Date of Hearing: June 30, 2026
Deputy Chief Counsel: Stella Choe

ASSEMBLY COMMITTEE ON PUBLIC SAFETY
Nick Schultz, Chair

SB 874 (Weber Pierson) – As Amended June 3, 2026

As Proposed to be Amended in Committee

SUMMARY: Requires Department of Health Care Services (DHCS), on or before July 1, 2027, to ensure that any provider of behavioral health treatment (BHT) services paid for by Medi-Cal conducts a state and national criminal background check on its employees who interact with patients, according to departmental guidelines. Specifically, **this bill**:

1) States that BHT has the same meaning as in existing law.

2) Requires DHCS to convene a stakeholder workgroup in the first quarter of the 2027 calendar year which includes all of the following:

    a) BHT providers, which may include representatives of trade associations and licensing or certifying bodies, in addition to providers;

    b) Providers of other services to children with autism, including, but not limited to, speech and hearing specialists, occupational therapists, psychiatrists, and vision specialists;

    c) Managed care plans;

    d) Consumers with autism; and,

    e) Consumer advocates for organizations led by individuals with autism and organizations serving families of autistic children.

3) Authorizes DHCS to consult with the Department of Managed Health Care (DMHC) or invite DMHC to the workgroup as well for purposes of coordination with the commercial market.

4) States that the stakeholder workgroup shall review the implementation of BHT services in Medi-Cal, including applied behavior analysis and other evidence-based interventions.

5) Requires the stakeholder workgroup to advise DHCS on all of the following:

    a) Clinical guidelines for the provision of BHT services, including independent clinician assessment for treatment and reauthorization requirements;

    b) Treatment plan requirements, including the number of hours in a treatment plan, documentation of an individual's needs, and how treatment outcomes specific to the individual and the effectiveness of treatment are reviewed;

c) Requirements for the provision of center-based services compared to services provided in the home, school, or otherwise in the child's natural environment to ensure only services that qualify as BHT services are billed;

d) Supervision of unlicensed and uncertified professionals, including the number of hours of supervision required, location of the supervisor, and number of unlicensed professionals a licensed or board-certified professional may supervise. Consideration shall also be given to how such supervision is monitored;

e) Standardization of Medi-Cal managed care plan documentation requirements, including credentialing;

f) Best practices in prioritizing quality care in contracting with BHT services providers; and,

g) Feasibility of requiring fingerprint-based criminal background checks of BHT service providers.

6) Provides that the stakeholder workgroup shall meet no less than quarterly in the 2027 and 2028 calendar years and requires meetings to be open to the public and allow for public participation.

7) Requires, on or before January 1, 2028, DHCS to release and maintain clear clinical guidance for the provision of the BHT benefit.

8) Requires the guidance to be consistent with federal recommendations on BHT services and Early and Periodic Screening, Diagnostic, and Treatment services for individuals under 21 years of age and shall include any modifications based on input from the stakeholder workgroup.

9) States that, on or before January 1, 2029, DHCS hall report to the Legislature and publish on its internet website, an analysis of the utilization of BHT services in California since 2014, a synopsis of changes made as a result of the stakeholder workgroup, and recommendations for statutory, regulatory, or administrative actions necessary to ensure Medi-Cal reimbursement practices align with federal Medicaid program integrity requirements.

10) Specifies that in creating this report to the Legislature, DHCS shall consider all of the following:

a) Whether BHT services reimbursed under the Medi-Cal program meet federal Medicaid requirements governing rehabilitative services and Early and Periodic Screening, Diagnostic, and Treatment services;

b) Whether DHCS and Medi-Cal managed care plans utilize uniform, publicly accessible, evidence-based clinical standards for determining medical necessity and treatment intensity;

c) Whether reimbursed services include documented functional impairments, measurable treatment goals, and periodic assessment of clinical progress sufficient to demonstrate that services constitute therapeutic interventions covered under the Medicaid program;

d) Whether the supervision standards for BHT services are equivalent to or greater than the supervision, observation, documentation, and clinical oversight requirements imposed on comparable health services in other allied health professions regulated under the Business and Professions Code; and,

e) Whether any statutory changes are needed to require a fingerprint-based background check on BHT service providers.

11) States, notwithstanding existing law, DHCS, without taking any further regulatory action, shall implement, interpret, or make specific the provisions of this bill by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions.

EXISTING LAW:

1) Requires the Department of Justice (DOJ) to maintain state summary criminal history information, as defined, and to furnish this information to various state and local government officers, officials, and other prescribed entities, if needed in the course of their duties. (Pen. Code, § 11105, subds. (a)-(b).)

2) Defines "state summary criminal history information" to mean the master record of information compiled by the Attorney General pertaining to the identification and criminal history of a person, such as name, date of birth, physical description, fingerprints, photographs, dates of arrests, arresting agencies and booking numbers, charges, dispositions, sentencing information, and similar data about the person. (Pen. Code, § 11105, subd. (a)(2)(A).)

3) Specifies that a fingerprint-based criminal history information check that is required pursuant to any statute to be requested from the DOJ. When a government agency or other entity requests such a criminal history check for purposes of employment, licensing, or certification, existing law requires the DOJ to disseminate specified information in response to the request, including information regarding convictions and arrests for which the applicant is presently awaiting trial. (Pen. Code, § 11105, subd. (u).)

4) Authorizes a human resource agency or an employer to request from the Department of Justice (DOJ) records of all convictions or any arrest pending adjudication involving the specified offenses of a person who applies for a license, employment, or volunteer position, in which they would have supervisory or disciplinary power over a minor or any person under their care. Requires DOJ to furnish the information to the requesting employer and also send a copy of the information to the applicant. (Pen. Code, § 11105.3, subd. (a).)

5) Requires a request for records to include the applicant's fingerprints, which may be taken by the requester, and any other data specified by DOJ. Requires DOJ to forward requests received for federal criminal offender record information to the FBI to be searched for any record of arrests or convictions. (Pen. Code, § 11105.3, subd. (b).)

6) Requires the agency or employer to notify the parents or guardians of any minor who will be supervised or disciplined by the employee or volunteer when a criminal convictions request reveals that a prospective employee or volunteer has been convicted of a violation or attempted violation of any sex offense requiring sex offender registration, except as specified; assault with intent to commit specified crimes, including sex offenses; statutory rape; child abuse and endangerment; inflicting cruel or inhuman corporal punishment on a child resulting in an injury; or willfully inflicts corporal injury resulting in a traumatic condition upon a victim, and where the agency or employer hires the prospective employee or volunteer. (Pen. Code, § 11105.3, subd. (c).)

7) Requires DOJ to secure any criminal record of a person to determine whether the person has ever been convicted of nonconsensual touching of another, a sex offense against a minor, or of any felony that requires sex offender registration, or whether the person has been convicted or incarcerated within the last 10 years for child abuse and endangerment, inflicting cruel or inhuman corporal punishment on a child resulting in an injury, elder or dependent adult abuse, or theft, robbery, burglary, or any felony. Requires DOJ to provide a subsequent arrest notification, if both of the following conditions are met:

   a) An employer of the person requests the determination and submits fingerprints of the person to the DOJ. Provides that "employer" includes, but is not limited to, an in-home supportive services recipient; an aged or disabled adult who is ineligible for benefits, who receives care by, as specified; any recipient of personal care services under the Medi-Cal program; and any public authority or nonprofit consortium, as described.

   b) The person is unlicensed and provides nonmedical domestic or personal care to an aged or disabled adult in the adult's own home. (Welf. & Inst. Code, § 15660, subd. (a).)

8) Requires DOJ to notify the employer if it is found that the person has ever been convicted of the above specified offenses. Requires DOJ to notify the employer if no criminal record information has been recorded. (Welf. & Inst. Code, § 15660, subd. (b).)

9) Establishes the Medi-Cal program, administered by DHCS, and under which qualified low-income individuals receive health care services. (Welf. & Inst. Code, § 14000, et seq.)

10) Establishes a schedule of benefits under the Medi-Cal program, which includes benefits required under federal law and benefits provided at the state's option, both of which are funded with federal and state dollars. The scope of benefits includes the application of fluoride, or other appropriate fluoride treatment, as defined by DHCS, for children under age 17. (Welf. & Inst. Code, § 14132.)

11) Requires, under federal law, coverage for individuals under age 21 of all necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State plan, known as the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit, and codifies this benefit in state law. (Welf. & Inst. Code, § 14059.5; 42 U.S.C. § 1396d.)

12) Specifies that EPSDT services also include all age-specific assessments and services listed under the most current periodicity schedule by the American Academy of Pediatrics and

Bright Futures, and any other medically necessary assessments and services that exceed those listed. (Welf. & Inst. Code, § 14149.95.)

13) Requires BHT to be a Medi-Cal covered service for individuals under 21 years of age only to the extent required by the federal government. (Welf. & Inst. Code, § 14132.56.)

14) Defines "BHT" as professional services and treatment programs, including applied behavior analysis (ABA) and evidence-based intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism, and are administered by DHCS as described in the approved state plan. (Welf. & Inst. Code, § 14132.56.)

15) Requires DHCS to develop and define eligibility criteria, provider participation criteria, utilization controls, and delivery system structure for services under this section, subject to limitations allowable under federal law, in consultation with stakeholders. (Welf. & Inst. Code, § 14132.56.)

FISCAL EFFECT: Unknown.

COMMENTS:

1) **Sponsor**: Author-sponsored

2) **Author's Statement**: According to the author, "SB 874 strengthens oversight and standardization of Behavioral Health Therapy (BHT) services, including Applied Behavioral Analysis (ABA) in the Medi-Cal program. In recent years, utilization of these services has grown significantly, both in California and around the country, bringing greater federal scrutiny to the provision of these services through the Medicaid program. Some of this growth is by design, as California enacted several bills to reduce barriers to these services. SB 874 is a measured attempt to evaluate whether we have landed in the right place to ensure that families can access the services they need while at the same time protecting the program from potential waste or abuse. SB 874 requires background checks for providers not otherwise checked as part of their licensure, establishes a stakeholder workgroup to review service delivery, and directs DHCS to issue clinical guidance and report to the Legislature on utilization and program integrity. Everyone who works directly with children with disabilities for extended periods of time should have a fingerprint-based background check."

3) **Summary Criminal History Information**: State summary criminal history information is the master record of information compiled by DOJ pertaining to the identification and criminal history of any person. This information includes name, date of birth, physical description, fingerprints, photographs, arrests, dispositions and similar data. (Pen. Code, § 11105, subd. (a).) Access to a person's summary criminal history information is generally prohibited and only allowed to be disseminated if specifically authorized in statute. "The state constitutional right of privacy extends to protect defendants from unauthorized disclosure of criminal history records. [Citation.] These records are compiled without the consent of the subjects and disseminated without their knowledge. Therefore, custodians of the records, have a duty to 'resist attempts at unauthorized disclosure and the person who is the subject of the record is entitled to expect that his right will be thus asserted.'" (*Westbrook v. County of Los Angeles* (1994) 27 Cal.App.4th 157, 165-66.)

DOJ is tasked with maintaining state summary criminal history information and requires the Attorney General to furnish state summary criminal history information only to statutorily authorized entities or individuals for employment, licensing, volunteering, etc. (Pen. Code, § 11105.) In addition to the specified entities authorized to receive state summary criminal history information, DOJ may furnish state summary criminal history information to other specified employers upon a showing of compelling need for the information and to any person or entity when they are required by statute to conduct a criminal background check to comply with requirements or exclusions expressly based upon specified criminal conduct. (Pen. Code, § 11105, subds. (a)(13) & (c).)

16) Existing law provides that any fingerprint-based criminal history check required pursuant to any statute shall be requested by DOJ. The agency or entity authorized to receive criminal history information shall submit to DOJ fingerprint images and any related information required by DOJ for the purpose of obtaining information as to the existence and content of a record of state or federal arrests, as specified. (Pen. Code, § 11105, subd. (u)(1).) If requested, DOJ shall transmit fingerprint images and related information received pursuant to this section to the Federal Bureau of Investigation (FBI) for the purpose of obtaining a federal criminal history information check. DOJ shall review the information returned from the FBI, and compile and disseminate a response or a fitness determination, as appropriate, to the agency or entity identified that requested the information. (Pen. Code, § 11105, subd. (u)(2).)

17) A separate existing statute states, notwithstanding any other law, that an employer or human resources agency may request from DOJ criminal records of a person involving specified offenses who applies for a license, employment, or volunteer position, in which they would have supervisory or disciplinary power over a minor or any person under their care, and further requires DOJ to furnish this information to the requester and applicant. (Pen. Code, § 11105.3, subd. (a).) The list of specified convictions includes sexual battery, a sex offense against a minor, or of any felony that requires sex offender registration, or if within the last 10 years the person was convicted or arrested for child abuse, elder abuse, or as the result of committing theft, burglary, or any felony. (Welf. & Inst. Code, § 15660, subd. (a).)

Additionally, under Welfare and Institutions Code section 15660, DOJ must secure any criminal record of a person to determine whether the person has ever been convicted of nonconsensual touching of another, a sex offense against a minor, or of any felony that requires sex offender registration, or whether the person has been convicted or incarcerated within the last 10 years for child abuse and endangerment, inflicting cruel or inhuman corporal punishment on a child resulting in an injury, elder or dependent adult abuse, or theft, robbery, burglary, or any felony. DOJ is also required to provide a subsequent arrest notification if both of the following conditions are met: (1) An employer of the person requests the determination and submits fingerprints of the person to the DOJ, as specified, and (2) the person is unlicensed and provides nonmedical domestic or personal care to an aged or disabled adult in the adult's own home. (Welf. & Inst. Code, § 15660, subd. (a).)

DOJ must notify the employer if it is found that the person has ever been convicted of the above specified offenses. (Welf. & Inst. Code, § 15660, subd. (b).)

Under current law, some but not all of the providers authorized to provide BHT services are subject to a criminal background check. For example, paraprofessionals are not required to be licensed and often do not undergo a background check despite working with children, including unsupervised at times.

According to the Assembly Health Committee's analysis of this bill: "In addition to mandating coverage and codifying which providers can provide BHT services, SB 946 also required the DMHC to convene an Autism Advisory Task Force (Task Force) by February 1, 2012, to develop recommendations regarding medically necessary BHT for individuals with ASD, as well as the appropriate qualifications, training and supervision for providers of such treatment. The Task Force made a number of recommendations, including that all providers of autism services to be registered with the state's TrustLine Registry or comparable system as a condition of employment and contracting with health plans. TrustLine uses the criminal history background check system to check the fingerprints of applicants, and checks for evidence of additional criminal records. However, this was never done at a statewide level, and subsequent efforts to license these providers, such as AB 1715 (Holden) of 2016, have been unsuccessful. Despite their intensive work with children, there is no statewide requirement that all individual service providers undergo a background check as a condition of providing Medi-Cal services, leaving it up to individual providers to ensure paraprofessionals and professionals they employ to deliver services meet appropriate standards. In their audits of other states' ABA service delivery, the HHS OIG mentioned the lack of background checks as a potential quality-of-care issue that could have potentially put children in danger. This bill requires DHCS to ensure any individual providing BHT services paid for by the Medi-Cal program undergoes a background check and requires DHCS to specify to employers of such individuals how this information is to be collected and shared with DHCS."

However, due to concerns about administration and feasibility of mandating a fingerprint-based background check for this population, this bill, as proposed to be amended in committee, would instead require DHCS to ensure, by July 1, 2027, that any provider of BHT services paid for by the Medi-Cal conducts a state and national criminal background check on its employees who interact with patients, according to departmental guidance. According to background information provided by the author's office, many providers have indicated they are already conducting background checks on their employees, although it is unclear whether they are DOJ background checks or private background checks.

As discussed above, DOJ maintains criminal summary history information and will disseminate such information to statutorily authorized entities. This bill does not mandate a fingerprint-based background check conducted by DOJ. Instead, it requires DHCS to ensure that a background check is conducted in general which could include a background check conducted by a third-party private company. This requirement would have to follow departmental guidelines which may highlight those providers who are not otherwise required to be background checked through a licensing agency. Additionally, it appears that existing law pursuant to Penal Code Section 11105.3 authorizes some providers to request DOJ-level background checks on its employees if they would have supervisory or disciplinary power over a minor or any person under their care which would apply in many circumstances where BHT services are provided.

The bill would also further specify that the stakeholder workgroup shall explore the feasibility of requiring a fingerprint-based background check of BHT providers and to also include in the report to the Legislature whether statutory changes are needed to require a fingerprint-based background check of BHT providers.

4) **Medi-Cal Coverage of BHT:** According to the Centers for Medicare and Medicaid Services (CMS), the EPSDT benefit is more robust than the Medicaid benefit for adults, and the goal is to ensure that individual children get the health care they need when they need it—the right care to the right child at the right time in the right setting. All Medi-Cal plans must provide EPSDT preventive services, including screenings, designed to identify health and developmental issues as early as possible. In 2014, CMS stated in a FAQ that it does not endorse or require any particular treatment modality in reference to ABA services; however, states must adhere to long-standing EPSDT obligations, including providing medically necessary services available for the treatment of autism spectrum disorder. (A previous 2014 CMS informational bulletin laid out how ABA and other services could be covered by Medicaid.)

   According to the Medi-Cal provider manual, Medi-Cal covers all medically necessary BHT services for Medi-Cal members with an autism spectrum disorder diagnosis or for members for whom a physician or psychologist determines BHT services are medically necessary regardless of diagnosis. BHT services are medically necessary if they will correct or ameliorate defects and physical and mental illnesses and conditions discovered through screening, as is required by the federal EPSDT standard. The manual also clarifies that BHT services that will maintain or improve a member's current health condition, prevent a condition from worsening, or prevent the development of additional health problems are medically necessary services. These services include, but are not limited to, behavioral interventions, cognitive behavioral intervention, comprehensive behavioral treatment, language training, modeling, teaching natural strategies, parent training, peer training, pivotal response training, schedules, scripting, self-management, social skills package, and story-based interventions. The manual does exclude certain benefits such as respite, day care, recreational services, educational services, treatment that is solely vocational and or recreational, custodial care, services rendered by a parent, or services that are not evidence-based behavioral intervention practices. Compared to many other Medi-Cal services described in the provider manual, the scope of services covered under BHT is broad and the authorization requirements are minimal. However, once treatment begins, there are specific documentation requirements required for billing. Most BHT services are now provided through Medi-Cal managed care plans, as BHT services are a plan benefit and most children are now enrolled in plans. DHCS does have procedures for services provided through the fee-for-service system.

   According to California's state Medicaid plan, BHT services may be provided by three different levels of providers, ranging from licensed practitioners and board-certified behavior analysts to paraprofessionals with high school diplomas and competency training or certification. While at least master's level professionals do all assessments, and only licensed or board-certified professionals do treatment plans, paraprofessionals provide many of the services themselves, under the supervision of the other professionals.

5) **Recent Federal Scrutiny of ABA/BHT Services**: Starting in 2022, the Office of the Inspector General began a series of audits on Medicaid claims for ABA services following

reports by federal and state agencies of questionable billing patterns by some ABA providers.[1] To date, audits have been completed in Indiana, Wisconsin, Maine, and Colorado. (*Ibid*.) In each case, millions of dollars in improper fee-for-service Medicaid payments were made for ABA provided to children diagnosed with autism.[2] These audits focused largely on compliance issues such as documentation requirements, session notes, and billing for nontherapy time.

At the same time, the Trump administration has begun intensely focusing on fraud in the Medicaid program. In a January 27, 2026, letter from CMS to Governor Newsom, CMS identified "early intensive developmental and behavioral intervention" services, among 13 other services, as a "high-risk" service that has been the focus of fraud investigations in Minnesota and questioned what activities California has undertaken related to these services. DHCS responded in a February 17, 2026, letter highlighting fraud investigations it had conducted tied to some of the other services highlighted and pointing to their national leadership in identifying fraud networks and copious efforts in program integrity, concluding that California's primary focus areas for fraud are not necessarily the same as those found in other states.[3]

This bill requires DHCS to convene a stakeholder workgroup to review the implementation of BHT services in the Medi-Cal program, release and maintain clinical guidance on the provision of the BHT services, and submit a report to the Legislature on the provision of BHT services by January 1, 2029.

6) **Argument in Support**: According to *California Association of Health Plans*, "By establishing a workgroup at the Department of Health Care Servies (DHCS) to review implementation of these services and issue guidance, SB 874 will promote clinical appropriateness, accountability, and program integrity.

"Utilization of ABA therapy has increased dramatically throughout the nation, making it all the more important to ensure that appropriate safeguards are in place. In recent years, we have witnessed an alarming trend of bad actors exploiting the system – resulting in inappropriate utilization and increased health care spending.

"These concerns are well documented. The Office of Inspector General (OIG) conducted a state-by-state investigation of ABA therapy in the Medicaid program and in four of the audited states, the OIG found that state payments did not comply with federal and state requirements. In fact, nearly all of the sampled months audited included billing errors, prompting the OIG to recommend that each state issue a refund to the federal government. The Wall Street Journal also published a report on the rapid expansion of high-risk ABA providers and found that the number of companies providing ABA therapy nearly doubled between 2019 and 2023. The report found that direct state Medicaid payments grew from $660 million to $2.2 billion over the same period – with Managed Care Plans paying

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[1] U.S. Dept. of Health and Human Services, Office of the Inspector General, Series: Audits of Medicaid Applied Behavior Analysis for Children Diagnosed With Autism (Jan. 24, 2022) https://oig.hhs.gov/reports/work-plan/browse-work-plan-projects/srs-a-25-029/.

[2] *Ibid*.

[3] https://www.dhcs.ca.gov/Program-Integrity/documents/California%27s-Response-to-CMS%27-Program-Integrity-Request.pdf

hundreds of millions of dollars beyond these amounts. Additionally, in 2022, a California provider had to pay $650,000 to resolve fraudulent billing allegations in Medi-Cal after they were found billing Medi-Cal for services never rendered.

"SB 874 represents a thoughtful and measured response to these national trends by ensuring that Medi-Cal's coverage of ABA therapy is clinically appropriate and aligned with program goals. CAHP supports efforts to strengthen compliance, address operational challenges, and provide DHCS with the tools needed to safeguard the integrity of the Medi- Cal program."

7) **Argument in Opposition**: According to *Doogri Institute*, who is opposed unless amended, "The proposed workgroup under SB 874 is structurally flawed. A body composed in significant part of Behavioral Health Treatment (BHT) industry stakeholders presents a clear risk of self-dealing (see Appendix C, corrective action plan). When participants' livelihoods depend on the outcome of the workgroup, impartiality cannot be meaningfully ensured. This is a structural conflict that undermines the credibility and defensibility of any resulting findings (see Appendix D, program integrity risks associated with BHT).

"Oversight of BHT practices must be conducted by independent, licensed allied health professionals who are not financially or professionally tied to the industry being evaluated. Only such professionals can objectively assess scope-of-practice boundaries, identify encroachment into regulated healthcare domains, and determine whether providers meet minimum standards of training in health and safety consistent with the Business and Professions Code (see Appendix B, documenting scope-of-practice gaps and childcare licensure deficiencies within BHT service delivery). This is not the time to formalize oversight through a process that lacks independence or methodological rigor, as federal scrutiny has already identified BHT billing as a high-risk category (see Appendix C; Appendix D, formal request for federal investigation of Medi-Cal ABA billing practices) . California should be strengthening safeguards, not delegating evaluative authority to interested parties."

8) **Related Legislation**:

   a) AB 277 (Alanis) would require a person who provides "BHT," as defined in existing law, for a behavioral health center, facility, or program, to undergo a background check except for a persons who holds a current and valid license issued by a California state licensing board, if the licensure process includes a finger-print based background check and the license is in good standing. AB 277 is pending a hearing Senate Appropriations Safety.

   b) AB 2796 (Committee on Public Safety) would make various changes to existing laws authorizing federal-level background checks to be conducted in relation to employment, volunteering and licensing. AB 2796 is pending a vote on the Assembly Floor.

9) **Prior Legislation**:

   a) AB 1715 (Holden), of the 2015-16 Legislative session, would have established a Behavior Analyst category of licensure to be administered by the Board of Psychology. AB 1715 was held in the Senate Committee on Business, Professions, and Economic Development.

b) SB 946 (Steinberg and Evans), Chapter 650, Statutes of 2011, required health plans and health insurers in California to cover BHT for individuals with autism spectrum disorder.

REGISTERED SUPPORT / OPPOSITION:

Support

California Association for Behavior Analysis
California Association of Health Plans
California Medical Association (CMA)
Local Health Plans of California

Opposition

Doogri Institute
1 Private Individual

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