CALIFORNIA LIFE TIME CARE HEALTH ACT (CALTCHA)

(DRAFT POLICY MODEL) - Birnbaum/ Leadership edit

V. 11a 8/23/21

VALUES AND POLICY INTENT - PREAMBLE

1. Whereas: We affirm and derive principles from the United Nations Declaration of Human Rights, the Mission of the World Health Organization, and the policy requirements of the United States IRS non-profit 501(c)(3) Health Corporations Law, and seek to assert and establish health care as a public good, not a commercial or market commodity and to provide the highest attainable standard and comprehensive spectrum of preventive, primary, specialty, mental, psychological, sensory, surgical, nursing, rehabilitative and habilitation, public health, dental, pharmaceutical, and home and community-based life time health care supported by all relevant training and research to assure all people possess freedom from fear and a state of physical, mental, and social well-being and not merely the absence of disease or infirmity as a fundamental right of every person in California.

2. Further, that this right must exist for every Californian without distinction of race, religion, gender orientation or identity, disability, political belief, geographic location, or economic or social condition and that local, state and federal government has an affirmative duty as a guarantor of such democratization and rightful health care to its people.

3. Further, that State of California, as ordained by its Constitution, is responsible for the health and wellbeing of its people, the practice of medicine, the public health, and the training of health professionals and their regulation. Both a State duty to health equity and the authority to achieve it, are provided by the Equal Protection Clause of the Fourteenth Amendment of the United States Constitution and Title VI of the Civil Rights Act of 1964.

4. Further, that the health of all people is fundamental to the attainment of maximum economic autonomy, cultural productivity and expression, peace and security and, whereas, its provision is dependent on the people's democratic participation and the coordination of efforts across neighborhoods, municipalities, counties, regional agencies and the health workforce in California.

5. Further, that no financial burden of any kind, nor cost barrier shall exist for those who seek to obtain necessary health care. This Act shall end all individual and family out-of-pocket costs, co-pays, deductibles and insurance premiums, replacing these with equitable statewide and federal public financing, and that reorganization of health care financing under a unified (single payer) public financing mechanism will serve as major source of new California revenue generation based on savings, socially-efficient reallocations, and financial reinvestments.

6. Further, that economic prosperity and major savings will result from cost-effective and prudent reductions of existing administrative costs and similar savings achieved by eliminating existing competition-based, financial market model delivery systemic waste, price-gouging, fraud, and inefficiencies, freeing California industries from the relentless cost escalation and spiraling burden of providing private medical insurance coverage for employees, and stimulating an entrepreneurial expansion among individuals free from the fetters of health care dependent on employment, ending "job lock."

7. Further, that informed opinion and active democratic participation, familiarity and trust on the part of the public is of the utmost importance in the planning, delivery, and continuous improvement of health care in Californian.

8. Further, that health care services in California are currently funded by over 70% public tax dollars, billions of which are derived from public employee sources, that these funds will form the majority of funds in the new system envisioned herein, and that they must not be appropriated for profit nor diverted from a highest quality universal health care system, unlike the current failed profit-driven paradigm.

9. Further, in the face of the existential crisis of climate change and its associated impacts on life on earth, a just and responsive health care system must address the vast grave health consequences of fire, flood, desertification, land submergence, biological pandemics, food, air and water pollution, and that the provision and transformation of universal health care must both prepare for such impacts and provide for such care in a manner scrupulously carbon free in all its energy and structural developments.

10. Therefore, it is the intention of this act herein to meet these values, goals, challenges and standards by establishing the California Life Time Care Health Act (CALTHA) system shall, to be accountable to all Californians, based on the seven (7) pillars listed below.

Pillar	**Summary**

Public administration	Requires that the State of California Life Time Care Health Act system be administered on a non-profit basis by a public authority responsible to the state government with a unified funding mechanism provided by taxes and funds including those gathered from existing federal health programs, state appropriations, and any philanthropic contributions. The public administration criterion only applies to the administration of the system and the financing; it does not mean that health care services cannot be delivered by private entities as long as insured persons are not charged for services defined as benefits in *(*CALTCHA). This system-wide public funding shall also include the training of health professionals in public institutions and the regulation of health professions, clinics, hospitals, and public health care.
Comprehensiveness	Requires that all "insured health services, benefits and supplies" (*as defined in the CALTCHA legislation*) be available and covered at a high standard.
Universality	Requires that all "CA residents " (as defined by CALTCHA) be entitled to all covered services, benefits and supplies on uniform terms and conditions.

Portability	Any CA resident may seek and obtain needed health care services and CALTCHA benefits from any CA licensed health care provider without limiting professional networks or geographic location, inside or outside the state of CA, out-o- state or or out-of-country.
Accessibility	Requires that the State provides reasonable access to publicly-insured health services on uniform terms and conditions without any financial or other barriers and eliminates all administrative intermediary or prior approval processes for prescribed covered care.

Accountability/ Efficacy/ Efficiency	CALTCHA provides accountability for funds and effective use of them by centering public health assessments of local community health needs as the basis for resource allocation. It also uses the tools of an invigorated public health system, informed by a network of community/neighborhood inputs, as well as data derived from the provider reporting and the unified electronc record system to assess outcomes and metrics of social wellbeing and health. By replacing profit data with neighborhood/individual and community health data as the determiner of resource allocation, CALTCHA achieves optimal system efficiency.

Affordability/ Value	Universal, first-dollar coverage of all medically necessary hospital and physician services, prescription drugs, dental care, mental health services, rehabilitative care and life time care will be guaranteed – all free at the point of care. The system realizes enormous savings and health benefit by eliminating costly administrative structures inherent to the current system, by empowering state negotiation of pharmaceutical and equipment prices, and by shifting care paradigms toward prevention and primary care and away from specialty driven sick-care of a population currently deprived of primary and preventive care.

DEFINITIONS:

CALTCHA is used throughout to represent both the name of this model-bill, the California Life Time Care Health Act and the system it envisions putting into effect.

1. Secretary – The California Secretary of Health and Human Services (appointed by the Governor) must possess a Medical Degree or Public Health Nurse Degree and a Doctorate or Masters in Public Health Degree or equivalent professional and academic experience.

2. Director –Executive officer (appointed by Governor) who directs the eleven (11) Departments that comprise the Health and Human Services Agency.

3. Board – The designated twenty-nine (29) person CALTCHA Board, a body representing the broadest cross section of California society and policy expertise. The Board will administer the Trust Fund and is comprised of the Secretary among four (4) politically appointed members, three (3) Local Public Health Officers and twenty two (22) public organization and community representatives, each for staggered (initial) two (2) or four (4) year terms.

4. Trust Fund – The independent CALTCHA Trust Fund, revenue depository account that contains 100% of all local, philanthropic, state and federal health dollars derived from tax appropriations and reimbursements slated to include, but not be limited to, Federal Medicare, Medicaid/MediCal, Child Health Insurance Program (CHIP) and Child Health & Disability Prevention Program (CHDP) funds, Community Health Center, employer health payroll deductions, and all applicable taxes and any legal philanthropic contributions within CA that together replace all insurance premiums, deductibles, co-payments, fees, and all current expenditures of the public for health and health-related services.

5. CA Professional and Technical Health Care Advisory Council – The twenty-one (21) person body shall include the eleven (11) directors of the CA HHS Agency Departments, and ten (10) members appointed by the Board that advises the Board in its deliberations and operations. The Advisory Council is comprised of professional experts from but not limited to fields of public health, medicine, nursing, social work, law, conflict-free business, economics, epidemiology, research sciences, public hospital leadership, sociology, voluntary and philanthropic associations, and faith-based organizations.

6. Assembly – (Local Neighborhood Health Care Assembly) representative civil society bodies, derived from new or existing democratically-elected or appointed, contiguous population neighborhood bodies (specifically defined below to reflect organizational civic, class and language differences) from within each of California's fifty-eight (58) Counties, three (3) cities, (or joint powers areas). Members shall serve for two (2) or four (4) year terms.

6.a CA Neighborhood Health Assembly Association - An organization containing representative members of the Local Neighborhood Assemblies established by the CALTCHA Board to provide a cross section of these bodies to advise the Board on statewide and regional policy and operational matters that exceed the scope of work at individual local levels.

7. Local Public Health Liaison Office (LPHLO) Qualified new professionally staffed unit within each Local Public Health Department. The LPHLO will gather health data every three years through surveys and research assessments including face-to-face interviews conducted in conjunction with individual Neighborhood Health Assemblies. From these assessments, the LPHLO and Assemblies produce a prioritized and budgeted plan to be submitted to the Local Health Officer and the Board to fulfill the operations and purposes of this Act.

8. Local Professional and Technical Health Care Advisory Council - The twenty one (21) person appointed body, selected by the County Board of Supervisors, to represent their diverse population make up, which shall advise the County Health Officer, Local Public Health Liaison Office and the Assemblies in their deliberations and work that should reflect the same spectrum of expert members as the CA Professional and Technical Health Care Advisory Council

9. Local (County) Health Officer – The county appointed health department executive physician must possess an MD and Doctorate of Public Health or Masters in Public degree, or three (3) years of senior policy level experience in public health organization administration of executive management and planning among California's fifty-eight (58) county health departments and 3 city health departments. The local health officer – in addition to traditional roles and responsibilitiesv - shall administer the Trust Fund Budget allocated to the population of the County Health Officer and the Assemblies in its area. The Local Health Officer shall hire a Deputy Health Officer, who shall be a qualified public health nurse with executive administrative competencies.

10. Provider – Any CA-licensed health care professional including, but not limited to, a physician, nurse, dentist, physician assistant, nurse practitioner, psychologist, social worker, chiropractor, acupuncturist and other paraprofessional health workers employed as a team member in a multidisciplinary supervised setting including, but not limited to, any specialty therapist, in-home service and supports (IHSS) worker, complementary health care specialist, marriage and family therapists (or counselors), occupational therapist, physical therapist, rehabilitation engineer, sanitation engineer, case manager, epidemiologist, community home visitor and others that provide direct and indirect health-related services.

11. Cultural Competence/Sensitivity – Cultural and linguistic competence/sensitivity is a set of behaviors, attitudes, and policies that enable an individual, organization, orsystem, to work effectively in cross-cultural situations. "Culture" refers to integrated patterns of human behavior that include language fluency, communications, actions, customs, beliefs, values, and institutional-awareness of racial, ethnic, disability, gender identity/orientation, religious, and other demographic social groups. "Competence" implies having

the skills and awareness to function effectively as an individual or as an organization, here within the context of California's heterogeneous cultures to maximize mutual understanding, respect, and trust so as to achieve positive health outcomes.

12. California Health Service Corps – Post graduate students who receive CALTCHA tuition assistance for their health-related training degrees or accreditation shall be required to provide paid professional clinical service in rural and urban underserved communities for one (1) year in exchange for every one (1) year of tuition subsidy, and will become a member of this state public service organization while fulfilling that obligation.

13. County Physician Provider Review Board – A permanent body of twenty-one (21) members and staff, appointed by the County Health Officer, whose members shall include representatives from the local organized physician, dental and nursing communities, and whose role shall be to consult with the County Health Officer to assure quality, cost effectiveness, accountability and fair reimbursements for health professional directed services.

14. Union & Corporate Pension Health Fund Task Force – A body of twenty-one (21) members, with state funded staff, whose role shall be to establish a program to compensate justly those who belong to, or have belonged to unions (public and private), or are, or have been, employees of a business and that have paid into a public or private union health benefits funds, Taft-Hartley trusts, or a business health care funds, such that health services are maintained or improved, for all residents of California.

15. California Pharmaceutical, Medical Supplies, Assistive Equipment, Regulatory Task Force – CA Secretary appointed body that will advise the Board on establishing and managing California's comprehensive drug and equipment formulary including medical supplies, and assistive equipment. The task force will assess technology acquisition, distribution and availability and will also assist the Board in negotiating fair and reasonable prices on pharmaceuticals, supplies, and equipment for the CALTCHA system and report to the public on all its relevant functions.

16. County Health and Wellbeing Coordinating Councils – Each county shall establish a senior professional body to coordinate with relevant local and state agencies and departments on broader social determinants of health.

17. Just Workforce Transition Planning Board – Secretary and the Executive Committee of the Board to appoint this fifteen (15) member body with responsibility to plan and influence the transition of administrative personnel working within the current CA medical and administrative system to maximize alternative reemployment, training and transitional financial support for a period of up to five (5) years as CALTCHA is implemented.

18. California Government Patient Compensation Fund – Public fund to replace most of the current malpractice liability litigation and settlement system. Its goals are to justly compensate injured patients and ensure a sound and ethical professional health practice framework for the state.

19. Global Operating Budget – Each individual hospital, nursing home, community health center (including Federally Qualified Health Centers) and similar programs delivering specialized services for certain categories of patients, public postsecondary health training programs and other institutional providers of care and education shall be paid with a comprehensive annual budget allocated by the CALTCHA Board and based on community needs assessments and budgeted plans that are triennially submitted. Intended to replace the system of line-item billing to multiple payers.

20. Non-Profit – shall comply with the definition in the IRS 501(c)(3) health corporation regulations.

21. Social Work – Social work is a profession focused on persons and their environments inoder to helps individuals and communities cope effectively with their realities and change those realities when necessary. Professional social workers must hold BSW, MSW, or DSW/PhD in Social Work degrees from an accredited school of social work. Licensed Clinical Social Workers (LCSWs) or Associate Clinical Social Workers *(ASWs)*- who are in the process of gaining their license in social work - provide direct services or therapy to individuals, guiding people to critical resources and counseling them on life-changing decisions. Social Workers also advocate for policy change to improve social conditions and strengthen the social safety net.

22. Mental Health – Includes home, clinic, hospital, office, and community based psychiatric, psychological and counseling professional services focused on helping individuals suffering from disorders of thought or emotion that interfere in their lives. It includes pediatric prevention and early intervention, diagnostics, short and long term individual, family or group therapies, crisis intervention, addiction services, case management, and vocational services to address and overcome the sources and manifestations of clinical mental disorganization and achieve freedom from mental or emotional interference to wellbeing.

23. Life Time Care and Community Health – **i**ncludes the broad resources to sustain wellbeing throughout the span of life, primarily where people live. Community Health includes social determinants of health and wellbeing such as food, transportation, housing, education, employment, health care, and the system of tangible and intangible infrastructure that delivers goods and services to families where they live and focused on the geographic neighborhood. Community level health promotes healthy individual liv-

ing, helps prevent chronic diseases and brings the greatest health benefits to the greatest number of people in need. According to the Center for Disease Control (CDC), prioritizing community health can help reduce visible and quantifiable health differences in age, gender, disability, race and ethnicity, location, social status, and income. Because it is difficult to be healthy if where we live is unhealthy, the intersection of healthcare, economics, social interaction, and location is vital to guaranteeing the impact of community health on individuals and households.

24. Navigation/Navigator – Assistive process executed by community health workers (ie navigators) to ensure CA residents are able to access services – including direct health and broader social services - coordinated in a way that fulfills individuals' needs within the CALTCHA system of care.

25. Uniform Computer Electronic Billing System and Electronic Patient Record System – A secure and unified statewide database that records services provided, facilitates assessment of quality of care, population needs, fraud, and documentation of system outcomes, and that streamlines provider reimbursement.

26.Transition and Implementation Task Force - A body of flexible effective size and expertise appointed by the Board in coordination with the Secretary, for the first nine (9) months after passage of CALTCHA, and constituted to manage CALTCHA's initial organization and function, including the gathering of statutorily defined funds necessary to establish the Trust Fund. The completion of this Task Force's work – when verified by the Secretary - triggers the beginning of CALTCHA permanent operations.

TITLE 1: ELIGIBILITY, BENEFITS AND IMPLEMENTATION

Section 101: Eligibility & Registration Under CALTCHA

101.1. All Californians, who have been born in, work in, or who have established residency are eligible and covered by the CALTCHA program. No discrimination based on income, race, location, gender identity, sexual orientation, immigration status, seasonal work, disability, pre-existing health conditions, religion, political beliefs or incarceration or prior incarceration will be allowed under this Act.

101.2. The Secretary of Health and Human Services shall promulgate a rule that provides exact criteria determining residency and eligibility purposes for the CALTCHA program, as well as clear criteria for partial residence and a mechanism for intentional withdrawal from the program. Each individual shall receive a CALTCHA Card with a unique number. An individual's Social Security number shall not be used for purposes of registration under this program.

101.3. **Registration**: Individuals shall receive a CALTCHA Electronic Smart ID card at birth, or by filing a CALTCHA program application, not to exceed 2 pages, from any approved and licensed health care provider or social services agency.

101.4. Residents will be issued the CALTCHA "smart ID card," which will access the patient's most essential medical history with the card, and can be securely downloaded at any medical provider, provided the patient gives his/her consent to do so. All medical providers in California will receive smart card reader machinery from the CALTCHA program.

101.5. It is prohibited in this Act for one county's medical providers to receive smart card machinery, while other counties are not provided the same quantity (based on their populations and number of providers) and quality of smart card readers.

101.6. **Confidential Electronic Patient Record System (EPRS)**: The EPRS will collect patient information necessary to conduct health care, quality assurance and accurate public health reporting. All provider billing shall be performed electronically; the EPRS shall segregate documentation of care provision and billing functions.

101.7 The Secretary shall create a standardized and secure (privacy protected) electronic patient record system in accordance with state and federal laws and regulations and enact regulations to maintain accurate patient identity and ensure a system that streamlines billing and reduces medical errors, fraud and bureaucratic waste. All patients may request a copy of all medical information held in file.

101.8 **Presumptive Eligibility**: Visitors from other states or foreign countries without a CALTCHA card and individuals who present themselves who may be homeless or otherwise without a CALTCHA card and need essential, urgent, critical or emergency care for covered services from a participating CALTCHA provider shall be presumed eligible for benefits under this Act. The Secretary shall establish rules for out-of-state and out-of-country reimbursement coverage arrangements or a self-pay mechanism to discourage "medical tourism."

101.9 No person in the state of California will be denied emergency care in hospitals, community clinics, urgent care centers, doctors' offices or by other licensed health care providers competent and equipped to respond to the presenting problem where capacity exists. No one can be denied emergency medical care.

Section 102: Health System Benefits & Services Portability It is the intent of this system to ensure *quality and parity of delivery of comprehensive health services* for all residents of California so as to achieve barrier free and convenient access to outpatient pri-

mary and specialty services and hospitals, guided by clinical, demographic, and epidemiological needs.

102.1 General: The following list identifies the comprehensive health care, services, goods and medically necessary benefits included in inaugural CALTCHA coverage. Available services must include but need not be limited to:

102.1.1. Licensed inpatient and outpatient hospital care

102.1.2. All licensed clinic or licensed health care provider community, individual, home and family care, telemedicine care and health maintenance counseling

102.1.3. Preventive, immunizations, and primary care

102.1.4. Prenatal, neonatal, postnatal, early childhood and all pediatric care including vaccination for preventable conditions

102.1.5. Life Time Care to establish individualized, cradle-to-grave planning and services, including home, residential, in-home support services, and hospice services. Program funds shall fully support eligible elderly and disabled individuals and their families by providing life time care - emphasizing patient autonomy and least restrictive home- and community-based, non-institutional care, while still funding institutional care where appropriate and as determined by patients in alliance with those who care for them.

102.1.6. All Mental health care in full parity with physical health care including psychiatric and psychological care, social work and couseling from allied providers

102.1.7. All pharmaceutical therapeutics and complementary non-allopathic medicine modalities as defined by the CALTCHA formulary.

102.1.8. All diagnostic imaging, laboratory services and other evaluative services

102.1.9. Reproductive and assistive reproductive support services, abortion and sexual health services including sexual re/assignment

102.1.10. Emergency care with ambulance services

102.1.11. Substance abuse and addiction services

102.1.12. Transfusion and blood products

102.1.13. Dialysis

102.1.14. Verified regular health care transportation

102.1.15. Inpatient and outpatient rehabilitation and habilitation care (including licensed and non-licensed in-home health care providers)

102.1.16. Assistive and communication technology, orthotic, prosthetic, rehabilitation engineering evaluation and equipment and all necessary durable medical equipment (DME)

102.1.17. Dental care including but not limited to preventive and all medically needed specialty dental care

102.1.18. Hearing and vision evaluation, equipment and repair

102.1.19. All needed surgical psychosocial corrective and indicated reproductive and recuperative surgery and recuperative care

102.1.20. Podiatry, chiropractic, and targeted medically necessary acupuncture

102.1.21. Medical necessary targeted therapeutic massage and movement care

102.1.22. Social work

102.1.23. Public health nursing

102.1.24. Case management and care coordination

102.1.25. Patient education and health maintenance counseling

102.1.26. Adult day care

102.1.27 Sanitation engineering for environmental health

102.1.28. Benefits included in public retiree health plans or Taft-Hartley Health Trust Fund plans with no benefit losses for any Californian

102.1.29. Workers compensation, health component coverage

102.1.30. Language and translation services including, audio, sign and braille for individuals with communication differences

102.1.31. Experimental and innovative products, services and health care (peer-reviewed and demonstrated by the National Institutes of Health, National Center for a Complimentary and Integrative Health) to be safe and effective.

102.1.32. Ancillary health, case management, coordination, navigation, and social services heretofore covered by county programs, Regional Center for Developmental Disability, Children's Health Insurance Program (CHIP), Medicaid, Child Health and Disability Prevention (CHDP), etc.

102.1.33. Medicare and Knox-Keene Health Care Service Plan Act benefits

102.1.34. Prison and detention center health and post-incarceration health, mental health, and social services

102.1.35. Disease investigation, contact-tracing and quarantine interventions

102.1.36. Any additional health care resources and services that may arise from natural disasters, epidemics and pandemics, as designated by the CALTCHA Board and the Secretary.

102.1.37. The Board may include other benefits on an as-needed basis, but may not reduce the benefits stated in this section of the Act.

102.1.38. These services shall be provided based on any CA CALTCHA licensed clinician prescription or direction, and will not require prior approval or authorization by any intermediary, consistent with the standards and CALTCHA approved benefits

Section 103: Freedom of Health Provider Choice

103.1 All CA residents as CALTCHA members shall have free choice of any participating CA licensed health care provider, clinician, hospital, and facility limited only by service capacity constraints. No limited provider "networks" shall be allowed.

Section 104: Qualifications for Participating Providers and Quality Standards

104.1.The Secretary shall promulgate timely rules and requirements for public or private sector non-profit institutional providers; health care facilities and individual professionals must meet California quality and licensing guidelines and quality of care standards as a

condition of participation, including compliance with guidelines and negotiations regarding safe staffing and culturally competent staff ratios with reference to ethnic diversity and to non-English speaking patients.

104.2. It is the intent of CALTCHA to establish alignment and compliance for all private, non-profit entities in California such that profit from medical care, as well as indirect health care services costs from intermediary administrative personnel and structures, and unreasonable executive salaries, be reinvested fully into patient care within the CALTCHA system. Such alignment shall be negotiated with the Board and Secretary within five (5) years of implementation, leading ultimately to non-profit or public service models throughout California as an exclusive precondition for participation in the CALTCHA program.

104.3. Existing investor-owned direct providers of medical, health and institutional care that remain privately owned and operated entities, shall not be eligible for CALTCHA reimbursement, and must be converted to non-profit entities in order to participate in the program. Mandatory conversion and reimbursement agreements for investor-owned providers to non-profit status shall be negotiated by the Secretary and be completed within three (3) years of the date of passage of CALTCHA into law in order for said institutions to receive global budgets or reimbursement funds.

104.4. Reimbursements to investor-owned corporations for conversion to non-profit status shall be completed within a twelve (12) year period with progress publicly reported annually. The CALTCHA Board shall monitor and structure these transitions to assure that no person shall be deprived of any needed medical care during the conversion.

104.5. Formerly for-profit, investor-owned medical facilities converting to non-profit status will be reimbursed for reasonable documented expenditures but shall not be reimbursed for anticipated loss of future profits.

104.6 **Provider Licensing and Quality Standards**

104.6.1. All CALTCHA eligible health and allied care providers must be licensed in California according to existing statute.

104.6.2. Provider licenses cannot be under suspension or operating under disciplinary action in any other state or country.

104.6.3. Existing California licensing boards will continue to promulgate rules for granting licensure and licensure reciprocity.

104.6.4. The Secretary shall establish a transparent and public provider feedback system to ensure that all CALTCHA health providers receive patient satisfaction input via an accessible internet based reporting system.

Section 105: Prohibition Against Duplicating Coverage

105.1. It shall be unlawful for a private health insurer to advertise, offer or sell health insurance coverage that duplicates any of the benefits under this act.

105.2. Private health insurance may be commercially sold to cover non CALTCHA covered benefits and non-medically necessary or discretionary procedures or products.

105.3. Individuals may self-pay for any covered or uncovered health care services that enhance their quality of life.

105.4 (SEE AB1400 FOR PROVIDER BILLING 2 YEAR EXCLUSION TEXT)

Section 106: Prohibition of Unreasonable Waiting Times for Health Care Services

106.1. All necessary health care services must be delivered in a timely manner. Primary and specialty care shortages or maldistribution must be expeditiously corrected. This Act provides resources for that purpose via a special reserve fund of the Development Account.

106.1.1 The Secretary will promulgate a rule, in close consultation with the CALTCHA Board, the Professional & Technology Advisory Council, Local Health Officers, the Community Neighborhood Assemblies, and the County Professional & Technical Advisory Councils, to ensure there is optimal work force staffing, health care delivery infrastructure, and medical equipment necessary to ensure the delivery of high quality, and efficient health care services for all residents. This shall include appropriate accountability if there are non compliant provider delays or unreasonable provider obstruction exists.

106.2 The CALTCHA Board must allocate all sums necessary to ensure service workforce numerical and cultural parity and equity in all counties, regardless of population, rural or urban demographics, for the timely delivery of necessary health care services. The Board may use differential reimbursement modifications (ie higher payments for services) to achieve parity and equity by attracting providers to underserved areas.

Section 107: Transition and Initial Implementation

107.1 The Board must establish a **Transition and Implementation Task Force** and nine (9) month timetable to accomplish initial CALTCHA program implementation.

107.2 CALTCHA operations will commence when the Secretary of Health and Human Services certifies that the **Transition and Implementation Task Force** has completed its work, with core program structures and the funding sources for the Trust Fund to fully fund CALTCHA essential services.

TITLE 2—FINANCES, BUDGETING AND PAYMENTS

Section 200: Establishing 6 separate budgeting accounts within the Trust Fund

200.1 The Board shall establish six (6**)** distinct budget accounts and an additional annual R**eserve Account;** these six accounts comprise the **CALTCHA Trust Fund**, which shall be independent of California's General Fund. (•Global, •Provider Reimbursement, •Capital Construction and Decentralization, •System Transition & Development, •Public Heath System, and •a Reserve Fund)

200.1.1 Each Account shall be monitored by a distinct committee of the Board

200.2. The **Global Operations Budget Account**, shall be annually negotiated, contracted, and distributed quarterly to each participating hospital, clinic, or other institutional provider, in amounts based on each facilities' prior year operating budget (including professional and non-professional salaries and wages), projected changes in utilization, and an added Cost Of Living Adjustment (COLA). Global budgets reflect: (1) projected changes in volume and type of items and services to be furnished in the upcoming quarter, (2) wages for employees, (3) the provider's maximum capacity, (4) needs and costs for consumables provided, (5) education and prevention programs, (6) quality improvement and correction of maldistribution of resources, and (7) other factors determined to be appropriate by the CALTCHA Board. Such payments shall be considered as payment in full for all items and services provided under this Act, whether inpatient or outpatient, by such institutional provider for each quarter. Global Operations Budget funds may not be used for capital expenses.

200.2.1 Institutional providers include, but are not limited to, hospitals, community clinics, trauma and urgent care centers, mental health hospitals, rehabilitation and habilitation clinics, and hospice systems.

200.2.2 All public, postsecondary health science schools' (University of California, California State University, and community college) operations shall be funded by the Global Operations Budget account.

200.2.3 The Global Budget Account shall also fund postgraduate professional education to include, but not be limited to, physician internship, residency, and fellowship training as well as similar postgraduate dentistry, pharmacy, public health, physician assistant, advanced practice nursing training, and all postsecondary social work, psychology and clinical specialty therapies, including continuing professional health education required for renewal of licensure.

200.2.4 All unlicensed and support staff within a globally budgeted health institution shall be paid from the Global Budget account.

200.3. **Provider Reimbursement Budget Account** shall reimburse health professionals, using negotiated collective bargaining fee-for service rates (FFS) or "fee for time" (FFT) model for individual and group practicing physicians, advanced practice nurses, dentists, therapists, psychologists, pharmacists, social workers and all other licensed health care personnel.

200.3.1 Reimbursement levels for licensed clinicians shall be negotiated based on customary, reasonable, and the faires rates so as to assure an adequate and accessible supply of the health care services.

200.3.2 The Board shall address disparities and deficiencies in care within underserved urban, suburban and rural populations by paying enhanced provider fees for services rendered in relevant geographic areas.

200.4. A **Capital Construction, Maintenance and Expansion Budget Account** shall fund capital investments to meet the needs of cities, communities and neighborhoods for buildings and equipment necessary to providing high-quality, equitably-distributed care and to improve all health outcomes. The capital expenditures budget shall be used for:

200.4.1. The construction, renovation, decentralization and transition of health facilities to maximize local access and equitable coverage related to population needs, and to prioritize underserved rural and urban areas.

200.4.2. All major equipment and building investments shall be based on local budgeted three (3) year plan priorities submitted by Local Health Officers and the annually reprioritized allocations by the Board.

200.4.3 Hospitals, life time care systems, rehabilitation clinics, habilitation services and other health care providers must have the requisite number of mobility, transfer lift and communication interface equipment in order for all care personnel to avoid

trauma or injuries from addressing the needs and moving patients without the aid of such assistive equipment.

200.5. The **System Transition and Development Budget Account** shall fund the effort to transition to, and then maintain, decision-making decentralization, democratization and innovation including relevant new workforce costs. This account shall provide the resources to establish and administratively support the Neighborhood Health Assemblies detailed in CALTCHA. This account shall also cover costs to:

200.5.1. Retire all outstanding medical services and health care debt of every California resident within five (5) years of the implementation date of CALTCHA. Health care providers will be compensated over a fifteen (15) year period, based on the fiscal strength of the Trust Fund Budget. Debt retirement shall include expunging medical reported debt on all credit reports. Further, no health care, medical debt-collecting or billing entity shall be allowed to garnish wages from any individual‘s bank accounts, impose liens or attachment on personal property, tax returns or any other financial assets seized in relation to medical debts immediately upon passage of this Act.

200.5.2 Adequately staff, fund, and resource the CALTCHA Board, State and Local Professional and Technical Advisory Committees, Neighborhood Liaison Offices, Neighborhood Health Assemblies, and mandated program regulatory task forces.

200.5.3 Develop and maintain quality assurance structures and innovations mandated in CALTCHA that target and end negative health outcomes associated with service system "deserts," systemic racism, wealth-determined service disparities and professional workforce deficiencies.

200.5.4 Fund on-the-job-training and expansion of the neighborhood health workforce, coordinated with the relevant curriculum for job expansion through the public, post-secondary education system.

200.5.5 Fund essential mass media and public education communications to build community awareness of CALTCHA systems implementation and function.

200.6 Public Health System Budget Account: This account shall provide the resources for the CA Department of Public Health, and each (61) local health department and associated Local Public Health Liaison Office staff.

200.6.1 Fund permanent full time Local Health Officers, their staffs, their operations, and the establishment of public health laboratories in each county.

200.6.2 Fund local staff, advisory bodies, stipends, contract service costs for new public health system administrative bodies and functions.

200.6.3 Fund all In Home Support Service (IHSS) to fulfill the Life Time Care individual planning and implementation model in consultation with IHSS workers' professional associations. The existing IHSS budget for CA shall become a component of the CALTCHA Trust Fund and exclusively be used for its statutory purpose.

200.6.4 Fund and implement public health professional development and training needed to build effective and culturally sensitive public health leadership

200.6.5 **County Supplemental Funding:** After the CALTCHA Trust Fund appropriates annual Count program budgets, individual County Health Offices may petition the Board for additional funds from this account. Such requests should originate from the process of local health assessments and should be targeted to address socioeconomic health disparities, environmental sources of negative health outcomes, and any identified lack of parity between physical and mental health services. Funds may augment community health clinics, migrant health clinics, and other needed health services.

200.7 The Reserve Fund Account. The Secretary of HHS and the Board shall establish a Reserve Fund Account within the Trust Fund to ensure the stability and security of CALTCHA mandated services, rights and structures for at least a single year, prior to the program's operational launch. Adequacy of this reserve shall be reassessed and the reserve adjusted every three years.

200.8 The CALTCHA Trust Fund shall not be mixed with the state's General Fund or other state Funds for any reason or purpose; nor shall money from the CALTCHA Trust Fund be appropriated for any purpose other than those specified in this Act.

200.9 Additional Funding Sources: These may include disbursements from FEMA and Non-Government Organizations (NGO) sources as well as bequeathals from personal estates or private donations.

Section 201: Payment of Global Budgeted Institutional Providers and Clinicians Working Therein

201.1. The CALTCHA Trust Fund shall pay each institutional provider of care, including hospitals, general and specialty health clinics, individual independent-living settings, community or migrant health centers, home care agencies, or other interdisciplinary providers or group practices, a quarterly sum to cover all operating expenses under a global budget that – on a per annum basis - exceeds annualized revenues prior to CALTCHA implementation.

201.1.1 All salary negotiations within globally budgeted institutions shall honor bargaining unit membership with representation that ensures no employee benefits are lost as global budgets are determined.

201.2. CALTCHA payments for institutional providers shall be calculated annually, based on prior calendar year expenditures, projected changes in levels of services, wages, costs, proposed new programs and innovations, expected changes in provider capacity, and unanticipated events such as epidemics, pandemics, or natural disasters.

201.3 No health provider/professional, group practice, hospital, clinic or any other health care structure may enter into any risk bearing, or risk shifting agreements with other health care providers or entities other than CALTCHA. LOOPHOLE CLAUSE KEMBLE REWRITE)

201.3.1Fund certain group practices and other health care providers, as determined by the Secretary, with agreements to provide items and services at a specified single institutional provider, that must be paid a global budget under this subsection, including Agreements for Salaried Providers such as Kaiser and other closed panel HMOs, ACOs and integrated delivery systems.

201.4 Any group practice or other health care provider that receives payment through an institutional provider global budget shall be subject to the same reporting and disclosure requirements as that institutional provider.

Section 202: Payment Options for Independent Physicians and Other Providers of Health Care

202.1. In General: The program shall pay independent physicians, dentists, pharmacists, chiropractors, optometrist, audiologists, advanced practice nurses, physicians assistants, psychologist, other clinicians licensed and regulated by California, as well as in-home non-licensed health providers, by one or more of the following payment methods:

202.1.1 Fee for Service

202.1.2. Salaried or hourly positions (Fee for Time model) within institutions receiving global budgets.

202.1.2.1 An individual health care professional receiving payment through an institutional provider's global budget salary shall be in general comparable to annualized compensation rates negotiated for individual providers.

202.1.3 Salaried or hourly positions within group practices or other medical providers not receiving global budgets

202.1.4. Financial fees or incentives between institutional providers and professionals or between the Trust Fund and professionals that are conditioned on limiting health care service utilization or restricting services are prohibited.

Section 203 Fee for Service Payments

203.1. The Secretary and the Board – in consultation with the California State Professional & Technical Advisory Board shall negotiate a standardized fee schedule for fee for service payments. Organization representatives of licensed health professionals may negotiate on behalf of providers.

203.2 In establishing such a schedule, the Secretary and Board shall take into consideration the following:

203.2.1 Exceeding Medicare rates as a baseline but differentially exceeding these rates with the purpose of:

203.2.1.1. Funding the health care priorities established by the Board and local health officers to end the shortage of primary care and family practice physicians and allied health professionals.

203.2.1.2. Expanding of number of primary care and medical specialists in underserved areas throughout CA

203.2.2. Increasing home-based and neighborhood practitioners, service system navigators and the spectrum of public health professionals.

203.2.3. To meet neighborhood, local and statewide health needs and objectives for health outcomes the California with a diverse work and culturally competent workforce.

203.2.4 Implementing US Preventive Services Task Force recommendations, including reporting of communicable diseases and conditions relevant to the public's health.

Section 204 Local (County) Physician Practice Review Boards

204.1 County Health Officers in consultation with representatives of the organized physician, dental and nursing communities in each County, shall use Physician Practice (Peer) Review Boards to ensure quality, cost effectiveness, and fair reimbursements for provider directed services

Section 205 Other Payment Provisions

205.1. **No Balance Billing Allowed**: Health care providers are prohibited from any additional billing after a service is provided, and must accept payment from the CALTCHA Program as payment in full, and may not additionally bill any patient for any covered services. The Board may financial sanction providers to enforce this provision.

205.2. **Timely payment under this Act:** Providers paid under fee for service protocols shall submit bills electronically, within 120 days of service provision, to the Board on a standard form. Interest shall be paid to providers who are not reimbursed within thirty (30) days of submitting claims. The Secretary shall promulgate a rule within six (6) months of passage of CALTCHA to specify the rate of delinquent interest added and timetable for submission of provider reimbursement billing.

205.3. **Non-Medical Workforce Salaries**. Within institutions receiving global budgets, ancillary and support workers shall be paid fairly and equitably at salary rates included as part of the global budget. All salary negotiations with globally budgeted institutions shall honor bargaining unit membership with representation that ensures no employee benefits are lost as global budgets are determined.

Section 206: Life Time Care Individual Planning, and Implementation

The Intent: CALTCHA endeavors to transform existing "long term care" practices by providing a universal Life Time Care benefit to be implemented through master budgets to each county for this purpose. It is the intention of CALTCHA to end the MediCal-based system of means-based financial eligibility that emphasizes direct facility funding and stigmatized congregate living and replace it with a decentralized and deinstitutionalized service delivery system that maximizes home, family, individual and neighborhood-based health care and personal autonomy at any age. The Local Health Officer shall co-

ordinate these expenditures in partnership with local aging and disability agencies and advocacy authorities.

206.1. **Allotment to Counties**: CALTCHA provides funds budgeted annually – with funding levels derived from the 3 year budgeted health care plan allocated to the county health department, Neighborhood Liaison Offices and with the Neighborhood Health Care Assemblies - and disbursed in monthly payments to counties to implement:

206.1.1 individualized, annual comprehensive health care planning.

206.1.2 comprehensive home and individualized support assistance staffing with upgraded IHSS, paid at the maximum negotiated rates possible

206.1.3 community services that exist within reasonable distances of residents' homes.

206.1.4. a capital transition that may include hme and family based capacity needs.

206.1.5 relevant health education and counseling.

206.1.6 Negotiated salary rates for community health workers, public health nursing, physical therapies, social work, counseling and skilled mental health home service staff and visitors,

206.2. An exception to this home and family based Life Time Care policy arises when treating clinicians in conjunction with family or patient advocates determine that a patient's life would be endangered or well-being compromised by remaining in a family home or community based setting (often due to the inability of care-takers to provide adequate care to the patient). CALTCHA would then fully fund institutional care for individuals in this circumstance with no lifetime limit to this benefit.

206.3 Hospitals, life time care systems, rehabilitation clinics, habilitation services, and other health care providers must have adequate mobility, transfer lift and communication interface equipment, to prevent injury to care providers and patients alike.

Section 207. Payments for Local Public Health Assessment and Reporting

207.1 Local health departments shall publicly report on communicable diseases, vital health and wellness statistics, known environmental threats that impact health, and service system strengths and weaknesses.

207.2. Local health departments shall have authority to enforce local laws, levy fines, and fees, and offer incentives for improving health behavior and shall have access to federal, state and county data in order to execute these duties.

207.3 Local health department shall conduct community health needs assessment annually, with emphasis on disparities of health outcome and accessibility of health services and recommendations to ameliorate these; their findings should be integrated in the annual budgeted planning of Neighborhood Assemblies

207.4. Local and state public health entities, as well as CALTCHAs governing authorities, must assess gaps in health service delivery and availability of essential food, clothing, transportation, shelter and fresh water and report these gaps to local and state non-health agencies with relevant authority to gaps without delay.

207.5 Local health officers shall provide annual reports to the Legislature to document gaps in essential human needs in their localities.

207.6 CALTCHA will fund the local public health activities described in this section via the Public Health Systems Budget Account.

Section 208: CALTCHA Trust Fund Payments to Union and Corporate Health Care Funds, Including Public Employee Health Care Funds

208.1. The Secretary shall at the outset establish for a three (3) year period, a **"Union & Corporate Health Fund Task Force"** in order to develop a plan to justly compensate those who while residing in California paid into public and private union health benefits funds, existing Taft Hartley agreements, or corporate/business employer health care trust funds.

208.2. Variations in lifetime health care guarantees between civil service personnel with permanent health care and security benefits and those of non-civil service employees will be assessed by the Task Force to ensure no losses in health care coverage or benefits for individuals with such employment guarantees, including those who have retired outside of California.

208.3. CALTCHA shall incorporate as covered benefits for all Californians all health care benefits offered to members of unions and other employee organizations throughout California at the time of the passage of the Act. Furthermore, unions and other employee organizations shall have the right to engage in collective bargaining with the Board over any issues that directly impact members within the purview of CALTCHA and applicable state and federal law.

208.4 Employers and employees who have paid into Taft Hartley trust fund agreements or other public or private trust funds for health care may use these trust fund balances for services not covered by CALTCHA until such funds are exhausted.

208.5. This Task Force and its related subcommittees, will be appointed by the Secretary, and shall include the following organizations and individuals residing in California:

208.5.1. Union presidents

208.5.2. Business CEOs, and employee pension directors and lawyers

208.5.3. Union rank and file members

208.5.4. Union and corporate health fund managers

208.5.5. Union health economists

208.5.6. Selected elected officials

208.5.7. Health care economists

208.5.8. Interfaith leaders

208.5.9. Conflict resolution specialists

208.5.10. Community civil rights leaders

208.5.11. Public Employee Retirement System (PERS) Board members

208.5.12. Trustees of Taft Hartley Trust Funds

208.6. Within nine (9) months of CALTCHA passage, the Task Force shall provide the Secretary an initial plan with recommendations regarding CALTCHA reimbursement to union members and other employees who have paid into union and employees health care trust funds to provide recompense for past contributions. The Secretary must review and act upon these recommendations no later than twelve (12) months after the Task Force has completed its initial report, and the Task Force will continue to provide oversight on these activities for the duration of its existence.

Section 209: Aggregation of Current Public Funding for The California Life Time Care Health Act

It is the intent of this Act to establish a single public financing mechanism for health care in California. To effect that:

209.1. The State of California shall seek and obtains waivers of federal law pertinent to Medicare, Medi-Cal, the state's Children's Health Insurance Program (CHIP), the Affordable Care Act, Employee Retirement Income Security Act (ERISA), Hill-Burton Act, federal funds relevant to physician residency payments and any other federal health financing programs so that these federal funds may be aggregated in perpetuity in the CALTCHA Trust Fund to be used for the purposes of the Act

209.2. Funds appropriated by state law for health care purposes at the time of passage of this Act shall instead be deposited in perpetuity in the CALTCHA Trust Fund to be used for the purposes of the Act.

209.3. Assets of all California health care trust foundation that were established by the conversion of certain non-profit insurance corporations to for-profit corporations, shall be transferred to the CALTCHA Trust Fund within one-hundred and eighty (180) days of passage of this Act.

209.4. All 501(c)(3) charities chartered by the State of California or any other State may contribute funds to the CALTCHA Trust Fund, which may also collect the donations of individual philanthropists, provided the source of those donations are legal, and made available to the public without stipulation according to the purposes and intents of this Act.

Section 210: Revenue for the Trust Fund via New Tax Assessments

CALTCHA ends all business and individual payments for covered services, replacing them with new taxes as described. The State of California

210.1. Enacts a two and three tenths percent (2.3%) tax on business gross receipts above $2 million per annum, exempting businesses with 9 employees or fewer. Firms with up to 19 employees liable to pay taxes on only one third of gross revenue.

210.2. Enacts a sales tax increase of 2.3% on goods and services, exempting all spending on housing, utilities, food purchased for home consumption, and other exemptions under current state tax code. Individuals or families meeting income requirement for Medi-Cal

eligibility as defined by state and federal law the time of CALTCHA enactment shall receive a refundable tax credit, calculated to fully offset this sales tax increase.

210.3: Secondary Options for New Revenue

In addition to simply setting the percentages higher in the aforementioned gross receipts and sales taxes, other possible new revenue sources/approaches are enumerated below.

210.3.1. Employer/Employee Payroll Taxes and sales tax (TBD) (in lieu of gross receipts tax) No employer tax to be levied for any small business performance under $2 million net.

210.3.2. Tax on cigarettes, cannabis products, and/or alcohol

210.3.3. Stock and bond transaction tax on both sellers and buyers, less than half of 1% on financial sector transactions and alternative investments

210.3.4. CA Estate tax reform: reduce the exemption to 3.5 million, and tax the value of estates up to $10 million at a rate of 45%, Tax estates valued between $10 million and $50 million at a rate of 50%, tax estates valued between $50 million, and $1billion at 55%, tax estates valued at more than $1 billion at a rate of 77%

210.3.5. Additional taxes on very high income or very wealthy Californians who make over $5 million annually (earned or through wealth expansion)

210.3.6. Luxury taxes imposed on items such as luxury cars, boats, airplanes and the sale (or purchase) of expensive jewelry valued at over $100,000

210.3.8. Tax on the sale of homes over $5 million dollars

210.3.9. Tax on chain and non chain hotel revenues

210.3.10. Tax on professional sports ticket sales

210.3.11. Tax on CA business with offshore bank accounts

210.3.12. Tax on unearned income

210.3.13. Tax on carbon emissions and corporate carbon extraction

210.3.14. Reducing level of tax deductibility of corporate meals and entertainment

210.3.15. Limiting the deductibility of bonus pay on corporate taxes

210.3.16. Eliminate corporate jet provisions in the tax code surtax on jet fuel used travel on corporate jets

210.3.17. Modest tax on all capital gains and dividends as ordinary income,

210.3.18. Increase progressivity in the tax code by capping the value of itemized deductions at 28%

210.3.19. Denying the home mortgage interest deduction for major luxury items including but not limited to yachts and vacation homes

210.3.20 Modest tax on sugar drinks and process junk foods as disease prevention

TITLE 3: COVERAGE OF SPECIAL POPULATIONS

Numerous special populations exist in California society that require particular or unique approaches to address historically unmet needs.

SEC 300: MENTAL HEALTH, ADDICTION, SUBSTANCE ABUSE SERVICES

300.0. **Intent:** CALTCHA shall cover care in supportive individualized service settings, career and vocational training therapies and services, and ongoing needed medical, mental health psychiatric, psychological, counseling and case management services within or outside institutional setting for persons with mental illness or substance abuse illness, emphasizing quality individualized care and early preventive services and interventions. CALTCHA will rectify the historic absence of coverage parity for mental illness and substance-related illness when compared with physical conditions. This Act aims to ameliorate short and long term emotional trauma from the coronavirus pandemic, front line worker stress and related depression. Licensed mental health clinicians shall be paid in the same manner as specified for other health professionals with emphasis on global budgeting models.

300.1. **Community Based versus institutional based care:** In all instances efforts to provide services in the least restrictive home and community based, noninstitutional, and individualized settings shall be emphasized.

Examples for individuals with serious mental illness include:

300.1.1. Case management services

300.1.2. Crisis and suicide prevention hotlines

300.1.3 Certified crisis intervention home and community teams

300.1.4 Crisis shelters

300.1.5 Clubhouse programs

300.1.6. Psychosocial rehabilitation programs

300.1.7 Sheltered workshop and vocational rehabilitation programs

300.1.8 Skilled and secure transitional residential care services when indicated

Examples for individuals with substance abuse problems include:

300.1.9. Residential care

300.1.10. Dual diagnosis programs for individuals with other serious mental illness and substance abuse problems

300.1.11. Intensive outpatient programs, and

300.1.12. Follow up counseling provided by certified substance abuse counselors.

300.2. **Prohibition against discharging any patients** from a health institution or entity without safe and secure housing. The Board and the Office of the Secretary shall work in partnership with the California Association of Housing Authorities and other responsible agencies to advocate for a comprehensive housing plan and system to ensure that no person discharged from a mental health or hospital setting will be rendered homeless, or placed in a dangerous or unsanitary living condition, including housing programs that fail to provide safe, decent, and affordable "permanent" housing and comprehensive mental health aftercare services. Practical accommodation shall exist for those who refuse such assistance.

300.3. **The Program will partner to create a "Housing First" Policy** for those who are discharged from mental health, drug and alcohol programs, to include transitional housing and wraparound, comprehensive services for those recently discharged. CALTCHA shall collaborate with local County Housing Authority to provide annual funds for safe and decent housing for this population and that includes trained and licensed mental health social work, and a comprehensive array of culturally competent mental health and substance abuse services, vocational training, counseling, and recreational services.

300.4 Programs to provide relevant specialty consultation to primary care practices, such as the Psychiatric Collaborative Care model, and to facilitate care of complex patient problems in primary care settings.

SECTION 301: SCHOOL SYSTEM HEALTH

301.0 Intent: To strengthen the physical, mental, dental and social health of our youth from preschool through graduate school by partnering with the K-12 and postsecondary educational systems in provision of diagnostic, nurturing primary and preventive care in school settings. CALTCHA shall coordinate with agencies in the Departments of Education, Public Health, and Health and Human Services, including the Child Health and Disability Prevention Program, Children's Medical-Services and Behavioral Health Treatment, Department of Social Services and the Department of Developmental Services and constituency advocacy organizations to accomplish the above.

301.1. Standards shall be promulgated, within one (1) year of adoption of CALTCHA, via an extended partnership between the Secretary, State Superintendent of Education, Chancellors of the University of California, State Universities and Community Colleges, the Trust Fund Board with the state Professional and Technical Council with relevant professional unions' input, and then confirmed by representative local health officers, local liaison offices, and Neighborhood Assemblies, to define the needed school health service workforce. No less than one (1) full multidisciplinary team shall serve an upper limit of 800 children, or fraction thereof, irrespective of geographic locations, and be oriented to effectively address the needs of California's diverse student populations.

301.2. CALTCHA shall ensure that pediatricians, family physicians, nurses, psychologists, social workers, and teams of specialty therapists, dentists, speech and hearing, sensory health clinicians, nutritionists, social workers, and substance abuse clinicians, function in ratios proper to school populations and possess relevant skills including those needed to serve children with special needs. School-based care teams shall be constituted in standards based dialogue with health professional and parent- teacher organizations, as well as District and County School Boards in each educational venue.

301.3. Interdict bullying and identify and treat early depressive and suicidal signs, substance abuse, and the full spectrum of developmental and reproductive health care and awareness challenges in children in all primary and secondary school settings. .

301.4. A pediatrician-led, multi-disciplinary school health team shall perform annual evaluations on every child in California to identify physical, emotional, sensory, or developmental conditions and prompt appropriate interventions and/or specialty referrals for definitive care. Quantitative and qualitative summaries of these evaluations shall be

part of regular public health officer reports to the Board and the Legislature and used to direct resources within localities.

301.5. Graduates of medical, dental, nursing, and public health schools who participate in the California Health Services Corp program will be prioritized in staffing school-based health programs.

SECTION 302: AGRICULTURAL, RURAL AND ENVIRONMENTAL HEALTH SYSTEM COVERAGE

302.0 Intent: Californias large rural and agricultural sector employs a considerable population of permanent and or seasonal employees, many undocumented, poor, itinerant, non-English speaking, lacking acceptable housing and health care and subject to a variety of toxic and extreme environmental and weather conditions. Grower health care costs and workers compensation cost escalate annually with adverse economic consequences. CALTCHA will address this system of inequity, indignity and flagrant dangers.

302.1. With adequate specialized staff and expansion of public health laboratories in every county, local health officers shall investigate and mitigate toxic environmental, chemical, and infectious conditions affecting these vulnerable workers and their families.

302.2. Rural hospitals and clinics shall receive global budgets and development funding prioritized to reverse recent and long-term contractions in facility and health care workforce availability.

Section 303: DISABILITY CONSTITUENCY EMPOWERMENT AND FULL INCLUSION HEALTH SYSTEM COVERAGE

303.0 Intent: The special needs of disabled Californians require services and policy (developed in a participatory fashion) that guarantee community-based (ie non-institutional) health care, resource-parity, and all necessary durable physical and communication equipment- including orthotic, prosthetic, assistive and accommodative equipment**,** and services, including quality vocational rehabilitation, secure and social independent and family living, and habilitation services designed to maximize social valorization and well being of Californians who are aging or who have disabilities. CALTCHA programs shall exceed Federal Olmstead ruling standard minimums. CALTCHA shall also:

303.1 Comply with, and creatively enhance, the purposes and mandates of the *Americans with Disabilities Act,* in meaningful collaboration with relevant Health and Human Services Agency Department Directorates and existing state programs to achieve this intent.

303.2. Assure persons with disabilities have maximum control and full choice over their care including hiring, training, directing and firing personal care and home health aides.

303.3. Operate to avoid the impoverishment of families and overemphasis on congregate, segregated institutional placements driven by Medicaid funded services and policies by indiviualizing those services and policies.

303.4. Prioritize non-medical habilitation services that prevent illness, infirmity, and psychosocial debility among Californians with disabilities.

303.5. Coordinate with the Departments of Education, Developmental Services, Vocational Rehabilitation, Social Services, Employment Development, as well as with the Developmental Disabilities Council and constituency voluntary organizations to improve the lives of disabled Californians by maximizing health, independence, and social inclusion and social supports.

303.6 Fund an annual All Disability Planning Conference to host representatives from all disability constituencies and to report to the Legislature and the Board on the successes, needs and deficiencies of this new system.

SECTION 304: PRISON, POST-INCARCERATION AND DETENTION HEALTH AND SOCIAL SERVICES

304.0 Intent: Care in prisons and jails in California with incarcerated persons medical, mental health, dental, substance abuse, addiction, pharmacy, social services, rehabilitation, habilitation, and case management needs shall be fully covered by the CALTCHA Trust Fund and provided for in a manner equal to care of the general public. State Public Health Department professionals – independent of the penal system - shall participate in active oversight of the conditions under which incarcerated persons are confined and cared for, and shall have the authority to set benchmarks and standards for conditions of confinement and provide health recommendations and advocacy contributory to case-based decarceration.

*304.1. All transitional health and social support services from existing local and State resources shall be coordinated for youth and adult individuals released from locked detention shall be include but not limited to mental health services, transitional housing, vocational rehabilitation, employment development and case management targeted to minimize recidivism.

304.2. Procedures shall be established to ensure and structure such public and private interagency coordination is expected to optimize health and anti-recidivism interventions for youth and adults experiencing locked detention during and after their detention.

SECTION 305: HEALTH RELATED HOUSING AND ESSENTIAL SHELTER SERVICES

305.0. Intent: An essential social determinant of health is housing, which is in general supported by a number of public and private agencies. Clinical and public health circumstances exist that require housing critical to short term health challenges, to prevent spread of infection, or to assure patient and community stability and safety. Special populations that may require direct CALTCHA-funded housing include but are not necessarily limited to those with infectious disease, mental health crises, substance abuse recovery, crisis shelter (for elders, adults, and children experiencing domestic violence or neglect), maternity, toxic-environmental crisis, and temporary post hospital discharge needs. CALTCHA can and shall use its local assessment targeted funds for these specific purposes.

305.1. The Board and local health departments must establish standard criteria to identify where those situations in which the health system must assume primary (as opposed to interagency coordinating responsibility) to fund medically indicated temporary shelter. Such medically prescribed housing must offer private and group rooms with available separate lockers, showers, bathrooms, laundry facilities and suitable dining areas especially during infectious disease epidemics.

305.2 Local health departments shall broadly deploy social workers and other clinicians trained in evaluating home environments, as well as **sanitation engineers**, to promote optimal health.

SECTION 306 Programs for Patients with Specialized Care Needs

306.0 Intent: Specific categories of patients with dual or multiple diagnoses require coordinated interdisciplinary community-based health care teams. CALTCHA shall fund (using global operating budgets directed by local health officers) interdisciplinary health care teams to:

306.1 Care for complex medical-surgical patients in home or other community settings in lieu of hospitalization.

306.2. Address the complex needs of patients who are frequent users of emergency rooms or who experience frequent preventable hospitalization.

TITLE 4: PHARMACEUTICALS, MEDICAL SUPPLIES, TECHNOLOGY, DURABLE EQUIPMENT, AND COST CONTAINMENT

Section 400: The Secretary in consultation with CA Professional and Technical Advisory Council shall create a permanent **California Pharmaceutical, Medical Supplies, Assistive Equipment, Regulatory Task Force**, that shall interface with the organized public health, public and private university research communities, and scientific research incubator organizations, as possible, to provide data-based recommendations to the CALTCHA Board for the establishment and updating of a CALTCHA pharmaceutical and supplies formulary. The Board retains the final authority to set the formulary. The Task Force shall monitor negotiations between the Board and the pharmaceutical industry to ensure standardized costs and supply of prescription therapeutics, and vetted supplements and complementary drugs and preparations, assistive and durable medical equipment, surgical equipment, and medical supplies, to ensure product effectiveness and safety, and monitor the propriety of industry pricing and market practices. The Task Force shall guide the Board's budgeting to ensure full equitable access to medications and supplies across marginalized and poor populations in California. The Task Force shall identify and preserve patents and intellectual property rights for therapeutic products and equipment developed using research and development funds appropriated by the State for those purposes. The Task Force shall monitor and supervise the following:

400.1. Technical research and innovations within the state

400.2. Costs of all accommodation and assistive medical and durable equipment

400.3. Costs of medical supplies

400.4. Costs of prescription and non-prescription drugs

400.5. Costs of medical robotics and digital surgical and dental equipment

400.6. Costs of pharmaceutical, medical supplies, technology and durable equipment used in other countries with single payer or universal healthcare systems

400.7. The distribution and availability of medications, supplies, and equipment between institutional and non-institutional clinical settings to ensure racial and ethnic equity in access of them.

Section 401: CALTCHA Prescription Drug and Medical Supply Formulary

401.1. The CALTCHA Board shall establish a prescription drug and medical supplies formulary system beginning with a professional model, then improving upon the Veterans Administration (VA) system. The formulary shall reflect best but flexible practices in prescribing and provide economies of scale in bulk purchases. It shall discourage the use of ineffective, duplicated, dangerous, highly addictive or excessively costly medications when better alternatives are available.

401.2. **Promotion of the use of generics:** The approved formulary shall preferentially promote the use of generic medications or publicly manufactured and licensed ones, but allow the use of brand name and off-formulary medications with consideration to cost and effectiveness. The Board in consultation with organized medical and pharmacy professional associations, the Prescription Medications Regulatory Task Force and local public health officers shall have the authority to define the formulary and the system of supervised access to non-formulary medications and supplies.

401.2.1 Off-formula medications shall not be covered by CALATCHA

401.3. Document and publish, quarterly, any history of manufacturer abuses, evidence of excess pricing and prior penalties for fraud or other criminal behavior as a consideration in negotiating purchases or patent rights. CALTCHA shall have the authority to fund and obtain patent rights where California pharmaceutical corporation abuses or pricing place a danger or limitation on user access.

401.4. **Formulary Updates and Petition Rights**: The formulary shall be updated annually. Clinicians, patients, experts and or public members may petition their County Health Officer or the Board to add pharmaceuticals and other products to the formulary or to remove ineffective or dangerous items from it.

Section 402: Payment For Prescription Medications, Medical Supplies, And Medically Necessary Rehabilitation Engineering, Accommodation and Assistive Device Equipment

402.1. The prices to be paid each year under this Act for covered pharmaceuticals, medical supplies, and medically necessary assistive equipment shall be negotiated with manufacturers biannually by the program.

402.2. Non-state pharmaceutical benefit management entities shall be strictly excluded and prohibited from participation in any way in the formulary, price negotiation or transactions.

402.3. All CA pharmaceutical and medical product and negotiated purchase prices shall be referenced to the goal of being equal to or below those established by the Federal Veterans Administration system's practices.

TITLE 5: WORKFORCE DEVELOPMENT AND TRANSFORMATION

Section 500: Work Force Training: Global Budgeting and Tuition Free California Health Science Postsecondary Schools.

500.0. Intent:. CALTCHA intends to achieve equity and parity in the universal guarantee of health care, so as to overcome historic geographic or socioeconomic disparities in the size and quality of the health care workforce, fulfilling equitable and ideal ratios of healthcare workers to match the racial, gender and sexual orientation, linguistic and ethnic diversity of the patients and people they serve. The Board shall annually, publicly assess the local and statewide need for culturally competent health professionals and all related associated staff, funding and producing expansion of capacity where warranted

500.1. All public, post-secondary health professional CA schools, (including but not limited to schools of medicine, dentistry, nursing, public health, clinical social work, clinical psychology, and allied health fields) will be tuition free, and will receive a global budget from the CALTCHA Trust Fund to cover the costs of expanding and then maintaining operations that graduate health care workers in numbers sufficient to the states's needs.

500.2 CALTCHA shall assume the costs of licensure and continuing education of health care workers and providers to ensure the highest quality health care workforce. The state shall not include private health professional schools in this appropriation of a global budget nor shall students at non-public institutions received tuition reimbursements.

500.3. All books and educational equipment will be included in the tuition subsidy.

Section 501: The California Health Service Corps.

501.1. The Secretary and the Board – in consultation with leaders of state institutions of higher learning - will appoint a Director of the California Health Service Corps to oversee the program and its operational staff. The mission of the CHSC is to overcome racial, ethnic, and income disparities and deficiencies in health care, and assure culturally competent workforce expansion in all underserved areas in the State.

501.2. Postsecondary health professional students, (eg. medical, dental, nursing, social work, and public health students) must agree to work 1 year in the CHSC in underserved areas of the State of California in exchange for every year of free tuition for study at pub-

lic institutions. Out of state health professional students studying in California or California residents who obtain an out of state education but who then receive CALTCHA tuition reimbursement or student debt elimination shall also be required and assigned to serve in California in year-for-year exchange in the CHSC.

501.3 An intergovernmental agreement between CALTCHA and state institutions of higher learning will fund health science schools and the CHSC with a global budget from the Trust Fund for ten years.

> 501.3.1. All participants in the CHSC program will be paid a salary commensurate with their years of training and skill level and the prevailing wage for medical professionals negotiated by those who work in their respective specialties and fields.

501.4. The program will encourage California Health Service Corps participants to practice in the community in which they grew up, if that community is an undeserved one.

501.5 All health professional students at public institutions will be trained for and assigned to a California neighborhood (specifically to a Neighborhood Liaison Office) to assist in carrying out local neighborhood needs assessment and be responsible for up to 1000 households or families mandated by the cognizant Neighborhood Health Assembly and Public Health Departments for the period of their public education or appropriate portion thereof by the Executive Director of the CHSC.

501.6. State health science schools shall have the requisite number of qualified professors as this Act prioritizes significant expansion of the health care workforce.

501.7. All postsecondary health professional schools shall have compulsory Spanish classes, coursework in cultural competency, sociology and a history class on health policy and practices since the 19th century .

501.8. Postsecondary health professional schools will give admissions priority to bilingual students.

Section 502: Debt forgiveness for Health Science Students.

502.1. All past and existing medical, dental, nursing, and public health professional tuition indebtedness shall be forgiven, by a one-time buy out by the Trust Fund within a reasonable timeframe.

502.2. No further health professional educational indebtedness originating from study at California public institutions shall ensue after CALTCHA implementation.

Section 503: Establishment of Just Workforce Transition Planning Board and Funding

503.1. For the first five (5) years of the program, 1% of the Trust Fund – appropriated annually - shall be dedicated to fund workforce transition of administrative personnel who lose employment and or are otherwise displaced by implementation of CALTCHA. The Secretary and the Trust Fund Board will appoint a fifteen (15) member **Just Workforce Transition Planning Board** that will report directly to the Secretary and that will ensure a fair career transition for the estimated 1,800,000 workers who may be affected.

503.2. **Rights of Workers Displaced by CALTCHA**

> 503.2.1. Nothing in this section shall restrict the right of workers displaced by CALTCHA to receive federal and state unemployment benefits.
>
> 503.2.2. Clerical, administrative, and billing personnel employed in insurance companies, administration intermediaries, clinician's offices and other health care institutions whose jobs are eliminated due to reduced administration and related operations shall have first priority in retraining and job placement in the new system, emphasizing positions in direct health service, care coordination, and education.
>
> 503.2.3. Displaced employees shall be eligible to receive two years of CALTCHA employment transition benefits equal to salary earned during the twelve (12) months of employment, not to exceed $100,000 per year.

TITLE 6: DATA COLLECTION AND COMMUNITY HEALTH CARE ASSESSMENTS

Section 600: Intent: The best health outcomes for individuals and communities will follow from a clear vision of the current health needs of individuals and communities ie neighborhoods. CALTCHA proposes to see Californians' health needs clearly by synthesizing data provided by the formal disciplines of public health and epidemiology and by systematic assessment of the lived experiences of neighborhood residents. These periodic neighborhood-centered assessments must identify health care resources and deficits and the social determinants of health in neighborhoods with a careful eye to disparate impacts of neighborhood conditions on racial, ethnic and at-risk lower income populations to recognize these disparities, emphasize and prioritize funding and resources to mitigate them.

600.1. Data collected by public and non-profit health related assessments, including neighborhood assessments and assessments of service efficacy, shall flow to the Office of Health Equity in the Department of Public Health, to be summarized and publicly reported to the Board biannually by the Secretary. The Board – coordinating with County Health Departments and Neighborhood Health Assemblies shall use these data to identify and meet needs, interdict fraud, and document social health outcomes and improvements.

600.2 **Uniform Computer Electronic Billing System and Electronic Patient Record System**: The Secretary shall create a uniform computerized electronic billing and patient record system, integrating established electronic systems where possible. This system shall have the capacity to identify outlier billing and fraud and to securely aggregate data on California's health.

600.3 Each County Health Officer will conduct an annual **Community Health Assessmen**t (CHA) – integrating neighborhood health assessments - with emphasis on underserved communities, including Tribal communities, rural communities, low-wealth and racially or ethnically segregated communities, low population communities, and immigrant farm communities. Needs identified by the CHA will provide the basis for budgets presented by county and local health officers to the CALTCHA Board.

600.3.1 Neighborhood Liaison Offices in coordination with Neighborhood Health Assemblies will participate in planned community campaigns to assess community health, directly engaging community members in the process of strengthening their own health and pool of relevant accessible resources.

600.3.2 Community Health Assessments shall also integrate data:

600.3.2.1 found in federally mandated triennial Community Health Assessment Report (CHAR) as defined by the Affordable Care Act

600.3.2.2 from Joint Commission on the Accreditation of Hospitals evaluations and hospital safety "grading.

600.3.2.3 on precise locations of community health care facilities

600.3.2.4 on wait times for health services and staffing adequacy

600.3.2.5 on medical errors, quality indices, and patient satisfaction

600.4 CALTCHA will prioritize individualized preventive primary care services within neighborhoods and health education and awareness campaigns specific to neighborhoods and derived from neighborhood assessments.

600.5 The County Health Officer, with the input of the County Professional & Technical Advisory Board, and the Community Neighborhood Health Assemblies, will present an annual **Community Health Improvement Plan** - integrated with and based on the findings and data of the annual Community Health Assessment – to the Board. The plan will include health data, locations of health care facilities and services, environmental threats, business and economic assets, housing and land use practices that contribute to health disparity, and other data on determinants of health.

600.6 County Health Officers will annually report public health data and action plans to the Legislature based on the data from the Community Health Assessments and priorities from Community Health Improvement Plans to ensure the integration of health service needs and realities in all related policy decisions for CA.

TITLE 7: OTHER IMPROVEMENTS TO COMMUNITY HEALTH

Section 700: Establishment of County Health And Wellbeing Coordinating Councils

700.1. County Health Officers shall convene County Health and Wellbeing Coordinating Councils to maximally coordinate healthcare efforts with local and state agencies responsible for environment, toxic, pollution, water and air quality, housing sufficiency and safety. These Councils will map and connect direct health care efforts with related goals: that residents have access to fresh nutritious food, live in pollution free neighborhoods, possess parks, recreation and open spaces that are safe and are living in sanitary affordable environments, ie certain specific social and environmental determinants of health.

Section 701: **Professional and Technical Advisory Council Reporting on County Health Disparities**

701.1. Local Professional and Technical Advisory Councils shall meet quarterly, and issue a semi-annual public report to County Health Officers and the Secretary on progress made in each county in reducing health disparities due to economic, social, and environmental factors; they shall provide their public findings and recommendations aimed at eliminating race, ethnic and wealth-based health disparities. (Arun?)

Section 702: Replacement of Most Private Medical Malpractice Litigation with a California Patient Compensation Fund

702.1. The Secretary will establish a **California Patient Compensation Fund** intended to compensate patients for pain, suffering, injuries, additional medical expenses, and loss of employment income arising from medical error, malpractice, or unintended poor medical outcome.

702.2. The Secretary will appoint a fifteen (15) member task force whose objective is to create a CALTCHA No Fault Compensation Program to manage the California Patient Compensation Fund. That Program shall be fully operational within two years of passage of this Act. This Task Force will meet monthly until the CALTCHA no fault system is fully operational.

702.3. The California Patient Compensation Fund, under the auspices of the Office of the Secretary, shall compensate validated plaintiffs' claims, based on a formula established by the Secretary, advised by the California Professional & Technical Advisory Board, and the CALTCHA Trust Fund Board.

702.4. All licensed health care professionals delivering health care services will pay a fair and reasonable monthly premium into the Compensation Fund, which will be used to pay injured Californians for pain and suffering, loss of employment, and other injuries to life and limb, as the result of either a litigated medical malpractice claim or claims settled at certified California Compensation Dispute Resolution Centers located in maximal proximity to plaintiffs homes and staffed by a California Claims Arbitration Board. The State of California and Philanthropic organizations may provide additional funding to the CALTCHA Claims Fund.

702.5. Plaintiffs may elect to have medical malpractice claims reviewed and arbitrated by a California Claims Arbitration Board comprised of physicians, lawyers, and conflict resolution specialists situated at a California Compensation Dispute Resolution Center. The Arbitration Board must reach a compensation decision within six (6) months of a claim's submission.

> 702.5.1. Appealing the Decision of the Dispute Resolution Panel: The plaintiff or defendant can appeal the first decision of the litigated claim, by petitioning the Appellate Medical Malpractice Claims Court, which would have the final decision regarding all plaintiff malpractice claims and compensation. The Court must review all appeals.

702.6. All malpractice and related claims shall be compiled into a CALTCHA database

that follows the approach of the federal Institute of Medicine and that is housed by the Office of the Secretary. That database shall be available for researchers studying medical errors and care teams in hospitals endeavoring to practice better medicine. Regular reports on malpractice and related claims shall be provided to the Secretary of Health and to the formal peer review systems of relevant health professional associations.

702.7. Plaintiffs fill out two-page CALTCHA medical malpractice claims applications at no cost; these can be downloaded from the CALTCHA Website or obtained at libraries or Post Offices, and may be sent electronically or by mail to Claims Arbitration Board.

702.8. Any plaintiff may elect to have malpractice claims adjudicated by traditional civil courts in California, or may bring them before a California Claims Arbitration Board described in this Section of the Act.

Section 703 Protection Of Medical Workers and Whistleblowers Hotline

703.1. Whistleblower Protection: No medical provider, employer, or other entity shall retaliate against any whistleblower based on Federal rules and protections. Retaliatory measures taken by any person against a whistleblower may result in fines or imprisonment as determined by a rule promulgated by the Secretary.

703.2. **Establishment of a Whistleblower Hotline**: The Secretary will set up a 1-800 Safety and Quality hot line number, app, online web form and other applicable means of communication, so that patients, consumers, health care providers, and the residents of California can anonymously communicate complaints, ideas, and other messages or whistleblower-type concerns to their local health officer, the Secretary, and the Board.

TITLE 8: ADMINISTRATION OF THE CALTCHA PROGRAM/CA HEALTH TRUST FUND BOARD, STATE, COUNTY AND NEIGHBORHOOD GOVERNANCE

Section 800: Administration Of CALTCHA

800.1. Except as otherwise specifically provided, this Act shall be administered by the CA Health Trust Fund Board, in partnership with the Secretary and his/her office and component Agency Departments and theirs staffs.

800.2. Advisory and decision-making participants in the CALTCHA program (and their families) must have no conflicting fiduciary or pecuniary interests.

Section 801: The California Health Care Trust Board and System Governance Administers Budget and Overall Program.

801.1 The Board shall negotiate and fund all global budgets and direct reimbursements to participating providers of health care, allocate funds for capital infrastructure and major technology acquisition, and otherwise direct payments that achieve the intents and purposes of this Act.

801.2. The Board shall consist of twenty-nine (29) members determined by appointment, selection or election from their respective defined constituencies for a period of two (2) or four (4) years, emphasizing representative democratic governance and accountability. The proposed makeup of the Board is as follows:

801.2.1. Governor's appointee [1*] * = number of positions

801.2.2. The Secretary [1]

801.2.3. CA State Senate Health Committee Chair appointee [1]

801.2.4. CA State Assembly Health Committee Chair appointee [1]

801.2.5. Neighborhood Assembly District Representatives [5 rotating members]

Designees and Representatives of

801.2.6. CA State Association of Counties [1]

801.2.7. CA Conference of Local Health Officers [2]

801.2.8. California Association of Retired Americans [1]

801.2.9. CA Public Citizen [1]

801.2.10. Poor People's Campaign [1]

801.2.11. Disability Rights Defense and Education Fund (DREDF) [1]

801.2.12. Organized Labor Representatives [5]

801.2.13. National Assoc. of Social Workers, California Chapter [1]

801.2.14. California Medical Assoc., National and Hispanic Med. Associations [3]

801.2.15. CA Parent-Teacher Association [1]

801.2.16. CA Psychological Association [1]

801.2.17. CA Dental Association [1]

801.2.18. First Five Association [1]

801.3. The Secretary shall determine which Twelve (12) members shall be designated for the first two inaugural (2) years and then newly replaced. Members shall not exceed eight (8) years in office.

801.4. Twelve (12) members shall be designated for four (4) years and then newly replaced, not to exceed 8 years in office.

801.5. The twenty-four (24) aforementioned members shall be replaced in a manner identical to their original selection, that is by public appointment, selection or election from within their respective organizations or groups.

801.6. The five (5) Neighborhood Assembly Representatives shall be elected from the CA Neighborhood Health Assembly Association, each for three (3) years and rotated onto the Board every three (3) years.

801.7. The Governor shall appoint an economically and organizationally conflict and nepotism-free, Chairperson of the Trust Fund Board, from within the twenty-nine (29) members, who shall possess an MD and MPH accreditation, a minimum of ten (10) years of service in public health, practical knowledge of global national health care programs strengths and weaknesses, bilingualism and, preferentially, represent the evolving ethnic and gender majority of the CA population.

801.8 Any member may be removed by demonstration and charge of legal, financial, ethical, or moral impropriety brought by a majority of the Board followed by a majority vote for removal from the Board

801.9 Gubernatorial or legislatively appointed member's terms shall expire upon a subsequent CA election that may allow replacement by the newly elected appointing officials.

801.10 The CALTCHA Board shall convene semi-annual statewide work sessions to assemble representatives from Local Health Officers, Neighborhood Health Assembly Association District Representatives, and representatives from health professional associations to address Program developments, problems and needs.

801.11 Board members excluding those derived from the CA State government, shall receive salaries not to exceed $100,000 and operational out of pocket cost stipends for this work. Board staff salaries shall be negotiated by the Secretary.

Section 802: California Professional & Technical Advisory Council to the Trust Fund Board (21) Members

802.1. Twenty-one (21) Members shall include the gubernatorial appointed Directors of the eleven (11) Departments of the Health and Human Services Agency whose chairperson shall be the Director of the State Department of Public Health.

802.2. Ten (10) experts chosen by the Board from professional fields defined in the section of this Act on Definitions.

Section 803: Department of Public Health Services and Role Expansion

803.0 The intent of this section is to systematically augment and expand the existing statutory roles and functions of the Department of Public Health to:

> 803.0.1 Lead, define, and direct state universal health care and the public health functions of government to the benefit of all California individuals and households, and,
>
> 803.0.2 Assess statewide neighborhood specific conditions and to expose and reverse the broader, disparate cumulative impacts of social, economic, and political injustices on the health of affected communities. These disparate effects are the result in part of housing discrimination, redlining, zoning, restrictive covenants and other policies whose impact has been exclusion of certain communities from services and resources and the consequent harm to their resident populations so as to make them vulnerable to illness and suffering and shorter lives.

803.1 A fundamental responsibility of the CA Department of Public Health (CA DPH) is to assess and address conditions of disparate impact in the delivery and outcomes of health care and services. This essential public health function shall be funded, prioritized and expanded beyond existing statutory and regulatory mandates and programs to implement CALTCHA's broader goals, including, but not limited to, comprehensive local neighborhood health evaluation and personal care, infectious disease control and prevention, food safety, environmental health, laboratory services, patient safety, large scale emergency preparedness, chronic disease prevention, public education and health promotion, family and reproductive health, health equity, vital records and statistics.

803.2 CA DPH shall establish and apply CALTCHA values and standards to ensure the mandates and regulatory tools prescribed by the ACT for neighborhood, city, county, district and statewide health services:

> 803.2.1 lead to universal health and wellness

803.2.2 coordinate improvements in the social determinants of health so as to reveres disparities in health care delivery and outcomes; unremediated, current social determinants have led to existing structural health inequity in CA.

803.3 Protect Californians from the threat of public health emergencies and preventable infectious diseases, epidemics, and pandemics like COVID 19, Zika virus, HIV/AIDS, tuberculosis and viral hepatitis.

803.4 Research and provide reliable public health data and accurate statewide and local public health laboratory services and information about health threats, population health, and wellbeing disparities.

803.5 Assure the provision of nutritional support and security to low-income women, infants and children, and screen newborns and pregnant women for genetic, congenital and acquired diseases and conditions.

803.6 Continue to address the safety of food, air and water

803.7 Educate the public to reduce and end smoking, gun violence, substance abuse and their attendant harms.

803.8 Work to prevent chronic diseases and conditions such as diabetes, hypertension, cardiovascular disease, cancers, asthma, addictions, and obesity.

803.9 Continue to protect patient safety by reducing iatrogenic harm in hospitals, clinics, and from all segregated, congregate, institutional and community residential facilities.

803.10 Continuously target, prioritize and correct, health and mental health disparities among vulnerable and underserved communities to achieve health equity and wellbeing statewide.

803.11 Establish excellence in public health practices through the inclusion of neighborhood and community-based organizations in strategies for evaluating local public health conditions and prioritizing corrective action.

803.12 Establish general guidelines for local health officers in expanding local health information systems to include neighborhood health assessments, participatory budgeting, and periodic reporting for monitoring local population health conditions and designing corrective action plans.

803.13 Convene an annual conference among all the local public health officers to report on and discuss the progress, problems and needs of the CALTCHA program's development, prior to the Board's annual disbursement of funds derived from that fiscal year's budget determination.

803.14 Establish excellence in public health practices through the inclusion of neighborhoods and community-based organizations in strategies for evaluating local public health

conditions and prioritizing corrective actions. This practice will build a trained and skilled workforce that can evaluate communities' needs that determine evidence-based interventions. It will include substantial training and service opportunities for vocational, college, and university students so as to continuously nurture a skilled and culturally competent workforce that is representative of and responsive to local populations and their health needs.

Section 804: County/City Local Health Officers (LHO) and Departments

804.1.Local administration of CALTCHA shall be the responsibility of fifty-eight 58 Local Health Officers (LHO) representing each county and three (3) members from city health offices [currently Los Angeles, Pasadena, and Long Beach, (though their numbers may increase) who shall assume responsibility for CALTCHA in their respective localities. Jurisdictions that possess less than 50,000 persons may choose to establish joint powers agreements with adjacent local health offices by an official vote.

804.2. Each Local Health Officer shall act as the chief administrator for CALTCHA program implementation in the jurisdictions of the county or city that they serve. They shall coordinate the work to develop prioritized county (or city) health system operational and transformational budgets as described in Title 2 (section 204) of this Act.

Section 805: Population Health and Disparate Impact Intervention

805.0 Intent: To guarantee that every person in California has access to health care and that the positive economic and social effects of actual health care delivery reach every neighborhood. The Legislature is aware that universal health care coverage by itself is no guarantee of equal access to actual health care and that health care delivery remains a critical neighborhood asset essential for thriving and productive communities. Therefore, the Legislature further intends that neighborhoods experiencing the cumulative and persistent effects of racial, social, and economic segregation as well as all populations experiencing disparate unmet medical need receive the appropriate level of services and new investments necessary to correct past neglect and underinvestment. CALTCHA implementation at the local level shall ensure that local health administration be supported through neighborhood-focused whole health information systems that identify persistent conditions of inequity and the consequent disparate rates of morbidity and mortality.

805.1 Using guidelines provided by CA DPH, Local Health Officers shall expand current health information systems to include periodic neighborhood health assessments that incorporate epidemiological investigative method-

ologies with direct neighborhood participation; a local budgeting process that prioritizes neighborhood participation and directs funding towards correcting negative findings from the assessments; and a periodic reporting system that provides the public with both qualitative and quantitative data regarding health outcomes and neighborhood health conditions requiring corrective action and resilience (prevention and recovery) planning by local and state agencies.

805.2 **Neighborhood Health Assessments.** The Local Health Officer shall create and deploy a standardized assessment tool and protocol based upon CA DPH guidelines for identifying neighborhood public health deficiencies and identifying conditions of disparate impact. The LHO shall conduct a triennial Neighborhood Health Assessment for each publicly known neighborhood within its jurisdiction. The assessment shall incorporate epidemiological methods using data driven diagnostics for problem and asset identification that guide place-specific intervention and solutions planning at neighborhood scale. The standardized health assessment protocol shall consider and incorporate cultural assets, practices, and neighborhood strategies used to compensate for inadequate health care delivery. The neighborhood assessment shall not be reduced to a review of aggregate data of individual health outcomes but emphasize a collaborative data-gathering and fact-finding process. The assessment protocol shall:

805.2.1 Identify adverse neighborhood public health conditions.

805.2.2 as a liaison activity of the LHO, coordinate with the responsible agencies to ensure that public health responsibilities funded by said agencies are succeeding in their purposes (eg that housing authorities are succeeding in sheltering the unhoused).

805.2.3 Consider the performance of hospital systems and public health functions that impact health outcomes and lead to disparate impact.

805.2.4 Consider neighborhood-oriented health strategies and culturally competent mediation functions as important assets in the delivery of public health. The LHO shall incorporate such components

into the assessment design to facilitate collecting neighborhood-specific qualitative data on health care delivery.

805.2.*5* Consider relevant hospital and clinic system data as part of the assessment protocol to identify neighborhood public health priorities and ensure that the most up-to-date, accurate, and reliable, place-specific metrics which include but are not limited to suicides, homicides, gun violence, diabetes, high blood pressure, smoking and other addictions, mental health challenges, malnutrition, negative environmental impacts, and public and child health screenings for immunizations are incorporated into the assessment process and clarify where disparities persist.

805.2.6 consider findings in federally mandated (by the Affordable Care Act) Community Health Needs Assessments conducted by hospital systems that meet the requirements of Internal Revenue Tax Code Section 501(r). These studies shall not however replace the required Neighborhood Health Assessments prescribed by this Act.

805.3 **Periodic reporting and public information.** The Local Health Officer shall create and maintain a system of public accountability that identifies the fiscal and administrative activities implemented and how such activities directly address the findings of the neighborhood health assessments, periodic plans and budgeting priorities.

805.3.1 The LHO shall conduct annual surveys of all racially segregated, economically disadvantaged populations, and rural areas where health disparities and economic isolation create vulnerability to unanticipated environmental disasters, economic calamities, or pandemics when service failures are likely to occur. Using CA DPH general guidelines, the surveys shall include qualitative epidemiological and social investigations of local conditions and not be limited solely to the use of available demographic and health data. Findings shall be used to inform the need for immediate corrective actions.

805.3.2 The LHO shall develop and maintain a public information dashboard with budget information and a health outcomes scorecard, publicly accessible via the internet that provides full transparent access to neighborhood assessment and budget data, relevant neighbor-

hood-level and county-level aggregated health and hospital data, and available public health data sources on outcomes of social determinants.

805.3.3 The periodic reporting system shall also be used to assist in the early detection and potential effects of natural and social calamities that can result in adverse health conditions.

805.4 **Participatory Budgeting.** Local Health Officers are responsible for establishing the use of local Neighborhood Assembly assessment information to guide prioritized investment for interventions in the form of CALTCHA breakout of the local county (or where relevant city) budget. The budget shall provide sufficient information for agencies, community-based organizations, and interested parties to use in the public monitoring of implementation plans and expenditures associated with the plans and ensure transparency and collaboration in priority setting through a public process.

805.4.1 Using data from the Neighborhood Health Assessments, the coverage designated LHO, shall utilize a public participatory budgeting process to prioritize interventions needed to correct existing disparate neighborhood health conditions and those aspects of social determinants that affect equitable public health outcomes.

805.4.2 The public participatory budgeting process shall include the direct participation of neighborhood residents, local community-based organizations, and other interested parties in establishing neighborhood priorities to be addressed in the needed local budget. Neighborhood priorities identified will be itemized and included in the annual CALTCHA budget.

Section 806: Neighborhood Health Liaison Office: Roles and Responsibilities

806.1. The LHO shall establish its neighborhood liaison offices to cover and manage and coordinate local participation in neighborhood assessments, participatory budgeting, and periodic reporting. These shall flexibly and effectively be established in relation to population size, not to exceed 50,000 persons, and neighborhood network numbers.

806.1.1 The local offices shall coordinate the linking of area residents in need of navigation services to community health workers and increase access to health care services. The local offices shall also coordinate area educational and outreach programs aimed at reducing health disparities and advancing the public and population health mission.

806.2. The LHO shall ensure that each Neighborhood Liaison Office is appropriately funded and staffed by personnel with technical expertise in public health research, budget and program administration, community engagement, and service navigation that can support CALTCHA related functions of neighborhood health assessment, data information and reporting systems, program planning and implementation, and information/educational outreach.

806.2.1.The Neighborhood Liaison Office shall promote local hiring to the maximum extent possible to ensure diverse, linguistic and culturally appropriate delivery of all CALTCHA services.

806.2.2. The Neighborhood Liaison Office will also integrate health science students in its operations as described in Title 5 (Section 501) of this Act. Student involvement shall focus on developing and promoting young professional educational and employment pipelines for underserved populations, aimed at the longterm goal of building a community health focused workforce that understands the communities it serves.

806.2.3 CALTCHA shall coordinate with existing Federally Qualified Health Centers (FQHC) and farm worker health services, in supporting healthcare planning needs assessments, participatory budgeting, periodic reporting, and assurance of services mandated by CALTCHA.

806.3. Neighborhood Liaison Offices shall oversee and ensure needed CALTCHA services in each publicly recognized neighborhood located within an existing, defined political boundary. The Neighborhood Liaison Office shall be responsible for creating a local assembly of representatives, herein referred to as Neighborhood Health Assemblies (NHA), for each publicly recognized neighborhood within its district, which shall be defined in size

and diversity to participate effectively in CALTCHA mandated neighborhood assessments, periodic reporting, and participatory budgeting activities.

806.3.1 The Liaison Office shall to the maximum extent possible, contract with, assist in reimbursing or funding, and use existing civic advocacy bodies or organization such as local neighborhood associations and councils, health districts, community-based organizations (CBOs) and similar public service agencies to recruit neighborhood assembly members. If no representative neighborhood organizations exist in a local area, the Neighborhood Liaison Office shall coordinate the establishment of one for this purpose within 12 months of adoption of CALTCHA.

Section 807: The Neighborhood Health Assemblies (NHA)

807.0. **Intent**: Local representation and democratic participation in CALTCHA administration and implementation is fundamental to community-grounded needs determination and to ensuring equitable health care resource distribution and service accessibility. Effective resident outreach is required to further the CALTCHA mandate for locally oriented, culturally and linguistically appropriate delivery of all health care services. The NHA shall convene Town Hall sessions as needed to engage their local area's populations.

807.1. The **Neighborhood Health Assemblies** shall be a locally organized and stipend-funded, body of no less than fifteen (15) residents, with essential paid staff and representatives of public health and/or social service providers, in each neighborhood in CA and whose purpose is to assist the local neighborhood liaison office in executing research and outreach protocols and conducting neighborhood health assessments, set priorities for correcting health disparities via the budgeting process, and assist in periodic reporting functions. Neighborhood Health Assembly members shall also:

807.1.1. Be trained and assist Local Liaison Offices by providing the cultural and social connectivity needed for population health strategies to be successful in every area, prioritizing medically underserved urban and rural areas.

807.1.2. be trained and advise the local neighborhood liaison office in the design, content, and implementation of the research protocol for conducting assessments, budgeting and reporting.

807.1.3. Assist in identifying the need for neighborhood health and wellness campaigns and creating any short and long-term programs to promote the physical, social and mental health of community residents.

807.3. The composition of each local neighborhood assembly of no less than 15 residents, shall reflect to the maximum extent possible, the diversity of local populations by race, ethnicity, language, socio-economic status, age, gender identity, sexual orientation, disability, and other protected classes and marginalized groups.

807.3.1. NHA members shall be free of any fiduciary or ethical conflict of interest and not be an employee in any capacity of a currently elected public official or in a position to be enriched as a result of participation or association with a medical corporate enterprise that may also derive undue financial benefit from that member's participation on an NHA.
807.3.2. Term of service and termination procedures shall be standardized, to be determined by the LHO system in partnership with the CALTCHA Board.

807.3.3. The local health officer and personnel shall effectively staff and coordinate the establishment and formalization of the locally elected or designated Neighborhood Health Assemblies (NHAs) within their County or City jurisdictions. This must take place no later than 6 weeks after the operational beginning of CALTCHA

807.4. CALTCHA shall establish an effective stipend standard such that NHA members be paid reasonable compensation for travel and service hours dedicated to assisting Neighborhood Liaison Offices in executing research, program, and outreach protocols to effect the purposes of this Act. The Board shall determine the hourly remuneration rate for NHA members no later than three (3) months after the enactment of CALTCHA. All NHA member shall receive the same hourly pay for service across the state.

807.5 **A Statewide representative Neighborhood Health Assembly Association** of members of the Neighborhood Assemblies shall be established by the CALTCHA Board to provide a cross section of these bodies to address statewide and district policy and operational matters that exceed the scope of

work the local levels. This body shall elect the five (5) rotating NHA representatives on the CALTCHA Fund Board, and those representatives who shall report/testify to the. State Legislature and CALTCHA Board.

Section 808 NeighborhoodTraining and Advisory Meetings

808.1.The Neighborhood Health Assemblies shall each convene two (2) annual town hall meetings (purposed to initial framing and subsequent finalization of the triennial/annual budget request to the Fund Board) with the help of the local neighborhood liaison office.

808.1.1. Public comment from these town hall meetings must be placed on the Local Health Officer's website and relevant NHA public access information platforms.

808.1.2. The NHAs shall review and comment upon the Local Health Officer's CALTCHA Budget Proposal at least eighteen (18) days before it is submitted to the CALTCHA Board.

808.2 The Local Health Officer and neighborhood liaison offices shall coordinate with NHAs to, engage and train other neighborhood residents to support neighborhood block gatherings, door-to-door health and wellness assessments, educational campaigns, annual town halls, and any programs that will help promote the physical and mental health of community residents and advance CALTCHA goals in ways focused on authentic local community need.

808.2.1 The LHO and NLO shall create curriculum for and repeat skill-building and training sessions designed to build and maintain NHA members' knowledge and capacity to perform annual neighborhood health assessments, execute periodic public reporting, and participate in community budgeting.

808.3, The CA Local Health Officers Association and the Board shall organize a statewide Annual System Review Conference to evaluate the status of health care system transformation and developments.

Section 809: CALTCHA County Professional & Technical Advisory Council

809.1. The twenty one (21) member appointed by the Local Health Officer to advise the LHO on operations and policy, comprised of professional experts representing Public Health, Medicine, Nursing, Law, Economics, Epidemiology, Research Sciences, Hospital Leadership, Sociology, Business, Social Work, Voluntary Associations, and Interfaith organizations.

Section 810: Ombudsperson System

810.1 **Eighteen (18)** California **District** (conforming to California ACA Districts) **Ombudspersons** shall be appointed by the CALTCHA Board, to officially, locally, represent the state's neighborhoods' needs in a manner that is unbiased and independent of elected officials and other interests. Ombudspersons shall serve three (3) year term and may be renewed for 3 terms. These positions and support staff shall be funded by the CALTCHA program.

810.2. The CALTCHA Trust Fund Board will designate the eighteen (18) district ombudspersons and the number of NHAs each will represent so that each Ombudsperson is maximally able to advocate on behalf of NHAs in his or her district.

810.3. The Ombudsperson must have experience in conflict resolution, a background in policy and law, an understanding of health policy, experience working in local or state government, and experience in advocacy and community organizing.

810.4. Responsibilities of the Ombudsperson shall include: representing the NHAs when Local Health Officers and the NHAs do not reach agreement on budget proposal; representing the NHAs in all CALTCHA Trust Fund Board funding negotiations related to health care or matters pertaining to the social determinants of health, and public health budget hearings in the California State Legislature.

810.5. Ombudspersons and representatives of NHAs shall testify bi-annually at the CALTCHA Trust Fund Board meetings, and all relevant California State Legislature

hearings related to CALTCHA health care, social determinants of public health, and disparate impacts in health care delivery systems and public health.

810.6. Grievance and appeal mechanisms shall be established to ensure fairness, balance and equity regarding neighborhood-based priorities as they related to established hospital and large institutional providers and their global budgets.

TITLE 9: MEDICAL RESEARCH AND INNOVATION

Section 900: A minimum of 1% of the CA Health Trust Fund Budget Will be Allocated to Health Care Service and Product Research and Development

900.1. The Board shall retain sole or joint rights to all intellectual and scientific property in which it has any public state holding or investment on behalf of the People of California.

900.2. Commercial exploitation towards privatization of publically, majority investment originated product or project research or services appropriated by any individual or corporation linked to such publicly funded research project or products shall be strictly prohibited and subject to penalties defined by the Board.

900.3. In the circumstance of public health necessity or for other purposes, the Board retains the right to license intellectual property to facilitate or expedite the delivery of health care services. (e.g. license multiple companies for rapid vaccine production)

900.4. Members of the Board shall publicly declare any potential conflicts of interest within thirty (30) days of realization of that conflict.

TITLE 10: THE VETERANS ADMINISTRATION (VA) AND THE INDIAN HEALTH SERVICE (IHS)

Section 1000: The Veterans Administration Health System and the Indian Health Service in California remain independent of CALTCHA and operated by the United States Government.

1000.1 Persons that would otherwise be eligible for CALTCHA benefits and that seek and obtain care in the VA or IHS systems remain fully eligible for CALTCHA benefits with no exception.

1000.2 Every three (3) years the Board shall review CALTCHA's relationship with the VA, the IHS, and any other federal health programs that continue to operate in California independent of CALTCHA