

Department of Health Care Services



LEGISLATIVE SUMMARY 2021

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DEPARTMENT OF HEALTH CARE SERVICES
LEGISLATIVE SUMMARY
2021

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DEPARTMENT OF HEALTH CARE SERVICES
LEGISLATIVE SUMMARY 2021
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AB 0128	Ting	021	Budget Act of 2021
SB 0129	Skinner	069	Budget Act of 2021
SB 0170	Skinner	240	Budget Act of 2021
AB 0130	Committee on Budget	044	Education finance: education omnibus budget trailer bill
AB 0133	Committee on Budget	143	Health
AB 0134	Committee on Budget	075	Mental Health Services Act: county program and expenditure plans
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BEHAVIORIAL HEALTH

AB 0451 Arambula (Chapter 438)
**HEALTH CARE FACILITIES: TREATMENT OF PSYCHIATRIC
EMERGENCY MEDICAL CONDITIONS**

Assembly Bill (AB) 451, sponsored by the California Chapter of the American College of Emergency Physicians, requires a psychiatric unit within a general acute care hospital, a psychiatric health facility (PHF) with more than 16 beds, or an acute psychiatric health facility to accept a transfer of a person with a psychiatric emergency medical condition and to provide emergency services and care to treat that person, regardless of whether the facility operates an emergency department, if specified criteria are met. These requirements would not apply to a state psychiatric hospital or a county owned or operated PHF.

BUDGET OFFICE

AB 0128 Ting (Chapter 21)
BUDGET ACT OF 2021

AB 128 enacted the provisions of the Budget Act for fiscal year (FY) 2021.

Item 4260-001-0001, Provision 3: The Department of Health Care Services (DHCS), in coordination with other state entities involved in the Medi-Cal Enterprise Systems (MES) modernization project efforts, is required to provide the appropriate fiscal and policy committees of the Legislature, the Legislative Analyst's Office, the Department of Technology, and the California State Auditor with quarterly project status updates, including newly executed contracts, their purpose, and cost.

SB 0129 Skinner (Chapter 69)
BUDGET ACT OF 2021

Senate Bill (SB) 129 enacted the provisions of the Budget Act for FY 2021-22.

Item 4260-001-0001 of Section 2.00, Provision 3: DHCS, in coordination with other state entities involved in the MES modernization project efforts, is required to provide the appropriate fiscal and policy committees of the Legislature, the Legislative Analyst's Office, the Department of Technology, and the California State Auditor with quarterly project status updates, including newly executed contracts, their purpose, and cost.

SB 0170 Skinner (Chapter 240)
BUDGET ACT OF 2021

SB 170 enacted the provisions of the Budget Act for FY 2021-22, as it pertains to health issues for DHCS.

SEC. 1. This section, as proposed by the Administration, amended 14124.12 of the W&I Code to require DHCS to implement those activities and expenditures to enhance, expand, or strengthen home and community-based services (HCBS) under the Medi-Cal program that are approved by CMS also known as the “HCBS Spending Plan.”

SEC. 2. This section, as proposed by the Legislature, added Section 14124.16 of the W&I Code to require DHCS to complete an independent analysis to determine whether network adequacy exists to obtain federal approval for a covered Medi-Cal benefit that provides housing support services.

SEC. 3. This section, as proposed by the Administration, amended Section 14197 of the W&I Code to extend the sunset date from January 1, 2022 to January 1, 2023, for Medi-Cal managed care network adequacy standards.

COMMUNITY SERVICES

AB 0638 Quirk-Silva (Chapter 584)
MENTAL HEALTH SERVICES ACT: EARLY INTERVENTION AND PREVENTION PROGRAMS

AB 638, sponsored by the Author, amends the Mental Health Services Act (MHSA) to include in the authorized Prevention and Early Intervention (PEI) services, PEI strategies that address mental health needs, substance misuse or substance use disorders (SUD), or needs relating to co-occurring mental health and substance use services within the county.

SB 0465 Eggman (Chapter 544)
MENTAL HEALTH

SB 465, sponsored by the Author, requires the Mental Health Services Oversight and Accountability Commission (MHSOAC) to biennially report to various legislative committees and subcommittees: 1) outcomes for those receiving community mental health services under a full service partnership (FSP) model, including specified information regarding incarceration or criminalization; housing status or homelessness; and hospitalization, emergency room utilization, and crisis service utilization; 2) information on individuals who separate from an FSP and an assessment of the degree to which the individuals most in need are accessing services and maintaining participation; and 3) barriers to receiving the data relevant to completing the reports and recommendations to strengthen California’s use of FSPs to reduce incarceration, hospitalization, and homelessness. The initial report is

due no later than November 15, 2022. The MHSOAC is also required to consult with the mental health community, as specified, on these issues.

SB 0507 Eggman (Chapter 426)

MENTAL HEALTH SERVICES: ASSISTED OUTPATIENT TREATMENT

SB 507, sponsored by Psychiatric Physicians Alliance of California, amends the Assisted Outpatient Treatment (AOT) Demonstration Act of 2002, commonly referred to as Laura's Law, to expand the criteria for when AOT services may be court-ordered to include the requirement that AOT is needed to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or to others, without also requiring that a person's condition be substantially deteriorating. This bill additionally requires the examining mental health professional to determine if the subject of the AOT petition has the capacity to give informed consent regarding psychotropic medication in their affidavit to the court, and allows the subject of the petition or the examining mental health professional to appear before the court for testimony by videoconferencing. The bill additionally authorizes the filing of a petition to obtain AOT under the existing petition procedures, for an "eligible conservatee", as defined.

FAMILY PLANNING

SB 0306 Pan (Chapter 486)

SEXUALLY TRANSMITTED DISEASE: TESTING

SB 306, sponsored by APLA Health, Black Women for Wellness Action, Essential Access Health, Fresno Barrios Unidos, Los Angeles LGBT Center, and San Francisco AIDS Foundation, allows for the dispensing of drugs for sex partner(s) of individual(s) diagnosed with a sexually transmitted disease (STD) without the name of the partner by using "expedited partner therapy (EPT)" or the letters "EPT," and protects the health providers and pharmacists from liability, if they comply with the provisions of EPT. Additionally, SB 306 expands current coverage of STD testing for health care service plans (HCSPs), Medi-Cal managed care plans (MCPs) and under the Family Planning, Access, Care and Treatment and Medi-Cal programs, to include the use of "home test kits," allowing patients to self-sample for testing for STDs, including HIV, at a location outside of a clinical setting. Lastly, SB 306 requires every licensed health care professional to provide syphilis screening and testing as outlined in the most recent guidelines published by the California Department of Public Health (CDPH).

FEE-FOR-SERVICE RATES DEVELOPMENT

AB 1104 Grayson (Chapter 476)

AIR AMBULANCE SERVICES

AB 1104, sponsored by Air Methods, California Association of Air Medical Services, Global Medical Response, PHI Health, and REACH Air Medical Services, extends the Emergency Medical Air Transportation Act and continues the \$4 penalty for vehicle code violations that is collected by local courts and deposited into the Emergency Medical Air Transportation and Children's Coverage Fund from July 1, 2021 until December 31, 2022. The penalties assessed may be collected and distributed until exhausted or until December 31, 2023, whichever occurs first. In addition, effective January 1, 2023, AB 1104 requires DHCS, subject to an appropriation by the Legislature, to design and implement a supplemental payment program for emergency medical air transportation services to increase the Medi-Cal reimbursement in an amount not to exceed normal and customary charges charged by qualified emergency medical air transportation providers.

HEALTH POLICY

SB 0048 Limón (Chapter 484)
MEDI-CAL: ANNUAL COGNITIVE HEALTH ASSESSMENT

SB 48, sponsored by Alzheimer's Association of California, 1) establishes an annual cognitive health assessment as a Medi-Cal covered benefit, subject to an appropriation by the Legislature, available to Medi-Cal-only beneficiaries who are 65 years of age or older, and otherwise ineligible for a similar assessment under the Medicare program; 2) makes a Medi-Cal provider eligible to receive payment for this Medi-Cal benefit only if they complete cognitive health assessment training as specified and approved by DHCS, and conduct the cognitive health assessment using a validated tool recommended by DHCS in consultation with specified entities; 3) requires DHCS to, by January 1, 2024 and every two years thereafter, consolidate and analyze data related to the benefit, and to post information on the utilization of, and payment for, the benefit on its internet website; and 4) authorizes DHCS to implement these provisions without taking regulatory action, and condition the implementation of these provisions to the extent federal approvals are obtained and federal financial participation is available.

INTEGRATED SYSTEMS OF CARE

AB 0382 Kamlager (Chapter 51)
WHOLE CHILD MODEL PROGRAM

AB 382, sponsored by the California Children's Hospital Association, extends the requirement for DHCS to hold California Children's Services (CCS) Whole Child Model advisory group meetings from December 31, 2021 to December 31, 2023, and clarifies advisory group participants by replacing the term "labor organizations" with "recognized exclusive representatives of CCS county providers."

SB 0823 Committee on Health (Chapter 554)
PUBLIC HEALTH: OMNIBUS BILL

SB 823, sponsored by the Committee on Health, 1) corrects a drafting error that incorrectly cites the current fingerprinting processing fees for certain administrative personnel in Adult Day Health Care centers and Home Health Agencies that serve only the Program for All-Inclusive Care for the Elderly center participants; 2) renames the Bureau of Medi-Cal Fraud as the Division of Medi-Cal Fraud and Elder Abuse, and makes several conforming changes to various statutes in this regard; 3) revises the definition of “opioid antagonist” to include any other opioid antagonist that is approved by the Food and Drug Administration (FDA) for the treatment of an opioid overdose in addition to naloxone; and 4) allows CDPH to award grant funding to programs that provide any other opioid antagonist approved by the FDA for the treatment of an opioid overdose in addition to naloxone.

LEGAL SERVICES, OFFICE OF

SB 0024 Caballero (Chapter 129)
**DOMESTIC VIOLENCE: PROTECTIVE ORDERS: INFORMATION
PERTAINING TO A CHILD**

SB 24, sponsored by the Author, allows a court to include in a domestic violence restraining order (DVRO) a provision restraining a party from accessing records and information pertaining to the health care, education, daycare, recreational activities, or employment of a minor child of the parties, and requires the Judicial Council to revise the DVRO form to allow for the protection of a child’s school, medical, and dental information. This bill also requires third party institutions, such as schools, dental offices, or medical offices, to develop protocols by February 1, 2023, to process and implement the restrictions contained in a DVRO when they receive a copy of such a court order. Additionally, this bill provides immunity from civil liability in certain instances for a third party institution that is complying with a protective order in good faith.

LEGISLATIVE AND GOVERNMENTAL AFFAIRS, OFFICE OF

AB 0130 Committee on Budget (Chapter 44)
EDUCATION FINANCE: EDUCATION OMNIBUS BUDGET TRAILER BILL.

AB 130 enacted the provisions of the Budget Act for FY 2021-22, as it pertains to education finance for DHCS.

SEC. 61. This section added, as proposed by the Legislature, Article 1.5 (commencing with Section 49418) to Chapter 9 of Part 27 of Division 4 of Title 2 of the Education Code to establish 1) the Office of School-Based Health Programs within the California Department of Education and 2) the School Health Demonstration Project.

AB 0133 Committee on Budget (Chapter 143)
HEALTH.

AB 133 enacted the provisions of the Budget Act for FY 2021-22, as it pertains to health issues for DHCS.

SEC. 1 & 340. These sections, as proposed by the Administration, added Division 109.7 (commencing with Section 130290) to the Health and Safety Code to require on or before July 1, 2022, and subject to an annual appropriation, California Health and Human Services Agency, along with its departments, including DHCS, and offices and in consultation with stakeholders, to establish the California Health and Human Services Data Exchange Framework that includes a single data sharing agreement and common set of policies and procedures that will leverage and advance national standards for information exchange and data content, and that will govern and require the exchange of health information among health care entities and government agencies in California.

SEC. 3 & 361. These sections, as proposed by the Administration, added Section 14000.6 to the W&I Code to establish the Office of Medicare Innovation and Integration within DHCS.

SEC. 14 & 415. These sections, as proposed by Administration, added Article 11.9 (commencing with Section 1399.870) of the Health and Safety Code and added Section 14197.9 of the W&I Code, to require the Department of Managed Health Care (DMHC) to convene a Health Equity and Quality Committee to make recommendations to DMHC for standard health equity and quality measures, including annual benchmark standards for assessing equity and quality in health care delivery.

SEC. 346 & 366. These sections, as proposed by the Administration and as part of the California Advancing and Innovating Medi-Cal (CalAIM) Initiative, amended Section 4011.11 of the Penal Code and amended Section 14011.1 of the Welfare and Institutions (W&I) Code to authorize county boards of supervisors, in consultation with the county sheriff, to designate an entity or entities to assist county jail inmates and county juvenile inmates with submitting an application for a health insurance affordability program consistent with federal requirements through December 31, 2022.

SEC. 355 & 392. These sections, as proposed by Administration, added Part 7 (commencing with Section 5960) to Division 5 and Section 14132.755 of the W&I Code, to establish the Behavioral Health Continuum Infrastructure Program and the Children and Youth Behavioral Health Initiative Act. The Behavioral Health Continuum Infrastructure Program will sunset January 1, 2027.

SEC. 362-363 & 417. These sections, as proposed by the Administration, amended Sections 14005.18 and 15840 and added Section 14005.185 of the

W&I Code to require a pregnant individual or targeted low-income child who is eligible for and is receiving health care coverage under the Medi-Cal program, as specified, to be eligible for Medi-Cal benefits for the duration of the pregnancy and for a period of one year following the last day of the individual's pregnancy

SEC. 364. This section, as proposed by the Legislature, added Section 14005.62 of the W&I Code to phase out the elimination of the asset test when determining eligibility for the Medi-Cal program.

SEC. 365. This section, as proposed by the Administration, amended Section 14007.8 of the W&I Code to expand Medi-Cal coverage to individuals who are 50 years of age or older.

SEC. 367. This section, as proposed by the Administration and as part of the CalAIM Initiative, repealed Section 14021.37 of the W&I Code for Medi-Cal adult primary care screenings, brief intervention, and referral for treatments of misuse of opioids and other drugs and associated December 31, 2021, suspension date because it is a federally required Medicaid State Plan benefit for all adults as of June of 2020.

SEC. 368. This section, as proposed by the Administration, amended Section 14042.1 of the W&I Code to establish the Short Term Medically Tailored Meals Intervention Services Program to award funds to qualified entities providing Medically Tailored Meals Intervention Services to qualified Medi-Cal beneficiaries for fiscal year 2021-2022.

SEC. 369. This section, as proposed by the Legislature, amended Section 14043.15 of the W&I Code to authorize mobile optometric offices to enroll as a provider in the Medi-Cal program.

SEC. 370. This section, as proposed by the Administration, added Section 14043.51 to the W&I Code to authorize DHCS and other state departments to implement Electronic Visit Verification (EVV) requirements for the various Medi-Cal benefits and waiver programs included in EVV Phase II in California.

SEC. 371. This section, as proposed by the Administration, amended Section 14059.5 of the W&I Code to exempt the regulations requirements for Medi-Cal behavioral health delivery system since they will be done pursuant to another section of law.

SEC. 372. This section, as proposed by the Legislature, amended Section 14087.46 of the W&I Code to extend dental managed care contracts to December 31, 2022.

SEC. 373 & 375. These sections, as proposed by the Administration and modified by the Legislature, amended Section 14105.075 and added Section 14105.194 of the W&I Code to eliminate various rate freezes and limitations

to effectively restore Intermediate Care for the Developmentally Disabled and Freestanding Subacute facility rates, inclusive of the existing Proposition 56 supplemental payments.

SEC. 373, 378-379 & 393. These sections, as proposed by the Legislature, amended Sections 14105.192 and 14105.48, repealed Section 14105.485 and added Section 14132.85 of the W&I Code to update state law and rate reimbursement relating to complex rehabilitation technology services.

SEC. 380. This section, as proposed by the Administration and modified by the Legislature, amended Section 14124.12 of the W&I Code to 1) authorize remote patient monitoring; 2) extend approved telehealth flexibilities, as of July 1, 2021, from the first day immediately following the end of the COVID-19 public health emergency (PHE) and through December 31, 2022; and 3) convene an advisory group to receive recommendations to inform DHCS in establishing and adopting billing and utilization management protocols for telehealth modalities to increase access and equity and reduce disparities in the Medi-Cal program.

SEC. 381-383. These sections, as proposed by the Administration, amend Section 14124.89, repeal Section 14124.90, and add Section 14124.90 of the W&I Code to update the data required by DHCS from third-party commercial health insurance carriers for post-payment recovery and coordination of benefits activities.

SEC. 384. This section, as proposed by the Administration and modified by the Legislature, added Section 14126.029 of the W&I Code to authorize DHCS to assess monetary penalties against a long-term health care facility (nursing facility or skilled nursing facility) for noncompliance with a hearing decision issued by DHCS that orders the readmission of a resident after a finding that the facility improperly transferred, discharged, or failed to readmit a resident.

SEC. 385. This section, as proposed by the Administration, amended Section 14127.6 of the W&I Code to cease the Health Home Program on January 1, 2022, or the effective date reflected in any necessary federal approvals to implement the Enhanced Care Management benefit under the CalAIM initiative, whichever is later. The article will sunset on January 1, 2023.

SEC 386. This section, as proposed by the Administration, amended Section 14131.1 of the W&I Code to remove suspension language related to the implementation of optional benefits.

SEC. 387 & 388. These sections, as proposed by the Administration and modified by the Legislature, amended and added Section 14132 of the W&I Code to 1) restore over-the-counter adult acetaminophen and cough/cold products as covered Medi-Cal benefits effective July 1, 2021, and establish Rapid Whole Genome Sequencing, including individual sequencing, trio sequencing for a parent or parents and their baby, and ultra-rapid

sequencing, as a covered benefit for any Medi-Cal beneficiary who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit, no sooner than January 1, 2022.

SEC. 389-391, 396-398, & 403-407. These sections, as proposed by the Administration, amended Sections 14132.275, 14132.276, 14132.277, 14182.16, 14182.17, 14182.18, 14186, 14186.1, 14186.2, 14186.3, and 14186.4 of the W&I Code to end the Coordinated Care Initiative on December 31, 2022.

SEC. 394 & 395. These sections, as proposed by the Administration, amended Section 14132.968 and added Section 14132.969 of the W&I Code to implement a Medication Therapy Management Program for Specialty Pharmacy Services, effective July 1, 2021.

SEC. 399-401. These sections, as proposed by the Administration, amended Section 14184.1, 14184.30, 14184.40 of the W&I Code, to transition the waiver authority provided under the Medi-Cal 2020 Demonstration Project Act to the CalAIM initiative.

SEC. 402. This section, as proposed by the Administration and modified by the Legislature, added Article 5.51 (commencing with Section 14184.100) to the W&I Code to establish the CalAIM initiative.

AB 0134 Committee on Budget (Chapter 75)
MENTAL HEALTH SERVICES ACT: COUNTY PROGRAM AND EXPENDITURE PLANS.

AB 134 enacted the provisions of the Budget Act for FY 2021-22, as it pertains to mental health issues for DHCS.

SEC. 1 & 2. These sections, as proposed by the Administration, amended Sections 5847 and 5892 of the W&I Code to extend certain temporary adjustments to the MHSA through June 30, 2022, to increase funding flexibility for counties to respond to the COVID-19 PHE.

AB 0153 Committee on Budget (Chapter 86)
PUBLIC SOCIAL SERVICES.

AB 153 enacted the provisions of the Budget Act for FY 2021-22, as it pertains to human services issues for DHCS.

SEC. 2-9, 12, 19, 21, 28, 31, 44, 46-47, 49-50. These sections, as proposed by the Administration and modified by the Legislature, amended Sections 7908, 7910, and 7912, repealed Sections 7911 and 7911.1, and added Sections 7911 and 7911.1 of the Family Code, amended Section 50807 of the Health and Safety Code, amended Sections 361.21, 366, 727.1, 4096, 16001.1, 16121, 16501.1, and 16521.6, and added Section 16010.9 of the

W&I Code to implement limitations on the use of out-of-state facilities in foster care.

SEC. 10-11, 15-18, 20-27, 29-37, 54-55, & 57. These sections, as proposed by the Administration and modified by the Legislature, amended Sections 1502, 1562.01 of the Health and Safety Code, amended Sections 319, 319.3, 358.1, 361.2, 366, 366.1, 366.3, 366.31, 636, 706.5, 706.6, 727.2, 4096, 4096.5, 4648, 11402, and added Sections 361.22, 727.12, 4096.55, 4096.6, 11402.005, Chapter 7 (commencing with section 16585), 18257.5 of the W&I Code to implement the Family First Prevention Services Act.

SEC. 53. This section, as proposed by the Legislature, added Chapter 6 (commencing with Section 16550) to Part 4 of Division 9 to the W&I Code to establish the Children's Crisis Continuum Pilot Program.

SEC. 56. This section, as proposed by the Administration, added Chapter 16 (commencing with Section 18997) to Part 6 of Division 9 of the W&I Code to establish the California Guaranteed Income Pilot Program.

AB 0172 Committee on Budget (Chapter 696)
HUMAN SERVICES

AB 172 enacted the provisions of the Budget Act for FY 2021-22, as it pertains to human services issues for DHCS.

SEC. 4-16 & 28. These sections, as proposed by the Administration, amended Sections 1322 and 12803 of the Government Code, amended Sections 1367.03, 1367.04, 1368.05, 502, repealed Division 109 (commencing with Section 130200), Division 109.5 (commencing with Section 130250), Division 109.6 (commencing with Section 130275), Division 110 (commencing with Section 130300), Division 115 (commencing with Section 136000), added Division 109 (commencing with Section 130200) of the Health and Safety Code, and amended Section 10133.8 of the Insurance Code to transition the Office of the Patient Advocate to the Center for Data Insights and Innovation.

SEC. 25. This section, as proposed by the Legislature, amended Section 16521.5 of the W&I Code to require the California Department of Social Services to compile and report annual performance and outcome data on the implementation of sexual and reproductive health training and education and the availability and use of sexual and reproductive health care services.

SB 0171 Committee on Budget and Fiscal Review (Chapter 263)
HEALTH.

SB 171 enacted the provisions of the Budget Act for FY 2021-22.

LICENSING AND CERTIFICATION

AB 0381 Davies (Chapter 437)
LICENSED FACILITIES: DUTIES

AB 381, sponsored by the Author, requires a DHCS licensed alcoholism or drug abuse (AOD) treatment facility, at all times, to maintain at least two (2) unexpired doses of naloxone hydrochloride (naloxone), or any other opioid antagonist that is approved by the FDA for treatment of an opioid overdose, on the premises and have at least one staff member on the premises who knows the specific location of the naloxone, or any other opioid antagonist, and who has been trained to administer it. The bill prohibits a trained staff member from being held civilly or criminally liable for the administration, in good faith, of naloxone, or any other opioid antagonist, to a person appearing to experience an opioid-related overdose. In addition, the bill revises existing statute to specify that the administration of naloxone, or any other FDA-approved opioid antagonist, is included in the meaning of an emergent care required in the case of a life-threatening emergency for purposes of the medical or health care services a licensed AOD treatment facility may provide.

AB 0541 Berman (Chapter 150)
TOBACCO ASSESSMENT

AB 541, sponsored by California Consortium of Addiction Programs and Professionals and the California Society of Addiction Medicine, requires a DHCS licensed or certified SUD recovery or treatment facility to assess a patient or client for use of all tobacco products at the time of the initial intake, and take certain actions if the patient or client has a tobacco use disorder.

AB 1158 Petrie-Norris (Chapter 443)
ALCOHOLISM OR DRUG ABUSE RECOVERY OR TREATMENT FACILITIES: RECOVERY RESIDENCES: INSURANCE COVERAGE

AB 1158, sponsored by California Department of Insurance, requires a DHCS licensed alcohol and AOD recovery or treatment facility that serves more than six residents to maintain specified minimum levels of general liability and commercial insurance. The bill also requires any government entity that contracts with a privately owned recovery residence or AOD recovery or treatment facility to provide treatment services to six or more residents to require the contractor, at all times, to maintain those same specified minimum levels of insurance coverage. This applies to contracts entered into, renewed, or amended on and after January 1, 2022.

AB 1443 McCarty (Chapter 399)
MENTAL HEALTH: INVOLUNTARY TREATMENT

AB 1443, sponsored by City of Sacramento, 1) authorizes a county behavioral health director to develop a training for the procedures and designation of professionals related to taking, or causing to be taken, a person into custody pursuant to W&I Code Section 5150; 2) requires a county behavioral health director, who denies or revokes an individual's designation to provide a written notification to the person who made the request for designation of the individual, and the individual who is the subject of the request for designation, describing the reasons for denial or revocation; 3) requires the County of Sacramento, if the county has adopted designation procedures, to, by April 1, 2022, develop a written policy regarding those procedures, and 4) prohibits a designated member of a mobile crisis team, or a designated professional person, from being held civilly or criminally liable, for any action by the person detained or transported if they are released at or before the end of a 72-hour involuntary detention.

SB 0434 Bates (Chapter 447)
**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES: ADVERTISING
AND MARKETING**

SB 434, sponsored by the Author, prohibits an operator of a licensed AOD recovery or treatment facility, a certified AOD program, licensed mental health rehabilitation center, a licensed psychiatric health facility, or a licensed social rehabilitation facility from engaging in various acts, including making a false or misleading statement about the entity's products, goods, services, or geographical locations. In addition, those same entities are prohibited from including on their internet website, a picture, description, staff information, or the location of an entity, along with false contact information that surreptitiously directs the reader to a business that does not have a contract with those entities. This bill authorizes the department responsible for the facility's licensure or certification to investigate allegations of violations of the provisions and, upon finding a violation, impose civil sanctions and other penalties pursuant to existing law.

SB 0541 Bates (Chapter 730)
**SUBSTANCE USE DISORDER TREATMENT FACILITIES AND
PROGRAMS: DISCLOSURE OF LICENSE AND CERTIFICATION STATUS**

SB 541, sponsored by the Author, requires AOD recovery or treatment facilities licensed and/or certified by DHCS to disclose to interested parties the license and/or certification number, as well as the expiration date of the license and/or certification. In addition, SB 541 requires a licensed or certified AOD recovery or treatment facility to disclose such information on their website and in any marketing of their services.

MANAGED CARE

AB 0457 Santiago (Chapter 439)
PROTECTION OF PATIENT CHOICE IN TELEHEALTH PROVIDER ACT

AB 457, sponsored by the California Medical Association, enacted the Protection of Patient Choice in Telehealth Provider Act, which 1) requires an HCSP or a health insurer to comply with specified notice and consent requirements if the plan or insurer offers a service via telehealth through a third-party corporate telehealth provider; and 2) requires HCSPs and insurers to report data related to telehealth and third-party corporate telehealth providers, as specified, to their respective oversight departments. The bill specifies that certain provisions of the Protection of Patient Choice in Telehealth Provider Act would not apply in instances where an enrollee or insured seeks services directly from a third-party telehealth provider that is not contracted with the HCSP or insurer. The requirements of this bill do not apply to Knox-Keene Act licensed MCPs that contract with DHCS, instead, DHCS shall consider the requirements of this bill to determine the appropriateness for the Medi-Cal program with the telehealth advisory workgroup established under the Budget Act of 2021 and the accompanying omnibus trailer bill (AB 133, Committee on Health, Chapter 143, Statutes of 2021).

AB 1585 Committee on Health (Chapter 181)
HEALTH CARE.

AB 1585, sponsored by the Committee on Health, extends the date for DHCS to adopt regulations for the California Children's Services (CCS) Whole Child Model program from July 1, 2020 until January 1, 2023.

SB 0221 Wiener (Chapter 724)
HEALTH CARE COVERAGE: TIMELY ACCESS TO CARE

SB 221, sponsored by the National Union of Healthcare Workers, 1) requires HCSPs and health insurers, to follow timely access standards established by the bill; 2) requires HCSP contracts and health insurance policies that are issued, renewed, or amended on or after July 1, 2022, to provide information to members regarding the standards for timely access to care, including information related to receipt of interpreter services in a timely manner, no less than annually; and 3) requires HCSPs to arrange for coverage outside their contracted networks if medically necessary treatment of a mental health or SUD is not available in network within the geographic and timely access standards set by law or regulation; and 4) specifies that the development and adoption of standardized methodologies to demonstrate compliance with the timely requirements and any regulations adopted pursuant to this bill are not subject to the Administrative Procedure Act until July 1, 2025. The requirements for HCSPs would extend to Medi-Cal MCPs. Additionally, the timely access requirements pertaining to mental health and SUD extends to county mental health plans and Drug Medi-Cal Organized Delivery System counties.

SB 0226 Pan (Chapter 446)
MEDI-CAL: COUNTY OF SACRAMENTO

SB 226, sponsored by the County of Sacramento, authorizes a board-established health authority to designate a number of Knox-Keene licensed health plans for purposes of the DHCS' Medi-Cal MCP contract procurement for the County of Sacramento, as specified in the bill, until the health authority implements a county-sponsored local initiative health plan, should the health authority choose to do so as permitted by the bill.

SB 0428 Hurtado (Chapter 641)

HEALTH CARE COVERAGE: ADVERSE CHILDHOOD EXPERIENCES SCREENINGS

SB 428, sponsored by Children Now and the California Medical Association, requires HCSP contracts and health insurance policies that are issued, amended, or renewed on or after January 1, 2022, that provide coverage for pediatric services and preventive care to also provide coverage for adverse childhood experiences screenings. This bill defines "adverse childhood experiences," to mean an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being. For purposes of this bill, HCSPs includes Knox-Keene licensed Medi-Cal MCPs.

SB 0510 Pan (Chapter 729)

HEALTH CARE COVERAGE: COVID-19 COST SHARING

SB 510, sponsored by the California Medical Association, requires an HCSP or insurer to cover the costs of COVID-19 diagnostic and screening testing and health care services related to diagnostic and screening testing approved or granted emergency use authorization by the FDA for COVID-19, regardless of whether the services are provided by an in- or out-of-network (OON) provider, without prior authorization (PA), utilization management (UM), or cost-sharing. The bill also requires an HCSP or insurer to cover, without cost sharing, PA, or UM, any item, service, or immunization intended to prevent or mitigate COVID-19 that is recommended by the United States Preventive Services Task Force that has in effect a rating of "A" or "B" or the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention. The bill specifies the terms of reimbursement for providers, both in- and OON, based on whether or not the HCSP and provider had an established agreement regarding specific reimbursement prior to the PHE. Additionally, this bill makes the same requirements limiting cost-sharing, PA, or UM, for future diseases when a PHE is declared by the Governor, on any item, service, or immunization intended to prevent or mitigate a disease, and health care services related to diagnostic and screening testing for a disease, as specified for COVID-19. The bill limits the prohibition on cost sharing with respect to OON providers for the duration of the federal PHE, but extends all other requirements indefinitely. The bill's provisions apply retroactively to the beginning of the Governor's declared State of Emergency related to COVID-19. For purposes of this bill, HCSPs includes Knox-Keene licensed Medi-Cal MCPs.

SB 0535 Limón (Chapter 605)
BIOMARKER TESTING

SB 535, sponsored by the Author, prohibits an HCSP contract or health insurance policy issued, amended, delivered, or renewed on or after July 1, 2022, from requiring PA for biomarker testing, as defined, for an enrollee or insured with advanced or metastatic stage 3 or 4 cancer, or for cancer progression or recurrence in an enrollee or insured with advanced or metastatic stage 3 or 4 cancer. The bill specifies that its provisions would not limit, prohibit, or modify an enrollee's or insured's rights to biomarker testing as part of an approved clinical trial, as specified. For purposes of this bill, HCSPs would include Knox-Keene licensed Medi-Cal MCPs; however, the bill specifically applies the provisions relating to biomarker testing to all MCPs.

MEDI-CAL BENEFITS

SB 0065 Skinner (Chapter 449)
MATERNAL CARE AND SERVICES

SB 65, sponsored by Black Women for Wellness Action Project, California Nurse Midwives Association, NARAL Pro-Choice California, National Health Law Program, Western Center on law and Poverty, and Women's Foundation of California, requires DHCS to convene a workgroup, no later than April 1, 2022, to December 31, 2023, to examine the implementation of the doula benefit under the Medi-Cal program, as specified. DHCS is required to publish a report on its internet website, no later than July 1, 2024, that addresses, among other things, the number of Medi-Cal recipients utilizing doula services and identifies barriers that impede access to doula services. The doula services section will sunset on January 1, 2025. SB 65 also requires CDPH to establish a California Pregnancy-Associated Review Committee to review and report maternal deaths, counties to annually report infant deaths and establish a Fetal and Infant Mortality Review, upon appropriation, and the Department of Health Care Access and Information (HCAI) (formerly the Office of Statewide Health Planning and Development) to contract with programs to increase the number of certified nurse-midwives and licensed midwives, upon appropriation.

THIRD PARTY LIABILITY & RECOVERY DIVISION

AB 1042 Jones-Sawyer (Chapter 475)
SKILLED NURSING FACILITIES: UNPAID PENALTIES: RELATED PARTIES

AB 1042, sponsored by SEIU California, among other provisions, AB 1042 requires DHCS to give written notice to a skilled nursing facility licensee's related parties, as defined in Health and Safety Code Section 1424.3(b), that DHCS may take appropriate legal action to recover the unpaid quality assurance fee amount, including any interest and penalties owed, from the

licensee's financial interest in the related party. Additionally, AB 1042 contains requirements that impact CDPH and HCAI.

2021 ENROLLED BILLS

BILL NUMBER	AUTHOR	FINAL STATUS	CHAPTER	PROGRAM*	PAGE NUMBER
AB 0105	Holden	V	-----	ME	---
AB 0128	Ting	S	021	BO	01
AB 0130	Committee on Budget	S	044	LA	05
AB 0133	Committee on Budget	S	143	LA	06
AB 0134	Committee on Budget	S	075	LA	09
AB 0153	Committee on Budget	S	086	LA	09
AB 0172	Committee on Budget	S	696	LA	10
AB 0226	Ramos	V	-----	LC	---
AB 0369	Kamlager	V	-----	ME	---
AB 0381	Davies	S	437	LC	11
AB 0382	Kamlager	S	051	IS	04
AB 0451	Arambula	S	438	BH	01
AB 0457	Santiago	S	439	MC	12
AB 0523	Nazarian	V	-----	IS	---
AB 0541	Berman	S	150	LC	11
AB 0638	Quirk-Silva	S	584	CS	02
AB 1042	Jones-Sawyer	S	475	TR	15
AB 1104	Grayson	S	476	FR	03
AB 1158	Petrie-Norris	S	443	LC	11
AB 1331	Irwin	V	-----	CS	---
AB 1443	McCarty	S	399	LC	11
AB 1542	McCarty	V	-----	BH	---
AB 1585	Committee on Health	S	181	MC	13
SB 0024	Caballero	S	129	LG	05
SB 0048	Limón	S	484	HP	04
SB 0065	Skinner	S	449	MB	15
SB 0110	Wiener	V	-----	BH	---
SB 0129	Skinner	S	069	BO	01
SB 0170	Skinner	S	240	LA	10
SB 0171	Committee on Budget & Fiscal Review	S	263	BO	02
SB 0221	Weiner	S	724	MC	13
SB 0226	Pan	S	446	MC	13
SB 0306	Pan	S	486	FP	03
SB 0365	Caballero	V	-----	HC	---
SB 0428	Hurtado	S	641	MC	14
SB 0434	Bates	S	447	LC	12
SB 0465	Eggman	S	544	CS	02
SB 0507	Eggman	S	426	CS	03
SB 0510	Pan	S	729	MC	14
SB 0535	Limón	S	605	MC	15
SB 0541	Bates	S	730	LC	12
SB 0682	Rubio	V	-----	MP	---
SB 0823	Eggman	S	554	IS	05

PROGRAM ASSIGNMENTS AND ACRONYMS

PROGRAM	CODE
Behavioral Health	BH
Budget Office	BO
Community Services	CS
Family Planning	FP
Fee-For-Service Rates Development	FR
Health Care Financing	HC
Health Policy	HP
Integrated Systems of Care	IS
Legal Services, Office of	LG
Legislative and Governmental Affairs, Office of	LA
Licensing and Certification	LC
Managed Care	MC
Medical Policy	MP
Medi-Cal Benefits	MB
Medi-Cal Eligibility	ME
Third Party Recovery & Liability	TR

VETO MESSAGES

<u>BILL#</u>	<u>AUTHOR</u>	<u>SUBJECT</u>	<u>DIV</u>
AB 0105	Holden	The Upward Mobility Act of 2021: boards and commissions: civil service: examinations: classifications.	ME
AB 0226	Ramos	Children's crisis psychiatric residential treatment facilities.	LC
AB 0369	Kamlager	Medi-Cal services: persons experiencing homelessness.	ME
AB 0523	Nazarian	Program of All-Inclusive Care for the Elderly	IS
AB 1331	McCarty	Mental health: Statewide Director of Crisis Services.	CS
AB 1542	McCarty	County of Yolo: Secured Residential Treatment Program.	BH
SB 0110	Wiener	Substance use disorder services: contingency management services.	BH
SB 0365	Caballero	E-consult service.	HC
SB 0682	Rubio	Childhood chronic health conditions: racial disparities.	MP

(Veto messages are also available on the California Legislative Information website:

<http://leginfo.legislature.ca.gov/>)



OFFICE OF THE GOVERNOR

OCT 08 2021

To the Members of the California State Assembly:

I am returning Assembly Bill 105 without my signature.

This bill would modify several processes related to civil service job announcements, examinations, classifications, and hiring practices. Additionally, it would require certain boards and commissions to include appointed representatives of underrepresented groups and institute new data collection requirements.

I believe that California has a responsibility to recruit and retain a workforce that reflects California's diversity and treats all of our employees with respect, dignity, and equity. My Administration remains committed to furthering that cause and that's why we have established the California Leads as an Employer Initiative. The goal of this initiative is to implement policies that promote a diverse and inclusive workforce reflective of California, ensure a respectful workplace free of harassment, and address gender and racial pay gaps in the state workforce. Additionally, we established a Chief Equity Officer at the Government Operations Agency this year who will focus on diversifying state hiring, recruitment, retention, and training.

While the goals of AB 105 are laudable, elements of the bill conflict with existing constitutional requirements, labor agreements, and current data collection efforts. Therefore, it may have unintended consequences that warrant further consideration. Furthermore, as AB 105 would cost tens of millions of dollars, these



one-time and significant ongoing costs should be considered through the annual state budget process.

I would encourage the author to collaborate with the Administration to address these concerns and look forward to continued partnership as we continue to work to build a more inclusive state government.

Sincerely,

Gavin Newsom

A handwritten signature in black ink, appearing to read "Gavin Newsom", is written over the printed name. The signature is stylized with sharp, angular strokes and a long horizontal line extending to the right.



OFFICE OF THE GOVERNOR

OCT 08 2021

To the Members of the California State Assembly:

I am returning Assembly Bill 226 without my signature.

This bill would eliminate Children's Crisis Residential Programs (CCRPs) under the purview of the Department of Social Services and instead create Children's Crisis Psychiatric Residential Treatment Facilities (CCPRTFs) under the purview of the Department of Health Care Services, to provide intensive mental health care for children and youth, including those in foster care.

It is important that all California youth receive the mental health services and supports they need. My Administration has made it a priority to transform California's children and youth behavioral health system into one in which all children and youth are routinely screened, supported, and served for emerging and existing behavioral health needs, and is working to implement transformative investments in the 2021-22 Budget that further this cause.

AB 226 presents implementation challenges that cannot be overlooked or easily overcome. First, the bill would eliminate CCRPs, a Medicaid State Plan service the state is obligated to provide, creating a gap in the continuum of care for children and youth. Second, the bill does not appropriately identify the roles of the Department of Health Care Services, the county Mental Health Plans, and the California Department of Public Health in federally certifying the proposed CCPRTF program. Finally, should CCPRTFs be authorized as a treatment option, it is critical to develop adequate safeguards so children are not in CCPRTFs any longer than necessary. These safeguards are not included in this bill.

My Administration looks forward to working with the Legislature and stakeholders before the Legislature reconvenes on a proposed solution that is in the best interest of all youth experiencing mental health crises.

Sincerely,



Gavin Newsom



OFFICE OF THE GOVERNOR

OCT 08 2021

To the Members of the California State Assembly:

I am returning Assembly Bill 369 without my signature.

This bill would direct the Department of Health Care Services (DHCS) to establish a Presumptive Eligibility Program for persons experiencing homelessness, authorize all off-premises services under Medi-Cal, remove care authorization and coordination strategies typically provided by Primary Care Physicians, and deduct capitation payments made to Medi-Cal Managed Care Plans if a person experiencing homelessness does not utilize services within 60 days of enrollment.

From day one, my Administration has made treating and housing those experiencing homelessness a top priority. Understanding that homeless individuals face unique challenges in receiving the health care they need, California designed its Presumptive Eligibility program so that individuals experiencing homelessness can easily enroll in Medi-Cal and access timely health care. In addition, enrolled Medi-Cal providers can be reimbursed for street-based medicine or services provided outside the office to their patients. Additionally, Medi-Cal Managed Care Plans are responsible for coordinating and providing health care services to their members, including beneficiaries experiencing homelessness.

We can and must do much better than today. To that end, the California Advancing and Innovating Medi-Cal (CalAIM) initiative, authorized in the 2021 Budget, will provide a whole-person approach to care and include expanded



benefits to address clinical and non-clinical needs of Medi-Cal beneficiaries. A new enhanced care management benefit and housing support services, delivered by community-based providers, will provide needed services to individuals experiencing homelessness. Creating a "carve out" for persons experiencing homelessness, on the eve of the CalAIM transformation, will cut out these patients from services that are being created specifically to support their health, housing stability, and overall well-being.

Given that providing individuals experiencing homelessness timely access to critical services and ultimately are permanently housed is a priority, and the timing of CalAIM implementation, I am directing DHCS to identify any interim gaps that can be imminently addressed and act quickly to close these gaps. Such actions may include providing temporary resources to street medicine providers across the state, providing additional technical assistance to street medicine providers who seek to provide services through managed Medi-Cal, and promptly implementing the CalAIM opportunities that will soon be rolling out.

Sincerely,



Gavin Newsom



OFFICE OF THE GOVERNOR

OCT 06 2021

To the Members of the California State Assembly:

I am returning Assembly Bill 523 without my signature.

AB 523 would require the Department of Health Care Services (DHCS) to make permanent the specified Program of All-Inclusive Care for the Elderly (PACE) program flexibilities instituted, on or before January 1, 2021, in response to the public health emergency caused by COVID-19. AB 523 also requires DHCS to work with the Centers for Medicare and Medicaid Services to determine how to extend PACE flexibilities approved during COVID-19.

As part of the Budget Act of 2021, all telehealth flexibilities in the Medi-Cal program were extended until December 31, 2022. DHCS was also required to convene an advisory group to provide recommendations for establishing and adopting billing and utilization management protocols for telehealth modalities to increase access and equity and reduce disparities in the Medi-Cal program. This advisory group is the appropriate venue to participate and provide telehealth recommendations specific to the PACE program.

Additionally, the bill states that DHCS shall make the changes permanent, without conditioning the permanent changes on DHCS obtaining necessary federal approvals and federal financial participation or taking into consideration federal legal mandates.

For these reasons, I am returning this bill without my signature.

Sincerely,

Gayn Newsom



OFFICE OF THE GOVERNOR

OCT 07 2021

To the Members of the California State Assembly:

I am returning Assembly Bill 1331 without my signature.

This bill would require the Director of the Department of Health Care Services (DHCS) to appoint a full-time executive Statewide Director of Crisis Services to convene state and local leaders to develop and implement a cohesive statewide behavioral health crisis care delivery system.

Behavioral health crisis care services are critical, including early prevention efforts. My administration has made significant investments to improve California's behavioral health system, including \$150 million to build out mobile crisis infrastructure. In addition, DHCS is investing \$20 million in California's network of emergency call centers to support the launch of a new 988 hotline, an alternative to 911, for people seeking help during a mental health crisis.

The California Health and Human Services Agency and its departments will work with state and local partners and stakeholders to assess and address gaps in behavioral health crisis care services as my Administration works to implement the new behavioral health initiatives included in the budget.

Given the fiscal implications of adding this position, and the additional staffing needed to support it, this proposal would be more appropriately addressed through the budget process.

Sincerely,

Gavin Newsom

A handwritten signature in black ink, appearing to be "Gavin Newsom", written over the printed name. The signature is stylized with a large, sweeping initial "G" and a long, horizontal tail stroke.



OFFICE OF THE GOVERNOR

OCT 08 2021

To the Members of the California State Assembly:

I am returning Assembly Bill 1542 without my signature.

AB 1542 would authorize the County of Yolo to offer a pilot program that would allow individuals struggling with substance use disorders, who have been convicted of qualifying drug-motivated crimes, to be placed in a Secured Residential Treatment Program.

I understand the importance of developing programs that can divert individuals away from the criminal justice system, but coerced treatment for substance use disorder is not the answer. While this pilot would give a person the choice between incarceration and treatment, I am concerned that this is a false choice that effectively leads to forced treatment. I am especially concerned about the effects of such treatment, given that evidence has shown coerced treatment hinders participants' long-term recovery from their substance use disorder. For these reasons, I am returning this bill.

Sincerely,

A handwritten signature in black ink, appearing to be 'Gavin Newsom', written over a horizontal line.

Gavin Newsom





OFFICE OF THE GOVERNOR

OCT 08 2021

To Members of the California State Senate:

I am returning Senate Bill 110 without my signature.

This bill would require Medi-Cal substance use disorder services to include contingency management services as an optional benefit under the Drug Medi-Cal organized delivery system, subject to utilization controls.

Given the promise of contingency management as a treatment for stimulant use disorders, the 2021-22 Budget includes funding to support a pilot contingency management Medi-Cal benefit from January 2022 through March 2024. The Department of Health Care Services has sought federal approval for this pilot project and will work expeditiously to implement it once it is authorized.

The outcomes and lessons learned from the pilot project should be evaluated before permanently extending the Medi-Cal benefit. As such, this bill is premature, and I am returning it without my signature.

Sincerely,

A handwritten signature in black ink, which appears to be "Gavin Newsom", is written over the word "Gavin Newsom" in the typed name below. The signature is stylized with large, sweeping loops and a long horizontal line extending to the right.

Gavin Newsom



OFFICE OF THE GOVERNOR

OCT 06 2021

To the Members of the California State Senate:

I am returning Senate Bill 365 without my signature.

SB 365 would require an "e-consult" provided by an enrolled Medi-Cal provider, including a Federally Qualified Health Center (FQHC) and Rural Health Clinics (RHC) to be reimbursed under Medi-Cal.

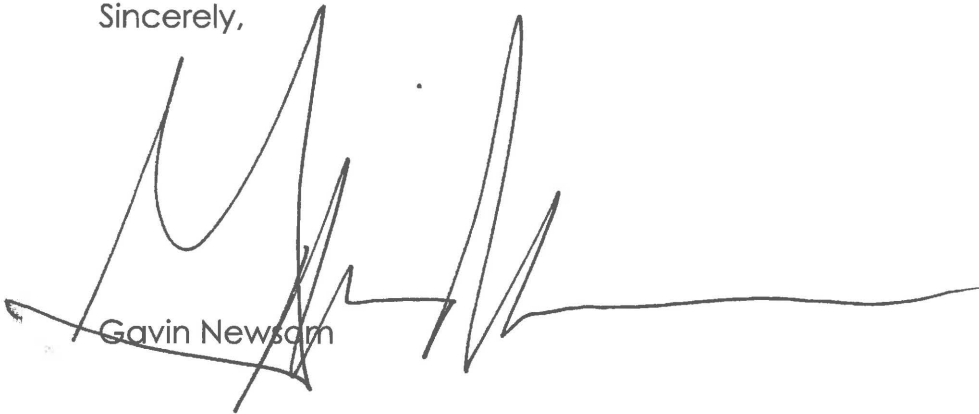
Current Medi-Cal reimbursement policy allows for a health care provider to bill for an e-consult when the benefits or services delivered meet the procedural definition and components of the Current Procedural Terminology (CPT) code set and requirements in the Department of Health Care Services (DHCS) Medi-Cal provider manual.

SB 365's definition of e-consult services is inconsistent with federal law, which explicitly states that reimbursement for visits in FQHCs and RHCs is only permitted between a FQHC and RHC billable provider and a patient. Moreover, the Centers for Medicare and Medicaid Services has communicated to DHCS that e-consult services are not separately reimbursable to FQHCs and RHCs because a patient is not included during the encounter. As a result, the state would not

be entitled to federal matching funds for e-consult services reimbursed separately to FQHCs and RHCs.

For these reasons, I am returning this bill without my signature.

Sincerely,

A handwritten signature in black ink, appearing to read "Gavin Newsom". The signature is stylized with large, sweeping loops and a long horizontal line extending to the right. It is written over the printed name "Gavin Newsom".

Gavin Newsom



OFFICE OF THE GOVERNOR

OCT 04 2021

To the Members of the California State Senate:

I am returning Senate Bill 682 without my signature.

This bill would require the California Health and Human Services Agency (CHHS) to convene an advisory workgroup to develop and implement a plan to reduce racial disparities in childhood chronic diseases by at least 50 percent by December 31, 2030.

My Administration is strongly supportive of closing the health disparity gap among youth and agrees with the intent of this bill. California must set measurable goals and take meaningful action to reduce disparities in chronic conditions affecting children of color. However, because the bill places performance measures and targets into state statute, it restricts the vital flexibility necessary to account for shifting health equity priorities over the next decade.

The bill is also duplicative of efforts already underway, creating unnecessary bureaucratic burden instead of material change. The Department of Health Care Services (DHCS) is analyzing various sources of race/ethnicity data to establish a road map with specific, measurable, attainable, relevant, and time-based goals to reduce racial and ethnic health disparities in Medi-Cal. The 2021 state budget provided historic investments for CHHS to further reorient the administration of its programs using this data to launch an online Health Equity Dashboard. Furthermore, DHCS and the Department of Managed Health Care (DMHC) are collaborating on the establishment and enforcement of health equity and quality standards for full-service and behavioral health plans, which



will include annual benchmark standards for assessing equity and quality in health care delivery that will be enforced by the DMHC. These efforts, coupled with CalAIM and managed care plan procurement, will hold Medi-Cal managed care plans accountable for providing quality and equitable care to the state's most vulnerable populations.

I look forward to continuing the work within my Administration, with the Legislature, and with affected communities to address racial disparities in health care, especially as they pertain to children of color, in a manner that is meaningful, effective, and responsive to the latest data and health equity priorities.

Sincerely,



Gavin Newsom