BOARD OF GOVERNORS

Executive Committee Meeting

October 23, 2024 • 2:00 PM

Lobby Conference Room 100

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

L.A. Care offices have moved to 1200 W. 7th Street, Los Angeles, CA 90017. Public meetings will continue to be held in the Board Room at 1055 W. 7th Street until early 2025.

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AGENDA
Executive Committee Meeting
Board of Governors

Wednesday, October 23, 2024, 2:00 P.M.
1055 West 7th Street, Conference Room 100, 1st Floor
Los Angeles, CA 90017

Members of the Committee, staff and the public can attend the meeting in person at the address listed above. Public comment can be made 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=m9f3d7fa355d6bfa389ff7712a53bee35

To listen to the meeting via teleconference please dial: +1-213-306-3065
Meeting Number 2491 246 3273 Password: lacare

The purpose of public comment is an opportunity for members of the public to inform the governing body about their views. The Committee appreciates hearing the input as it considers the business on the Agenda.
The process for public comment is evolving and may change at future meetings.
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 — Ilan Shapiro, MD, MBA, FAAP, FACHE, *Vice Chair*

1. Approve today's Agenda — *Vice Chair*
2. Public Comment *(Please read instructions above.)* — *Vice Chair*
3. Approve the September 25, 2024 Meeting Minutes p.5 — *Vice Chair*
4. Chairperson's Report — *Vice Chair*
5. Chief Executive Officer Report — John Baackes, *Chief Executive Officer*
   - Government Affairs Update p.19 — Cherie Compartore, *Senior Directors, Government Affairs*

Committee Issues

6. Human Resources Policies HR-213 (Personnel Records Access), HR-310 (Per Diem Employment Status), HR-314 (Separation of Employment, HR-401 (Drug Free Workplace) **(EXE A)** p.64 — Terry Brown, *Chief Human Resources Officer*

7. Approve the list of items that will be considered on a Consent Agenda for November 7, 2024 Board of Governors Meeting. *Vice Chair*
   - October 3, 2024 meeting minutes
   - Annual Review of Investment Policy AFS 008
   - Revised Compliance & Quality Committee Charter
   - Children's Health Consultant Advisory Committee Membership
   - Regional Community Advisory Committee Membership

8. Public Comment on Closed Session Items *(Please read instructions above.)* *Vice Chair*

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

9. 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: *October 2026*

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

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

12. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
    Significant Exposure (3 cases)
    Pursuant to paragraph 4 of subdivision (d) of Section 54956.9 of the Ralph M. Brown Act

13. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
    Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
    HRRP Garland, LLC v. Local Initiative Health Authority for Los Angeles County
    L.A.S.C. Case No. 21STCV47250

14. 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)

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

RECONVENE IN OPEN SESSION

ADJOURNMENT *Vice Chair*

The next Executive Committee meeting is scheduled on
Wednesday, November 20, 2024 at 2:00 p.m. and may be conducted as a teleconference meeting.
The order of items appearing on the agenda may change during the meeting.

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

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Govt Code Section 54954.2 (a)(3) and Section 54954.3.
AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION 72 HOURS BEFORE THE MEETING:

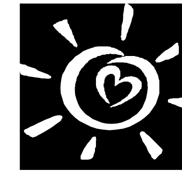
1. **At L.A. CARE'S Website:** http://www.lacare.org/about-us/public-meetings/board-meetings
2. **L.A. Care's Reception Area, Lobby, at 1055 W. 7th Street, Los Angeles, CA 90017, or**
3. **by email request to BoardServices@lacare.org**

Any documents distributed to a majority of the Executive Committee 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.

BOARD OF GOVERNORS
Executive Committee
Meeting Minutes – September 25, 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* *
G. Michael Roybal, MD
**Absent*

Management/Staff
John Baackes, *Chief Executive Officer*
Sameer Amin, MD, *Chief Medical Officer*
Augustavia J. Haydel, Esq., *General Counsel*
Todd Gower, *Interim Chief Compliance Officer*
Linda Greenfeld, *Chief Products Officer*
Alex Li, MD, *Chief Health Equity 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, *Treasurer,* called to order the regular meetings of the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee at 1:02 p.m. The meetings were held simultaneously. She welcomed everyone to the meetings. She provided information on how to submit public comments.	
APPROVE MEETING AGENDA	The Agenda for today's meeting was approved.	**Approved unanimously. 3 AYES (Booth, Raffoul, and Roybal)**
PUBLIC COMMENT		
APPROVE MEETING MINUTES	The minutes of the August 28, 2024 meeting were approved. *Agenda items were heard out of the order on the Agenda with no objection from Committee Members.*	**Approved unanimously. 3 AYES**
COMMITTEE ISSUES		
Increase the existing purchase order with TRI Ventures (formerly known as Scout Exchange) for contingent	Terry Brown, *Chief Human Resources Officer,* summarized a request for approval to execute Amendment VII to the contract with Scout Exchange adding $12,924,000 to the maximum compensation.	

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worker vendor management services	Scout provides L.A. Care with software to assist in the management of contingent workers (temporary labor). Using Scout streamlines the contingent workforce management process, including timecards, staffing requests, and vendor management. Approval of this motion would authorize staff to extend the contract for temporary labor needs through December 31, 2025 with an additional $12,924,000 (for a total cost not to exceed $76,388,908). **Motion EXE 100.1025** **To authorize staff to increase the spend of the existing purchase order, by an additional amount of $12,924,000 not to exceed a total spend of $76,388,908 with TRI Ventures (formerly known as Scout Exchange) for contingent worker vendor management services rendered through the end of the contract term on December 31, 2025.**	**Approved unanimously.** **3 AYES** **The Committee approved placing EXE 100 on the Consent Agenda for October 3, 2024 Board of Governors meeting.**
Approve Human Resources Policies HR-205 (Dress Code), HR-225 (Standards of Employee Training), HR-502 (L.A. Care Employee Handbook and Human Resources Policies), and HR-710 (Reimbursement for Education Expenses)	Mr. Brown explained that these are standard updates to existing policies. The revised policies are written to comply with changes to Regulatory, Legislative and Judicial changes, and reflect changes in L.A. Care's practices.	

Policy Number	Policy	Section	Description of Modification
HR-205	Dress Code	Employee Relations	Revised for gender inclusivity
HR-225	Standards of Employee Training	Learning & Development	Transitioned policy into new template. Rewrote 4.1 and 4.3 to align with current practices
HR-502	L.A. Care Employee Handbook and Human Resources Policies	Preface	Transfer to new template and removed reference to procedure manual to the title of policy
HR-710	Reimbursement for Educational Expenses	Learning & Development	Added verbiage to 4.2.3.2 and added 4.2.3.4.3 to exclude reimbursement for courses that are available in L.A. Care University, unless required for a degree

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	(continued nested table row:) program; added 4.2.3.4.4. to exclude subscriptions to online universities **<u>Motion EXE A.0924</u>** **To approve the Human Resources Policies HR-205 (Dress Code), HR-225 (Standards of Employee Training), HR-502 (L.A. Care Employee Handbook and Human Resources Policies), and HR-710 (Reimbursement for Education Expenses), as presented.** *(Chairperson Ballesteros and Vice Chairperson Shapiro joined the meeting.)*	**Approved unanimously.** **3 AYES** **This motion does not require full Board approval.**
CHAIRPERSON'S REPORT	There was no report from the Chairperson.	
CHIEF EXECUTIVE OFFICER REPORT	John Baackes, *Chief Executive Officer,* reported that the California Department of Health Care Services (DHCS) is issuing new all plan letters (APLs) elaborating on requirements in the new Medi-Cal contract for managed Medi-Cal plans to invest 5-7.5% of operating income in the community. When he signed the contract with that 89-word provision, he conducted an assessment of L.A. Care's community investments, which are 20% of our operating income on average. A 23-page draft APL was recently issued clarifying the community investments provision. If the APL draft becomes permanent, the current investments will not count toward the 20% community investment requirement. The APL requires new investments over and above current community investments, and is very specific in describing the required investment areas. The draft APL proposes shared governance with L.A. Care's Board of Governors on how the community investments are spent. L.A. Care is objecting, along with other health plans, through the Local Health Plans of California. A very detailed letter will be submitted to DHCS on behalf of all 17 local health plans in California. There is another clause in the new contract that requires health plans to report administrative expenses including delegated providers. The combined administrative expense of L.A. Care, the delegates, including Independent Physician Associations (IPAs), cannot exceed 7%. This is challenging because L.A. Care and other health plans have experienced a significant increase in administrative expenses over the last 2 to 3 years to meet the requirements of newly mandated DHCS programs, including California Advancing and Improving Medi-Cal (CalAIM). With a limit on administrative	

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AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	expense along with additional oversight and reporting, it will be very difficult for a health plan to reach the required administrative expense level. The California state budget is in obviously poor financial condition. DHCS has exercised three acuity adjustments reducing Medi-Cal rates. Afzal Shah, *Chief Financial Officer*, reported that 2024 final rates were received the previous evening and staff is reviewing the information, there is a third acuity adjustment for 2024 rates. Mr. Baackes reported that adjustment will "claw back" $199 million. It will continue to be a very difficult environment, with an aggressive reach into the operations of the health plans by the regulator who is also L.A. Care's customer. The pressure on California's finances will ultimately be reflected in the Medi-Cal rates. During the previous recession, reimbursement and benefits for Medi-Cal were cut. Cuts have not been discussed yet, the tactic seems to be financial pressure on the health plans. He is bringing awareness to the Board as these factors will color the relationship with DHCS in the remaining time of the Newsom administration. Board Member Booth noted that these regulatory actions may reflect the California administration's displeasure with health plan support of Proposition 35. Board Member Roybal asked if L.A. Care currently is able to review the administrative expense of its delegated providers. Mr. Baackes responded that L.A. Care's oversight of delegated providers does not currently include a detailed review of administrative expenses nor an accounting of the level of administrative expense. L.A. Care's administrative expenses have historically been about 5.5%. The APL has not been finalized because delegated providers are pushing back based on the established "four part rule". Mr. Shah noted that L.A. Care collects data on medical loss ratio (MLR) from its delegated (subcontracted) providers. DHCS and Centers for Medicare and Medicaid Services (CMS), make a distinction between services that delegates provide directly providing versus services that they purchase. If the MLR is less than 85%, funds will be deducted by regulators from future reimbursement. This year, L.A. Care will have line of sight into the administrative expenses related to the services that delegated providers are purchasing. Regulators are moving towards one set of administrative expense among health plans, plan partners and delegated providers. He anticipates continued collective financial pressure on the administrative expense ratio in 2025 and 2026. Board Member Roybal commented that it will be challenging to meet the required administrative expense level.	

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	Mr. Baackes agreed, and noted that almost all IPAs purchase services through managed service organizations (MSOs) and the cost of those purchased services will be added to administrative expenses. There was a severe disruption in services in 2017 because of an MSO failure in Los Angeles County. Board Member Roybal asked if the community investment level of 7.5% has to be new investments and would not include L.A. Care's current community investments such as Community Resource Centers, Elevating the Safety Net and others. Mr. Baackes noted that is in the draft APL and health plans are challenging that provision. L.A. Care is included in the LHPC objection and will write to DHCS with L.A. Care objections. L.A. Care leads the industry with community investments and its current level of investment should be included in the APL provisions. Other health plans also have community investment programs, and have informed DHCS that requirements for new community investments will force them to discontinue current community investments that are not included in meeting the regulatory requirement. Mr. Baackes noted that when he started at L.A. Care he felt the regulators were partners with L.A. Care, but now he feels the relationship has changed into a more contentious one. Board Member Roybal noted that this happened to health plans during the last State budget problems. Sameer Amin, MD, *Chief Medical Officer,* commented that it's not only that the community investments have to be new programs, the program must also be acceptable according to requirements delineated in the draft APL, and the detail about unacceptable community reinvestments is very concerning, because a lot of them are programs that L.A. Care thinks are important for its community. Board Member Booth asked about acceptable and unacceptable community investments. Mr. Baackes responded that L.A. Care has requested discussion about the community investment requirements. L.A. Care's funding for workforce development is essential for the safety net. It appears that DHCS wants investment in programs for which DHCS does not have the funds to invest, which seems to be a reason for DHCS being so directive and particularly for the shared governance over health plan funds. L.A. Care currently funds programs to recruit doctors, supplement salaries for primary care providers and facilities, safety net doctors, medical school scholarships, and more. DHCS does not have similar programs. Board Member Booth asked if CMS has imposed requirements on DHCS, and DHCS is imposing those on health plans. Mr. Baackes has not studied this. Health plans are never informed about CMS communication with DHCS about Medicaid. This is an	

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	issue he raised with Chiquita Brooks-LaSure, the Administrator who runs the Medicaid side of CMS. Board Member Booth asked about communication at the state level about the community investments. Mr. Baackes responded that L.A. Care could probably ask the director of DHCS for an opinion, she is likely to decline because DHCS has not wanted to interfere in health plan contracting with providers. But this is a new contract provision. The APL indicates what areas health plans should invest in.	
• Government Affairs Update	Cherie Compartore, *Senior Director, Government Affairs*, reported: • The Governor has until September 30 to take action on legislation passed by the Legislature, and has signed several high profile bills relating to retail theft, artificial intelligence and housing initiatives. He has not yet acted on bills of significant interest to L.A. Care. One reason is that at the end of the legislative session he convened a special session on gas and oil pricing and to establish additional regulations on oil refinery inventory. The California Assembly agreed to hold a special session but the Senate did not agree to the special session, indicating it would await meaningful action by the Assembly. The special session seems to be politically driven rather than focused on real policy. It is likely the Governor will wait until the last minute on some of the bills that L.A. Care is tracking. • L.A. Care is working with its trade associations including LHPC, America's Health Insurance Plans (AHIP) and the California Association of Health Plans (CAHP) in advocating for priority health care bills that await the Governor's action. • The general election voter guide has been mailed to voters and includes Proposition 35, related to the managed care organization (MCO) tax. There is no argument against Prop 35 in the voter guide. However, the Governor has been privately trying to pressure organizations to not outwardly support Prop 35 nor verbally oppose it. Some organizations have publicly opposed Prop 35, including the California Pan-Ethnic Health Network and the Children's Partnership. L.A. Care's Board of Governors approved a support position on Prop 35. The opposition affirms a need for Prop 35 in not allowing the Legislature or the Governor to use Medi-Cal funds to backfill the general fund nor take away important Medi Cal provider rate increases. Prop 35 will permanently guard those funds as long as CMS continues to approve MCO taxes.	

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	• At the federal level, Congressional leaders approved a continuing resolution on funding for the federal budget through December 20, 2024. Final budget action will be taken up after the November election. Mr. Baackes commented that the coalition formed around the MCO tax met this morning. There are about a half a dozen organizations that have opposed but there are 300 organizations that are supporting prop 35, including trade associations and the health plan associations. Both the Democratic and the Republican parties have endorsed Prop 35. The opposition is fairly thin and has not mounted a paid media campaign in opposition. The Vote Yes Prop 35 media campaign began earlier this week. Board Member Booth asked about the potential for action to reverse the provisions of Prop 35 in the future. Ms. Compartore noted that a 3/4ths majority affirmative vote of the Legislature is required to change or repeal the initiative. The Department could make changes to comply with federal regulation. Voters could also change or repeal it with another initiative. Board Member Roybal asked about the arguments against Prop 35. The opposition is that Prop 35 would divert funds from the opposition's interests, and would take money away from other programs. There is no credible connection because this is new money directed at specific programs for primary care, special care and other health care. Prop 35 does not infringe on funding for other programs. Mr. Baackes noted that the taxes raised would supplement and would not supplant existing revenue sources. Ms. Compartore noted that the coalition established the categories of the specialties to be funded. The administration wanted control of the general fund and used that to their advantage. It created specific special deals for some provider groups or specialties that weren't originally included in the coalition. If Prop 35 is approved by voters, those specific areas of funding will end. Advocates of those specific funding areas are using the end of that additional exclusive funding as a negative against Prop 35. Chair Ballesteros asked about active opposition to Prop 35. Mr. Baackes responded that the Governor is silent in public on this, but behind the scenes he is not happy about it. Indications are that he will not go public in his opposition, there are too many in favor of it and no resources to conduct an effective opposition campaign. If he publicly opposed it and it was passed, he would be losing face and his reputation. Remaining silent is better for him.	

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AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	There are a lot of leaders in the coalition supporting Prop 35 who have been champions and allies of the Governor throughout his career. It is a watermark event that Prop 35 is so important to those leaders that they would differ with the Governor on this issue.	
Chief Financial Officer Report • Monthly Investments Transactions Report	Afzal Shah, *Chief Financial Officer,* reported that August financial reports will be presented at the October 23, 2024 Finance & Budget Committee. He 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 as of August 31, 2024, was $3.5 billion. • $3.4 billion managed by Payden & Rygel and New England Asset Management (NEAM) • $125 million in BlackRock Liquidity T-Fund • $11 million in Los Angeles County Pooled Investment Fund • $6 million in Local Agency Investment Fund	
• Authorized signatories for all L.A. Care Health Plan's and L.A. Care Health Plan Joint Powers Authority's (JPA) banking and investment accounts	Mr. Shah summarized the motion requesting an update to L.A. Care and L.A. Care Joint Powers Authority signatories. The three signatories will have authority to approve financial transactions, create accounts, and make investment decisions on behalf of the organization. The motion will provide authority over all L.A. Care Health Plan's and L.A. Care Health Plan Joint Powers Authority's (JPA) banking and investment accounts to the following three employees: 1. Afzal Shah, *Chief Financial Officer,* 2. Jeff Ingram, *Deputy Chief Financial Officer*, and 3. Radiah Campbell, *Controller* This authority will be renewed when the investment policy is brought for approval by the Board, which is approximately annually, or as updates are needed. **<u>Motion EXE 101.1024</u>** **To authorize the employees listed above as authorized signatories for all L.A. Care Health Plan and L.A. Care Health Plan Joint Powers Authority (JPA) banking and investment accounts.** Mr. Shah introduced Radiah Campbell, *Controller*. She greeted the Committee members and noted she is excited to join L.A. Care.	**Approved unanimously.** **5 AYES (Ballesteros, Booth, Raffoul, Roybal and Shapiro)** **The Committee approved placing EXE 101 on the Consent Agenda for October 3, 2024 Board of Governors meeting.**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Ntooitive Contract for marketing campaigns for L.A. Care's direct lines of business, including the L.A. Care Covered (LACC) Shop and Compare Tool, and the Community Resource Centers	John Cota, *Senior Director, Creative and Marketing,* presented a motion to approve a contract with Ntooitive, the agency that supports L.A. Care with all marketing and advertising needs. He noted a correction to the contract amount to $15.1 million due to an error in the original draft of this motion. Board Member Booth noted the contract is expensive and the cost has increased over the five years or so that Ntooitive has provided services for L.A. Care. She would like to better understand why this is a good company to keep and the funds are spent appropriately for these services so the Executive Committee knows the funds are well spent. She asked about data or reports on new member enrollment generated by Ntooitive services. She asked if the LACC shop and compare tool, which was first mentioned in 2021, requires ongoing development and management. Mr. Cota responded that the calculator requires ongoing development and management of the LACC shop and compare tool is required to reflect the current pricing model. Board Member Booth noted that between 2019 and 2024, the price increased from $5.3 million roughly to $12.3 million, a 135% increase. She asked if that is due to inflation or additional services and if L.A. Care receives value in those services. Mr. Cota noted that up to 95% of the funds are for procurement by Ntooitive of contracts with media for TV, radio and other outlets where L.A. Care advertising appears. Board Member Raffoul suggested a report on L.A. Care's marketing plan at a future Board meeting. Board Member Booth suggested adding data on the enrollment increase reflected in the marketing plan. Mr. Cota commented that L.A. Care added a layer into the contract to be able to provide de-identified new membership data to correlate media impressions with the marketing. In the next year it is hoped that the return on investment will be more accurate in reflecting the tactics that are executed. Board Member Raffoul suggested identifying funding used to create awareness and growth, and identify the goals for growth. <u>**Motion EXE 102.1024**</u> **To authorize staff to execute a new statement of work with Ntooitive in the amount of $15,189,396 for marketing campaigns for L.A. Care's direct lines of business, including the LACC Shop and Compare Tool, and the Community Resource Centers for the period of October 1, 2024 through September 30, 2025.**	**Approved unanimously.** **5 AYES (Ballesteros, Booth, Raffoul, Roybal and Shapiro)** **The Committee approved placing EXE 102 on the Consent Agenda for October 3, 2024 Board of Governors meeting.**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Edifecs, Inc. Contract to provide Software as a Service (SaaS) licensing and integration services	Tom MacDougall, *Chief Information and Technology Officer*, introduced a motion requesting approval to execute a five-year contract with Edifecs, Inc. from October 2024 to September 2029 in the amount of $25,497,331, reflecting an increase of $5 million in licensing fees over five years. The contract will support L.A. Care's internal infrastructure to manage encounter data and make sure that the data quality is good. There will be an initial increase and costs will decrease over the contract term. The vendor will assume responsibility for maintaining the software. Board Member Booth asked about statements of work (SOW) in contracting with this vendor. Mr. MacDougall stated there are four SOWs over the next few years for additional services with discounts already negotiated. <u>Motion EXE 103.1024</u> **To authorize staff to execute a contract in the amount of $25,497,331 with Edifecs, Inc. to provide Software as a Service (SaaS) licensing and integration services for the period of October 2024 to September 2029.**	**Approved unanimously. 5 AYES** **The Committee approved placing EXE 103 on the Consent Agenda for October 3, 2024 Board of Governors meeting.**
Delegate Authority for CEO to execute a membership sponsorship agreement with the California Medical Association (CMA)	*Board Member Booth may have financial interests in Plans, Plan Participating Providers or other programs and as such she refrained from the discussion and vote on this motion.* Mr. Baackes stated that in 2022, L.A. Care entered into a pilot group membership program (Pilot Program) with California Medical Association (CMA) whereby L.A. Care paid the membership expenses to CMA and the Los Angeles County Medical Association (LACMA) for 312 physicians participating in L.A. Care's Direct Network. The goal was to increase L.A. Care's direct network participation. Benefits of CMA and LACMA membership include physician education and training, practice management support, health information technology, physician wellness, legal and regulatory compliance support, financial and insurance benefits, recruitment and office staffing assistance, and community-directed resources. Given the success of the pilot program, L.A. Care would like to expand the group membership program by up to an additional 841 physicians. The proposed expansion will begin October 1, 2024 and will cease on September 30, 2027. Board Member Shapiro commented that membership in these organizations is a great benefit for physicians and this will include some physicians that would otherwise not get involved. He suggested a program to help guide new members with participation and advocacy for important community programs. He suggested that L.A. Care negotiate access to the resources offered by the two organizations.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<u>**Motion EXE B.0924**</u> **To delegate authority to the CEO to execute the CMA group membership program agreement in the amount of $3,461,700 in order to provide three years of membership in California Medical Association (CMA) and Los Angeles County Medical Association (LACMA) for up to 1,153 physicians participating in L.A. Care's provider network.**	**Approved unanimously.** **3 AYES (Ballesteros, Raffoul, and Roybal),** **2 ABSTENTIONS (Booth and Shapiro)**
Approve Consent Agenda	Approve the list of items that will be considered on a Consent Agenda for October 3, 2024 Board of Governors Meeting. • September 5, 2024 meeting minutes • TRI Ventures (formerly known as Scout Exchange) Contract • Authorized signatories for all L.A. Care Health Plan's and L.A. Care Health Plan Joint Powers Authority's (JPA) banking and investment accounts • Ntooitive Contract • Edifecs, Inc. Contract • Delegate Authority for CEO to execute a membership sponsorship agreement with the California Medical Association (CMA) for up to 1,153 physicians in L.A. Care's provider network • RCAC Membership	**Approved unanimously.** **5 AYES (Ballesteros, Booth, Raffoul, Roybal and Shapiro)**
PUBLIC COMMENTS ON CLOSED SESSION ITEMS		
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Executive Committee meeting adjourned at 2:08 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 2:08 pm. 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 2026*	

	CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Tom MacDougall, *Chief Information & Technology Officer*, and Gene Magerr, *Chief Information Security Officer* CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three Potential Cases CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act 1) *Lakewood Regional Med. Ctr., Inc., et al. v L.A. Care* (JAMS Case No. 1220075422) 2) *Lakewood Regional Med. Ctr., Inc., et al. v L.A. Care* (JAMS Case No. 1220074758) CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act 1) *University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 22STCV02659 2) *University of Southern California on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 22STCV15865 3) *University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 22STCV33996 4) *University of Southern California on behalf of its Keck Hospital of USC and on behalf of its USC Norris Comprehensive Cancer Center v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 23STCV22700 5) *University of Southern California on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 23STCV25633 6) *University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. and Norris 23STCV25875 7) *University of Southern California on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 24STCV21495 8) *University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 24STCV20537

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	9) *University of Southern California on behalf of its Keck Hospital of USC and on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County, L.A.S.C. Case No. 23STCV13310* 10) *University of Southern California on behalf of its Keck Hospital of USC, on behalf of its USC Verdugo Hills Hospital, and on behalf of its USC Norris Comprehensive Cancer Center v. Local Initiative Health Authority for Los Angeles County, L.A.S.C. Case No. 24STCV13333* 11) *University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 24STCV17654 12) *University of Southern California on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 22STCV02072 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 2:38 pm. No reportable actions were taken during the closed session.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting adjourned at 2:38 pm	

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

APPROVED BY:

____
Alvaro Ballesteros, MBA, *Board Chairperson*
Date: ____________________________________

DRAFT

L.A. Care HEALTH PLAN®

Final Legislative Matrix

Last Updated: October 14, 2024

Bills by Issue

2024 Legislation (46)

Bill Number
AB 106

Status
Enacted

Title
Budget Acts of 2022 and 2023.

Description
AB106, Gabriel . Budget Acts of 2022 and 2023. The Budget Act of 2022 and the Budget Act of 2023 made appropriations for the support of state government for the 2022–23 and 2023–24 fiscal years. This bill would amend the Budget Act of 2022 and the Budget Act of 2023 by amending, adding, and repealing items of appropriation and making other changes. This bill would declare that it is to take effect immediately as a Budget Bill.

Primary Sponsors
Jesse Gabriel

Bill Number
AB 157

Status
Enacted

Title
Budget Act of 2024.

Description
AB157, Gabriel . Budget Act of 2024. The Budget Act of 2024 made appropriations for the support of state government for the 2024–25 fiscal year. This bill would amend the Budget Act of 2024 by amending, adding, and repealing items of appropriation and making other changes. This bill would declare that it is to take effect immediately as a Budget Bill.

Primary Sponsors
Jesse Gabriel

Bill Number
AB 158

Status
Enacted

Title
Budget Acts of 2022 and 2023.

Description
AB158, Gabriel . Budget Acts of 2022 and 2023. The Budget Act of 2022 and the Budget Act of 2023 made appropriations for the support of state government for the 2022–23 and 2023–24 fiscal years. This bill would amend the Budget Act of 2022 and the Budget Act of 2023 by amending and repealing items of appropriation and making other changes. This bill would declare that it is to take effect immediately as a Budget Bill.

Primary Sponsors
Jesse Gabriel

Bill Number
AB 177

Status
Enacted

Title
Health.

Description
AB 177, Committee on Budget. Health. (1) 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. Existing law requires the department, by January 1, 2025, to adopt emergency regulations to implement the recommendations in a specified report of the California State Auditor. Existing law requires the department to maintain the general moratorium on new hospice agency licenses until the department adopts the regulations. Existing law requires the moratorium to end the date the emergency regulations are adopted.This bill would extend the deadline by which the department is required to adopt those regulations to January 1, 2026, and would require the moratorium to end January 1, 2027, or one year after the date the emergency regulations are adopted.(2) Existing law requires a disability insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, to provide coverage for medically necessary treatment of mental health and substance use disorders and cover services identified in a fee-for-service reimbursement schedule published by the State Department of Health Care Services when those services are delivered at schoolsites, regardless of the network status of the local educational agency, institution of higher education, or health care provider. Existing law requires the Insurance Commissioner to issue guidance to disability insurers regarding compliance with these provisions. Existing law, as part of the Children and Youth Behavioral Health Initiative, requires the State Department of Health Care Services to develop and maintain a school-linked statewide provider network of schoolsite behavior health counselors and requires a health care service plan, insurer, or Medi-Cal managed care plan that covers necessary schoolsite services, as specified, to comply with all administrative requirements to cover and reimburse the services set forth by the network administrator.This bill would require the commissioner to additionally issue guidance to disability insurers regarding compliance with provisions regarding administrative requirements to cover and reimburse services under the school-linked statewide behavioral health provider network.(3) 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 p... (click bill link to see more).

Primary Sponsors
House Budget Committee

Bill Number
AB 1282

Status
Enacted

Title
Mental health: impacts of social media.

Description
AB 1282, 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. Existing law authorizes the State Department of Public Health to, among other things, enforce its regulations and protect and preserve the public health.This bill would require the department, in consultation with the commission, to report to specified policy committees of the Legislature, on or before December 31, 2026, 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 the mental health of children and youth is positively, negatively, or neutrally impacted by use of social media and (2) recommendations to strengthen children and youth resiliency strategies and California’s use of mental health services related to social media use. The bill would require the department to explore, among other things, the child and youth populations that use social media, including disproportionate rates and impacts among specific groups, and the negative behavioral health risks, as specified, associated with social media use and misuse among children and youth. The bill would require the department to additionally consult with certain communities in preparing the report, and prior to publication. The bill would repeal these provisions on January 1, 2030.

Primary Sponsors
Josh Lowenthal

Bill Number
AB 1316

Status
Enacted

Title
Emergency services: psychiatric emergency medical conditions.

Description
AB 1316, 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 assessment, evaluation, and crisis intervention, or placement for evaluation and treatment, under prescribed circumstances. The bill would make conforming and clarifying 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 poststabilization care services required under specified federal law, emergency room professional services, and facility charges for emergency room visits. The bill would require coverage for emergency services necessary to relieve or eliminate a psychiatric emergency m... (click bill link to see more).

Primary Sponsors
Jacqui Irwin, Chris Ward

Bill Number
AB 1842

Status
Enacted

Title
Health care coverage: Medication-assisted treatment.

Description
AB 1842, 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 require a group or individual health care service plan or health insurer offering an outpatient prescription drug benefit to provide coverage without prior authorization, step therapy, or utilization review for at least one medication approved by the United States Food and Drug Administration in each of 4 designated categories, including medication for the reversal of opioid overdose, including a naloxone product or another opioid antagonist. 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
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
AB 1936

Status
Enacted

Title
Maternal mental health screenings.

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

Primary Sponsors
Sabrina Cervantes, Susan Rubio

Bill Number
AB 2105

Status
Enacted

Title
Coverage for PANDAS and PANS.

Description
AB 2105, 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 and is medically necessary, as specified. 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 Cherie Compartore at May 14, 2024, 3:54 PM
Oppose: California Association of Health Plans

Bill Number
AB 2129

Status
Enacted

Title
Immediate postpartum contraception.

Description
AB 2129, Petrie-Norris. Immediate postpartum contraception. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally regulates contractual provisions between health care service plans and health insurers and their contracting health care providers.This bill would require a contract between a health care service plan or health insurer and a health care provider issued, amended, or renewed on or after January 1, 2025, to authorize a provider to separately bill for devices, implants, or professional services, or a combination thereof, associated with immediate postpartum contraception if the birth takes place in a general acute care hospital or licensed birth 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
AB 2132

Status
Enacted

Title
Health care services: tuberculosis.

Description
AB 2132, Low. Health care services: tuberculosis. 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 generally 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 a patient who is 18 years of age or older receiving health care services in a facility, clinic, center, office, or other setting, where primary care services are provided, to be offered tuberculosis screening, if tuberculosis risk factors are identified, to the extent these services are covered under the patient's health care coverage, except as specified. 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. The bill would prohibit a health care provider that 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.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 requires the department to adopt an option made available under federal Medicaid law to pay allowable tuberculosis-related services for persons infected with tuberculosis, as specified.This bill would require a Medi-Cal managed care plan to ensure access to care for latent tuberculosis infection and active tuberculosis disease and coordination with local health department tuberculosis control programs for plan enrollees with active tuberculosis disease, as specified.

Primary Sponsors
Evan Low

Bill Number
AB 2198

Status
Enacted

Title
Health information.

Description
AB 2198, 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 and makes a willful violation of the act’s requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plans and health insurers, commencing January 1, 2024, to establish and maintain specified application programming interfaces (API), including patient access API, for the benefit of enrollees, insureds, and contracted providers. Existing law authorizes the departments to require health care service plans or health insurers, as applicable, to establish and maintain provider access API and prior authorization support API if and when final federal rules are published .This bill would instead require the departments, commencing January 1, 2027, or when final federal rules are implemented, whichever occurs later, to require health care service plans and health insurers to establish and maintain patient access API, provider access API, payer-to-payer API, and prior authorization API. The bill, until January 1, 2027, would authorize the departments to issue guidance relating to these provisions not subject to the Administrative Procedure Act, as specified. Because a 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
Heath Flora

Bill Number
AB 2258

Status
Enacted

Title
Health care coverage: cost sharing.

Description
AB 2258, 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 these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The bill would authorize the Insurance Commissioner to impose a civil penalty of not more than $5,000 against an insurer for each violation of these provisions, or not more than $10,000 per violation if the violation was willful.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
AB 2293

Status
Enacted

Title
Joint powers agreements: health care services.

Description
AB 2293, Mathis. Joint powers agreements: health care services. (1) 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, 2032, 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, until January 1, 2034, 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, as specified. 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 or to engage in specified other acts, including employing physicians and surgeons or charging for professional services rendered by physicians and surgeons. The bill would require an authority formed to be governed by a board of directors, composed as determined by the participating public agency or agencies. The bill would prohibit the representation of private, nonprofit mutual benefit corporations on the board of directors from exceeding 50%. The bill would define terms for its purposes. (2) Existing law sets forth requirements for the solicitation and evaluation of bids and the awarding of contracts by public entities, including requirements applicable if the public entity is required by statute or regulation to obtain an enforceable commitment that a bidder, contractor, or other entity will use a skilled and trained workforce, as defined, to complete a contract or project. Except as specified, existing law requires that, for workers employed on public works, as defined, not less than the general prevailing rate of per diem wages, determined as provided by the Director of Industrial Relations, for work of a similar character in the locality in which the public work is performed be paid to those workers, as provided. This bill, except as specified, would require a joint powers authority formed pursuant to the bill, when undertaking a project applicable to the construction or refurbishment of health facilities, to obtain an enforceable commitment that any... (click bill link to see more).

Primary Sponsors
Devon Mathis

Bill Number
AB 2297

Status
Enacted

Title
Hospital and Emergency Physician Fair Pricing Policies.

Description
AB 2297, 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 or the patient’s family, as defined, in determining eligibility under its charity care policy.This bill would prohibit a hospital from considering the monetary assets of the patient in determining eligibility for both the charity care and the discount payment policies, but would authorize the hospital to consider the availability of a patient’s health savings account held by the patient or the patient’s family, as specified. The bill would revise the definition of patient’s family, as specified. The bill would instead require that the eligibility for charity care or discounted payments be determined at any time the hospital is in receipt of, among other things, recent pay stubs or income tax returns. The bill would prohibit a hospital or an emergency physician from imposing time limits for applying for charity care or discounted payments, and would prohibit a hospital or emergency physician from denying eligibility based on the timing of a patient’s application. The bill would authorize a hospital or emergency physician to waive or reduce Medi... (click bill link to see more).

Primary Sponsors
Laura Friedman

Bill Number
AB 2302

Status
Enacted

Title
Open meetings: local agencies: teleconferences.

Description
AB 2302, 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 furthers the constitu... (click bill link to see more).

Primary Sponsors
Dawn Addis

Bill Number
AB 2319

Status
Enacted

Title
California Dignity in Pregnancy and Childbirth Act.

Description
AB 2319, 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 specified health care providers at hospitals that provide perinatal care, alternative birth centers, or primary care clinics, as specified. 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, by February 1 of each year, commencing in 2026, provide the Attorney General with proof of compliance with these provisions, as specified. The bill would authorize the Attorney General to pursue civil penalties for violations of these provisions, as specified. Th... (click bill link to see more).

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

Bill Number
AB 2327

Status
Enacted

Title
Optometry: mobile optometric offices.

Description
AB 2327, Wendy Carrillo. Optometry: mobile optometric offices. 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 regulates the ownership and operation of mobile optometric offices, as defined, including, among other things, requiring the owner and operator of a mobile optometric office to file a quarterly report containing specified information. 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 authorize the owner and operator of a mobile optometric office to instead file the above-described quarterly reports as a single, annual report during the first renewal period of 2 years, as specified. The bill would also extend the deadline for the board to adopt the above-described regulations to January 1, 2026. The bill would prohibit the board from bringing the above-described enforcement action before January 1, 2026, or before the board adopts those regulations, whichever is earlier. The bill would extend the repeal date of the provisions related to the permitting and regulation of mobile optometric clinics to July 1, 2035.

Primary Sponsors
Wendy Carrillo

Bill Number
AB 2340

Status
Enacted

Title
Medi-Cal: EPSDT services: informational materials.

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

Primary Sponsors
Mia Bonta

Bill Number
AB 2435

Status
Enacted

Title
California Health Benefit Exchange.

Description
AB 2435, 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
AB 2556

Status
Enacted

Title
Behavioral health and wellness screenings: notice.

Description
AB 2556, 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, except as specified, or health insurer to provide to enrollees and insureds a written or electronic notice regarding the benefits of a behavioral health and wellness screening, as defined, for children and adolescents 8 to 18 years of age. The bill would require a health care service plan or insurer to provide the notice annually. 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
AB 2630

Status
Enacted

Title
Pupil health: oral health assessment.

Description
AB 2630, Bonta. Pupil health: oral health assessment. Existing law requires a pupil, while enrolled in kindergarten in a public school, or while enrolled in first grade in a public school if the pupil was not previously enrolled in kindergarten in a public school, to present proof of having received an oral health assessment by a licensed dentist, or other licensed or registered dental health professional operating within the professional’s scope of practice, that was performed no earlier than 12 months before the date of the initial enrollment of the pupil, as provided.This bill would define “kindergarten” for these purposes as including both transitional kindergarten and kindergarten, and would require the above-described proof only once during a 2-year kindergarten program. To the extent the bill would impose additional duties on public schools, 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
Mia Bonta

Bill Number
AB 2703

Status
Enacted

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

Description
AB 2703, 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 that FQHC services and RHC services be reimbursed on a per-visit basis and defines a visit as a face-to-face encounter, or other modality of interaction, as specified, between a patient and specified practitioners.This bill would add to that list of practitioners a licensed professional clinical counselor.Existing law authorizes an FQHC or RHC to apply for an adjustment to its per-visit rate based on a change in the scope of services provided by the FQHC or RHC and includes in the definition of a change in the scope of services any changes in any of the federally defined FQHC services or RHC services, among other things. Existing law requires an FQHC or RHC that does not provide certain services, including marriage and family therapist services, and later elects to add those services and bill them as a separate visit to process the addition of the services as a change in scope of service, as specified.This bill would remove the requirement for an FQHC or RHC that does not provide marriage and family therapist services, but later elects to add those services and bill them as a separate visit, to file for a change in scope of service.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 or associate professional clinical counselor 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 or associate professional clinical counselor under those conditions. The bill would make conforming changes with regard to supervision by a licensed behavioral health practitioner, as required by the associate’s applicable clinical licensing board.

Primary Sponsors
Cecilia Aguiar-Curry

Organizational Notes

Last edited by Cherie Compartore at Jul 29, 2024, 9:07 PM
Support: Local Health Plans of California

Bill Number
AB 2715

Status
Enacted

Title
Ralph M. Brown Act: closed sessions.

Description
AB 2715, 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 with specified individuals on, among other things, matters posing a threat to the security of essential public services, as specified.This bill would additionally authorize a legislative body to hold a closed session with other law enforcement or security personnel and to hold a closed session on a threat to critical infrastructure controls or critical infrastructure information, as defined, relating to cybersecurity.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

AB 2749

Status

Enacted

Title

California Health Benefit Exchange: financial assistance.

Description

AB 2749, 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 necessary to determ... (click bill link to see more).

Primary Sponsors

Jim Wood

Bill Number
AB 2767

Status
Enacted

Title
Financial Solvency Standards Board: membership.

Description
AB 2767, 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 and individuals with training and experience in large group health insurance purchasing.

Primary Sponsors
Miguel Santiago

Bill Number
AB 2843

Status
Enacted

Title
Health care coverage: rape and sexual assault.

Description
AB 2843, 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 July 1, 2025, to provide coverage without cost sharing for emergency room medical care and followup health care treatment for an enrollee or insured who is treated following a rape or sexual assault for the first 9 months after the enrollee initiates treatment, as specified. 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
AB 2860

Status
Enacted

Title
Licensed Physicians and Dentists from Mexico programs.

Description
AB 2860, 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. The bill would require the Dental Board of California to, notwithstanding existing requirements to provide specified federal taxpayer information, issue a 3-year nonrenewable permit to an applicant who has not provided an individual taxpayer identification number or social security number if the applicant meets specified conditions.Commencing January 1, 2025, the bill would authorize the Medical Board of Califor... (click bill link to see more).

Primary Sponsors
Eduardo Garcia

Organizational Notes

Last edited by Cherie Compartore at May 29, 2024, 7:01 PM
Support: Local Health Plans of California, California Primary Care Association (Co-Sponsor), Clinica De Salud Del Valle De Salinas (Co-Sponsor)

Bill Number
AB 2998

Status
Enacted

Title
Opioid overdose reversal medications: pupil administration.

Description
AB 2998, McKinnor. Opioid overdose reversal medications: pupil administration. Existing law authorizes a public or private elementary or secondary school to determine whether or not to make emergency naloxone hydrochloride or another opioid antagonist and trained personnel available at its school, and to designate one or more volunteers to receive related training to address an opioid overdose, as specified. Existing law prohibits a person who has completed that training and who administers, in good faith and not for compensation, naloxone hydrochloride or another opioid antagonist to a person who appears to be experiencing an opioid overdose from being subject to professional review, liable in a civil action, or subject to criminal prosecution for the person’s acts or omissions in administering the naloxone hydrochloride or another opioid antagonist, unless the person’s acts or omissions constituted gross negligence or willful and wanton misconduct, as provided.This bill would prohibit a school district, county office of education, or charter school from prohibiting a pupil 12 years of age or older, while on a schoolsite or participating in school activities, from carrying or administering, for the purposes of providing emergency treatment to persons who are suffering, or reasonably believed to be suffering, from an opioid overdose, a naloxone hydrochloride nasal spray or any other opioid overdose reversal medication that is federally approved for over-the-counter, nonprescription use, as provided. The bill would prohibit a pupil 12 years of age or older of those local educational agencies who administers those opioid antagonists on a schoolsite or while participating in school activities to a person who appears to be experiencing an opioid overdose, from being held liable in a civil action or being subject to criminal prosecution for their acts or omissions, unless the pupil’s acts or omissions constitute gross negligence or willful and wanton misconduct, as provided. The bill would also prohibit those local educational agencies, or an employee of those local educational agencies, from being subject to professional review, liable in a civil action, or subject to criminal prosecution for a pupil’s acts or omissions in administering those opioid antagonists, unless an act or omission of the local educational agency, or the employee of the local educational agency, constitutes gross negligence or willful and wanton misconduct connected to the administration of those opioid antagonists.

Primary Sponsors
Tina McKinnor

Bill Number
AB 3059

Status
Enacted

Title
Human milk.

Description
AB 3059, Weber. Human milk. Existing law licenses and regulates tissue banks and generally makes a violation of the requirements applicable to tissue banks a crime.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 donor human milk that was obtained from a tissue bank licensed by the State Department of Public Health. The bill would exempt from licensing requirements a hospital storing or distributing human milk obtained from a licensed tissue bank. The bill would require hospitals that collect, process, store, or distribute human milk in any other circumstance to obtain a tissue bank license. To the extent that the bill would expand the class of hospitals subject to tissue bank licensing requirements, thereby expanding a crime, the bill would impose a state-mandated local program.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. Existing law generally requires a health care service plan or health insurance policy to provide an enrollee or insured with basic health care services, as specified.This bill would include, in the above-described basic health care services, medically necessary pasteurized donor human milk obtained from a tissue bank licensed by the State Department of Public Health.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

Organizational Notes

Last edited by Joanne Campbell at Apr 19, 2024, 8:10 PM
California Association of Health Plans - Opposed

Bill Number
AB 3221

Status
Enacted

Title
Department of Managed Health Care: review of records.

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

Primary Sponsors
Gail Pellerin

Organizational Notes

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

Bill Number
AB 3275

Status
Enacted

Title
Health care coverage: claim reimbursement.

Description
AB 3275, Soria. Health care coverage: claim reimbursement. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health insurer or health care service plan, including a specialized health care service plan, to reimburse a claim or portion of a claim no later than 30 working days after receipt of the claim, unless the plan contests or denies the claim, in which case the plan is required to notify the claimant within 30 working days that the claim is contested or denied. Under existing law, if a claim or portion thereof is contested on the basis that a health insurer or health care service plan has not received all information necessary to determine payer liability for the claim or portion thereof and notice has been provided, the health insurer or health care service plan has 30 working days after receipt of the additional information to complete reconsideration of the claim. Existing law extends these timelines to 45 working days for a health care service plan that is a health maintenance organization. Under existing law, if a claim is not reimbursed, contested, or denied pursuant to these timelines, as specified, interest accrues at a rate of 15% per annum for a health care service plan and 10% per annum for a health insurer. Commencing January 1, 2026, this bill instead would require a health care service plan, including a Medi-Cal managed care plan, or health insurer to reimburse a complete claim or a portion thereof within 30 calendar days after receipt of the claim, or, if a claim or portion thereof does not meet the criteria for a complete claim or portion thereof, to notify the claimant as soon as practicable, but no later than 30 calendar days that the claim or portion thereof is contested or denied. The bill would authorize the departments to issue guidance and regulations related to these provisions. The bill would exempt the guidance and amendments from the Administrative Procedure Act until December 31, 2027. Existing law requires health care service plans to establish a grievance process, as specified. This bill would require a complaint made by an enrollee to a health care service plan about a delay or denial of a payment of a claim to be treated as a grievance subject to that grievance process. 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 a... (click bill link to see more).

Primary Sponsors
Esmeralda Soria, Robert Rivas

Organizational Notes

Last edited by Cherie Compartore at May 14, 2024, 4:03 PM
Oppose: Local Health Plans of California, California Association of Health Plans

Bill Number
SB 136

Status
Enacted

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
SB 339

Status
Enacted

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
SB 729

Status
Enacted

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

Description
SB 729, 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 July 1, 2025, 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
SB 819

Status
Enacted

Title
Medi-Cal: certification.

Description
SB 819, 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
SB 1120

Status
Enacted

Title
Health care coverage: utilization review.

Description
SB 1120, 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 disability insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or disability 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 disability 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 disability insurer, as applicable, for failure to comply with those requirements. This bill would require a health care service plan or disability insurer, including a specialized health care service plan or specialized health insurer, that uses an artificial intelligence, algorithm, or other software tool for the purpose of utilization review or utilization management functions, or that contracts with or otherwise works through an entity that uses that type of tool, to ensure compliance with specified requirements, including that the artificial intelligence, algorithm, or other software tool bases its determination on specified information and is fairly and equitably applied, as specified. 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

Organizational Notes

Last edited by Cherie Compartore at Jul 9, 2024, 5:26 PM
Oppose Unless Amended: California Association of Health Plans

Bill Number
SB 1131

Status
Enacted

Title
Medi-Cal providers: family planning.

Description
SB 1131, Gonzalez. Medi-Cal providers: family planning. 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 establishes, under the Medi-Cal program, the Family Planning, Access, Care, and Treatment (Family PACT) Program, administered by the Office of Family Planning within the department. Under Family PACT, comprehensive clinical family planning services are provided to a person who has a family income at or below 200% of the federal poverty level and who meets other eligibility criteria to receive those services.Existing law makes the Family PACT Program inoperative if the program is determined to no longer be cost effective, as specified. If the program becomes inoperative, existing law requires all persons who have received, or are eligible to receive, comprehensive clinical family planning services pursuant to Family PACT to receive family planning services under other specified provisions of the Medi-Cal program or under the State-Only Family Planning Program, which is also established within the department.Existing law requires enrolled providers in the Family PACT Program or the State-Only Family Planning Program to attend a specific orientation approved by the department and requires providers who conduct certain services to have prior training in those services.This bill would, for the Family PACT Program, require a site certifier of a primary care clinic or affiliate primary care clinic, as those terms are defined, to be a clinician who oversees the provision of Family PACT services and would authorize certain clinic corporations to enroll multiple, but no more than 10, service addresses under one site certifier. The bill would require any orientation or training that the department requires of a site certifier to comply with specified requirements, including, among others, being offered through a virtual platform and being offered at least once every other month.For purposes of both of the above-described programs, existing law requires the program to disenroll as a program provider any individual who, or any entity that, has a license, certificate, or other approval to provide health care that is revoked or suspended by a federal, California, or other state’s licensing, certification, or other approval authority, that is otherwise lost, or that is surrendered while a disciplinary hearing is pending, as specified.This bill would authorize the department to elect to not disenroll an individual or entity as a program provider if the revocation, suspension, loss,... (click bill link to see more).

Primary Sponsors
Lena Gonzalez

Bill Number
SB 1180

Status
Enacted

Title
Health care coverage: emergency medical services.

Description
SB 1180, 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 establishes 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 or triage paramedic assessments, respectively.This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2025, to establish a process to reimburse for services provided by a community paramedicine program, a triage to alternate destination program, and a mobile integrated health program, as defined.The bill would require those contracts 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 that they would pay for the same covered services received from a contracting program. The bill would prohibit reimbursement rates adopted pursuant to this provision from exceeding the health care service plan’s or health insurer’s usual and customary charges for services rendered.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 bill would condition this Medi-Cal coverage on an appropriation, receipt of any necessary federal approvals, and the availability of federal financial participation.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

Organizational Notes

Last edited by Joanne Campbell at Apr 19, 2024, 8:14 PM
California Association of Health Plans - Oppose

Bill Number
SB 1238

Status
Enacted

Title
Health facilities.

Description
SB 1238, Eggman. Health facilities. (1) Existing law defines “health facility” to include a “psychiatric health facility” that is licensed by the State Department of Health Care Services and provides 24-hour inpatient care for people with mental health disorders. Existing law requires that such care include, but is not limited to, psychiatry, clinical psychology, psychiatric nursing, social work, rehabilitation, drug administration, and food services for persons whose physical health needs can be met in an affiliated hospital or in outpatient settings.This bill would expand the definition of “psychiatric health facility” to also include a facility that provides 24-hour inpatient care for people with severe substance use disorders, or cooccurring mental health and substance use disorders. The bill would expand that 24-hour inpatient care also include substance use disorder services, as medically necessary and appropriate. The bill would specify that psychiatric health facilities to only admit persons with stand-alone severe substance use disorders involuntarily pursuant to specified requirements.The bill would authorize a psychiatric health facility to admit persons diagnosed only with a severe substance use disorder when specified conditions are met. The bill would authorize the department to implement, interpret, or make specific these provisions, in whole or in part, by means of plan or county letters, information notices, plan or provider bulletins, or other similar instructions, until the time when regulations are adopted no later than December 31, 2027.(2) Under existing law, regulations adopted by the department are to include standards appropriate for 2 levels of disorder: (1) involuntary ambulatory psychiatric patients, and (2) voluntary ambulatory psychiatric patients.This bill would instead require regulations to include standards appropriate for 3 levels of disorder: (1) involuntary ambulatory patients receiving treatment for a mental health disorder, (2) voluntary ambulatory patients receiving treatment for a mental health disorder, and (3) involuntary ambulatory patients receiving treatment for a severe substance use disorder.(3) Existing law requires the program aspects of a psychiatric health facility to be reviewed and approved by the department to include, among others, activities programs, interdisciplinary treatment teams, and rehabilitation services. Existing law requires proposed changes in the standards or regulations affecting health facilities that serve persons with mental health disorders to be effected only with review and coordination of the California Health and Human Services Agency.This bill would expand these program aspects to also include substance use disorder services, if the psych... (click bill link to see more).

Primary Sponsors
Susan Eggman

Bill Number
SB 1289

Status
Enacted

Title
Medi-Cal: call centers: standards and data.

Description
SB 1289, Roth. Medi-Cal: call centers: standards and 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.The bill would require a county with a call center as described above, commencing on January 1, 2026, and each month thereafter, to collect and submit to the department call-center data metrics, including, among other information, total call volume, average call wait times by language, and average call abandonment rate. 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 call-center data. 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, 2026.The bill would require the department to implement these provisions, without taking any regulatory action, by means of an all-county letter or similar instruction. The bill would require the department to adopt regulations thereafter in accordance with certain provisions.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
SB 1300

Status
Enacted

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

Description
SB 1300, Cortese. Health facility closure: public notice: inpatient psychiatric and perinatal 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 unit or a perinatal unit from 90 days to 120 days. By changing the definition of a crime, this bill would impose a state-mandated local program. The bill would require the health facility to provide public notice of the proposed elimination of the supplemental service of either inpatient psychiatric unit or perinatal unit, as specified. The bill would require the health facility to conduct at least one noticed public hearing within 60 days of providing public notice of the proposed elimination of the inpatient psychiatric unit or perinatal unit and would require the health facility to accept public comment. The bill would require the health facility to post the public hearing notice and the agenda along with the public notice. The bill would require the health facility holding the public hearing to meet prescribed requirements, including notifying the board of supervisors of the county in which the health facility is located when a public hearing is scheduled and inviting the board of supervisors to provide testimony on the impacts of the elimination of the services to the county and community health systems.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

Bill Number
SB 1320

Status
Enacted

Title
Mental health and substance use disorder treatment.

Description
SB 1320, 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
SB 1354

Status
Enacted

Title
Long-term health care facilities: payment source and resident census.

Description
SB 1354, Wahab. Long-term health care facilities: payment source and resident census. Existing law provides for the licensing and regulation of long-term health care facilities, including, among others, skilled nursing facilities and intermediate care facilities, by the State Department of Public Health. A violation of those provisions is generally a crime. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law prohibits a long-term health care facility that participates as a provider under the Medi-Cal program from discriminating against a Medi-Cal patient on the basis of the source of payment for the facility's services that are required to be provided to individuals entitled to services under the Medi-Cal program. Existing law prohibits that facility from seeking to evict out of the facility, or transfer within the facility, any resident as a result of the resident changing their manner of purchasing the services from private payment or Medicare to Medi-Cal, except as specified.This bill would require the facility to provide aid, care, service, and 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. The bill would find and declare that this requirement is declaratory of existing law and thus not reimbursable under the Medi-Cal Long-Term Care Reimbursement Act or any other Medi-Cal ratesetting provisions, as specified. The bill would specify that if reimbursement is found to be required by state or federal law or regulation, as specified, the above requirement shall only become operative upon appropriation by the Legislature. The bill would also provide that this requirement and the above-described prohibition against discrimination on the basis of payment source be implemented only to the extent that these provisions do not conflict with federal law, that any necessary federal approvals are obtained, and that federal financial participation for the Medi-Cal program is available and is not otherwise jeopardized.Existing federal regulations require certain nursing facilities to post their resident census and specified nurse staffing data on a daily basis.This bill would require a skilled nursing facility that participates as a provider under the Medi-Cal program to make publicly available its current daily resident census and nurse staffing data, as defined. The bill would require the facility to make the information a... (click bill link to see more).

Primary Sponsors
Aisha Wahab

Bill Number
SB 1385

Status
Enacted

Title
Medi-Cal: community health workers: supervising providers.

Description
SB 1385, Roth. Medi-Cal: community health workers: supervising 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 through various delivery systems, including fee-for-service and managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Under existing law, community health worker services are a covered Medi-Cal benefit subject to any necessary federal approvals. Under existing law, a community health worker is 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. Existing law requires a Medi-Cal managed care plan to engage in outreach and education efforts to enrollees, and to notify providers, about the community health worker services benefit, as specified.This bill would require a Medi-Cal managed care plan, no later than July 1, 2025, to adopt policies and procedures to effectuate a billing pathway for supervising providers to claim for the provision of community health worker services to enrollees during an emergency department visit and as an outpatient followup to an emergency department visit. The bill would require that the policies and procedures be consistent with guidance developed by the department for use by supervising providers to claim for community health worker services to Medi-Cal members in the fee-for-service delivery system in the settings described above.The bill would define a “supervising provider” for purposes of these provisions as an enrolled Medi-Cal provider that is authorized to supervise a community health worker pursuant to the federally approved Medicaid state plan amendment and that ensures that a community health worker meets the qualifications as required by the department, as specified.

Primary Sponsors
Richard Roth

Bill Number
SB 1511

Status
Enacted

Title
Health omnibus.

Description
SB 1511, 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 provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Existing law establishes the Administrative Claiming process under which the department is authorized to contract with local governmental agencies and local educational consortia for the purpose of obtaining federal matching funds to assist with the performance of administrative activities relating to the Medi-Cal program that are provided by a local governmental agency or local educational agency (LEA).Existing law requires the department to engage in specified activities relating to the LEA Medi-Cal Billing Option, including amending the Medicaid state plan to ensure that schools are reimbursed for all eligible services, consulting with specified entities in formulating state plan amendments, examining methodologies for increasing school participation in the LEA Medi-Cal Billing Option, and conducting an audit of a Medi-Cal Billing Option claim consistent with prescribed requirements, such as generally accepted accounting principles. Existing law requires the department to issue and regularly maintain a program guide for the LEA Medi-Cal Billing Option program. Existing law requires the department to file an annual report with the Legislature that includes, among other... (click bill link to see more).

Primary Sponsors
Senate Health Committee

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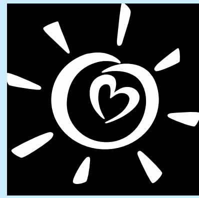


Board of Governors
MOTION SUMMARY

Date: October 23, 2024 **Motion No. EXE A.1024**

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

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

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

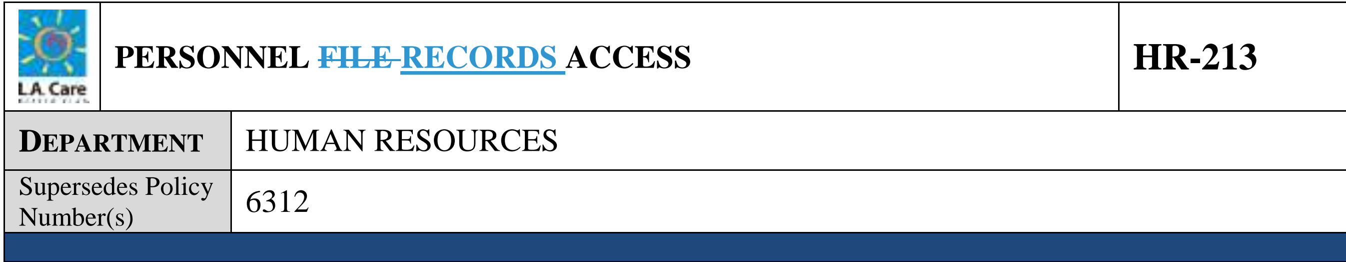
Background: The revised policy is written to comply with changes to Regulatory, Legislative and Judicial changes, and reflect changes in L.A. Care's practices.

Policy Number	Policy	Section	Description of Modification
HR-213	Personnel Records Access	Employee Relations	Transferred into new policy template, and minor changes
HR-310	Per Diem Employment Status	Employment	Transferred into new policy template, and minor changes
HR-315	Separation of Employment	Employment	Transferred into new policy template. Removed one definition and updated Procedure section
HR-401	Drug Free Workplace	Health & Safety	Definition added, suspicious behavior added, and other minor edits

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

Budget Impact: None

Motion: **To approve the Human Resources Policies HR-213 (Personnel Records Access), HR-310 (Per Diem Employment Status), HR-314 (Separation of Employment, HR-401 (Drug Free Workplace), as presented.**



	PERSONNEL ~~FILE~~ RECORDS ACCESS	HR-213
DEPARTMENT	HUMAN RESOURCES	
Supersedes Policy Number(s)	6312	

DATES					
Effective Date	5/30/1996	Review Date	9/17/2024	Next Annual Review Date	9/17/2025
Legal Review Date	9/17/2024	Committee Review Date	10/24/2024		

LINES OF BUSINESS

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

DELEGATED ENTITIES / EXTERNAL APPLICABILITY

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

ACCOUNTABILITY MATRIX			
Enter department here	Enter policy §§ here		

ATTACHMENTS

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

ELECTRONICALLY APPROVED BY THE FOLLOWING		
	OFFICER	**DIRECTOR**
NAME	Terry Brown	Jyl Russell
DEPARTMENT	Human Resources	Human Resources
TITLE	Chief of Human Resources	Senior Director, Business Support Services and Organizational Effectiveness~~Director, Human Resources Business Support Services~~

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

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

HISTORY	
REVISION DATE	DESCRIPTION OF REVISIONS
10/20215/31/2 0249/17/2024	Transferred into new policy templateTransitioned into new forma and minor changes t

1.0 OVERVIEW:

1.1 L.A. Care is obligated, both ethically and legally, to maintain complete, accurate and confidential files and records on all employees, and to release information only to authorized persons according to state and federal laws.

2.0 DEFINITIONS:

2.1 N/A

3.0 POLICY:

3.1 All official personnel files records are to be kept secure by Human Resources at the 1055 1200 W. 7th, Street, Los Angeles, CA 90017 -office. Managers, employees and former employees may have access to their personnel files records as provided below. L.A. Care will regard employee information as confidential and will respect the need for to protecting each employee's privacy.

3.2 The information contained in the personnel ~~files~~ records is the property of L.A Care**.**

3.3 Access to an employee's personnel ~~files~~ records will be allowed only to:

3.3.1 The employee, or former employee~~.~~

~~**3.3.1**~~**3.3.2** Persons designated and authorized in writing by the employee or former employee to inspect or receive a copy of the employee's personnel records.

~~**3.3.2**~~**3.3.3** Those members of management who have a direct reporting relationship with the employee.

~~**3.3.3**~~**3.3.4** Persons responsible for the Human Resources function.

~~**3.3.4**~~**3.3.5** Persons authorized by Human Resources or the legal department.

~~**3.3.5**~~**3.3.6** Persons or agencies authorized to access under Federal and State laws or regulations.

4.0 PROCEDURES:

4.1 ~~An E~~Employees ~~or~~and former employees haves the right to inspect personnel records relating to the employee's performance or to any grievance concerning the employee. Personnel records will be made available no later than 30 days of receipt of the employee's ~~proceeding, within 30 days of making a~~ written request for ~~records~~inspection. Written request for inspection of personnel records should be directed to Human Resources~~Employer may redact the names of any no managerial employees. Employer need not comply with more than one request per year from a former employee. If employee files a lawsuit against employer that relates to a personnel matter, the right to review personnel records ceases while the suit is pending~~~~Employees or former employees may have access to their own personnel files by providing reasonable advance written notice to Human Resources~~.

4.2 The employee's inspection of ~~his/her~~their personnel ~~file~~ records must be supervised by the individual designated to maintain the personnel ~~files~~records. Documents, which are not shared with the employee, are documents, which include information regarding the pay, performance, or discipline of other employees. The names of any non-managerial employees may be redacted.

4.3 L.A. Care reserves the right to withhold from inspection certain sensitive information, (i.e., third-party references,~~;~~ confidential management documents, information on ongoing security or criminal investigations, etc.,) except where such restrictions are prohibited by law. Sensitive information should be kept in a confidential location~~file~~ and not in the employee's regular personnel file.

Documents in a confidential file are not to be viewed by the employee requesting access to his or her personnel file.

~~5.0 Inspection of the personnel file will take place on the employee's own time (i.e. meal breaks, rest breaks or other off duty time).~~

5.0 Employees may view personnel records at reasonable times, during break or nonwork hours. If records are kept offsite or employer does not make them available at the workplace, then employee must be allowed to view them at the storage location or at another mutually agreeable location without loss of pay. If a former employee was terminated for a violation of law, or employment related policies ~~reasons~~ relating to harassment or workplace violence, employer may provide a copy of the records by mail or by making the records e ~~them~~ available at a location other than the workplace that is a reasonable driving distance from the employee's residence. ~~offsite.~~

5.1 An Employee or former employee also has a right to a copy of personnel records, at the employee's cost, within 30 days of making a written request~~Employees may request, at their own expense, a copy of materials from their personnel file upon which his/her signature appears~~.

5.2 Supervisors and managers are permitted access to personnel ~~files~~ records relating to their employees or to employees transferring into their department, or of those employees being considered for transfer.

5.3 Employee request to inspect or to receive copies of personnel records may be limited to one request per year.

6.0 Monitoring:

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

7.0 Reporting:

7.1 Any suspected violations to this policy should be reported to your HRBP or the HR Department.

~~5.2~~

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

	PER DIEM EMPLOYMENT STATUS	**HR-310**

DEPARTMENT	HUMAN RESOURCES
Supersedes Policy Number(s)	

DATES					
Effective Date	4/1/2006	Review Date	~~4/1/2014~~9/20/2024	Next Annual Review Date	~~4/1/2015~~9/20/2025
Legal Review Date	10/11/2024	Committee Review Date	10/24/2024		

LINES OF BUSINESS

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

DELEGATED ENTITIES / EXTERNAL APPLICABILITY

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

ACCOUNTABILITY MATRIX			
Enter department here	Enter policy §§ here		

ATTACHMENTS

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

ELECTRONICALLY APPROVED BY THE FOLLOWING

	OFFICER	**DIRECTOR**
NAME	Terry Brown	Darren Lee
DEPARTMENT	Human Resources	Human Resources
TITLE	Chief Human Resources Officer	Deputy Chief Human Resources Officer

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

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

HISTORY	
REVISION DATE	DESCRIPTION OF REVISIONS
9/20/2024	Transferred into new policy template

1.0 OVERVIEW:

1.1 It is the policy of L.A. Care to support a Per Diem employment classification, one which consists of an individual who works intermittently, primarily as a staff replacement or to supplement staffing.

2.0 DEFINITIONS:

2.1 Per Diem - an employment status which receives a higher flat hourly rate of pay in lieu of benefits and is not eligible for merit increases, organizational incentives, accumulation of Paid Time Off (PTO), or participation in any non-legally mandated health and welfare benefit.

3.0 POLICY:

3.1 Per Diem employees shall not normally be hired into a regularly scheduled budgeted position.

3.2 Per Diem employees are eligible for overtime pay and other differentials as regular benefit eligible employees, as well as legally mandated benefits including participation in L.A. Care's retirement plan, Worker's Compensation, State Mandated sick leave, and State Disability benefits.

3.3 Per Diem employees are paid for required in-service and staff meeting time~~, as defined by policy~~.

3.4 Per Diem employees do not accrue Paid Time Off (PTO) benefits and are not eligible for tuition reimbursement benefits, transportation incentives, merit increases, holiday pay, paid bereavement leave, jury duty, health and welfare benefits, or to participate in the annual incentive program unless otherwise specified herein or required by applicable law.

3.5 Per Diem employees will receive an annual performance evaluation as defined by L.A. Care policy, ~~but are not entitled to receive an annual merit increase~~[CV1].

4.0 **PROCEDURES:**

4.1 As business need dictates, employees may request to transfer from a Per Diem position to an available budgeted position.

4.2 As business need dictates, an employee changing from a Per Diem position to a benefit eligible position shall:

4.2.1 Begin accruing Paid Time Off (PTO) benefits from the effective date of the change, subject to the terms and conditions of L.A. Care's PTO Policy HR-114.

4.2.2 Be eligible to participate in health and welfare benefit plans beginning the first of the month following the employment status change, if the employee meets eligibility.

4.2.3 Shall not receive credit for ~~his/her~~their service as a Per Diem employee, except for retirement vesting, which is based on the original hire date.

4.3 When a benefit eligible employee requests to transfer to a Per Diem position, the following will apply:

4.3.1 Unused, accrued PTO shall be cashed out at the time of conversion at the base hourly rate in effect ~~prior to~~before the date of conversion.

~~**4.3.2**~~ Participation in any health and welfare benefit plans shall cease at the end of the month of the effective date of the status change. Eligibility for continuation of health benefits will be offered through COBRA.

4.3.2

4.4 Employment shall remain at the mutual consent of the employee and L.A. Care, and may be terminated by the employee or L.A. Care at any time, with or without cause, or advance notice.

4.5 L.A. Care reserves the right to modify or discontinue this policy at any time. Nothing herein shall be construed as a guarantee of hours of work or continued employment

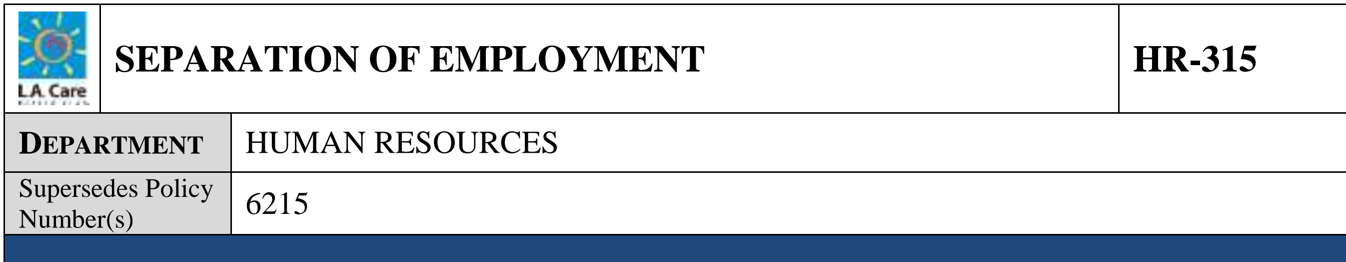
5.0 **MONITORING:**

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

6.0 **REPORTING:**

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

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



	SEPARATION OF EMPLOYMENT	HR-315
DEPARTMENT	HUMAN RESOURCES	
Supersedes Policy Number(s)	6215	

DATES					
Effective Date	3/18/1998	Review Date	5/31/20257/9/20249/24/24	Next Annual Review Date	10/29/20277/9/20269/24/2025
Legal Review Date	10/11/2024	Committee Review Date	Click here to enter a date.		

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

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

ACCOUNTABILITY MATRIX			

ATTACHMENTS

ELECTRONICALLY APPROVED BY THE FOLLOWING		
	OFFICER	**DIRECTOR**
NAME	Terry Brown	Jyl Russell
DEPARTMENT	Human Resources	Human Resources
TITLE	Chief Human Resources Officer	Senior Director, Business Supp Svcs, Learning Experience and Organizational Excellence

AUTHORITIES
➢ HR-501, “Executive Committee of the Board: HR Roles and Responsibilities” ➢ California Welfare & Institutions Code §14087.9605

REFERENCES

HISTORY	
REVISION DATE	DESCRIPTION OF REVISIONS
4	;
7/9/20249/24/2024	Transferred into new policy template.Removed one definition and updated Procedure section

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

1.0 OVERVIEW:

1.1 L.A. Care is committed to providing fair, equitable and consistent treatment of all employees who are separating employment. This policy and procedure establishes the specific steps and actions required to process all such separations from the employment relationship.

2.0 DEFINITIONS:

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

2.1 Voluntary Separations:– initiated by the employee for a variety of reasons. L.A. Care would appreciate at least two weeks written notice from non-supervisory/management employees. Due to the complexity of the job and the difficulty in finding timely replacement staff, supervisory and management, employees are requested to provide at least four weeks' notice, but are required to provide at least two weeks' written notice[CV1][KMS2].

2.2 Involuntary Separations: –initiated by L.A. Care Health Plan for a variety of reasons.

2.3 Reduction in Force:– an L.A. Care initiated separation due to lack of work, reorganization of department or function, or curtailment of services or funds. The policy "Workforce Reduction" HR 223 describes this situation in detail.

2.4 Retirement:– L.A. Care does not have a mandatory retirement age. Retiring employees are requested to give at least one-month advance notice to ensure timely commencement of retirement benefits, if appropriate.

2.5 Discharge:– a company-initiated termination according to the procedure outlined in the "Progressive Discipline" policy and procedure HR 214.

~~2.6 **Job Abandonment**~~[JG3][CV4]: – ~~an employee is considered to have abandoned his/her their position when absent without prior authorization for three (3) consecutive scheduled workdays and fails to contact his/her their supervisor. It is also considered job abandonment if an employee fails to return from an authorized leave of absence on the scheduled return date. Job abandonment is considered as a voluntary resignation. effective the last day worked or last day of approved leave of absence[CV5].~~

~~2.7~~2.6 **Notice Period**:– the date a written letter of resignation is received until the actual date of separation as noted on the written letter of resignation.

~~**"Good" Standing**: - indicates the employee provided advanced notice of their intention to voluntarily resign their position, maintained satisfactory attendance~~

~~and punctuality and performed their job duties at a satisfactory. level during their notice period~~

~~2.8~~

3.0 POLICY:

3.1 L.A. Care reserves the right to separate an employee's service due to R~~r~~etirement, ~~r~~r~~R~~esignation, ~~r~~Reduction in F~~f~~orce, ~~d~~Discharge, or in the best interest of either party. Employment with L.A. Care is voluntarily entered into and the employee is free to resign at any time. Similarly, L.A. Care is free to conclude an employment relationship at any time where it believes it is in L.A. Care's best interest. While it is anticipated that the employer/employee relationship will be mutually beneficial, it should be recognized that neither the employee nor L.A. Care has entered into any contract of employment, express or implied. The employee/employer relationship is one of voluntary employment-at-will. Employment at-will status may only be changed in a written document signed by the Chief Executive Officer.

3.2 ~~Non-supervisory/non-management e~~Employees are encouraged to provide as much advance notice of their decision to resign as possible under the circumstances. Advance written notification is not required although it is preferred. ~~Supervisory/Management employees, to resign in good standing, must provide at least a two-week written notification of resignation to their immediate supervisor. Failure to provide proper notification is a factor, which will be considered if an employee submits application for reemployment or reinstatement.~~ [KMS6]

3.3 While not required by law or L.A Care policy, L.A. Care reserves the right to relieve an employee who has given notice of separation of employment from all duties~~,~~ and pay the employee according to legal requirements for the remainder of the N~~n~~otice P~~p~~eriod. ~~if the departing employee leaves in "good" standing~~

~~3.4~~ In the case of the death of an employee, Human Resources will coordinate all benefit matters such as life insurance and will provide assistance to the late employee's family, and/or emergency contact on file.

3.4

~~3.5 The official date of separation is the last day at work except for employees on official Leave of Absence or in On Call status when the official date of separation is the date of action.~~

~~3.6~~**3.5** All insurance benefits, with the exception of life insurance, disability insurance, flexible spending accounts, which end on the effective date of separation, are in effect until the last day of the month in which the separation occurs. All accrued but unused Paid Time Off (PTO) is paid to employees on the date of separation in accordance with existing PTO policies and practices. For Paid Sick Leave, reference HR-125 Sick Leave for Per Diem, Part-Time, and Non-Regular Employees- policy.

4.0 PROCEDURES: The purpose of the ~~E~~exit ~~I~~interview process is to gather useful information that can assist in reducing turnover, maintaining a productive work environment, provide early warning of needed remedial actions, and identify possible compliance related problems.

A. ~~N/A~~ **Voluntary Separations**

~~**Responsible Person(s)**~~	**Action**
~~Employee~~	~~1.~~ The employee s~~S~~ubmits letter of resignation to ~~Department Director~~ direct supervisor/manager and Human Resources Business Partner (HRBP). 1.
~~Department Director~~	~~2. Completes and submits the Personnel Action Form (PAF) to Human Resources as soon as possible after being made aware of the impending termination. Attach employee's letter of resignation.~~ 2. The employee, manager, or Human Resources Business Partner (HRBP) can initiate the separation action in Employee Central (EC).
~~Human Resources~~	~~Receives PAF and Contacts the Director for any needed clarification.~~ 3. Employee Relations Representative schedules separation meeting with employee. 4. Non-Exempt employee and manager ~~is~~are responsible to review and ensure that timecard is up to date at least one day prior to last day of employment. ~~4. Gives the Employee Separation Checklist to the employee or the Director. This form outlines all steps needed to smoothly implement the separation processes.~~ 5. Employee Relations Representative meets with employee on their last day to provide exit packet, which may contain (EDD packet, final check, Employee Assistance Program (EAP) flyer, Benefit Contribution information and Confidentiality Agreement form). 6. ~~Coordinates the scheduling of the Exit Interview with the employee. If a personal interview is inconvenient, requests employee to complete the questionnaire and send it back to Human Resources, or mails questionnaire to employee's home immediately after the date of separation.~~ Employee Relations Representative collects or coordinates -the return

of company issued property (Employee Badge, laptop, phone, monitors, etc.).
Human Resources Representative to close out employee in Employee Central (EC).
~~5.~~ 7.

~~7. The purpose of the Exit Interview process is to gather useful information that can assist in reducing turnover, maintaining a productive work environment, provide early warning of needed remedial actions, and identify possible compliance related problems.~~

B. **Involuntary Separations (Discharge)**

~~**Responsible Person(s)**~~	**Action**
~~Department Director~~	1. The Department Director d~~D~~iscusses impending action with Human Resources before final decision is made to assure adherence to policy and company-wide consistency.
	2. Human Resources Business Partner (HRBP) to c~~C~~omplete~~s~~ Employee Separation checklist and submit to HR Leadership for review and approval. ~~PAF and Corrective Action Notice, documenting the action. (Employee signature is not obtained). Submits original to Human Resources, keeps copy.~~
~~Human Resources~~	~~3. Notifies Payroll of impending action.~~ 3. Human Resources Business Partner (HRBP) initiates separation in Employee Central (EC).
~~Department Director~~	~~4.~~ Manager reviews and updates non-exempt employee timecard. ~~At least two hours prior to notifying the employee, reviews the time record of the employee automated time reporting system.~~ 4. ~~4. At specified time, preferably just before the end of the day, discusses termination with the employee. Human Resources may have a representative present who can act as witness and provide clarification on company policy and process. Other management witnesses are also recommended. Allows employee the opportunity to express feelings and possible explanation of the situation.~~

5. Manager schedules meeting with employee and includes Human Resources Business Partner (HRBP).
6. Discharge notice will be mailed electronically to employees' personal email address on file.
7. Final pay will be direct deposited to employees' account on file on the date of termination once confirmed with separating employee, otherwise live check will be mailed to the employee.
8. Final paystub along with exit packet will be mailed via traceable carrier to employees' personal mailing address on file. The exit packet may contain Discharge notice, EDD packet, final check, Employee Assistance Program (EAP) flyer, Benefit Contribution information and Confidentiality Agreement form.

Employee Relations Representative collects or coordinates the return of company issued property (Employee Badge, laptop, phone, monitors, etc.).

9.

If employee is working on site, the Manager or Human Resources Business Partner (HRBP) may assist the employee in gathering personal belongings after the end of the workday.

5. If Discharge is still to proceed, obtains company property from the employee, ID Badge, and parking card if applicable. Employee Relations Representative will coordinate with Information Technology (IT) team on collection of company issued property (Employee Badge, laptop, phone, monitors, etc.) from separated employee.

10.

6. Gives final check, EDD Pamphlet, and Form 700 (if applicable) to employee. Escorts employee to work area and assists in gathering up personal belongings.

11. Human Resources Representative to close out employee in Employee Central (EC).

a. Any company property, documents and confidential information are to be separated from employee's personal belongings and are not to be removed from the premises.

b. Depending on the timing of the notification to the If employee is working on site, the Director Manager may gather up the employee's personal belongings after the end of the workday and return belongings either in person or via traceable carrier. take to Human Resources, so that the discussion could occur immediately on the following morning. In all cases, efforts

~~are made to provide privacy and dignity to the employee to the extent possible under the circumstances.~~

~~7. Compiles all notes, departmental files, and chronological records of the employee and sends to Human Resources for inclusion into official personnel file.~~

5.0 <u>MONITORING</u>:

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

6.0 <u>REPORTING</u>:

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

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

PERSONNEL ACTION FORM PAF

Employee Name ____________________ Effective Date __________

ACTION:

❑ Status Change ❑ Salary Change ❑ Separation: *Last Day at Work* __________
❑ Transfer ❑ Promotion ❑ Reclassification Reason __________
(Attach letter of resignation, if applicable)

❑ New Name ____________________ Former Name ____________________
(Copy of new Social Security Card showing new name is required to honor a name change)

New Address/Phone Number/Emergency Contact
Information can be updated on the Employee Self-Service (ESS) website

❑ Other: *Explain* ____________________

	CURRENT *(Complete this section in full)*	NEW *(Complete only the Changed Data)*
STATUS	❑ Full Time ❑ Temp/Non-Benefit ❑ Part Time. # Hours per week _____	❑ Full Time ❑ Temp/Non-Benefit ❑ Part Time. # Hours per week _____
FLSA Status	❑ Exempt ❑ Non-Exempt	❑ Exempt ❑ Non-Exempt
Job Title / PC#		
Department Name		
Department Number		
Annual Salary		
Hourly Salary		
Salary Grade: Letter		
Salary Grade: Quartile		
Eligible for Standby Pay	❑ Yes ❑ No	❑ Yes ❑ No
Eligible for Language Pay	Language _____ ❑ Basic ❑ Complex	Language _____ ❑ Basic ❑ Complex
License/Certification	❑ Yes ❑ No - Type: __________	❑ Yes ❑ No - Type: __________

Comments: ____________________

Manager/Director Signature Date | Human Resources Authorization Date

Executive Signature Date | Employee Signature*(only after all approvals are obtained)* Date

Payroll: Any terminations processed - pay remaining PTO Hours; give check to H.R. when ready

Retro: Pay Period Dates From ________ *To* ________
Was Paid ________ *Should Be* ________

Human Resources:
HRIS Input by ________ *Date* ______

10/03

[CV7][KMS8]

SEPARATION from EMPLOYMENT CHECKLIST

Instructions:

Human Resources:	*Initiates this form when notified that an employee will be leaving L.A. Care.*
Director:	*Completes all required actions (see below). Coordinates the gathering of the Employee's personal belongings, assuring that no company property is taken, and that the Employee promptly leaves the premises at the completion of this procedure.*
Employee:	*Returns all company property and obtains the signatures of both the Information Systems Technology staff and the Department Director (see below). Brings the completed form to Human Resources on the last day at work in order to receive the final paycheck.*
Human Resources:	*Releases final paycheck upon receipt of this completed form, ID Badge and Parking Card.*

EMPLOYEE NAME:____

SEPARATION DATE:______________________**DEPT. NAME:** ___________________________________

HUMAN RESOURCES:

Schedule Exit Interview with the employee ***Date:*** __________

EMPLOYEE:

Return all departmental issued property to your supervisor. * ***Date:*** __________

Return all IS-issued property or obtain certification that none is outstanding (cell phone, laptop, etc.). * ***IS Signature:***______________________

Department Head Signature: _________________________

Submit parking card and ID Badge to Human Resources on last day.

Human Resources: __________________________________

* You can determine the appropriate time to return company issued property, however all property must be returned prior to turning in this form to Human Resources on your final day.

[CV9][KMS10]

CONFIDENTIALITY AGREEMENT

L.A. Care Health Plan ("L.A. Care") has significant interest in protecting its Confidential, Proprietary and Member information. This Confidentiality Agreement is intended to protect L.A. Care's ability to administer its business, to safeguard its Confidential, Proprietary, and Member information, as these terms are described below, and to protect against any unauthorized disclosure, distribution or use of such Confidential, Proprietary or Member Information. Accordingly, the following obligation shall apply to all L.A. Care employees and agents, consultants, temporary personnel, independent contractors, etc.

Confidential Information includes without limitation any materials, information (whether written or verbal), records, writings (whether in physical or electronic form) or data that **is marked "confidential" or relates to trade secrets, member information, peer review information, protected health information ("PHI"), member rates, provider rates, or is protected by attorney-client, attorney work-product, trade secrets, closed session and/or other privileges**, or protected from disclosure by applicable provisions of State or Federal law, including without limitation the California Welfare and Institutions Code and California Public Records Act (Government Code Section 6250 *et seq.*).

Proprietary Information includes without limitation, **L.A. Care's computer programs and codes, business plans, customer/member lists and information, member rate information, member information, financial records, partnership arrangements, business and strategic information and plans, licensing plans, trade secrets, any information or material that has or could have commercial value or other utility in the business in which L.A. Care is engaged, or documents and materials that are marked confidential** or that due to their character and nature, a reasonable person under like circumstances would treat as confidential.
Member Information includes any information relating to any current, former, or potential member of L.A. Care, including without limitation protected health information **(PHI), and a member's status as a beneficiary of L.A. Care offered plans.**

<u>As a covered individual, you are required to read and sign the following:</u>

<u>Member Information</u>

You shall not reveal or disclose to any outside party any Member Information, including without limitation, the identity, eligibility or health condition of any L.A. Care Member, or any information related thereto, except to authorized individuals and as specifically authorized in the scope of your duties to provide services to the Member; nor shall you in any other way make public, disclose, share or utilize Member Information, unless specifically authorized in the scope of your duties, pursuant to approval from Legal Services Department or an authorized L.A. Care employee. By executing this Agreement, you agree to abide by these confidentiality obligations as a condition of your affiliation with L.A. Care and having access to any such information.

<u>Confidential & Proprietary Information; L.A. Care Property</u>

You recognize and acknowledge that, during your services at L.A. Care you may have access to or may create (a) various written or electronic materials, and/or (b) other varieties of communications, correspondence, records and/or information (including, but not limited to, verbal statements and descriptions, strategic and analytical discussions, and voice recordings), that embody, include or relate to L.A. Care's Confidential and Proprietary Information. Unless otherwise required by law, no part of such Confidential or Proprietary Information shall be disclosed by you to any non-L.A. Care personnel without the express written approval of L.A. Care's Legal Services Department or an authorized L.A. Care employee. You agree not to reproduce the Confidential Information nor use this information commercially or for any purpose other than the performance of your duties for L.A. Care. By executing this Agreement, you agree to abide by these confidentiality obligations as a condition

of your affiliation with L.A. Care and having access to any such information. You further agree to comply with these obligations after your affiliation with L.A. Care terminates. Upon termination of your service, employment or affiliation with L.A. Care, you shall return to L.A. Care the original and all copies of any documents, materials, emails, electronic data, files and any other records including those in physical, electronic or computerized or any other form containing matters relating to L.A. Care's business and/or any Confidential or Proprietary Information.

L.A. Care has entered into an agreement with the County of Los Angeles (County) to provide various services to the County. Therefore, this Confidentiality Agreement also covers access to confidential data pertaining to persons and/or entities which receive services from the County.

Request for Confidential Information, Proprietary Information

You shall promptly forward all requests for the release of Confidential or Proprietary Information or any other requests that can be characterized as requests for Confidential or sensitive information to your supervisor or business owner of the contract, if applicable.

Failure to comply with any of the terms, conditions, obligations or requirements of this Agreement, will result in disciplinary action up to and including termination of employment or contract (where applicable).

The terms, conditions, provisions and obligations under this Agreement apply both during and after your employment or affiliation with L.A. Care.

If any part of this agreement is adjudged invalid, illegal or unenforceable, the remaining parts shall not be affected and shall remain in full force and effect.

Agreement

I, ____ (print name) have read the above and acknowledge by signing this Confidentiality Agreement, my responsibility to comply with this Agreement.

______________________________ ____________________

Signature Date:

~~CONFIDENTIALITY AGREEMENT~~

~~L.A. Care Health Plan ("L.A. Care") has significant interest in protecting its Confidential, Proprietary and Member information. This Confidentiality Agreement is intended to protect L.A. Care's ability to administer its business, to safeguard its Confidential, Proprietary, and Member information, as these terms are described below, and to protect against any unauthorized disclosure, distribution or use of such Confidential, Proprietary or Member Information. Accordingly, the following obligation shall apply to all L.A. Care employees and agents, consultants, temporary personnel, etc.~~

~~**Confidential Information** includes without limitation any materials, information (whether written or verbal), records, writings (whether in physical or electronic form) or data that **is marked "confidential", relates to trade secrets, member information, peer review, protected health information, member rates, provider rates, or is protected by attorney-client, attorney work-product, trade secrets, closed session and/or other privileges**, or protected from disclosure by applicable provisions of State or Federal law, including without limitation the California Welfare and Institutions Code and California Public Records Act (Government Code Section 6250 *et seq.*).~~

Proprietary Information includes without limitation, **L.A. Care's computer programs and codes, business plans, customer/member lists and information, member rate information, member information, financial records, partnership arrangements, business and strategic information and plans, and licensing plans or that is marked confidential** or that due to its character and nature, a reasonable person under like circumstances would treat as confidential.

Member Information includes any information relating to any member of L.A. Care, including without limitation protected health information.

As a covered individual, you are required to read and sign the following:

Member Information

You shall not reveal or disclose to any outside party the identity, eligibility or health condition of any L.A. Care Member, or any information related thereto, except to authorized individuals and as specifically authorized in the scope of your duties to provide services to the Member; nor shall you in any other way make public, disclose, share or utilize Confidential Information (including without limitation peer review or rates of payment information), unless specifically authorized in the scope of your duties. By executing this Agreement, you agree to abide by these confidentiality obligations as a condition of your affiliation with L.A. Care and having access to any such information. You further agree to comply with these obligations after your affiliation with L.A. Care terminates.

Confidential & Proprietary Information; L.A. Care Property

You recognize and acknowledge that, during your services at L.A. Care you may have access to or may create (a) various written or electronic materials, and/or (b) other varieties of communications, correspondence, records and/or information (including, but not limited to, verbal statements and descriptions, strategic ad analytical discussions, and voice recordings), that embody, include or relate to L.A. Care's Confidential and Proprietary Information. Unless otherwise required by law, no part of such Confidential or Proprietary Information shall be disclosed by you to any non-L.A. Care personnel without the expressed written approval of L.A. Care's Legal Services Department or an authorized L.A. Care employee. By executing this Agreement, you agree to abide by these confidentiality obligations as a condition of your affiliation with L.A. Care and having access to any such information. You further agree to comply with these obligations after your affiliation with L.A. Care terminates. Upon termination of your service, employment or affiliation with L.A. Care, you shall return to L.A. Care the original and all copies of any documents, materials, emails, electronic data, files and any other records including those in physical, electronic or computerized or any other form containing matters relating to L.A. Care's business and/or any Confidential or Proprietary Information.

L.A. Care has entered into an agreement with the County of Los Angeles (County) to provide various services to the County. Therefore, this Confidentiality Agreement also covers access to confidential data pertaining to persons and/or entities which receive services from the County.

Request for Confidential Information, Proprietary Information

You shall promptly forward all requests for the release of Confidential Information or any other requests that can be characterized as requests for Confidential or sensitive information to your supervisor.

Failure to comply with any of the terms, conditions, obligations or requirements of this Agreement, will result in disciplinary action up to and including termination.

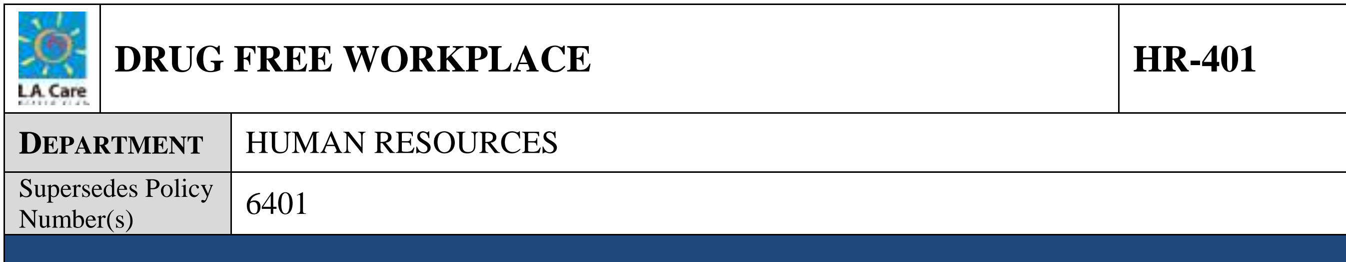
The terms, conditions, provisions and obligations under this Agreement apply both during and after your employment or affiliation with L.A. Care.

Agreement

I, ____________________ (print name) have read the above and acknowledge by signing this Confidentiality Agreement, my responsibility to comply with this Agreement.

Signature ________________________________ Date ____________________

06-18-2014



	DRUG FREE WORKPLACE	HR-401

DEPARTMENT	HUMAN RESOURCES
Supersedes Policy Number(s)	6401

DATES					
Effective Date	7/19/1996	Review Date	~~2/27/201~~8/289/2024	Next Annual Review Date	~~2/27/202~~8/289/2026
Legal Review Date	~~12/12/2018~~10/11/2024	Committee Review Date	~~2/25/2019~~10/23/2024		

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

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

ACCOUNTABILITY MATRIX			

ATTACHMENTS

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

AUTHORITIES
➢ HR-501, "Executive Committee of the Board: HR Roles and Responsibilities" ➢ California Welfare & Institutions Code §14087.9605.

REFERENCES

HISTORY	
REVISION DATE	**DESCRIPTION OF REVISIONS**
8/28/2006	Revision
April 2014	Review
2/25/2019	Revision, fitness for duty removed from policy and title. Drug and/or alcohol suspicion verification added.
7/14/2020	Review
85/289/2024	Definition added, suspicious behavior added, and other minor edits

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

1.0 OVERVIEW:

L.A. Care Health Plan (L.A. Care) is committed to maintaining a work environment that promotes the interests of employee safety, efficiency, health, and productivity. Observance of these standards of conduct are expected on L.A. Care property, or while on L.A. Care business, regardless of location. -It also recognizes that employee involvement with dDrugs and aAlcohol can be extremely disruptive and harmful to employees, members, and the public. It can adversely affect the quality of work and pose serious safety and health risks to the user and others.
1.1

2.0 DEFINITIONS:

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

2.1 Alcohol - any alcoholic beverage, including wine, beer, and all forms of distilled liquor.

2.2 Drug - any substance other than alcohol that has known mind or function altering effects on a human subject, specifically including psycho-active substances and including, but not limited to, substances regulated or prohibited by state and/or federal controlled substance laws.

2.3 **Under the Iinfluence -** the presence of any measurable amount of drugs or alcohol in any employee's body. Impairment, to any degree, of an individual's ability to safely perform the activity in question as a result of the use of Aalcohol, Ddrugs, or a combination of both.
2.3

3.0 POLICY:

3.1 In keeping with L.A. Care's commitment and its obligation under the Federal and State Drug Free Workplace Act of 1988, L.A. Care has adopted a strict policy regarding employee use and/or abuse of Ddrugs and/or aAlcohol. L.A. Care prohibits the unlawful use, possession, transportation, transfer, manufacture, distribution, dispensation, purchase or sale of Aalcohol, dDrugs, or Ddrug paraphernalia while on duty regardless of location, or while in the workplace, or while operating a vehicle for business purposes or potentially dangerous equipment. Employees are also prohibited from reporting for work or working Uunder the Iinfluence of any Ddrug, aAlcohol, or other substance that may in any way affect work performance, alertness, coordination, response, or the safety of the employee or others.

4.0 PROCEDURES:

4.1 Medically Authorized Drugs

4.1.1 The use of prescribed Ddrugs, or possession incident to such use, other than cannabis or THC-containing products, is not prohibited by this policy if:

4.1.1.1 The D~~d~~rug has been legally obtained and is being properly used for the purpose for which it was prescribed; and

4.1.1.2 The D~~d~~rug is being used at the dosage prescribed or authorized; and

4.1.1.3 The use of the D~~d~~rug is not inconsistent with the safe and efficient performance of the employee's duties.

4.1.2 An employee who is using or intends to use a prescribed or over-the-counter D~~d~~rug (such as pain medication, anti-depressants, or other D~~d~~rugs), who has been informed, or has reason to believe that the use of any such D~~d~~rug may limit ~~his or her~~their ~~-~~ability to perform any job duties safely and/or efficiently is required to advise ~~his/her~~ their Manager/Supervisor before reporting to work that ~~he/she~~they are ~~is~~ using a prescribed D~~d~~rug, and that the use of such D~~d~~rug may affect the employee's ability to perform ~~his/her~~their job duties safely and/or efficiently. Any Manager/Supervisor so notified shall immediately consult with their Human Resources Business Partner (HRBP) and Leave of Absence partner in order to consider what accommodations, if any, can be made to facilitate employment without risk to the safety of the employee or other individuals or loss of efficiency. Every effort should be made to keep the information concerning an employee's use of prescribed medications confidential. Accordingly, only those persons who have a need or right to know should have access to such information.

4.2 Under the Influence – Suspicious Behavior

4.2.1 All L.A. Care employees are expected to report to work in a physical and mental condition which enables them to perform the essential functions of their duties, with or without accommodation, in a safe and efficient manner and to produce the highest quality outcomes.

4.2.1.1 Alcohol consumption during work hours, including breaks, lunches and company-sponsored gatherings (e.g. holiday lunches, team-building events) is strictly prohibited.

4.2.1.2 In the event of attending company-sponsored gatherings held during non-work hours, where alcohol is permitted (e.g. holiday parties, team-building events), employees may choose to consume alcoholic beverages in moderation, but must always maintain appropriate behavior and avoid any actions that could be considered unprofessional or detrimental for the workplace. Any such behavior may lead to disciplinary measures. (Reference HR-219 Standards of Employee Conduct)

~~**4.2.1**~~

4.2.2 Questions may arise when an employee's performance, behavior or demeanor indicate potential impairment of physical or mental functioning. The following are some examples of indications that an employee may be U~~u~~nder the I~~i~~nfluence of ~~d~~Drugs or ~~a~~Alcohol:

4.2.2.1 Slurred incoherent speech, saying inappropriate or incoherent ~~things~~ comments

4.2.2.2 Irrational behavior

4.2.2.3 Odor of A~~a~~lcohol or ~~d~~Drugs

4.2.2.4 Drowsiness and/or sleepiness

4.2.2.5 Staggering

4.2.2.6 Tremors

4.2.2.7 A~~-~~typically fast or slow speech

4.2.2.8 Refusal to turn on camera during remote meetings

~~4.2.2.7~~4.2.2.9 This list is not exhaustive.

4.2.3 If a Manager/Supervisor has reason to believe an employee is not able to safely and effectively perform the essential job functions of ~~his/her~~ their job, the Manager/Supervisor is responsible for taking actions necessary to ensure safe working conditions are maintained.

4.2.4 If a Manager/Supervisor suspects an employee of being U~~u~~nder the I~~i~~nfluence of ~~d~~Drugs and/or ~~a~~Alcohol, they are required to ask the opinion of another member of the management team. Whenever possible an HRBP should be involved in this assessment. If, in the opinion of the two members of the management team, the employee in question could be reasonably considered U~~u~~nder the I~~i~~nfluence, the employee will be asked by their HRBP to take a D~~d~~rug and ~~a~~Alcohol test.

4.2.5 If there is a reason to suspect questionable behavior, the employee may be ~~directed~~ transported or assigned to a clinic/certified laboratory or local emergency department for physical assessment, which may include a screening test for D~~d~~rugs and/or ~~a~~Alcohol. The employee also may be relieved of or temporarily suspended from duty. Refusal to report to a clinic/certified laboratory or local emergency department to participate in the physical assessment/screening will be considered insubordination and may result in termination of employment. Based on the physical assessment and/or D~~d~~rug and/or A~~a~~lcohol screening, an employee may be suspended from duty pending investigation or immediately terminated from employment.

4.2.6 When an employee is relieved or suspended from duty because of ~~his/her~~ their behavior in the workplace, Human Resources will arrange and pay for safe transportation or provide transportation for the employee if indications are such that the employee is believed to be impaired. Under no circumstance should the employee be allowed to operate a vehicle. The employee must maintain contact with Human Resources during the unpaid suspension or the period that the employee was released from duty. The employee may use ~~his/her~~ their accrued unused PTO for the unpaid suspension period. Managers/Supervisors must protect the privacy and confidentiality of the employee to the extent practicable.

4.2.7 Employees are responsible for reporting to ~~his/her~~their Manager/Supervisor any co-worker who exhibits actions which give rise to a risk to ~~his/her~~ their safety and/or the safety and welfare of co-workers or guests.

4.3 Drug and Alcohol Test Procedure

4.3.1 Tests shall be accomplished through ~~analysis of urine, blood, breathalyzer, hair sample, or other~~ recognized testing techniques.

4.3.2 Prior to the collection of the sample, the employee shall be notified that the organization is requesting the employee be tested for the presence of D~~d~~rugs and/or A~~a~~lcohol. The organization will request the result of the sample obtained to be identified and tested for the presence of ~~d~~Drugs and/or A~~a~~lcohol.

4.3.3 If the test of the sample is positive for any ~~d~~Drug (or metabolite(s)) or ~~a~~Alcohol, the sample shall be tested a second time by another reliable method.

4.3.4 Human Resources ~~L.A. Care~~ will notify the employee of the results of any tests. In the case of a positive result, the organization will provide the employee with an opportunity to explain the presence of the identified substance prior to taking any disciplinary action, up to and including termination of employment. Employees testing positive may also request a second confirmation test of the original sample, at their own expense.

4.4 Reporting

4.4.1 Any employee who is arrested, pleads guilty, charged or enters into a plea agreement of criminal conduct related to D~~d~~rugs in the workplace or while on L.A. Care business must notify Human Resources within five days of such conviction.

4.5 Disciplinary Action

4.5.1 Employees who violate or who refuse to cooperate with any aspect of this policy will be considered as a positive test result and -subject to disciplinary

action, up to and including termination of employment. L.A. Care reserves the right to discipline employees or to terminate employment at will. The employee/employer relationship is one of voluntary employment-at-will.

4.5.2 An employee who either tests positive for D~~d~~rugs or ~~a~~Alcohol and/or enters a rehabilitation facility immediately after testing positive for ~~d~~Drugs or A~~a~~lcohol may be required, prior to and as a condition of returning to or continuing work, to sign a written agreement containing certain periodic substance abuse testing requirements. If the employee fails or refuses to sign or comply with the agreement, the employee will be subject to immediate termination of employment.

4.5.3 Disciplinary action may be administered based upon the Drug and Alcohol test results and/or other relevant information pertaining to the incident at the sole discretion of L.A. Care. ~~As a result of review of investigatory or assessment information, action may be taken at the sole discretion of L.A. Care.~~ Such action may include, but not be limited to, immediate termination of employment, lesser disciplinary action, mandatory rehabilitation program referral and participation, notification of appropriate legal authorities as necessary, or reassignment to a schedule/job which allows for closer supervision and/or safer work environment for the employee, co-workers, and guests.

4.6 Employee Assistance Program (EAP)

4.6.1 It is the responsibility of each employee to seek necessary assistance before ~~a~~Alcohol or D~~d~~rug problems adversely affect performance or lead to disciplinary action. If a violation of this policy occurs, a subsequent attempt to seek and obtain assistance on a voluntary basis will not necessarily prevent or reduce disciplinary action and may, in fact have no bearing on the determination of the appropriate disciplinary action.

4.6.2 L.A. Care offers an Employee Assistance Program (EAP) which provides assistance to individuals with ~~d~~Drug, ~~a~~Alcohol, or other personal problems. Employees who need assistance are encouraged to seek it promptly. An EAP counselor may be contacted confidentially by calling (800) 999-7222 or on-line at www.anthemeap.com.

4.6.3 If an employee believes ~~he/she~~ they may not be able to perform ~~his/her~~ their duties in a safe effective manner, ~~he/she~~ they must discuss the situation with ~~his/her~~ their Manager/Supervisor or their HRBP. The employee is encouraged to voluntarily seek help through the EAP. The Manager/Supervisor, after consultation with their HRBP, may refer an employee to the EAP as a result of performance problems and/or non-compliance with L.A. Care policies. If the employee seeks evaluation, and treatment as indicated, the employee will use accrued unused Paid Time Off

(PTO) benefits, if eligible, as well as request a leave of absence in accordance with L.A. Care policy.

4.6.4 ~~If an employee requests time off to participate in an a~~Alcohol ~~or d~~Drug ~~rehab program, L.A. Care shall take any and all reasonable steps to keep such facts confidential.~~If an employee requests time off to participate in an Alcohol or Drug rehab program, L.A. Care shall take any and all reasonable steps to keep such facts confidential. Such requests for time off will be administered in accordance with all relevant and applicable State and Federal laws, and statutes and regulations.

4.6.5 An employee's decision to seek help from an organization that is qualified to treat ~~d~~Drug or ~~a~~Alcohol problems will not be used as a basis for disciplinary action and will not be used against the employee in any disciplinary proceedings. However, attendance in such program does not mean an employee cannot be disciplined for behavior in violation of L.A. Care policy that occurred while performing ~~your~~ their job functions.

5.0 MONITORING:

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

6.0 REPORTING:

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

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