California
State and Local Health Equity Policy Checklist

APRIL 2021

Legislative Reform

POLICY	SCORE	NOTES
Implement Racial Equity Impact Statements for legislation at the state or local levels, including environmental, health and criminal justice areas.	⊖	**Long Beach** is working to end systemic racism by applying an equity lens when evaluating city policies, processes and regulations. This includes equity impact assessments on all city staff reports that describe the racial and economic impacts on various groups of people; how representatives of groups most impacted by the contents of the staff report have been engaged; and disaggregated data or information from credible sources to inform staff on which groups may be most affected by a proposed policy, prior to making policy changes.[1]
Expand Health Impact Assessments attached to state and local legislation to include equity considerations.	☒	While California does not require Health Impact Assessments attached to state and local legislation to include equity considerations, the state has passed legislation that recognizes the disproportionate impact of government initiatives on the health of populations. For example, the **California Global Warming Solutions Act of 2006** aims to reduce greenhouse gas emissions and explicitly states the need to ensure that low-income communities are not disproportionately impacted by the reduction efforts.[2] It also **requires** the California Air Resources Board to analyze the health impacts of strategies to reduce or mitigate greenhouse gas emissions.[3]

State Health Planning & Programs

POLICY	SCORE	NOTES
Declare racism a public health crisis and implement steps to address it.	⊖	Various cities and counties in California have declared racism a public health crisis, including Palm Springs and San Bernadino County. Palm Springs' City Council passed a resolution to establish an **Equity & Social Justice Committee** to develop recommendations for advancing social justice throughout the city's activities, which are set to be submitted by May 2021.[4]

Summary and scoring methodology reports are available at
www.HealthValueHub.org/Health-Equity-Checklist.

If you know of a policy we overlooked, please contact **hubinfo@altarum.org**.

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State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
Declare racism a public health crisis and implement steps to address it. *(continued)*		Among other actions, the San Bernadino County Board of Supervisors **declared** that it would work with community partners to establish equity as an element within the Countywide Vision and identify programs, policies and collaborations to address the effects, impacts and prevention of racism.[5] There is also an **ongoing** effort by a coalition of advocacy groups urging Governor Newsom to declare racism as a public health crisis and implement steps to address racism at the state level.[6]
Develop a 'Health in All Policies' strategy at the state or local level.	✅	In 2010, California's Governor established the **Health in All Policies Task Force**, initially charged with: (1) collaborating with Strategic Growth Council (SGC) workgroups to identify priority programs, policies and strategies to improve the health of Californians and (2) submitting a report to the SGC recommending programs and policies for consideration and describing the benefits for health, climate change, equity and economic well-being that may result if the recommendations were implemented.[7] The Task Force was also tasked with developing plans to implement recommendations deemed a priority by members and the community.
Establish Health Equity Zones to better address social determinants of health.	❌	Neither the state nor any cities/counties within the state have established Health Equity Zones (or something similar) to better address social determinants of health. California had an **Enterprize Zone** program that was economic in nature, however, it was dissolved.[8]
Create an Equity Strategic Plan to lay out how the state (or local entity within the state) will reduce health disparities.	✅	The **California Strategic Growth Council** (SGC) developed a **Racial Equity Action Plan** in 2019 and adopted a **Racial Equity Resolution** in 2020.[9,10] The Department of Health Care Services **works with** county health departments, stakeholders and partner organizations, including California's Office of Health Equity and the California Reducing Disparities Project, to develop and deploy effective interventions to eliminate addressable health disparities and improve health literacy skills to meet the needs of Medi-Cal members.[11]
Fund community-driven health equity action plans.	⊖	The **Center for Health Equity** in Los Angeles, which is part of the county's Department of Public Health, advances racial, social, economic and environmental justice via a partnership with county officials, local organizations and community members. The Center produced a Health Equity **Action Plan**, developed and informed by input gathered from community stakeholders through key informant interviews and forums.[12]

State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
Implement participatory budgeting at the state and/or local level for initiatives that focus on health and social determinants of health.	⊖	**Valejo** has used participatory budgeting since 2012, allocating more than $8.3 million to fund 47 projects. Projects include parks and recreation improvements, street and city cleanup, community gardens and nutrition education, the Omega Boys & Girls Club Gym renovation, improving school meals, after school sports programs, etc.[13] **Long Beach** also included participatory budgeting in its 2019 budget, focusing on programs and activities supporting youth well-being.[14] At the state level, the **Transformative Climate Communities Program** funds development and infrastructure projects that achieve environmental, health and economic benefits in California's most disadvantaged communities.[15] The program **prioritizes** proposals that meaningfully include residents in proposal development using proven methods of community engagement, including participatory budgeting.[16] While the Transformative Climate Communities Program incentivizes the use of participatory budgeting, it does not directly implement participatory budgeting at the state level.
Emphasize health disparities and equity when developing State Health Assessments & State Health Improvement Plans	✓	**Let's Get Healthy California**, the California Department of Public Health's state health assessment and state health improvement plan, placed significant emphasis on equity in its **2012 final report**.[17]
Fund community-based organizations operating in the state to reduce disparities and/or provide culturally competent health-related supports.	✓	The California Reducing Disparities Project (CRDP), funded by the Mental Health Services Act, seeks to achieve mental health equity for five priority populations in the state, in part, by expanding culturally and linguistically competent approaches for underserved populations. The project has awarded $60 million to **42 contractors and grantees** over six years, including: the California Black Women's Health Project, the Healthy Heritage Movement, Safe Passages, and more.[18] **The City of Long Beach** aims to improve health and wellness in the city by eliminating social and economic disparities in the communities most impacted by racism. One strategy to achieve this goal is to support community-based organizations serving Black communities and communities of color through increased funding and capacity building to create a network of early prevention and intervention activities.[19]

State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
Implement strategies to address specific health outcomes related to inequality in social determinants of health, such as asthma, diabetes, heart disease and maternal mortality, among others.	✓	California state law requires the Department of Health Care Services to offer the **Diabetes Prevention Program** as a Medi-Cal covered benefit. The program helps beneficiaries diagnosed with pre-diabetes make evidence-based lifestyle changes to prevent or delay the onset of type-2 diabetes.[20] **Live Well San Diego: Healthy Works** is a collection of programs (**implemented by t**he County of San Diego Chronic Disease and Health Equity Unit) and resources that aim to prevent and control chronic disease by focusing on three risk factors – tobacco use, poor nutrition and physical inactivity.[21]
Participate in the Government Alliance on Race & Equity (GARE), a national network of local and regional governments to address racial equity.	✓	Numerous cities and counties within the state are **core members**, including Los Angeles County, Alameda County and Monterey County.[22]

Data & Reporting

POLICY	SCORE	NOTES
Create equity reporting requirements for state and local government agencies.	✓	California's Department of Public Health compiles a **standardized set** of statistical measures, data and tools on the social determinants of health, which include stratifications by race/ethnicity and other population characteristics.[23] Additional details can be found in the section below.
Use the state's Office of Health Equity/Disparities/Minority Health to analyze and report on existing health disparities and/or equity concerns within the state.	✓	The Department of Public Health's Office of Health Equity's Health Research and Statistics Unit compiles **Healthy Communities Data and Indicators** (HCI)—a standardized set of statistical measures, data and tools on social determinants of health in California.[24] The goal of the HCI is to provide datasets and tools that a broad array of sectors can use for planning healthy communities and evaluating the impact of plans, projects, policy and environmental changes on community health. Datasets include stratifications by race/ethnicity and other population characteristics. The Department of Health Care Services uses data to drive decision-making by creating **health disparities fact sheets** on a wide variety of health, behavioral, and disease topics, including disaggregated data by race/ethnicity and a high level of granularity, when possible.[25]

Data & Reporting (continued)

POLICY	SCORE	NOTES
Require nonprofit hospitals to incorporate an equity component into their community health needs assessments and community health improvement plans and/or establish a minimum percentage of non-profit hospitals' Community Benefit that must be invested in programs targeted at reducing health disparities by addressing root causes.	☒	Health & Safety Code **Section 127345**, subdivision (a), requires hospitals to submit a community benefits plan to the California Office of Statewide Health Planning and Development but sets **no required minimum** levels of community benefits.[26] The state does not require nonprofit hospitals to incorporate equity considerations into their Community Health Needs Assessments.
Increase the validity, use and standardization of data on race, ethnicity and/or languages spoken for state reporting requirements.	✓	As part of the state's 1115 Medicaid Waiver, the Department of Health Care Services **serves as the data steward** for the collection of Race, Ethnicity, and Language (REAL) and Sexual Orientation and Gender Identity (SO/GI) data.[27] Designated Public Hospitals and District Municipal Public Hospitals are working to systematically collect accurate and complete REAL and SO/GI data. These data are being used to develop and implement REAL and SO/GI disparity reduction interventions. **California law requires** any state agency, board or commission that collects demographic data on the ancestry or ethnic origin of Californians to use specific data collection categories for Asian and Pacific Islander groups.[28] The code **also states** that, while collecting demographic data, the Departments of Industrial Relations, Fair Employment and Housing, and Public Health must include additional Asian, Native Hawaiian and other Pacific Islander groups.[29] California requires plans sold on the **Covered California marketplace** to collect self-reported patient identity data from at least 80% of enrollees and use the data to show year-over-year reductions in race, ethnic and gender disparities in the care of diabetes, hypertension, asthma and behavioral health.[30]
Include socioeconomic status, race, ethnicity and/or languages spoken in All-Payer Claims Database data.	⋯	California does not yet have an APCD, but is in the process of **developing one**. Enacting legislation set a target date of July 1, 2023 for the database to be "substantially completed."[31]

Health Reform – Coverage

POLICY	SCORE	NOTES
Expand Medicaid eligibility requirements to include all adults with incomes at or below 138 percent of the federal poverty level.	✓	

Health Reform – Coverage *(continued)*

POLICY	SCORE	NOTES
Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.	✅	California extended **premium subsidies** to people earning 600% of the Federal Poverty Level for three years, beginning in 2020.[32]
Provide one-year continuous eligibility for Medicaid and CHIP.	✅	
Provide coverage options to undocumented and recent immigrants.	✅	Since 2016, **California** has allowed children under 18 to get taxpayer-funded health insurance, regardless of immigration status.[33] A **2019 law** extends Medicaid coverage to low-income undocumented adults ages 25 and younger.[34]

Health Reform – Delivery

POLICY	SCORE	NOTES
Develop Medicaid Managed Care Organization (MCO) contract options for advancing health equity and recommend or require MCOs to complete specific health equity responsibilities.	✅	California's Department of Health Care Services established health disparities as a mandatory Performance Improvement Project topic for all **Medi-Cal Managed Care plans** (MCPs) in 2017 and **annually shares** disparity data with MCPs to identify disparities so plans can tailor quality improvement resources to target populations.[35,36] Mental Health Plans are required to develop and implement cultural competence plans that include objectives for reducing disparities by tailoring the best practices in mental health services to beneficiaries' cultural and ethnic background and language preferences. The department also created an **Annual Health Equity Award** to incentivize managed care plans to focus on equity.[37] As of November 2019, the Department of Health Care Services was working towards requiring a **population health management strategy** for managed care plans which would include a data driven risk stratification process, a new standardized member assessment, collection of social determinants of health data, and the provision of services to help address identified social needs.[38]
Encourage or require Accountable Care Organizations (ACOs) and/or Coordinated Care Organizations (CCOs) to collect equity-focused data, adopt culturally appropriate programs, implement partnerships with community-based organizations in areas with larger minority populations and/or focus on addressing social determinants of health.	❌	

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
Employ Medicaid 1115 and/or 1915 waivers to better address the social determinants of health.	✓	The **California Advancing and Innovating Medi-Cal** (CalAIM) initiative is transitioning all existing managed care authorities into one consolidated 1915(b) California managed care waiver and proposing an 1115 waiver with other program authorities. The initiative has three primary goals: 1) identify and manage member risk and need through whole person care approaches and addressing social determinants of health; 2) move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and 3) improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems and payment reform.[39] Note: Originally intended to begin on Jan. 1, 2021, the state has **postponed** implementation due to the COVID-19 crisis until Jan. 1, 2022.[40]
Require or incentivize providers participating in Medicaid value-based programs to report on measures related to health equity/disparities.	✓	Medi-Cal Managed Care has begun to identify and address certain disparities, such as racial disparities in hypertension and maternal care. Each managed care plan is required to complete a **Performance Improvement Project** focused on a plan-specific health disparity and an External Quality Review Organization annually completes a comprehensive health disparities analysis to more accurately identify health inequities and better target the highest-need beneficiaries.[41] The state also incentivizes Medi-Cal managed care plans to focus on equity through an **Annual Health Equity Award** that highlights managed care plans' efforts to identify and reduce health disparities.[42] Furthermore, California's Medicaid Managed Care Organizations **monitor** health disparities by age, gender, race/ethnicity and primary language group with 11 HEDIS and 1 state-developed measure at both the state and county level, as well as for seniors and people with disabilities with 9 HEDIS measures at the state and "reporting unit" level—usually a county or group of counties the MCO serves.[43]
Hold providers participating in Medicaid value-based programs responsible for reducing health disparities by evaluating/scoring performance in this area.	✗	The California Department of Health Care Services **requires** Medi-Cal Managed Care Plans (MCPs) to perform at least as well as 50% of Medicaid plans in the U.S., where the information is available and measured services are delivered by MCPs.[44] The measures that are compared to the minimum performance level are collectively called the Managed Care Accountability Sets (MCAS). Though the **MCAS** include certain measures that could reveal health disparities when analyzed by various characteristics—such as Asthma Medication Ratio, Childhood Immunization Status, Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) and Timeliness of Prenatal Care—they do not include measures explicitly related to equity or disparities.[45]

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
Create or expand Accountable Communities for Health with a focus on increasing health equity.	✓	The California Accountable Communities for Health Initiative (CACHI) was **established** as a public/private partnership between state government and private sector funders in response to recommendations from the State Health Care Innovation Plan and Let's Get Healthy Task Force.[46] The 13 sites of the current demonstration receive additional support from county health and human service agencies, as well as local nonprofits. At least **four sites** have partnered with Medi-Cal managed care organizations.[47] **Several sites** have established initiatives to address social determinants of health and health equity in historically underserved communities.[48]
Prioritize funding for communication infrastructure development, including broadband and/or cellular access, in underserved rural and urban areas.	✓	The **California Public Utilities Commission** approved more than $11 million in grant funding to build high-speed broadband internet infrastructure to improve access for underserved Californians under the California Advanced Services Fund.[49] The grants, primarily for fiberoptic infrastructure investments, will provide high-speed internet service to 740 unserved households and new housing units. In addition, the **Internet for All Now Act**, which took effect in 2018, renewed the state's commitment to deliver broadband access to 98 percent of households, prioritizing regions served only by dial-up internet.[50] The act also created the Broadband Adoption Account to fund broadband literacy and outreach programs.
Subsidize internet access to expand opportunities for telehealth.	⊖	The California LifeLine program plays an important role in ensuring that low-income families have access to affordable telecommunications and broadband service to meet their distance learning, telehealth and other needs. In October 2020, the California Public Utilities Commission **began offering subsidies and adopted service standards** to increase access to no-cost and low-cost mobile broadband plans for California LifeLine participants during the COVID-19 emergency.[51] In addition, the California Broadband Council developed a **California Broadband Action Plan**, which aims to provide all Californians with (1) high-performance broadband available at home, schools, libraries, and businesses and (2) access to affordable broadband and the devices necessary to access the internet.[52]
Expand coverage for telehealth services.	⊖ *The state requires coverage parity for some telehealth and in-person services by either Medicaid or private payers (not both).*	**Medi-Cal covered benefits** or services may be provided by telehealth if: the treating healthcare provider believes that the benefits are clinically appropriate based on evidence-based medicine and/or best practices to be delivered via telehealth; the benefits delivered by telehealth meet the procedural definition and components of the CPT or HCPCS codes; and the benefits provided via telehealth meet all laws regarding confidentiality of healthcare information and the patient's right to their medical information.[53]

Health Reform – Delivery (continued)

POLICY	SCORE	NOTES
Expand coverage for telehealth services. (continued)		California has enacted **emergency measures** during the pandemic to expand coverage for telehealth services.[54] **Assembly Bill 32**, being considered by the state's Assembly as of March 2021, seeks to indefinitely extend emergency provisions for Medi-Cal and calls for the Department of Health Care Services to convene an advisory group by January 2022 to conduct an analysis of the benefits of telehealth in Medi-Cal.[55]
Establish or strengthen telehealth reimbursement parity laws to incentivize providers to deliver these services.	✓ *The state requires payment parity for some telehealth and in-person services by Medicaid and private payers.*	As of Jan. 1, 2021, healthcare service plans must reimburse healthcare providers for telehealth services **on the same basis and to the same extent** as they cover in-person services.[56] This requirement does not apply to Medi-Cal managed care. **Medi-Cal** pays the same rate for professional medical services provided by telehealth as it pays for services provided in-person.[57]
Waive/limit cost-sharing for telehealth services.	✗	A **2019 telehealth law** prohibits health plans from charging deductibles, copayments or coinsurance that are higher for telehealth services than in-person services, although this does not necessarily make telehealth more affordable for consumers.[58] Rather, this law benchmarks telehealth cost-sharing to in-person cost-sharing, regardless of whether in-person cost-sharing is affordable. Additionally, there is no evidence that Medi-Cal limits cost-sharing for telehealth services outside of temporary COVID-19 guidelines.
Adopt a global budget system for paying hospitals to better enable them to focus on prevention, care coordination, community-based integration and social determinants of health.	✗	
Require workplace-based cultural competency and implicit-bias training for clinicians and other providers.	✓	**California requires** that all continuing medical education courses contain curriculum that includes cultural and linguistic competency in the practice of medicine.[59] In addition, **a 2019 law** requires that all continuing medical education courses contain curriculum that includes the understanding of implicit bias, beginning Jan. 1, 2022.[60] **Hospitals** that provide perinatal care and alternative birth centers/primary care clinics that provides services as alternative birth centers are required to implement evidence-based implicit bias programs for all healthcare providers involved in the perinatal care of patients.[61]

COVID-Specific Reforms

POLICY	SCORE	NOTES
Collect racial equity data to better understand the disparate impact of COVID-19.	✓	**Cases and deaths** associated with COVID-19 are tracked by race and ethnicity.[62]
Implement changes to Medicaid enrollment, including but not limited to presumptive eligibility, cost-sharing provisions, special enrollment periods, increased enrollment assistance and improvements to application processing in response to COVID-19.	✓	**California** has extended hospital presumptive eligibility to non-MAGI (Modified Adjusted Gross Income) eligibility groups and has increased the number of presumptive eligibility periods in a 12-month period.[63] The state has also eliminated, waived or suspended enrollment fees, premiums or similar charges in Medicaid, as well as eliminated, waived, suspended or delayed enrollment fees, premiums, or similar charges in the Children's Health Insurance Program.[64] The state also extended the Covered California **open enrollment deadline**.[65]
Leverage the Emergency Medicaid program to extend COVID-19 testing, evaluation and treatment coverage to undocumented immigrants.	✓	**California** accepts self-attestation for all eligibility criteria except citizenship and immigration status when documentation or electronic sources are not available.[66] **Medi-Cal beneficiaries** and **undocumented individuals** can also receive free COVID-19 testing and treatment.[67,68]
Waive or limit cost-sharing for COVID-19 testing and treatment by private insurers.	⊖ *The state waives or limits cost-sharing for COVID-19 testing OR treatment by private insurers (not both).*	**California** has eliminated cost-sharing for COVID-19 testing and associated hospital, emergency department, urgent care and provider office visits.[69] However, the state does.[70]
Provide COVID-19 testing to residents free of charge.	✓	California provides **free testing to residents**.[71]

Notes

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