

PROPOSED REGULATIONS
CALIFORNIA CODE OF REGULATIONS
Title 22, Division 7

Legend – All revisions are shown in underline for insertion and a ~~strikethrough~~ for deleted language.

Chapter 8.4 Hospital Equity Measures Reporting Program

Article 1: General

§ 95300. Definitions

- (a) “Acute psychiatric hospital” as defined pursuant to Health and Safety Code Section 1250, subdivision (b).
- (b) “Children’s Hospital” means a hospital annually identified by the Department of Health Care Access and Information using the following criteria: children’s hospitals identified by Welfare and Institutions Code section 10727, (including hospitals operating under a different name, but otherwise the same entity) or a hospital that has an inpatient population of more than seventy-five percent (75%) of individuals eighteen (18) years of age or younger, as identified by the Department’s Patient Discharge Data, using the same data year as the year reported in the hospital equity report.
- (c) “Department” means the Department of Health Care Access and Information.
- (d) “Director” means the Director of the Department.
- (e) “Disparity” refers to differences in access to or availability of medical facilities and services, as well as variation in rates of disease occurrence and health outcomes among population groups defined by socioeconomic characteristics, race/ethnicity, age, sex assigned at birth, expected payor, preferred language, disability status, sexual orientation, and gender identity.
- (f) “Disparity reduction” means a reduction in variation in access, availability of medical facilities and services, disease occurrence, including communicable diseases and chronic conditions, as well as health outcomes for vulnerable populations.
- (g) “Equity report” or “report” means a written document prepared for annual submission to the Department of Health Care Access and Information that includes the required report out of data analysis and stratification of specified measures and the health equity plan as described in Sections 95303 and 95307.
- (h) “General acute care hospital” as defined pursuant to Health and Safety Code Section 1250, subdivision (a).
- (i) “Hospital” means an acute hospital licensed pursuant to subdivision (a), (b), or (f) of Health and Safety Code Section 1250.
- (j) “Hospital type” refers to either of the following: general acute care, children’s, acute psychiatric or special hospital.

- (k) "Hospital system" means an entity or system of entities that includes or owns two or more hospitals within the state, of which at least one is a general acute care hospital, as defined in Health and Safety Code Section 1250, subdivision (a). The entity or system of entities that comprise a hospital system also includes a single corporation or entity that controls two or more hospitals and an integrated system as defined in Health and Safety Code Section 127371, subdivision (f). A single consolidated license with multiple plants does not constitute a "hospital system."
- (l) "Measures" refer to a set of metrics used to assess accessibility, quality, and outcomes of healthcare services provided by hospitals or hospital systems.
- (m) "Measures Submission Guide" means the Hospital Equity Report: Measures Submission Guide (~~version 1.2~~), ~~dated March 10, 2025~~, (version 1.3), dated December 22, 2025, and hereby incorporated by reference. The Measures Submission Guide is available on the Department's website.
- (n) "Patient population" or "Patient" means all of the people served by a hospital.
- (o) "Plants" are defined as physical facilities on a single consolidated license as determined by California Department of Public Health (CDPH). Plant includes parent and consolidated hospitals as determined by CDPH.
- (p) "Rate ratio" compares the rate between a stratification group and the reference group for each measure.
- (q) "Reference group" refers to the group with the best performing outcome for a measure within a stratification category at hospital level or system level.
- (r) "Special hospital" as defined pursuant to Health and Safety Code Section 1250, subdivision (f).
- (s) "Stratification category" refers to the categories by which each measure has to be stratified. The stratification categories are listed in Section 95301 which are race/ethnicity, age, sex assigned at birth, expected payor, preferred language, disability status, sexual orientation, gender identity, and behavioral health diagnosis.
- (t) "Stratification group" refers to the specific group within each stratification category listed in the Stratification Tables of the Measures Submission Guide.
- (u) "Vulnerable populations" as defined pursuant to Health and Safety Code Section 127371, subdivision (h).

Note: Authority cited: Section 127375, Health and Safety Code. Reference: Sections 127371, 127372, 127373, Health and Safety Code.

§ 95301. Stratification Categories

- (a) In the equity report, all measures shall be stratified as specified in this section to the extent the data is available, as determined by each hospital and hospital system. For the purposes of this requirement, reports shall include the numerator, denominator, and rate of each measure broken down by the following stratification categories:
 - (1) Race/Ethnicity
 - (2) Age
 - (3) Sex Assigned at Birth
 - (4) Expected Payor
 - (5) Preferred Language

- (6) Disability Status
- (7) Sexual Orientation
- (8) Gender Identity

- (b) The core quality measure, HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, shall be stratified by behavioral health diagnosis in addition to the stratification categories specified in Section 95301, subdivision (a), to the extent the data is available, as determined by each hospital and hospital system.
- (c) Stratification groups are the specific groups within each stratification category listed in the Stratification Tables 1 and 2 of the Measures Submission Guide.

Note: Authority cited: Section 127375, Health and Safety Code. Reference: Sections 127372 and 127373, Health and Safety Code.

Article 2: Hospital Equity Report Submission

§ 95303. Hospital Equity Report

- (a) All hospitals shall submit an equity report. A report shall be submitted for each hospital plant included on a consolidated license; however, any distinct part services shall be included in the report of the site to which they are licensed. In accordance to Health and Safety Code Section 127373, subdivision (d), in the equity report, all measures shall be stratified as specified in Section 95301 to the extent the data is available, as determined by each hospital and consistent with the California Health and Human Services Agency's "Data De-Identification Guidelines (DDG)," dated September 23, 2016, and hereby incorporated by reference.

(1) For the purposes of this section, "distinct part" has the same meaning as defined in Section 70027 of Title 22 of the California Code of Regulations.

- (b) All reports must conform to the requirements of the Measures Submission Guide, including the required specificity of each of the stratification categories in the Stratification Tables 1 and 2 of the Measures Submission Guide.
- (c) For the purposes of this requirement, reports shall include the numerator, denominator, and rate of each measure broken down by each stratification category, to the extent the data is available and consistent with the DDG. If the stratification group is not able to be reported due to DDG, select "~~suppressed~~" "masked". If the data is not readily available, leave the category blank.
- (d) All hospitals shall include in their equity report:
 - (1) Hospital name.
 - (2) Hospital HCAI ID (9 digit)
 - (3) Reporting organization.
 - (4) Report period start date [January 1 of prior calendar year].
 - (5) Report period end date [December 31 of prior calendar year].
 - (6) Hospital in location with access to clean water and air, as defined by an environmental California Healthy Places Index score of 50 percent or lower (checkbox).

(7) The web address where the hospital's equity report, or revisions thereto pursuant to section 95308, subdivisions (e) and (f), will be is published on the hospital's website in accordance with section 95308.1. Hospitals shall meet equity report publication requirements pursuant to Health and Safety Code Sections 127373, subdivision (a)(3), and 127374, subdivision (e).

(8) A health equity plan that includes the following:

(A) The top ten disparities identified in the data by the rate ratio between a stratification group and the reference group for each measure, consistent with the requirements included in the Measures Submission Guide.

(B) A plan to address the disparities identified in subdivision (b)(8)(A), including population impact, measurable objectives, and specific timeframe.

(C) Performance across all of the following priority areas:

I. Person-centered care.

II. Patient safety.

III. Addressing patient social drivers of health.

IV. Effective treatment.

V. Care coordination.

VI. Access to care.

(e) Equity Measures for General Acute Care Hospitals

General acute care hospitals shall report on the following structural measures in accordance with specifications outlined in the Measures Submission Guide:

(1) Structural Measures

(A) The three structural measures based on The Joint Commission's R³ Report: Requirement, Rational, Reference:

I. Designate an individual to lead hospital health equity activities.

II. Provide documentation of policy prohibiting discrimination.

III. Report percentage of patients by preferred language spoken.

(B) The Centers for Medicare & Medicaid Services (CMS) Hospital Commitment to Health Equity Structural (HCHE) Measure.

(C) CMS Screening for Social Drivers of Health and CMS Screen Positive Rate for Social Drivers of Health and intervention.

General acute care hospitals shall report on the following core quality measures stratified by categories specified in Section 95301, in accordance with specifications outlined in the Measures Submission Guide:

(2) Core Quality Measure

(A) Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Would recommend hospital.

(B) HCAHPS survey: Received information and education.

(C) Agency for Healthcare Research and Quality (AHRQ) Quality Indicator: Pneumonia Mortality Rate.

(D) AHRQ Patient Safety Indicator: Death Rate among Surgical Inpatients with Serious Treatable Conditions.

- (E) California Maternal Quality Care Collaborative (CMQCC) Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate.
- (F) CMQCC Vaginal Birth After Cesarean (VBAC) Rate, Uncomplicated.
- (G) CMQCC Exclusive Breast Milk Feeding.
- (H) HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate.
- (I) HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis.

(f) Equity Measures for Children's Hospitals

Children's hospitals shall report on the following structural measures in accordance with specifications outlined in the Measures Submission Guide:

(1) Structural Measures

- (A) The three structural measures based on the Joint Commission Accreditation's Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards:
 - I. Designate an individual to lead hospital health equity activities.
 - II. Provide documentation of policy prohibiting discrimination.
 - III. Report percentage of patients by preferred language spoken.
- (B) CMS HCHE Measure.
- (C) CMS Screening for Social Drivers of Health and CMS Screen Positive Rate for Social Drivers of Health and intervention.

Children's hospitals shall report on the following core quality measures stratified by categories specified in Section 95301, in accordance with specifications outlined in the Measures Submission Guide:

(2) Core Quality Measures

- (A) Pediatric experience survey with scores of willingness to recommend the hospital.
- (B) HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate.

(g) Equity Measures for Acute Psychiatric Hospitals

Acute psychiatric hospitals shall report on the following structural measures in accordance with specifications outlined in the Measures Submission Guide:

(1) Structural Measures

- (A) The three structural measures based on the Joint Commission Accreditation's Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards:
 - I. Designate an individual to lead hospital health equity activities.
 - II. Provide documentation of policy prohibiting discrimination.
 - III. Report percentage of patients by preferred language spoken.
- (B) CMS HCHE Measure.
- (C) CMS Screening for Social Drivers of Health and CMS Screen Positive Rate for Social Drivers of Health and intervention.

Acute psychiatric hospitals shall report on the following core quality measures stratified by categories specified in Section 95301, in accordance with specifications outlined in the Measures Submission Guide:

(2) Core Quality Measures

- (A) HCAHPS survey: Would recommend hospital.
- (B) HCAHPS survey: Received information and education.
- (C) AHRQ Quality Indicator: Pneumonia Mortality Rate.
- (D) HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate in an inpatient psychiatric facility (IPF).
- (E) HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis.
- (F) CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) program Screening for Metabolic Disorders.
- (G) The Joint Commission Substance Use Measures (SUB) SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge.

(h) Equity Measures for Special Hospitals

Special hospitals shall report on the structural and core quality measures specified in Section 95303, subdivision (e) in accordance with specifications outlined in the Measures Submission Guide. Special hospitals shall report on measures where applicable.

Note: Authority cited: Section 127375, Health and Safety Code. Reference: Section 127372, 127373, and 127374, Health and Safety Code.

§ 95304. Hospital System Equity Report

(a) A hospital system, as defined in Section 95300, shall submit a hospital system equity report.

(b) A hospital system shall include in their hospital system equity report:

- (1) Hospital system name.
- ~~(2) Hospital system CEO (or equivalent).~~
- ~~(3) (2) Hospital system ID (as generated by HCAI reporting system).~~
- ~~(4) (3) System description.~~
- ~~(5) (4) Report period start date [January 1 of prior calendar year].~~
- ~~(6) (5) Report period end date [December 31 of prior calendar year].~~
- ~~(7) (6) 9-digit HCAI IDs of hospitals included in hospital system report.~~
- ~~(8) (7) Grouped by hospital type, aggregate data from each of their hospitals, consistent with the requirements of the Measures Submission Guide. A single, consolidated report that aggregates data from all of the hospital system's affiliated hospitals. For each applicable measure, the hospital system shall calculate and report the measure using data from each applicable hospital type, as specified in the reporting requirements for each hospital type in the Measures~~

Submission Guide. Hospital system equity reports shall include the numerator, denominator, and rate of each core measure broken down by each stratification category, to the extent the data is available and consistent with the DDG. If the DDG prohibits reporting of a stratification group, "~~suppressed~~" "masked" shall be selected. If the data is not available, the category shall be left blank. Hospital system equity reports shall report on all hospital core measures outlined in Sections 95303. All structural measures outlined in Sections 95303 shall also be reported except for the CMS HCHE Measure.

- (9) (8) A hospital system equity plan that includes the following:
- (A) The top ten disparities identified in the data by the rate ratio between a stratification group and the reference group for each measure, consistent with the requirements included in the Measures Submission Guide.
 - (B) A plan to address each of the ten disparities identified in subdivision (b)(9)(A), including population impact, measurable objectives, and specific timeframe.
 - (C) Performance across all of the following priority areas:
 - I. Person-centered care.
 - II. Patient safety.
 - III. Addressing patient social determinants of health.
 - IV. Effective treatment.
 - V. Care coordination.
 - VI. Access to care.
- (c) A hospital system equity report is not a substitute for an individual hospital equity report. An equity report, as specified in Section 95303 must be submitted by each hospital.
- (d) A hospital system shall post the hospital system's equity report, or revisions thereto pursuant to section 95308, subdivisions (e) and (f), on the hospital system's website, if one is available. A hospital system may include in the equity report the web address where the hospital system's equity report will be is published in accordance with section 95308.1. Report publication on the hospital system's website shall meet the requirements stated in Health and Safety Code Sections 127373, subsection (a)(3), and 127374, subsection (e).

Note: Authority cited: Section 127375, Health and Safety Code. Reference: Sections 127372 and 127373, Health and Safety Code.

§ 95308. Method of Submission

- (a) Any report required under Section 95303 or Section 95304 shall be submitted to the Department through the Department's website using the online report submission portal at hdc.hcai.ca.gov.
- (b) Reports must be submitted using one of the following methods:
 - (1) Uploading comma separated value (.csv) files including all of the required information for one or more reports. Such files shall comply with the Department's Format and File Specifications for Submission of the Equity Report (~~version 1.2~~),

~~dated March 10, 2025, (version 1.3), dated December 22, 2025,~~ and hereby incorporated by reference.

- (2) Manually entering the required information for reports online.
- (c) An equity report Supplemental Document, as described in Section 95305, shall be submitted through the Department's website using the online report submission portal at hdc.hcai.ca.gov. The equity report Supplemental Document shall comply with requirements detailed in Section 95305.
- (d) A report shall include a certification statement, wherein the registered contact person, under penalty of perjury, attests to being duly authorized to certify the report; and that the data and information contained within the report is true, correct, and complete as required by the Health and Safety Code Sections 127370 through 127376 and Title 22, Section 95300 et seq. of the California Code of Regulations.
- (e) A hospital or hospital system which submits a report as required under Section 95303 through 95304 may revise the report after the initial submission up to 120 days after the report due date specified in section 95306, subdivision (b). Revisions submitted within this timeframe, or revisions required pursuant to subdivision (f), are not subject to a fine under Section 95309. The ~~revisions~~ shall be submitted at the Department's online report submission portal at hdc.hcai.ca.gov. Revisions shall be posted on a hospital or hospital system's publicly accessible website in accordance with section 95308.1. No Revisions are subject to a fine under Section 95309.
- (f) If the Department determines that a submitted report contains errors, omissions, or does not meet the requirements of the DDG or the Measures Submission Guide, the Department shall notify the registered contact persons via email of the issues pertaining to the report. The hospital or hospital system shall correct and resubmit the report within thirty (30) calendar days of Department's notification, unless a different deadline is specified by the Department in writing. Hospitals and hospital systems that fail to comply with the requirements of this subdivision may be listed on a non-compliance list posted on the Department's website, in addition to the list required by Health and Safety Code Section 127374, subsection (c).
- (g) The Department's online submission portal at hdc.hcai.ca.gov for a report period will close one-hundred and twenty (120) days after the original report due date as specified in Section 95306, subdivision (b). No report or revision for the report period will be accepted after the system closure, except for those revisions requested by the Department under Section 95308, subdivision (f).

Note: Authority cited: Section 127375, Health and Safety Code. Reference: Sections 127372, 127373, and 127374, Health and Safety Code.

§ 95308.1. Website Posting Requirements

- (a) Each hospital shall annually post its hospital equity report on its publicly accessible internet website. Each hospital system shall annually post its hospital system equity report on its publicly accessible internet website, if one is available.
- (b) Each hospital and hospital system shall post its report, or revisions thereto pursuant to section 95308, subdivisions (e) and (f), within fifteen (15) business days following the publication of the report or revision on the Department's internet website. The Department shall provide notice to the primary and secondary contact persons when the Department posts a report or revision.
- (c) Report publication by hospitals and hospital systems shall meet the requirements of Health and Safety Code Sections 127373, subdivisions (a)(3) and (d), and 127374, subdivision (e). Hospitals and hospital systems shall be solely responsible to ensure that any additional content not submitted to the Department but included in or posted with or about a hospital equity report or hospital system equity report is disclosed in a manner that protects the personal information of patients in compliance with the DDG, all applicable state and federal privacy laws, and Health and Safety Code Sections 127373, subdivision (d), and 127374, subdivision (e).

Note: Authority cited: Section 127375, Health and Safety Code. Reference: Sections 127373 and 127374, Health and Safety Code.