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## The Honorable Anthony Portantino, Chair

California State Senate Committee on Appropriations Capitol Office, 1021 O Street, Room 2206 Sacramento, CA 95814

Position Letter: SB 363 (Wiener) – Support if Amended

## Dear Chairman Portantino and Members of the California State Senate Committee on Appropriations,

Students for Patient Advocacy Nationwide (SPAN) supports the spirit of SB 363, which aims to increase transparency and accountability in how health plans use utilization management tools to delay, deny, or modify patient care. We recognize the importance of this legislation in ensuring that Independent Medical Review (IMR) data is analyzed to identify patterns of inappropriate denials and provide a mechanism to hold plans accountable.

However, after careful review of the bill's text in its current form, we respectfully request a specific amendment that would significantly enhance the bill's impact and ensure that it equitably serves the diverse patient populations it is designed to protect.

We are particularly concerned that SB 363, as currently written, does **not apply to Medi-Cal managed care plans**, which cover more than **15 million Californians** - nearly **40% of the state's population**. According to the Department of Health Care Services, over **90% of Medi-Cal enrollees** are in managed care plans. These patients are predominantly low-income, racially and ethnically diverse, and more likely to face barriers in navigating appeals systems. If SB 363 excludes this population, the legislation will **miss the single largest group of Californians impacted by care denials**, undermining the bill's overall reach and equity.

Moreover, data from the Department of Managed Health Care shows that a high percentage of denials are overturned on appeal, yet many patients, especially those in vulnerable communities, never file an IMR due to lack of awareness, language access, or trust in the system. Without applying SB 363's provisions to Medi-Cal plans, we risk creating a two-tiered system in which those with commercial insurance receive transparency and protection, while those who rely on the state's safety-net system are left behind.

To address this concern, we provide the following Amendment Proposal: **Amend Section 1368.01(a)** to read:

"This chapter applies to all health care service plans regulated under the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Part 2 of Division 2 of the Health and Safety Code), including Medi-Cal managed care plans regulated by the Department of Managed Health Care."

This language explicitly includes Medi-Cal managed care plans within the bill's reporting and accountability framework, ensuring equitable protections and comprehensive data collection across the state's insurance landscape.

We believe this amendment is necessary to realize SB 363's full potential to improve transparency, reduce inequities in care denials, and hold all plans accountable. SPAN is proud to Support SB 363 IF it is amended to reflect this inclusion. We respectfully urge the committee to consider this amendment before advancing the bill and stand ready to assist further as needed.

This amendment is necessary because the infrastructure for Independent Medical Review already exists for Medi-Cal enrollees under DMHC oversight. Including these plans in SB 363's transparency and enforcement mechanisms would not require new administrative systems, it would simply ensure that **all Californians** are afforded the same protections, regardless of income or insurance source.

We believe these changes will help ensure that California remains a national leader in healthcare equity and oversight. **SPAN is proud to Support SB 363 IF it is amended** to reflect the full scope of the state's healthcare system and ensure protection for all patients. We respectfully urge the committee to consider this change before moving the bill forward. We are happy to provide additional input or support as needed.

Sincerely,

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