

CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES BILL ANALYSIS

BILL NUMBER: SB 923 **VERSION:** AMENDED JUNE 23, 2022

AUTHOR: WIENER **SPONSOR:** NUMEROUS – SEE BELOW

RECOMMENDED POSITION: NONE

SUBJECT: GENDER-AFFIRMING CARE

Overview: This bill takes a number of steps to provide a model for trans-inclusive care, including requiring health plan staff who are in direct contact with enrollees to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care.

Existing Law:

- 1) Sets continuing medical education standards for licensed physicians and surgeons. (Business and Professions Code (BPC) §§2190, 2190.1)
- 2) Establishes the Department of Managed Health Care to regulate health plans, the California Department of Insurance to regulate health insurance, and the Department of Health Care Services to administer the Medi-Cal Program. (Health and Safety Code (HSC) §1340, et seq., Insurance Code (IC) §106, et seq., and Welfare and Institutions Code (WIC) §14000, et seq.)
- 3) Creates the Transgender Wellness and Equity Fund within the State Department of Public Health’s Office of Health Equity in order to fund grants to create programs, or fund existing programs, focused on coordinating trans-inclusive health care for individuals who identify as transgender, gender-nonconforming, or intersex (TGI). (HSC §150900)

This Bill:

- 1) By January 1, 2024, requires a health care service plan or insurer that issues, sells, renews, or offers health care service plan contracts or insurance policies for health care coverage in this state, or a Medi-Cal managed care plan, to require all of its staff who are in direct contact with enrollees in delivering care or enrollee services to complete evidence-based cultural competency training regarding providing trans-inclusive health care for individuals identifying as transgender, gender-diverse, or intersex (TGI). (Health and Safety Code (HSC) §1367.043(a), Insurance Code (IC) §10133.12(a), Welfare and Institutions Code (WIC) §14197.09(a))

- 2)** Requires the cultural competency training to include all of the following (HSC §1367.043(a), IC §10133.12(a), WIC §14197.09(a)):
- Information about the effects of historical and contemporary exclusion and oppression of TGI communities.
 - Communicating more effectively across gender identities, including TGI-inclusive technology, using correct names and pronouns, avoiding verbal and non-verbal language that demeans, ridicules, or condemns, and avoiding making assumptions about gender identity by using gender-neutral language.
 - Health inequities within the TGI community, including family and community acceptance.
 - Perspectives of diverse, local constituency groups and TGI-serving organizations.
 - Recognizing the difference between personal values and professional responsibilities with regards to serving TGI people.
 - Facilitation by TGI-serving organizations.
- 3)** Requires a refresher course in the training be completed if a complaint has been filed and a decision was made in favor of the complainant for not providing trans-inclusive health care. (HSC §1367.043(a), IC §10133.12(a), WIC §14197.09(a))
- 4)** Requires procedures and sanctions to be developed to ensure a health care service plan, insurer or Medi-Cal plan is compliant with the training requirements. (HSC §1367.043(b), IC §10133.12(b), WIC §14197.09(b))
- 5)** By July 31, 2023, requires a full service health care plan, health insurer or Medi-Cal managed care plan to include information within or accessible from the plan's or insurer's provider directory and call center, that identifies which of the plan's in-network providers have affirmed that they offer and have provided gender-affirming services, and requires the information to be updated when an in-network provider requests its inclusion or exclusion as a provider of gender-affirming services. (HSC §1367.28, IC §10133.13, WIC §14197.09(c))
- 6)** Requires the California Health and Human Services Agency to convene a working group by March 1, 2023. The working group shall include representatives from at least 3 TGI-serving organizations, at least 3 California residents who identify as TGI, health care providers, and an appointee from the Department of Managed Health Care, the Department of Insurance, the State Department of Health Care Services, the California Health Benefit Exchange, and CALPERS. (HSC §150950(a)).

- 7) Tasks the working group with developing a quality standard for patient experience to measure cultural competency related to the TGI community, and to recommend training curriculum to provide trans-inclusive health care. (HSC §150950(b))
- 8) Amends the continuing medical education course cultural competency standard recommendations for physicians and surgeons to address inclusiveness for the TGI communities. (BPC §2190.1(c))

Comments:

- 1) **Intent of This Bill** In the fact sheet for the bill, the author's office states the following:

"SB 923 ensures that California prioritizes the delivery of inclusive healthcare by ensuring that patients have tools to find providers and ensure curriculum is relevant to TGI patient's unique health needs.

All TGI Californians should be able to access comprehensive health care that is - inclusive of their needs. Every person deserves to receive quality, compassionate health care from understanding and respectful health care providers – providers who do not make assumptions about their gender, and honor their bodily autonomy."

- 2) **Previous Legislation**

AB 2218 (Santiago, Chapter 181, Statutes of 2020) created the Transgender Wellness and Equity Fund within the State Department of Public Health's Office of Health Equity in order to fund grants to create programs, or fund existing programs, focused on coordinating trans-inclusive health care for individuals who identify as transgender, gender-nonconforming, or intersex (TGI).

- 3) **Support and Opposition**

Support

- California LGBTQ Health and Human Services Network (Sponsor)
- Equality California (sponsor)
- National Health Law Program (Sponsor)
- TransCommunity Project (Sponsor)
- Trans Family Support Services (Sponsor)
- Western Center on Law & Poverty (Sponsor)
- Break the Binary LLC (Co-sponsor)
- California TRANScends (Co-sponsor)
- Gender Justice LA (Co-sponsor)
- Orange County TransLatinas (Co-sponsor)
- Queer Works (Co-sponsor)
- Rainbow Pride Youth Alliance (Co-sponsor)

- San Francisco Office of Transgender Initiatives (Co-sponsor)
- The TransPower Project (Co-sponsor)
- TransCanWork (Co-sponsor)
- Transgender Health and Wellness Center (Co-sponsor)
- Tranz of Anarchii INC (Co-sponsor)
- Unique Woman's Coalition (Co-sponsor)
- Unity Hope (Co-sponsor)
- A Tribe Called Queer
- Access Reproductive Justice
- AIDS Project Los Angeles Health
- Alliance of Californians for Community Empowerment
- Bay Area Legal Aid
- Building the California Dream Alliance
- CalVoices
- California Calls
- California Commission on Aging
- California Latinas for Reproductive Justice
- California LGBTQ+ Chambers of Commerce Alliance
- California Nurse Midwives Association
- California Physicians Alliance
- California Pan-Ethnic Health Network
- California Rural Legal Assistance Foundation
- California Teachers Association
- Children Now
- Community Health Initiative of Orange County
- Community Legal Aid SoCal
- County Behavioral Health Directors Association
- Desert AIDS Project Health
- Ella Baker Center for Human Rights
- End the Epidemics
- GLMA Health Professionals Advancing LGBTQ Equality
- Health Access California
- Insurance Commissioner Ricardo Lara
- Justice in Aging
- LeadingAge California
- Legal Aid Society of San Diego
- Legal Aid Society of San Mateo
- Los Angeles LGBT Center
- NARAL Pro-Choice California
- National Association of Social Workers, California Chapter
- Pacific Environment
- Planned Parenthood Affiliates of California
- Public Law Center
- Saint John's Community Health
- San Francisco AIDS Foundation
- San Francisco Office of Trans Initiatives

- The Source LGBT+ Center
- Women's Foundation California
- Voices for Progress

Oppose

- California Family Council
- Can I Get a Witness
- Capitol Resource Institute
- Concerned Women for America
- International Federation for Therapeutic and Counselling Choice
- Our Duty
- Two individuals

4) History

2022

- | | |
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| 06/23/22 | Read second time and amended. Re-referred to Com. on APPR. |
| 06/22/22 | From committee: Do pass as amended and re-refer to Com. on APPR. (Ayes 11. Noes 1.) (June 21). |
| 05/31/22 | From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH. |
| 05/27/22 | Referred to Com. on HEALTH. |
| 05/24/22 | In Assembly. Read first time. Held at Desk. |
| 05/23/22 | Read third time. Passed. (Ayes 28. Noes 6.) Ordered to the Assembly. |
| 05/19/22 | Read second time. Ordered to third reading. |
| 05/19/22 | From committee: Do pass. (Ayes 4. Noes 2.) (May 19). |
| 05/17/22 | Set for hearing May 19. |
| 05/16/22 | May 16 hearing: Placed on APPR suspense file. |
| 05/06/22 | Set for hearing May 16. |
| 05/02/22 | From committee with author's amendments. Read second time and amended. Re-referred to Com. on APPR. |
| 04/19/22 | Read second time and amended. Re-referred to Com. on APPR. |
| 04/18/22 | From committee: Do pass as amended and re-refer to Com. on APPR. (Ayes 8. Noes 2. Page 3348.) (April 6). |
| 03/30/22 | Set for hearing April 6. |
| 03/28/22 | March 30 hearing postponed by committee. |
| 03/16/22 | Set for hearing March 30. |
| 03/01/22 | From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH. |
| 02/16/22 | Referred to Com. on HEALTH. |
| 02/07/22 | Joint Rule 55 suspended. (Ayes 31. Noes 6. Page 2880.) |
| 02/07/22 | (Ayes 31. Noes 6.) |
| 02/07/22 | Art. IV. Sec. 8(a) of the Constitution dispensed with. |
| 02/04/22 | From printer. May be acted upon on or after March 6. |
| 02/03/22 | Introduced. Read first time. To Com. on RLS. for assignment. To print. |

AMENDED IN ASSEMBLY JUNE 23, 2022

AMENDED IN ASSEMBLY MAY 31, 2022

AMENDED IN SENATE MAY 2, 2022

AMENDED IN SENATE APRIL 19, 2022

AMENDED IN SENATE MARCH 1, 2022

SENATE BILL

No. 923

Introduced by Senator Wiener

(Principal coauthor: Assembly Member Cristina Garcia)

(Coauthors: Assembly Members Cervantes, Lee, and Low)

February 3, 2022

An act to amend Section 2190.1 of the Business and Professions Code, to add Sections 1367.043 and 1367.28 to, and to add Division 119.5 (commencing with Section 150950) to, the Health and Safety Code, to add Sections 10133.12 and 10133.13 to the Insurance Code, and to add Section 14197.09 to the Welfare and Institutions Code, relating to gender-affirming care.

legislative counsel's digest

SB 923, as amended, Wiener. Gender-affirming care.

(1) Existing law establishes the Transgender Wellness and Equity Fund, administered by the Office of Health Equity within the State Department of Public Health, for the purpose of grant funding focused on coordinating trans-inclusive health care for individuals who identify as transgender, gender nonconforming, or intersex.

Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through

various health care delivery systems, regulations for purposes of the Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.

Existing law establishes the California Program of All-Inclusive Care for the Elderly (PACE program) to provide community-based, long-term care services for older individuals under the Medi-Cal State Plan. Under existing law, certain entities that exclusively serve PACE participants are exempt from licensure by the State Department of Public Health and are subject to oversight and regulation as PACE organizations by the State Department of Health Care Services.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance.

This bill would require a Medi-Cal managed care plan, a PACE organization, a health care service plan, or a health insurer, as specified, to require its staff to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care, as defined, for individuals who identify as transgender, gender diverse, or intersex (TGI). The bill would specify the required components of the training and would make use of any training curricula subject to approval by the respective departments. The bill would require an individual to complete a refresher course if a complaint has been filed, and a decision has been made in favor of the complainant, against that individual for not providing trans-inclusive health care, or on a more frequent basis if deemed necessary.

The bill would require the respective departments to develop and implement procedures, and would authorize them to impose sanctions, to ensure compliance with the above-described provisions. The bill would also require the departments to track and monitor complaints received by the departments related to trans-inclusive health care and to publicly report this data, as specified.

Because a violation of these new requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.

The bill would require the respective departments to implement these provisions without taking any regulatory action, and would require them to adopt regulations by July 1, 2024, providing semiannual status reports to the Legislature until regulations are adopted.

(2) Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Under the act, a physician and surgeon is required to demonstrate satisfaction of continuing education requirements, including cultural and linguistic competency in the practice of medicine, as specified.

This bill would expand cultural competency training to include, as appropriate, information and evidence-based cultural competency training pertinent to the treatment of, and provision of care to, individuals who identify as queer, questioning, asexual, or gender diverse, and the processes specific to those seeking gender-affirming care services. The bill would provide specific components, including health inequities within the TGI community, that would be suitable for evidence-based cultural competency training pursuant to these provisions.

(3) Existing law requires a health care service plan and specified health insurers to publish and maintain a provider directory or directories and to make them publicly available on the plan's or insurer's internet website. Existing law requires a full-service health care service plan and an insurer to include the area of specialty and other certain information in the provider directory or directories.

This bill would require a full service health care service plan, an insurer, and a Medi-Cal managed care plan, by July 31, 2023, to include ~~a link~~ *information, within or* accessible from the plan's or insurer's provider directory, ~~to a list of that identifies which of a plan's or insurer's in-network providers who have affirmed that they offer and~~ have provided gender-affirming services, as specified. Because a violation of these new requirements would be a crime under the Knox-Keene Health Care Service Plan Act of 1975, the bill would impose a state-mandated local program.

(4) Existing law establishes the California Health and Human Services Agency, which includes the State Department of Public Health, among other state departments charged with the administration of health, social, and other human services.

This bill would require, no later than March 1, 2023, the California Health and Human Services Agency to convene a working group that includes representatives from various departments, TGI-serving organizations, residents who identify as TGI, and health care providers to develop a quality standard for patient experience in order to measure

1 cultural competency training shall be a top priority for the regulation and process of this
2 training curriculum to provide trans-inclusive health care, as specified.

(5) The California Constitution requires the state to reimburse local
agencies and school districts for certain costs mandated by the state.
Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act
for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 2190.1 of the Business and Professions
2 Code is amended to read:

3 2190.1. (a) The continuing medical education standards of
4 Section 2190 may be met by educational activities that meet the
5 standards of the board and that serve to maintain, develop, or
6 increase the knowledge, skills, and professional performance that
7 a physician and surgeon uses to provide care, or to improve the
8 quality of care provided to patients. These may include, but are
9 not limited to, educational activities that meet any of the following
10 criteria:

11 (1) Have a scientific or clinical content with a direct bearing on
12 the quality or cost-effective provision of patient care, community
13 or public health, or preventive medicine.

14 (2) Concern quality assurance or improvement, risk
15 management, health facility standards, or the legal aspects of
16 clinical medicine.

17 (3) Concern bioethics or professional ethics.

18 (4) Are designed to improve the physician-patient relationship.

19 (b) (1) On and after July 1, 2006, all continuing medical
20 education courses shall contain curriculum that includes cultural
21 and linguistic competency in the practice of medicine.

22 (2) Notwithstanding the provisions of paragraph (1), a
23 continuing medical education course dedicated solely to research
24 or other issues that does not include a direct patient care component
25 or a course offered by a continuing medical education provider
26 that is not located in this state is not required to contain curriculum
27 that includes cultural and linguistic competency in the practice of
28 medicine.

1 (3) Associations that accredit continuing medical education
2 courses shall develop standards before July 1, 2006, for compliance
3 with the requirements of paragraph (1). The associations may
4 update these standards, as needed, in conjunction with an advisory
5 group that has expertise in cultural and linguistic competency
6 issues.

7 (4) A physician and surgeon who completes a continuing
8 education course meeting the standards developed pursuant to
9 paragraph (3) satisfies the continuing education requirement for
10 cultural and linguistic competency.

11 (c) In order to satisfy the requirements of subdivision (b),
12 continuing medical education courses shall address at least one or
13 a combination of the following:

14 (1) Cultural competency. For the purposes of this section,
15 “cultural competency” means a set of integrated attitudes,
16 knowledge, and skills that enables a health care professional or
17 organization to care effectively for patients from diverse cultures,
18 groups, and communities. At a minimum, cultural competency is
19 recommended to include the following:

20 (A) Applying linguistic skills to communicate effectively with
21 the target population.

22 (B) Utilizing cultural information to establish therapeutic
23 relationships.

24 (C) Eliciting and incorporating pertinent cultural data in
25 diagnosis and treatment.

26 (D) (i) Understanding and applying culturally, ethnically, and
27 sociologically inclusive data to the process of clinical care,
28 including, as appropriate, information and evidence-based cultural
29 competency training pertinent to the treatment of, and provision
30 of care to, individuals who identify as lesbian, gay, bisexual,
31 transgender, queer or questioning, asexual, intersex, or gender
32 diverse. This includes processes specific to those seeking
33 gender-affirming care services.

34 (ii) An evidence-based cultural competency training
35 implemented pursuant to clause (i) may include all of the following:

36 (I) Information about the effects, including, but not limited to,
37 ongoing personal effects of historical and contemporary exclusion
38 and oppression of transgender, gender diverse, or intersex (TGI)
39 communities.

1 (II) Information about communicating more effectively across
2 gender identities, including TGI-inclusive terminology, using
3 people’s correct names and pronouns, even when they are not
4 reflected in records or legal documents, avoiding language, whether
5 verbal or nonverbal, that demeans, ridicules, or condemns TGI
6 individuals, and avoiding making assumptions about gender
7 identity by using gender-neutral language and avoiding language
8 that presumes all individuals are heterosexual, cisgender, or gender
9 conforming, or nonintersex.

10 (III) Discussion on health inequities within the TGI community,
11 including family and community acceptance.

12 (IV) Perspectives of diverse, local constituency groups and
13 TGI-serving organizations including, but not limited to, the
14 California Transgender Advisory Council.

15 (V) Recognition of the difference between personal values and
16 professional responsibilities with regard to serving TGI people.

17 (VI) Recommendations on administrative changes to make
18 health care facilities more inclusive.

19 (2) Linguistic competency. For the purposes of this section,
20 “linguistic competency” means the ability of a physician and
21 surgeon to provide patients who do not speak English or who have
22 limited ability to speak English, direct communication in the
23 patient’s primary language.

24 (3) A review and explanation of relevant federal and state laws
25 and regulations regarding linguistic access, including, but not
26 limited to, the federal Civil Rights Act of 1964 (42 U.S.C. Sec.
27 1981 et seq.), Executive Order 13166 of August 11, 2000, of the
28 President of the United States, and the Dymally-Alatorre Bilingual
29 Services Act (Chapter 17.5 (commencing with Section 7290) of
30 Division 7 of Title 1 of the Government Code).

31 (d) (1) On and after January 1, 2022, all continuing medical
32 education courses shall contain curriculum that includes the
33 understanding of implicit bias.

34 (2) Notwithstanding the provisions of paragraph (1), a
35 continuing medical education course dedicated solely to research
36 or other issues that does not include a direct patient care component
37 or a course offered by a continuing medical education provider
38 that is not located in this state is not required to contain curriculum
39 that includes implicit bias in the practice of medicine.

1 (3) Associations that accredit continuing medical education
2 courses shall develop standards before January 1, 2022, for
3 compliance with the requirements of paragraph (1). The
4 associations may update these standards, as needed, in conjunction
5 with an advisory group established by the association that has
6 expertise in the understanding of implicit bias.

7 (e) In order to satisfy the requirements of subdivision (d),
8 continuing medical education courses shall address at least one or
9 a combination of the following:

10 (1) Examples of how implicit bias affects perceptions and
11 treatment decisions of physicians and surgeons, leading to
12 disparities in health outcomes.

13 (2) Strategies to address how unintended biases in
14 decisionmaking may contribute to health care disparities by shaping
15 behavior and producing differences in medical treatment along
16 lines of race, ethnicity, gender identity, sexual orientation, age,
17 socioeconomic status, or other characteristics.

18 (f) Notwithstanding subdivision (a), educational activities that
19 are not directed toward the practice of medicine, or are directed
20 primarily toward the business aspects of medical practice,
21 including, but not limited to, medical office management, billing
22 and coding, and marketing shall not be deemed to meet the
23 continuing medical education standards for licensed physicians
24 and surgeons.

25 (g) Educational activities that meet the content standards set
26 forth in this section and are accredited by the California Medical
27 Association or the Accreditation Council for Continuing Medical
28 Education may be deemed by the Division of Licensing to meet
29 its continuing medical education standards.

30 (h) For the purposes of this section, the following definitions
31 apply:

32 (1) “TGI” means transgender, gender diverse, or intersex.

33 (2) “TGI-serving organization” has the same meaning as set
34 forth in paragraph (2) of subdivision (f) of Section 150900 of the
35 Health and Safety Code.

36 SEC. 2. Section 1367.043 is added to the Health and Safety
37 Code, to read:

38 1367.043. (a) (1) No later than January 1, 2024, a health care
39 service plan that issues, sells, renews, or offers health care service
40 plan contracts for health care coverage in this state, including a

1 grandfathered health plan, but not including specialized health
2 care service plan contracts that provide only dental or vision
3 services, shall require all of its health care service plan staff who
4 are in direct contact with enrollees in the delivery of care or
5 enrollee services to complete evidence-based cultural competency
6 training for the purpose of providing trans-inclusive health care
7 for individuals who identify as transgender, gender diverse, or
8 intersex (TGI).

9 (2) An evidence-based cultural competency training
10 implemented pursuant to paragraph (1) shall include all of the
11 following:

12 (A) Information about the effects, including, but not limited to,
13 ongoing personal effects, of historical and contemporary exclusion
14 and oppression of TGI communities.

15 (B) Information about communicating more effectively across
16 gender identities, including TGI-inclusive terminology, using
17 people's correct names and pronouns, even when they are not
18 reflected in records or legal documents; avoiding language, whether
19 verbal or nonverbal, that demeans, ridicules, or condemns TGI
20 individuals; and avoiding making assumptions about gender
21 identity by using gender-neutral language and avoiding language
22 that presumes all individuals are heterosexual, cisgender or gender
23 conforming, or nonintersex.

24 (C) Discussion on health inequities within the TGI community,
25 including family and community acceptance.

26 (D) Perspectives of diverse, local constituency groups and
27 TGI-serving organizations, including, but not limited to, the
28 California Transgender Advisory Council.

29 (E) Recognition of the difference between personal values and
30 professional responsibilities with regard to serving TGI people.

31 (F) Facilitation by TGI-serving organizations.

32 (3) Use of any training curricula for purposes of implementing
33 paragraph (1) shall be subject to approval by the department,
34 following stakeholder engagement with local constituency groups
35 and TGI-serving organizations, including, but not limited to, the
36 California Transgender Advisory Council.

37 (4) After first-time completion of the evidence-based cultural
38 competency training, in the form of initial basic training, an
39 individual described in paragraph (1) shall complete a refresher
40 course if a complaint has been filed, and a decision has been made

1 in favor of the complainant, against that individual for not
2 providing trans-inclusive health care, or on a more frequent basis
3 if deemed necessary by the health care service plan or the
4 department for purposes of providing trans-inclusive health care.

5 (b) No later than July 1, 2023, the department shall develop and
6 implement procedures, and may impose sanctions pursuant to
7 Article 7 (commencing with Section 1386) or Article 8
8 (commencing with Section 1390), to ensure that a health care
9 service plan is compliant with the requirements described in
10 subdivision (a). In addition to requiring plan compliance regarding
11 subdivision (a), the director shall review individual case complaints
12 alleging discrimination on the basis of gender identity and refer
13 those complaints to the Department of Fair Employment and
14 Housing. For improper denials, delays, or modifications of
15 trans-inclusive care, the Department of Managed Health Care shall
16 review the complaints to determine whether any enforcement
17 actions, including sanctions pursuant to Article 7 (commencing
18 with Section 1386) or Article 8 (commencing with Section 1390),
19 may be appropriate.

20 (c) The department shall track and monitor complaints received
21 by the department related to trans-inclusive health care and publicly
22 report this data with other complaint data in its annual report, on
23 its website, or with other public reports containing complaint data.

24 (d) For purposes of this section, the following definitions apply:

25 (1) “TGI” means transgender, gender diverse or intersex.

26 (2) “TGI-serving organization” has the same meaning as set
27 forth in paragraph (2) of subdivision (f) of Section 150900.

28 (3) “Trans-inclusive health care” means comprehensive health
29 care that is consistent with the standards of care for individuals
30 who identify as TGI, honors an individual’s personal bodily
31 autonomy, does not make assumptions about an individual’s
32 gender, accepts gender fluidity and nontraditional gender
33 presentation, and treats everyone with compassion, understanding,
34 and respect.

35 (e) (1) Notwithstanding Chapter 3.5 (commencing with Section
36 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
37 the department, without taking any further regulatory action, shall
38 implement, interpret, or make specific this section by means of
39 plan letters or similar instructions, until regulations are adopted.

1 (2) The department shall adopt regulations for purposes of this
 2 section by July 1, 2024, in accordance with the requirements of
 3 Chapter 3.5 (commencing with Section 11340) of Part 1 of Division
 4 3 of Title 2 of the Government Code. The department shall provide
 5 a status report to the Legislature on a semiannual basis, in
 6 compliance with Section 9795 of the Government Code, until
 7 regulations are adopted.

8 SEC. 3. Section 1367.28 is added to the Health and Safety
 9 Code, to read:

10 1367.28. No later than July 31, 2023, a full service health care
 11 service plan shall include ~~a link accessible~~ *information within or*
 12 *accessible* from the plan's provider directory, and accessible
 13 through the plan's call center, ~~to a list of that identifies which of~~
 14 *a plan's in-network providers who have affirmed that they offer*
 15 *and have provided gender-affirming services, including, but not*
 16 *limited to, feminizing mammoplasty, male chest reconstruction,*
 17 *mastectomy, gender-confirming facial surgery, hysterectomy,*
 18 *oophorectomy, penectomy, orchiectomy, feminizing genitoplasty,*
 19 *metoidioplasty, phalloplasty, scrotoplasty, voice masculinization*
 20 *or feminization, hormone therapy related to gender dysphoria or*
 21 *intersex conditions, gender-affirming gynecological care, or voice*
 22 *therapy related to gender dysphoria or intersex conditions.* ~~A~~
 23 ~~network provider shall be permitted to volunteer its inclusion on~~
 24 ~~this list and the list shall be updated at least annually and when a~~
 25 ~~provider requests to be included or excluded from the list. This~~
 26 *information shall be updated when an in-network provider requests*
 27 *its inclusion or exclusion as a provider that offers and provides*
 28 *gender-affirming services. Nothing in this act alters any business*
 29 *establishment's obligation to provide full and equal services to*
 30 *customers or patients regardless of their sex and other protected*
 31 *characteristics, pursuant to the Unruh Civil Rights Act (Section*
 32 *51 of the Civil Code) and other applicable law.*

33 SEC. 4. Division 119.5 (commencing with Section 150950) is
 34 added to the Health and Safety Code, to read:

35

36 DIVISION 119.5. TRANSGENDER, GENDER DIVERSE,
 37 OR INTERSEX HEALTH CARE QUALITY STANDARDS

38

39 150950. (a) No later than March 1, 2023, the California Health
 40 and Human Services Agency shall convene a working group of

1 representatives from at least three TGI-serving organizations, at
2 least three individual California residents who identify as TGI,
3 health care providers, and one appointee representing each of the
4 following state agencies:

- 5 (1) The Department of Managed Health Care.
- 6 (2) The Department of Insurance.
- 7 (3) The State Department of Health Care Services.
- 8 (4) The California Health Benefit Exchange.
- 9 (5) CalPERS.

10 (b) The working group shall be charged with developing a
11 quality standard for patient experience to measure cultural
12 competency related to the TGI community and recommend training
13 curriculum to provide trans-inclusive health care. This shall be
14 done with input from health care providers, experts on quality
15 measurement, additional stakeholders, and other entities the agency
16 deems necessary. The working group shall conduct at least four
17 listening sessions across the state with patients from the TGI
18 community. A quality metric shall be developed no later than
19 March 1, 2024, with measurement to begin no later than January
20 1, 2025.

21 (c) For purposes of this section, the following definitions apply:

- 22 (1) “TGI” means transgender, gender diverse, or intersex.
- 23 (2) “TGI-serving organization” has the same meaning as set
24 forth in paragraph (2) of subdivision (f) of Section 150900.

25 SEC. 5. Section 10133.12 is added to the Insurance Code, to
26 read:

27 10133.12. (a) (1) No later than January 1, 2024, a health
28 insurer that issues, sells, renews, or offers health insurance policies
29 for health care coverage in this state, including a grandfathered
30 health insurance policy, but not including specialized health
31 insurance policies that provide only dental or vision services, shall
32 require all of its health insurer staff who are in direct contact with
33 insureds in the delivery of care or insured services to complete
34 evidence-based cultural competency training for the purpose of
35 providing trans-inclusive health care for individuals who identify
36 as transgender, gender diverse, or intersex (TGI).

37 (2) An evidence-based cultural competency training
38 implemented pursuant to paragraph (1) shall include all of the
39 following:

1 (A) Information about the effects, including, but not limited to,
2 ongoing personal effects, of historical and contemporary exclusion
3 and oppression of TGI communities.

4 (B) Information about communicating more effectively across
5 gender identities, including TGI-inclusive terminology, using
6 people’s correct names and pronouns, even when they are not
7 reflected in records or legal documents; avoiding language, whether
8 verbal or nonverbal, that demeans, ridicules, or condemns TGI
9 individuals; and avoiding making assumptions about gender
10 identity by using gender-neutral language and avoiding language
11 that presumes all individuals are heterosexual, cisgender or gender
12 conforming, or nonintersex.

13 (C) Discussion on health inequities within the TGI community,
14 including family and community acceptance.

15 (D) Perspectives of diverse, local constituency groups and
16 TGI-serving organizations, including, but not limited to, the
17 California Transgender Advisory Council.

18 (E) Recognition of the difference between personal values and
19 professional responsibilities with regard to serving TGI people.

20 (F) Facilitation by TGI-serving organizations.

21 (3) Use of any training curricula for purposes of implementing
22 paragraph (1) shall be subject to approval by the department,
23 following stakeholder engagement with local constituency groups
24 and TGI-serving organizations, including, but not limited to, the
25 California Transgender Advisory Council.

26 (4) After first-time completion of the evidence-based cultural
27 competency training, in the form of initial basic training, an
28 individual described in paragraph (1) shall complete a refresher
29 course if a complaint has been filed, and a decision has been made
30 in favor of the complainant, against that individual for not
31 providing trans-inclusive health care, or on a more frequent basis
32 if deemed necessary by the health insurer or the department for
33 purposes of providing trans-inclusive health care.

34 (b) (1) No later than July 1, 2023, the department shall develop
35 and implement procedures, and may impose sanctions pursuant to
36 any applicable enforcement provisions, to ensure that a health
37 insurer is compliant with the requirements described in subdivision
38 (a).

39 (2) The department shall track and monitor complaints received
40 by the department related to trans-inclusive health care and publicly

1 report this data with other complaint data on its website or with
2 other public reports containing complaint data.

3 (c) For purposes of this section, the following definitions apply:

4 (1) “TGI” means transgender, gender diverse, or intersex.

5 (2) “TGI-serving organization” has the same meaning as set
6 forth in paragraph (2) of subdivision (f) of Section 150900 of the
7 Health and Safety Code.

8 (3) “Trans-inclusive health care” means comprehensive health
9 care that is consistent with the standards of care for individuals
10 who identify as TGI, honors an individual’s personal bodily
11 autonomy, does not make assumptions about an individual’s
12 gender, accepts gender fluidity and nontraditional gender
13 presentation, and treats everyone with compassion, understanding,
14 and respect.

15 (d) (1) Notwithstanding Chapter 3.5 (commencing with Section
16 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
17 the department, without taking any further regulatory action, shall
18 implement, interpret, or make specific this section by means of
19 guidance or similar instructions, until regulations are adopted.

20 (2) The department shall adopt regulations for purposes of this
21 section by July 1, 2024, in accordance with the requirements of
22 Chapter 3.5 (commencing with Section 11340) of Part 1 of Division
23 3 of Title 2 of the Government Code. The department shall provide
24 a status report to the Legislature on a semiannual basis, in
25 compliance with Section 9795 of the Government Code, until
26 regulations are adopted.

27 SEC. 6. Section 10133.13 is added to the Insurance Code, to
28 read:

29 10133.13. No later than July 31, 2023, a health insurer subject
30 to Section 10133.12 shall include ~~a link accessible~~ *information*
31 *within or accessible* from the insurer’s provider directory, and
32 accessible through the insurer’s call center, ~~to a list of that identifies~~
33 *which of an insurer’s in-network providers who have affirmed that*
34 *they offer and have provided gender-affirming services, including,*
35 *but not limited to, feminizing mammoplasty, male chest*
36 *reconstruction, mastectomy, gender-confirming facial surgery,*
37 *hysterectomy, oophorectomy, penectomy, orchiectomy, feminizing*
38 *genitoplasty, metoidioplasty, phalloplasty, scrotoplasty, voice*
39 *masculinization or feminization, hormone therapy related to gender*
40 *dysphoria or intersex conditions, gender-affirming gynecological*

1 care, or voice therapy related to gender dysphoria or intersex
2 conditions. ~~A network provider shall be permitted to volunteer its~~
3 ~~inclusion on this list and the list shall be updated at least annually~~
4 ~~and when a provider requests to be included or excluded from the~~
5 ~~list. This information shall be updated when an in-network provider~~
6 ~~requests its inclusion or exclusion as a provider that offers and~~
7 ~~provides gender-affirming services. Nothing in this act alters any~~
8 ~~business establishment's obligation to provide full and equal~~
9 ~~services to customers or patients regardless of their sex and other~~
10 ~~protected characteristics, pursuant to the Unruh Civil Rights Act~~
11 ~~(Section 51 of the Civil Code) and other applicable law.~~

12 SEC. 7. Section 14197.09 is added to the Welfare and
13 Institutions Code, to read:

14 14197.09. (a) (1) No later than January 1, 2024, a Medi-Cal
15 managed care plan shall require all of its managed care plan staff
16 who are in direct contact with beneficiaries in the delivery of care
17 or beneficiary services to complete evidence-based cultural
18 competency training for the purpose of providing trans-inclusive
19 health care for individuals who identify as transgender, gender
20 diverse, or intersex (TGI).

21 (2) An evidence-based cultural competency training
22 implemented pursuant to paragraph (1) shall include all of the
23 following:

24 (A) Information about the effects, including, but not limited to,
25 ongoing personal effects, of historical and contemporary exclusion
26 and oppression of TGI communities.

27 (B) Information about communicating more effectively across
28 gender identities, including TGI-inclusive terminology, using
29 people's correct names and pronouns, even when they are not
30 reflected in records or legal documents; avoiding language, whether
31 verbal or nonverbal, that demeans, ridicules, or condemns TGI
32 individuals; and avoiding making assumptions about gender
33 identity by using gender-neutral language and avoiding language
34 that presumes all individuals are heterosexual, cisgender or gender
35 conforming, or nonintersex.

36 (C) Discussion on health inequities within the TGI community,
37 including family and community acceptance.

38 (D) Perspectives of diverse, local constituency groups and
39 TGI-serving organizations, including, but not limited to, the
40 California Transgender Advisory Council.

1 (E) Recognition of the difference between personal values and
2 professional responsibilities with regard to serving TGI people.

3 (F) Facilitation by TGI-serving organizations.

4 (3) Use of any training curricula for purposes of implementing
5 paragraph (1) shall be subject to approval by the department,
6 following stakeholder engagement with local constituency groups
7 and TGI-serving organizations, including, but not limited to, the
8 California Transgender Advisory Council.

9 (4) After first-time completion of the evidence-based cultural
10 competency training, in the form of initial basic training, an
11 individual described in paragraph (1) shall complete a refresher
12 course if a complaint has been filed, and a decision has been made
13 in favor of the complainant, against that individual for not
14 providing trans-inclusive health care, or on a more frequent basis
15 if deemed necessary by the Medi-Cal managed care plan or the
16 department for purposes of providing trans-inclusive health care.

17 (b) (1) No later than July 1, 2023, the department shall develop
18 and implement procedures, and may impose sanctions pursuant to
19 Section 14197.7, to ensure that a Medi-Cal managed care plan is
20 compliant with the requirements described in subdivision (a).

21 (2) The department shall track and monitor complaints received
22 by the department related to trans-inclusive health care and publicly
23 report this data with other complaint data on its website or with
24 other public reports containing complaint data.

25 (c) No later than July 31, 2023, a Medi-Cal managed care plan
26 shall include ~~a link accessible~~ *information within or accessible*
27 from the plan's provider directory, and accessible through the
28 plan's call center, ~~to a list of that identifies which of an insurer's~~
29 ~~in-network providers who have affirmed that they offer and have~~
30 ~~provided gender-affirming services, including, but not limited to,~~
31 ~~feminizing mammoplasty, male chest reconstruction, mastectomy,~~
32 ~~gender-confirming facial surgery, hysterectomy, oophorectomy,~~
33 ~~penectomy, orchiectomy, feminizing genitoplasty, metoidioplasty,~~
34 ~~phalloplasty, scrotoplasty, voice masculinization or feminization,~~
35 ~~hormone therapy related to gender dysphoria or intersex conditions,~~
36 ~~gender-affirming gynecological care, or voice therapy related to~~
37 ~~gender dysphoria or intersex conditions. A network provider shall~~
38 ~~be permitted to volunteer their inclusion on this list and the list~~
39 ~~shall be updated at least annually and when a provider requests to~~
40 ~~be included or excluded from the list. This information shall be~~

1 *updated when an in-network provider requests its inclusion or*
2 *exclusion as a provider that offers and provides gender-affirming*
3 *services. Nothing in this act alters any business establishment's*
4 *obligation to provide full and equal services to customers or*
5 *patients regardless of their sex and other protected characteristics,*
6 *pursuant to the Unruh Civil Rights Act (Section 51 of the Civil*
7 *Code) and other applicable law.*

8 (d) For purposes of this section, the following definitions apply:

9 (1) "Medi-Cal managed care plan" means an individual,
10 organization, or entity that enters into a contract with the
11 department to provide general health care services to enrolled
12 Medi-Cal beneficiaries pursuant to any of the following:

13 (A) Article 2.7 (commencing with Section 14087.3).

14 (B) Article 2.8 (commencing with Section 14087.5).

15 (C) Article 2.81 (commencing with Section 14087.96).

16 (D) Article 2.82 (commencing with Section 14087.98).

17 (E) Article 2.9 (commencing with Section 14088).

18 (F) Article 2.91 (commencing with Section 14089).

19 (G) Chapter 8 (commencing with Section 14200).

20 (H) Chapter 8.9 (commencing with Section 14700).

21 (I) A county Drug Medi-Cal organized delivery system
22 authorized under the California Medi-Cal 2020 Demonstration
23 pursuant to Article 5.5 (commencing with Section 14184) or a
24 successor demonstration or waiver, as applicable.

25 (2) The requirements described in this section that are imposed
26 on a "Medi-Cal managed care plan" also apply to a Program of
27 All-Inclusive Care for the Elderly (PACE) organization operating
28 pursuant to Chapter 8.75 (commencing with Section 14591). The
29 sanctions described in subdivision (b) also apply to a PACE
30 organization, which may be imposed by the department or the
31 State Department of Public Health pursuant to Section 14592 or
32 any other provisions applicable to PACE organizations.

33 (3) "TGI" means transgender, gender diverse, or intersex.

34 (4) "TGI-serving organization" has the same meaning as set
35 forth in paragraph (2) of subdivision (f) of Section 150900 of the
36 Health and Safety Code.

37 (5) "Trans-inclusive health care" means comprehensive health
38 care that is consistent with the standards of care for individuals
39 who identify as TGI, honors an individual's personal bodily
40 autonomy, does not make assumptions about an individual's

1 gender, accepts gender fluidity and nontraditional gender
2 presentation, and treats everyone with compassion, understanding,
3 and respect.

4 (e) (1) Notwithstanding Chapter 3.5 (commencing with Section
5 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
6 the department, without taking any further regulatory action, shall
7 implement, interpret, or make specific this section by means of
8 all-county letters, plan letters, plan or provider bulletins, or similar
9 instructions, until regulations are adopted.

10 (2) The department shall adopt regulations for purposes of this
11 section by July 1, 2024, in accordance with the requirements of
12 Chapter 3.5 (commencing with Section 11340) of Part 1 of Division
13 3 of Title 2 of the Government Code. The department shall provide
14 a status report to the Legislature on a semiannual basis, in
15 compliance with Section 9795 of the Government Code, until
16 regulations are adopted.

17 SEC. 8. No reimbursement is required by this act pursuant to
18 Section 6 of Article XIII B of the California Constitution because
19 the only costs that may be incurred by a local agency or school
20 district will be incurred because this act creates a new crime or
21 infraction, eliminates a crime or infraction, or changes the penalty
22 for a crime or infraction, within the meaning of Section 17556 of
23 the Government Code, or changes the definition of a crime within
24 the meaning of Section 6 of Article XIII B of the California
25 Constitution.