**Amendments to 28 CCR § 1300.51(d), Item H**

The following amendments to 28 CCR § 1300.51(d) are noticed pursuant to the exemption to the Administrative Procedures Act (APA) set forth in Health and Safety Code section 1367.03(f).[[1]](#footnote-2)

**§ 1300.51. Application for License as a Health Care Service Plan or Specialized Health Care Service Plan.**

[. . .]

(d) Exhibits to Plan Application

[. . .]

HEALTH CARE DELIVERY SYSTEM

H. Geographical Area Served.

NOTE: The applicant is required to demonstrate that, throughout the geographic regions designated as the plan’s Service Area, a comprehensive range of primary, specialty, institutional and ancillary services are readily available at reasonable times to all enrollees and, to the extent feasible, that all services are readily accessible to all enrollees.

For the purpose of evaluating the geographic aspects of availability and accessibility, consideration will be given to the actual and projected enrollment of the plan based on the residence and place of work of enrollees within and, if applicable, outside the service area, including the individual and group enrollment projections furnished in Items CC, DD and EE of this application.

An applicant for plan license must demonstrate compliance with the accessibility requirement in each of the areas specified in paragraphs (i) through (iv) below, either by demonstrating compliance with the standard ~~guideline~~ specified in such paragraphs or, in the alternative, by presenting other information demonstrating compliance with reasonable accessibility pursuant to Rule 1300.67.2.1. ~~These guidelines apply only with respect to initial license applications and provide presumptively reasonable standards in the absence of actual operating experience. Such guidelines are not intended to express minimum standards of accessibility either for applicants or for licensees nor to create any inference that a plan which does not meet these guidelines does not meet the requirement of reasonable accessibility.~~

(i) Primary Care Providers. All enrollees have a residence or workplace within 30 minutes or 15 miles of a contracting or plan-operated primary care provider in such numbers and distribution as to accord to all enrollees a ratio of at least one primary care provider (on a full-time equivalent basis) to each 2,000 enrollees.

(ii) Hospitals. In the case of a full-service plan, all enrollees have a residence or workplace within 30 minutes or 15 miles of a contracting or plan-operated hospital which has a capacity to serve the entire dependent enrollee population based on normal utilization, and, if separate from such hospital, a contracting or plan-operated provider of all emergency health care services.

(iii) Hospital Staff Privileges. In the case of a full-service plan, there is a complete network of contracting or plan-employed primary care physicians and specialists each of whom has admitting staff privileges with at least one contracting or plan-operated hospital equipped to provide the range of basic health care services the plan has contracted to provide.

(iv) Ancillary Services. Ancillary laboratory, pharmacy and similar services and goods dispensed by order or prescription ~~on~~ by the primary care provider are available from contracting or plan-operated providers at locations (where enrollees are personally served) within a reasonable distance from the primary care provider.

[…]

1. *See* Senate Bill (SB) 221 (Wiener, Chap. 724, Stats 2021), and SB 225 (Wiener, Chap. 601, Stats 2022). [↑](#footnote-ref-2)