

Healthy California for All Commission

- Repurposes the Council on Health Care Delivery Systems and instead establishes the Healthy California for All Commission effective July 1, 2019.
- Expands the membership from 5 to 13 members.
 - 8 appointed by the Governor
 - 2 appointed by the Senate Rules Committee
 - 2 appointed by the Assembly Speaker
 - 5 ex-officio, non-voting members consisting of the Executive Director of the California Health Benefits Exchange, Director of Health Care Services, Chief Executive Officer of CalPERS, and the chairs of the Senate and Assembly Health Committees or their designated representative.
- Requires the commission to submit a report to the Legislature and Governor by July 1, 2020, with options that include the following:
 - An analysis on California's existing health care delivery system, including cost, quality, workforce, and provider consolidation trends and how it impacts timely access to high-quality affordable care.
 - Options for additional steps California can take to transition to a unified financing system including, but not limited to a single payer system.
 - Options for coverage expansions and potential funding sources. Options should include a full-scope expansion of Medi-Cal for undocumented individuals over 64 years old.
- The commission shall submit a report to the Legislature and Governor on key design considerations for a unified financing system, including but not limited to a single payer system, by February 1, 2021. Considerations should include:
 - Eligibility and enrollment
 - Covered benefits and services
 - Provider participation
 - Purchasing arrangements
 - Provider payments
 - Cost containment
 - Quality improvement
 - Participant cost-sharing
 - Quality monitoring and disparities reduction
 - Information technology and financial management systems
 - Data sharing and transparency

- Governance and administration including integration of federal funding
- Reports shall be posted on the California Health and Human Services Agency website.
- Commission shall provide an update detailing progress in developing the reports to the Governor and Senate and Assembly Health Committees on or before January 1, 2020, and every six months thereafter.

Maternal Mental Health – Medi-Cal Eligibility Extension

- Extends Medi-Cal eligibility for a pregnant individual diagnosed with a maternal mental health condition who is receiving health care coverage under Medi-Cal, Medi-Cal Access, and the Perinatal Services Programs, for one year following the last day of the individual's pregnancy.
- Requires the individual seeking to extend Medi-Cal coverage to submit a note from their health care provider to the eligibility worker stating they have been diagnosed with a maternal mental health condition within 60 days of the last day of pregnancy.
- Suspends implementation on December 2021 unless estimates that accompany the 2021 May Revise determine projected General Fund (GF) exceed GF expenditures in FY 2021-22 and FY 2022-23 by the total of all programs marked for suspension in the FY 2019-20 Budget Act.

Medi-Cal Expansion – Undocumented Young Adults

- Expands Medi-Cal to undocumented young adults ages 19 to 25 years of age.
- Implementation will occur once DHCS determines and communicates in writing to the Department of Finance that systems have been programed for implementation, but no sooner than July 1, 2019
- Requires DHCS to maximize federal funding to the extent allowable.
- To the extent federal funding is not available, DHCS must use state funding appropriated for this purpose.

County Medical Services Program

- Redirects 1991 Health Realignment from the CMSP Board to the Family Support Subaccount beginning in FY 2019-20 and each fiscal year thereafter until the Department determines the total reserves for CMSP are projected to fall below two fiscal years of total expenditures.
- Beginning the fiscal year immediately following the determination by the Department of Finance, 60 percent of 1991 Realignment revenues for CMSP Board and participating counties will be redirected to the Family Support Subaccount per AB 85. Redirection from CMSP counties will be limited to their jurisdictional risk amounts and the difference will be redirected from the CMSP Board.
- Starting in FY 2019-20, Yolo County is reclassified as a CMSP county for purposes of AB 85.