

CSAP Legislation

Bill ID/Topic	Location	Summary	Position
AB 4 Arambula D Medi-Cal: eligibility.	SENATE APPR. 6/16/2021 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 8. Noes 2.) (June 16). Re-referred to Com. on APPR.	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.	
AB 32 Aguiar-Curry D Telehealth.	SENATE HEALTH 6/9/2021 - Referred to Com. on HEALTH.	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 5/24/2021	Support
AB 71 Rivas, Luz D Homelessness funding: Bring California Home Act.	ASSEMBLY INACTIVE FILE 6/3/2021 - Ordered to inactive file at the request of Assembly Member Luz Rivas.	(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. This bill contains other related provisions and other existing laws. Last Amended on 5/24/2021	
<u>AB 107</u> <u>Salas D</u> Licensure: veterans and military spouses.	SENATE B., P. & E.D. 6/9/2021 - Referred to Coms. on B., P. & E.D. and M. & V.A.	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 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 or is able to receive an expedited license by endorsement with no additional requirements superseding those for a temporary license, as described above. 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 4/20/2021	
<u>AB 118</u> <u>Kamlager D</u> Emergency services: community	SENATE G.O. 6/9/2021 - Referred to Com. on G.O.	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	Support

<p>response: grant program.</p>		<p>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>	
<p>AB 226 Ramos D</p> <p>Children’s crisis psychiatric residential treatment facilities.</p>	<p>SENATE HEALTH 6/9/2021 - Referred to Coms. on HEALTH and HUMAN S.</p> <p>6/30/2021 1 p.m. - Senate Chamber SENATE HEALTH, PAN, Chair</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 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 require the department’s regulations and certifications to be consistent with applicable Medicaid regulations governing psychiatric residential treatment facilities, in order to maximize federal financial participation. 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 4/13/2021</p>	
<p>AB 270 Ramos D</p> <p>Core Behavioral Health Crisis Services System.</p>	<p>ASSEMBLY HEALTH 1/28/2021 - Referred to Coms. on HEALTH and C. & C.</p>	<p>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</p>	

		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.	
<u>AB 309</u> <u>Gabriel D</u> Pupil mental health: model referral protocols.	SENATE APPR. 6/16/2021 - VOTE: Do pass as amended, but first amend, and re-refer to the Committee on [Appropriations] with the recommendation: To Consent Calendar (PASS)	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.	
<u>AB 347</u> <u>Arambula D</u> Health care coverage: step therapy.	SENATE HEALTH 6/16/2021 - Referred to Com. on HEALTH. 6/30/2021 1 p.m. - Senate Chamber SENATE HEALTH, PAN, Chair	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 that provides coverage for prescription drugs may require step therapy, as defined, 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 the health care provider submits justification and supporting clinical documentation, if needed, that 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 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. Last Amended on 5/24/2021	
<u>AB 359</u> <u>Cooper D</u>	SENATE B., P. & E.D. 6/15/2021 - From committee chair, with	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	

Physicians and surgeons: licensure: examination.	author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on B., P. & E.D.	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 6/15/2021	
AB 369 Kamlager D Medi-Cal services: persons experiencing homelessness.	SENATE HEALTH 6/15/2021 - From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on HEALTH.	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 provisions. Existing law requires the department to provide presumptive Medi-Cal eligibility to pregnant women and children. Existing law authorizes a qualified hospital to make presumptive eligibility determinations if it complies with specified requirements. Existing law authorizes the department, on a regional pilot project basis, to issue an identification card to a person who is eligible for Medi-Cal program benefits, but does not possess a valid California driver's license or identification card issued by the Department of Motor Vehicles. Existing law requires the department, in consultation with the board governing the California Health Benefit Exchange, to develop a single paper, electronic, and telephone application for insurance affordability programs, including Medi-Cal. This bill would require the department to implement a program of presumptive eligibility for persons experiencing homelessness, under which a person would receive full-scope Medi-Cal benefits without a share of cost. The bill would require the department to authorize an enrolled Medi-Cal provider to issue a temporary Medi-Cal benefits identification card to a person experiencing homelessness, and would prohibit the department from requiring a person experiencing homelessness to present a valid California driver's license or identification card issued by the Department of Motor Vehicles to receive Medi-Cal services if the provider verifies the person's eligibility. This bill contains other related provisions and other existing laws. Last Amended on 6/15/2021	Support With Amendments
AB 381 Davies R Licensed facilities: duties.	SENATE JUD. 6/14/2021 - Read second time and amended. Re-referred to Com. on JUD. 6/22/2021 1:30 p.m. - Senate Chamber SENATE JUDICIARY, UMBERG, Chair	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, or any other opioid antagonist that is approved by the United States Food and Drug Administration for treatment of an opioid overdose, on the premises and have at least one staff member on the premises who knows the specific location of the naloxone hydrochloride, or other opioid antagonist, and who has been trained to administer it, as specified. The bill would prohibit a trained staff member from being held civilly or criminally liable for the administration, in good	

		faith, of naloxone hydrochloride, or other opioid antagonist that is approved by the United States Food and Drug Administration for the treatment of an opioid overdose, to a person appearing to experience an opioid-related overdose. The bill would specify that the administration of naloxone hydrochloride, or other opioid antagonist that is approved by the United States Food and Drug Administration for the treatment of an opioid overdose, 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 require the department to adopt regulations to implement these provisions on or before July 1, 2024. Last Amended on 6/14/2021	
AB 383 Salas D Mental health: older adults.	SENATE HUM. S. 6/17/2021 - From committee: Amend, and do pass as amended and re-refer to Com. on HUMAN S. (Ayes 10. Noes 0.) (June 16). 6/21/2021 #2 SENATE ASSEMBLY BILLS - SECOND READING FILE	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 require the report to be posted on the department's internet website. 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. Last Amended on 4/22/2021	Support
AB 443 Carrillo D Physicians and surgeons: fellowship programs: special faculty permits.	SENATE B., P. & E.D. 6/9/2021 - Referred to Com. on B., P. & E.D.	Existing law, the Medical Practice Act, authorizes physicians who are not citizens and who seek postgraduate study to, after application to and approval by the Medical Board of California, be permitted to participate in a fellowship program in a specialty or subspecialty field, if the fellowship program is given in a hospital in this state which is approved by the Joint Commission and if the service is satisfactory to the board. This bill would authorize physicians who are not citizens and who seek postgraduate study to, after application to and approval by the board, be permitted to participate in a fellowship program in a specialty or subspecialty field if certain criteria are met, including that the fellowship program is given in a federally qualified health center, as defined, in this state that receives funding from the federal Health Resources and Services Administration Health Center Program and the service is satisfactory to the board. This bill contains other related provisions and other existing laws. Last Amended on 4/19/2021	
AB 451 Arambula D	SENATE APPR. 6/10/2021 - From committee: Do pass and re-	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	

<p>Health care facilities: treatment of psychiatric emergency medical conditions.</p>	<p>refer to Com. on APPR. (Ayes 9. Noes 1.) (June 10). Re-referred to Com. on APPR.</p>	<p>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><u>AB 457</u> Santiago D Protection of Patient Choice in Telehealth Provider Act.</p>	<p>SENATE HEALTH 6/14/2021 - From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on HEALTH. 6/23/2021 Upon adjournment of Budget and Fiscal Review Committee - Senate Chamber SENATE HEALTH, PAN, Chair</p>	<p>(1)Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. Under existing law, it is unlawful for healing arts licensees, except as specified, to offer, deliver, receive, or accept any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, in the form of money or otherwise, as compensation or inducement for referring patients, clients, or customers to any person, subject to certain exceptions. This bill would provide that the payment or receipt of consideration for internet-based advertising, appointment booking, or any service that provides information and resources to prospective patients of licensees does not constitute a referral of a patient if the internet-based service provider does not recommend, endorse, arrange for, or otherwise select a licensee for the prospective patient. This bill contains other related provisions and other existing laws. Last Amended on 6/14/2021</p>	
<p><u>AB 462</u> Carrillo D Licensed Professional Clinical Counselor Act.</p>	<p>SENATE B., P. & E.D. 6/14/2021 - From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on B., P. & E.D. 6/21/2021 9 a.m. - Senate Chamber SENATE BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT, ROTH, Chair</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. Existing law authorizes an out-of-state professional clinical counselor licensee at the highest level for independent clinical practice to be licensed as a professional clinic counselor in this state if that person meets certain requirements, and permits that person to treat couples or families if that person meets certain additional 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 delete the additional requirements for an out-of-state professional clinical counselor licensee to be allowed to treat couples or families. 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. Last Amended on 6/14/2021</p>	

<p>AB 493 Wood D</p> <p>Health insurance.</p>	<p>SENATE HEALTH 5/12/2021 - Referred to Com. on HEALTH.</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 and podiatrists: clinical laboratories and vaccines.</p>	<p>SENATE B., P. & E.D. 5/25/2021 - From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on B., P. & E.D.</p>	<p>Existing law provides for the certification and regulation of podiatrists by the Podiatric Medical Board of California within the Department of Consumer Affairs. Under existing law, the certificate to practice podiatric medicine authorizes the holder to practice podiatric medicine and defines "podiatric medicine" to mean the diagnosis, medical, surgical, mechanical, manipulative, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot. This bill would additionally authorize a dentist or podiatrist, if the dentist or podiatrist complies with specified 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 podiatrist's continuing education requirements, and would count vaccine training provided through the federal Centers for Disease Control and Prevention or the California Pharmacists Association toward the fulfillment of a dentist's or dental hygienist's continuing education requirements, as specified. This bill contains other related provisions and other existing laws. Last Amended on 5/25/2021</p>	
<p>AB 541 Berman D</p> <p>Tobacco assessment.</p>	<p>SENATE APPR. 6/16/2021 - VOTE: Do pass as amended, but first amend, and re-refer to the Committee on [Appropriations] (PASS)</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 also requires the department to implement a voluntary certification procedure for alcohol and other drug treatment recovery services. This bill would require a licensed facility or a certified program to assess a patient or client for tobacco use at the time of the initial intake and take certain actions if the patient or client has tobacco use disorder. Last Amended on 5/24/2021</p>	<p>Support With Amendments</p>
<p>AB 562 Low D</p> <p>Frontline COVID-19 Provider Mental Health Resiliency Act of 2021: health care providers:</p>	<p>SENATE B., P. & E.D. 6/9/2021 - Referred to Coms. on B., P. & E.D. and JUD.</p>	<p>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</p>	<p>Support</p>

<p>mental health services.</p>		<p>licensed health care providers who provide or have provided consistent in-person healthcare services to COVID-19 patients. The bill would require the relevant boards to notify licensees and solicit applications for access to the 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 and other existing laws. Last Amended on 4/8/2021</p>	
<p>AB 563 Berman D</p> <p>School-based health programs.</p>	<p>SENATE ED. 6/9/2021 - Referred to Coms. on ED. and 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 by, and funded pursuant to, federal Medicaid program provisions. Existing law establishes the Administrative Claiming process under which the department is authorized to contract with local governmental agencies and local educational consortia for the purpose of obtaining federal matching funds to assist with the performance of administrative activities relating to the Medi-Cal program that are provided by a local governmental agency or local educational agency (LEA). Existing law also provides that specified services provided by LEAs are covered Medi-Cal benefits and are reimbursable on a fee-for-service basis under the LEA Medi-Cal billing option. This bill would require the State Department of Education to, no later than July 1, 2022, establish an Office of School-Based Health Programs for the purpose of administering current health-related programs under the purview of the State Department of Education and advising it on issues related to the delivery of school-based Medi-Cal services in the state. The bill would require the office to, among other things, provide technical assistance, outreach, and informational materials to LEAs on allowable services and on the submission of claims. The bill would authorize the office to form advisory groups, as specified, and, to the extent necessary, would require the State Department of Health Care Services to make available to the office any information on other school-based dental, health, and mental health programs, and school-based health centers, that may receive Medi-Cal funding. The bill would require the office to be supported through an interagency agreement with the State Department of Health Care Services, and would authorize the office to receive additional funds from grants and other sources. This bill contains other related provisions and other existing laws. Last Amended on 4/5/2021</p>	
<p>AB 570 Santiago D</p> <p>Dependent parent health care coverage.</p>	<p>SENATE HEALTH 6/16/2021 - From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on HEALTH.</p> <p>6/23/2021 Upon adjournment of Budget and Fiscal Review Committee - 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 provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes an individual to add a dependent to their health care service plan contract or health insurance policy, including adding a dependent outside of an initial enrollment period if certain criteria are met. Existing law defines “dependent” for the purpose of an individual contract or policy to mean the spouse, registered domestic partner, or child of an individual. This bill would require an individual health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, that provides dependent coverage to make dependent coverage available to a qualified dependent parent or stepparent. The bill would expand the definition of “dependent” for an individual health care service plan contract or health insurance policy to include a qualified dependent parent or stepparent. Because a willful violation of these provisions by a health care</p>	

		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 6/16/2021	
<u>AB 586</u> <u>O'Donnell D</u> Pupil health: health and mental health services: School Health Demonstration Project.	SENATE ED. 6/9/2021 - Referred to Coms. on ED. and HEALTH.	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.This bill contains other related provisions. Last Amended on 5/24/2021	
<u>AB 638</u> <u>Quirk-Silva D</u> Mental Health Services Act: early intervention and prevention programs.	SENATE APPR. 6/10/2021 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 10. Noes 0.) (June 10). Re-referred to Com. on APPR.	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	Support
<u>AB 653</u> <u>Waldron R</u> Medication-Assisted Treatment Grant Program.	SENATE PUB. S. 6/9/2021 - Referred to Com. on PUB. S. 6/29/2021 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE PUBLIC SAFETY, BRADFORD, Chair	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	Support

		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	
<u>AB 666</u> <u>Chiu D</u> Substance use disorder workforce development.	SENATE HEALTH 6/9/2021 - Referred to Com. on HEALTH. 6/23/2021 Upon adjournment of Budget and Fiscal Review Committee - Senate Chamber SENATE HEALTH, PAN, Chair	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 licensing and regulating alcoholism or drug abuse recovery or treatment facilities. This bill, the Combating the Overdose and Addiction Epidemic by Building the Substance Use Disorder Workforce (CODE W) Act, would require the department, on or before July 1, 2022, to issue a statewide substance use disorder (SUD) workforce needs assessment report that evaluates the current state of the SUD workforce, determines barriers to entry into the SUD workforce, and assesses the state's systems for regulating and supporting the SUD workforce. The bill would require the department, as soon as possible, but no later than January 1, 2024, and taking into consideration the needs assessment report, to create and implement an SUD workforce development program that supports a career ladder for the SUD workforce, and that, at a minimum, provides a number of program elements, including fee waivers to cover costs related to testing, registration, and certification for specified individuals, and tuition reimbursements for undergraduate and graduate students who complete coursework in programs related to SUDs. The bill would make implementation of those program elements contingent upon an appropriation by the Legislature for that purpose, as specified. This bill contains other related provisions. Last Amended on 5/24/2021	
<u>AB 690</u> <u>Arambula D</u> Marriage and family therapists: clinical social workers: professional clinical counselors.	SENATE B., P. & E.D. 6/16/2021 - Referred to Com. on B., P. & E.D.	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	
<u>AB 723</u> <u>Low D</u> Marriage and family therapy:	SENATE B., P. & E.D. 6/9/2021 - Referred to Com. on B., P. & E.D.	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 performed with individuals, couples, or groups wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family	Watch

<p>scope of practice.</p>		<p>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><u>AB 816</u> <u>Chiu D</u></p> <p>State and local agencies: homelessness plan.</p>	<p>SENATE HOUSING 6/9/2021 - Referred to Coms. on HOUSING, HUMAN S. and JUD. Action rescinded whereby the bill was referred to Com. on JUD.</p> <p>7/1/2021 10:30 a.m. or upon adjournment of Session - Senate Chamber SENATE HOUSING, WIENER, Chair</p>	<p>Existing law establishes in state government the Business, Consumer Services, and Housing Agency, comprised of the Department of Consumer Affairs, the Department of Housing and Community Development, the Department of Fair Employment and Housing, the Department of Business Oversight, the Department of Alcoholic Beverage Control, the Alcoholic Beverage Control Appeals Board, the California Horse Racing Board, and the Alfred E. Alquist Seismic Safety Commission. This bill, upon appropriation by the Legislature or upon receiving technical assistance offered by the federal Department of Housing and Urban Development (HUD), if available, would require the coordinating council to conduct, or contract with an entity to conduct, a statewide needs and gaps analysis to, among other things, identify state programs that provide housing or services to persons experiencing homelessness and create a financial model that will assess certain investment needs for the purpose of moving persons experiencing homelessness into permanent housing. The bill would provide that the council's obligation to conduct the statewide needs and gaps analysis is fulfilled if a technical assistance provider from HUD conducts the analysis on behalf of the council. The bill would require the council to work with the technical assistance provider to complete the analysis. The bill would authorize local governments to collaborate with the coordinating council or other entity conducting the analysis upon an appropriation by the Legislature to cover costs of the collaboration or upon provision of technical assistance by HUD. The bill would also require the coordinating council or any other entity conducting the analysis to seek input from the coordinating council's members on the direction of, design of data collection for, and items to be included in the statewide needs and gaps analysis. The bill would require the council to report on the analysis to specified committees in the Legislature by July 31, 2022. The bill would require the coordinating council or other entity conducting the analysis to evaluate all available data, including, among other things, data from other state departments and agencies. The bill would require a state department or agency with a member on the coordinating council to assist in data collection for the analysis by responding to data requests within 180 days, as specified. This bill contains other related provisions and other existing laws. Last Amended on 5/4/2021</p>	
<p><u>AB 852</u> <u>Wood D</u></p> <p>Nurse practitioners: scope of practice: practice</p>	<p>SENATE B., P. & E.D. 6/3/2021 - Referred to Coms. on B., P. & E.D. and JUD.</p>	<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, as defined, instead of individual protocols</p>	<p>Oppose Unless Amended</p>

without standardized procedures.		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, by requiring it to address the situation of a patient who is acutely decompensating in a manner that is not consistent with the progression of the disease and corresponding treatment plan. This bill contains other related provisions and other existing laws. Last Amended on 4/21/2021	
<p>AB 858 Jones-Sawyer D</p> <p>Employment: health information technology: clinical practice guidelines: worker rights.</p>	<p>SENATE L., P.E. & R. 6/16/2021 - Referred to Coms. on L., P.E. & R. and HEALTH.</p>	<p>Existing law charges the Labor Commissioner with enforcement of various labor laws, 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 general acute care hospital. This bill contains other related provisions. Last Amended on 5/24/2021</p>	
<p>AB 883 O'Donnell D</p> <p>Mental Health Services Act: local educational agencies.</p>	<p>ASSEMBLY APPR. 4/28/2021 - From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 7. Noes 0.) (April 28). Re-referred to Com. on APPR.</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 amend the MHSA by requiring reverted funds to be used in the county from which the funds reverted, except as specified. The bill would also amend the MHSA by requiring a county that has had funds reverted to work with the local educational agencies (LEAs), community-based mental health agencies, and other specified stakeholders within that county to create a plan for the use of the reverted funds for school-based mental health services, as specified. The bill would prohibit the reverted funds from being used to pay for educationally related mental health services. By authorizing a new purpose for continuously appropriated funds, this bill would make an appropriation. The bill would require reversion funds not used for the plan to be deposited in the Mental Health Services Fund and redistributed as provided. The bill would make funds used for school mental health purposes subject to reversion after 10 years. This bill contains other related provisions and other existing laws. Last Amended on 4/8/2021</p>	
<p>AB 988 Bauer-Kahan D</p> <p>Mental health: 988 crisis hotline.</p>	<p>SENATE RLS. 6/16/2021 - Referred to Com. on RLS.</p>	<p>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. Existing federal law, the National Suicide Hotline Designation Act, designates the 3-digit telephone number “988” as the universal number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operating through the National Suicide Prevention Lifeline</p>	Support

		maintained by the Assistant Secretary for Mental Health and Substance Abuse and the Veterans Crisis Line maintained by the Secretary of Veterans Affairs. This bill would state the Legislature's intent to enact legislation that would implement the National Suicide Hotline Designation Act of 2020, in compliance with the Federal Communication Commission's rules adopted by July 16, 2022, designating "988" as a 3-digit number for the National Suicide Prevention Hotline. This bill contains other existing laws. Last Amended on 5/24/2021	
AB 998 Lackey R Incarcerated persons: health records.	SENATE PUB. S. 6/9/2021 - Referred to Com. on PUB. S. 7/6/2021 9 a.m. - John L. Burton Hearing Room (4203) SENATE PUBLIC SAFETY, BRADFORD, Chair	Existing law, the Confidentiality of Medical Information Act, prohibits a health care provider, a contractor, or a health care service plan from disclosing medical information, as defined, regarding a patient of the provider or an enrollee or subscriber of the health care service plan without first obtaining an authorization, except as specified. Existing law authorizes a provider of health care or a health care service plan to disclose medical information when, among other things, the information is disclosed to an insurer, employer, health care service plan, hospital service plan, employee benefit plan, governmental authority, contractor, or other person or entity responsible for paying for health care services rendered to the patient, to the extent necessary to allow responsibility for payment to be determined and payment to be made. This bill would require, when jurisdiction of an inmate is transferred from or between the Department of Corrections and Rehabilitation, the State Department of State Hospitals, and county agencies caring for inmates, those agencies to disclose, by electronic transmission when possible, mental health records, as defined, regarding each transferred inmate who received mental health services while in custody of the transferring facility, at the time of transfer or within 7 days of the transfer. The bill would require mental health records to be disclosed to ensure sufficient mental health history is available for the purpose of satisfying specified requirements relating to parole and to ensure the continuity of mental health treatment of an inmate being transferred between those facilities. By imposing additional duties on local entities, 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	Support
AB 1038 Gipson D California Health Equity Program.	SENATE HEALTH 6/16/2021 - Referred to Com. on HEALTH.	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	Support
AB 1051 Bennett D Medi-Cal: specialty mental	SENATE HEALTH 6/9/2021 - Referred to Coms. on HEALTH and HUMAN S. 6/23/2021 Upon adjournment of Budget and	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-	

<p>health services: foster youth.</p>	<p>Fiscal Review Committee - Senate Chamber SENATE HEALTH, PAN, Chair</p>	<p>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 4/12/2021</p>	
<p><u>AB 1065</u> <u>Maienschein D</u></p> <p>Personal income taxes: voluntary contributions: Mental Health Crisis Prevention Voluntary Tax Contribution Fund.</p>	<p>SENATE APPR. 6/10/2021 - From committee: Do pass and re-refer to Com. on APPR with recommendation: To Consent Calendar. (Ayes 5. Noes 0.) (June 10). Re-referred to Com. on APPR.</p>	<p>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. 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 Crisis Prevention 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 Crisis Prevention 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. This bill contains other existing laws. Last Amended on 4/29/2021</p>	
<p><u>AB 1094</u> <u>Arambula D</u></p> <p>Sexual orientation and gender identity data collection pilot project.</p>	<p>SENATE HEALTH 6/16/2021 - Referred to Coms. on HEALTH and JUD.</p> <p>6/30/2021 1 p.m. - Senate Chamber SENATE HEALTH, PAN, Chair</p>	<p>Existing law establishes the State Department of Public Health under the direction of the State Public Health Officer, and sets forth the powers and duties of the State Public Health Officer, including designation as the State Registrar of Vital Statistics. Existing law authorizes the department to establish and maintain the California Electronic Violent Death Reporting System (CEVDRS), to collect data on violent deaths from data sources, including, but not limited to, death certificates, law enforcement reports, and coroner or medical examiner reports. This bill would require the department to establish a 3-year pilot program in up to 6 counties that agree to participate, for the identification and collection by coroners and medical examiners of gender identity and sexual orientation in cases of violent death. The bill would require the counties to be trained in the data collection by a public or private agency with expertise in identifying and collecting clinical data pertaining to sexual orientation and gender identity, as specified. Following the training, the bill would require a coroner or medical examiner to begin data collection and to aggregate, deidentify, and annually report the data to the board of supervisors and the department. The bill would require the department to include the pilot program data in the CEVDRS. The bill would make its provisions inoperative on the date the State Public Health Officer certifies that the final year of data from the pilot program has been entered in the</p>	<p>Support</p>

		CEVDRS, and would repeal the provisions on the January 1 following that date.This bill contains other existing laws.	
<u>AB 1130</u> <u>Wood D</u> California Health Care Quality and Affordability Act.	SENATE HEALTH 6/16/2021 - Referred to Coms. on HEALTH and JUD.	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 11 members and 2 ex officio, nonvoting members, appointed as prescribed, to recommend health care cost targets and to make recommendations to the Director of Statewide Health Planning and Development and the office.This bill contains other related provisions and other existing laws. Last Amended on 6/1/2021	Watch
<u>AB 1132</u> <u>Wood D</u> Medi-Cal.	SENATE HEALTH 6/16/2021 - Referred to Coms. on HEALTH and PUB. S.	(1)Existing law authorizes the board of supervisors in each county to designate an entity or entities to assist county jail inmates with applying for a health insurance affordability program, as defined, consistent with federal requirements.Commencing January 1, 2023, this bill would instead require the board of supervisors, in consultation with the county sheriff, to designate an entity or entities to assist both county jail inmates and juvenile inmates with the application process, and would make conforming changes to provisions relating to the coordination duties of jail administrators. By creating new duties for local officials, including boards of supervisors and jail administrators, the bill would impose a state-mandated local program.No sooner than January 1, 2023, the bill would require the department to develop and implement a mandatory process for county jails and county juvenile facilities to coordinate with Medi-Cal managed care plans and Medi-Cal behavioral health delivery systems to facilitate continued behavioral health treatment in the community for inmates, as specified, and would authorize the sharing of prescribed data with and among counties and other specified entities, as determined necessary by the department.This bill would make specified portions of the CCI operative only through December 31, 2022, as specified, and would repeal its provisions on January 1, 2025. The bill would also require Medi-Cal managed care plans to operate, or continue to operate, a Medicare Advantage Dual Special Needs Plan, commencing January 1, 2023, in CCI counties, and, commencing January 1, 2025, in all other counties. The bill would make various changes to the CCI component of the CalAIM initiative, including requiring the department to convene, in collaboration with the State Department of Social Services, a workgroup to address specified matters relating to the transition of beneficiaries residing in certain facilities from the Medi-Cal fee-for-service delivery system to the Medi-Cal managed care delivery system.This bill contains other related provisions and other existing laws. Last Amended on 5/27/2021	Watch
<u>AB 1184</u> <u>Chiu D</u> Medical information: confidentiality.	SENATE HEALTH 5/27/2021 - Referred to Coms. on HEALTH and JUD.	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	

		<p>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</p>	
<p>AB 1194 Low D Conservatorship.</p>	<p>SENATE JUD. 6/9/2021 - Referred to Coms. on JUD. and B., P. & E.D. 6/22/2021 1:30 p.m. - Senate Chamber SENATE JUDICIARY, UMBERG, Chair</p>	<p>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, 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 the licensee is found by the court to have either abused, or breached a fiduciary duty to, a ward or conservatee under their care. If the court finds that a professional conservator has abused a conservatee, the bill would make the conservator liable for a civil penalty of up to \$5,000, payable to the estate of the conservatee. The bill would make a nonprofessional conservator who abuses a conservatee liable for civil penalties of up to \$1,000, payable to the estate of the conservatee. This bill contains other related provisions and other existing laws. Last Amended on 4/28/2021</p>	

<p><u>AB 1278</u> <u>Nazarian D</u></p> <p>Physicians and surgeons: payments: disclosure: notice.</p>	<p>SENATE B., P. & E.D. 6/8/2021 - From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on B., P. & E.D.</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, to provide to each patient at the initial office visit, and at an office or telehealth visit annually thereafter, a written notice of the Open Payments database, as prescribed. The bill would also require at such a visit, and annually thereafter, a written disclosure of the names of all drug and device companies the physician and surgeon received payment or transfers of value from, as reported on the Open Payment database for the 3 most recent years available, as prescribed. This bill contains other related provisions and other existing laws. Last Amended on 6/8/2021</p>	
<p><u>AB 1306</u> <u>Arambula D</u></p> <p>Health Professions Careers Opportunity Program.</p>	<p>SENATE RLS. 6/16/2021 - From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on RLS.</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 authorize the Office of Statewide Health Planning and Development within the California Health and Human Services Agency to take specified actions, including funding internships and fellowships, to address identified barriers to entry in the health professions for students from underrepresented and low-income backgrounds, as specified. The bill would authorize the agency to establish pilot programs at University of California, California State University, California Community College, and private university campuses to serve 4,800 students, as specified, and to secure funding and establish infrastructure to develop, implement, and manage the pilot program. Last Amended on 6/16/2021</p>	
<p><u>AB 1331</u> <u>Irwin D</u></p> <p>Mental health: Statewide Director of Crisis Services.</p>	<p>SENATE HEALTH 6/16/2021 - Referred to Coms. on HEALTH and JUD.</p>	<p>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. The bill would require the Statewide Director of Crisis Services to monitor, support, and coordinate with support providers, with the goal of having a comprehensive crisis care system, as specified, and coordinate with the Department of Managed Health Care, the Department of Insurance, and other departments, agencies, and entities, as necessary, to support and advocate for the creation and continued existence of a comprehensive, integrated, and reliable network of services. The bill would also specify the duties of the Statewide Director of Crisis Services, which would include various tasks relating to behavioral health crisis care in the</p>	<p>Watch</p>

		state including, among other things, coordinating behavioral health programs and services statewide to ensure continuity of services and access points across county lines, other geographic boundaries, or both, and to promote and enhance cross-agency information exchange and resource sharing. The bill would authorize the Statewide Director of Crisis Services to undertake other related activities that they deem necessary to accomplish their duties. The bill would require the director to ensure that the Statewide Director of Crisis Services has the resources necessary to achieve the duties of the position. Last Amended on 5/24/2021	
<u>AB 1357</u> <u>Cervantes D</u> Perinatal services: maternal mental health.	SENATE APPR. 6/16/2021 - From committee: Do pass and re-refer to Com. on APPR with recommendation: To Consent Calendar. (Ayes 10. Noes 0.) (June 16). Re-referred to Com. on APPR.	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, 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	
<u>AB 1422</u> <u>Gabriel D</u> Health facilities: critical care units: bed designation program flexibility.	SENATE HEALTH 6/16/2021 - Referred to Com. on HEALTH.	Existing law requires the State Department of Public Health to license and regulate health facilities, and requires the department to define specified bed classifications for health facilities, including general acute care, intermediate care, and specialized care, among others. 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 bed designation program flexibility request pursuant to a prescribed procedure that includes, among other things, a requirement that the department post a bed designation 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 bed designation program flexibility request. The bill would also require a health facility that submits a bed designation program flexibility request to also post a copy of its bed designation program flexibility request and make copies available, as specified. The bill would require the department to post all approved bed designation program flexibility requests on the department's website and include various information in that posting. Last Amended on 5/24/2021	
<u>AB 1443</u> <u>McCarty D</u> Mental health: involuntary treatment.	SENATE HEALTH 6/16/2021 - Referred to Coms. on HEALTH and JUD.	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 authorize a county to develop a training relating to taking, or causing to be taken, a person into custody pursuant to those	Watch

		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, who has been designated by the county, and who 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. This bill contains other related provisions and other existing laws. Last Amended on 5/6/2021	
<u>AB 1477</u> Cervantes D Maternal mental health.	SENATE APPR. 6/17/2021 - From committee: Amend, and do pass as amended and re-refer to Com. on APPR. (Ayes 10. Noes 0.) (June 16). 6/21/2021 #1 SENATE ASSEMBLY BILLS - SECOND READING FILE	Existing law provides for the licensure and regulation of various healing arts professions, including, but not limited to, physicians and surgeons, by various boards within the Department of Consumer Affairs. Existing law imposes certain fines and other penalties for, and authorizes these boards to take disciplinary action against licensees for, violations of the provisions governing those professions. Existing law requires a licensed health care practitioner who provides prenatal or postpartum care for a patient to offer to screen or appropriately screen a mother for maternal mental health conditions. This bill would specify that the category of licensed health care practitioner to whom this requirement applies includes those who provide care during the interpregnancy interval, as defined. Last Amended on 4/29/2021	
<u>AB 1536</u> Committee on Business and Professions Board of Vocational Nursing and Psychiatric Technicians of the State of California: vocational nursing and psychiatric technicians.	SENATE B., P. & E.D. 6/9/2021 - Referred to Com. on B., P. & E.D.	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. This bill contains other existing laws. Last Amended on 4/29/2021	
<u>ACR 37</u> Sevarto R Suicide Prevention Week.	ASSEMBLY RLS. 3/4/2021 - Referred to Com. on RLS.	This measure would proclaim the week of September 5, 2021, through September 11, 2021, as Suicide Prevention Week in California.	
<u>ACR 68</u> O'Donnell D	SENATE THIRD READING 5/26/2021 - From committee: Ordered to third reading.	This measure would declare the week of May 10, 2021, to May 14, 2021, inclusive, as Student Mental Health Week.	

Student Mental Health Week.	6/21/2021 #26 SENATE ASSEMBLY BILLS - THIRD READING FILE		
<p>SB 14 Portantino D</p> <p>Pupil health: school employee and pupil training: excused absences: youth mental and behavioral health.</p>	<p>ASSEMBLY ED. 6/17/2021 - From committee with author's amendments. Read second time and amended. Re-referred to Com. on ED.</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 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 6/17/2021</p>	Watch
<p>SB 40 Hurtado D</p> <p>Health care workforce development: California Medicine Scholars Program.</p>	<p>ASSEMBLY HEALTH 6/3/2021 - Referred to Com. on HEALTH.</p> <p>7/6/2021 1:30 p.m. - State Capitol, Assembly Chamber ASSEMBLY HEALTH, WOOD, Chair</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, contingent upon an appropriation by the Legislature, as specified, 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 5/20/2021</p>	
<p>SB 48 Limón D</p> <p>Dementia and Alzheimer's disease.</p>	<p>ASSEMBLY B.&P. 6/10/2021 - Referred to Com. on B. & P.</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 permit general internists and family physicians who have a patient population of which over 25 percent are 65 years of age or older</p>	

		to satisfy their prescribed continuing education hours through a course that addresses the special care needs of patients with dementia.This bill contains other related provisions and other existing laws. Last Amended on 5/28/2021	
<u>SB 57</u> <u>Wiener D</u> Controlled substances: overdose prevention program.	ASSEMBLY HEALTH 5/28/2021 - Referred to Coms. on HEALTH and PUB. S.	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	
<u>SB 110</u> <u>Wiener D</u> Substance use disorder services: contingency management services.	ASSEMBLY HEALTH 6/17/2021 - Referred to Com. on HEALTH.	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>SB 221 Wiener D</p> <p>Health care coverage: timely access to care.</p>	<p>ASSEMBLY HEALTH 6/10/2021 - 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. 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 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 5/20/2021</p>	Support
<p>SB 224 Portantino D</p> <p>Pupil instruction: mental health education.</p>	<p>ASSEMBLY ED. 6/10/2021 - Referred to Com. on ED.</p>	<p>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 evidence-based, 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,</p>	Watch

		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 5/20/2021	
<u>SB 250</u> <u>Pan D</u> Health care coverage.	ASSEMBLY HEALTH 6/10/2021 - Referred to Com. on HEALTH.	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	Support
<u>SB 256</u> <u>Pan D</u> California Advancing and Innovating Medi-Cal.	ASSEMBLY HEALTH 6/10/2021 - Referred to Com. on HEALTH.	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. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Under existing law, health care services are provided under the Medi-Cal program pursuant to a schedule of benefits, and those benefits are provided to beneficiaries through various health care delivery systems, including fee-for-service and managed care. This bill would establish the CalAIM initiative, and would require the implementation of CalAIM to support stated goals of identifying and managing the risk and needs of Medi-Cal beneficiaries, transitioning and transforming the Medi-Cal program to a more consistent and seamless system, and improving quality outcomes. The bill would require the department to seek federal approval for the CalAIM initiative, and would condition its implementation on receipt of any necessary federal approvals and availability of federal financial participation. To implement the CalAIM initiative, the bill would authorize the department to enter into exclusive or nonexclusive contracts, or amend existing contracts, and to implement these provisions by various means, including provider bulletins. This bill contains other related provisions and other existing laws. Last Amended on 5/11/2021	
<u>SB 280</u> <u>Limón D</u> Health insurance: large group health insurance.	ASSEMBLY HEALTH 6/10/2021 - Referred to Com. on HEALTH. 7/6/2021 1:30 p.m. - State Capitol, Assembly Chamber ASSEMBLY HEALTH, WOOD, Chair	(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, 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><u>SB 293</u> <u>Limón D</u></p> <p>Medi-Cal specialty mental health services.</p>	<p>ASSEMBLY HEALTH 6/10/2021 - Referred to Com. on HEALTH.</p> <p>7/6/2021 1:30 p.m. - State Capitol, Assembly Chamber 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, 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 5/20/2021</p>	
<p><u>SB 316</u> <u>Eggman D</u></p> <p>Medi-Cal: federally qualified health centers and rural health clinics.</p>	<p>ASSEMBLY HEALTH 6/10/2021 - Referred to Com. on HEALTH.</p> <p>6/22/2021 1:30 p.m. - State Capitol, Assembly Chamber 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, 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>	Support
<p><u>SB 317</u> <u>Stern D</u></p> <p>Competence to stand trial.</p>	<p>ASSEMBLY PUB. S. 6/15/2021 - June 15 set for first hearing canceled at the request of author.</p> <p>6/29/2021 9 a.m. - State Capitol, Room 4202 ASSEMBLY PUBLIC SAFETY, JONES-SAWYER, 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 provisions regarding the restoration of competency for a person charged with a misdemeanor, or a violation of probation for a misdemeanor, including provisions regarding administration for antipsychotic medication. The bill would instead authorize the court to conduct an inquiry into a defendant’s competency, as specified. The bill would authorize a court, upon finding the defendant incompetent to stand trial, to suspend the proceedings and take certain actions, including</p>	

		granting diversion not to exceed one year or dismissing the charges, as specified. This bill contains other related provisions and other existing laws. Last Amended on 4/29/2021	
<p>SB 326 Pan D</p> <p>Health care coverage: federal health care reforms.</p>	<p>ASSEMBLY HEALTH 5/13/2021 - Referred to Com. on HEALTH.</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>ASSEMBLY RLS. 6/17/2021 - Re-referred to Com. on RLS. pursuant to Assembly Rule 96.</p>	<p>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 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. Existing law provides for judicial review of the involuntary commitment and requires reasonable attempts to be made by the mental health facility to notify family members or any other person designated by the patient of the time and place of judicial review. This bill would authorize a family member, friend, or acquaintance with personal knowledge of the person receiving treatment to make a request to testify in the judicial review proceedings, in writing, to the counsel of a party to the judicial review. The bill would require the receiving counsel, or their designee, to determine whether the requester's testimony will assist the proceeding and, within a reasonable time, respond to the requester, in writing, with an approval or denial. Last Amended on 4/26/2021</p>	Support
<p>SB 349 Umberg D</p> <p>California Ethical Treatment for Persons with Substance Use Disorder Act.</p>	<p>ASSEMBLY HEALTH 6/3/2021 - Referred to Coms. on HEALTH and JUD.</p> <p>7/6/2021 1:30 p.m. - State Capitol, Assembly Chamber ASSEMBLY HEALTH, WOOD, 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</p>	

		create the California Ethical Treatment for Persons with Substance Use Disorder 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 4/8/2021	
<u>SB 365</u> <u>Caballero D</u> E-consult service.	ASSEMBLY HEALTH 6/3/2021 - Referred to Com. on HEALTH. 7/6/2021 1:30 p.m. - State Capitol, Assembly Chamber ASSEMBLY HEALTH, WOOD, Chair	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, and would condition the implementation of the bill’s provisions on the department obtaining necessary federal approval of federal matching funds. The bill would make related findings and declarations. This bill contains other existing laws. Last Amended on 5/4/2021	
<u>SB 368</u> <u>Limón D</u> Health care coverage: deductibles and out-of-pocket expenses.	ASSEMBLY HEALTH 6/10/2021 - Referred to Com. on HEALTH. 7/6/2021 1:30 p.m. - State Capitol, Assembly Chamber 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. 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 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	
<u>SB 380</u> <u>Eggman D</u> End of life.	ASSEMBLY HEALTH 6/14/2021 - From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH.	Existing law, the End of Life Option Act, until January 1, 2026, authorizes an adult who meets certain qualifications, and who has been determined by their attending physician to be suffering from a terminal disease, as defined, to make a request for an aid-in-dying drug for the purpose of ending their life. Existing law establishes the procedures for making these requests, including that 2 oral requests be made a minimum of 15 days apart, specified forms to request an aid-in-	

	<p>6/22/2021 1:30 p.m. - State Capitol, Assembly Chamber ASSEMBLY HEALTH, WOOD, Chair</p>	<p>dying drug be submitted, under specified circumstances, and a final attestation be completed. Existing law requires specified information to be documented in the individual's medical record, including, among other things, all oral and written requests for an aid-in-dying drug. This bill would allow for an individual to qualify for aid-in-dying medication by making 2 oral requests a minimum of 48 hours apart. The bill would eliminate the requirement that an individual who is prescribed and ingests aid-in-dying medication make a final attestation. The bill would require that the date of all oral and written requests be documented in an individual's medical record and would require that upon a transfer of care, that record be provided to the qualified individual. The bill would extend the operation of the act indefinitely, thereby imposing a state-mandated local program by extending the operation of crimes for specified violations of the act. This bill contains other related provisions and other existing laws. Last Amended on 6/14/2021</p>	
<p>SB 401 Pan D</p> <p>Psychology: unprofessional conduct: disciplinary action: sexual acts.</p>	<p>ASSEMBLY RLS. 6/17/2021 - Re-referred to Com. on RLS. pursuant to Assembly Rule 96.</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 of 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 402 Hurtado D</p> <p>Multipayer Payment Reform Collaborative.</p>	<p>ASSEMBLY HEALTH 6/14/2021 - From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH.</p>	<p>Existing law establishes the California Health and Human Services Agency, which consists of various departments and offices, including the Department of Managed Health Care, the State Department of Health Care Services, the State Department of Public Health, and the Office of Statewide Health Planning and Development. Under existing law, those entities administer programs and services related to health care and perform various duties, including providing for the licensure and regulation of health care service plans, administering various public health programs, and performing health policy and planning for the state. By June 1, 2022, or within 90 days of receiving funding after June 1, 2022, this bill would require the California Health and Human Services Agency to convene a Multipayer Payment Reform Collaborative composed of specified individuals and entities, including representatives of organizations representing consumers and the Secretary of California Health and Human Services, and would require the collaborative to propose to the agency Multipayer Payment Reform Pilots (pilots) for the purpose of establishing pilots for primarily fee-for-service primary care practices in areas hit hardest by the COVID-19 pandemic. The bill would require the agency, in collaboration with the collaborative, to work with state regulators, agencies, and departments to ensure that the pilots include as participating payers specified entities, such as health care service plans, would authorize the collaborative to include certain entities as participating payers, and would require the collaborative to propose to the agency matters related to the pilots, including criteria to be adopted by the pilots for primary care practice participation and uniform payment methods to be adopted across payers in the pilots. The bill would also require the agency, at least 3 months</p>	

		before the implementation of a pilot, to provide the Legislature, including the appropriate policy committees of the Assembly and the Senate, with a summary of the proposed pilot, including the structure, eligibility, geography, payment methods, quality and equity metrics, and evaluation criteria. By the 2nd and 4th year following the implementation of the pilots, the bill would require the agency to provide to the Legislature comprehensive evaluations of the pilots that include prescribed information, such as the number of enrollees in the pilots and the health characteristics of the enrollees. The bill would require participating payers in the pilots to provide the agency with information necessary to complete these evaluations. The bill would make related legislative findings and declarations. This bill contains other existing laws. Last Amended on 6/14/2021	
SB 428 Hurtado D Health care coverage: adverse childhood experiences screenings.	ASSEMBLY HEALTH 6/10/2021 - Referred to Com. on HEALTH.	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 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.	Support
SB 434 Bates R Substance abuse and mental health services: advertising and marketing.	ASSEMBLY APPR. 6/8/2021 - From committee: Do pass and re-refer to Com. on APPR. with recommendation: To consent calendar. (Ayes 15. Noes 0.) (June 8). Re-referred to Com. on APPR.	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.	
SB 441 Hurtado D Health care workforce training programs: geriatric medicine.	ASSEMBLY APPR. 6/8/2021 - Coauthors revised. From committee: Do pass and re-refer to Com. on APPR. (Ayes 15. Noes 0.) (June 8). Re-referred to Com. on APPR.	Existing law establishes the Office of Statewide Health Planning and Development in the California Health and Human Services Agency, which oversees various scholarship programs to improve access to health care, including the Steven M. Thompson Physician Corps Loan Repayment Program, which provides for the repayment of educational loans obtained by a physician and surgeon who practices in a medically underserved area of the state. Existing law requires the office 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. Existing law provides that in administering the National Health Service Corps State Loan Repayment Program in accordance	Support With Amendments

		with federal law and regulations, the office is required to strive, whenever feasible, to equitably distribute loan repayment awards between eligible urban and rural program sites, after taking into account the availability of health care services in the communities to be served and the number of individuals to be served in each program site. This bill would require the office to include students and professionals with training in geriatrics in administering the Health Professions Career Opportunity Program, National Health Service Corps State Loan Repayment Program, and the Steven M. Thompson Physician Corps Loan Repayment Program. The bill would also state the intent of the Legislature to provide geriatricians practicing in underserved areas access to existing loan repayment programs offered by the state, encouraging more geriatric care providers to practice in federally designated health provider shortage areas and addressing the state's shortage of geriatricians. Last Amended on 3/22/2021	
SB 465 Eggman D Mental health.	ASSEMBLY HEALTH 6/10/2021 - Referred to Com. on HEALTH. 6/22/2021 1:30 p.m. - State Capitol, Assembly Chamber ASSEMBLY HEALTH, WOOD, Chair	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, 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 establishes the Mental Health Services Oversight and Accountability Commission to oversee the administration of various parts of the act. This bill would require the commission to report to specified legislative committees the outcomes for people receiving community mental health services under a full service partnership model, as specified, including any barriers to receiving the data and recommendations to strengthen California's use of full service partnerships to reduce incarceration, hospitalization, and homelessness. This bill contains other existing laws. Last Amended on 5/20/2021	Support
SB 507 Eggman D Mental health services: assisted outpatient treatment.	ASSEMBLY HEALTH 6/17/2021 - From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH. 6/22/2021 1:30 p.m. - State Capitol, Assembly Chamber ASSEMBLY HEALTH, WOOD, Chair	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, as specified. 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 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. 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, 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	Support

		the petition or the examining mental health professional to appear before the court for testimony by videoconferencing, as specified. This bill contains other related provisions. Last Amended on 6/17/2021	
SB 514 Melendez R Mental Health Services Oversight and Accountability Commission.	SENATE RLS. 2/25/2021 - Referred to Com. on RLS.	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.	
SB 516 Eggman D Certification for intensive treatment: review hearing.	ASSEMBLY HEALTH 6/10/2021 - From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH.	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 considered in the certification review hearing to include information on the person's medical condition, as defined, and how that condition bears on certifying the person as a danger to themselves or to others or as gravely disabled. This bill contains other existing laws. Last Amended on 6/10/2021	Support
SB 519 Wiener D Controlled substances: decriminalization of certain hallucinogenic substances.	ASSEMBLY PUB. S. 6/10/2021 - Referred to Coms. on PUB. S. and HEALTH. 6/29/2021 9 a.m. - State Capitol, Room 4202 ASSEMBLY PUBLIC SAFETY, JONES-SAWYER, Chair	(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 5/20/2021	
SB 521 Bradford D Drug manufacturers: value-based arrangement.	ASSEMBLY HEALTH 6/10/2021 - Referred to Com. on HEALTH. 6/22/2021 1:30 p.m. - State Capitol, Assembly Chamber ASSEMBLY HEALTH, WOOD, Chair	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. 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. The bill would require the department to report to the Legislature, on or before July 1, 2022, on how value-based arrangements may be	

		implemented in the Medi-Cal program.This bill contains other existing laws. Last Amended on 4/12/2021	
SB 524 Skinner D Health care coverage: patient steering.	ASSEMBLY HEALTH 6/14/2021 - From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH. 6/22/2021 1:30 p.m. - State Capitol, Assembly Chamber ASSEMBLY HEALTH, WOOD, Chair	Existing law provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes the willful violation of its provisions 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 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, a health insurer, and a self-insured employer plan, or the agent thereof from engaging in patient steering, as specified. 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, self-insured employer plan, or agent thereof. The bill would provide that these provisions do not apply to an entity that is part of a “fully integrated delivery system,” as specified. The bill would also make related findings and declarations.This bill contains other related provisions and other existing laws. Last Amended on 6/14/2021	
SB 528 Jones R Juveniles: health information summary: psychotropic medication.	ASSEMBLY HUM. S. 6/10/2021 - Referred to Coms. on HUM. S. and HEALTH.	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. Existing law authorizes only a juvenile court judicial officer to make orders regarding the administration of psychotropic medications for a dependent child or a ward who has been removed from the physical custody of their parent. Existing law requires that court authorization for the administration of psychotropic medications to a child be based on a request from a physician, indicating the reasons for the request, a description of the child’s diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication, and requires the Judicial Council to develop appropriate forms for the implementation of these provisions.This bill would require the rules of court and forms developed by the Judicial Council for authorization to administer psychotropic drugs to include a requirement that a physician authorized to administer psychotropic medication shall provide to the child’s caseworker and the foster care public health nurse specified information on the child’s diagnoses and treatment, among other things, within 5 business days of the administration of psychotropic medication for the child.This bill contains other related provisions and other existing laws. Last Amended on 5/25/2021	Support
SB 541 Bates R Substance use disorder treatment facilities and programs:	ASSEMBLY APPR. 6/8/2021 - From committee: Do pass and re-refer to Com. on APPR. with recommendation: To consent calendar. (Ayes 15. Noes 0.) (June 8). Re-referred to Com. on APPR.	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 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	

disclosure of license and certification status.		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, as specified, 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 6/2/2021	
<p><u>SB 562</u> <u>Portantino D</u></p> <p>Health care coverage: pervasive developmental disorders or autism.</p>	<p>ASSEMBLY HEALTH 6/10/2021 - Referred to Com. on HEALTH.</p> <p>6/22/2021 1:30 p.m. - State Capitol, Assembly Chamber ASSEMBLY HEALTH, WOOD, 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. 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 professional and a qualified autism service paraprofessional to include the requirement that these individuals complete a background check. This bill contains other related provisions and other existing laws. Last Amended on 5/20/2021</p>	
<p><u>SB 578</u> <u>Jones R</u></p> <p>Lanterman-Petris-Short Act: hearings.</p>	<p>ASSEMBLY APPR. 6/8/2021 - From committee: Do pass and refer to Com. on APPR. (Ayes 10. Noes 0.) (June 8). Re-referred to Com. on APPR.</p>	<p>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</p>	
<p><u>SB 749</u> <u>Glazer D</u></p> <p>Mental health program</p>	<p>ASSEMBLY HEALTH 6/10/2021 - Referred to Com. on HEALTH.</p>	<p>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</p>	

oversight: county reporting.		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, to the extent the Legislature makes an appropriation for these provisions, 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 each county 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 to the extent these provisions are implemented, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. Last Amended on 5/25/2021	
SB 773 Roth D Medi-Cal managed care: behavioral health services.	ASSEMBLY RLS. 6/17/2021 - Referred to Com. on HEALTH. Re-referred to Com. on RLS. pursuant to Assembly Rule 96.	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	
SB 782 Glazer D Assisted outpatient treatment programs.	ASSEMBLY RLS. 6/17/2021 - Re-referred to Com. on RLS. pursuant to Assembly Rule 96.	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	Support

		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 5/5/2021	
<u>SB 787</u> <u>Hurtado D</u> California State University Program in Medical Education.	SENATE RLS. 3/3/2021 - Referred to Com. on RLS.	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 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.	
<u>SB 801</u> <u>Archuleta D</u> Healing arts: Board of Behavioral Sciences: licensees.	ASSEMBLY B.&P. 6/17/2021 - Referred to Com. on B. & P. From committee with author's amendments. Read second time and amended. Re-referred to Com. on B. & P.	Existing law, the Medical Practice Act, provides for the licensure and regulation of the practice of medicine by the Medical Board of California and requires a health care provider initiating the use of telehealth to inform the patient, before the delivery of health care via telehealth, about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health. The act defines “health care provider” to include, among others, an associate marriage and family therapist or marriage and family therapist trainee, as specified. This bill would define health care provider to additionally include an associate clinical social worker and an associate professional clinical counselor, as specified. This bill contains other related provisions and other existing laws. Last Amended on 6/17/2021	
<u>SB 806</u> <u>Roth D</u> Healing arts.	ASSEMBLY B.&P. 6/17/2021 - Referred to Com. on B. & P.	(1) Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes an administrative law judge, in an order issued in resolution of a disciplinary proceeding before a board within the Department of Consumer Affairs or before the Osteopathic Medical Board of California, upon request of the entity bringing the proceeding, to direct a licensee found to have committed a violation of the licensing act to pay a sum that does not exceed the reasonable costs of the investigation and enforcement of the case. Under existing law, the Medical Board of California is prohibited from requesting or obtaining from a physician and surgeon investigation and prosecution costs for a disciplinary proceeding against the licensee. This bill would delete the above-described provision that prohibits the board from requesting or obtaining investigation and prosecution costs for a disciplinary proceeding against a licensee. This bill contains other related provisions and other existing laws. Last Amended on 5/28/2021	

Total Measures: 94

Total Tracking Forms: 94

