

CSAP Tracked Legislation 3.31.21

Bill ID/Topic	Location	Summary	Position
<p>AB 4 Arambula D</p> <p>Medi-Cal: eligibility.</p>	<p>ASSEMBLY HEALTH 1/11/2021 - Referred to Com. on HEALTH.</p> <p>4/13/2021 1:30 p.m. - Assembly Chambers ASSEMBLY HEALTH, WOOD, Chair</p>	<p>Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. The federal Medicaid program provisions prohibit payment to a state for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above. This bill contains other existing laws.</p>	
<p>AB 32 Aguiar-Curry D</p> <p>Telehealth.</p>	<p>ASSEMBLY HEALTH 2/16/2021 - Re-referred to Com. on HEALTH.</p>	<p>Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, Medi-Cal services may be provided pursuant to contracts with various types of managed care health plans, including through a county organized health system. Under existing law, in-person contact between a health care provider and a patient is not required under the Medi-Cal program for services appropriately provided through telehealth. Existing law provides that neither face-to-face contact nor a patient's physical presence on the premises of an enrolled community clinic is required for services provided by the clinic to a Medi-Cal beneficiary during or immediately following a proclamation declaring a state of emergency. Existing law defines "immediately following" for this purpose to mean up to 90 days following the termination of the proclaimed state of emergency, unless there are extraordinary circumstances. This bill would delete the above-described references to contracts issued, amended, or renewed on or after January 1, 2021, would require these provisions to apply to the plan or insurer's contracted entity, as specified, and would delete the exemption for Medi-Cal managed care plans. The bill would subject county organized health systems, and their subcontractors, that provide services under the Medi-Cal program to the above-described Knox-Keene requirements relative to telehealth. The bill would authorize a provider to enroll or recertify an individual in specified Medi-Cal programs through telehealth and other forms of virtual communication and would authorize a county eligibility worker to determine eligibility for, or recertify eligibility for, the Medi-Cal Minor Consent program remotely through virtual communication, as specified. This bill contains other related provisions and other existing laws. Last Amended on 2/12/2021</p>	Support
<p>AB 58 Salas D</p> <p>Pupil health: suicide prevention policies and</p>	<p>ASSEMBLY ED. 1/11/2021 - Referred to Coms. on ED. and HEALTH.</p>	<p>(1) Existing law requires the governing board or body of a county office of education, school district, state special school, or charter school that serves pupils in kindergarten and grades 1 to 12, inclusive, to adopt a policy on pupil suicide prevention that specifically addresses, among other things, procedures relating to suicide prevention, intervention, and postvention, and any training on suicide awareness and prevention to be provided to teachers of pupils in all of the grades served by the local educational agency. Existing law requires the State Department of Education to develop and maintain a model policy in accordance with these provisions to serve</p>	Support

<p>training: school-based health programs: pilot program.</p>		<p>as a guide for local educational agencies in developing policies for pupil suicide prevention. This bill would require a local educational agency, on or before June 1, 2022, to review and update its policy on pupil suicide prevention, and revise its training materials, to incorporate best practices identified by the department in the department's model policy. The bill would require a local educational agency, commencing with the 2022–23 school year, to provide suicide awareness and prevention training, at the beginning of each school year, to teachers of pupils in all of the grades served by the local educational agency. By imposing additional duties on local educational agencies, the bill would impose a state-mandated local program. The bill would require the department, on or before June 1, 2022, to complete the development of, and issue to local educational agencies, resources and guidance on how to conduct suicide awareness and prevention training remotely. This bill contains other related provisions and other existing laws.</p>	
<p>AB 71 Rivas, Luz D</p> <p>Homelessness funding: Bring California Home Act.</p>	<p>ASSEMBLY REV. & TAX 3/25/2021 - From committee chair, with author's amendments: Amend, and re-refer to Com. on REV. & TAX. Read second time and amended.</p>	<p>(1)The Personal Income Tax Law, in conformity with federal income tax law, generally defines gross income as income from whatever source derived, except as specifically excluded, and provides various exclusions from gross income. Existing federal law, for purposes of determining a taxpayer's gross income for federal income taxation, requires that a person who is a United States shareholder of any controlled foreign corporation to include in their gross income the global intangible low-taxed income for that taxable year, as provided. This bill, for taxable years beginning on or after January 1, 2022, would include a taxpayer's global intangible low-taxed income in their gross income for purposes of the Personal Income Tax Law, in modified conformity with the above-described federal provisions. The bill would exempt any regulation, standard, criterion, procedure, determination, rule, notice, or guideline established or issued by the Franchise Tax Board to implement its provisions from the rulemaking provisions of the Administrative Procedure Act. Last Amended on 3/25/2021</p>	
<p>AB 77 Petrie-Norris D</p> <p>Substance use disorder treatment services.</p>	<p>ASSEMBLY HEALTH 3/25/2021 - Referred to Com. on HEALTH. From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.</p>	<p>Existing law requires the State Department of Health Care Services to license and regulate alcoholism or drug abuse recovery or treatment facilities serving adults. Existing law authorizes the department to certify qualified alcoholism or drug abuse recovery or treatment programs, as prescribed. Under existing law, the department regulates the quality of these programs, taking into consideration the significance of community-based programs to alcohol and other drug abuse recovery and the need to encourage opportunities for low-income and special needs populations to receive alcohol and other drug abuse recovery or treatment services. This bill, commencing January 1, 2026, would require any substance use disorder treatment program to be licensed by the department, except as specified. The bill would require the department, in administering these provisions, to issue licenses for a period of 2 years for substance use disorder treatment programs that meet the requirements in these provisions. The bill would require the department to issue a license to a substance use disorder program once various requirements have been met, including an onsite review. The bill would authorize the department to renew a license, as provided. The bill would prohibit providing substance use disorder treatment services to individuals without a license. Last Amended on 3/25/2021</p>	
<p>AB 94 Jones-Sawyer D</p>	<p>ASSEMBLY PUB. S. 3/22/2021 - Re-referred to Com. on PUB. S.</p>	<p>Existing law establishes the Commission on Correctional Peace Officer Standards and Training (CPOST) within the Department of Corrections and Rehabilitation and requires the CPOST to</p>	

<p>Correctional officers.</p>	<p>4/13/2021 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY PUBLIC SAFETY, JONES-SAWYER, Chair</p>	<p>develop, approve, and monitor standards for the selection and training of state correctional officers. Existing law requires each applicant for the position of correctional officer with the Department of Corrections and Rehabilitation to undergo a mental health evaluation, prior to beginning employment, to ensure they do not have an emotional or mental condition that might adversely affect their exercise of the duties and powers in the position. This bill would require a correctional officer employed by the Department of Corrections and Rehabilitation to undergo a confidential mental health evaluation every calendar year to determine whether the individual has an emotional or mental condition that might adversely affect their exercise of the duties and powers of a correctional officer. The bill would specify the training and experience required for those conducting the evaluations. If a mental health evaluator determines that the individual has a condition that might adversely affect their exercise of the duties and powers of a correctional officer, the bill would require the evaluation to be provided to the individual's supervisor and included in the individual's personnel file. The bill would prohibit an individual from performing duties as a correctional officer that involve the direct supervision of inmates while they have a condition that might adversely affect their exercise of the duties and powers of a correctional officer. The bill would prohibit these mental health evaluations from being used for disciplinary purposes. The bill would require the department to refer an individual with an emotional or mental condition that might adversely affect the individual's exercise of the duties and powers of a correctional officer to resources and provide an opportunity for the individual to address that condition. Last Amended on 3/18/2021</p>	
<p>AB 107 Salas D Licensure: veterans and military spouses.</p>	<p>ASSEMBLY M. & V.A. 3/25/2021 - Re-referred to Com. on M. & V.A.</p>	<p>(1) Under existing law, the Department of Consumer Affairs (department), under the control of the Director of Consumer Affairs, is comprised of various boards that license and regulate various professions and vocations. Existing law requires an applicant seeking a license from a board within the department to meet specified requirements and to pay certain licensing fees. Existing law requires a board within the department to issue, after appropriate investigation, certain types of temporary licenses to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders and the applicant submits an application to the board that includes a signed affidavit attesting to the fact that the applicant meets all of the requirements for a temporary license and that the information submitted in the application is accurate, to the best of the applicant's knowledge. Under existing law, some of the funds within the jurisdiction of a board consist of revenue from fees that are continuously appropriated. Existing law authorizes a board to adopt regulations necessary to administer these provisions. This bill would expand the requirement to issue temporary licenses to practice a profession or vocation to include licenses issued by any board within the department, except as provided. The bill would require a board to issue a temporary license within 30 days of receiving the required documentation if the results of a criminal background check do not show grounds for denial. The bill would specifically direct revenues from fees for temporary licenses issued by the California Board of Accountancy to be credited to the Accountancy Fund, a continuously appropriated fund. The bill would require, if necessary to implement the bill's provisions, a board to submit to the department for approval draft regulations necessary to</p>	

		administer these provisions by June 15, 2022. The bill would exempt from these provisions a board that has a process in place by which an out-of-state licensed applicant in good standing who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States is able to receive expedited, temporary authorization to practice while meeting state-specific requirements for a period of at least one year. The bill would make conforming changes. By expanding the scope of the crime of perjury, the bill would impose a state-mandated local program. The bill's expansion of the requirement to issue temporary licenses would result in revenues from fees for certain licenses being deposited into continuously appropriated funds. By establishing a new source of revenue for those continuously appropriated funds, the bill would make an appropriation. This bill contains other related provisions and other existing laws. Last Amended on 3/24/2021	
<p>AB 118 Kamlager D</p> <p>Emergency services: community response: grant program.</p>	<p>ASSEMBLY EMERGENCY MANAGEMENT 1/11/2021 - Read first time. Referred to Com. on E.M.</p> <p>4/5/2021 2:30 p.m. - State Capitol, Room 437 ASSEMBLY EMERGENCY MANAGEMENT, RODRIGUEZ, Chair</p>	<p>Existing law creates the Office of Emergency Services (office) within the office of the Governor. The office is responsible for the state's emergency and disaster response services for natural, technological, or man-made disasters and emergencies. Existing law requires the office to establish by rule and regulation various classes of disaster service workers, the scope of the duties of each class, and to adopt rules and regulations for the registration of each class of these workers. Existing law requires the office to work with advocacy groups representing the deaf and hard of hearing for the purpose of improving accessibility to emergency information and services for the populations that they serve. Existing law requires the office to develop a plan for state and local utilization of volunteers during a state of emergency. This bill would, until January 1, 2026, enact the Community Response Initiative to Strengthen Emergency Systems Act or the C.R.I.S.E.S. Act for the purpose of creating, implementing, and evaluating the 3-year C.R.I.S.E.S. Grant Pilot Program, which the act would establish. The bill would require the office to establish rules and regulations for the program with the goal of making grants to community organizations, over 3 years, for the purpose of expanding the participation of community organizations in emergency response for specified vulnerable populations. The bill would require that grantees receive a minimum award of \$250,000 per year. The bill would require a community organization receiving funds pursuant to the program to use the grant to stimulate and support involvement in emergency response activities that do not require a law enforcement officer, as specified. The bill would require the Director of Emergency Services (director) to assemble staff and resources to carry out certain duties in support of the program. This bill contains other related provisions.</p>	Support
<p>AB 226 Ramos D</p> <p>Children's crisis psychiatric residential treatment facilities.</p>	<p>ASSEMBLY HUM. S. 3/3/2021 - Re-referred to Com. on HUM. S.</p>	<p>Existing law, the California Community Care Facilities Act, provides for the licensing and regulation of community care facilities, including a children's crisis residential program, by the State Department of Social Services, and defines a children's crisis residential program to mean a facility licensed as a short-term residential therapeutic program and approved by the State Department of Health Care Services, or a county mental health plan, to operate a children's crisis residential mental health program to serve children experiencing mental health crises as an alternative to psychiatric hospitalization. This bill would reclassify children's crisis residential programs as children's crisis psychiatric residential treatment facilities, and would transfer responsibility for licensing these facilities to the State Department of Health Care Services, contingent upon an appropriation in the annual Budget Act for these purposes. The bill would define "children's crisis psychiatric residential treatment facility" to mean a licensed residential</p>	

		facility operated by a public agency or private organization that provides the psychiatric services, as prescribed under the Medicaid regulations, to individuals under 21 years of age, in an inpatient setting. The bill would require the department to establish regulations for the licensing of children’s crisis psychiatric residential treatment facilities, and would require those facilities to obtain certification from the department. The bill would include inpatient psychiatric services to individuals under 21 years of age provided in a licensed children’s crisis psychiatric residential treatment facility as mental health services provided under the Medi-Cal program. This bill contains other existing laws. Last Amended on 3/2/2021	
AB 234 Ramos D Office of Suicide Prevention	ASSEMBLY APPR. 3/24/2021 - From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (March 23). Re-referred to Com. on APPR.	Existing law authorizes the State Department of Public Health to establish the Office of Suicide Prevention within the department, and requires the office to perform specified duties, including providing information and technical assistance to statewide and regional partners regarding best practices on suicide prevention policies and programs and reporting on progress to reduce rates of suicide, and authorize the office to apply for and use federal, state, and foundation grants. This bill would remove the limitation that, should the office be established, all duties and responsibilities of the office be carried out using existing staff and resources.	
AB 270 Ramos D Core Behavioral Health Crisis Services System.	ASSEMBLY HEALTH 1/28/2021 - Referred to Coms. on HEALTH and C. & C.	Existing law, the Warren-911-Emergency Assistance Act, requires every local public agency, as defined, to have an emergency communication system and requires the digits “911” to be the primary emergency telephone number within the system. This bill would create the Core Behavioral Health Crisis Services System, using the digits “988” for the 988 Suicide Prevention and Behavioral Health Crisis Hotline, in compliance with existing federal law and standards governing the National Suicide Prevention Lifeline. The bill would require the department, as defined, to take specified actions to implement the hotline system. The bill would require the department to charge a fee on each resident of the state that is a subscriber of commercial mobile or IP-enabled voice services to pay for the costs of the program. The bill would create the 988 Fund, a new continuously appropriated fund, and would require the fees to be deposited along with other specified moneys into the 988 Fund. By creating a new continuously appropriated fund and establishing a fee as a new source of revenue for the continuously appropriated fund, the bill would make an appropriation. This bill contains other related provisions and other existing laws.	
AB 309 Gabriel D Pupil mental health: model referral protocols.	ASSEMBLY ED. 2/12/2021 - Referred to Com. on ED.	Existing law requires the governing board of a school district to give diligent care to the health and physical development of pupils and authorizes the governing board of a school district to employ properly certified persons for this purpose. Existing law requires a school of a school district or county office of education and a charter school to notify pupils and parents or guardians of pupils no less than twice during the school year on how to initiate access to available pupil mental health services on campus or in the community, or both, as provided. This bill would require the State Department of Education to develop model referral protocols, as provided, for addressing pupil mental health concerns. The bill would require the department to consult with various entities in developing the protocols, including current classroom teachers and administrators. The bill would require the department to post the model referral protocols on its internet website. The bill would make these provisions contingent upon funds being appropriated for its purpose in the annual Budget Act or other legislation, or state, federal, or private funds being allocated for this purpose.	

<p>AB 347 Arambula D</p> <p>Health care coverage: step therapy.</p>	<p>ASSEMBLY HEALTH 2/12/2021 - Referred to Com. on HEALTH.</p> <p>4/6/2021 1:30 p.m. - Assembly Chambers ASSEMBLY HEALTH, WOOD, Chair</p>	<p>Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes a health insurer to require step therapy if there is more than one drug that is appropriate for the treatment of a medical condition, and authorizes a health care service plan to utilize step therapy consistent with Knox-Keene. Under existing law, if a health care service plan, health insurer, or contracted physician group fails to respond to a completed prior authorization request from a prescribing provider within a specified timeframe, the prior authorization request is deemed to have been granted. This bill would clarify that a health care service plan may require step therapy if there is more than one drug that is appropriate for the treatment of a medical condition. The bill would require a health care service plan or health insurer to expeditiously grant a step therapy exception if specified criteria are met. The bill would authorize an enrollee or insured or their designee, guardian, primary care physician, or health care provider to file an appeal of a prior authorization or the denial of a step therapy exception request, and would require a health care service plan or health insurer to designate a clinical peer to review those appeals. The bill would require a health care service plan, health insurer, or utilization review organization to annually report specified information about their step therapy exception requests and prior authorization requests to the Department of Managed Health Care or the Department of Insurance, as appropriate. The bill would require a prior authorization request or step therapy exception request to be deemed to have been granted if a health care service plan, health insurer, or contracted physician group fails to send an approval or denial within a specified timeframe. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.</p>	
<p>AB 359 Cooper D</p> <p>Physicians and surgeons: licensure: examination.</p>	<p>ASSEMBLY B.&P. 3/23/2021 - Re-referred to Com. on B. & P.</p> <p>4/6/2021 9 a.m. - State Capitol, Assembly Chamber ASSEMBLY BUSINESS AND PROFESSIONS, LOW, Chair</p>	<p>Existing law, the Medical Practice Act, requires the Medical Board of California to issue a physician's and surgeon's certificate to a qualified applicant. Under the act, an applicant for a physician's and surgeon's certificate is required to include specified information in the application and to obtain a passing score on an entire examination or on each part of an examination. Existing law requires an applicant to obtain a passing score on all parts of Step 3 of the United States Medical Licensing Examination within not more than 4 attempts in order to be eligible for a certificate. Existing law provides an exception to the 4-attempt requirement for an applicant who holds an unlimited and unrestricted license as a physician and surgeon in another state, and has held that license continuously for a minimum of 4 years prior to the date of application, meets certain postgraduate training requirements and is certified by a specialty board, and is not subject to specified licensure denials or disciplinary action. This bill would eliminate the exception described above and would instead establish an exception for an applicant who holds an unrestricted license as a physician and surgeon in another state, if the board makes prescribed determinations with regard to the applicant. This bill contains other related provisions and other existing laws. Last Amended on 3/22/2021</p>	
<p>AB 369 Kamlager D</p>	<p>ASSEMBLY HEALTH 3/22/2021 - Re-referred to Com. on HEALTH.</p>	<p>Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program</p>	

<p>Medi-Cal services: persons experiencing homelessness.</p>		<p>provisions. Under existing law, Medi-Cal covered benefits are generally subject to utilization controls, including prior authorization requirements. This bill, until January 1, 2026, would prohibit the Director of the State Department of Health Care Services from imposing prior authorization or other utilization controls on an item, service, or immunization that is intended to test for, prevent, treat, or mitigate COVID-19. This bill contains other related provisions and other existing laws. Last Amended on 3/18/2021</p>	
<p>AB 381 Davies R</p> <p>Licensed facilities: duties.</p>	<p>ASSEMBLY JUD. 3/25/2021 - Read second time and amended.</p>	<p>Existing law requires the State Department of Health Care Services to license and regulate facilities that provide residential nonmedical services to adults who are recovering from problems related to alcohol, drug, or alcohol and drug misuse or abuse, and who need alcohol, drug, or alcohol and drug recovery treatment or detoxification services. Existing law requires a licensee to develop a plan to address when a resident relapses, including when a resident is on the licensed premises after consuming alcohol or using illicit drugs. This bill would require a licensee, at all times, to maintain at least 2 unexpired doses of naloxone hydrochloride on the premises and have at least one staff member on the premises who knows the specific location of the naloxone hydrochloride and who has been trained to administer it. The bill would prohibit a trained staff member from being held civilly or criminally liable for the administration, in good faith, of naloxone hydrochloride to a person appearing to experience an opioid-related overdose. The bill would specify that the administration of naloxone hydrochloride is an emergent care required in the case of a life-threatening emergency for purposes of the medical or health care services a licensed facility may provide. The bill would also make technical changes and delete an obsolete provision. Last Amended on 3/25/2021</p>	
<p>AB 383 Salas D</p> <p>Mental health: older adults.</p>	<p>ASSEMBLY AGING & L.T.C. 2/12/2021 - Referred to Coms. on AGING & L.T.C. and HEALTH.</p> <p>4/6/2021 9 a.m. - State Capitol, Room 437 ASSEMBLY AGING AND LONG TERM CARE, NAZARIAN, Chair</p>	<p>Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs, including the Adult and Older Adult Mental Health System of Care Act. Existing law authorizes the MHSA to be amended by a 2/3 vote of the Legislature if the amendments are consistent with, and further the purposes of, the MHSA, and also permits the Legislature to clarify procedures and terms of the MHSA by a majority vote. This bill would establish within the State Department of Health Care Services an Older Adult Mental Health Services Administrator to oversee mental health services for older adults. The bill would require that position to be funded with administrative funds from the Mental Health Services Fund. The bill would prescribe the functions of the administrator and its responsibilities, including, but not limited to, developing outcome and related indicators for older adults for the purpose of assessing the status of mental health services for older adults, monitoring the quality of programs for those adults, and guiding decisionmaking on how to improve those services. The bill would require the administrator to receive data from other state agencies and departments to implement these provisions, subject to existing state or federal confidentiality requirements. The bill would require the administrator to report to the entities that administer the MHSA on those outcome and related indicators by July 1, 2022, and would authorize the administrator to make the report available to the Legislature, upon request. The bill would also require the administrator to develop a strategy and standardized training for all county mental health personnel in order for the counties to assist the administrator in obtaining the data necessary to develop the outcome and related indicators. This bill contains other related provisions.</p>	

<p>AB 410 Fong R</p> <p>Licensed registered nurses and licensed vocational nurses: Nurse Licensure Compact.</p>	<p>ASSEMBLY B.&P. 3/25/2021 - From committee chair, with author's amendments: Amend, and re-refer to Com. on B. & P. Read second time and amended.</p>	<p>Existing law, the Nursing Practice Act, provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing. The Vocational Nursing Practice Act provides for the licensure and regulation of vocational nurses by the Board of Vocational Nursing and Psychiatric Technicians of the State of California. The Nursing Practice Act establishes the Board of Registered Nursing Fund and the Vocational Nursing Practice Act establishes the Vocational Nursing and Psychiatric Technicians Fund. This bill would enact the Nurse Licensure Compact, under which the Board of Registered Nursing and the Board of Vocational Nursing and Psychiatric Technicians would be authorized to issue a multistate license that would authorize the holder to practice as a registered nurse or a licensed vocational nurse, as applicable, in all party states under a multistate licensure privilege, as specified. The bill would designate the Board of Registered Nursing as the licensing board for registered nurses for purposes of the compact and would designate the Board of Vocational Nursing and Psychiatric Technicians as the licensing board for vocational nurses for purposes of the compact. The bill would require the boards to participate in a coordinated licensure information system that would include all of the licensure and disciplinary history of all licensed registered nurses and licensed vocational nurses. The bill would provide that the Board of Registered Nursing and the Board of Vocational Nursing and Psychiatric Technicians shall alternate as the administrator of the compact for the state and as members of an entity known as the Interstate Commission of Nurse Licensure Compact Administrators. The bill would authorize the commission to adopt rules that have the force and effect of law. The bill would prohibit fees collected by the Board of Registered Nursing or the Board of Vocational Nursing and Psychiatric Technicians for purposes of granting a multistate license pursuant to the bill from exceeding the cost of administering that multistate license under the compact and would require those fees to be deposited in the Board of Registered Nursing Fund or the Board of Vocational Nursing and Psychiatric Technicians Fund, as applicable. This bill contains other related provisions and other existing laws. Last Amended on 3/25/2021</p>	
<p>AB 443 Carrillo D</p> <p>Office of Statewide Health Planning and Development: international medical graduates.</p>	<p>ASSEMBLY B.&P. 3/15/2021 - Re-referred to Com. on B. & P.</p>	<p>Existing law establishes in the California Health and Human Services Agency the Office of Statewide Health Planning and Development, under the control of an executive officer known as the Director of Statewide Health Planning and Development, and makes the office responsible for administering various programs with respect to the health care professions. This bill would require the office to establish an international medical graduates assistance program to address barriers to practice and facilitate pathways to assist immigrant international medical graduates to integrate into the California health care delivery system, with the goal of increasing access to primary care in rural and underserved areas of the state. The bill would require the office to enter into an agreement with another state agency as the office determines to be appropriate, based on prescribed criteria, to operate as the managing agency of the program. The bill would require the agreement to include a requirement that, by June 30, 2022, the managing agency shall provide dedicated staffing for the planning and management of the program and that the governing body of the managing agency shall be the entity responsible for the supervision of programmatic operations. The bill would also require the agreement to provide that the office shall oversee the managing agency's planning, management, and operation of the program. This bill contains other related provisions and other existing laws. Last Amended on 3/11/2021</p>	

<p>AB 451 Arambula D</p> <p>Health care facilities: treatment of psychiatric emergency medical conditions.</p>	<p>ASSEMBLY HEALTH 2/18/2021 - Referred to Com. on HEALTH.</p> <p>4/6/2021 1:30 p.m. - Assembly Chambers ASSEMBLY HEALTH, WOOD, Chair</p>	<p>Existing law provides for the licensure and regulation of general acute care hospitals and acute psychiatric hospitals by the State Department of Public Health. Existing law requires emergency services and care to be provided, as specified, at a licensed health facility that maintains and operates an emergency department to provide emergency services to the public when the health facility has appropriate facilities and qualified personnel available to provide the services or care. Existing law requires emergency services and care, including screening, examination, and evaluation to determine if a psychiatric emergency medical condition exists and the care and treatment necessary to relieve or eliminate the psychiatric emergency medical condition, to be provided to any person requesting the services or care. A knowing and intentional violation of these provisions is a crime. This bill would require a psychiatric unit within a general acute care hospital, a psychiatric health facility, or an acute psychiatric hospital that has accepted a person for the purpose of determining the existence of a psychiatric medical emergency condition, to provide emergency services and care to treat that person, regardless of whether the facility operates an emergency department, if specified criteria are met. These requirements would not apply to a state psychiatric hospital. By creating a new crime, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.</p>	
<p>AB 457 Santiago D</p> <p>Telehealth Patient Bill of Rights.</p>	<p>ASSEMBLY HEALTH 2/18/2021 - Referred to Com. on HEALTH.</p>	<p>Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, Medi-Cal services may be provided pursuant to contracts with various types of managed care health plans, including through a county organized health system. Under existing law, in-person contact between a health care provider and a patient is not required under the Medi-Cal program for services appropriately provided through telehealth. This bill would create the TeleHealth Patient Bill of Rights, which would, among other things, protect the rights of a patient using telehealth to be seen by a health care provider with a physical presence within a reasonable geographic distance from the patient's home, unless specified exceptions apply. The bill would require a health plan, as defined, to comply with the requirements in the Telehealth Patient Bill of Rights and to provide written notice to patients of all their rights under the Telehealth Bill of Rights. The bill would also exempt a health care service plan or a health insurer from the existing telehealth payment parity provisions for any interaction where the health care provider is not located within a reasonable geographic distance of the patient's home, unless that provider holds specialized knowledge not available in the patient's region. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.</p>	
<p>AB 458 Kamlager D</p> <p>Importation of prescription drugs.</p>	<p>ASSEMBLY HEALTH 3/24/2021 - Re-referred to Com. on HEALTH.</p>	<p>Existing law establishes the California Health and Human Services Agency (CHHSA), which includes departments charged with the administration of health, social, and other human services. Existing law requires CHHSA to enter into partnerships to increase patient access to affordable drugs and to produce or distribute generic prescription drugs and at least one form of insulin, as specified. This bill would create the Affordable Prescription Drug Importation Program in CHHSA, under which the state would be a licensed wholesaler that imports</p>	

		<p>prescription drugs, as specified, for the exclusive purpose of dispensing those drugs to program participants. The bill would require CHHSA to seek federal approval for the importation program on or before June 1, 2022, and would require CHHSA to contract with at least one contracted importer to provide services under the importation program within 6 months of receiving federal approval. The bill would require a contracted importer to, among other things, establish a wholesale prescription drug importation list that identifies the prescription drugs that have the highest potential for cost savings to the state and identify and contract with eligible Canadian suppliers who have agreed to export prescription drugs on that list. This bill contains other related provisions. Last Amended on 3/23/2021</p>	
<p>AB 462 Carrillo D</p> <p>Licensed Professional Clinical Counselor Act.</p>	<p>ASSEMBLY B.&P. 2/18/2021 - Referred to Com. on B. & P.</p>	<p>Existing law, the Licensed Professional Clinical Counselor Act, prohibits, except as provided, a person from practicing or advertising the performance of professional clinical counseling services without a license. The act defines “professional clinical counseling” to exclude the assessment or treatment of couples or families unless the professional clinical counselor has completed specified training and education requirements. The act requires supervised experience that is obtained for the purpose of qualifying for licensure to be related to the practice of professional clinical counseling and comply with specified requirements, including by requiring at least 150 hours of clinical experience in a hospital or community mental health setting, as defined. A violation of the act is punishable as a misdemeanor. This bill would delete the provision excluding the assessment or treatment of couples or families without meeting specified training and education requirements from the definition of “professional clinical counseling.” The bill would also eliminate the licensure requirement of completing at least 150 hours of clinical experience in a hospital or community mental health setting. By widening the scope of activity subject to licensure as a professional clinical counselor, this bill would expand the scope of a crime and would impose a state-mandated local program. This bill contains other related provisions and other existing laws.</p>	
<p>AB 493 Wood D</p> <p>Health insurance.</p>	<p>ASSEMBLY HEALTH 3/24/2021 - From committee: Do pass. (Ayes 13. Noes 1.) (March 23). 4/5/2021 #25 ASSEMBLY THIRD READING FILE - ASSEMBLY BILLS</p>	<p>Existing law provides for the regulation of health insurers by the Department of Insurance. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various health care market reforms. Existing law requires an individual or small group health insurance policy issued, amended, or renewed on or after January 1, 2017, to cover essential health benefits as prescribed, and provides that these provisions shall be implemented only to the extent essential health benefits are required pursuant to PPACA. This bill would delete the provision that conditions the implementation of that provision only to the extent essential health benefits are required pursuant to PPACA, and would make technical, nonsubstantive changes to that provision. This bill contains other related provisions and other existing laws.</p>	
<p>AB 526 Wood D</p> <p>Dentists: clinical laboratories: vaccines.</p>	<p>ASSEMBLY B.&P. 2/18/2021 - Referred to Com. on B. & P.</p>	<p>Existing law, the Dental Practice Act, provides for the licensure and regulation of persons engaged in the practice of dentistry by the Dental Board of California. Existing law defines dentistry as the diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures, and provides that diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents, and physical evaluation. Existing law provides that a person practices dentistry if the person performs various specified acts. This bill would additionally authorize a dentist, if the dentist complies with specified</p>	

		requirements, to independently prescribe and administer influenza and COVID-19 vaccines approved or authorized by the United States Food and Drug Administration for persons 3 years of age or older, as specified. The bill would authorize the board to adopt regulations to implement these provisions, as provided. The bill would count vaccine training provided through the federal Centers for Disease Control and Prevention toward the fulfillment of a dentist's continuing education requirements, as specified. This bill contains other related provisions and other existing laws.	
AB 552 Quirk-Silva D Integrated School-Based Behavioral Health Partnership Program.	ASSEMBLY HEALTH 3/24/2021 - VOTE: Do pass as amended and be re-referred to the Committee on [Health] (PASS) 4/5/2021 #16 ASSEMBLY SECOND READING FILE - ASSEMBLY BILLS	Existing law requires the governing board of any school district to give diligent care to the health and physical development of pupils and authorizes the governing board of a school district to employ properly certified persons for the work. This bill would establish the Integrated School-Based Behavioral Health Partnership Program to provide prevention and early intervention for, and access to, behavioral health services for pupils. The bill would authorize a county behavioral health agency and the governing board or governing body of a local educational agency to agree to collaborate on and implement an integrated school-based behavioral health partnership program, to develop a memorandum of understanding outlining the requirements for the partnership program, and to enter into a contract for mental health or substance use disorder services. This bill contains other related provisions and other existing laws.	
AB 562 Low D Mental health services for health care providers: Frontline COVID-19 Provider Mental Health Resiliency Act of 2021.	ASSEMBLY B.&P. 3/22/2021 - Re-referred to Com. on B. & P. 4/6/2021 9 a.m. - State Capitol, Assembly Chamber ASSEMBLY BUSINESS AND PROFESSIONS, LOW, Chair	Existing law establishes the Department of Consumer Affairs under the direction of the Director of Consumer Affairs. Existing law establishes various boards within the department for the licensure and regulation of various health care providers, including physicians and surgeons and nurses. Existing law generally provides for mental health services, including the Bronzan-McCorquodale Act, which contains provisions governing the organization and financing of community mental health services for persons with mental disorders in every county through locally administered and locally controlled community mental health programs, and the Mental Health Services Act, an initiative statute enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election that establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs. This bill would require the director to establish a mental health resiliency program, as specified, to provide mental health services to licensed health care providers who provide or have provided healthcare services to COVID-19 patients. The bill would require the relevant healing arts boards to notify licensees and solicit applications for access to the mental health resiliency program immediately upon the availability of services. The bill would require an applicant to make an attestation that states, among other things, that the applicant is an eligible licensee, as defined. The bill would make an applicant who willfully makes a false statement in their attestation guilty of a misdemeanor. By creating a new crime, this bill would impose a state-mandated local program. The bill would repeal these provisions on January 1, 2025. This bill contains other related provisions. Last Amended on 3/18/2021	
AB 573 Carrillo D	ASSEMBLY APPR. 3/24/2021 - From committee: Do pass and re-	Existing law, the Bronzan-McCorquodale Act, contains provisions governing the operation and financing of community mental health services for the mentally disordered in every county through locally administered and locally controlled community mental health programs. Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the	

<p>Youth Mental Health Boards.</p>	<p>refer to Com. on APPR. (Ayes 14. Noes 0.) (March 23). Re-referred to Com. on APPR.</p>	<p>voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs. The MHSA also establishes the Mental Health Oversight and Accountability Commission and requires counties to engage in specified planning activities, including creating and updating a 3-year program and expenditure plan through a stakeholder process. This bill would establish the California Youth Mental Health Board (state board) within the California Health and Human Services Agency to advise the Governor and Legislature on the challenges facing youth with mental health needs and determine opportunities for improvement. The state board would be comprised of 15 members who are between 15 and 23 years of age, appointed as specified, at least half of whom are youth mental health consumers who are receiving, or have received, mental health services, or siblings or immediate family members of mental health consumers. The bill would specify the powers and duties of the state board, including reviewing program performance in the delivery of mental health and substance use disorder services for youth. This bill contains other related provisions and other existing laws. Last Amended on 3/18/2021</p>	
<p>AB 574 Chen R</p> <p>Guardians ad litem: mental illnesses.</p>	<p>ASSEMBLY HEALTH 2/18/2021 - Referred to Coms. on HEALTH and JUD.</p>	<p>Existing law authorizes a court, on its own motion or on request of certain specified persons, to appoint a guardian ad litem in a probate proceeding, as specified, to represent the interests of certain persons, including a minor or an incapacitated person. Existing law prohibits the appointment of a public guardian as a guardian ad litem in a probate proceeding, unless the court finds that no other qualified person is willing to act as a guardian ad litem. This bill would establish an additional procedure for the appointment of a guardian ad litem for a person who lacks the capacity to make rational informed decisions regarding medical care, mental health care, safety, hygiene, shelter, food, or clothing with a rational thought process due to a mental illness, defect, or deficiency. The bill would authorize certain persons to petition the court for the appointment of a guardian ad litem under these provisions, and would establish the procedures that would govern the filing of a petition, its notice provisions, and court procedures. Under certain circumstances, the bill would require the court to appoint the public defender or private counsel to represent a person who is the subject of a petition. This bill contains other existing laws.</p>	
<p>AB 586 O'Donnell D</p> <p>Pupil health: health and mental health services: School Health Demonstration Project.</p>	<p>ASSEMBLY ED. 3/25/2021 - Referred to Coms. on ED. and HEALTH. From committee chair, with author's amendments: Amend, and re-refer to Com. on ED. Read second time and amended.</p> <p>4/7/2021 9 a.m. - State Capitol, Room 437 ASSEMBLY EDUCATION, O'DONNELL, Chair</p>	<p>Existing law requires a school of a school district or county office of education and a charter school to notify pupils and parents or guardians of pupils no less than twice during the school year on how to initiate access to available pupil mental health services on campus or in the community, as provided. Existing law authorizes a county to use funds from the Mental Health Services Act, enacted by the voters at the November 2, 2004, statewide general election as Proposition 63, to provide a grant to a school district or county office of education, or to a charter school, within the county, for purposes of funding specified activities relating to pupil mental health. This bill would establish, within the State Department of Education, the School Health Demonstration Project, a pilot project, to be administered by the department, in consultation with the State Department of Health Care Services, to expand comprehensive health and mental health services to public school pupils by providing training and support services to selected local educational agencies to secure ongoing Medi-Cal funding for those health and mental health services, as provided. The bill would, subject to an appropriation, require a local educational agency selected to serve as a pilot project participant to receive</p>	

		<p>\$500,000 each year of the 2-year pilot project, to be used for contracting with one of 3 technical assistance teams selected by the Superintendent of Public Instruction. The bill would authorize the funds to also be used by the local educational agency for staffing, professional development, outreach, and data analysis and reporting, related to the project. The bill would require the State Department of Education, in consultation with the State Department of Health Care Services, participating local educational agencies, and the technical assistance teams, to prepare a report to the Legislature that includes specified information related to the results of the pilot project. Last Amended on 3/25/2021</p>	
<p>AB 638 Quirk-Silva D</p> <p>Mental Health Services Act: early intervention and prevention programs.</p>	<p>ASSEMBLY HEALTH 3/26/2021 - From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.</p> <p>4/6/2021 1:30 p.m. - Assembly Chambers ASSEMBLY HEALTH, WOOD, Chair</p>	<p>Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs and requires counties to spend those funds on mental health services, as specified. The MHSA requires counties to establish a program designed to prevent mental illnesses from becoming severe and disabling and authorizes counties to use funds designated for prevention and early intervention to broaden the provision of those community-based mental health services by adding prevention and early intervention services or activities. This bill would amend the MHSA by including in the prevention and early intervention services authorized to be provided, prevention and early intervention strategies that address mental health needs, substance misuse or substance use disorders, or needs relating to cooccurring mental health and substance use services. By authorizing a new use for continuously appropriated funds, this bill would make an appropriation. The bill would state the finding and declaration of the Legislature that this change is consistent with, and furthers the intent of, the MHSA. This bill contains other existing laws. Last Amended on 3/26/2021</p>	
<p>AB 653 Waldron R</p> <p>Medication-Assisted Treatment Grant Program.</p>	<p>ASSEMBLY PUB. S. 3/30/2021 - From committee chair, with author's amendments: Amend, and re-refer to Com. on PUB. S. Read second time and amended.</p> <p>4/6/2021 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY PUBLIC SAFETY, JONES-SAWYER, Chair</p>	<p>Existing law requires the Department of Corrections and Rehabilitation, under the oversight of the Undersecretary of Health Care Services, to establish a 3-year pilot program at one or more institutions that will provide a medically assisted substance use disorder treatment model for treatment of inmates with a history of substance use problems. Existing law requires the department, in establishing the program, to consider specified treatment components, including, among others, access to medication-assisted treatment throughout the period of incarceration up to and including immediately prior to release. This bill would establish, until January 1, 2026, the Medication-Assisted Treatment Grant Program, to be administered by the Board of State and Community Corrections. The bill would require the board to award grants, on a competitive basis, to counties and would authorize counties that receive grants to use grant funds for various purposes relating to the treatment of substance use disorders and the provision of medication-assisted treatment. The bill would prohibit counties from using the grant funds to supplant existing resources for medication-assisted treatment services delivered in county jails or in the community. The bill would require counties that receive grants pursuant to these provisions to collect and maintain data relating to the effectiveness of the program and would require the board, by July 1, 2025, to submit a report to the Legislature describing the activities funded by the grant program and the success of those activities in reducing drug overdoses and recidivism by jail inmates and persons under criminal justice supervision. Last Amended on 3/30/2021</p>	

<p>AB 662 Rodriguez D</p> <p>Mental health: involuntary treatment: emergency medical personnel.</p>	<p>ASSEMBLY HEALTH 3/25/2021 - Referred to Coms. on HEALTH and JUD. From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.</p>	<p>(1)Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of persons with specified mental disorders for the protection of the persons committed. Under the act, when a person, as a result of a mental health disorder, is a danger to others, or to themselves, or gravely disabled, the person may, upon probable cause, be taken into custody by specified individuals, including by a peace officer or designated members of a mobile crisis team, and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. This bill would authorize those specified individuals who may take a person into custody to authorize, in writing, prescribed emergency medical personnel to transport a person to a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services.(2)Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, establishes the Emergency Medical Services Authority, among other things, to establish training standards for emergency medical technicians (EMT) at various levels, including EMT-I, EMT-II, and EMT-P. Under the act, existing law sets forth various limitations on liability for individuals who render emergency medical services, including limiting the liability of an EMT-II or mobile intensive care paramedic rendering care within the scope of their duties who, in good faith and in a nonnegligent manner, follows the instructions of a physician or nurse.This bill would additionally exempt emergency medical personnel under the act from incurring any liability for civil damages resulting from an act or omission unless that act or omission constitutes gross negligence or willful or wanton misconduct if the emergency personnel is transporting a person to a facility, as specified in paragraph (1), and is rendering care within the scope of their duties during the transport. Last Amended on 3/25/2021</p>	
<p>AB 666 Chiu D</p> <p>Substance abuse programs.</p>	<p>ASSEMBLY HEALTH 3/15/2021 - Re-referred to Com. on HEALTH. 4/13/2021 1:30 p.m. - Assembly Chambers ASSEMBLY HEALTH, WOOD, Chair</p>	<p>Existing law imposes various requirements on the State Department of Health Care Services relating to the administration of alcohol and drug programs, including, but not limited to, providing funds to counties for planning and implementing local programs to alleviate problems related to alcohol and other drug use, reviewing and certifying alcohol and other drug programs that meet state standards, developing and maintaining a centralized data collection system to gather and obtain information on the status of the alcohol and other drug abuse problems in the state, and issuing an annual report that portrays the drugs abused, populations affected, user characteristics, crime-related costs, socioeconomic costs, and other related information deemed necessary in providing a problem profile of alcohol and other drug abuse in the state.This bill would require that report to be issued on or before March 1 of each year.This bill would also state the intent of the Legislature to enact legislation to expand the substance use disorder treatment workforce in California to aid in the treatment of alcohol and drug abuse and to reduce the number of opioid overdoses and deaths in California. Last Amended on 3/11/2021</p>	
<p>AB 681 Ramos D</p> <p>Mental health: information sharing.</p>	<p>ASSEMBLY HEALTH 2/25/2021 - Referred to Com. on HEALTH.</p>	<p>Existing law, the Children’s Civil Commitment and Mental Health Treatment Act of 1988, authorizes a minor, if they are a danger to self or others, or they are gravely disabled, as a result of a mental health disorder, and authorization for voluntary treatment is not available, upon probable cause, to be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services as a facility for 72-hour treatment and evaluation of minors. Existing law prohibits a person detained pursuant to the Lanterman-Petris-Short Act because the person is a danger to self or others, from owning,</p>	<p>Support</p>

		possessing, controlling, receiving, or purchasing, or attempting to own, possess, control, receive, or purchase, any firearm. In order for the Department of Justice to determine the eligibility of the person to own, possess, control, receive, or purchase a firearm, existing law requires each designated facility, within 24 hours of admitting an individual subject to that prohibition, to submit a report to the Department of Justice that contains specified information, including the identity of the person. This bill would require the Department of Justice to provide to the State Department of Health Care Services a copy of reports submitted pursuant to those provisions. This bill would require the Department of Justice to provide to the State Department of Health Care Services a copy of reports submitted pursuant to those provisions. This bill contains other related provisions and other existing laws.	
AB 686 Arambula D California Community-Based Behavioral Health Outcomes and Accountability Review.	ASSEMBLY HEALTH 2/25/2021 - Referred to Com. on HEALTH.	Existing law, the Bronzan-McCorquodale Act, contains provisions governing the operation and financing of community mental health services for persons with mental health disorders in every county through locally administered and locally controlled community mental health programs. Existing law requires the Director of State Hospitals to establish a Performance Outcome Committee, which is charged with developing measures of performance for evaluating client outcomes and cost effectiveness of mental health services provided pursuant to the act. This bill would require the California Health and Human Services Agency to establish, by July 1, 2022, the California Community-Based Behavioral Health Outcomes and Accountability Review (CBBH-OAR) to facilitate a local accountability system that fosters continuous quality improvement in county behavioral health programs and in the collection and dissemination by the agency of best practices in service delivery. The bill would require the agency to convene a workgroup to establish a workplan by which the CBBH-OAR shall be conducted and to consult on various other components of the CBBH-OAR process. This bill contains other related provisions and other existing laws.	
AB 690 Arambula D Marriage and family therapists: clinical social workers: professional clinical counselors.	ASSEMBLY B.&P. 3/18/2021 - Re-referred to Com. on B. & P. 4/6/2021 9 a.m. - State Capitol, Assembly Chamber ASSEMBLY BUSINESS AND PROFESSIONS, LOW, Chair	Existing law, the Licensed Marriage and Family Therapist Act, provides for the licensure, registration, and regulation of marriage and family therapists and associate marriage and family therapists by the Board of Behavioral Sciences. The Social Work Licensing Law provides for the licensure, registration, and regulation of clinical social workers and associate clinical social workers by the board. The Licensed Professional Clinical Counselor Act provides for the licensure, registration, and regulation of professional clinical counselors and associate professional clinical counselors by the board. A violation of these provisions is a crime. This bill would instead require the work of the employee or volunteer to be performed under the oversight and direction of the entity. The bill would define the term “nonexempt setting” for purposes of the acts and that law. The bill would also provide that a person who holds a valid license or registration who is working or volunteering in an exempt setting is not exempt from the provisions of the applicable act and that law, and that an entity that is licensed or certified by a government regulatory agency to provide health care services is not an exempt setting, except as specified. This bill contains other related provisions and other existing laws. Last Amended on 3/17/2021	
AB 723 Low D	ASSEMBLY APPR. 3/23/2021 - From committee: Do pass and refer to Com. on APPR. with recommendation: To	Existing law, the Licensed Marriage and Family Therapist Act, provides for the regulation of the practice of marriage and family therapy by the Board of Behavioral Sciences. A violation of the act is a crime. Existing law defines the practice of marriage and family therapy as that service	Watch

<p>Marriage and family therapy: scope of practice.</p>	<p>Consent Calendar. (Ayes 17. Noes 0.) (March 23). Re-referred to Com. on APPR.</p>	<p>performed with individuals, couples, or groups wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments, including relationship and premarriage counseling. Existing law also specifies how marriage and family therapy principles may be applied, including, among others, psychotherapeutic techniques and the use, application, and integration of coursework and training required for licensed marriage and family therapists. This bill would recast those provisions to include within this scope of practice the application of psychotherapeutic and family systems and theories, principles, and methods in the delivery of services to individuals, couples, or groups in order to assess evaluate, and treat relational issues, emotional disorders, behavioral problems, mental illness, alcohol and substance use, and to modify intrapersonal and interpersonal behaviors. The bill would make conforming changes relating to the various ways in which marriage and family therapy principles may be applied. This bill contains other related provisions and other existing laws.</p>	
<p>AB 738 Nguyen R</p> <p>Community mental health services: mental health boards.</p>	<p>ASSEMBLY HEALTH 3/25/2021 - Referred to Com. on HEALTH. From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.</p>	<p>Existing law, the Bronzan-McCorquodale Act, governs the organization and financing of community mental health services for persons with mental disorders in every county through locally administered and locally controlled community mental health programs. Existing law generally requires each community mental health service to have a mental health board consisting of 10 to 15 members who are appointed by the governing body, and encourages counties to appoint individuals who have experience with and knowledge of the mental health system. Existing law specifies the duties of mental health boards, including acting in an advisory role to the governing body. This bill would instead require the board to have 10 to 17 members. Last Amended on 3/25/2021</p>	
<p>AB 741 Bennett D</p> <p>Jails: discharge plan.</p>	<p>ASSEMBLY PUB. S. 3/22/2021 - Re-referred to Com. on PUB. S.</p>	<p>Existing law authorizes a county sheriff to discharge a person from a county jail at any time on the last day that the person may be confined that the sheriff considers to be in the best interests of that person. Existing law additionally authorizes a sheriff to offer a voluntary program to a person, upon completion of a sentence served or a release ordered by the court to be effected the same day, that would allow the person to stay in jail for up to 16 additional hours or until normal business hours, whichever is shorter, in order to offer the person the ability to be discharged to a treatment center or during daytime hours, as specified. Existing law authorizes the person to revoke consent and be discharged as soon as possible and practicable. Existing law requires a sheriff offering this program to, whenever possible, allow the person to make a telephone call to arrange for transportation or to notify a bail agent, as specified. This bill would require a sheriff to make the release standards, release processes, and release schedules of a county jail available to incarcerated persons, as specified. The bill would additionally grant a person incarcerated in, or recently released from, a county jail up to 3 free telephone calls from a telephone in the county jail to plan for a safe and successful release. This bill would additionally require each county sheriff to convene a mentally ill discharge plans advisory group, including representatives from the court, county behavioral health departments, law enforcement, and nonprofit organizations serving mentally ill individuals who have been incarcerated. The bill would require the advisory group to, on or before July 1, 2023, meet and make recommendations to the sheriff and county board of supervisors on the establishment of county jail discharge plans for individuals with mental illness, as specified. Because this bill would impose new duties on sheriffs and county jails, it would</p>	

		impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above. Last Amended on 3/18/2021	
AB 748 Carrillo D Pupil mental health: mental health assistance posters.	ASSEMBLY ED. 2/25/2021 - Referred to Com. on ED.	Existing law requires each schoolsite in a school district, county office of education, or charter school, serving pupils in any of grades 9 to 12, inclusive, to create a poster that notifies pupils of the applicable written policy on sexual harassment, and requires the poster to be prominently and conspicuously displayed in each bathroom and locker room at the schoolsite, as provided. Existing law requires a school of a school district or county office of education and a charter school to notify pupils and parents or guardians of pupils no less than twice during the school year on how to initiate access to available pupil mental health services on campus or in the community, as provided.This bill would require, on or before the start of the 2022–23 school year, each schoolsite in a school district, county office of education, or charter school, serving pupils in any of grades 6 to 12, inclusive, to create a poster that identifies approaches and shares resources regarding pupil mental health. The bill would require the poster to be prominently and conspicuously displayed in each bathroom and locker room at the schoolsite, as provided. By imposing additional duties on school districts, county offices of education, and charter schools, the bill would impose a state-mandated local program.This bill contains other related provisions and other existing laws.	
AB 752 Nazarian D Prescription drug coverage.	ASSEMBLY HEALTH 3/30/2021 - From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended. 4/13/2021 1:30 p.m. - Assembly Chambers ASSEMBLY HEALTH, WOOD, Chair	Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy that provides coverage for outpatient prescription drugs to cover medically necessary prescription drugs and subjects those policies to certain limitations on cost sharing and the placement of drugs on formularies. Existing law limits the maximum amount an enrollee or insured may be required to pay at the point of sale for a covered prescription drug to the lesser of the applicable cost-sharing amount or the retail price, and requires that payment to apply to any applicable deductible.This bill would require a health care service plan or health insurer, or an entity acting on its behalf, to furnish specified information about a prescription drug upon request by an enrollee or insured, their health care provider, or a third party acting on their behalf. The bill would set forth requirements for the request and response, including that they comply with established industry content and transport standards. The bill would prohibit a health care service plan or health insurer from restricting a health care provider from sharing the information furnished about the prescription drug or penalizing a provider for prescribing a lower cost drug. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.This bill contains other related provisions and other existing laws. Last Amended on 3/30/2021	

<p>AB 785 Rivas, Robert D</p> <p>Mental health.</p>	<p>ASSEMBLY PUB. S. 2/25/2021 - Referred to Coms. on PUB. S. and HEALTH.</p>	<p>Existing law authorizes a person in custody who has been charged with, or convicted of, a criminal offense to apply for inpatient or outpatient mental health services. Existing law establishes various grant programs to help local governments provide mental health services, including the primary intervention program and the California Emergency Solutions Grant Program. This bill would, upon appropriation, establish the Mental Health Response and Treatment Challenge Grant Pilot Program. The bill would provide that the purpose of the pilot program is to provide a statewide investment program to provide funds and flexibility to cities, counties, cities and counties, or other local governmental agencies that interact with the criminal justice system to develop programs that seek to improve services in 3 areas, as specified. The bill would require the Board of State and Community Corrections to administer the pilot program and award grants on a competitive basis.</p>	
<p>AB 810 Flora R</p> <p>Healing arts: reports: claims against licensees.</p>	<p>ASSEMBLY B.&P. 2/25/2021 - Referred to Com. on B. & P.</p>	<p>Existing law makes failure of a licensee of the Medical Board of California, the Podiatric Medical Board of California, the Board of Psychology, the Dental Board of California, the Dental Hygiene Board of California, the Osteopathic Medical Board of California, the State Board of Chiropractic Examiners, the Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians of the State of California, the State Board of Optometry, the Veterinary Medical Board, the Board of Behavioral Sciences, the Physical Therapy Board of California, the California State Board of Pharmacy, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board, the California Board of Occupational Therapy, the Acupuncture Board, or the Physician Assistant Board, a claimant, or their counsel to report a settlement, judgment, or arbitration award over \$3,000 of a claim or action for damages for death or personal injury caused by negligence, error or omission in practice, or by the unauthorized rendering of professional services, by a person who holds a license, certificate, or other similar authority from one of those boards, who does not possess professional liability insurance as to the claim, within 30 days to the agency that issued the license, certificate, or similar authority, punishable by a fine of not less than \$50 or more than \$500, as specified. This bill would increase the minimum fine for a violation of that provision to \$100. This bill contains other related provisions and other existing laws.</p>	
<p>AB 822 Rodriguez D</p> <p>Observation services.</p>	<p>ASSEMBLY HEALTH 3/8/2021 - Re-referred to Com. on HEALTH.</p>	<p>Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, and under which qualified low-income individuals receive health care services, such as mental health and substance use disorder services, which are delivered through various delivery systems, including fee-for-service and managed care. Under existing law, mental health plans provide specialty mental health services, and Medi-Cal managed health care plans and the fee-for-service Medi-Cal program provide nonspecialty mental health services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. To the extent funds are made available in the annual Budget Act, this bill would expand mental health services to include observation services, as defined, for emergency psychiatric treatment when provided in an observation unit, as defined, subject to utilization controls. The bill would provide that observation services are not specialty mental health services, and would require a Medi-Cal managed health care plan or the fee-for-service Medi-Cal program to reimburse the provider for rendering those services. The bill would authorize the department to implement these provisions by various means, including provider bulletin, without taking regulatory action, and would condition the implementation of these provisions</p>	

		to the extent permitted by federal law, the availability of federal financial participation, and the department securing federal approval. Last Amended on 3/4/2021	
AB 852 Wood D Nurse practitioners: scope of practice: practice without standardized procedures.	ASSEMBLY B.&P. 2/25/2021 - Referred to Com. on B. & P.	(1)Existing law, the Nursing Practice Act, provides for the certification and regulation of nurse practitioners by the Board of Registered Nursing. Existing law authorizes a nurse practitioner who meets certain education, experience, and certification requirements to perform, in certain settings or organizations, specified functions without standardized procedures, including, but not limited to, conducting an advanced assessment; ordering, performing, and interpreting diagnostic procedures, as specified; and prescribing, administering, dispensing, and furnishing controlled substances.This bill would refer to practice protocols instead of individual protocols and would delete the requirement to obtain physician consultation in the case of acute decompensation of patient situation. The bill would revise the requirement to establish a referral plan, as described above, and would require the referral plan to address the circumstance of a patient that has acute and unexpected decompensation or rare condition.This bill contains other related provisions and other existing laws.	
AB 858 Jones-Sawyer D Employment: health information technology: clinical practice guidelines: worker rights.	ASSEMBLY L. & E. 2/25/2021 - Referred to Coms. on L. & E. and HEALTH. 4/8/2021 10:30 a.m. - State Capitol, Room 437 ASSEMBLY LABOR AND EMPLOYMENT, KALRA, Chair	Existing law establishes the Labor Commissioner and sets forth its powers and duties, including investigation of employee complaints. Existing law establishes the State Department of Public health and sets forth its powers and duties relating to the licensure and regulation of health facilities, as defined. Existing law establishes the Department of Consumer Affairs and establishes various boards within its jurisdiction, including those charged with the licensure and regulation of practice in the various healing arts.This bill would provide that the use of technology shall not limit a worker who is providing direct patient care from exercising independent clinical judgment in the assessment, evaluation, planning and implementation of care, nor from acting as a patient advocate. The bill would define “technology” for these purposes to mean scientific hardware or software including algorithms derived from the use of health care related data, used to achieve a medical or nursing care objective at a health facility.This bill contains other related provisions.	
AB 864 Low D Controlled substances: CURES database.	ASSEMBLY B.&P. 3/8/2021 - Re-referred to Com. on B. & P.	Existing law classifies certain controlled substances into Schedules I to V, inclusive. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) database for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by a health care practitioner authorized to prescribe, order, administer, furnish, or dispense a Schedule II, Schedule III, or Schedule IV controlled substance. Existing law requires a dispensing pharmacy, clinic, or other dispenser to report specified information to the department for inclusion in the database.This bill would repeal those provisions as of January 1, 2023. Last Amended on 3/4/2021	
AB 882 Gray D Proposition 56 Medi-Cal Physicians and Dentists Loan	ASSEMBLY HEALTH 3/23/2021 - Re-referred to Com. on HEALTH. 4/6/2021 1:30 p.m. - Assembly Chambers ASSEMBLY HEALTH, WOOD, Chair	Existing law, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016, an initiative measure approved as Proposition 56 at the November 8, 2016, statewide general election, increases taxes imposed on distributors of cigarettes and tobacco products and requires all revenues to be deposited into the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 Fund, a continuously appropriated fund. Proposition 56 requires the Controller to transfer 82% of those revenues to the Healthcare Treatment Fund, to be used by the department to increase funding for the Medi-Cal program and other specified health care	

<p>Repayment Act Program.</p>		<p>programs and services in a way that, among other things, ensures timely access, limits geographic shortages of services, and ensures quality care. The act authorizes the Legislature to amend the provision relating to the allocation of revenues in the Healthcare Treatment Fund to further the purposes of the act with a 2/3 vote of the membership of each house of the Legislature. Existing law, until January 1, 2026, establishes the Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program, which requires the department to develop and administer the program to provide loan assistance payments to qualifying, recent graduate physicians and dentists that serve beneficiaries of the Medi-Cal program and other specified health care programs using moneys from the Healthcare Treatment Fund. Existing law requires this program to be funded using moneys appropriated to the department for this purpose in the Budget Act of 2018, and requires the department to administer 2 separate payment pools for participating physicians and dentists, respectively, consistent with the allocations provided for in the Budget Act of 2018. For purposes of that program, and by January 1, 2022, this bill would require the department to exclusively provide loan assistance payments to Medi-Cal physicians and dentists who practice in federally designated health professional shortage areas and who maintain a patient caseload composed of a minimum of 30% Medi-Cal beneficiaries, and to annually verify that these providers continue to practice in those designated areas. The bill would delete the provision making this program inoperative on January 1, 2026, would delete the references to the Budget Act of 2018, and would instead refer to the annual Budget Act. By extending the operation of this program and the authority to allocate revenues in the fund for this authorized expenditure, the bill would amend Proposition 56. This bill contains other existing laws. Last Amended on 3/22/2021</p>	
<p>AB 883 O'Donnell D</p> <p>Mental Health Services Act: local educational agencies.</p>	<p>ASSEMBLY HEALTH 3/23/2021 - In committee: Hearing postponed by committee.</p> <p>4/6/2021 1:30 p.m. - Assembly Chambers ASSEMBLY HEALTH, WOOD, Chair</p>	<p>Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund (MHSF) to fund various county mental health programs and requires counties to spend those funds as specified. Existing law requires funds allocated to a county that have not been spent for their authorized purpose within 3 years, and the interest accruing on those funds, to revert to the state, except for specified purposes, including capital facilities and technological needs, which revert after 10 years. Under existing law, reverted funds are reallocated to the counties, as specified. As part of the MHSA, existing law requires counties to engage in specified planning activities, including creating and updating a 3-year program and expenditure plan through a stakeholder process. This bill would state the finding and declaration of the Legislature that this change is consistent with, and furthers the intent of, the MHSA. This bill contains other existing laws. Last Amended on 3/4/2021</p>	
<p>AB 933 Daly D</p> <p>Prescription drug cost sharing.</p>	<p>ASSEMBLY HEALTH 2/25/2021 - Referred to Com. on HEALTH.</p>	<p>Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law limits the maximum amount an enrollee or insured may be required to pay at the point of sale for a covered prescription drug to the lesser of the applicable cost-sharing amount or the retail price. This bill would require an enrollee's or insured's defined cost sharing for each prescription drug to be calculated at the point of sale based on a price that is reduced by an amount equal to 90% of all rebates</p>	

		<p>received, or to be received, in connection with the dispensing or administration of the drug. The bill would prohibit a health care service plan, health insurer, or a plan's or insurer's agents from publishing or otherwise revealing information regarding the actual amount of rebates the health care service plan or health insurer receives on a product-specific, manufacturer-specific, or pharmacy-specific basis. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.</p>	
<p>AB 935 Maienschein D</p> <p>Telehealth: mental health.</p>	<p>ASSEMBLY HEALTH 2/25/2021 - Referred to Com. on HEALTH.</p>	<p>Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of that act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies that provide hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses, as defined, of a person of any age. Existing law also requires health care service plans and health insurers, by July 1, 2019, to develop maternal mental health programs. This bill would require health care service plans and health insurers, by July 1, 2022, to provide access to a telehealth consultation program that meets specified criteria and provides providers who treat children and pregnant and certain postpartum persons with access to a mental health consultation program, as specified. The bill would require the consultation by a mental health clinician with expertise appropriate for pregnant, postpartum, and pediatric patients to be conducted by telephone or telehealth video, and to include guidance on the range of evidence-based treatment options, screening tools, and referrals. The bill would require health care service plans and insurers to communicate information relating to the telehealth program at least twice a year in writing. The bill would require health care service plans and health insurers to monitor data pertaining to the utilization of the program to facilitate ongoing quality improvements, as necessary, and to provide a description of the program to the appropriate department. The bill would exempt certain specialized health care service plans and health insurers from these provisions. Because a willful violation of the bill's requirement by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.</p>	
<p>AB 940 McCarty D</p> <p>College Mental Health Services Program.</p>	<p>ASSEMBLY HIGHER ED. 3/24/2021 - From committee: Do pass and refer to Com. on HIGHER ED. (Ayes 14. Noes 0.) (March 23). Re-referred to Com. on HIGHER ED. 4/8/2021 10:30 a.m. - State Capitol, Assembly Chamber ASSEMBLY HIGHER EDUCATION, MEDINA, Chair</p>	<p>Existing law, the Mental Health Services Act, an initiative statute enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services, as specified. Existing law establishes the continuously appropriated Mental Health Services Fund. Existing law requires the Controller, prior to distributing the balance of the funds to the counties, as specified, to reserve up to 5% of the total annual revenues of the fund for the costs for the State Department of Health Care Services, the California Behavioral Health Planning Council, the Office of Statewide Health Planning and Development, the Mental Health Services Oversight and Accountability Commission, the State Department of Public Health, and any other state agency to implement all duties pursuant to the programs set forth in the act. This bill would amend Proposition 63 by appropriating an unspecified amount annually from the administrative account of the Mental Health Services Fund to the Board of Regents of the University of California, the Board of Trustees of the California State University, and the Board</p>	

		of Governors of the California Community Colleges, as specified, to implement the College Mental Health Services Program. The bill would require those funds to be used for the purpose of increasing campus student mental health services and mental health-related education and training. The bill would require campuses that participate in the program to report annually on the use of those grant funds and to post that information on their internet websites.	
AB 942 Wood D Specialty mental health services and substance use disorder treatment.	ASSEMBLY HEALTH 2/25/2021 - Referred to Com. on HEALTH.	1)Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including mental health and substance use disorder services, pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, for individuals 21 years of age and older, a service is “medically necessary” if it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. Existing law provides that for individuals under 21 years of age, “medically necessary” or “medical necessity” standards are governed by the definition in federal law. This bill would provide that the above-specified medical necessity standards do not preclude coverage for, and reimbursement of, a clinically appropriate and covered mental health or substance use disorder assessment, screening, or treatment service before a provider renders a diagnosis. This bill contains other related provisions and other existing laws.	
AB 988 Bauer-Kahan D Mental health: mobile crisis support teams: 988 crisis hotline.	ASSEMBLY HEALTH 3/4/2021 - Referred to Coms. on HEALTH and C. & C.	Existing law, the Warren-911-Emergency Assistance Act, requires every local public agency, as defined, to have an emergency communication system and requires the digits “911” to be the primary emergency telephone number within the system.This bill would establish the 988 Crisis Hotline Center, using the digits “988” in compliance with existing federal law and standards governing the National Suicide Prevention Lifeline. The bill would require the Office of Emergency Services to take specified actions to implement the hotline system, including hiring a director with specified experience and designating a 988 crisis hotline center or centers to provide crisis intervention services and crisis care coordination to individuals accessing the 988.This bill contains other related provisions and other existing laws.	Support
AB 1011 Waldron R Health care coverage: substance use disorders.	ASSEMBLY HEALTH 3/4/2021 - Referred to Com. on HEALTH. 4/13/2021 1:30 p.m. - Assembly Chambers ASSEMBLY HEALTH, WOOD, Chair	Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires specified health insurance policies that provide coverage for outpatient prescription drugs to cover medically necessary prescription drugs and subjects those policies to certain limitations on cost sharing and the placement of drugs on formularies. Existing law authorizes a health care service plan and a health insurer to utilize formularies, prior authorization, step therapy, or other reasonable medical management practices in the provision of outpatient prescription drug coverage.This bill would require health care service plan contracts and health insurance policies issued, amended, or renewed on or after January 1, 2022, that provide outpatient prescription drug benefits to cover all medically necessary prescription drugs approved by the United States Food and Drug Administration (FDA) for treating substance use disorders that are appropriate for the specific needs of an enrollee or insured, and would require those drugs to be placed on the lowest cost-sharing tier of the plan or insurer’s prescription drug formulary, unless specified	

		criteria are met. The bill would prohibit these contracts and policies from imposing prescribed requirements, including prior authorization or step therapy requirements on a prescription drug approved by the FDA for treating substance use disorders, unless specified criteria are met. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.	
AB 1038 Gipson D California Health Equity Program.	ASSEMBLY HEALTH 3/25/2021 - Referred to Com. on HEALTH. From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.	Existing law establishes the Office of Health Equity in the State Department of Public Health for the purposes of aligning state resources, decisionmaking, and programs to accomplish certain goals related to, among others, health equity and protecting vulnerable communities. Existing law requires the office to perform certain functions in connection to health equity. This bill would establish the California Health Equity Program, a competitive grant program administered by the Office of Health Equity to community-based nonprofit organizations, community clinics, local health departments, and tribal organizations to take actions related to health equity. The bill would establish the California Health Equity Fund in the State Treasury and, upon appropriation by the Legislature, would make moneys in the fund available for the purposes of the grant program. The bill would also establish the California Health Equity Fund Oversight and Accountability Committee, a 15 member committee with specified membership, to monitor the distribution, implementation, and impact of local and regional grants funded by the California Health Equity Fund and make reports about the status of the program and related recommendations to specified entities, among other duties. Last Amended on 3/25/2021	
AB 1051 Bennett D Medi-Cal: specialty mental health services: foster youth.	ASSEMBLY HUM. S. 3/30/2021 - From committee chair, with author's amendments: Amend, and re-refer to Com. on HUM. S. Read second time and amended. 4/7/2021 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HUMAN SERVICES, CALDERON, Chair	Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services (department), under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, specialty mental health services include federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided to eligible Medi-Cal beneficiaries under 21 years of age. Existing law requires each local mental health plan to establish a procedure to ensure access to outpatient specialty mental health services, as required by the EPSDT program standards, for youth in foster care who have been placed outside their county of adjudication, as described. This bill would make those provisions for presumptive transfer inapplicable to a foster youth or probation-involved youth placed in a community treatment facility, group home, or a short-term residential therapeutic program (STRTP) outside of their county of original jurisdiction, as specified. This bill contains other related provisions and other existing laws. Last Amended on 3/30/2021	
AB 1065 Maienschein D Personal income taxes: voluntary contributions: Mental Health Help Program	ASSEMBLY REV. & TAX 3/9/2021 - Re-referred to Com. on REV. & TAX. 4/5/2021 2:30 p.m. - State Capitol, Room 4202 ASSEMBLY REVENUE AND TAXATION, BURKE, Chair	Existing law authorizes an individual to contribute amounts in excess of personal income tax liability for the support of specified funds. Under existing law, there are general administrative provisions applicable to these voluntary contributions, which, among other things, provide for the disbursement of contributions following the repeal of the fund provisions and require undesignated funds to be transferred to the General Fund. Existing law requires any new or extended voluntary contribution to include the words "voluntary tax contribution" in the name of the fund, to require the administering agency to include specified information about the fund on its internet website, to continuously appropriate from the fund the contributions made	

<p>Voluntary Tax Contribution Fund.</p>		<p>to the administering agency, and to set a minimum contribution amount for the continuation of any voluntary tax contribution fund provisions on the tax return form and a generally applicable repeal date for voluntary tax contribution provisions. This bill would allow an individual to designate on their tax return that a specified amount in excess of the taxpayer's personal income tax liability be transferred to the Mental Health Help Program Voluntary Tax Contribution Fund, which would be created by this bill. The bill would conform with those aforementioned administrative requirements by continuously appropriating those funds to the Franchise Tax Board, the Controller, and the Department of the California Highway Patrol for administrative costs and by requiring the Department of the California Highway Patrol to post specified information provided by the National Alliance on Mental Illness about those funds on its internet website. The bill would require remaining funds in the Mental Health Help Program Voluntary Tax Contribution Fund to be transferred to the Department of the California Highway Patrol for disbursement to the National Alliance on Mental Illness California to fund the Crisis Intervention Team program that trains peace officers to assist, and engage safely with, persons living with mental illness. The bill would also conform by repealing the provisions as of December 1 of the year that the minimum contribution amount of \$250,000 is not met or by the specified repeal date. By continuously appropriating these funds, the bill would make an appropriation. Last Amended on 3/8/2021</p>	
<p>AB 1081 Cunningham R</p> <p>Education finance: local control funding formula: base grant add-on: pupil mental health.</p>	<p>ASSEMBLY ED. 3/4/2021 - Referred to Com. on ED.</p>	<p>Existing law establishes a public school financing system that requires state funding for county superintendents of schools, school districts, and charter schools to be calculated pursuant to a local control funding formula, as specified. Existing law requires the state funding apportioned to school districts and charter schools to be based on a base grant, as specified, and requires, among other things, the base grant for grades 9 to 12, inclusive, to be adjusted by an additional 2.6%, as adjusted for inflation. Commencing with the 2021–22 fiscal year, this bill would require the Superintendent of Public Instruction to additionally adjust each grade span adjusted base grant by a certain amount, as provided, and would condition eligibility of those funds on a school district or charter school annually electing to receive the funds and documenting in its annual audit that certain requirements relating to pupil mental health services have been met for the corresponding fiscal year. This bill contains other existing laws.</p>	
<p>AB 1117 Wicks D</p> <p>Pupil support services: Healthy Start: Toxic Stress and Trauma Resiliency for Children Program.</p>	<p>ASSEMBLY ED. 3/4/2021 - Referred to Coms. on ED. and HEALTH.</p>	<p>The Healthy Start Support Services for Children Act requires the Superintendent of Public Instruction to award grants to local educational agencies or consortia to fund programs in qualifying schools that provide support services, which include case-managed health, mental health, social, and academic support services, to eligible pupils and their families. The act establishes the Healthy Start Support Services for Children Program Council, specifies the members of the council, and provides for the duties of the council, which include assisting a local educational agency or consortium with local technical assistance, as provided. The act authorizes a local educational agency or consortium to contract with other entities, including county agencies and private nonprofit organizations or private partners, to provide services to pupils and their families. This bill would establish the Healthy Start: Toxic Stress and Trauma Resiliency for Children Program, under which the Superintendent would be required to award grants to qualifying entities, defined to include schools, local educational agencies, and other entities that meet specified criteria, to pay the costs of planning and operating programs that provide support services to pupils and their families, as prescribed. The bill would require</p>	

		grants to be awarded for no more than \$500,000 each and to be matched by the grantee with \$1 for each \$2 awarded, as specified.This bill contains other related provisions.	
AB 1130 Wood D California Health Care Quality and Affordability Act.	ASSEMBLY HEALTH 3/4/2021 - Referred to Com. on HEALTH. 4/6/2021 1:30 p.m. - Assembly Chambers ASSEMBLY HEALTH, WOOD, Chair	Existing law generally requires the State Department of Public Health to license, inspect, and regulate health facilities, including hospitals. Existing law requires health facilities to meet specified cost and disclosure requirements, including maintaining an understandable written policy regarding discount payments and charity.This bill would establish, within OSHPD, the Office of Health Care Affordability to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers, set and enforce cost targets, and create a state strategy for controlling the cost of health care and ensuring affordability for consumers and purchasers. The bill would also establish the Health Care Affordability Advisory Board, composed of 9 members and 2 ex officio members, appointed as prescribed, to recommend health care cost targets and to advise the Director of Statewide Health Planning and Development and the office.This bill contains other related provisions and other existing laws.	Watch
AB 1131 Wood D Health information network.	ASSEMBLY HEALTH 3/29/2021 - From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended. 4/6/2021 1:30 p.m. - Assembly Chambers ASSEMBLY HEALTH, WOOD, Chair	Existing law makes legislative findings and declarations on health information technology, including that there is a need to promote secure electronic health data exchange among specified individuals, such as health care providers and consumers of health care, and that specified federal law provides unprecedented opportunity for California to develop a statewide health information technology infrastructure to improve the state's health care system. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would establish the statewide health information network (statewide HIN) governing board, an independent public entity not affiliated with an agency or department with specified membership, to provide the data infrastructure needed to meet California's health care access, equity, affordability, public health, and quality goals, as specified. The bill would require the governing board to issue a request for proposals to select an operating entity with specified minimum capabilities to support the electronic exchange of health information between, and aggregate and integrate data from multiple sources within, the State of California, among other responsibilities. The bill would require the statewide HIN to take specified actions with respect to reporting on, and auditing the security and finances of, the health information network. The bill would require the statewide HIN to convene a health technology advisory committee with specified membership to advise the statewide HIN and set agendas, hold public meetings with stakeholders, and solicit external input on behalf of the statewide HINThis bill contains other existing laws. Last Amended on 3/29/2021	
AB 1132 Wood D Health Care	ASSEMBLY HEALTH 3/25/2021 - From committee chair, with author's amendments: Amend, and re-refer to Com. on	Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law regulates contracts between health care	Watch

<p>Consolidation and Contracting Fairness Act of 2021.</p>	<p>HEALTH. Read second time and amended. (Amended 3/25/2021)</p>	<p>service plans or health insurers and health care providers or health facilities, including requirements for reimbursement and the cost-sharing amount collected from an enrollee or insured. This bill, the Health Care Consolidation and Contracting Fairness Act of 2021, would prohibit a contract issued, amended, or renewed on or after January 1, 2022, between a health care service plan or health insurer and a health care provider or health facility from containing terms that, among other things, restrict the plan or insurer from steering an enrollee or insured to another provider or facility or require the plan or insurer to contract with other affiliated providers or facilities. The bill would authorize the appropriate regulating department to refer a plan's or insurer's contract to the Attorney General, and would authorize the Attorney General or state entity charged with reviewing health care market competition to review a health care practitioner's entrance into a contract that contains specified terms. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. Last Amended on 3/25/2021</p>	
<p>AB 1162 Villapudua D</p> <p>Health care coverage: claims payments.</p>	<p>ASSEMBLY HEALTH 3/4/2021 - Referred to Com. on HEALTH.</p>	<p>Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer to provide access to medically necessary health care services to its enrollees or insureds who have been displaced by a state of emergency. Existing law enumerates actions that a plan or insurer may be required to take to meet the needs of its enrollees or insureds during the state of emergency. Under existing law, the department may relax time limits for prior authorization during a state of emergency. This bill would require a health care service plan or health insurer to provide access to medically necessary health care services to its enrollees or insureds that are displaced or otherwise affected by a state of emergency. The bill would allow the department to also suspend requirements for prior authorization during a state of emergency. This bill contains other related provisions and other existing laws.</p>	
<p>AB 1178 Irwin D</p> <p>Medi-Cal: serious mental illness: drugs.</p>	<p>ASSEMBLY HEALTH 3/4/2021 - Referred to Com. on HEALTH.</p>	<p>Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services and under which health care services are provided to qualified low-income persons pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, the provision of prescription drugs is a Medi-Cal benefit, subject to the list of contract drugs and utilization controls. After a determination of cost benefit, existing law requires the Director of Health Care Services to modify or eliminate the requirement of prior authorization as a control for treatment, supplies, or equipment that costs less than \$100, except for prescribed drugs. This bill would delete the prior authorization requirement for any drug prescribed for the treatment of a serious mental illness, as defined, for a period of 365 days after the initial prescription has been dispensed for a person over 18 years of age who is not under the transition jurisdiction of the juvenile court. The bill would require the department to automatically approve a prescription for a drug for the treatment of a serious mental illness if the department verifies a record of a paid claim that documents a diagnosis of a serious mental illness within 365 days before the date of that prescription for a person over 18 years of age who is not under the transition jurisdiction of the juvenile court. The bill would require the department to authorize</p>	<p>Support</p>

		a pharmacist to dispense a 90-day supply of a drug prescribed for the treatment of a serious mental illness if that prescription drug is included in the Medi-Cal list of contract drugs and the prescription otherwise conforms to applicable formulary requirements, including that the patient has filled at least a 30-day supply for the same prescription in the previous 90 days, and to dispense an early refill prescribed for the treatment of a serious mental illness if that prescription drug is included in the Medi-Cal list of contract drugs and the prescription otherwise conforms to prescribed standards, such as limiting the number of refills to no more than 3 in a calendar year.	
AB 1184 Chiu D Medical information: confidentiality.	ASSEMBLY HEALTH 3/25/2021 - Referred to Coms. on HEALTH and P. & C.P. From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended. 4/13/2021 1:30 p.m. - Assembly Chambers ASSEMBLY HEALTH, WOOD, Chair	Existing law, the Confidentiality of Medical Information Act, prohibits specified entities from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, unless a specified exception applies. Existing law, with specified exceptions, prohibits an employer from using, disclosing, or knowingly permitting its employees or agents to use or disclose medical information that the employer possesses pertaining to its employees without the prescribed permission of the patient. Existing law makes a violation of these provisions a crime. Existing law, the Insurance Information and Privacy Protection Act, generally regulates how insurers collect, use, and disclose information gathered in connection with insurance transactions. Existing law specifies the manner in which a health care service plan or health insurer is required to maintain confidentiality of medical information regarding the treatment of an insured, subscriber, or enrollee, including requiring a health care service plan or health insurer to accommodate requests by insureds, subscribers, and enrollees relating to the form and format of communication of confidential medical information in situations involving sensitive services or situations in which disclosure would endanger the individual. This bill would revise and recast these provisions to require the health care service plan or health insurer to accommodate requests for confidential communication of medical information regardless of whether there is a situation involving sensitive services or a situation in which disclosure would endanger the individual. This bill would prohibit a health care service plan or health insurer from requiring a protected individual, as defined, to obtain the policyholder, primary subscriber, or other enrollee's authorization to receive health care services or to submit a claim, if the protected individual has the right to consent to care. The bill would require the health care service plan or health insurer to direct all communications regarding a protected individual's receipt of sensitive health care services directly to the protected individual, and would prohibit the disclosure of that information to the policyholder, primary subscriber, or any plan enrollees without the authorization of the protected individual, as provided. Because a violation of these provisions by a health care service plan would be a crime, and because this bill would expand the scope of a crime, the bill would create a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason. Last Amended on 3/25/2021	
AB 1194 Low D	ASSEMBLY B.&P. 3/29/2021 - From committee chair, with author's	Existing law, the Guardianship-Conservatorship Law generally establishes the standards and procedures for the appointment and termination of an appointment for a guardian or conservator of a person, an estate, or both. Existing law, the Professional Fiduciaries Act,	

<p>Conservatorship.</p>	<p>amendments: Amend, and re-refer to Com. on B. & P. Read second time and amended.</p>	<p>establishes the Professional Fiduciaries Bureau within the Department of Consumer Affairs, and requires the bureau to license and regulate professional fiduciaries. The act defines a “professional fiduciary” as, among other things, a person who acts as a guardian or conservator of the person, the estate, or the person and estate, for 2 or more individuals at the same time who are not related to the professional fiduciary or to each other. Existing law requires the court to be guided by what appears to be the best interests of the proposed conservatee in selecting a conservator, and sets forth an order of preference for appointment if there are multiple persons equally qualified to be the conservator. This bill would require a professional fiduciary with an internet website to post a schedule of fees on their internet website. The bill would require the bureau to revoke a professional fiduciary’s license if a court finds they have not acted in the best interests of their client. If the court finds that a conservator has not acted in the best interests of a conservatee, the bill would make the conservator liable for a civil penalty of up to \$50,000, payable to the estate of the conservatee. The bill would require the court to select a professional fiduciary as the conservator of an estate if the estate is valued at \$1,000,000 or more. This bill contains other related provisions and other existing laws. Last Amended on 3/29/2021</p>	
<p>AB 1252 Chau D</p> <p>Information privacy: digital health feedback systems.</p>	<p>ASSEMBLY P. & C.P. 3/24/2021 - From committee: Do pass and re-refer to Com. on P. & C.P. (Ayes 11. Noes 2.) (March 23). Re-referred to Com. on P. & C.P.</p>	<p>Existing law, the Confidentiality of Medical Information Act, generally prohibits a provider of health care, a health care service plan, or a contractor from disclosing medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan without first obtaining an authorization, except as otherwise specified. Existing law defines “medical information” for purposes of these provisions to mean certain individually identifiable health information in possession of or derived from a provider of health care, among others. Existing law makes a violation of these provisions that results in economic loss or personal injury to a patient punishable as a misdemeanor. This bill would define “personal health record information” for purposes of the act to mean individually identifiable information, in electronic or physical form, about an individual’s mental or physical condition that is collected by an FDA-approved commercial internet website, online service, or product that is used by an individual at the direction of a provider of health care with the primary purpose of collecting the individual’s individually identifiable personal health record information through a direct measurement of an individual’s mental or physical condition or through user input regarding an individual’s mental or physical condition. The bill would provide that a business that offers personal health record software or hardware to a consumer, in order to make information available to an individual or provider of health care at the request of the individual or provider of health care, for purposes of allowing the individual to manage their information, or for the diagnosis, treatment, or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of the Confidentiality of Medical Information Act. Because the bill would expand the definition of a crime, it would impose a state-mandated local program. This bill contains other related provisions and other existing laws.</p>	
<p>AB 1264 Aguiar-Curry D</p> <p>Project ECHO</p>	<p>ASSEMBLY HEALTH 3/17/2021 - Re-referred to Com. on HEALTH.</p>	<p>Existing law establishes within state government the Office of Statewide Health Planning and Development. Existing law also establishes various public health programs, including grant programs, throughout the state for purposes of promoting maternal, child, and adolescent health. This bill would require the office, upon appropriation by the Legislature, to establish,</p>	

<p>(registered trademark) Grant Program.</p>		<p>develop, implement, and administer the Project ECHO (registered trademark) Grant Program. Under the grant program, the bill would require participating children’s hospitals to establish yearlong pediatric behavioral health teleECHO (trademark) clinics for specified individuals, including primary care clinicians and educators, to help them develop expertise and tools to better serve the youth that they work with by addressing their mental health needs stemming from the coronavirus pandemic. The bill would authorize an eligible children’s hospital to partner with another eligible children’s hospital, or with another general acute care hospital, to implement its project. The bill would require the office to ensure that the grant program includes a maximum of 8 grants that support pediatric behavioral health teleECHO (trademark) clinics to be administered and operated by an eligible children’s hospital, and that grant funding be made available, at a minimum, to participants for specified purposes, such as recruiting efforts and funding salaries and fringe benefits for pediatric behavioral health teleECHO (trademark) clinic personnel. The bill would require a pediatric behavioral health teleECHO (trademark) clinic to target specified audiences, including school-based health care professionals who serve kindergarten and grades 1 to 12, inclusive, and would require a participant to perform prescribed duties, such as preparing a report that evaluates the grant program. The bill would repeal these provisions on January 1, 2027. Last Amended on 3/16/2021</p>	
<p>AB 1278 Nazarian D</p> <p>Physicians and surgeons: payments: disclosure: notice.</p>	<p>ASSEMBLY B.&P. 3/18/2021 - Re-referred to Com. on B. & P.</p>	<p>Existing law, the Medical Practice Act, establishes the Medical Board of California within the Department of Consumer Affairs and sets forth its powers and duties relating to the licensure and regulation of physicians and surgeons. Existing law establishes the Osteopathic Medical Board of California within the department and sets forth its powers and duties relating to the licensure and regulation of osteopathic physicians and surgeons. This bill would require a physician and surgeon, defined to include a physician and surgeon licensed pursuant to the Medical Practice Act or an osteopathic physician and surgeon licensed by the Osteopathic Medical Board of California under the Osteopathic Act, who receives remuneration from a drug or device company, to disclose the source of the remuneration orally and in writing to each patient or patient representative prior to the intended use or prescription of a device or drug manufactured or distributed by the company, as prescribed. This bill contains other related provisions and other existing laws. Last Amended on 3/17/2021</p>	
<p>AB 1306 Arambula D</p> <p>Health Professions Careers Opportunity Program.</p>	<p>ASSEMBLY HEALTH 3/25/2021 - Referred to Com. on HEALTH. From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.</p>	<p>Under existing law, the Legislature finds there are insufficient numbers of minority health professionals to meet the state’s health care needs and declares the importance of increasing the number of minority health professionals in order to meet the special needs of population groups who face cultural and linguistic barriers to adequate health care, and to meet the state’s needs for a more equitable geographic distribution of professional health personnel resources. Existing law requires the Office of Statewide Health Planning and Development to maintain a Health Professions Career Opportunity Program tasked with supporting and encouraging minority health professionals in training to practice in health professional shortage areas of California, among other duties. This bill would add to the Legislative findings that there is an urgent and growing need for California to expand its pool of talented, diverse health workers, and to connect them more effectively to jobs in all communities. The bill would also add recommended actions to those findings to address identified barriers to entry in the health</p>	

		professions for students from underrepresented and low-income backgrounds, as specified. Last Amended on 3/25/2021	
AB 1331 Irwin D Mental health: Statewide Director of Crisis Services.	ASSEMBLY HEALTH 3/4/2021 - Referred to Com. on HEALTH. 4/6/2021 1:30 p.m. - Assembly Chambers ASSEMBLY HEALTH, WOOD, Chair	Existing law, the Lanterman-Petris-Short Act, authorizes, among other things, the involuntary commitment and treatment of persons with specified mental health disorders and the appointment of a conservator of the person, of the estate, or of both, for a person who is gravely disabled as a result of a mental health disorder. The act is administered by the Director of Health Care Services. This bill would require the director to appoint a full-time Statewide Director of Crisis Services, who would be responsible for various tasks relating to behavioral health crisis care in the state including, among other things, coordinating behavioral health programs and services statewide to ensure continuity of services and access points and to enhance cross-agency information exchange and resource sharing.	
AB 1340 Santiago D Mental health services.	ASSEMBLY HEALTH 3/25/2021 - Referred to Coms. on HEALTH and JUD. From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.	(1)Existing law, the Lanterman-Petris-Short Act, authorizes the involuntary commitment and treatment of persons with specified mental health disorders for the protection of the persons so committed. Under the act, if a person, as a result of a mental health disorder, is a danger to others, or to themselves, or is gravely disabled, the person may, upon probable cause, be taken into custody by a peace officer, a member of the attending staff of an evaluation facility, designated members of a mobile crisis team, or another designated professional person, and placed in a facility designated by the county and approved by the State Department of Social Services as a facility for 72-hour treatment and evaluation. The act also authorizes a conservator of the person, of the estate, or of both, to be appointed for a person who is gravely disabled as a result of a mental health disorder. For these purposes, existing law defines "gravely disabled" to mean either a condition in which a person, as a result of a mental health disorder or chronic alcoholism, is unable to provide for the person's basic personal needs for food, clothing, or shelter, or a condition in which a person has been found mentally incompetent, as specified. This bill would expand the definition of "gravely disabled" for these purposes to also include a condition in which a person, as a result of a mental health disorder, is unable to provide for their basic personal needs for medical treatment, as defined, if the failure to receive medical treatment is either for an existing life-threatening medical condition or the person is in imminent danger of physical injury or life-threatening medical condition and there is a substantial and imminent risk, in either instance, of either death or prolonged hospitalization. By expanding the definition of "gravely disabled" and thereby increasing the duties of local agencies, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. Last Amended on 3/25/2021	
AB 1343 Cooper D Controlled substances: CURES database.	ASSEMBLY B.&P. 3/4/2021 - Referred to Com. on B. & P.	Existing law classifies certain controlled substances into Schedules I to V, inclusive. Existing law requires the Department of Justice to maintain the Controlled Substances Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by a health care practitioner authorized to prescribe, order, administer, furnish, or dispense a Schedule II, Schedule III, or Schedule IV controlled substance. Existing law requires an authorized health care practitioner to consult the CURES database to review a patient's controlled substance history before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient for the first time and, on or before July 1, 2021, at least once every 6 months thereafter, as specified.	

		Existing law makes exceptions for the requirement to consult the CURES database, including if a health care practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient as part of the patient’s treatment for surgical, radiotherapeutic, therapeutic, or diagnosed procedure, as specified. This bill would create an additional exception to the requirement to consult the CURES database for a health care practitioner who is employed by a substance use disorder treatment clinic or program who is treating patients who are enrolled in substance abuse disorder treatment with regularly prescribed or furnished controlled substances if there have been consultations in the CURES database within the previous 6 months.	
AB 1355 Levine D Medi-Cal: Independent Medical Review System.	ASSEMBLY HEALTH 3/4/2021 - Referred to Com. on HEALTH.	(1)Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services and under which health care services are provided to qualified low-income persons pursuant to a schedule of benefits, which includes pharmacy benefits, through various health care delivery systems, including fee-for-service and managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.This bill would require the department to establish the Independent Medical Review System (IMRS) for the Medi-Cal program, commencing on January 1, 2022, which generally models the above-described requirements of the Knox-Keene Health Care Service Plan Act. The bill would provide that any Medi-Cal beneficiary grievance involving a disputed health care service is eligible for review under the IMRS, and would define “disputed health care service” as any service covered under the Medi-Cal program that has been denied, modified, or delayed by a decision of the department, or by one of its contractors that makes a final decision, in whole or in part, due to a finding that the service is not medically necessary. The bill would require information on the IMRS to be included in specified material, including the “myMedi-Cal: How to Get the Health Care You Need” publication and on the department’s internet website. The bill would authorize a beneficiary to apply to the department for an Independent Medical Review (IMR) of a decision involving a disputed health care service within 6 months of receipt of the notice of adverse action, and would prohibit a beneficiary from paying any application or processing fee. The bill would require the department to provide a beneficiary with an application form and an addressed envelope, which the beneficiary may return to initiate an IMR, as part of the department’s notification to the beneficiary on a disposition of the beneficiary’s grievance involving a disputed health care service, and would require the form to include specified information, such as a statement indicating the beneficiary’s consent to obtain necessary medical records from the Medi-Cal managed care plan and the beneficiary’s providers. Upon notice from the department that the beneficiary has applied for an IMR, the bill would require the department and its contractors to provide to the IMR organization designated by the department specified information, including a copy of the beneficiary’s medical records with specified information, for purposes of the IMR organization’s evaluation of the request.This bill contains other related provisions and other existing laws.	
AB 1357 Cervantes D Perinatal services:	ASSEMBLY HEALTH 3/22/2021 - Re-referred to Com. on HEALTH. 4/13/2021 1:30 p.m. - Assembly Chambers ASSEMBLY HEALTH, WOOD, Chair	Existing law provides for the implementation by the State Department of Public Health of a statewide, comprehensive community-based perinatal services program and requires the department to enter into contracts, grants, or agreements with health care providers to deliver those services in a coordinated effort, as specified, in medically underserved areas or areas with demonstrated need.This bill would require the department, for purposes of that program,	

maternal mental health.		to develop and maintain on its internet website a referral network of community-based mental health providers and support services addressing postpartum depression, prenatal, delivery, and postpartum care, neonatal and infant care services, and support groups, to improve access to postpartum depression screening, referral, treatment, and support services in medically underserved areas and areas with demonstrated need. Last Amended on 3/18/2021	
<p>AB 1361 Rubio, Blanca D</p> <p>Childcare and developmental services: preschool: expulsion and suspension: mental health services: reimbursement rates.</p>	<p>ASSEMBLY HUM. S. 3/4/2021 - Referred to Coms. on HUM. S. and ED.</p> <p>4/7/2021 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HUMAN SERVICES, CALDERON, Chair</p>	<p>(1)The Child Care and Developmental Services Act, administered by the State Department of Education, provides for a comprehensive, coordinated, and cost-effective system of childcare and development services for children from infancy to 13 years of age and their parents, including a full range of supervision, health, and support services through full- and part-time programs, which includes general childcare programs, family childcare home education network programs, and the California state preschool program. Existing law, commencing July 1, 2021, transfers responsibility for the administration of specified childcare and development services programs from the State Department of Education to the State Department of Social Services. Existing law requires statutory references to the Superintendent of Public Instruction, for purposes of the programs transferred to the State Department of Social Services on July 1, 2021, to instead be construed to mean the State Department of Social Services. The act prohibits a contracting agency, as part of the state preschool program, from expelling or unenrolling a child because of a child’s behavior, except as provided. Existing law requires the State Department of Social Services to consider, in determining whether to issue a citation or impose a civil penalty to a state preschool program, whether the program is in the process of complying with the above law relating to expulsion or unenrollment. This bill would revise and recast the above provisions relating to the expulsion or unenrollment of a child from the state preschool program and would include a general childcare and development program and family childcare home education network program as part of those provisions, as provided. The bill would also establish requirements for the use of suspensions in the programs described above. The bill would require these programs to maintain records on expulsion and suspension, as provided. The bill would require the State Department of Education to collect and annually publish a report with this information, as provided. This bill contains other related provisions and other existing laws.</p>	
<p>AB 1372 Muratsuchi D</p> <p>Right to temporary shelter.</p>	<p>ASSEMBLY H. & C.D. 3/4/2021 - Referred to Coms. on H. & C.D. and JUD.</p>	<p>Existing law authorizes a governing body of a political subdivision, as those terms are defined, to declare a shelter crisis if the governing body makes a specified finding. Upon declaration of a shelter crisis, existing law, among other things, suspends certain state and local laws, regulations, and ordinances, including those prescribing standards of housing, health, or safety, to the extent that strict compliance would prevent, hinder, or delay the mitigation of the effects of the shelter crisis and allows a city, county, or city and county, in lieu of compliance, to adopt by ordinance reasonable local standards and procedures for the design, site development, and operation of homeless shelters and the structures and facilities therein. This bill would require every city, or every county in the case of unincorporated areas, to provide every person who is homeless, as defined, with temporary shelter, mental health treatment, resources for job placement, and job training until the person obtains permanent housing if the person has actively sought temporary shelter in the jurisdiction for at least 3 consecutive days and has been unable to gain entry into all temporary shelters they sought for specified reasons. The bill would require the city or county, as applicable, to provide a rent subsidy, as specified, if</p>	

		it is unable to provide temporary shelter. The bill would authorize a person who is homeless to enforce the bill's provisions by bringing a civil action. The bill would require a court to award specified remedies and penalties upon finding a violation of the bill's provisions, including by requiring the city or county, as applicable, to provide the person who is homeless with temporary shelter, mental health treatment, resources for job placement, and job training until the person obtains permanent housing. This bill contains other related provisions and other existing laws.	
AB 1378 Villapudua D Pupil health: mental health peer supporters: model program.	ASSEMBLY ED. 3/15/2021 - Re-referred to Com. on ED.	Existing law requires a school of a school district or a county office education and a charter school to notify pupils and parents or guardians of pupils no less than twice during the school year on how to initiate access to available pupil mental health services on campus or in the community, as provided. This bill would require the State Department of Education, on or before July 1, 2022, and in collaboration with the State Department of Health Care Services, to establish a peer-to-peer mental health support model program to enable pupils in high school to act as peer supporters for fellow pupils on campus. The bill would require the model program to have specified elements. The bill would require each governing board of a school district, on or before July 1, 2022, to implement the model program on each schoolsite of the school district that contains a high school. By imposing new duties on school districts, the bill would create a state-mandated program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above. Last Amended on 3/11/2021	
AB 1394 Irwin D General acute care hospitals: suicide screening.	ASSEMBLY HEALTH 3/15/2021 - Re-referred to Com. on HEALTH. 4/13/2021 1:30 p.m. - Assembly Chambers ASSEMBLY HEALTH, WOOD, Chair	Existing law licenses and regulates general acute care hospitals as a type of health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care that includes medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services. Existing law establishes the Office of Suicide Prevention upon appropriation of funds for those purposes. This bill would require, on or before January 1, 2023, a general acute care hospital to establish and adopt written policies and procedures to screen patients who are 12 to 24 years of age, inclusive, for purposes of detecting a risk for suicide. The bill would require the procedures to include, among other things, a designation of the licensed staff who are responsible for the implementation of the policies and procedures. The bill would further require a general acute care hospital to routinely screen patients who are 12 to 24 years of age, inclusive, for a risk of suicide in compliance with the policies and procedures. Last Amended on 3/11/2021	
AB 1400 Kalra D Guaranteed Health Care for All.	ASSEMBLY PRINT 2/22/2021 - Read first time.	Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. PPACA defines a "qualified health plan" as a plan that, among other requirements, provides an essential health benefits package. Existing state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the enrollment of qualified individuals	

		and qualified small employers in qualified health plans as required under PPACA. This bill, the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state. The bill, among other things, would provide that CalCare cover a wide range of medical benefits and other services and would incorporate the health care benefits and standards of other existing federal and state provisions, including the federal Children's Health Insurance Program, Medi-Cal, ancillary health care or social services covered by regional centers for persons with developmental disabilities, Knox-Keene, and the federal Medicare program. The bill would require the board to seek all necessary waivers, approvals, and agreements to allow various existing federal health care payments to be paid to CalCare, which would then assume responsibility for all benefits and services previously paid for with those funds. This bill contains other related provisions and other existing laws.	
AB 1404 Ting D Mental Health Services Oversight and Accountability Commission.	ASSEMBLY HEALTH 3/11/2021 - Referred to Com. on HEALTH.	Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs. The MHSA established the Mental Health Services Oversight and Accountability Commission, which is funded with moneys from the Mental Health Services Fund and which is required to review county plans relating to mental health services and to create specified reports on the use of MHSA moneys. Existing law authorizes the commission to refer critical issues it identifies related to the performance of a county mental health program to the State Department of Health Care Services. This bill would, instead, require the commission to refer identified critical issues related to the performance of a county mental health program to the department.	
AB 1422 Gabriel D Nurse-to-patient ratios.	ASSEMBLY HEALTH 3/11/2021 - Referred to Com. on HEALTH. 4/13/2021 1:30 p.m. - Assembly Chambers ASSEMBLY HEALTH, WOOD, Chair	Existing law requires the State Department of Public Health to adopt regulations that establish minimum, specific, and numerical licensed nurse-to-patient ratios for all licensed general acute care hospitals, acute psychiatric hospitals, or special hospitals. Existing law generally authorizes the department or the Office of Statewide Health Planning and Development to permit program flexibility as to various prescribed standards relating to a health facility's physical plant or staffing as long as statutory requirements are met and the program flexibility has prior written approval. A person who violates specified licensing provisions related to these health facilities is guilty of a crime. This bill would additionally require any program flexibility granted by the department or the office to not compromise patient care. The bill would specifically authorize the department to grant a staffing ratio program flexibility request, relating to nurse-to-patient ratios, pursuant to a prescribed procedure that includes, among other things, a requirement that the department post a staffing ratio program flexibility request on the department's publicly accessible internet website and solicit public comment on the request. The bill would require the department, on or before July 1, 2022, to create a standardized form and format for any staffing ratio program flexibility request. The bill would also require a health facility that submits a staffing ratio program flexibility to also post a copy of its staffing ratio program flexibility request and make copies available, as specified. The bill would require the department to post all program flexibility waivers on the department's website and include various information in that posting.	

<p>AB 1443 McCarty D</p> <p>Mental health: involuntary treatment.</p>	<p>ASSEMBLY HEALTH 3/22/2021 - Re-referred to Com. on HEALTH.</p>	<p>Existing law, the Lanterman-Petris-Short Act, provides for the involuntary detention and treatment of persons with specified mental health disorders. Under the act, when a person, as a result of a mental health disorder, is a danger to others, or to themselves, or gravely disabled, the person may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Social Services for up to 72 hours for evaluation and treatment. Existing law authorizes specified individuals to take a person into custody pursuant to these provisions, including designated members of a mobile crisis team and professional persons designated by the county. This bill would require a county to develop a training relating to taking, or causing to be taken, a person into custody pursuant to those provisions and would require a county to develop a written policy regarding designating members of a mobile crisis team and designating professional persons to take, or cause to be taken, a person into custody pursuant to those provisions. The bill would require the policy to contain specified components, including, among others, the process to receive that designation. The bill would also exempt an employee of a municipality who is a member of a mobile crisis team or a professional person, has been designated by the county, and is responsible for the detainment of the person from civil or criminal liability for any action by a person released at or before the end of the 72-hour detention. By imposing new duties on counties, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above. Last Amended on 3/18/2021</p>	<p>Watch</p>
<p>AB 1468 Cunningham R</p> <p>Prior authorization.</p>	<p>ASSEMBLY HEALTH 3/11/2021 - Referred to Com. on HEALTH.</p> <p>4/13/2021 1:30 p.m. - Assembly Chambers ASSEMBLY HEALTH, WOOD, Chair</p>	<p>Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use prior authorization and other utilization review or utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law requires a health care service plan or health insurer, including those plans or insurers that delegate utilization review or utilization management functions to medical groups, independent practice associations, or other contracting providers, to comply with specified requirements and limitations on their utilization review or utilization management processes. This bill would require a health care service plan or health insurer that implements an automated prior authorization system to use evidence-based clinical guidelines to program the system and to make the algorithms used for the system available for download on the plan's or insurer's provider internet website. The bill would require a plan or insurer that implements an automated prior authorization system to ensure that a licensed physician or a licensed health care professional makes the decision to deny or modify a request by examining the request specific to the enrollee or insured and does not simply ratify an automated response. This bill contains other related provisions and other existing laws.</p>	

<p>AB 1470 Mathis R</p> <p>Ending Military Suicide Task Force.</p>	<p>ASSEMBLY HEALTH 3/11/2021 - Referred to Coms. on HEALTH and M. & V.A.</p> <p>4/6/2021 1:30 p.m. - Assembly Chambers ASSEMBLY HEALTH, WOOD, Chair</p>	<p>Existing law, the California Suicide Prevention Act of 2000, allows the State Department of Health Care Services, contingent upon appropriation, to establish and implement a suicide prevention, education, and gatekeeper training program to reduce the severity, duration, and incidence of suicidal behaviors. Existing law authorizes the State Department of Public Health to establish the Office of Suicide Prevention to, among other things, convene experts and stakeholders, including, but not limited to, stakeholders representing populations with high rates of suicide, to encourage collaboration and coordination of resources for suicide prevention. This bill would require the department to establish an Ending Military Suicide Task Force to systematically reduce military suicides and to develop a plan to eliminate all military suicides in the state, as specified. Commencing June 1, 2023, the bill would require the task force to submit a specified report to the Governor and the Legislature on the state of veteran suicide prevention, as specified, including, among other things, an analysis of the plans, activities, strategies, and programs undertaken pursuant to the task force's recommendations and their effects on reducing military suicides in the state.</p>	
<p>AB 1536 Committee on Business and Professions</p> <p>Board of Vocational Nursing and Psychiatric Technicians of the State of California.</p>	<p>ASSEMBLY B.&P. 3/11/2021 - Referred to Com. on B. & P.</p>	<p>Existing law, until January 1, 2022, establishes the Board of Vocational Nursing and Psychiatric Technicians of the State of California to license and regulate vocational nurses and psychiatric technicians. Existing law requires the board to discipline the holder of any license whose default has been entered or who has been heard by the board and found guilty. This bill would require the board to delegate to the executive officer the authority to adopt a decision entered by default and to adopt a stipulation for surrender of a license. The bill would make various other additional nonsubstantive changes to related provisions establishing the board and appointing the executive officer. This bill contains other existing laws.</p>	
<p>ACR 23 Villapudua D</p> <p>Construction Industry Suicide Prevention Awareness Day.</p>	<p>SENATE RLS. 3/22/2021 - In Senate. To Com. on RLS.</p>	<p>This measure would promote awareness of the problem of suicide facing the men and women within California's construction industry populations by proclaiming March 18, 2021, as Construction Industry Suicide Prevention Awareness Day in California. Last Amended on 3/4/2021</p>	
<p>ACR 37 Seyarto R</p> <p>Suicide Prevention Week.</p>	<p>ASSEMBLY RLS. 3/4/2021 - Referred to Com. on RLS.</p>	<p>This measure would proclaim the week of September 5, 2021, through September 11, 2021, as Suicide Prevention Week in California.</p>	
<p>SB 14 Portantino D</p>	<p>SENATE APPR. 3/23/2021 - Set for hearing April 5.</p>	<p>(1)Existing law, notwithstanding the requirement that each person between 6 and 18 years of age who is not otherwise exempted is subject to compulsory full-time education, requires a pupil to be excused from school for specified types of absences, including, among others, if the</p>	<p>Watch</p>

<p>Pupil health: school employee and pupil training: excused absences: youth mental and behavioral health.</p>	<p>4/5/2021 9 a.m. - John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS, PORTANTINO, Chair</p>	<p>absence was due to the pupil's illness. This bill would include, within the meaning of an absence due to a pupil's illness, an absence for the benefit of the pupil's mental or behavioral health. The bill would require the State Board of Education to update its illness verification regulations, as necessary, to account for including a pupil's absence for the benefit of the pupil's mental or behavioral health within the scope of this provision. To the extent this bill would impose additional duties on local educational entities, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. Last Amended on 3/18/2021</p>	
<p>SB 21 Glazer D</p> <p>Specialized license plates: mental health awareness.</p>	<p>SENATE TRANS. 3/10/2021 - Set for hearing April 13.</p> <p>4/13/2021 9 a.m. - Senate Chambers SENATE TRANSPORTATION, GONZALEZ, LENA, Chair</p>	<p>Under existing law, a state agency is authorized to apply to the Department of Motor Vehicles (DMV) to sponsor a specialized license plate program, and the DMV is required to issue those license plates if the agency meets certain requirements. Existing law also requires the DMV to charge specified fees for certain services related to the issuance of those plates. This bill would require the State Department of Education to apply to the DMV to sponsor a mental health awareness license plate program, and would require the DMV to issue the license plates if the State Department of Education meets certain requirements. The bill would also establish the Mental Health Awareness Fund in the State Treasury and would require the revenue generated from the license plates to be deposited in the fund for use, upon appropriation by the Legislature to the State Department of Education, for mental health services in public schools.</p>	<p>Support</p>
<p>SB 40 Hurtado D</p> <p>Health care workforce development: California Medicine Scholars Program.</p>	<p>SENATE APPR. 3/16/2021 - Read second time and amended. Re-referred to Com. on APPR.</p>	<p>Existing law establishes various programs to facilitate the expansion of the health care workforce in rural and underserved communities, including, but not limited to, the Health Professions Career Opportunity Program, the California Registered Nurse Education Program, and the Steven M. Thompson Medical School Scholarship Program. This bill would create the California Medicine Scholars Program, a 5-year pilot program commencing January 1, 2023, and would require the Office of Statewide Health Planning and Development to establish and facilitate the pilot program. The bill would require the pilot program to establish a regional pipeline program for community college students to pursue premedical training and enter medical school, in an effort to address the shortage of primary care physicians in California and the widening disparities in access to care in vulnerable and underserved communities, including building a comprehensive statewide approach to increasing the number and representation of minority primary care physicians in the state. The bill would require the office to contract with a managing agency for the pilot program, as specified. The bill would require the pilot program to consist of 4 Regional Hubs of Health Care Opportunity (RHHO) to achieve its objectives, and would require each RHHO to include, at a minimum, 3 community colleges, one public or nonprofit, as defined, 4-year undergraduate institution, one public or nonprofit, as defined, medical school, and 3 local community organizations. The bill would require the managing agency to appoint an objective selection committee, with specified membership, to evaluate prospective RHHO applications and select the RHHOs to participate in the pilot program. The bill would require each selected RHHO to enter into memoranda of understanding between the partnering entities setting forth participation requirements, and to perform other specified duties, including establishing an advisory board to oversee and guide the programmatic direction of the RHHO. The bill would require the selection process to be completed by June 30, 2022. This bill contains other related provisions. Last Amended on 3/16/2021</p>	

<p>SB 48 Limón D</p> <p>Dementia and Alzheimer's disease.</p>	<p>SENATE THIRD READING 3/23/2021 - Read second time. Ordered to third reading.</p> <p>4/5/2021 #30 SENATE SENATE BILLS -THIRD READING FILE</p>	<p>(1)Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Under the act, a physician and surgeon is required to demonstrate satisfaction of continuing education requirements, including, for certain general internists and family physicians, prescribed hours in a course in the field of geriatric medicine or the care of older patients.This bill would require all general internists and family physicians to complete at least 4 hours of mandatory continuing education on the special care needs of patients with dementia. This bill contains other related provisions and other existing laws. Last Amended on 3/9/2021</p>	
<p>SB 57 Wiener D</p> <p>Controlled substances: overdose prevention program.</p>	<p>SENATE PUB. S. 3/25/2021 - From committee with author's amendments. Read second time and amended. Re-referred to Com. on PUB. S.</p> <p>4/6/2021 9 a.m. - John L. Burton Hearing Room (4203) SENATE PUBLIC SAFETY, BRADFORD, Chair</p>	<p>Existing law makes it a crime to possess specified controlled substances or paraphernalia. Existing law makes it a crime to use or be under the influence of specified controlled substances. Existing law additionally makes it a crime to visit or be in any room where specified controlled substances are being unlawfully used with knowledge that the activity is occurring, or to open or maintain a place for the purpose of giving away or using specified controlled substances. Existing law makes it a crime for a person to rent, lease, or make available for use any building or room for the purpose of storing or distributing any controlled substance. Existing law authorizes forfeiture of property used for specified crimes involving controlled substances. Existing law regulates specified medical practitioners under the Medical Practice Act and requires the Medical Board of California and the Osteopathic Medical Board of California to enforce those provisions.This bill would, until January 1, 2027, authorize the City and County of San Francisco, the County of Los Angeles, and the City of Oakland to approve entities to operate overdose prevention programs for persons that satisfy specified requirements, including, among other things, providing a hygienic space supervised by trained staff where people who use drugs can consume preobtained drugs, providing sterile consumption supplies, providing access or referrals to substance use disorder treatment, and that program staff be authorized and trained to provide emergency administration of an opioid antagonist, as defined by existing law. The bill would require the City and County of San Francisco, the County of Los Angeles, and the City of Oakland, prior to authorizing an overdose prevention program in its jurisdiction, to provide local law enforcement officials, local public health officials, and the public with an opportunity to comment in a public meeting. The bill would require an entity operating a program to provide an annual report to the city or the city and county, as specified. The bill would exempt a person from, among other things, civil liability, professional discipline, or existing criminal sanctions, solely for good faith actions, conduct, or omissions in compliance with an overdose prevention program authorized by the city or the city and county. The bill would clarify that the Medical Board of California or the Osteopathic Medical Board of California is authorized to take disciplinary action against a licensee related to the operation of an overdose prevention program that violates the Medical Practice Act.This bill contains other related provisions. Last Amended on 3/25/2021</p>	
<p>SB 106 Umberg D</p> <p>Mental Health Services Act:</p>	<p>SENATE HEALTH 3/23/2021 - From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH.</p>	<p>Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs and requires counties to spend those funds as specified. As part of the MHSA, existing law requires counties to engage in specified planning activities, including creating and updating a 3-year program and expenditure plan through a stakeholder process. Existing law</p>	<p>Support</p>

<p>innovative programs.</p>	<p>4/7/2021 1 p.m. - Senate Chamber SENATE HEALTH, PAN, Chair</p>	<p>authorizes counties to spend 5% of MHSA money on innovative programs, upon approval of the Mental Health Services Oversight and Accountability Commission. This bill would amend the MHSA by authorizing counties to expend funds for their innovative programs without approval by the commission if the program is establishing or expanding a program implementing the full-service partnership model, as defined. This bill contains other related provisions and other existing laws. Last Amended on 3/23/2021</p>	
<p>SB 110 Wiener D</p> <p>Substance use disorder services: contingency management services.</p>	<p>SENATE HEALTH 3/15/2021 - From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH.</p>	<p>Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, and under which qualified low-income individuals receive health care services, including substance use disorder services that are delivered through the Drug Medi-Cal Treatment Program and the Drug Medi-Cal organized delivery system. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. To the extent funds are made available in the annual Budget Act, this bill would expand substance use disorder services to include contingency management services, as specified, subject to utilization controls, and would require contingency management services to be provided as one of the evidence-based practices within covered substance use disorder services. The bill would require the department to issue guidance and training to providers on their use of contingency management services for Medi-Cal beneficiaries who access substance use disorder services under any Medi-Cal delivery system, including the Drug Medi-Cal Treatment Program and the Drug Medi-Cal organized delivery system. The bill would provide that contingency management services are not a rebate, refund, commission preference, patronage dividend, discount, or any other gratuitous consideration. The bill would authorize the department to implement these provisions by various means, including provider bulletin, without taking regulatory action, and would condition the implementation of these provisions to the extent permitted by federal law, the availability of federal financial participation, and the department securing federal approval. This bill contains other existing laws. Last Amended on 3/15/2021</p>	
<p>SB 221 Wiener D</p> <p>Health care coverage: timely access to care.</p>	<p>SENATE APPR. 3/22/2021 - Read second time and amended. Re-referred to Com. on APPR.</p>	<p>Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires each department to develop and adopt regulations to ensure that enrollees and insureds have access to needed health care services in a timely manner. Under existing law, a Medi-Cal managed care plan is required to comply with timely access standards developed by the department. This bill would codify the regulations adopted by the Department of Managed Health Care and the Department of Insurance to provide timely access standards for health care service plans and insurers for nonemergency health care services. The bill would require both a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that appointments with nonphysician mental health and substance use disorder providers are subject to the timely access requirements. The bill would additionally require a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that an enrollee or insured that is undergoing a course of treatment for an ongoing mental health or substance use disorder condition is able to get a followup appointment with a nonphysician mental health care or substance use disorder provider within 10 business days of the prior appointment. The bill would require that a referral to a specialist by another provider meet the timely access standards. If a health care service plan is operating in a service area that</p>	<p>Support</p>

		has a shortage of providers and the plan is not able to meet the geographic and timely access standards for providing mental health or substance use disorder services with an in-network provider, the bill would require the plan, including a Medi-Cal Managed Care Plan, to arrange coverage outside the plan’s contracted network. By imposing new requirements on health care service plans, the willful violation of which would be a crime, the bill would impose a state-mandated local program.This bill contains other related provisions and other existing laws. Last Amended on 3/22/2021	
SB 224 Portantino D Pupil instruction: mental health education.	SENATE APPR. 3/19/2021 - Set for hearing April 5. 4/5/2021 9 a.m. - John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS, PORTANTINO, Chair	Existing law requires, during the next revision of the publication “Health Framework for California Public Schools,” the Instructional Quality Commission to consider developing, and recommending for adoption by the State Board of Education, a distinct category on mental health instruction to educate pupils about all aspects of mental health. Existing law requires mental health instruction for these purposes to include, but not be limited to, specified elements, including reasonably designed and age-appropriate instruction on the overarching themes and core principles of mental health. This bill would require each school district, county office of education, state special school, and charter school to ensure that all pupils in grades 1 to 12, inclusive, receive medically accurate, age-appropriate mental health education from instructors trained in the appropriate courses at least once in elementary school, at least once in junior high school or middle school, as applicable, and at least once in high school. The bill would require that instruction to include, among other things, reasonably designed instruction on the overarching themes and core principles of mental health. The bill would require that instruction and related materials to, among other things, be appropriate for use with pupils of all races, genders, sexual orientations, and ethnic and cultural backgrounds, pupils with disabilities, and English learners. By imposing additional requirements on local educational agencies, the bill would impose a state-mandated local program.This bill contains other related provisions and other existing laws. Last Amended on 3/17/2021	Watch
SB 229 Dahle R Pupil health: mental health services: grants.	SENATE HEALTH 3/26/2021 - Set for hearing April 14. 4/14/2021 1 p.m. - Senate Chamber SENATE HEALTH, PAN, Chair	Existing law requires the governing board of any school district to give diligent care to the health and physical development of pupils and authorizes the governing board of a school district to employ properly certified persons for the work, including school psychologists and counselors.This bill would require the Mental Health Services Division of the department, in consultation with the Department of Education, upon appropriation by the Legislature, to provide up to \$500,000,000 in grants each year for the specific purpose of providing mental health services for pupils affected by school closures and distance learning requirements resulting from the COVID-19 pandemic. The bill would require the division to allocate those grants to local educational agencies and private schools, as specified. The bill would be implemented only to the extent that funds for its purposes are appropriated by the Legislature in the annual Budget Act, and would authorize that appropriation to come from any available state and federal funds.This bill contains other existing laws. Last Amended on 3/9/2021	
SB 250 Pan D Health care coverage.	SENATE APPR. 3/17/2021 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 9. Noes 1.) (March 17). Re-referred to Com. on APPR.	Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer to establish criteria or guidelines that meet specified requirements to be used to	

		determine whether or not to authorize, modify, or deny health care services. This bill would authorize the Department of Managed Health Care and the Insurance Commissioner, as appropriate, to review a plan's or insurer's clinical criteria, guidelines, and utilization management policies to ensure compliance with existing law. If the criteria and guidelines are not in compliance with existing law, the bill would require the Director of the Department of Managed Health Care or the commissioner to issue a corrective action and send the matter to enforcement, if necessary. The bill would require each department, on or before July 1, 2022, to develop a methodology for a plan or insurer to report the number of prospective utilization review requests it denied in the preceding 12 months, as specified. This bill contains other related provisions and other existing laws. Last Amended on 3/11/2021	
SB 271 Wiener D County sheriffs: eligibility requirements.	SENATE GOV. & F. 3/17/2021 - From committee: Do pass and re-refer to Com. on GOV. & F. (Ayes 4. Noes 1.) (March 16). Re-referred to Com. on GOV. & F.	The California Constitution requires the Legislature to provide for an elected county sheriff in each county. Existing statutory law specifies that a person is not eligible to become a candidate for the office of sheriff in a county unless the person has an advanced certificate issued by the Commission on Peace Officer Standards and Training or meets a combination of certain educational degree and full-time, salaried law enforcement experience requirements, as specified. Existing law deems a person holding the office of sheriff on January 1, 1989, to have met those qualifications. This bill would repeal those eligibility provisions, and would make other conforming changes.	
SB 279 Pan D Specialty mental health services and substance use disorder treatment.	SENATE HEALTH 3/3/2021 - Re-referred to Com. on HEALTH.	(1) Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including mental health and substance use disorder services, pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, for individuals 21 years of age and older, a service is "medically necessary" if it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. Existing law provides that for individuals under 21 years of age, "medically necessary" or "medical necessity" standards are governed by the definition in federal law. This bill would provide that the above-specified medical necessity standards do not preclude coverage for, and reimbursement of, a clinically appropriate and covered mental health or substance use disorder assessment, screening, or treatment service before a provider renders a diagnosis. (2) For purposes of the Medi-Cal program, behavioral health services, which encompass specialty mental health services and substance use disorder treatment, are provided under the Medi-Cal Specialty Mental Health Services Program, the Drug Medi-Cal Treatment Program, and the Drug Medi-Cal organized delivery system, respectively. Under existing law, specialty mental health services and substance use disorder treatment are funded through certified public expenditures. Existing law requires the department to implement managed mental health care for purposes of delivering specialty mental health services to Medi-Cal beneficiaries through contracts with county mental health plans. Existing law, the Medi-Cal 2020 Demonstration Project Act, requires the department to implement specified components of a Medi-Cal demonstration project, including the Global Payment Program, the Whole Person Care pilot program, and the Dental Transformation Initiative, consistent with the Special Terms and Conditions approved by the federal Centers for Medicare and Medicaid Services. Pursuant to existing law, the department has created a multiyear initiative, the California Advancing and Innovating Medi-	

		<p>Cal initiative, for purposes of building upon the outcomes of various Medi-Cal pilots and demonstration projects, including the Medi-Cal 2020 demonstration project. This bill would require the department to establish, implement, and administer the Behavioral Health Quality Improvement Program to assist county mental health plans and counties that administer the Drug Medi-Cal Treatment Program or the Drug Medi-Cal organized delivery system for purposes of preparing those entities for implementation of the behavioral health components included in the California Advancing and Innovating Medi-Cal initiative, and would establish in the State Treasury the Behavioral Health Quality Improvement Account to fund those efforts. The bill would require the department to determine the methodology and distribution of funds appropriated to those entities. The bill would authorize the department to implement these provisions by various means, including provider bulletin, without taking regulatory action, and to enter into contracts that would be exempt from specified provisions of state contracting requirements. The bill would condition the implementation of these provisions to the extent that the department determines that federal financial participation is not jeopardized. (3) Existing law provides that any county, political subdivision of the state, or other governmental entity in the state may elect to transfer funds in the form of cash or loans to the department in support of the Medi-Cal program, and provides the department discretion to accept or not accept any elective transfer from a county, political subdivision, or other governmental entity for obtaining federal financial participation. Pursuant to this provision, existing law authorizes the Director of Health Care Services to maximize federal financial participation to provide access to services provided by hospitals that are not reimbursed by certified public expenditure by authorizing the use of intergovernmental transfers to fund the nonfederal share of supplemental payments as permitted under federal law, and requires the department to establish various intergovernmental transfer programs, including the Nondesignated Public Hospital Intergovernmental Transfer Program. For purposes of the Medi-Cal Specialty Mental Health Services Program, the Drug Medi-Cal Treatment Program, and the Drug Medi-Cal organized delivery system, this bill would require the department to design and implement an intergovernmental transfer program to fund the nonfederal share of supplemental payments and to replace claiming based on certified public expenditures. The bill would require each transferring entity, upon providing any intergovernmental transfer of funds, to certify that the transferred funds qualify for federal financial participation, and would provide that participation in the intergovernmental transfer program is voluntary. The bill would prohibit the director from implementing an intergovernmental transfer program if they determine that the payments do not comply with federal Medicaid program requirements, and would authorize the director to adjust payments to comply with those federal requirements. The bill would require the department to obtain federal approvals and federal matching funds, to implement these provisions by various means, including policy letters, and, by January 1, 2023, and annually thereafter, to provide a status update to the Joint Legislative Budget Committee and the fiscal and appropriate policy committees of the Legislature on the implementation of these provisions. Last Amended on 2/24/2021</p>	
<p>SB 280 Limón D</p>	<p>SENATE APPR. 3/24/2021 - From committee: Do pass and refer to Com. on APPR with recommendation: To</p>	<p>(1) Existing law requires the regulation of health insurance policies by the Department of Insurance under the guidance of the Insurance Commissioner. Under existing law, the department regulates individual, small employer, and large employer health insurance policies,</p>	

<p>Health insurance: large group health insurance.</p>	<p>consent calendar. (Ayes 11. Noes 0.) (March 23). Re-referred to Com. on APPR.</p>	<p>as defined. Existing law requires an individual or small group health insurance policy issued to include coverage for essential health benefits, as defined. This bill would require a large group health insurance policy issued, amended, or renewed on or after July 1, 2022, to cover medically necessary basic health care services, as defined. The bill would authorize the commissioner to adopt regulations to implement these provisions. The bill would require these provisions to apply to an individual, group, or blanket disability insurance policy if a specified condition is met. This bill contains other related provisions and other existing laws.</p>	
<p>SB 293 Limón D</p> <p>Medi-Cal specialty mental health services.</p>	<p>SENATE APPR. 3/18/2021 - Read second time and amended. Re-referred to Com. on APPR.</p>	<p>Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including specialty mental health services, and Early and Periodic Screening, Diagnostic, and Treatment services for an individual under 21 years of age. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, one of the methods by which Medi-Cal services are provided is pursuant to contracts with various types of managed care health plans, including mental health plans that provide specialty mental health services. Existing law requires the department to ensure that Medi-Cal managed care contracts include a process for screening, referral, and coordination with mental health plans of specialty mental health services, to convene a steering committee to provide advice on the transition and continuing development of the Medi-Cal mental health managed care systems, and to ensure that the mental health plans comply with various standards, including maintaining a system of outreach to enable Medi-Cal beneficiaries and providers to participate in and access Medi-Cal specialty mental health services under the mental health plans. This bill contains other existing laws. Last Amended on 3/18/2021</p>	
<p>SB 316 Eggman D</p> <p>Medi-Cal: federally qualified health centers and rural health clinics.</p>	<p>SENATE APPR. SUSPENSE FILE 3/22/2021 - March 22 hearing: Placed on APPR suspense file.</p>	<p>Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides that FQHC and RHC services are to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including a physician and marriage and family therapist. Under existing law, "physician," for these purposes, includes, but is not limited to, a physician and surgeon, an osteopath, and a podiatrist. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. The bill would authorize an FQHC or RHC that currently includes the cost of a medical visit and a mental health visit that take place on the same day at a single location as a single visit for purposes of establishing the FQHC's or RHC's rate to apply for an adjustment to its per-visit rate, and after the department has approved that rate adjustment, to bill a medical visit and a mental health visit that take place on the same day at a single location as separate visits, in accordance with the bill. This bill contains other related provisions.</p>	<p>Support</p>

<p>SB 317 Stern D</p> <p>Competence to stand trial.</p>	<p>SENATE PUB. S. 3/26/2021 - Set for hearing April 27.</p> <p>4/27/2021 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE PUBLIC SAFETY, BRADFORD, Chair</p>	<p>(1)Existing law prohibits a person from being tried or adjudged to punishment while that person is mentally incompetent. Existing law establishes a process by which a defendant’s mental competency is evaluated and by which the defendant receives treatment, including, if applicable, antipsychotic medication, with the goal of returning the defendant to competency. Existing law suspends a criminal action pending restoration to competency.This bill would repeal existing law providing the process for restoring competency for a person charged with a misdemeanor, or a violation of probation for a misdemeanor, including provisions regarding administration for antipsychotic medication. This bill would replace these provisions and authorize the court to conduct an inquiry into a defendant’s competency, as specified. The bill would permit a court, upon finding the defendant incompetent to stand trial, to suspend the proceedings and take certain actions, including granting diversion not to exceed one year, referring the matter to alternative justice, diversion, or community treatment programs with the goal of improving mental health, evaluate whether to refer the matter for conservatorship proceedings, or to dismiss the charges, as specified.This bill contains other related provisions and other existing laws.</p>	
<p>SB 326 Pan D</p> <p>Health care coverage: federal health care reforms.</p>	<p>SENATE APPR. 3/11/2021 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 0.) (March 10). Re-referred to Com. on APPR.</p>	<p>Existing federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various health care market reforms. Among other things, PPACA requires applicable individuals to maintain minimum essential coverage, and imposes a shared responsibility penalty on an applicable individual who does not maintain minimum essential coverage. This provision is referred to as the individual mandate. PPACA prohibits a nongrandfathered health benefit plan from imposing a preexisting condition provision on an individual and requires a nongrandfathered health benefit plan to include coverage for essential health benefits, as defined. PPACA also includes a coverage guarantee that requires each health insurance issuer that offers health insurance coverage in the individual or group market in a state to accept every employer and individual in the state that applies for coverage, and prohibits discriminatory premium rates, as specified.This bill would delete the conditional operation of the above-described provisions based on the continued operation of PPACA, the federal individual mandate, the federal coverage guarantee, and federal essential health benefits coverage requirements. By indefinitely extending the operation of these provisions, and thus indefinitely extending the applicability of a crime for a willful violation by a health care service plan, the bill would impose a state-mandated local program.This bill contains other related provisions and other existing laws.</p>	
<p>SB 340 Stern D</p> <p>Lanterman-Petris-Short Act: hearings.</p>	<p>SENATE HEALTH 3/18/2021 - Re-referred to Coms. on HEALTH and JUD.</p>	<p>The Lanterman-Petris-Short Act authorizes the involuntary commitment and treatment of persons with specified mental health disorders for the protection of the persons so committed, and authorizes a conservator of the person, of the estate, or of the person and the estate to be appointed for a person who is gravely disabled as a result of a mental health disorder or impairment by chronic alcoholism, or a person who is incapable of caring for their own health and well-being due to a serious mental illness and substance use disorder. The act designates procedures for a hearing under these provisions for a court to receive oral and written evidence.This bill would require a court to allow a family member, friend, or acquaintance who is knowledgeable about a person who is the subject of any hearing under these provisions to testify. The bill would also make technical changes. Last Amended on 3/8/2021</p>	

<p>SB 349 Umberg D</p> <p>California Ethical Treatment for Persons with Addiction Act.</p>	<p>SENATE JUD. 3/23/2021 - Set for hearing April 6.</p> <p>4/6/2021 1:30 p.m. - Senate Chamber SENATE JUDICIARY, UMBERG, Chair</p>	<p>Existing law provides for the licensure and regulation of adult alcoholism or drug abuse recovery or treatment facilities by the State Department of Health Care Services and authorizes the department to enforce those provisions. Existing law also requires the department to implement a program certification procedure for alcohol and other drug treatment recovery services. Existing law generally prohibits specified persons, programs, or entities, such as an alcoholism or drug abuse treatment facility or a person employed by, or working for, an alcohol or other drug program, from giving or receiving anything of value for the referral of a person who is seeking alcoholism or drug abuse recovery and treatment services, and authorizes the department to investigate allegations of violations of those provisions, and to assess various penalties upon a person, program, or entity that is found in violation of those provisions. Existing law requires all programs licensed or certified by the department pursuant to those provisions to disclose any ownership or control of, or financial interest in, a recovery residence, as defined. This bill would create the California Ethical Treatment for Persons with Addiction Act to provide protection for substance use disorder treatment clients and their families. The bill would declare the intent for its provisions to be construed in favor of maximizing protections for clients, families, and their communities. The bill would impose requirements and proscribe unlawful acts relating to marketing and advertising with respect to treatment providers, as defined by the bill. The bill would require a treatment provider doing business in the state to adopt a client bill of rights for persons seeking treatment for substance use disorder, as specified, and to make the bill of rights available to all clients and prospective clients. This bill contains other related provisions. Last Amended on 3/8/2021</p>	
<p>SB 365 Caballero D</p> <p>E-consult service.</p>	<p>SENATE APPR. 3/24/2021 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 0.) (March 24). Re-referred to Com. on APPR.</p>	<p>Existing law provides for the Medi-Cal program, which is administered by the department, under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. FQHC and RHC services are reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis, and a "visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals. This bill would make electronic consultation services reimbursable under the Medi-Cal program for enrolled providers, including FQHCs or RHCs. The bill would require the department to seek federal waivers and approvals to implement this provision. The bill would make related findings and declarations. This bill contains other existing laws. Last Amended on 3/16/2021</p>	
<p>SB 368 Limón D</p> <p>Health care coverage: deductibles and out-of-pocket expenses.</p>	<p>SENATE APPR. 3/22/2021 - Read second time and amended. Re-referred to Com. on APPR.</p>	<p>Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. A willful violation of the act is a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law sets limits on the amount of the deductible and out-of-pocket expenses that may be included in specified health care service plan contracts and health insurance policies. This bill, for a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, in the individual or group market, would require the health care service plan or health insurer to monitor an enrollee's or insured's accrual balance toward their annual deductible and out-of-pocket maximum, if any. The bill would require a health care service plan or health insurer to provide an enrollee or insured with their accrual balance toward their annual deductible and out-of-pocket maximum</p>	

		for every month in which benefits were used, and would allow an enrollee or insured to request their most up-to-date accrual balances from their health care service plan or health insurer at any time. The bill would require accrual updates to be mailed to enrollees unless the enrollee has elected to opt out of mailed notice and elected to receive the accrual update electronically, as specified. Because a willful violation of the bill's provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. Last Amended on 3/22/2021	
<p>SB 387 Portantino D</p> <p>Peace officers: certification, education, and recruitment.</p>	<p>SENATE PUB. S. 3/24/2021 - Set for hearing April 20.</p> <p>4/20/2021 9 a.m. - John L. Burton Hearing Room (4203) SENATE PUBLIC SAFETY, BRADFORD, Chair</p>	<p>Existing law requires the Commission on Peace Officer Standards and Training to establish a certification program for peace officers. Existing law requires the commission to establish basic, intermediate, advanced, supervisory, management, and executive certificates for the purpose of fostering the education and experience necessary to perform general police service duties. Existing law requires certificates to be awarded on the basis of a combination of training, education, experience, and other prerequisites, as determined by the commission. Existing law generally requires a local law enforcement officer who is responsible for the prevention and detection of crime and the general enforcement of the criminal laws to obtain the basic certificate issued by the commission within 18 months of employment in order to continue to exercise the powers of a peace officer. This bill would require the commission to work with stakeholders from law enforcement, the University of California, the California State University, the California Community Colleges, and community organizations to develop a list of courses to include as requirements for obtaining a basic certificate, as specified. The bill would require an applicant for a basic certificate to complete those courses before obtaining the certificate. By imposing additional training costs on local law enforcement agencies, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.</p>	
<p>SB 401 Pan D</p> <p>Psychology: unprofessional conduct: disciplinary action: sexual acts.</p>	<p>SENATE APPR. 3/23/2021 - Set for hearing April 5.</p>	<p>Existing law, the Psychology Licensing Law, provides for the licensure, regulation, and discipline of psychologists by the Board of Psychology. Existing law authorizes the board to refuse to issue a registration or license, to issue a registration or license with terms and conditions, or to suspend or revoke the registration or license of a registrant or licensee if the applicant, registrant, or licensee has been guilty of unprofessional conduct. Under existing law, unprofessional conduct includes, among other things, any act of sexual abuse, or sexual relations with a patient or former patient within 2 years following termination of therapy, or sexual misconduct that is substantially related to the qualifications, functions, or duties of a psychologist, psychological assistant, or registered psychologist. This bill would recast and revise the circumstances under which specified sexual acts constitute unprofessional conduct. The bill would provide that unprofessional conduct includes any act of sexual behavior or sexual contact with a client or former client within 2 years following termination of therapy and any act of sexual abuse or sexual misconduct. The bill would define those terms for its purposes. This bill contains other related provisions and other existing laws. Last Amended on 3/4/2021</p>	
<p>SB 428 Hurtado D</p>	<p>SENATE HEALTH 2/25/2021 - Referred to Com. on HEALTH.</p>	<p>Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health</p>	

<p>Health care coverage: adverse childhood experiences screenings.</p>		<p>insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies to provide coverage for specified benefits, including for mental health services. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, to provide coverage for adverse childhood experiences screenings. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.</p>	
<p>SB 434 Bates R</p> <p>Substance abuse and mental health services: advertising and marketing.</p>	<p>SENATE APPR. 3/24/2021 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 5. Noes 0.) (March 23). Re-referred to Com. on APPR.</p>	<p>Existing law provides for the licensing and regulation of an adult alcoholism or drug abuse recovery or treatment facility, a psychiatric health facility, or a mental health rehabilitation facility by the State Department of Health Care Services. Existing law authorizes the department to impose specified penalties on a facility that is in violation of applicable laws and regulations governing the facility. This bill would prohibit an operator of a licensed alcoholism or drug abuse recovery or treatment facility, a certified alcohol or other drug program, and a licensed mental health rehabilitation center, psychiatric health facility, or social rehabilitation facility, from engaging in various acts, including making a false or misleading statement about the entity's products, goods, services, or geographical locations. The bill would also prohibit a picture, description, staff information, or the location of an entity from being included on an internet website along with false contact information that surreptitiously directs the reader to a business that does not have a contract with the entity. The bill would authorize the department responsible for the facility's licensure or certification to investigate allegations of a violation of these provisions and, upon finding a violation, to impose the civil sanctions and other penalties available pursuant to existing law, but would not make a violation of these provisions a crime. This bill contains other existing laws.</p>	
<p>SB 465 Eggman D</p> <p>Mental health.</p>	<p>SENATE HEALTH 3/18/2021 - Re-referred to Com. on HEALTH.</p>	<p>(1) Existing law contains provisions governing the operation and financing of community mental health services in every county through locally administered and locally controlled community mental health programs. Existing law further provides that, to the extent resources are available, the primary goal of the use of funds deposited in the mental health account of the local health and welfare trust fund should be to serve specified target populations, including, among others, seriously emotionally disturbed children and adolescents. This bill, instead, would make substantial impairment in 2 of the required areas or being at risk of removal from the home or having been removed from the home separate criteria for determining serious emotional disturbance. Existing law defines "seriously emotionally disturbed children and adolescents" for the above purposes to include minors under 18 years of age who have a mental disorder, other than a primary substance use disorder or developmental disorder, that results in behavior inappropriate to the child's age according to expected developmental norms and who meets one or more of the prescribed criteria. One of those criteria is that, as a result of the mental disorder, the child has substantial impairment in at least 2 specified areas and is either at risk of removal from the home or has been removed from the home or the mental disorder has been present for more than 6 months or is likely to continue for more than a year without treatment. This bill would make an appropriation by expanding the target population for which continuously appropriated MHSA moneys may be spent. This bill contains other related provisions and other existing laws. Last Amended on 3/8/2021</p>	

<p>SB 507 Eggman D</p> <p>Mental health services: assisted outpatient treatment.</p>	<p>SENATE JUD. 3/26/2021 - Set for hearing April 6.</p> <p>4/6/2021 1:30 p.m. - Senate Chamber SENATE JUDICIARY, UMBERG, Chair</p>	<p>The Assisted Outpatient Treatment Demonstration Project Act of 2002, known as Laura’s Law, authorizes a court in a participating county to order a person who is suffering from mental illness and is the subject of a petition to obtain assisted outpatient treatment if the court makes various findings including, among others, there has been a clinical determination that the person is unlikely to survive safely in the community without supervision, the person’s condition is substantially deteriorating, and, in view of the person’s treatment history and current behavior, the person is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or to others. Existing law requires the petition to be accompanied by an affidavit of a licensed mental health treatment provider. This bill would, among other things, instead require that the above-described findings include either that the person is unlikely to survive safely in the community without supervision and that the person’s condition is substantially deteriorating, or that assisted outpatient treatment is needed to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or to others. This bill would allow the subject of the petition or the examining mental health professional to appear before the court for testimony by videoconferencing. Last Amended on 3/25/2021</p>	<p>Support</p>
<p>SB 508 Stern D</p> <p>Mental health coverage: school-based services.</p>	<p>SENATE HEALTH 3/26/2021 - Set for hearing April 14.</p> <p>4/14/2021 1 p.m. - Senate Chamber SENATE HEALTH, PAN, Chair</p>	<p>Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. This bill would authorize an LEA to have an appropriate mental health professional provide brief initial interventions at a school campus when necessary for all referred pupils, including pupils with a health care service plan, health insurance, or coverage through a Medi-Cal managed care plan, but not those covered by a county mental health plan. For pupils with coverage through a health care service plan, health insurance, or Medi-Cal managed care plan, the bill would allow the mental health professional to contact the plan or insurer to facilitate a referral to the plan’s provider for the brief initial intervention services, when appropriate and available, and would allow the mental health professional to complete the brief intervention services if the plan or insurer is unable to meet the existing time and geographic access standards. If the plan or insurer is unable to meet the time and geographic standards for delivery of mental health services beyond the brief initial intervention services, the bill would require the plan or insurer to negotiate with the LEA for a single case agreement to determine reimbursement for additional services, subject to specified reimbursement requirements. This bill contains other related provisions and other existing laws.</p>	
<p>SB 514 Melendez R</p> <p>Mental Health Services Oversight and Accountability Commission.</p>	<p>SENATE RLS. 2/25/2021 - Referred to Com. on RLS.</p>	<p>Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, among other things, establishes the Mental Health Services Oversight and Accountability Commission to oversee the administration of various parts of the act. The act authorizes the commission to, among other things, establish technical advisory committees and assist in providing technical assistance to accomplish the purposes of the act. This bill would make nonsubstantive, technical changes to these provisions.</p>	

<p>SB 516 Eggman D</p> <p>Certification for intensive treatment: review hearing.</p>	<p>SENATE JUD. 3/23/2021 - Set for hearing April 6.</p> <p>4/6/2021 1:30 p.m. - Senate Chamber SENATE JUDICIARY, UMBERG, Chair</p>	<p>Existing law authorizes a peace officer or a professional designated by the county to take a person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment, when the person is a danger to self or others, or is gravely disabled, as a result of a mental health disorder. Existing law authorizes a court to order the evaluation of a person who is alleged to be a danger to self or others as a result of a mental disorder, or the evaluation of a criminal defendant who appears to be a danger to self or others, or to be gravely disabled, as a result of chronic alcoholism or the use of narcotics or restricted dangerous drugs. Existing law authorizes a person who is detained or under court order pursuant to those provisions to be certified, under certain conditions, for not more than 14 days of intensive treatment related to the mental health disorder or impairment by chronic alcoholism. This bill would authorize the evidence presented in support of the certification decision to include information on the person's medical condition and how that condition bears on certifying the person as a danger to themselves or to others or as gravely disabled. The bill would require the hearing officer to consider the information in the determination of probable cause. This bill contains other existing laws.</p>	<p>Support</p>
<p>SB 519 Wiener D</p> <p>Controlled substances: decriminalization of certain hallucinogenic substances.</p>	<p>SENATE PUB. S. 3/25/2021 - From committee with author's amendments. Read second time and amended. Re-referred to Com. on PUB. S.</p> <p>4/6/2021 9 a.m. - John L. Burton Hearing Room (4203) SENATE PUBLIC SAFETY, BRADFORD, Chair 4/14/2021 1 p.m. - Senate Chamber SENATE HEALTH, PAN, Chair</p>	<p>(1) Existing law categorizes certain drugs and other substances as controlled substances and prohibits various actions related to those substances, including their manufacture, transportation, sale, possession, and ingestion. This bill would make lawful the possession for personal use, as described, and the social sharing, as defined, of psilocybin, psilocyn, dimethyltryptamine (DMT), ibogaine, mescaline, lysergic acid diethylamide (LSD), ketamine, and 3,4-methylenedioxymethamphetamine (MDMA), by and with persons 21 years of age or older. The bill would provide penalties for possession of these substance on school grounds, or possession by, or sharing with, persons under 21 years of age. This bill contains other related provisions and other existing laws. Last Amended on 3/25/2021</p>	
<p>SB 521 Bradford D</p> <p>Drug manufacturers: value-based arrangement.</p>	<p>SENATE HEALTH 3/17/2021 - Set for hearing April 7.</p> <p>4/7/2021 1 p.m. - Senate Chamber SENATE HEALTH, PAN, Chair</p>	<p>Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including prescription drugs that are subject to the Medi-Cal List of Contract Drugs, pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Existing law provides that the department is the purchaser of prescribed drugs under the Medi-Cal program for the purpose of enabling the department to obtain from manufacturers of prescribed drugs the most favorable price for those drugs furnished by those manufacturers, based upon the large quantity of the drugs purchased under the Medi-Cal program, and to enable the department to obtain from the manufacturers discounts, rebates, or refunds based on the quantities purchased under the Medi-Cal program. Existing law requires the department to contract with manufacturers of single-source drugs on a negotiated basis, and with manufacturers of multisource drugs on a bid or negotiated basis. This bill would authorize the department to enter into a value-based arrangement, including a rebate, discount, or price reduction, with drug manufacturers based on outcome data or other metrics, as determined by the department and the drug manufacturers, pursuant to those contracts. This bill contains other existing laws.</p>	
<p>SB 524 Skinner D</p>	<p>SENATE B., P. & E.D. 3/16/2021 - Set for hearing April 5.</p>	<p>Existing law provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and the regulation of health insurers by the Department</p>	

<p>Health care coverage: patient steering.</p>	<p>4/5/2021 9 a.m. - Senate Chamber SENATE BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT, ROTH, Chair</p>	<p>of Insurance. Existing law requires a health care service plan contract or health insurance policy that provides coverage for outpatient prescription drugs to cover medically necessary prescription drugs. This bill would prohibit a health care service plan or a health insurer, including a self-insured employer plan, or the agent of a health care service plan or health insurer from engaging in patient steering. The bill would define “patient steering” to mean communicating to an enrollee or insured that they are required to have a prescription dispensed at, or pharmacy services provided by, a particular pharmacy, as specified, or offering group health care coverage contracts or policies that include provisions that limit access to only pharmacy providers that are owned or operated by the health care service plan, health insurer, or plan’s or insurer’s agent. The bill would also make related findings and declarations. Last Amended on 3/11/2021</p>	
<p>SB 525 Grove R</p> <p>School closures: mental health effects.</p>	<p>SENATE HEALTH 3/24/2021 - Re-referred to Coms. on HEALTH and ED.</p>	<p>Existing law establishes the State Department of Public Health in the California Health and Human Services Agency. Existing law sets forth its powers and duties pertaining to, among other things, protecting, preserving, and advancing public health, including disseminating information regarding diseases. This bill would require the department, in consultation with the State Department of Education, to establish a policy no later than 6 months after the effective date of the bill, to address the mental health effects of school closures on pupils in years when a state or local emergency declaration results in school closures. The bill would require local educational agencies to adopt the policy subject to an appropriation in the annual Budget Act for that purpose. This bill contains other related provisions. Last Amended on 3/22/2021</p>	
<p>SB 528 Jones R</p> <p>Juveniles: health information summary: psychotropic medication.</p>	<p>SENATE HEALTH 3/26/2021 - Set for hearing April 14.</p> <p>4/14/2021 1 p.m. - Senate Chamber SENATE HEALTH, PAN, Chair</p>	<p>Existing law establishes the jurisdiction of the juvenile court, which may adjudge a child to be a dependent or ward of the court under certain circumstances. Existing law requires, when a child is placed in foster care, the case plan to include a summary of the health and education information or records, including mental health information, of the child. Existing law requires a child protective agency to, as soon as possible, but not later than 30 days after the initial placement of a child into foster care, provide the caregiver with the child’s current health and education summary. This bill would require the State Department of Social Services to create an electronic health care portal that will provide health care providers with access to the health information of a child in foster care that is included in the health and education summary and the completed and approved court forms for the administration of psychotropic medication for specified dependent children and wards of the juvenile court, as described above. The bill would require every county to provide that information to the department. The bill would provide health care providers of a child in foster care access to the electronic health care portal created pursuant these provisions when providing health care services and medical treatment to the child. By imposing new duties on counties, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.</p>	<p>Support</p>
<p>SB 541 Bates R</p> <p>Substance use disorder treatment</p>	<p>SENATE APPR. 3/18/2021 - Read second time and amended. Re-referred to Com. on APPR.</p>	<p>Existing law requires the State Department of Health Care Services to license and regulate alcoholism or drug abuse recovery or treatment facilities, which provide residential nonmedical services to adults who are recovering from problems related to alcohol, drug, or alcohol and drug misuse or abuse, and who need alcohol, drug, or alcohol and drug recovery treatment or detoxification services. Existing law also requires the department to implement a voluntary certification program for alcohol and other drug treatment recovery services. Existing law</p>	

<p>facilities and programs: disclosure of license and certification status.</p>		<p>prohibits specified persons, programs, or entities from giving or receiving remuneration or anything of value for the referral of a person who is seeking alcoholism or drug abuse recovery and treatment services. Existing law authorizes the department to investigate allegations of violations of that prohibition and to impose sanctions for a violation, including assessing a penalty upon, or suspending or revoking the license of, a facility or the certification of a program. This bill would require a facility licensed or program certified by the department to disclose its license or certification number and the date that the license or certification is scheduled to expire, as applicable, in specified circumstances that include, among others, posting on its internet website and in any advertising or marketing in a clear and conspicuous manner. A violation of these disclosure requirements would be investigated and penalized in the same manner as described above. Last Amended on 3/18/2021</p>	
<p>SB 562 Portantino D</p> <p>Health care coverage: pervasive developmental disorders or autism.</p>	<p>SENATE HUM. S. 3/23/2021 - Set for hearing April 6.</p> <p>4/6/2021 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HUMAN SERVICES, HURTADO, Chair</p>	<p>Existing law, the Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services to contract with regional centers to provide services and supports to individuals with developmental disabilities and their families. Existing law defines developmental disability for these purposes to include, among other things, autism. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or a health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism, and defines “behavioral health treatment” to mean specified services and treatment programs, including treatment provided pursuant to a treatment plan that is prescribed by a qualified autism service provider and administered either by a qualified autism service provider or by a qualified autism service professional or qualified autism service paraprofessional who is supervised as specified. Existing law defines a “qualified autism service provider” to refer to a person who is certified or licensed and a “qualified autism service professional” to refer to a person who meets specified educational, training, and other requirements and is supervised and employed by a qualified autism service provider. Existing law defines a “qualified autism service paraprofessional” to mean an unlicensed and uncertified individual who meets specified educational, training, and other criteria, is supervised by a qualified autism service provider or a qualified autism service professional, and is employed by the qualified autism service provider. Existing law also requires a qualified autism service provider to design, in connection with the treatment plan, an intervention plan that describes, among other information, the parent participation needed to achieve the plan’s goals and objectives, as specified. This bill would revise the definition of behavioral health treatment to require the services and treatment programs provided to be based on behavioral, developmental, relationship-based, or other evidence-based models. The bill also would expand the definition of a “qualified autism service professional” to include behavioral service providers who meet specified educational and professional or work experience qualifications. The bill would revise the definition of a “qualified autism service paraprofessional” by deleting the reference to an unlicensed and uncertified individual and by requiring the individual to comply with revised educational and training, or professional, requirements. The bill would also revise the definitions of both a qualified autism service</p>	

		professional and a qualified autism service paraprofessional to include the requirement that these individuals complete a background check.This bill would require the intervention plan designed by the qualified autism service provider to include parent or caregiver participation, when clinically appropriate, that is individualized to the patient and takes into account the ability of the parent or caregiver to participate in therapy sessions and other recommended activities, as specified. The bill would specify that the lack of parent or caregiver participation shall not be used to deny or reduce medically necessary services and that the setting, location, or time of treatment not be used as the only reason to deny medically necessary services.This bill would provide that no reimbursement is required by this act for a specified reason.This bill contains other existing laws. Last Amended on 3/15/2021	
SB 565 Jones R State Department of State Hospitals: facility expansion: report.	SENATE HEALTH 3/23/2021 - Set for hearing April 7. 4/7/2021 1 p.m. - Senate Chamber SENATE HEALTH, PAN, Chair	Existing law establishes the State Department of State Hospitals and provides that the department has jurisdiction over the specified facilities, including, among others, Atascadero, Coalinga, Metropolitan, Napa, and Patton State Hospitals.This bill would require the department, on or before July 1, 2022, to develop a plan to expand the capacity of its facilities to reduce wait times for a person committed to a department facility pursuant to the Lanterman-Petris-Short Act to 60 days or less. The bill would require the department, on or before July 1, 2022, to submit to the Legislature a copy of the plan and a report regarding the anticipated cost of implementing the plan. The bill would require the department, on or before January 1, 2027, to implement that plan.This bill contains other existing laws. Last Amended on 3/8/2021	
SB 578 Jones R Lanterman-Petris-Short Act: hearings.	SENATE APPR. 3/19/2021 - Set for hearing April 5.	Existing law, the Lanterman-Petris-Short Act, authorizes the involuntary commitment and treatment of persons with specified mental health disorders for the protection of the persons so committed, and authorizes a conservator of the person, of the estate, or of the person and the estate to be appointed for a person who is gravely disabled as a result of a mental health disorder or impairment by chronic alcoholism, and designates procedures for hearing a petition for that purpose. Existing law authorizes a party to a hearing under the act to demand that the hearing be public, and be held in a place suitable for attendance by the public.This bill would require a hearing held under the act to be presumptively closed to the public, but would authorize the individual who is the subject of the proceeding to demand that the hearing be public, and be held in a place suitable for attendance by the public. The bill would also authorize a judge, hearing officer, or other person conducting the hearing to grant a request by any other party to the proceeding to make the hearing public if the judge, hearing officer, or other person conducting the hearing finds that the public interest in an open hearing clearly outweighs the individual's interest in privacy. The bill would define "hearing" for these purposes to mean any proceeding conducted under the act, as specified. Last Amended on 3/5/2021	
SB 602 Laird D Review of conservatorships.	SENATE JUD. 3/25/2021 - Set for hearing April 13. 4/13/2021 1:30 p.m. - Senate Chamber SENATE JUDICIARY, UMBERG, Chair	Existing law generally provides for the establishment, review, and termination of conservatorships. Existing law requires the court to review a conservatorship 6 months after the initial appointment of the conservator, one year after the appointment of the conservator, and annually thereafter, but authorizes the court, one year after the appointment of the conservator, to set the next review in 2 years if the court determines that the conservator is acting in the best interests of the conservatee.This bill would instead authorize the court, one	

		year after the appointment of the conservator, to set the next review in 18 months if the court determines that the conservator is acting in the best interests of the conservatee. Last Amended on 3/8/2021	
SB 724 Allen D Conservatees: legal counsel.	SENATE JUD. 3/25/2021 - Set for hearing April 13. 4/13/2021 1:30 p.m. - Senate Chamber SENATE JUDICIARY, UMBERG, Chair	The Guardianship-Conservatorship Law requires the court to appoint the public defender or private counsel to represent interests of a conservatee, proposed conservatee, or person alleged to lack legal capacity who is unable to retain legal counsel and requests the appointment of counsel to assist them in particular proceedings that include, among others, proceedings to establish a conservatorship or to remove the conservator, whether or not that person lacks or appears to lack legal capacity. The law also requires the court to appoint the public defender or private counsel in these proceedings to represent the interests of a conservatee or proposed conservatee who does not plan to retain legal counsel and has not requested the court to appoint legal counsel, if the court determines that the appointment would be helpful to the resolution of the matter or is necessary to protect the interests of the conservatee or proposed conservatee based on information contained in the court investigator's report or obtained from any other source, whether or not that person lacks or appears to lack legal capacity. This bill would instead require the court, in the circumstances of the court determining that the appointment would be helpful to the resolution of the matter or is necessary to protect their interests based on information contained in the court investigator's report or obtained from any other source, to appoint the public defender or private counsel if the conservatee or proposed conservatee has not retained legal counsel. The bill would generally require the court to allow representation by an attorney who a conservatee, proposed conservatee, or person alleged to lack legal capacity expresses any preference for, even if the attorney is not on the court's list of court appointed attorneys.	
SB 749 Glazer D Mental health program oversight: county reporting.	SENATE APPR. 3/17/2021 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 0.) (March 17). Re-referred to Com. on APPR.	Existing law provides for various mental and behavioral health programs that are administered by the counties. Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Services Oversight and Accountability Commission to oversee the provisions of the MHSA and review the county plans for MHSA spending. Existing law requires the State Department of Health Care Services, in consultation with the commission and other entities, to develop and administer instructions for the Annual Mental Health Services Act Revenue and Expenditure Report, which identifies and evaluates county mental health programs funded by the MHSA. This bill would require the commission, in consultation with state and local mental health authorities, to create a comprehensive tracking program for county spending on mental and behavioral health programs and services, as specified, including funding sources, funding utilization, and outcome data at the program, service, and statewide levels. The bill would require the counties to report specified data for the preceding fiscal year to the commission on or before July 31 of each year. The bill would also require the commission to report the results of the county reporting to the Governor's office and the Legislature on or before September 1 of each year, and to publish that information on its internet website in a location accessible to the public. By requiring additional reporting from the counties, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.	

<p>SB 773 Roth D</p> <p>Medi-Cal managed care: behavioral health services.</p>	<p>SENATE HEALTH 3/26/2021 - Set for hearing April 14.</p> <p>4/14/2021 1 p.m. - Senate Chamber SENATE HEALTH, PAN, Chair</p>	<p>Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which health care services, such as behavioral health treatment services, are provided to qualified, low-income persons by various health care delivery systems, including managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law imposes requirements on Medi-Cal managed care plans, including standards on network adequacy, alternative access, and minimum loss ratios. This bill would, commencing with the January 1, 2022, rating period, and through December 31, 2024, require the department to make incentive payments to qualifying Medi-Cal managed care plans that meet predefined goals and metrics associated with targeted interventions, rendered by school-affiliated behavioral health providers, that increase access to preventive, early intervention, and behavioral health services for children enrolled in kindergarten and grades 1 to 12, inclusive, at those schools. The bill would require the department to consult with certain stakeholders on the development of interventions, goals, and metrics, to determine the amount of incentive payments, and to seek any necessary federal approvals. The bill would condition the issuance of incentive payments on compliance with specified federal requirements and the availability of federal financial participation. Alternatively, if federal approval is not obtained, the bill would authorize the department to make incentive payments on a state-only funding basis, but only to the extent the department determines that federal financial participation for the Medi-Cal program is not otherwise jeopardized. Last Amended on 3/10/2021</p>	
<p>SB 782 Glazer D</p> <p>Assisted outpatient treatment programs.</p>	<p>SENATE JUD. 3/26/2021 - Set for hearing April 6.</p> <p>4/6/2021 1:30 p.m. - Senate Chamber SENATE JUDICIARY, UMBERG, Chair</p>	<p>The Assisted Outpatient Treatment Demonstration Project Act of 2002, known as Laura’s Law, commencing January 1, 2022, requires each county to offer specified mental health programs, unless a county or group of counties opts out by a resolution passed by the governing body stating the reasons for opting out and any facts or circumstances relied on in making that decision. Existing law authorizes participating counties to pay for the services provided from moneys distributed to the counties from various continuously appropriated funds, including the Mental Health Services Fund, when included in a county plan, as specified. Existing law authorizes a court to order a person who is the subject of a petition filed pursuant to those provisions to obtain assisted outpatient treatment if the court finds, by clear and convincing evidence, that the facts stated in the petition are true and establish that specified criteria are met, including that the person has a history of lack of compliance with treatment for their mental illness, and that there has been a clinical determination that the person is unlikely to survive safely in the community without supervision. Existing law authorizes the petition to be filed by the county behavioral health director, or the director’s designee, in the superior court in the county in which the person who is the subject of the petition is present or reasonably believed to be present, in accordance with prescribed procedures. This bill would additionally authorize the filing of a petition to obtain assisted outpatient treatment under the existing petition procedures, for a conservatee or former conservatee, as specified, who would benefit from assisted outpatient treatment to reduce the risk of deteriorating mental health while living independently. Last Amended on 3/25/2021</p>	
<p>SB 787 Hurtado D</p>	<p>SENATE RLS. 3/3/2021 - Referred to Com. on RLS.</p>	<p>Existing law establishes the California State University under the administration of the Trustees of the California State University as one of the segments of public postsecondary education in the state. Existing law authorizes the university to establish Doctor of Nursing Practice degree</p>	

California State University Program in Medical Education.		programs that offer Doctor of Nursing Practice degrees, subject to specified program and enrollment requirements. This bill would require the university to establish Doctor of Medicine degree programs, as provided, with the goal of addressing access to medical care in underserved, disadvantaged areas. The bill would appropriate \$15,000 from the General Fund to the trustees for the implementation and administration of these provisions. The bill would require the trustees, on or before January 1, 2023, to submit a report to the Legislature on its implementation and administration of these provisions.	
SB 801 Roth D Healing arts: licensed professional clinical counselors.	SENATE B., P. & E.D. 3/11/2021 - Set for hearing April 19. 4/19/2021 9 a.m. - Senate Chamber SENATE BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT, ROTH, Chair	Existing law, the Licensed Professional Clinical Counselor Act, provides for the licensure and regulation of professional clinical counselors by the Board of Behavioral Sciences, which is within the Department of Consumer Affairs. The act, except as specified, requires all applicants to have an active associate registration with the board to gain postdegree hours of supervised experience. This bill would repeal a duplicative definition of "supervision." This bill contains other existing laws.	
SB 806 Roth D Physician assistants: written examination.	SENATE B., P. & E.D. 3/11/2021 - Set for hearing April 19. 4/19/2021 9 a.m. - Senate Chamber SENATE BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT, ROTH, Chair	Existing law, the Physician Assistant Practice Act, provides for the licensure and regulation of physician assistants by the Physician Assistant Board, which is within the jurisdiction of the Medical Board of California. The act provides that the board shall require physician assistants to take and pass a written examination for licensure. The act provides that the board may make arrangements for the examination to be administered under a uniform examination system. The act, however, requires the board to establish a passing score and time and place for each examination. This bill would remove the requirement that the board establish a passing score and time and place for each examination.	

Total Measures: 138

Total Tracking Forms: 138