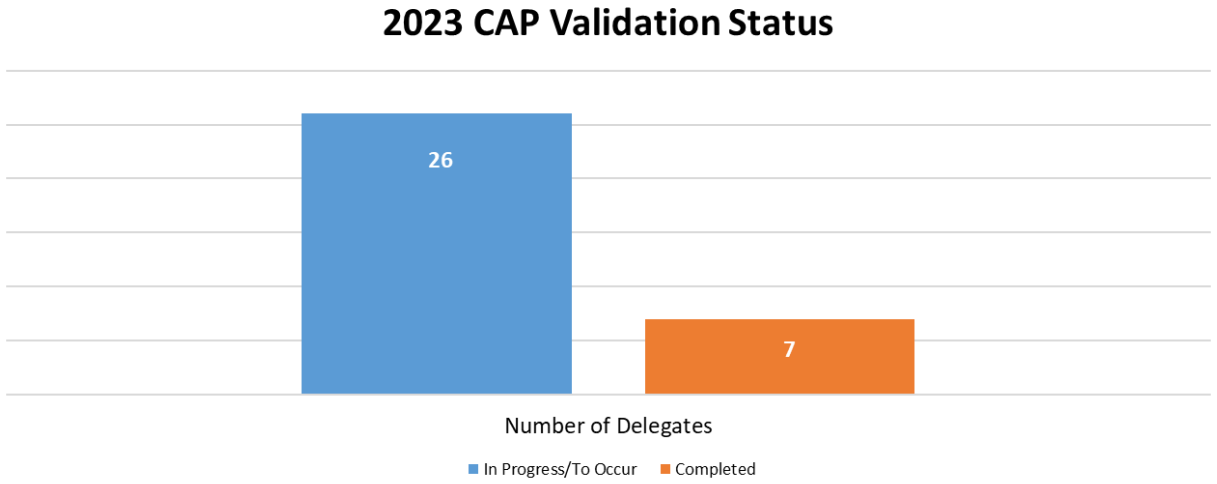
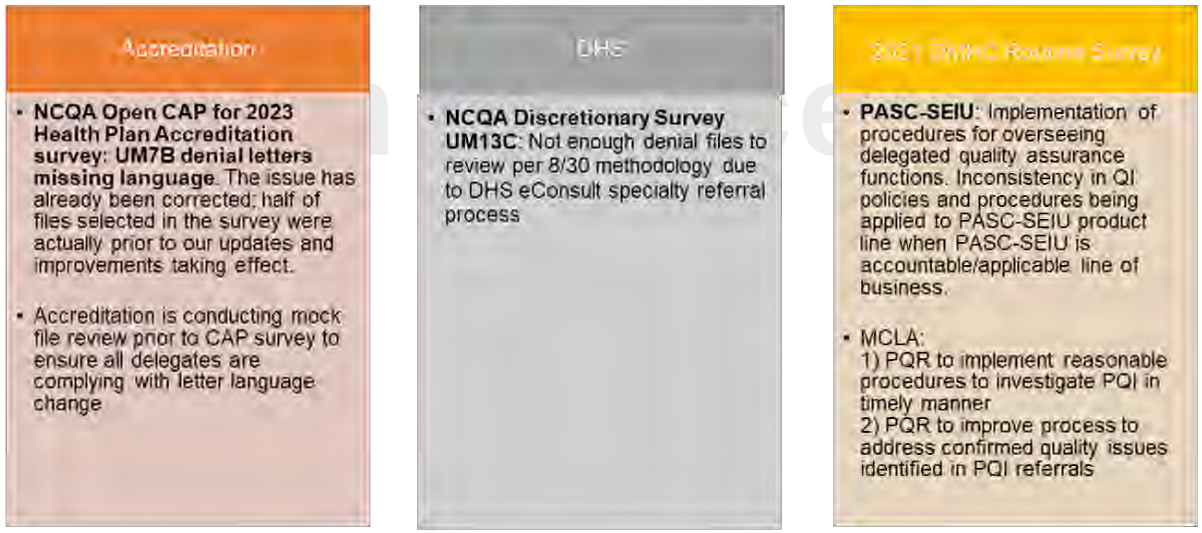
AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	 2023 Delegation Oversight Audits – Results Overview & Future Plans Delegates Areas of Success: • Cultural and Linguistics requirements • Privacy Policy and Procedures • Utilization Management Policy and Procedures and UM Programs Next Steps: Areas identified with repeat findings will undergo: • Deep dive into details of delegates findings. • Presentation to the Delegation Oversight Committee. • Collaboration with Delegation Oversight Monitoring team to develop metrics and monitor repeated findings. 2024 Delegating Oversight Audits: Outlook • 43 Audits scheduled from January – December • three D-SNP Risk Based Audits: 3 PPGs with highest D-SNP membership • Two Plan Partners • 30 PPGs • Eight SHPs/Vendors 2024 Risk Based Delegation Oversight Audit Scope:	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Past audit findings • DSNP requirements • NCQA requirements Jennifer Rasmussen, *Clinical Operations Executive*, gave a Utilization Management Compliance update. Authorization Request Timeliness Monitoring Description of Data: Overall timeliness for each LOB per quarter, all above goal of 95% Relevance: Tight monitoring due to past enforcement action and CAPs in place for timeliness Maintenance Activities: • Leadership responsibility to monitor workflows and inventory daily, including holidays and weekends. • Ongoing system improvements/streamlining opportunities within our current UM platform. • Assessing UM inventory and staffing, ensuring UM has the team required to process incoming requests. Quality Assurance – Letters (Letter Template and Content) • Letters are a regulatory hot spot with history of findings and current CAPs. Heavy emphasis on inclusion of all required aspects for DMHC, DHCS, NCQA, and CMS for their LOB inclusions, respectively • UM Actions: - Policy team established to monitor templates and audit samples for letter requirements to ensure regulatory compliance - Medical Director education with associated monthly audits assessing notice of action (NOA) verbiage appropriate - Letter library created and maintained by UM leadership in collaboration with MD team with NOA verbiage templates for MD use, ensuring consistency across MDs - Routine meetings with the MD team and quality to review audit fallouts or issues found	

Timeliness of Auth Decisions & Notifications	2023	Q1 2023	Q2 2023	Q3 2023	Q4 2023
All LOB (95%)	98%	97%	98%	99%	99%
Direct Network (MCLA subset: 95%)	97%	95%	96%	98%	99%
DSNP (95%)	97%	N/A	N/A	98%	96%

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Current Issues: QNXT Conversion (UM Platform Transition) • SyntraNet to QNXT Transition Plan, planned for second half of 2024 - Utilizing lessons learned from SyntraNet implementation in 2021, a team of leaders from each unit is participating in the planning and implementation - Multi-disciplinary UM team developing configuration requirements consisting of Sr. Director, Program Manager, Quality, Education, and various subject matter experts - Workgroup establishing a defined training plan for all staff, as well as focused education for specific areas/departments - Supplemental staffing requested to provide support for team education and transition, as productivity will be decreased due to virtual classroom time and learning a new system Dr. Sheen gave a Quality Initiatives Compliance update. Compliance Risk Summary – Open CAPs from Audits  Dr. Amin noted the complexities surrounding the referral process for specialty care within the healthcare system. He described how the absence of a prior authorization requirement led to delays in accessing specialists and raised concerns regarding members' appeals rights. To address these issues, a team implemented changes to separate clinical discussions from the process of getting patients referred to specialists. This involved creating two pathways: one for curbside discussions between doctors and another for obtaining prior authorizations. Dr. Amin explained the ongoing efforts to	

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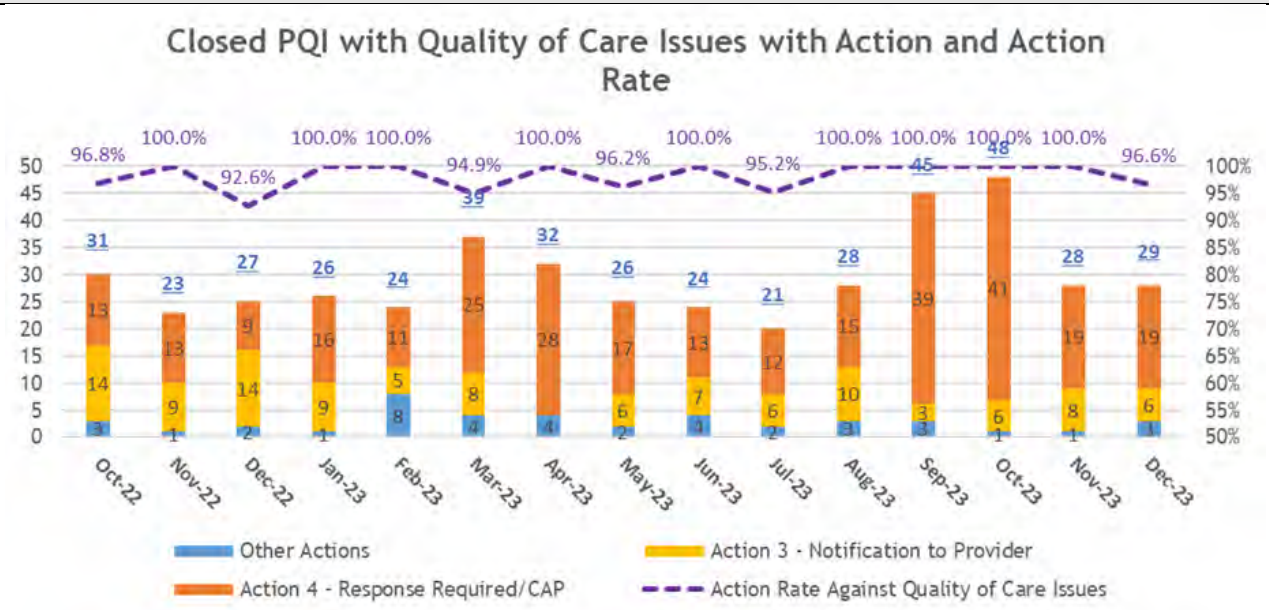
	refine these processes, ensuring clarity and adherence to established pathways. He said that the expected improvements following the implementation of new workflows and policies, aimed at resolving the identified issues and facilitating smoother referrals to specialty care. Chairperson Booth asked Dr. Amin if by "UM volume" he means "referral volume." Dr. Amin clarified that he was referring to referral volume through a different pathway. He acknowledged that due to the recent implementation of changes, there might not be enough volume passing through the system yet for auditing purposes. Dr. Amin anticipates that now that the process is fully separated, there should be sufficient volume soon. He concludes by expressing hope that this explanation clarifies the situation. Compliance Risk Summary – Provider Quality Review: Case Timeliness PQR team monitors timely case closure and risk by grouping cases into risk categories based on number of months cases have aged from dates PQIs are received • Annual FY 2022/2023 timely closure rate was 85%; during this reporting period, team was working on closure of backlog of untimely cases • Staffing has since increased to ensure timely closure and implementation of additional monitoring activities • FY Q1 2023/2024 timely closure rate: 99.6% Compliance Risk Summary – Provider Quality Review – Effective Actions • Upon completion of PQI review, the clinical reviewer, medical director, or peer review committee shall determine actions to address quality findings. - FY 2022/2023: 346 quality findings with 339 (98%) actions taken - Q1 2023/2024: 105 quality findings with 104 (99%) actions taken	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN



Compliance Risk Summary – Participating Physicians Groups, Delegate, and Vendor Issues

Team	Issue Summary
Accreditation	**NCQA**: Ongoing oversight of DHS eConsult process and generating enough files to review per NCQA survey methodologies
Accreditation	**Access to Care:** • PPGs with low survey response rates: Direct Network, Citrus Valley, and DHS • PPGs with delayed/no response to quarterly oversight and monitoring: Adventist Health Physicians and South Atlantic Medical Group
Initiatives	**Blood Lead Screening - Initial Health Assessments**: Rates have improved but still under 50th percentile; not all providers are meeting this level or responding to attestation requirement. Three delegated IPAs have not returned signed attestation.

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Access & Availability – Key Metrics: Access to Care: Annual Provider Appointment Availability Survey + After Hours

	MY 2022 L.A. Care Medi-Cal Compliance Rate	L.A. Care's Performance Goal	Variance
Primary Care			
Urgent	73%	84%	11%
Routine	88%	94%	6%
Preventive (Adult)	97%	98%	1%
Preventive (Child)	91%	94%	3%
Prenatal	96%	98%	2%
In-Office Waiting	99%	98%	-1%
Call Back	70%	80%	10%
Reschedule	96%	96%	0%
No Show Process	99%	99%	0%
Specialist			
Urgent	57%	80%	23%
Routine	72%	80%	8%
Prenatal	84%	96%	12%
In-Office Waiting	96%	97%	1%
Call Back	51%	80%	29%
Reschedule	92%	91%	-1%
No Show Process	98%	99%	1%
After Hours			
Access	76%	81%	5%
Timeliness	65%	80%	15%

Quality Measures – Financial Risk from new DHCS Policies

- L.A. Care received preliminary "intent to sanction" based on Medi-Cal Accountability Set (MCAS)
- Although L.A. Care was in highest tier for quality based on regional benchmarks, DHCS's sudden shift in methodology at end of the year was based on questionable methodology including unrealistic "100%" targets and benchmarks. This is basis for current appeal and widespread intense health plan concerns.
- For MY 2023 L.A. Care is at risk to miss MPL on 8 measures as two new measures with large gaps in state data required for management were added to MCAS Set
- Additionally for 2024, the Quality Withhold program will be in effect: early estimates of ~$15 million at risk.

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Member Roybal suggested leveraging L.A. Care as a clearinghouse and developer of standardized procedures and guidelines to increase access to healthcare. He proposeed working with clinical pharmacists to provide care without the need for a provider visit, using established protocols compliant with nursing or pharmacy boards. Roybal suggests this strategy could alleviate the burden on primary care doctors and increase efficiency in patient care. He emphasizeed the importance of supporting practices by providing standardized procedures and compensation mechanisms for expanded care services. Member Roybal believes this approach could effectively enhance patient access to care, particularly through the utilization of nurse practitioners and clinical pharmacists. Dr. Amin acknowledged Member Roybal's suggestion as excellent and indicates that they are actively exploring its implementation. He confirms that the L.A. Care could serve as a platform for this initiative. Dr. Amin mentions a plan in progress to incorporate clinical pharmacists and nurse practitioners into the care process, aiming to reduce the number of visits required, especially for patients with complex health conditions. He also hints at potential funding mechanisms to support these efforts, indicating a commitment to facilitating expanded care services within primary care. Member Roybal noted that L.A. Care should also look at training in particular Registered Nurses on standardized procedures and standardized guidelines. Dr. Sheen thanked Member Roybal for his comments and confirmed that increasing access to healthcare is indeed a priority for L.A. Care. He mentioned ongoing discussions with the Pharmacy Deparment to optimize every interaction with members, focusing on health education and closing care gaps. Dr. Sheen emphasized their commitment to internal efforts to facilitate expanded care services, echoing Dr. Amin's previous remarks about their team's dedication. He highlighted the Community Resource Centers (CRC) as a valuable opportunity to involve various healthcare professionals, not just pharmacists and nurse practitioners, but also dietitians, care managers, dentists, and others. Dr. Sheen acknowledged the challenges of operationalizing team-based care models within the primary care environment due to reimbursement models and operational complexities. Quality Measures – Sanctions YTD as of January 5, 2024 Rates have improved recently which may lessen monetary impact for MY 2023	

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Measure Description	Measure Type	MY 2023 Admin Rate	YTD Admin Rate MY 2022	YTD MY 2022 vs MY 2023	50th	[illegible]
Cervical Cancer Screening (CCS)	H	50.10%	49.78%	0.32%	57.11%	51.26%
Follow-Up After Emergency Department Visit for Substance Use (FUA)	A	25.20%	21.89%	3.31%	36.34	26.15%
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	A	28.40%	28.74%	-0.34%	54.87	35.70%
Lead Screening in Children (LSC)	H	55.45%	53.72%	1.72%	62.79%	54.34%
Prevention - Topical Fluoride For Children	A	8.99%	0.24%	8.75%	19.3	0.28%
Well-Child Visits in the First 30 Months of Life (W30)	A	43.47%	43.03%	0.44%	58.8	45.63%
Well-Child Visits in the First 30 Months of Life (W30)	A	62.88%	61.61%	1.27%	66.76	62.64%
Child and Adolescent Well-Care Visits (WCV)	A	40.91%	37.83%	3.08%	48.07	46.64%

CHIEF MEDICAL OFFICER REPORT

Dr. Amin presented the February 2024 Chief Medical Officer Report *(a copy of the meeting materials can be obtained from Board Services)*.

Dr. Amin, the Chief Medical Officer, provided a comprehensive update on the ongoing efforts to address appeals and grievances, which have been highlighted as significant areas of concern due to multiple audit findings. He emphasized that the entire team, including the grievances team, medical management team, and quality teams, has been actively engaged in meetings since 2023 to develop a completely new process and workflow to handle grievances effectively. The primary goal of this initiative is to address four major concerns identified in the audits comprehensively. Rather than just patching up small areas, the team aimed to completely rethink the process to build a better system for both members and internal teams. The four areas of focus included misclassifications of grievances, timely resolution of clinical grievances, immediate review of clinical grievances by a medical director, and timely resolution of confirmed quality of care issues. Over several months, the team collaborated extensively with the customer solution center (CSC) team to ensure the new process was comprehensive from the outset. This involved aligning on process changes to achieve regulatory compliance, enhance efficiency, and reduce the number of patient quality issues needing review. Additionally, a consultant previously involved in enforcement actions was engaged to review and validate the new process for compliance. The implementation of the new workflow includes modifications to policies and procedures, new desktop processes, and updated training materials for A&G teams and quality teams. New heads for appeals and grievances have been approved to hire clinical staff for the department, focusing on ensuring appropriate classification upfront and

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	reviewing/closing clinical grievances at the A&G level before escalation. Several key adjustments have been made to improve the process, including providing more robust technical definitions to the CSC, including an approved list of questions for better clinical information gathering, and adopting severity leveling criteria aligned with the team's standards. The development of a case summary based on clinical documentation, initial case leveling, and review by a medical director were also highlighted as critical improvements. The new process aims to ensure prompt and appropriate resolution of grievances, with emergent cases addressed immediately and others within a defined timeframe. Dr. Amin emphasized the importance of clearer communication with members regarding grievance outcomes, including providing formal member resolution letters for closure. Dr. Amin described the efforts as involving cross-functional collaboration and marked this as a watershed moment in improving how the organization deals with appeals and grievances. He noted that the newly approved heads are in the process of being hired and that staff have already been trained on the new process, which is set to be fully implemented in the next 30 days.	
CHIEF HEALTH EQUITY OFFICER REPORT • **Quality Improvement Health Equity Committee (QIHEC) Update**	Alex Li, *MD, Chief Health Equity Officer*, gave a Chief Health Equity Report *(a copy of the written report can be obtained from Board Services).* • In his report, Dr. Li provided an update on the newly formed Quality Improvement Health Equity Committee (QIHEC) which is a new 2024 DHCS managed care plan contract requirement.. He highlighted the key requirements which includes a greater participation among providers and also the inclusion of members. Given the new QI and health equity framework as well as the prescribed committee membership, L.A. Care combining two existing committees (Joint Performance Improvement Collaborative Committee (PICC) and Physician Quality Committee) and transitioned them to QIHEC. In addition to the structural changes, DHCS also required QIHEC to report to the Board of Governors and that our report and minutes be made available to public. The QIHEC's minutes are summarized for C&Q. In brief, the QIHEC policy was approved in November 2023, and this occurred at the first Quality Improvement Health Equity Committee meeting (November 2023). Dr. Li also briefly outlined the committee's composition which includes: L.A. Care staff, delegated plan partners, medical groups, DHS, FQHCs and members. At the QIHEC meeting, the committee reviewed L.A. Care's 2023-25 Health Equity and Disparities Mitigation Plan and Blue Shield Promise's health equity plan. QIHEC also reviewed reviewed the current set of QI corrective action plans, the CalAIM Enhanced Care Management Program, the Provider Incentive and the 2024 provider CME program.	
ADJOURN TO CLOSED SESSION	Augustavia J. Haydel, Esq., *General Counsel*, announced the following items to be discussed in closed session. The JPA Compliance and Quality Committee meeting adjourned and the Compliance and Quality Committee adjourned to closed	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	session at 3:35 P.M. PEER REVIEW Welfare & Institutions Code Section 14087.38(o) CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three potential cases THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Thomas Mapp, Chief Compliance Officer, Serge Herrera, Privacy Director and Gene Magerr, Chief Information Security Officer CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF	
RECONVENE IN OPEN SESSION	The Committee reconvened in open session at 4:22 p.m. There was no report from closed session.	
ADJOURNMENT	The meeting adjourned at 4:22 p.m.	

Respectfully submitted by:

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

APPROVED BY:

DocuSigned by:
Stephanie Booth, MD
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Stephanie Booth, MD, *Chairperson*
Date Signed: 3/25/2024 | 4:28 PM PDT

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