EXECUTIVE COMMITTEE MEETING

Board of Governors

September 27, 2021 • 2:00 PM

L.A. Care Health Plan

1055 W. 7th Street, Los Angeles, CA 90017
AGENDA
Executive Committee Meeting
Board of Governors
Monday, September 27, 2021, 2:00 P.M.
L.A. Care Health Plan, 1055 West 7th Street, 10th Floor, Los Angeles

California Governor issued Executive Orders No. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Accordingly, members of the public should now listen to this meeting via teleconference as follows:

To join and LISTEN ONLY via videoconference please register by using the link below:
https://lacare.webex.com/lacare/j.php?MTID=m12de7d1c42d4d1d8782f47d3691f56

To join and LISTEN ONLY via teleconference please dial: (213) 306-3065
Access code: 248 155 11759  Password: lacare

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

The text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.
Comments received by voicemail, email or text by 2:00 pm on September 27, 2021 will be provided to the members of the Board of Governors that serve on the Executive Committee. Public comments submitted will be read for 3 minutes.

Once the meeting has started, voicemails, emails and texts for public comment should be submitted before the agenda item is called by the meeting Chair. If you wish to submit public comment on a specific agenda item, you must submit it at any time prior to the time the Chair announces the item and asks for public comment. Please take note that if your public comment is not related to any of the agenda item topics, your public comment will be read in the general public comment agenda item.

Please note that there could be a delay in the digital transmittal of emails, texts and voicemail. The Chair will announce when public comment period is over. 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 prior to the board going to closed session.

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

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

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

WELCOME

Hector De La Torre, Chair

1. Approve today’s meeting Agenda

2. Public Comment (please see instructions above)

Chair
3. Approve August 23, 2021 Meeting Minutes

Chair

4. Chairperson’s Report

Chair

5. Chief Executive Officer Report

John Baackes
Chief Executive Officer

COMMITTEE ITEMS

6. Government Affairs Update

Cherie Compartore
Senior Director, Government Affairs

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

Chair

7. CONTRACT RATES

Pursuant to Welfare and Institutions Code Section 14087.38(m)

- Plan Partner Rates
- Provider Rates
- DHCS Rates

8. 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: September 2023

9. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION

Pursuant to Section 54956.9(d)(1) of Ralph M. Brown Act
Long Beach Memorial Medical Center et al v. L.A. Care Health Plan - AAA Case No. 012000002356
Prime Healthcare Services- Alvarado LLC et al. v. Local Initiative Health Authority for Los Angeles County – Case No. 21STC1751
Prime Healthcare Services – Alvarado LLC et al. v. Local Initiative Health Authority for Los Angeles County – JAMS No. No. 1220069752

RECONVENE IN OPEN SESSION

ADJOURN

The next Executive Committee is scheduled on Monday, October 25, 2021 at 2:00 p.m.

Public comments will be read for three minutes or less.

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

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

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Government Code Section 54954.2 (a)(3) and Section 54954.3. NOTE: THE EXECUTIVE COMMITTEE CURRENTLY MEETS ON THE FOURTH MONDAY OF MOST MONTHS AT 2:00 P.M. POSTED AGENDA and MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT www.lacare.org.

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

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

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

9/23/2021 9:24 AM
Hector De La Torre, Chairperson, called to order the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee meetings at 2:11 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings.

- For those who provided public comment for this meeting by voice message or in writing, we are really glad that you provided input today. The Committee will hear your comments and we also have to finish the business on our Agenda today.
- If you have access to the internet, the materials for today’s meeting are available at the lacare.org website. If you need information about how to locate the meeting materials, please let us know.
- Information for public comment is on the Agenda available on the web site. Staff will read the comment from each person for up to three minutes.
- The Chairperson will invite public comment before the Committee starts to discuss the item. If the comment is not on a specific agenda item, it will be read at the general Public Comment item 2 on today’s agenda.
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<td>APPROVE MEETING AGENDA</td>
<td>The Agenda for today’s meeting was approved.</td>
<td>Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, De La Torre, Gonzalez and Perez). Member Curry experienced technical difficulties and was not able to vote.</td>
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<td>PUBLIC COMMENTS</td>
<td>There were no public comments.</td>
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<td>APPROVE MEETING MINUTES</td>
<td>The minutes of the June 28, 2021 meeting were approved as submitted.</td>
<td>Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, De La Torre, Gonzalez and Perez). Member Curry experienced technical difficulties and was not able to vote.</td>
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<td>CHAIRPERSON’S REPORT</td>
<td>Chairperson De La Torre thanked the L.A. Care staff members for their work during the pandemic. The situation seemed to be improving in June, but the recent surge in cases because of the Delta variant and the slow-down in vaccinations is discouraging. Rates of hospitalization due to COVID-19 or the variants are increasing. The vaccination rate for L.A. Care members is slightly above 50% and there is still a lot of work to be done. He thanked staff for their ingenuity, for the public events and vaccination clinics, and in supporting events put together by other organizations. L.A. Care continues to encourage people to get vaccinated. A week or so ago, the rates of vaccination for Latinos and African Americans in Los Angeles County was under 50%. These are numbers that invite further infections and hospitalizations, and unfortunately will invite further fatalities. L.A. Care staff has been doing their regular jobs plus their “COVID-19 job” all at the same time. He thanked staff and he recommitted himself and colleagues on the Board of Governors to doing whatever is needed to increase the vaccination rates among L.A. Care members and throughout Los Angeles County, California and everywhere. We are not near the fall yet, when the ‘flu and other diseases spread. If the numbers are this bad in August, he is afraid for what may happen in the coming fall and winter months. L.A. Care staff is working long hours and will continue to do so, and the line between</td>
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| **CHIEF EXECUTIVE OFFICER REPORT** | John Baackes, *Chief Executive Officer*, thanked Chairperson De La Torre, on behalf of all his colleagues at L.A. Care, for the recognition of the tremendous effort that has been made over the last 18 months. He reported:  
- The amount of work that is facing the health plan and the stress associated with that is the highest he has ever seen in his career. Staff is managing tasks associated with the COVID-19 pandemic, and staff members are volunteering outside of regular duties for events to assist the community such as food pantries, vaccine clinics and Back to School events.  
  - The staff is burdened with implementing significant changes in Medi-Cal programs which will start on January 1, 2022, under the California Advancing and Innovating Medi-Cal (CalAIM), which includes Enhanced Care Management (ECM), In Lieu of Services (ILOS) and Population Health Management (PHM).  
  - The California Department of Health Care Services (DHCS) is implementing a change to Medi-Cal prescription drug benefits which will take effect on January 1, 2022. The pharmacy department staff at L.A. Care has identified at least 18 tasks that will need to be accomplished to smoothly transition those prescription drug benefits for L.A. Care members.  
- It has become apparent that employees are under a tremendous amount of stress and there is a lot of discussion about work-life balance. The management team is reviewing ways to mitigate the workload to create a better balance, which involves additional staff and reorganization.  
  - Within the last two weeks, DHCS identified $350 million which will be available to Medi-Cal managed health care plans for vaccination incentive programs. As Chairperson De La Torre noted, the rate of vaccination among Medi-Cal beneficiaries lags behind the overall rate of the general population by 20 points or more in California. It was determined that health plans are closer to the patients in Medi-Cal and could be the best agencies to get more people vaccinated. L.A. Care will submit a detailed plan to DHCS by September 1, and staff is working hard to develop that plan to meet the specifications and set in place the structure to administer that program. DHCS has set specific goals in the vaccination incentive program and health plans must meet milestones in | |
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<td>increasing the vaccination rate among Medi-Cal beneficiaries. The vaccination rate for L.A. Care’s members eligible to receive the vaccine is about 52% compared to a county-wide rate of 74%, a gap similar to most counties in California. Fortunately, the vaccination rate for Medi-Cal beneficiaries in Los Angeles County is 3 to 4% ahead of rates reported in other California counties. The DHCS vaccine incentive program will begin on September 22.</td>
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<td>• He noted that L.A. Care staff is going above and beyond the call of duty to implement all these new programs. He will provide more information at the upcoming Board Meeting on September 2.</td>
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<td>Government Affairs Update</td>
<td>Cherie Compartore, Senior Director, Government Affairs, reported:</td>
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<td>• The Biden Administration announced a permanent increase of 25-30% in the supplemental benefits for the Supplemental Nutrition Assistance Program, which is called CalFresh in California, starting October 1, 2021. There currently is a 15% COVID-19 related increase which will expire at the end of September. The new rates will be based on eligibility. L.A. Care will be conducting outreach and partnering with various organizations to spread the word and enroll more people who are eligible in CalFresh.</td>
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<td>• The California Legislature returned to Sacramento last week from summer recess. There are three weeks remaining in the current session. The Senate and Assembly Appropriations Committee must hear all bills with associated costs by August 26. Bills associated with a high cost will likely be moved into the suspense file. The actions of the Appropriations Committee will be closely monitored as bills that proceed from this Committee may have a chance to be passed at the end of the current session which ends on September 10. Approved bills will be sent to the Governor to sign into law or veto by October 10.</td>
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<td>• A written update on the California State Budget is included in the meeting materials. The update outlines key items that may impact L.A. Care’s strategic and operational interests.</td>
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<td>• A list of proposed legislation is also included in the meeting materials. By the September 2 Board Meeting we will have more information about which legislation will move forward.</td>
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| 2022 Board & Committee Meetings Schedule                                             | **Motion EXE 100.0921**  
To approve the 2022 Board of Governors and Committees meeting schedule as submitted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | The Executive Committee Members agreed by consensus to include this motion on the Consent Agenda for the September 2, 2021 Board Meeting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Authorization of Expenditures for the Provider Loan Repayment Program under the Elevating the Safety Net Initiative | Cynthia Carmona, Senior Director, Safety Net Initiatives, summarized a motion to authorize an expenditure of up to $6 million, resulting in 34 new provider awards, bringing the total investment in the Provider Loan Repayment Program (PLRP) under the Elevating the Safety Net Initiative (ESN) to $18 million and 101 provider awards, since launching the ESN in the summer of 2018. There are 12 providers currently on the waiting list for this program.  
All providers awarded under the PLRP are committed to practicing in L.A. County’s safety net for at least three years and are contracted with L.A. Care to serve Medi-Cal members. The PLRP has experienced a 92% program retention rate with only nine providers no longer eligible for their award due to changes in employment status or complete payment of educational debt. The PLRP is currently administered by Uncommon Good.  
To continue the success of recruiting and retaining providers committed to practicing in L.A. County’s safety net, our review committee would like to propose two expenditure requests for consideration:  
1. **PLRP new grant of $6 million to award between 30 and 60 new providers**  
The review committee requests approval of an additional $6 million to award between 30 and 60 new providers who meet the eligibility criteria, including a three-year commitment to practice in L.A. County’s safety net. As of August 16, 2021, 12 new providers have applied for award funds and are waiting for approval.  
2. **PLRP new grant of $1.96 million to award up to 22 providers a two-year award extension**  
The review committee requests approval of an additional $1.96 million to support 22 current awardees by offering extended loan repayment assistance for an additional two years. Awards extensions will be available for providers who have committed to practicing in L.A. County’s safety net for at least three years under our PLRP. |
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<td>The total budget request proposed under this board motion is $7.96 million to expand and sustain awards under our PLRP starting in FY 2021-22 through FY 2024-25.</td>
<td>Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, De La Torre, Gonzalez and Perez) Member Curry experienced technical difficulties and was not able to vote.</td>
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<td>Mr. Baackes noted that some physicians recruited in the first two years of the program are now completing their third year and still have debt from medical school. L.A. Care could continue to retire that debt for physicians that remain committed to serving patients through the safety net of providers in Los Angeles County. The amounts will vary among the physicians in the program. Board Member Booth asked if there is any feedback from patients about the physicians in this program. Board Member Booth also asked about the physicians that did not remain in the program. Ms. Carmona responded that she does not have feedback information from patients about the participating physicians. She offered to provide Board Member Booth with information about physicians that have separated from the program. Richard Seidman, MD, MPH, Chief Medical Officer, stated that he has met some of the physicians in the program and they are very thankful for the support from L.A. Care and very committed to their positions with safety net providers. Those recipients have told Dr. Seidman that L.A. Care’s support through medical school debt repayment enables them to practice in the setting of their choice without having to worry much about their medical school debt. Dr. Seidman noted that while this is anecdotal information, he has consistently heard positive feedback about the program from participating physicians. Board Member Booth stated that she appreciates the 92% that remain in the safety net and hopes that level of participation in the program will continue. Motion EXE 101.0921 To delegate authority to the Chief Executive Officer to: 1. Approve and authorize an expenditure of $6 million to award new providers who are eligible for Provider Loan Repayment Program award funds starting in FY 2021-22 through FY 2023-24. 2. Approve and authorize an expenditure of $1.96 million to extend awards for 22 providers for an additional two years for each participant, starting in FY 2021-22 through FY 2024-25.</td>
<td>Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, De La Torre, Gonzalez and Perez) Member Curry experienced technical difficulties and was not able to vote.</td>
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<td>Approve the Consent Agenda for September 2, 2021 Board of Governors Meeting</td>
<td>Approve the list of items that will be considered on a Consent Agenda for September 2, 2021 Board of Governors Meeting.</td>
<td>EXECUTIVE COMMITTEE MEETING MINUTES August 23, 2021 Page 6 of 8</td>
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| 2021 Board of Governors    | • 2022 Board and Committee Meeting Schedule<br>• Quarterly Investment Report<br>• Allocation of Funds to support L.A. Care’s Projects with Non-Travel Meals and Catering and Other Expenses exceeding $10,000<br>• Everise Contract Amendment<br>• Alchemy Communications, Inc. Data Center Service Lease Agreement Extension<br>• Children’s Health Consultant Advisory Committee new member, James Cruz, MD | Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, De La Torre, Gonzalez and Perez)  
Member Curry experienced technical difficulties and was not able to vote. |

**PUBLIC COMMENTS**

There were no public comments for the closed session items.

**ADJOURN TO CLOSED SESSION**

Board Member Perez announced that today is her Birthday. Today is a special day for her, as God has given her the gift of life. She feels fortunate to help with L.A. Care’s efforts during the pandemic. Her family is healthy and she has a lot of things to be thankful for. She thanked Board Services for their support and efforts to make the meetings possible, both when Board Members met in person or virtually. Although she cannot give part of her birthday cake personally, she offered a virtual slice to all. She feels honored and proud to be on the Board and to be a part of L.A. Care. It is important to address areas of needed improvement and pay attention to the issues raised by the members. Chairperson De La Torre thanked Board Member Perez for her service to L.A. Care and commended her work as a Board Member. Board Member Perez noted that her children would likely not like to have another mom, but if she could clone herself to do more, she would do so. On behalf of the Board, Chairperson De La Torre wished Board Member Perez a wonderful birthday.

Augustavia J. Haydel, Esq., General Counsel, announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 2:41 p.m.

**CONTRACT RATES**

Pursuant to Welfare and Institutions Code Section 14087.38(m)

- Plan Partner Rates
- Provider Rates
- DHCS Rates

**REPORT INVOLVING TRADE SECRET**

Pursuant to Welfare and Institutions Code Section 14087.38(n)

Discussion Concerning New Service, Program, Business Plan

Estimated date of public disclosure: August 2023

**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
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<td>RECONVENE IN OPEN SESSION</td>
<td>The meeting reconvened in open session at 3:06 p.m. No reportable actions were taken during the closed session.</td>
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<td>ADJOURNMENT</td>
<td>The meeting adjourned at 3:07 p.m.</td>
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Respectfully submitted by:
Linda Merkens, Senior Manager, Board Services
Malou Balones, Board Specialist III, Board Services
Victor Rodriguez, Board Specialist II, Board Services

APPROVED BY:
Hector De La Torre, Chair
Date: ___________________________
Following is a list of bills that have been passed by the Legislature and sent to the Governor for his action. Please note, the Governor has until October 10, 2021 to take action on the bills (veto or sign). These bills, if chaptered into law, will have a direct impact on L.A. Care's operations. Government Affairs will produce a final 2021 legislative matrix of chaptered bills after the October 10th deadline. If you have any questions, please contact Cherie Compartore, Senior Director of Government Affairs, at ccompatore@lacare.org.

Bills by Issue

2021 Legislation (26)

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<th>Bill Number</th>
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<td>AB 128</td>
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Title

Description
AB 128, Ting. Budget Act of 2021. This bill would make appropriations for the support of state government for the 2021-22 fiscal year. This bill would declare that it is to take effect immediately as a Budget Bill.

Primary Sponsors
Phil Ting
Title
Health.

Description
AB 133, Committee on Budget. Health. (1) Existing law establishes the Office of Statewide Health Planning and Development (OSHPD), under the control of an executive officer known as the Director of Statewide Health Planning and Development. The office is vested with all the duties, powers, purposes, and responsibilities of the State Department of Public Health relating to health planning and research development. Existing law creates the health care workforce clearinghouse to serve as the central source of health care workforce and education data in the state to collect data regarding health care workers, including the supply of health care workers and current and forecasted demand for health care workers. This bill would rename the Office of Statewide Health Planning and Development as the Department of Health Care Access and Information. The bill would repeal numerous duties and programs currently carried out by the OSHPD, including, among others, rural health care transition oversight, the Steven M. Thompson Medical School Scholarship Program, and the Postsurgical Care Demonstration Project. This bill would eliminate the health care workforce clearinghouse and establish the California Health Workforce Research and Data Center to serve as the state's central source of health care workforce and education data and to inform state policy regarding health care workforce issues. The bill would establish uniform requirements for the reporting and collection of workforce data from health care-related licensing boards to the data center and make related conforming changes. The bill would require the department to maintain the confidentiality of licensee information collected pursuant to these provisions and would only authorize the department to release the information in aggregate form. Existing law makes the office responsible for administering various programs with respect to the health care professions. Existing law establishes various programs to facilitate the expansion of the health care workforce in rural and underserved communities, including, but not limited to, the Health Professions Career Opportunity Program and the California Registered Nurse Education Program. Existing law requires the office to establish a nonprofit public benefit corporation known as the Health Professions Education Foundation to perform various duties with respect to implementing health professions scholarship and loan programs. Existing law also establishes the California Healthcare Workforce Policy Commission to, among other things, identify specific areas of the state where unmet priority needs for primary care family physicians and registered nurses exist and to make recommendations to the Director of Statewide Health Planning and Development wi... (click bill link to see more).

Primary Sponsors
Assembly Committee on Budget
Local government: open and public meetings.

AB 339, Lee. Local government: open and public meetings. Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. Under existing law, a member of the legislative body who attends a meeting where action is taken in violation of this provision, with the intent to deprive the public of information that the member knows the public is entitled to, is guilty of a crime. This bill would require local agencies to conduct meetings subject to the act consistent with applicable state and federal civil rights laws, as specified. This bill would, until December 31, 2023, require all open and public meetings of a city council or a county board of supervisors that governs a jurisdiction containing least 250,000 people to include an opportunity for members of the public to attend via a two-way telephonic option or a two-way internet-based service option, as specified, and would require a city council or county board of supervisors that has, as of June 15, 2021, provided video streaming, as defined, of at least one of its meetings to continue to provide that video streaming. The bill would require all open and public meetings to include an in-person public comment opportunity, except in specified circumstances during a declared state or local emergency. The bill would require all meetings to provide the public with an opportunity to comment on proposed legislation in person and remotely via a telephonic or an internet-based service option, as provided. By imposing new duties on local governments and expanding the application of a crime with respect to meetings, 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 specified reasons. 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. The bill would include findings that changes proposed by this bill address a matter of statewide concern rather than a municipal affair and, therefore, apply to all cities and counties, including c... (click bill link to see more).

Primary Sponsors
Alex Lee, Cristina Garcia
Health care coverage: colorectal cancer: screening and testing.

AB 342, Gipson. Health care coverage: colorectal cancer: screening and testing. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires individual and group health care service plan contracts and health insurance policies to provide coverage for all generally medically accepted cancer screening tests and requires those contracts and policies to also provide coverage for the treatment of breast cancer. Existing law requires an individual or small group health care service plan contract or health insurance policy to, at a minimum, include coverage for essential health benefits, which include preventive services, pursuant to the federal Patient Protection and Affordable Care Act. This bill would require a health care service plan contract or a health insurance policy, except as specified, that is issued, amended, or renewed on or after January 1, 2022, to provide coverage for a colorectal cancer screening test, and would require the required colonoscopy for a positive result on a test or procedure to be provided without cost sharing, unless the underlying test or procedure was a colonoscopy. The bill would provide that it does not preclude a health care service plan or health insurer from imposing cost-sharing requirements for items or services that are delivered by an out-of-network provider. Because a willful violation of the bill’s requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

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

Description
AB 347, Arambula. Health care coverage: step therapy. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes a health insurer to require step therapy if there is more than one drug that is appropriate for the treatment of a medical condition, and authorizes a health care service plan to utilize step therapy consistent with Knox-Keene. Under existing law, if a health care service plan, health insurer, or contracted physician group fails to respond to a completed prior authorization request from a prescribing provider within a specified timeframe, the prior authorization request is deemed to have been granted. This bill would clarify that a health care service plan that provides coverage for prescription drugs may require step therapy, as defined, if there is more than one drug that is clinically appropriate for the treatment of a medical condition. The bill would require a health care service plan or health insurer to expeditiously grant a step therapy exception request if the health care provider submits justification and supporting clinical documentation, as specified, supporting the provider's determination that the required prescription drug is inconsistent with good professional practice for provision of medically necessary covered services to the enrollee or insured, based on specified criteria. The bill would authorize a health care provider or prescribing provider to appeal a denial of an exception request for coverage of a nonformulary drug, prior authorization request, or step therapy exception request consistent with the health care service plan's or health insurer's current utilization management processes. The bill would authorize an enrollee or insured, or their designee or guardian, to appeal a denial of an exception request for coverage of a nonformulary drug, prior authorization request, or step therapy exception request, as specified. The bill would require a prior authorization or step therapy exception request to be deemed approved for the duration of the prescription, including refills, if a health care service plan, health insurer, or contracted physician group fails to send an approval or denial within a specified timeframe. Commencing January 1, 2022, the bill would require a contract between a health care service plan or health insurer and a utilization review organization that performs utilization review or utilization management functions on behalf of health care service plans or health insurers, or b... (click bill link to see more).

Primary Sponsors
Joaquin Arambula

Organizational Notes
Last edited by Cherie Compartore at Aug 16, 2021, 3:42 PM
Oppose Unless Amended: CAHP, DMHC, AHIP
Open meetings: state and local agencies: teleconferences.

Description
AB 361, Robert Rivas. Open meetings: state and local agencies: teleconferences. (1) Existing law, the Ralph M. Brown Act requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act contains specified provisions regarding the timelines for posting an agenda and providing for the ability of the public to directly address the legislative body on any item of interest to the public. The act generally requires all regular and special meetings of the legislative body be held within the boundaries of the territory over which the local agency exercises jurisdiction, subject to certain exceptions. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. The act authorizes the district attorney or any interested person, subject to certain provisions, to commence an action by mandamus or injunction for the purpose of obtaining a judicial determination that specified actions taken by a legislative body are null and void. Existing law, the California Emergency Services Act, authorizes the Governor, or the Director of Emergency Services when the governor is inaccessible, to proclaim a state of emergency under specified circumstances. Executive Order No. N-29-20 suspends the Ralph M. Brown Act's requirements for teleconferencing during the COVID-19 pandemic provided that notice and accessibility requirements are met, the public members are allowed to observe and address the legislative body at the meeting, and that a legislative body of a local agency has a procedure for receiving and swiftly resolving requests for reasonable accommodation for individuals with disabilities, as specified. This bill, until January 1, 2024, would authorize a local agency to use teleconferencing without complying with the teleconferencing requirements imposed by the Ralph M. Brown Act when a legislative body of a local agency holds a meeting during a declared state of emergency, as that term is defined, when state or local health officials have imposed or recommend... (click bill link to see more).

Primary Sponsors
Robert Rivas
AB 369, Kamlager. Medi-Cal services: persons experiencing homelessness. 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 requires the department to provide presumptive Medi-Cal eligibility to pregnant women and children. Existing law authorizes a qualified hospital to make presumptive eligibility determinations if it complies with specified requirements. Existing law authorizes the department, on a regional pilot project basis, to issue an identification card to a person who is eligible for Medi-Cal program benefits, but does not possess a valid California driver's license or identification card issued by the Department of Motor Vehicles. Existing law requires the department, in consultation with the board governing the California Health Benefit Exchange, to develop a single paper, electronic, and telephone application for insurance affordability programs, including Medi-Cal. This bill would require the department to implement a program of presumptive eligibility for persons experiencing homelessness, under which a person would receive full-scope Medi-Cal benefits without a share of cost. The bill would require the department to authorize an enrolled Medi-Cal provider to issue a temporary Medi-Cal benefits identification card to a person experiencing homelessness, and would prohibit the department from requiring a person experiencing homelessness to present a valid California driver's license or identification card issued by the Department of Motor Vehicles to receive Medi-Cal services if the provider verifies the person's eligibility. This bill would authorize an enrolled Medi-Cal provider to make a presumptive eligibility determination for a person experiencing homelessness. The bill would require the department to reimburse an enrolled Medi-Cal provider who bills the Medi-Cal program for Medi-Cal services provided off the premises to a person experiencing homelessness, as specified. The bill would require a Medi-Cal managed care plan to allow a beneficiary to seek those services and to reimburse a provider for providing those services, but would authorize a Medi-Cal managed care plan to establish reasonable requirements governing network participation. The bill would require a Medi-Cal managed care plan to reimburse a participating Medi-Cal provider providing covered services, without requiring the provider to obtain prior approval, as specified. The bill would authorize an enrolled Medi-Cal provider to refer a Medi-Cal beneficiary who is experiencing homelessness for specia... (click bill link to see more).

Primary Sponsors
Sydney Kamlager

Organizational Notes
Last edited by Joanne Campbell at Jul 23, 2021, 1:27 PM
LHPC - Oppose Unless Amended DHCS - Oppose
Title
Whole Child Model program.

Description
AB 382, Kamlager. Whole Child Model program. Under existing law, the State Department of Health Care Services administers various health programs, including the California Children's Services (CCS) program, which is a statewide program providing medically necessary services required by physically handicapped children whose parents are unable to pay for those services, and the Medi-Cal program, under which qualified low-income individuals receive health care services under specified health care delivery systems, such as managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law authorizes the department to establish a Whole Child Model (WCM) program, under which managed care plans served by a county organized health system or Regional Health Authority in designated counties provide CCS services to Medi-Cal eligible CCS children and youth. Existing law requires the department to establish a statewide WCM program stakeholder advisory group that includes specified persons, such as CCS case managers and labor organizations, to consult with that advisory group on the implementation of the WCM, and to consider the advisory group's recommendations on prescribed matters. Existing law terminates the advisory group on December 31, 2021. This bill would remove labor organizations from the stakeholder advisory group, and would instead include recognized exclusive representatives of CCS county providers. The bill would instead terminate the advisory group on December 31, 2023.

Primary Sponsors
Sydney Kamlager, Richard Pan
Title
Optometry: assistants and scope of practice.

Description
AB 407, Salas. Optometry: assistants and scope of practice. Existing law prohibits any person, other than a physician and surgeon or optometrist, from measuring the powers or range of human vision or determining the accommodative and refractive status of the human eye or the scope of its functions in general or prescribing ophthalmic devices. Existing law provides that an assistant in any setting where optometry or ophthalmology is practiced who is acting under the direct responsibility and supervision of an ophthalmologist or optometrist may, among other things, perform tonometry and perform nonscrujective auto refraction in connection with subjective refraction procedures performed by an ophthalmologist or optometrist. This bill would permit such an assistant to perform nonscrujective auto refraction, to perform preliminary subjective refraction procedures in connection with finalizing subjective refraction procedures performed by an ophthalmologist or optometrist, subject to certain conditions, and to perform A scan and B scan ultrasound testing. Existing law, the Optometry Practice Act, establishes the California State Board of Optometry in the Department of Consumer Affairs for the licensure and regulation of the practice of optometry. Existing law provides that the practice of optometry includes various functions relating to the visual system and the treatment and management of certain disorders and dysfunctions of the visual system, as well as the provision of rehabilitative optometric services, and doing certain things, including, but not limited to, the examination of the human eye or eyes. Existing law further authorizes an optometrist who is certified to use therapeutic pharmaceutical agents, as specified, to diagnose and treat certain conditions including, among others, hypotrichosis and blepharitis. Existing law sets forth requirements for a certified optometrist to become certified in the administration of immunizations, as defined. Existing law specifies that a violation of the act is a misdemeanor punishable by fine or imprisonment, as provided. This bill would revise what comprises the practice of optometry, including specific practices a certified optometrist may engage in, and would specify exceptions or limitations to that practice. The bill would permit a certified optometrist to use or prescribe topical and oral prescription and nonprescription therapeutic pharmaceutical agents that are not controlled substances and are not antiglaucoma agents or otherwise limited or excluded, as described. The bill would permit a certified optometrist to administer authorized immunizations after meeting the immunization certification requirements. By changing the scope of a crime, the bill would impose a state-manda...

Primary Sponsors
Rudy Salas, Evan Low
Title

Description
AB 457, Santiago. Protection of Patient Choice in Telehealth Provider Act. (1) Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. Under existing law, it is unlawful for healing arts licensees, except as specified, to offer, deliver, receive, or accept any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, in the form of money or otherwise, as compensation or inducement for referring patients, clients, or customers to any person, subject to certain exceptions. This bill would provide that the payment or receipt of consideration for internet-based advertising, appointment booking, or any service that provides information and resources to prospective patients of licensees does not constitute a referral of a patient if the internet-based service provider does not recommend or endorse a specific licensee to a prospective patient. (2) 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 contract issued, amended, or renewed on or after January 1, 2021, between a health care service plan or health insurer and a health care provider to require the plan or insurer to reimburse the provider for the diagnosis, consultation, or treatment of an enrollee, subscriber, insured, or policyholder appropriately delivered through telehealth services on the same basis and to the same extent as the same service through in-person diagnosis, consultation, or treatment. This bill would delete that date restriction, thereby extending the telehealth reimbursement parity requirement for all contracts between a health care service plan or a health insurer and a health care provider. The bill would provide that these provisions are severable. The bill would also enact the Protection of Patient Choice in Telehealth Provider Act, and would require a health care service plan and a health insurer to comply with specified notice and consent requirements if the plan or insurer offers a service via telehealth to an enrollee or an insured through a third-party corporate telehealth provider, as defined. For an enrollee or insured that receives specialty telehealth services for a mental or behavioral health condition, the bill would require that the enrollee or insured be given the option of continuing to receive that service with the contracting individual health professional, a contracting clinic, or a contracting health facility... (click bill link to see more).

Primary Sponsors
Miguel Santiago

Organizational Notes
Last edited by Cherie Compartore at Apr 26, 2021, 3:08 PM
Oppose: CAHP
Title
Dependent parent health care coverage.

Description
AB 570, Santiago. Dependent parent 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, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes an individual to add a dependent to their health care service plan contract or health insurance policy, including adding a dependent outside of an initial enrollment period if certain criteria are met. Existing law defines “dependent” for the purpose of an individual contract or policy to mean the spouse, registered domestic partner, or child of an individual. Existing law establishes the Health Insurance Counseling and Advocacy Program (HICAP) in the California Department of Aging to provide Medicare beneficiaries and those imminently eligible for Medicare with counseling and advocacy regarding health care coverage options. This bill would require an individual health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, that provides dependent coverage to make dependent coverage available to a qualified dependent parent or stepparent. The bill would require a plan, an insurer, or the California Health Benefit Exchange to provide an applicant seeking to add a dependent parent or stepparent with written notice about HICAP and would require a solicitor or agent to provide specified HICAP contact information, as specified. The bill would expand the definition of “dependent” for an individual health care service plan contract or health insurance policy to include a qualified dependent parent or stepparent. 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
Miguel Santiago

Organizational Notes
Last edited by Cherie Compartore at Aug 16, 2021, 3:51 PM
Oppose: CAHP
Title
Medical information: confidentiality.

Description
AB 1184, Chiu. Medical information: confidentiality. Existing law, the Confidentiality of Medical Information Act, prohibits specified entities 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, unless a specified exception applies. Existing law, with specified exceptions, prohibits an employer from using, disclosing, or knowingly permitting its employees or agents to use or disclose medical information that the employer possesses pertaining to its employees without the prescribed permission of the patient. Existing law makes a violation of these provisions a crime. Existing law, the Insurance Information and Privacy Protection Act, generally regulates how insurers collect, use, and disclose information gathered in connection with insurance transactions. Existing law specifies the manner in which a health care service plan or health insurer is required to maintain confidentiality of medical information regarding the treatment of an insured, subscriber, or enrollee, including requiring a health care service plan or health insurer to accommodate requests by insureds, subscribers, and enrollees relating to the form and format of communication of confidential medical information in situations involving sensitive services or situations in which disclosure would endanger the individual. This bill, on and after July 1, 2022, would revise and recast these provisions to require the health care service plan or health insurer to accommodate requests for confidential communication of medical information regardless of whether there is a situation involving sensitive services or a situation in which disclosure would endanger the individual. This bill, on and after July 1, 2022, would prohibit a health care service plan or health insurer from requiring a protected individual, as defined, to obtain the policyholder, primary subscriber, or other enrollee's authorization to receive sensitive services or to submit a claim for sensitive services if the protected individual has the right to consent to care. The bill would require the health care service plan or health insurer to direct all communications regarding a protected individual's receipt of sensitive services directly to the protected individual, and would prohibit the disclosure of that information to the policyholder, primary subscriber, or any plan enrollees without the authorization of the protected individual, as provided. This bill would require a health care service plan to notify subscribers and enrollees and a health insurer to notify insureds that they may request a confidential communication in a specified format and how to make the request. (Click bill link to see more).

Primary Sponsors
David Chiu
Title
Medi-Cal: annual cognitive health assessment.

Description
SB 48, Limón. Medi-Cal: annual cognitive health assessment. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Subject to an appropriation by the Legislature for this purpose, this bill would expand the schedule of benefits to include an annual cognitive health assessment for Medi-Cal beneficiaries who are 65 years of age or older if they are otherwise ineligible for a similar assessment as part of an annual wellness visit under the Medicare Program. The bill would make a Medi-Cal provider eligible to receive the payment for this benefit only if they comply with certain requirements, including completing cognitive health assessment training. The bill would require the department to determine specified training and validated tools in consultation with prescribed entities, including the State Department of Public Health's Alzheimer's Disease Program. By January 1, 2024, and every 2 years thereafter, the bill would require the department to consolidate and analyze data related to the benefit, and to post information on the utilization of, and payment for, the benefit on its internet website. The bill would authorize the department to implement these provisions by various means, including all-plan letters, without taking regulatory action, and would condition the implementation of these provisions to the extent federal approvals are obtained and federal financial participation is available.

Primary Sponsors
Monique Limon, Aguiar-Curry

Title
Maternal care and services.

Description
SB 65, Skinner. Maternal care and services. (1) Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing within the Department of Consumer Affairs for the licensure and regulation of the practice of nursing, and requires the board to issue a certificate to practice nurse-midwifery to a person who, among other qualifications, meets educational standards established by the board or the equivalent of those educational standards. Existing law, the Licensed Midwifery Practice Act of 1993, provides for the licensure of midwives by the Medical Board of California. Existing law, the Song-Brown Health Care Workforce Training Act, provides for specified training programs for certain health care workers, including family physicians, registered nurses, nurse practitioners, and physician assistants. Existing law establishes a state medical contract program with accredited medical schools, hospitals, and other programs and institutions to...
increase the number of students and residents receiving quality education and training in specified primary care specialties and maximize the delivery of primary care and family physician services to underserved areas of the state. This bill would enact the Midwifery Workforce Training Act, under which the Office of Statewide Health Planning and Development would, upon appropriation by the Legislature, contract with programs that train certified nurse-midwives and programs that train licensed midwives to increase the number of students receiving quality education and training as a certified nurse-midwife or a licensed midwife, as specified. The bill would require the office to contract only with programs that include, or intend to include, a component of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods, or rural communities, and that are organized to prepare program graduates for service in those neighborhoods and communities.

(2) Existing law requires the State Department of Public Health to track data on pregnancy-related deaths, including specified health conditions, indirect obstetric deaths, and other maternal disorders predominantly related to pregnancy and complications predominantly related to the puerperium, and requires this data to be published at least once every 3 years. Existing law also requires the department to develop a plan to identify causes of infant mortality and morbidity in California and to study recommendations on the reduction of infant mortality and morbidity in California. This bill would, commencing August 1, 2022, establish the California Pregnancy-Associated Review Committee, and would require the committee to, among other things, identify and review all pregnancy-related deaths and ... (click bill link to see more).

Primary Sponsors
Nancy Skinner

Organizational Notes
Last edited by Joanne Campbell at Apr 16, 2021, 5:08 PM
Support: Black Women for Wellness Action Project (co-sponsor) California Nurse Midwife Association (co-sponsor) March of Dimes (co-sponsor) NARAL Pro-Choice California (co-sponsor) National Health Law Program (co-sponsor) Western Center on Law and Poverty (co-sponsor)
Title
Health care coverage: timely access to care.

Description
SB 221, Wiener. Health care coverage: timely access to care.
Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires each department to develop and adopt regulations to ensure that enrollees and insureds have access to needed health care services in a timely manner. Under existing law, a Medi-Cal managed care plan is required to comply with timely access standards developed by the department. Existing regulations require a health care service plan or an insurer to ensure that their contracted provider networks have adequate capacity and availability of licensed health care providers to offer enrollees and insureds appointments that meet specified timeframes. Existing regulations require a health care service plan or an insurer to ensure that for an enrollee requesting a nonurgent appointment with a nonphysician mental health care provider, or an insured requesting a nonurgent appointment with a nonphysician mental health care or substance use disorder provider, appointments are offered within 10 business days of the request for an appointment. Existing regulations also authorize appointments for preventive care services and periodic followup care, including periodic office visits to monitor and treat mental health or substance use disorder conditions, as specified, to be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed health care provider acting within the provider's scope of practice. These regulations of the Department of Managed Health Care are limited in application to mental health care providers, while those regulations of the Department of Insurance are applicable to both mental health care and substance use disorder providers. This bill would codify the regulations adopted by the Department of Managed Health Care and the Department of Insurance to provide timely access standards for health care service plans and insurers for nonemergency health care services. The bill would require both a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that appointments with nonphysician mental health and substance use disorder providers are subject to the timely access requirements, as specified. The bill would additionally require, commencing July 1, 2022, a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that an enrollee or insured that is undergoing a course of treatment for an ongoing mental health or substance us... (click bill link to see more).

Primary Sponsors
Scott Wiener

Organizational Notes
Last edited by Cherie Compartore at Aug 30, 2021, 10:12 PM
Title
Health care provider reimbursements.

Description
SB 242, Newman. Health care provider reimbursements. 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 authorizes a health care service plan or health insurer to contract with a provider for alternative rates of payment. This bill would require a health care service plan or health insurer, but not a Medi-Cal managed care plan, to reimburse contracting health care providers for their business expenses to prevent the spread of respiratory-transmitted infectious diseases causing public health emergencies declared on or after January 1, 2022. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Josh Newman

Organizational Notes
Last edited by Cherie Compartore at Mar 10, 2021, 9:40 PM
Oppose: CAHP, LHPC

Last edited by Joanne Campbell at Feb 23, 2021, 11:55 PM
CAHP: Opposed
Title
Local government meetings: agenda and documents.

Description
SB 274, Wieckowski. Local government meetings: agenda and documents. Existing law, the Ralph M. Brown Act, requires meetings of the legislative body of a local agency to be open and public and also requires regular and special meetings of the legislative body to be held within the boundaries of the territory over which the local agency exercises jurisdiction, with specified exceptions. Existing law authorizes a person to request that a copy of an agenda, or a copy of all the documents constituting the agenda packet, of any meeting of a legislative body be mailed to that person. This bill would require a local agency with an internet website, or its designee, to email a copy of, or website link to, the agenda or a copy of all the documents constituting the agenda packet if the person requests that the items be delivered by email. If a local agency determines it to be technologically infeasible to send a copy of the documents or a link to a website that contains the documents by email or by other electronic means, the bill would require the legislative body or its designee to send by mail a copy of the agenda or a website link to the agenda and to mail a copy of all other documents constituting the agenda packet, as specified. By requiring local agencies to comply with these provisions, this bill would impose a state-mandated local program. 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. 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
Bob Wieckowski
Title
Health insurance: large group health insurance.

Description
SB 280, Limón. Health insurance: large group health insurance.
(1) Existing law requires the regulation of health insurance policies by the Department of Insurance under the guidance of the Insurance Commissioner. Under existing law, the department regulates individual, small employer, and large employer health insurance policies, as defined. Existing law requires an individual or small group health insurance policy issued to include coverage for essential health benefits, as defined. This bill would require a large group health insurance policy issued, amended, or renewed on or after July 1, 2022, to cover medically necessary basic health care services, as defined. The bill would authorize the commissioner to adopt regulations to implement these provisions. The bill would require these provisions to apply to an individual, group, or blanket disability insurance policy if a specified condition is met. (2) Existing law prohibits a health insurer or agent or broker from, directly or indirectly, from among other things, employing marketing practices or benefit designs that will have the effect of discouraging the enrollment of individuals with significant health needs or discriminating based on an individual’s race, color, national origin, present or predicted disability, age, sex, gender identity, sexual orientation, expected length of life, degree of medical dependency, quality of life, or other health conditions. This bill would, with respect to large group health insurance, prohibit an insurer and its officials, employees, agents, and representatives from directly or indirectly employing marketing practices or benefit designs that have the effect of discouraging the enrollment of individual on the above-described protected classifications. An insurer that violates this provision would be liable for an administrative penalty of not more than $2,500 for the first violation, and not more than $5,000 for the second. The bill would also subject an insurer that violates this provision with a frequency that indicates a general practice or commits a knowing violation to an administrative penalty of not less than $15,000, and not more than $100,000 for each violation.

Primary Sponsors
Monique Limon
Title
Sexually transmitted disease: testing.

Description
SB 306, Pan. Sexually transmitted disease: testing. (1) Existing law authorizes a specified health care provider who diagnoses an STD, as specified, to prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to that patient's sexual partner or partners without examination of that patient's partner or partners. The Pharmacy Law provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy. A violation of the Pharmacy Law is a crime. The Pharmacy Law requires a pharmacist to dispense a prescription in a container that, among other things, is correctly labeled with the name of the patient or patients. Existing regulation requires a pharmacist to ensure that a patient receives written notice of their right to consult with a pharmacist, when the patient or the patient's agent is not present. This bill would name the above practice "expedited partner therapy." The bill would require a health care provider to include "expedited partner therapy" or "EPT" on a prescription if the practitioner does not have the name of a patient's sexual partner, and would authorize a pharmacist to dispense an expedited partner therapy prescription and label the drug without an individual's name if the prescription includes "expedited partner therapy" or "EPT." The bill would specify that a health care provider is not liable in a medical malpractice action or professional disciplinary action, and that a pharmacist is not liable in a civil, criminal, or administrative action, if the health care provider's use of expedited partner therapy is in compliance with the law, except in cases of intentional misconduct, gross negligence, or wanton or reckless activity. The bill would amend the Pharmacy Law to require a pharmacist to provide written notice that describes the right of an individual receiving expedited partner therapy to consult with a pharmacist about the medication and potential drug interactions. By expanding the scope of a crime, the bill would create a state-mandated local program. (2) 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 reproductive and sexual health care services. This bill would require health care service plans and insurers to provide coverage for home test kits for sexually transmitted diseases, as defined, and the laboratory costs for processing those kits, that are deemed medical... (click bill link to see more).

Primary Sponsors
Richard Pan, Scott Wiener

Organizational Notes
Last edited by Cherie Compartore at Apr 1, 2021, 10:28 PM
Oppose: CAHP
Title
Health care coverage: federal health care reforms.

Description
SB 326, Pan. Health care coverage: federal health care reforms.

(1) Existing federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various health care market reforms. Among other things, PPACA requires applicable individuals to maintain minimum essential coverage, and imposes a shared responsibility penalty on an applicable individual who does not maintain minimum essential coverage. This provision is referred to as the individual mandate. PPACA prohibits a nongrandfathered health benefit plan from imposing a preexisting condition provision on an individual and requires a nongrandfathered health benefit plan to include coverage for essential health benefits, as defined. PPACA also includes a coverage guarantee that requires each health insurance issuer that offers health insurance coverage in the individual or group market in a state to accept every employer and individual in the state that applies for coverage, and prohibits discriminatory premium rates, as specified. Existing state 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 the above-described federal health care coverage market reforms to apply to a health care service plan or health insurer, but conditions the operation of certain of these market reforms on the continued operation of PPACA or certain of its requirements. This bill would delete the conditional operation of the above-described provisions based on the continued operation of PPACA, the federal individual mandate, the federal coverage guarantee, and federal essential health benefits coverage requirements. By indefinitely extending the operation of these provisions, and thus indefinitely extending the applicability of a crime for a willful violation by a health care service plan, the bill would impose a state-mandated local program. (2) This bill would incorporate additional changes to Section 1357.503 of the Health and Safety Code and Section 107530.5 of the Insurance Code proposed by SB 255 and SB 718 to be operative only if this bill and SB 255 and SB 718, or both, are enacted and this bill is enacted last. (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
Richard Pan
Title
E-consult service.

Description
SB 365, Caballero. E-consult service. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. FQHC and RHC services are reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis, and a “visit” is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals. Existing law prohibits a requirement of in-person contact between a health care provider and a Medi-Cal patient when the service may be provided by telehealth, and, for purposes of telehealth, prohibits the department from limiting the type of setting where Medi-Cal services are provided. This bill would make electronic consultation services reimbursable under the Medi-Cal program for enrolled providers, including FQHCs or RHCs. The bill would require the department to seek federal waivers and approvals to implement this provision, and would condition the implementation of the bill’s provisions on the department obtaining necessary federal approval of federal matching funds. The bill would make related findings and declarations.

Primary Sponsors
Anna Caballero

Organizational Notes
Last edited by Cherie Compartore at Aug 16, 2021, 4:09 PM
Support - L.A. Care, LHPC, BluePath Health (sponsor), Camarena Health, OCHIN, Inc, CMA
Health care coverage: deductibles and out-of-pocket expenses.

Description
SB 368, Limón. Health care coverage: deductibles and out-of-pocket expenses. 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. A willful violation of the act is a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law sets limits on the amount of the deductible and out-of-pocket expenses that may be included in specified health care service plan contracts and health insurance policies. This bill, for a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2022, in the individual or group market, would require the health care service plan or health insurer to monitor an enrollee's or insured's accrual balance toward their annual deductible and out-of-pocket maximum, if any. The bill would require a health care service plan or health insurer to provide an enrollee or insured with their accrual balance toward their annual deductible and out-of-pocket maximum for every month in which benefits were used, as specified. The bill would require a health care service plan or health insurer to establish and maintain a system that allows an enrollee or insured to request their most up-to-date accrual balances from their health care service plan or health insurer at any time. The bill would require accrual updates to be mailed to enrollees unless the enrollee has elected to opt out of mailed notice and elected to receive the accrual update electronically, as specified. The bill would require a health care service plan or health insurer to notify enrollees and insureds of their rights under the bill, as specified. The bill would require a contracted entity to which a health care service plan or health insurer has delegated claims payment functions to comply with the requirements of the bill, as specified. 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
Monique Limon

Organizational Notes
Last edited by Joanne Campbell at Mar 12, 2021, 9:57 PM
CAHP - Oppose Unless Amended
Title
Health care coverage: adverse childhood experiences screenings.

Description
SB 428, Hurtado. Health care coverage: adverse childhood experiences 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 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 specified benefits, including for mental health services. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, that provides coverage for pediatric services and preventive care to additionally include coverage for adverse childhood experiences screenings. The bill would authorize each department to adopt guidance to implement this provision. 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
Melissa Hurtado
Health care coverage: COVID-19 cost sharing.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the regulation of health care service plans by the Department of Managed Health Care and makes a violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law 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 a disability insurance policy that provides coverage for hospital, medical, or surgical benefits, excluding a specialized health care service plan contract or health insurance policy, to cover the costs for COVID-19 diagnostic and screening testing and health care services related to the testing for COVID-19, or a future disease when declared a public health emergency by the Governor of the State of California, and would prohibit that contract or policy from imposing cost sharing or prior authorization requirements for that coverage. The bill would also require a contract or policy to cover without cost sharing or prior authorization an item, service, or immunization intended to prevent or mitigate COVID-19, or a future disease when declared a public health emergency by the Governor of the State of California, that is recommended by the United States Preventive Services Task Force or the federal Centers for Disease Control and Prevention, as specified. The bill would only extend the prohibition on cost sharing for COVID-19 diagnostic and screening testing, or an item, service, or immunization intended to prevent or mitigate COVID-19, with respect to an out-of-network provider for the duration of the federal public health emergency. The bill would also apply these provisions retroactively beginning from the Governor's declared State of Emergency related to COVID-19 on March 4, 2020. The bill would make the provisions of the act severable. The bill would also make related findings and declarations. Because a violation of this requirement by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Richard Pan

Organizational Notes
Last edited by Cherie Compartore at Apr 1, 2021, 10:29 PM
Oppose Unless Amended: CAHP
Title
Health care coverage: patient steering.

Description
SB 524, Skinner. Health care coverage: patient steering. Existing law provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes the willful violation of its provisions 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 contract or health insurance policy that provides coverage for outpatient prescription drugs to cover medically necessary prescription drugs. This bill would prohibit a health care service plan, a health insurer, or the agent thereof from engaging in patient steering, as specified. The bill would define “patient steering” to mean communicating to an enrollee or insured that they are required to have a prescription dispensed at, or pharmacy services provided by, a particular pharmacy, as specified, or offering group health care coverage contracts or policies that include provisions that limit access to only pharmacy providers that are owned or operated by the health care service plan, health insurer, or agent thereof. The bill would provide that these provisions do not apply to certain entities, including an entity that is part of a “fully integrated delivery system,” as specified. The bill would also make related findings and declarations. 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
Nancy Skinner

Organizational Notes
Last edited by Joanne Campbell at Apr 6, 2021, 7:14 PM
Oppose- L.A. Care, CAHP
Title
Biomarker testing.

Description
SB 535, Limón. Biomarker testing. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires an individual or group health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after July 1, 2000, to provide coverage for all generally medically accepted cancer screening tests. This bill would delete the references to individual or group health care service plan contracts and health insurance policies in those provisions. The bill would prohibit a health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after July 1, 2022, from requiring prior authorization for biomarker testing for an enrollee or insured with advanced or metastatic stage 3 or 4 cancer. The bill would also prohibit those health care service plans or health insurance policies from requiring prior authorization for biomarker testing for cancer progression or recurrence in the enrollee or insured with advanced or metastatic stage 3 or 4 cancer. The bill would provide that its provisions do not limit, prohibit, or modify an enrollee's or insured's rights to biomarker testing as part of an approved clinical trial, as specified. With respect to health care service plans, the bill would specifically apply the provisions relating to biomarker testing to Medi-Cal managed care plans, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. 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, Laura Friedman, Lorena Gonzalez

Organizational Notes
Last edited by Joanne Campbell at Jul 1, 2021, 3:03 PM
Oppose Unless Amended: CAHP