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**HEALTH AND SAFETY CODE - HSC**

**DIVISION 107. HEALTH CARE ACCESS AND INFORMATION [127000 - 130079]** ( *Heading of Division 107 amended by Stats. 2021, Ch. 143, Sec. 28. )*

**PART 2. HEALTH POLICY AND PLANNING [127280 - 127697]** ( *Part 2 added by Stats. 1995, Ch. 415, Sec. 9. )*

**CHAPTER 2.6. Health Care Affordability [127500 - 127507.6]** ( *Chapter 2.6 added by Stats. 2022, Ch. 47, Sec. 19. )*

**ARTICLE 4. Quality and Equity Performance [127503- 127503.]** ( *Article 4 added by Stats. 2022, Ch. 47, Sec. 19. )*

**127503.** (a) (1) The office shall adopt a single set of standard measures for assessing health care quality and equity across payers, fully integrated delivery systems, hospitals, and physician organizations. Performance on quality and health equity measures shall be included in the annual report required in Section 127501.6.

(2) The standard quality and equity measures shall use recognized clinical quality, patient experience, patient safety, and utilization measures for health care service plans, health insurers, hospitals, and physician organizations.

(3) The standard quality and equity measures shall reflect the diversity of California in terms of race, ethnicity, sex, age, language, sexual orientation, gender identity, and disability status. The standard quality and equity measures shall be appropriate for a population under 65 years of age, including children and adults.

(4) The standard quality and equity measures shall consider available means for reliable measurement of disparities in health care, including race, ethnicity, sex, age, language, sexual orientation, gender identity, and disability status.

(5) The office shall reduce administrative burden by selecting quality and equity measures that simplify reporting and align performance measurement with other payers, programs, and state agencies, including leveraging existing voluntary and required reporting to the greatest extent possible. The office shall further reduce administrative burden by encouraging other payers and programs to use the same reporting mechanisms.

(6) Public reporting developed pursuant to this article shall consider differences among payers, fully integrated delivery systems, hospitals, and physician organizations, including factors such as plan or network design or line of business, provider payer mix, and the risk mix associated with the covered lives or patient population for which they are primarily responsible.

(b) In implementing this section, the office shall coordinate with the Department of Managed Health Care to align with requirements under Article 11.9 (commencing with Section 1399.870) of Chapter 2.2 of Division 2. The office shall also coordinate with the State Department of Health Care Services, Covered California, and the Public Employees' Retirement System, and shall consult with state departments, external quality improvement organizations and forums, payers, physicians, other providers, and consumer advocates or stakeholders with expertise in quality or equity measurement.

(c) The office shall periodically review and update the priority set of standard measures for assessing the quality and equity of care pursuant to subdivision (a).

(Amended by Stats. 2022, Ch. 738, Sec. 6. (AB 204) Effective September 29, 2022.)